



“INSTEAD OF REHABILITATION, HE FOUND DEATH”

**LEBANON: DEATHS IN CUSTODY DOUBLED AMIDST
FOUR-YEAR ECONOMIC CRISIS**

RESEARCH
BRIEFING

AMNESTY
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*Cover photo: Tens of people held in one room inside Roumieh Central Prison. The photo is taken by a person in the prison, in February 2023
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Lebanese prisons' already dire conditions of detention have only become worse during the economic crisis due to a decrease in resources for a growing prison population. As deaths in custody doubled in 2022 compared with 2018 amidst acute economic crisis, Amnesty International calls on the Lebanese authorities to conduct prompt, impartial and independent investigations into all deaths in custody.

1. EXECUTIVE SUMMARY

Lebanon has entered the fourth year of a crippling economic crisis that has pushed more than 80% of the population into poverty. The authorities have failed to adequately address the consequences of the crisis, with disastrous impacts on the ability of the population to access basic rights, including health, education and an adequate standard of living. The impact of the crisis has been disproportionately acute on already-marginalized groups, such as people in prison.

In August 2022, the deaths of two men in the Roumieh Central Prison – Lebanon’s largest prison – prompted a public outcry and debate about the state of Lebanon’s prisons. Roumieh prisoners went on hunger strike to protest what they said were lethal conditions of their detention, including lack of adequate medical care, bad hygiene and polluted water. In response to the uproar, the caretaker Minister of Interior Bassam Mawlawi held a press conference during which he said that the prisons suffer from three main problems: “overcrowding...lack of healthcare and lack of nutrition.”

In response to an enquiry from Amnesty International, the Ministry of Interior and Municipalities stated that deaths in Ministry of Interior-run detention facilities nearly doubled in 2022 compared with 2018, the year before the ongoing, acute economic crisis began.

In a January 2023 letter, the ministry revealed that in 2022 alone, 34 individuals had died in detention facilities, which include central prisons and detention centres in judicial palaces and police stations, compared with 18 individuals in 2018 and 14 in 2015. While the prison population increased from 9,000 persons in 2018 to 9,500 persons in 2022, according to numbers shared by the ISF with the World Prison Brief, this increase cannot account for the doubling in the number of deaths in custody.

The Ministry of Interior did not provide a breakdown of the causes of these deaths in custody, including whether they were related to natural causes, medical negligence, ill-treatment or torture. In this briefing, Amnesty International investigates the reasons behind the dramatic increase in deaths in custody.

Through interviews with people in custody, their families, and lawyers, as well as reviews of detainees’ medical reports and of footage from inside prisons, the organization has found that the increase in the numbers of individuals dying in custody is linked to the economic crisis, which exacerbated long-standing structural problems in places of detention, such as overcrowding, poor sanitation, and lack of adequate healthcare. But the increase cannot be blamed solely on the economic crisis. Amnesty International also found shortcomings from prison and health authorities in providing adequate and timely medical care to people in prison, including in emergency cases.

Under international human rights law, and specifically the prohibition against the arbitrary deprivation of life, authorities have the obligation to investigate any possible violation of the right to life that takes place within their custody.

In response to the August 2022 deaths in custody, the caretaker Prime Minister tasked the caretaker Minister of Interior to conduct an internal investigation into the issue. However, it is unclear whether or not the investigation took place, and the Lebanese authorities have thus far failed to make public the findings of these investigations.

For decades, Lebanese prisons have suffered from dire conditions of detention, including overcrowding and poor sanitation, which have only become worse during the economic crisis due to a decrease in resources needed to provide adequate food and sanitation to a growing prison population.

Overcrowding has become particularly acute during the economic crisis. Prisons in Lebanon currently hold people 323% in excess of their capacity. The increase in overcrowding since 2020 is in part due to delays in the ability of the judiciary to process court cases and the strikes by workers in the judicial system in the context of the economic crisis. 79.1% of all detainees in Lebanon are currently held pretrial, up from 54% in 2017, and much higher than the global average of between 29% and 31%. The combination of increased overcrowding and dire detention conditions led to the deterioration of the health of the prison population, including through the spread of skin diseases.

Meanwhile, the resources available to prison authorities for the provision of healthcare, such as the budget allocated, drastically decreased given the depreciation of the national currency and sky rocketing inflation. People in custody told Amnesty International that prisons were not adequately staffed with medical experts and that prison pharmacies lacked even the most basic medication, including painkillers and antibiotics.

Further, the government has not been paying private and public hospitals their dues, including bills related to the treatment of people in custody. Therefore, since the economic crisis, hospitals have been either refusing to admit patients from prison altogether or were requiring upfront payment, even in cases where emergency treatment was required, in violation of Lebanese law. In his response to the organization's query, the caretaker Minister of Public Health, Firas Abiad, confirmed that such denials of treatment were unlawful and said that his ministry issued several directives for private and public hospitals to admit all patients in need of emergency care, without delay.

Also, despite the fact that the Lebanese Prison Law specifies that the Ministry of Interior is responsible for providing healthcare to all individuals held in its custody, which the caretaker Health Minister said includes covering the cost of hospitalization, Amnesty International found that the prison authorities were shifting the burden onto families and requiring them to pay for their relatives' medical care at hospitals. In a country where 80% of the population has been pushed below the poverty line, most families cannot afford to pay for their relatives' treatment, in many cases causing their condition to deteriorate significantly. Under international law, the provision of healthcare for prisoners is a state responsibility.

Amnesty International is cognizant of the impact of the broader economic crisis on the medical sector and on the resources of the prison authorities; however, even governments struggling through an economic crisis have an obligation to ensure that they are not discriminating against the prison population in the provision of the right to health and to take all reasonable measures to ensure critical medical care.

While the economic crisis has placed a strain on the ability of prisons and hospitals to provide adequate living conditions and healthcare, in at least three cases of deaths in custody in 2022, families of the deceased told Amnesty International that prison officials dismissed the complaints and symptoms of those detainees prior to their death, delaying their treatment and transfer to hospitals and causing their conditions to worsen.

In addition, while the Ministry of Interior did not explain the causes of the deaths in custody in 2022, including whether any were related to ill-treatment and torture, the Ministry did provide that 14 members of the Internal Security Forces (ISF) were internally disciplined in 2022 for "beating and blackmailing" people in custody. The head of the Prison Committee at the Tripoli Bar Association, Mohammed Sablough, told Amnesty International that in 2022 alone, he filed at least 22 torture complaints, in addition to six complaints in the first 45 days of 2023, all on behalf of detainees in the custody of the ISF and the Lebanese Armed Forces. However, he said that the judiciary has not proceeded on any of them.

Amnesty International frequently documents torture and ill-treatment in detention, such as the case of Hassan Dika, who died in 2019 in Ministry of Interior custody following injuries he sustained from alleged torture, including a severe injury in his lower back that required immediate treatment. Neither his torture allegations prior to his death nor his death in custody were independently and impartially investigated.

Amnesty International is calling on the Lebanese authorities to conduct prompt, impartial and independent investigations into all deaths in custody. Prison authorities should investigate to what extent the doubling of the deaths in custody over the last few years is linked to systemic and structural factors, such as overcrowding and the lack of adequate resources, and to what extent prison officials' misconduct or negligence may have contributed to those deaths. The prison authorities should make that report public, refer officials found guilty of violations for prosecution to the civilian judiciary and propose recommendations to the government to address these problems in places of detention.

Further, in accordance with the UN Minnesota Protocol on the Investigation of Potentially Unlawful Death, the prison director must report all deaths in custody to the civilian judiciary, which is independent of the prison administration, to conduct a prompt, impartial and effective investigation into the circumstances and causes of these deaths. The prison administration must fully cooperate with the judiciary and ensure that all evidence is preserved.

The Health Ministry should impose disciplinary measures on hospitals which are unlawfully denying treatment to people from prison without an upfront payment. The Ministry of Justice should take measures to decrease overcrowding in prisons, including by increasing the use of non-custodial sentences and ensuring judges abide by legal limits on pretrial detention. The Lebanese government, with the support of the international community, should allocate additional resources to ensure that prison authorities are able to improve conditions and healthcare provision in prisons and other places of detention.

2. METHODOLOGY

Amnesty International conducted the research for this briefing between September 2022 and April 2023. In total, the organization conducted 16 interviews. The organization interviewed family members of three individuals who died in custody, four patients currently in prisons, three relatives of patients currently in prisons, two humanitarian and human rights organizations with access to prisons, two lawyers, and the vice-president of the Association of Committees for the Families of Detainees.

In addition, on 13 December 2022, Amnesty International wrote to the Ministry of Interior and Municipalities and the Ministry of Public Health with questions relating to deaths in custody, the impact of the economic crisis on the provision of healthcare in prisons and the measures taken by the government to address the resulting issues. The Ministry of Interior replied on 26 January 2023 and the Ministry of Public Health replied on 25 January 2023 and their responses are attached as an annex.

Amnesty International also reviewed the medical reports of two persons who died in custody, medical records of several patients in prison in need of urgent medical intervention, and photos and videos taken by people in prison and sent to Amnesty International demonstrating dire conditions and the prevalence of skin diseases among people in prison.

Amnesty International conducted all the interviews in Arabic. All interviewees were informed of the nature and purpose of the research, and of Amnesty's intentions to publish a report with the information gathered. We informed each potential interviewee that they were under no obligation to speak with us, that Amnesty International does not provide legal or other assistance, and that they could stop speaking with us or decline to answer any question with no adverse consequences. We obtained oral consent for each interview, and interviewees did not receive material compensation for speaking with Amnesty International.

3. SHARP INCREASE IN DEATHS IN CUSTODY

In response to an enquiry from Amnesty International, in January 2023 the Ministry of Interior and Municipalities stated that deaths in detention facilities under its control nearly doubled in 2022 compared to 2018, the year before the ongoing, acute economic crisis began.

In its letter, the ministry revealed that in 2022 alone 34 individuals had died in detention facilities, which include central prisons and detention centres in judicial palaces and police stations, compared

with 18 individuals in 2018 and 14 in 2015.¹ While the prison population increased from 9,000 persons in 2018 to 9,500 persons in 2022, according to numbers shared by the ISF with the *World Prison Brief*, this increase cannot account for the doubling in the number of deaths in custody.²

The Ministry of Interior did not indicate whether any of these deaths had been classified as unnatural. A death in custody can be related to natural causes, medical negligence, ill-treatment or torture.

In response to public outcry caused by the deaths of two men in the Roumieh Central Prison – Lebanon’s largest prison – in August 2022, the caretaker Prime Minister tasked the caretaker Minister of Interior with conducting an internal investigation into the issue. It is unclear whether or not the investigation took place, and the Lebanese authorities have thus far failed to make public the findings of these investigations.³

On 31 August 2022, the caretaker Minister of Interior, Bassam Mawlawi, held a press conference to address the issue of deaths in custody during which he said that the prisons suffer from three main problems: “overcrowding...lack of healthcare and lack of nutrition.”⁴ In order to address the issue of overcrowding, the caretaker minister urged judges to conduct speedy trials, urged parliament to pass a general amnesty law to release some prisoners and said that he had also prepared a draft law that would shorten the prison year.⁵

The caretaker Minister of Interior also noted that private and public hospitals were refusing to accept patients from prison or were requesting upfront payments in US dollars and called on the Ministry of Health to compel public hospitals to accept prisoners. Mawlawi also called on the international community to assist in finding both “temporary” and “final or radical solutions” to solve the issue of medical care for prisoners.⁶

In its letter to Amnesty International, the Ministry of Interior re-iterated these problems as the primary contributors to the dire situation of Lebanese prisons today.⁷ In particular, Colonel Ghassan Othman, the caretaker Minister of Interior’s advisor on prison affairs, said that “the economic crisis has impacted the lives of prisoners, as the problems were exacerbated and became a bigger burden on the Ministry of Interior that has become unable to solve it in the absence of the necessary funding. Medical care and the transfer of prisoners to hospitals are problems that need to be addressed

1 Ministry of Interior and Municipalities, reply to Amnesty International’s letter TG MDE 18/2022.3641 received on 26 January 2023, on file with Amnesty International.

2 World Prison Brief, Lebanon Overview, undated, prisonstudies.org/country/lebanon

3 National News Agency, “مكية التقى مكلفا من ميفاتي وفدا من اهالي الموقوفين ووجه كتابا الى وزير الداخلية لاجراء تحقيق فوري”, 26 August 2022, nna-leb.gov.lb/ar/%d8%b3%d9%8a%d8%a7%d8%b3%d8%a9/559848/%d9%85%d9%83%d9%8a%d8%a9-%d8%a7%d9%84%d8%aa%d9%82%d9%89-%d9%85%d9%83%d9%84%d9%81%d8%a7-%d9%85%d9%86-%d9%85%d9%8a%d9%82%d8%a7%d8%aa%d9%8a-%d9%88%d9%81%d8%af%d8%a7-%d9%85%d9%86-%d8%a7%d9%87%d8%a7%d9%84%d9%8a-%d8%a7%d9%84%d9%85%d9%88%d9%82%d9%88%d9%81%d9%8a%d9%86

4 Leb Economy, “مولوي يحسم جدل السجون: نعمل على حلّ 3 مشاكل”, 31 August 2022, lebeconomy.com/197055/; Sada Trablos wa Kol Loubnan, “المؤتمر الصحفي كامل لوزير الداخلية بسام مولوي يعلن عن الحلول التي سيتقدم بها في”, Facebook post on 1 September 2022, www.facebook.com/sada2trablos/videos/1921538944709636

5 Leb Economy, “مولوي يحسم جدل السجون: نعمل على حلّ 3 مشاكل”; Sada Trablos wa Kol Loubnan, “المؤتمر الصحفي كامل لوزير الداخلية بسام مولوي يعلن عن الحلول التي سيتقدم بها في ما يخص السجون” (previously cited).

6 Leb Economy, “مولوي يحسم جدل السجون: نعمل على حلّ 3 مشاكل”; Sada Trablos wa Kol Loubnan, “المؤتمر الصحفي كامل لوزير الداخلية بسام مولوي يعلن عن الحلول التي سيتقدم بها في ما يخص السجون” (previously cited).

7 Ministry of Interior and Municipalities, reply to Amnesty International’s letter TG MDE 18/2022.3641 (previously cited).

continuously in cooperation with the relevant funding entities.”⁸ Othman urged the legislative authorities to reform the Decree 14310 issued in 1949 on the Organization of Prisons, Detention Places and Juvenile Centres, “which is not in line with the aspirations and requirements of modern prison management, such that it complies with the requirements of a modern rehabilitative administration”.⁹

While Amnesty International is cognizant of the impact of the broader economic crisis on the medical sector and on the resources of the prison authorities, even governments struggling through an economic crisis have an obligation to ensure that they are not discriminating against the prison population in the provision of the right to health. Under both Lebanese and international law, the provision of healthcare for prisoners is a state responsibility.

Further, Amnesty International has previously documented one death in Ministry of Interior custody following allegations of torture and ill-treatment – that of Hassan Dika, who died in 2019 following injuries he sustained from alleged torture, including a severe injury in his lower back that required immediate treatment.¹⁰ The Lebanese judiciary did not conduct an independent and impartial investigation into his torture allegations prior to his death nor into his death in custody, and no one was held accountable.¹¹

In the next sections, Amnesty International examines the factors that can help explain why the number of deaths in custody has sharply risen since the economic crisis began, as well as to what extent officials’ negligence or misconduct may have contributed to these deaths.

These include the dire conditions in prisons, prison authorities’ dwindling resources, shortcomings in the provision of adequate and timely healthcare by prison and health officials, and torture and ill-treatment in detention. We present recommendations for what needs to change and steps the government can take to improve the situation in prisons and ensure that all deaths are investigated promptly, impartially and independently.

3.1 OVERCROWDING AND POOR CONDITIONS OF DETENTION

Overcrowding, inadequate access to food, poor sanitation and poor ventilation have been persistent problems in Lebanese prisons and detention centres over the past decades.¹² Various United Nations (UN) bodies have for years been expressing concern about these conditions. In 2010, the UN Country Team noted in Lebanon’s Universal Periodic Review that “the occupancy level of prisons in Lebanon, based on official capacity, was around 140 per cent. The lack of adequate facilities and services presented major obstacles for prisoners to access their basic rights.”¹³ Further, in its concluding

8 Ministry of Interior and Municipalities, reply to Amnesty International’s letter TG MDE 18/2022.3641 (previously cited).

9 Ministry of Interior and Municipalities, reply to Amnesty International’s letter TG MDE 18/2022.3641 (previously cited).

10 Amnesty International, “*Lebanon is failing torture survivors by delaying implementation of crucial reforms*”, 26 June 2019, [amnesty.org/en/latest/press-release/2019/06/lebanon-is-failing-torture-survivors-by-delaying-implementation-of-crucial-reforms](https://www.amnesty.org/en/latest/press-release/2019/06/lebanon-is-failing-torture-survivors-by-delaying-implementation-of-crucial-reforms)

11 Human Rights Watch, “*Lebanon: Judiciary Ignoring 2017 Anti-Torture Law*”, 19 September 2019, [hrw.org/news/2019/09/19/lebanon-judiciary-ignoring-2017-anti-torture-law](https://www.hrw.org/news/2019/09/19/lebanon-judiciary-ignoring-2017-anti-torture-law)

12 ALEF act for human rights (ALEF) and others, “*Submission to the UN Universal Periodic Review Thirty-seventh session of the UPR Working Group of the Human Rights Council*”, July 2020, alefliban.org/publications/conditions-of-detention-in-lebanon-submission-to-the-un-universal-periodic-review

13 Human Rights Council Working Group on the Universal Periodic Review, Ninth session, 2 September 2010, [ohchr.org/sites/default/files/lib-docs/HRBodies/UPR/Documents/Session9/LB/A.HRC.WG.6.9.LBN.2_Lebanon_eng.pdf](https://www.ohchr.org/sites/default/files/lib-docs/HRBodies/UPR/Documents/Session9/LB/A.HRC.WG.6.9.LBN.2_Lebanon_eng.pdf)

observations in 2018, the Human Rights Committee expressed concern about “the persistence of severe overcrowding and inadequate living conditions in police detention centres and in prisons.”¹⁴

Since the onset of the economic crisis in 2019, conditions in detention have worsened significantly. As of March 2023, the Lebanese currency had lost 98% of its value,¹⁵ and inflation reached a record 171.2% in 2022,¹⁶ making the budget and resources allocated to prison authorities significantly smaller. On 12 May 2022, after its second visit to Lebanon, the UN Subcommittee on Prevention of Torture (SPT) noted that since its 2010 visit, the Lebanese government had not adopted most of its recommendations and failed to take adequate measures to address “the prolonged pretrial detention, overcrowding and deplorable living conditions in places of deprivation of liberty.”¹⁷

Overcrowding in Lebanese prisons has become particularly acute during the economic crisis. During a press conference in August 2022, the caretaker Minister of Interior said that prisons in Lebanon currently hold people 323% in excess of their capacity.¹⁸ The caretaker Minister of Interior’s prison adviser, Colonel Ghassan Othman, told Amnesty International on 26 January 2023 that “overcrowding causes the most pressure and remains the main cause of most of the problems that the detainees are suffering from.” He said that the Roumieh Central Prison, Lebanon’s largest prison, which was built to host one thousand prisoners, is currently holding more than four thousand individuals.¹⁹

The increase in overcrowding since 2020 is in part due to delays in the ability of the judiciary to process court cases, given that the majority of detainees are held in pretrial detention. According to the caretaker Interior Minister, 79.1% of all detainees in Lebanon are held in pretrial,²⁰ up from 54% in 2017,²¹ and much higher than the global average of between 29% and 31%.²² The recent increase is partially attributed to strikes by workers in the judicial system in the context of the economic crisis, first by the lawyers from May 2021 until September 2021, then by the judges from August 2022 to January 2023. Lawyers and judges went on strike to protest their working conditions and the depreciation of their salaries, which amounted at the time of the strike to around 100 US dollars.²³

Lebanese judges have always relied excessively on pretrial detention, in violation of Lebanese laws that specify that pretrial detention is only permissible for offences that are punishable by more than one-year imprisonment, it should not exceed four months for misdemeanours and 12 months for

14 Office of the High Commissioner for Human Rights (OHCHR), “*Human Rights Committee concludes its examination of civil and political rights in Lebanon*”, 22 March 2018, ohchr.org/en/press-releases/2018/03/human-rights-committee-concludes-its-examination-civil-and-political-rights

15 Reuters, “*Lebanon to devalue currency by 90% on Feb. 1, central bank chief says*”, 31 January 2023, reuters.com/markets/currencies/lebanon-devalue-currency-by-90-feb-1-cbank-chief-says-2023-01-31

16 Central Administration of Statistics, Annual Inflation Rate for 2022, undated, cas.gov.lb/index.php/latest-news-en/165-inflation-4#:~:text=Central%20Administration%20of%20Statistics%20%2D%20Annual%20Inflation%20rate%2022%20171.2%25

17 OHCHR, “*Lebanon: Little progress in torture prevention, UN experts find*”, 12 May 2022, ohchr.org/en/press-releases/2022/05/lebanon-little-progress-torture-prevention-un-experts-find

18 Sada Trablos wa Kol Loubnan, “المؤتمر الصحفي كامل لوزير الداخلية بسام مولوي يعلن عن الحلول التي سيتقدم بها ” (previously cited).
19 Ministry of Interior and Municipalities, reply to Amnesty International’s letter TG MDE 18/2022.3641 (previously cited).

20 L’Orient Today, “*Mawlawi to introduce bill that would reduce prison sentences*”, 31 August 2022, today.lorientjour.com/article/1310010/mawlawi-to-introduce-bill-that-would-reduce-prison-sentences.html

21 Legal Agenda, “*Pre-Trial Detention in Lebanon: Punishment Prior to Conviction or a Necessary Measure?*”, January 2019, english.legal-agenda.com/wp-content/uploads/Pre-Trial-2019-English.pdf

22 UNODC, “*Nearly twelve million people imprisoned globally Nearly one-third unsentenced With prisons overcrowded in half of all countries*”, 2021, unodc.org/documents/data-and-analysis/statistics/DataMatters1_prison.pdf

23 L’Orient Today, “*Judges to suspend strike after monthslong paralysis*”, 5 January 2023, today.lorientjour.com/article/1323611/judges-to-suspend-strike-after-monthslong-paralysis.html

felonies, and it should only be used where necessary to preserve evidence, protect the defendant, or preserve security.²⁴ The UN Human Rights Committee and various other human rights bodies have consistently recommended eliminating overcrowding in places of detention, including by increasing the use of non-custodial alternative measures to detention.²⁵

Conditions of detention, including sanitary conditions and the provision of adequate food and water, have also suffered during the economic crisis. Since 2019, people in prison have gone on multiple hunger strikes to protest the conditions of their detention, including lack of adequate medical care, bad hygiene, and polluted water.²⁶ According to the head of the Prison Committee at the Tripoli Bar Association (TBA), Mohammed Sablough, who regularly interacts with prisoners and their families, the advisor to the Interior Minister on prisons visited Roumieh Prison in February 2023, blaming the deteriorating food quality and quantity, as well as other shortages in medication and hygiene necessities, on the economic crisis.²⁷

Photos and videos sent to Amnesty International by people in Roumieh prison in Mount Lebanon and Al-Qubba prison in Tripoli exposed conditions in detention. The videos and photos showed dozens of people crammed into a five-by-five-meter room and sleeping on the floor side by side, brown-coloured water coming out of taps that detainees said they use for drinking, cooking, and cleaning, and rats in cooking pots.

The overcrowding and poor sanitary conditions of the prisons have led to outbreaks of skin and other diseases among the prison populations reportedly since mid-2022. People detained in Roumieh and Al-Qubba prisons sent Amnesty International photos that showed people with severe skin inflammations, pimples, and swelling on their backs, arms, legs, and faces. Those individuals told the organization that their conditions are worsening as they were not receiving effective and adequate treatment.²⁸

The vice president of the Association of Committees for the Families of Persons in Lebanese Prisons, Raeda Al-Solh, told Amnesty International:

24 Lebanese University, Code of Criminal Procedures, 2010, <http://77.42.251.205/LawArticles.aspx?LawArticleID=1047641&LawId=244483&language=ar>, Article 108.

25 UN Human Rights Committee, Concluding observations on the third periodic report of Lebanon, 9 May 2018, documents-dds-ny.un.org/doc/UNDOC/GEN/G18/129/84/PDF/G1812984.pdf?OpenElement; UN Human Rights Council, Compilation on Lebanon: Report of the Office of the United Nations High Commissioner for Human Rights, 16 November 2020, documents-dds-ny.un.org/doc/UNDOC/GEN/G20/308/07/PDF/G2030807.pdf?OpenElement

26 Beirut Observer, “إعدام بطيء.. وفاة سجناء و”نار تحت الرماد” في سجون لبنان”, 2 September 2022, beirutobserver.com/2022/09/2710411; DAWN, “Lebanon's Overcrowded Prisons Are a 'Death Sentence'—Funded by the U.S.”, 16 November 2021, dawnmena.org/lebanons-overcrowded-prisons-are-a-death-sentence-funded-by-the-u-s/; the961.com, “ISF Revealed The Cause Of Recent Riots Inside Lebanon's Central Prison In Roumieh (Video)”, 30 August 2022, the961.com/lebanese-isf-revealed-cause-recent-riots-roumieh-prison; Al Jadeed, “سجناء رومية يعلنون إضراباً مفتوحاً عن الطعام السجون اللبنانية كافة”, 12 October 2020, aljadeed.tv/news/%d9%85%d8%ad%d9%84%d9%8a%d8%a7%d8%aa/339157/%d8%b3%d8%ac%d9%86%d8%a7%d8%a1-%d8%b1%d9%88%d9%85%d9%8a%d8%a9-%d9%8a%d8%b9%d9%84%d9%86%d9%88%d9%86-%d8%a5%d8%b6%d8%b1%d8%a7%d8%a8%d8%a7%d9%8b-%d9%85%d9%81%d8%aa%d9%88%d8%ad%d8%a7%d9%8b-%d8%b9%d9%86-%d8%a7%d9%84%d8%b7%d8%b9%d8%a7%d9%85-%d8%a7%d9%84%d8%b3%d8%ac%d9%88

27 Interview by voice call with Mohammed Sablough, head of the prison committee at the Tripoli Bar Association, 16 February 2023.

28 Interview by voice call with a person in prison, 3 November 2022; Interview by voice call with a person in prison, 29 September 2022; Interview by voice call with a person in prison, 2 November 2022.

“Skin problems are widespread in prisons, now. They’re one of the most visible health problems caused by the bad hygiene and poor sanitation. Health problems are increasing, while cleaning supplies and medications remain unavailable. The suffering of people in prisons is reaching unimaginable levels”.²⁹

Article 13 of the UN Standard Minimum Rules for the Treatment of Prisoners, known as the Mandela Rules, states that “all accommodation provided for use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly cubic content of air, minimum floor space, lighting, heating and ventilation.”³⁰ Further, serious overcrowding, unsanitary environment and absence of sleeping facilities, when combined with the length of the period during which a prisoner is held in such conditions, can amount to cruel, inhuman and degrading treatment, in violation of Article 7 of the International Covenant on Civil and Political Rights (ICCPR), which Lebanon has ratified.³¹

3.2 DECREASE IN ACCESS TO HEALTHCARE

Despite the increase in overcrowding and the increasingly dire conditions in prisons jeopardizing the health of detainees, the resources available to prison authorities for the provision of healthcare, such as the budget allocated, drastically decreased given the depreciation of the national currency and sky rocketing inflation. Further, the government has not been paying private and public hospitals their dues, including bills related to the treatment of people in custody. Therefore, hospitals have been either refusing to admit patients from prison altogether or requiring upfront payment, even in cases where emergency treatment was required, in violation of Lebanese law. The prison authorities have then been unlawfully shifting the burden of payment onto families, most of whom are unable to afford the exorbitant costs of hospital care.

While Amnesty International is cognizant of the impact of the broader economic crisis on the medical sector and on the resources of the prison authorities, even governments struggling through an economic crisis have an obligation to ensure that they are not discriminating against the prison population in the provision of the right to health. Under international law, the provision of healthcare for prisoners is a state responsibility, and Articles 52 to 55 in the Lebanese Prison Law specify that the Ministry of Interior is responsible for providing healthcare to all individuals held in its custody.³² In a letter to Amnesty International, the caretaker Minister of Health confirmed that this includes covering the costs of hospitalization of people in prison.³³

PRISONS’ DWINDLING RESOURCES

Lawyers, families of persons in prisons, and members of civil society groups that work in prisons told Amnesty International that even before the onset of the economic crisis in 2019, the provision of

29 Interview by voice call with Raeda Al-Solh, vice president of the Association of Committees for the Families of Persons in Lebanese Prisons, 16 February 2023.

30 United Nations General Assembly, The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), 17 December 2015, documents-dds-ny.un.org/doc/UNDOC/GEN/N15/443/41/PDF/N1544341.pdf?OpenElement, A/RES/70/175.

31 OHCHR, International Covenant on Civil and Political Rights, 16 December 1966, [ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights](https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights)

32 Lebanese University, “تنظيم السجون وامكنة التوقيف ومعهد اصلاح الاحداث وتربيتهم”, Decree 14310 of 1949, [77.42.251.205/LawView.aspx?opt=view&LawID=204130](https://www.lawlib.org/77.42.251.205/LawView.aspx?opt=view&LawID=204130)

33 Caretaker Minister of Public Health, reply to Amnesty International’s letter TG MDE 18/2022.3640 received on 25 January 2023, on file with Amnesty International.

healthcare in prisons was poor.³⁴ A 2011 study by the Lebanese Medical Journal found that “the prisons were overcrowded with limited access to healthcare. There is no computerized medical system and transfers to an emergency department often ends with a calamity.”³⁵

Since the onset of the economic crisis in 2019, healthcare provision in prisons and places of detention worsened drastically as the health sector crumbled. Both public and private hospitals have struggled to operate amid the currency depreciation and a mass exodus of nurses and doctors. Further, the state owes private and public hospitals millions of dollars in unpaid dues – including for the treatment of people in prison – exacerbating the difficulties they are facing in providing adequate healthcare.³⁶ Medication across the country has either become unaffordable since the lifting of subsidies in November 2019 or unavailable due to short-sighted government policies as well as hoarding and smuggling.³⁷

Within this broader context of the depreciation of the currency, increasing costs and shortages of medical staff and equipment, the resources available to the prison authorities for the provision of medication and healthcare to the prison population declined.

The caretaker Minister of Interior’s adviser on prisons, Colonel Ghassan Othman, told Amnesty International that the budget for providing healthcare to prisoners increased from around 11 billion Lebanese pounds in 2019 to 44 billion Lebanese pounds in 2022.³⁸ However, due to the steep depreciation of the currency, the real value of the budget decreased from 7.3 million US dollars in 2019 to around 628,000 US dollars in 2022.³⁹

Despite the drastic decrease in the value of the budget allocated, Othman said that the government did not provide prisons with an emergency plan or additional budget, leaving them unable to afford to purchase drugs at the significantly higher prices and leading to shortages in the prison pharmacies. “We did not receive any support except for some drug donations from some [non-governmental] organizations”, Othman said.⁴⁰

Othman admitted that the provision of health services in prisons deteriorated since the crisis, including consultation visits by doctors to places of detention as well as the availability of medicines in prison pharmacies. However, he claimed that “the situation in prisons remains under control.”⁴¹

All prison pharmacies are also required to stock, at all times, various medications, including those used to treat chronic diseases and essentials such as painkillers and antibiotics. But despite these

34 Lebanese Medical Journal, “*Healthcare of Prisoners in Lebanon*”, 2020, lebanesemedicaljournal.org/Home/ArticleDetails/30771; DAWN, “*Lebanon’s Overcrowded Prisons Are a ‘Death Sentence’—Funded by the U.S.*” (previously cited); Interview by voice call with Mohammed Sablough, head of the prison committee at the Tripoli Bar Association (previously cited); Interview by voice call with Raeda Al-Solh, vice president of the Association of Committees for the Families of Persons in Lebanese Prisons (previously cited).

35 Lebanese Medical Journal, “*Healthcare of Prisoners in Lebanon*” (previously cited).

36 Human Rights Watch, “*Lebanon: Hospital Crisis Endangering Health*”, 10 December 2019, [hrw.org/news/2019/12/10/lebanon-hospital-crisis-endangering-health#:~:text=Slaiman%20Haroun%2C%20the%20head%20of%20the%20Syndicate%20of,and%20medical%20supplies%20and%20to%20pay%20staff%20salaries](https://www.hrw.org/news/2019/12/10/lebanon-hospital-crisis-endangering-health#:~:text=Slaiman%20Haroun%2C%20the%20head%20of%20the%20Syndicate%20of,and%20medical%20supplies%20and%20to%20pay%20staff%20salaries)

37 Amnesty International, “*Lebanon: Government must ensure medication is available and affordable* (Index: MDE 18/6410/2023)”, 9 February 2023, [amnesty.org/en/documents/mde18/6410/2023/en](https://www.amnesty.org/en/documents/mde18/6410/2023/en)

38 Ministry of Interior and Municipalities, reply to Amnesty International’s letter TG MDE 18/2022.3641 (previously cited).

39 Exchange Rates, “*Lebanese Pound to US Dollar Spot Exchange Rates for 2022*”, undated, [exchangerates.org.uk/LBP-USD-spot-exchange-rates-history-2022.html](https://www.exchangerates.org.uk/LBP-USD-spot-exchange-rates-history-2022.html)

40 Ministry of Interior and Municipalities, reply to Amnesty International’s letter TG MDE 18/2022.3641 (previously cited).

41 Lebanese University, “تنظيم السجون وامكنة التوقيف ومعهد اصلاح الاحداث وتربيتهم”, Decree 14310 of 1949 (previously cited).

obligations, in reality, prisoners, family members of people in prisons, lawyers, and NGO workers Amnesty International spoke to consistently described the lack of all types of medication in the prison pharmacies and the extensive absence of medical experts to attend to complaints and emergencies.⁴²

A person incarcerated in Roumieh prison, who has recurrent urinary tract infections, told Amnesty International that “there are no medications here [inside the prison]. Even medical gauze is not available. We have to get it from outside [the prison].”⁴³

Another person in Roumieh prison told the organization that “prisoners rarely find in the prison pharmacy any medication other than Panadol. They give us Panadol for all types of health complaints.”⁴⁴ Therefore, families have to purchase the medication and deliver it to their relatives in prison, placing a significant financial burden on them and sometimes causing a delay in their relatives’ treatment, with adverse impacts on their health.

The brother of a person in prison told Amnesty International that since his brother’s detention in January 2022, he has been delivering medication regularly to his brother, who has a chronic disease and needs a consistent supply of medication. “My brother was at first in Baabda prison, then he was transferred to Roumieh prison. I always provided him with his medication. The prison pharmacies never had it. I assumed his medical needs fall on us,” he said.⁴⁵

The head of the Prison Committee at the Tripoli Bar Association (TBA), Mohammed Sablough, told Amnesty International that the crisis hit dental services in Roumieh very hard. He said that persons he represents as well as families of other persons in prisons reported to the TBA committee that “in the dental clinic of the prison, they’re not offering treatment any more because medication and medical supplies are unavailable. If the person in prison is unable to pay the cost of the treatment, they extract his tooth.”⁴⁶

HOSPITALS UNLAWFULLY DENYING EMERGENCY MEDICAL CARE

In addition to poor healthcare within prisons, persons who require emergency care or hospitalization face additional obstacles. Six families of persons in prison told Amnesty International that both private and public hospitals were either refusing to admit their relatives altogether or were requiring an upfront payment in dollars, even in cases where emergency treatment was required. Amnesty International reviewed the medical records of an additional nine persons in prison who are being refused critical care without upfront payments to hospitals.

Under Lebanese law, it is unlawful for both private and public hospitals to refuse to admit patients in need of emergency care on the basis of their inability to pay.⁴⁷

Colonel Othman said that the Ministry of Interior enters into agreements with private and public hospitals to treat people in custody or receive transfers from places of detention. However, he said

42 Interview by voice call with a person in prison, 3 November 2022; Interview by voice call with a person in prison, 29 September 2022; Interview by voice call with a person in prison, 2 November 2022; Interview by voice call with Mohammed Sablough, head of the prison committee at the Tripoli Bar Association (previously cited); Interview by voice call with Raeda Al-Solh, vice president of the Association of Committees for the Families of Persons in Lebanese Prisons (previously cited); Interview by phone call with Yusr Haidar, the sister of Salah Haidar, 16 September 2022; Interview by phone call with a brother of Khalil Taleb, 5 October 2022; Interview by phone call with Ali Taleb, brother of Khalil Taleb, 6 October 2022; Interview by phone call with the wife of Nidal Barbour, 13 October 2022.

43 Interview by voice call with a person in prison, 3 November 2022 (previously cited).

44 Interview by voice call with a person in prison, 29 September 2022 (previously cited).

45 Interview by voice call with the brother of a person in prison, 7 October 2022 (previously cited).

46 Interview by voice call with Mohammed Sablough, head of the prison committee at the Tripoli Bar Association (previously cited).

47 Caretaker Minister of Public Health, reply to Amnesty International’s letter TG MDE 18/2022.3640 (previously cited).

that recently, all of them had refused to renew these agreements, requesting that they be paid in cash before they admit any detainee or prisoner.⁴⁸ While 846 people in custody were hospitalized in 2018, only 107 were admitted to hospitals in 2022, according to figures shared with Amnesty International, despite the slight increase of the population in detention.⁴⁹

One of the main reasons that hospitals are refusing to accept patients from prison is the accumulated debt owed to them by the government. The government has failed to reimburse private and public hospitals for medical bills accrued such as those related to the treatment of prisoners, members of the military and those enrolled in the National Social Security Fund. As the cost of medication and medical supplies increased exponentially, these debts made it difficult for hospitals to continue operating. According to head of the Syndicate of Private Hospitals, in 2021, the government owed private hospitals around 1.6 billion US dollars.⁵⁰ Similarly, in 2020, the government owed the Rafik Hariri University Hospital – the biggest public hospital in the country – around 20 billion Lebanese pounds (13.3 million US dollars at the official exchange rate and around 2.5 million US dollars at the unofficial market rate at the time).⁵¹

Othman told Amnesty International that Al-Hayat private Hospital, to which most patients in Roumieh prison are usually transferred, wrote several letters to the government requesting that the government pays its debts to the hospital and warned that it would have to close the section dedicated for treating prisoners if it did not receive its dues.⁵²

PRISON AUTHORITIES UNLAWFULLY SHIFTING BURDEN ONTO FAMILIES

Although the state is responsible for the healthcare costs of people in custody, including the cost of their hospitalization, Amnesty International found that the prison authorities were unlawfully shifting the burden onto families and requiring them to pay for their relatives' medical care. In a context where more than 80% of the population has been pushed into poverty, in most cases, families cannot afford the cost of the medical treatment of their incarcerated relatives.

Amnesty International interviewed four people in custody who have been unable to secure the funds needed to pay for their treatments in prison and have been unable to access care as a result.

A 38-year-old person in Roumieh told Amnesty he now needs 2,800 US dollars to pay for surgery for shoulder pain he has had for years. "I am in constant pain," he said. "My operation costs around 3000 US dollars. I do not have access to such an amount of money, not even if I sell an organ."⁵³

A lawyer told Amnesty International that five persons in prison he represents are unable to cover the cost of their treatment for disc surgery, dysfunctional bladder, and varicocele, with the costs ranging

48 Ministry of Interior and Municipalities, reply to Amnesty International's letter TG MDE 18/2022.3641 (previously cited).

49 Ministry of Interior and Municipalities, reply to Amnesty International's letter TG MDE 18/2022.3641 (previously cited).

50 Nida' al-Watan, "هارون: المستشفيات الخاصة تتعرض لضغوطات مالية ومعنوية", 30 October 2020, <https://nidaalwatan.com/article/32823-%D9%87%D8%A7%D8%B1%D9%88%D9%86-%D8%A7%D9%84%D9%85%D8%B3%D8%AA%D8%B4%D9%81%D9%8A%D8%A7%D8%AA-%D8%A7%D9%84%D8%AE%D8%A7%D8%B5%D8%A9-%D8%AA%D8%AA%D8%B9%D8%B1%D8%B6-%D9%84%D8%B6%D8%BA%D9%88%D8%B7%D8%A7%D8%AA-%D9%85%D8%A7%D9%84%D9%8A%D8%A9-%D9%88%D9%85%D8%B9%D9%86%D9%88%D9%8A%D8%A9>

51 Human Rights Watch, "Lebanon: Health Workers' Safety Neglected during Covid-19", 10 December 2020,

[hrw.org/news/2020/12/10/lebanon-health-workers-safety-neglected-during-covid-19](https://www.hrw.org/news/2020/12/10/lebanon-health-workers-safety-neglected-during-covid-19)

52 Ministry of Interior and Municipalities, reply to Amnesty International's letter TG MDE 18/2022.3641 (previously cited).

53 Interview by voice call with a person in prison, 2 November 2022 (previously cited).

between 1,000 US dollars and 2,800 US dollars for each person.⁵⁴ Amnesty International reviewed the medical reports of these patients in prison corroborating their medical conditions and the cost of their treatment. The lawyer explained to the organization that the patients are always in pain due to their lack of treatment. “In some extreme cases, we try to help within our capacities by collecting contributions from us lawyers and philanthropists or from NGOs with relevant missions,” he said.⁵⁵

The vice president of the Association of Committees for the Families of Persons in Lebanese Prisons, Raeda Al-Solh, told Amnesty International that, accessing healthcare in prison is “the most painful and unfair hardship”. “Prisons are left without medications and hospitals do not receive emergency cases from prisons unless the families pay an insurance fee at the emergency door before admission and before examining the patient, amounting to five million Liras (between 60 and 70 US dollars),” she said. “After admission, the cost of X-rays or tests needed for the diagnosis and treatment should be paid in advance. If the families cannot pay these costs, the patient is sent to prison, without treatment.”⁵⁶

The UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment specifies that health care provided to individuals in custody must be free of charge. The UN Standard Minimum Rules for the Treatment of Prisoners, known as the Nelson Mandela Rules, dictate that “the provision of health care for prisoners is a state responsibility” and that “prisoners who require specialist treatment must be transferred to specialized institutions or outside hospitals when such treatment is not available in prison.”⁵⁷

3.3 REPORTS OF DENIAL OF TIMELY MEDICAL CARE

Although the Ministry of Interior has blamed the economic crisis for deteriorating conditions and healthcare in prisons, in at least three cases of deaths in custody in 2022, families of the deceased told Amnesty International that prison officials dismissed the complaints and symptoms of those detainees prior to their death, delaying their treatment and transfer to hospitals and causing their conditions to worsen.

In accordance with the UN Minnesota Protocol on the Investigation of Potentially Unlawful Death, the prison director must report all deaths in custody to the civilian judiciary, which is independent of the prison administration, to conduct prompt, impartial and effective investigations into the circumstances and causes of these deaths. Anyone found to be responsible, including through misconduct or negligence, should be prosecuted in the civilian courts.

Salah Haidar (42 years old) died on 22 August 2022 in Roumieh prison while serving a five-year sentence. Amnesty International reviewed the medical report issued by a forensic doctor and interviewed Salah’s sister. The medical report, which was compiled based on an order by the military prosecutor to explain the cause of death, cited cardiac arrest as the cause of death and included a detailed description of Salah’s severe and inflamed skin problems. Salah’s sister told the organization that in the week before he died, Salah had requested urgent medical treatment after his skin turned blue and started bleeding, but that his requests went unheeded for four days. He was unable to move his limbs and his vision was impaired, she said. Salah’s sister told Amnesty that the person sharing Salah’s cell said that prison guards told Salah that they would take him to the hospital the next day, but they did not. Salah’s sister said that three days later her brother “arrived at the hospital dead.”⁵⁸

54 Interview in person with a human rights lawyer, 6 October 2022.

55 Interview in person with a human rights lawyer, 6 October 2022 (previously cited).

56 Interview by voice call with Raeda Al-Solh, vice president of the Association of Committees for the Families of Persons in Lebanese Prisons (previously cited).

57 United Nations General Assembly, The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) (previously cited).

58 Interview by phone call with Yusr Haidar, the sister of Salah Haidar (previously cited).

Khalil Taleb (34 years old) died in Roumieh prison on 21 August while in pre-trial detention. Khalil spent around five months in Baabda prison and was then transferred to Roumieh where he spent a month and 20 days before his death. Amnesty International interviewed two members of Khalil's family who said that Khalil had diabetes, but that his health started deteriorating rapidly upon his arrival to Roumieh. They said that the only access to medical treatment for Khalil was the prison pharmacy, as long as it was paid for in advance by the prisoner's family. Khalil's brother, Ali, holds an MA in radiology sciences and works in a local hospital and in a pharma company and was therefore supervising Khalil's health. Ali would share Khalil's lab tests with specialized doctors and regularly test his blood when he was still in the Baabda prison, which security officers allowed. However, he said that he could not continue to do these blood tests when Khalil was transferred to Roumieh prison, given the tight security regulations.

Shortly after arriving in Roumieh prison, a fat, painful lump appeared on Khalil's leg accompanied by fever, his brother said. A relative told Amnesty International that the family sent a sum in US dollars via OMT INTRA, Western Union's accredited agent in Lebanon, to the prison pharmacy to buy him the required treatment. The relative added that on the weekend before his death, Khalil had developed breathing difficulties, and was going in and out of consciousness, yet the prison pharmacist dismissed his pains and denied him medication, telling him: "you're OK, go to your cell," Khalil's brother said.

As his condition deteriorated, the family quickly paid a private hospital in advance to accept his transfer from the prison and the hospital confirmed that they would admit him. Yet despite that, it took the prison authorities three days to actually transfer him to the hospital. The prison authorities told Khalil's family that he had died on his second day in hospital.⁵⁹

Khalil's family told Amnesty International that there are some key discrepancies between the accounts given to them by Khalil's cellmates and by the prison authorities. While Khalil's cellmates told his family he was already unconscious before he was transferred to the hospital, the prison authorities told the family that he fell into a coma only after arriving at the hospital.

Ali told Amnesty International that he received the hospital's medical report stating septic shock as the cause of death. He added that: "I requested the blood tests and reviewed them. Khalil's liver was fully damaged, his kidneys were barely functioning, not to mention the level of sugar in his blood... there is no human possibility that he arrived at the hospital standing on his feet... he either arrived already dead or unconscious... Instead of rehabilitation, he found death."⁶⁰

Nidal Barbour (42 years old) died in Al-Qubba prison in northern Lebanon in September 2022 after being detained in pretrial since 29 June 2022. His wife told Amnesty International that a week before his death, Nidal had complained of severe chest pains. She said that he went to the prison pharmacy to request heart medication, but he was told that they did not have any type of medication in the pharmacy. He was not given access to a doctor or offered an alternative way of accessing medication and health care.

A week later, Nidal died. The prison authorities gave his wife a medical report stating that he died of a heart attack "on the way to the hospital." However, Nidal's wife told Amnesty International that "I spoke to his cellmates and they told me that Nidal died in prison, in front of them, after the guards accused him of lying about his symptoms and left him to suffer for three hours."⁶¹ Nidal's wife did not file a complaint, citing that she does not trust that it will lead to justice, because it will be investigated by the same authorities she is accusing of misconduct.

59 Interview by phone call with a relative of Khalil Taleb, 5 October 2022.

60 Interview by phone call with Ali Taleb, brother of Khalil Taleb (previously cited).

61 Interview by phone call with the wife of Nidal Barbour (previously cited).

As per international standards, all prisons should ensure prompt access to medical attention in urgent cases. Clinical decisions may only be taken by the responsible healthcare professionals and may not be overruled or ignored by non-medical prison staff.⁶²

3.4 IMPUNITY FOR TORTURE AND OTHER ILL-TREATMENT

The Ministry of Interior did not explain the causes of the deaths in custody in 2022, including whether any were related to ill-treatment and torture.

Amnesty International frequently documents torture and ill-treatment in detention, and impunity for these abuses is pervasive, despite the passage of a 2017 law criminalizing torture.⁶³ The head of the Prison Committee at the Tripoli Bar Association, Mohammed Sablough, told Amnesty International that in 2022 alone, he filed at least 22 torture complaints, in addition to six complaints in the first 45 days of 2023, all on behalf of detainees in the custody of the ISF and Lebanese Armed Forces. However, he said that the judiciary has not proceeded on any of them.⁶⁴

In a letter on 26 December 2022 addressed to the Subcommittee on Prevention of Torture and other UN experts, 11 Civil Society Organizations said that they document “regular reports of death in detention due to torture, ill-treatment and denial of appropriate care and nutrition” but that none were impartially, effectively, and thoroughly investigated.⁶⁵

The first prosecution known to Amnesty International under the anti-torture law is currently underway after five State Security officers – who are not under the command of the Ministry of Interior - were charged with torture that resulted in the killing of a Syrian refugee in September 2022.⁶⁶ However, the trial is taking place before a military court, which Amnesty International has found does not enjoy the requisite independence to allow for a fair trial.⁶⁷

As a party to the Convention against Torture, Lebanon is required to take effective measures to prevent torture, investigate credible allegations of torture, and hold accountable anyone found guilty of committing torture with appropriate penalties that take into account the gravity of the crime.

The Ministry of Interior did mention in its January 2023 letter that 14 members of the Internal Security Forces (ISF) were internally disciplined in 2022 for beating and blackmailing people in custody.⁶⁸ However, the results of those internal investigations have not been made public, and Othman did not indicate whether any of these officers have been referred for criminal prosecution.

62 United Nations General Assembly, The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) (previously cited).

63 Amnesty International, “*Lebanon: Torture of Syrian refugees arbitrarily detained on counter-terror charges*”, 23 March 2021, [amnesty.org/en/latest/press-release/2021/03/lebanon-torture-of-syrian-refugees-arbitrarily-detained-on-counter-terror-charges](https://www.amnesty.org/en/latest/press-release/2021/03/lebanon-torture-of-syrian-refugees-arbitrarily-detained-on-counter-terror-charges)

64 Interview by voice call with Mohammed Sablough, head of the prison committee at the Tripoli Bar Association (previously cited).

65 Alkarama, “*Lebanon: Alkarama joins Lebanese civil society in a common call to address the situation in Roumieh and other detention centres*”, 26 December 2022, [alkarama.org/en/articles/lebanon-lack-means-no-excuse-lack-will](https://www.alkarama.org/en/articles/lebanon-lack-means-no-excuse-lack-will)

66 Amnesty International, “*Lebanon: Indictment of State Security members in torture case an ‘encouraging development’*”, 5 December 2022, [amnesty.org/en/latest/news/2022/12/lebanon-indictment-of-state-security-members-in-torture-case-an-encouraging-development](https://www.amnesty.org/en/latest/news/2022/12/lebanon-indictment-of-state-security-members-in-torture-case-an-encouraging-development)

67 Amnesty International, “*Lebanon: Transfer investigation into death in custody of Syrian refugee to the civilian justice system*”, 6 September 2022, [amnesty.org/en/latest/news/2022/09/lebanon-transfer-investigation-into-death-in-custody-of-syrian-refugee-to-the-civilian-justice-system](https://www.amnesty.org/en/latest/news/2022/09/lebanon-transfer-investigation-into-death-in-custody-of-syrian-refugee-to-the-civilian-justice-system)

68 Ministry of Interior and Municipalities, reply to Amnesty International’s letter TG MDE 18/2022.3641 (previously cited).

Even in cases where the torture does not immediately result in death, torture and ill-treatment can create or aggravate health problems, which combined with the lack of provision of adequate healthcare, may lead to death in custody. In 2019, Amnesty International documented the events that led to the death in ISF custody of Hassan al-Dika from injuries allegedly sustained after his torture.

Before his death, Hassan al-Dika, 44 years old, alleged that Internal Security Forces (ISF) officers – who fall under the command of the Ministry of Interior – subjected him to repeated beatings and electric shocks, suspended him in stress positions, and forced him to confess. Hassan was held in pretrial detention at the ISF headquarters in Beirut in November 2018 and then transferred to a prison in Baabda, both Ministry of Interior-run detention facilities. Amnesty International reviewed three forensic medical reports and one psychological assessment all stating that Hassan had been subjected to violence and had a severe injury in his lower back that required immediate treatment. Prison authorities transferred him to a hospital on 2 April 2019 due to his deteriorating health, which his family said resulted from torture in ISF detention. He died in the hospital on 11 May 2019.⁶⁹

Both the prison authorities and the judiciary failed to adequately investigate Dika's torture complaints or his death in custody, perpetuating the culture of impunity. Dika's father, who is also his lawyer, filed three torture complaints before Dika's death, but prosecutors failed to open an investigation into the complaints as mandated by the anti-torture law. Dika's father said he eventually withdrew the complaints after security forces threatened him. The ISF denied any wrongdoing in Dika's case. After Dika's death, the acting Cassation Prosecutor's conducted an investigation, which relied on the ISF's own investigation, and found no evidence of torture. He ordered the case to be dismissed.⁷⁰ No one was held accountable for his death.

According to Principle 34 of the UN Body of principles for the Protection of All Persons under Any Form of Detention or Imprisonment, an inquiry into the cause of death should be conducted whenever there is death in custody.⁷¹ Similarly, the Minnesota Protocol on Investigation of Potentially Unlawful Death, states that "... where a person has died in custody, this must be reported, without delay, to a judicial or other competent authority that is independent of the detaining authority and mandated to conduct prompt, impartial and effective investigations into the circumstances and causes of such a death".⁷²

Although in 2019 the government appointed the five members of the National Preventative Mechanism against Torture (NPM), a body within the National Human Rights Institute (NHRI), which is mandated to conduct unannounced visits to places of detention and investigate torture, the government has not yet allocated a budget to allow the unit to fulfil its mandate.⁷³

69 Amnesty International, "*Lebanon is failing torture survivors by delaying implementation of crucial reforms*", 26 June 2019, [amnesty.org/en/latest/press-release/2019/06/lebanon-is-failing-torture-survivors-by-delaying-implementation-of-crucial-reforms](https://www.amnesty.org/en/latest/press-release/2019/06/lebanon-is-failing-torture-survivors-by-delaying-implementation-of-crucial-reforms)

70 Human Rights Watch, "*Lebanon: Judiciary Ignoring 2017 Anti-Torture Law*", 19 September 2019, [hrw.org/news/2019/09/19/lebanon-judiciary-ignoring-2017-anti-torture-law](https://www.hrw.org/news/2019/09/19/lebanon-judiciary-ignoring-2017-anti-torture-law)

71 United Nations General Assembly, Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, 9 December 1988, [ohchr.org/en/instruments-mechanisms/instruments/body-principles-protection-all-persons-under-any-form-detention#:~:text=No%20person%20under%20any%20form,or%20degrading%20treatment%20or%20punishment.](https://www.ohchr.org/en/instruments-mechanisms/instruments/body-principles-protection-all-persons-under-any-form-detention#:~:text=No%20person%20under%20any%20form,or%20degrading%20treatment%20or%20punishment.), Resolution 43/173.

72 OHCHR, The Minnesota Protocol on the Investigation of Potentially Unlawful Death, 2016, [ohchr.org/sites/default/files/Documents/Publications/MinnesotaProtocol.pdf](https://www.ohchr.org/sites/default/files/Documents/Publications/MinnesotaProtocol.pdf), Paragraph 17.

73 Amnesty International, "*Lebanon is failing torture survivors by delaying implementation of crucial reforms*" (previously cited).

4. RECOMMENDATIONS

TO THE MINISTRY OF INTERIOR AND MUNICIPALITIES

- Prison authorities should investigate to what extent the doubling of the deaths in custody over the last few years is linked to systemic and structural factors, such as overcrowding and the lack of adequate resources, and to what extent prison officials' misconduct or negligence contributed to those deaths. The prison authorities should make that report public, refer officials found guilty of violations for prosecution in the ordinary judiciary and propose recommendations to the government to address these problems in places of detention;
- In accordance with the UN Minnesota Protocol on the Investigation of Potentially Unlawful Death, prison directors must report all deaths in custody to the ordinary judiciary, which is independent of the prison administration, to conduct prompt, impartial and effective investigations into the circumstances and causes of these deaths. The prison administration must fully cooperate with the judiciary and ensure that all evidence is preserved;
- Ensure that security officers responsible for abuses against detainees, including ill-treatment and torture, are held accountable, including through referrals to the criminal justice system, and make the results of investigations public;
- Improve conditions of detention, in accordance with the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), and ensure they are consistent with human rights laws and standards.⁷⁴

TO THE PUBLIC PROSECUTION

- Conduct prompt, impartial and effective investigations into the circumstances and causes of all deaths in custody;
- Promptly investigate torture complaints within 48 hours of receipt, as mandated by the 2017 anti-torture law.

TO THE MINISTRY OF JUSTICE

- Order the release of all individuals who have exceeded the legally prescribed limits for pretrial detention and ensure their right to a timely and speedy trial;
- Ensure that judges abide by the limits on pretrial detention and that no detainee is held in pretrial detention for longer than four months for misdemeanours and 12 months for felonies, as provided for by law;
- Increase the use of non-custodial measures as alternatives to pretrial detention and take measures to decongest prisons in Lebanon, including conditional release of detainees in pretrial detention.

74 United Nations General Assembly, The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) (previously cited).

TO THE MINISTRY OF PUBLIC HEALTH

- Issue clear instructions to hospitals that they must accept all emergency cases regardless of whether those individuals are able to pay and impose disciplinary measures on hospitals which are refusing to do so.

TO THE COUNCIL OF MINISTERS

- Provide the necessary funds or an emergency plan to ensure prisons have the resources they need to be able to provide adequate accommodation, healthcare, food, and sanitation supplies to all individuals in custody, in line with international standards;
- Provide the National Preventative Mechanism against Torture (NPM) in the National Human Rights Institute with a budget and issue the necessary decrees to activate it and then to grant its members access to all places of detention to carry out unannounced visits, in accordance with its mandate and the provisions of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and in keeping with the Subcommittee on Prevention of Torture's (SPT) guidelines on national preventive mechanisms;
- Make public the SPT's reports after its 2010 and 2022 visits to Lebanon and urgently implement their recommendations.

TO THE INTERNATIONAL COMMUNITY

- Support the Lebanese authorities in funding and programming that prioritizes people's economic and social rights during the economic crisis, in particular the rights to health and justice;
- Urge the Lebanese authorities to ensure that they do not discriminate against people in detention in the provision of adequate healthcare and to abide by the Nelson Mandela rules in conditions of detention.

ANNEXES

LETTER FROM THE MINISTRY OF INTERIOR AND MUNICIPALITIES



الجمهورية اللبنانية
وزارة الداخلية والبلديات

رقم: ٤٣ / م.و.د.ب

السادة منظمة العفو الدولية المحترمين
المكتب الاقليمي للشرق الأوسط

تحية طيبة وبعد،

بعد الاطلاع على الرسالة المؤرخة بتاريخ ١٣ ك ٢٠٢٢، نتقدم إليكم بالامتنان والشكر على خطوتكم التي نتلقى معها في سبيل تسليط الضوء على حقوق الانسان لا سيما نزلاء السجون في لبنان مع تمنياتنا المخلصة بدوام التوفيق والعطاء.

ان وزارة الداخلية والبلديات تنتهج سياسة تطوير حقوق الانسان بالشاركة مع كافة القطاعات المعنية الرسمية والغير رسمية ومن اجل ذلك قد اعتمدنا ما يلي:

- اعتماد نظام شكاوى بحق عناصر قوى الأمن الداخلي والعاملين لديها عممت بموجب مذكرة الخدمة رقم ٢٠٤/٢٢ ش ٤ تاريخ ٢٠٢٢/٢/١١ حول نظام الشكاوى لنزلاء السجون والمذكرة العامة رقم ٢٠٤/٨٧ ش ٤ تاريخ ٢٠١٤/٣/٢٧ حول القواعد والاجراءات وكيفية تقديم الشكوى وبناء لما تقدم يتم التحقق فورا من الشكاوى المقدمة وتتخذ كافة الإجراءات اللازمة من تحقيقات مسلكية وبإشراف السلطات القضائية المختصة وتتخذ التدابير المسلكية والتأديبية بحق المسؤولين على ضوء نتيجة التحقيقات المجراة بحيث انه تم اتخاذ التدابير المسلكية المشددة بحق ١٤ عنصراً عناصر لإقدامهم على ضرب وإبتزاز سجناء.
- ان الخدمات الصحية والاستشفائية التي كانت وزارة الداخلية تقدمها الى السجناء في سجون لبنان قبل العام ٢٠١٩ هي نفسها الخدمات الصحية التي تقدمها لعناصر وعائلات قوى الامن الداخلي في الحالات الطارئة والباردة ولهم الافضلية في الدواء والاستشفاء حيث كانت هذه المعاينات تؤمن بصورة فورية من قبل اطباء مكلفين بقرارات من قبل وزارة الداخلية والبلديات يقومون بمعاينة السجناء المرضى في السجون المركزية الثلاث (رومية - زحلة - طرابلس) وبواسطة الضباط الاطباء والاطباء المتعاقدين في المراكز الطبية في باقي السجون الفرعية والنظارات في القطاعات الاقليمية وغيرها. وقد تأثرت هذه الخدمات تدريجياً نتيجة الازمة الاقتصادية وصولاً للعام ٢٠٢٢ بسبب مطالبة المستشفيات بدفع فارق اكلاف الاستشفاء والمعدات الطبية نقداً بالدولار الأميركي نتيجة

تدهور الليرة اللبنانية وارتفاع سعر الصرف الدولار الأميركي. إلا أن الوضع الصحي للسجناء لا يزال تحت السيطرة حيث يتم تذليل أي صعوبات وكل حالة مرضية على حدة مع العلم أن جميع المستشفيات الحكومية والخاصة رفضت تجديد العقود لمعالجة السجناء وتطلب دفع المبالغ نقداً قبل استقبال أي سجين أو قبل إجراء أي عمل طبي، وتفاقت الأزمة بعد إقفال مستشفى البيطار (ساش مديكال كوميوناري) وتمنع مستشفى ضهر الباشق الحكومي عن استقبال ومعالجة السجناء بالرغم من أنها الأنسب جغرافياً وأمنياً.

- أن الأدوية المتوفرة في صيدليات السجون هي نفسها الأدوية المتوفرة في صيدليات قوى الأمن الداخلي للعناصر (أدوية العلاج الدائم والضغط والسكري - أدوية الأمراض العادية التهابات ومسكنات - حساسية) والتي يتم طلبها من مكتب الأدوية عند الحاجة بشكل دوري، يضاف إليها الهبات المقدمة من المنظمات الدولية وجمعيات خيرية. علماً أن هذا الإجراء غير كاف والسبب يعود إلى عدم كفاية الاعتمادات التي يتم رصدها لتأمين الأدوية كما يدير هذه الصيدليات صيادلة مدنيين مكلفين بموجب قرار من وزارة الداخلية والبلديات وعناصر قوى الأمن الداخلي ذو الخبرة ومتعاقدون مدنيون.
- يتم تحويل النزلاء المرضى حالياً إلى مستشفى الحياة وطرابلس الحكومي وبيروت ونقل بعد معابنتهم من قبل أطباء السجون وإقرار ما إذا كانت حالتهم تستدعي النقل للمستشفى إلا أن رؤساء المراكز الطبية يواجهون صعوبات جمة في إدخال أي سجين أو موقوف إلى مستشفى خاص أو جامعي بسبب رفض هذه المستشفيات استقبال السجناء وإشترائها الدفع نقداً وبالدولار الأميركي في ما يخص اللوازم الطبية، هذا وبالإضافة إلى صعوبات أخرى تتجلى بعدم توفر بعض الأعمال الطبية في المستشفيات الحكومية (قلب مفتوح - شرايين الرأس) كما وأن إدارة مستشفى الحياة وجهت عدة كتب تطلب فيها تسديد مستحقاتها المتأخرة وأخرها كتاب بانها ستعتمد إلى إقفال قسم السجن المخصص لمعالجة السجناء لأسباب مادية وعدم قدرتها على الاستمرار بالأسعار المعتمدة بسبب الارتفاع الكبير لسعر صرف الدولار الأميركي في السوق
- تمتنع كافة المستشفيات عن استقبال النزلاء المرضى والسبب الرئيسي هو إشترائها الدفع نقداً بمبالغ كبيرة للمعالجة وبالدولار الأميركي للوازم الطبية كما أن بعض المستشفيات تقبل بإضافة فروقات تكاليف للمعالجة على الفاتورة على سبيل المثال (تبينين الحكومي - مستشفى اللبناني الإيطالي شتورة ...) وبحالات نادرة مستشفى الجامعة الأميركية.
- إن موازنة الاستشفاء والصحة لقوى الأمن الداخلي خلال الأعوام السابقة هي كالتالي:

سجناء	عناصر وعائلات	
ل.ل ٤٤,٠٢٠,٠٠٠,٠٠٠	ل.ل ٩٩٨,٨٨٠,٠٠٠,٠٠٠	العام ٢٠٢٢
ل.ل ١١,٠٣٠,٠٠٠,٠٠٠	ل.ل ١٨٠,١٧٠,٠٠٠,٠٠٠	العام ٢٠١٩
ل.ل ٣٢,٩٩٠,٠٠٠,٠٠٠	ل.ل ٨١٨,٧١٠,٠٠٠,٠٠٠	فارق الاكلاف

فالمقارنة انه في العام ٢٠١٨ تم معالجة ٨٤٦ سجيناً في المستشفيات مقابل ١٠٧ خلال العام ٢٠٢٢. اما فيما خص الوفيات ففي العام ٢٠١٥ توفي ١٤ سجيناً وفي العام ٢٠١٨ توفي ١٨ سجيناً مقارنة في العام ٢٠٢٢ حيث توفي ٣٤ سجيناً.

- أما في ما خص تحقيق الأدوية فيتم ذلك عبر الشركات التي تتعاطى تجارة الأدوية وفقاً لمؤشر الأسعار الذي يصدر عن وزارة الصحة العامة علماً انه لم يتم تخصيصنا بأية مبالغ إضافية على إثر رفع الدعم عن الدواء سوى بعض المساهمات المحدودة من قبل بعض الجمعيات.
- تتوجب على وزارة الداخلية والبلديات ديوناً للمستشفيات الخاصة والحكومية ناتجة عن كلفة علاج المرضى من نزلاء السجون.

لا بد من الاشارة الى التالي :

إن الاكتظاظ ظاهرة واضحة في كل السجون اللبنانية وليست فقط في سجن رومية. إن سجن رومية صُمم لإستيعاب حوالي الألف سجين ولكنه يحتوي حالياً على أكثر من أربعة آلاف سجين، وهذا ما يقود الى الإستنتاج أن موضوع الاكتظاظ هو من أكثر المواضيع الضاغطة والسبب الرئيسي في معظم المشاكل التي يعانيها السجناء.

إن الازمة الاقتصادية وصل تأثيرها على حياة السجناء، فتفاقت المشاكل واصبحت تثقل كاهل وزارة الداخلية التي أصبحت عاجزة عن حلها بغياب التمويل اللازم. فالطباية ونقل المساجين الى المستشفيات هي مشاكل بحاجة الى معالجة مستدامة بالتعاون مع الجهات المانحة المعنية.

إن مرسوم تنظيم السجون رقم ١٤٣١٠ تاريخ ١٩٤٩/٢/١١ الصادر في العام ١٩٤٩ بات قديماً، ولا يتماشى مع تطلعات ومتطلبات الإدارة الحديثة للسجون، مما يستوجب تدخّل المُشرّع لتفعيل النصوص القانونية الخاصة بإدارة المؤسسات الإصلاحية.

إن وزارة الداخلية تطمح الى إعداد خطة موحدة للمؤسسات الإصلاحية في لبنان للتمكن من تطبيق مفاهيم إدارة التغيير وتحديد مهمة وغاية نظام السجون في لبنان، والمبادئ الواجب اعتمادها وابوابها مفتوحة للتعاون في تأسيس خطة إستراتيجية خاصة ومتكاملة للسجون.

بيروت في ٢٠٢٣/١/٢٦
العقيد عثمان عثمان
مستشار وزير الداخلية والبلديات لشؤون السجون

LETTER FROM THE MINISTRY OF PUBLIC HEALTH

الجمهورية اللبنانية



وزارة الصحة العامة

الوزير

REF:029/01.23/GH.OK/FA

بيروت في ٢٥/١/٢٠٢٣

جانسب منظمة العفو الدولية

الموضوع: جواب وزارة الصحة العامة على الأسئلة المطروحة عليها حول موضوع السجون والخدمات الصحية والاستشفائية.

المرجع: كتابكم رقم TGMDE 18/2022.3640 تاريخ ١٣/١٢/٢٠٢٢

- هل لوزارة الصحة العامة دور توثيقه في تأمين الرعاية الصحية لنزلاء السجون ، إن على مستوى توفير العلاجات او لجهة اختيار الطاقم المختص ؟ وما هو ؟

ان مصلحة الصحة في قوى الامن الداخلي هي الجهة المسؤولة عن طبابة نزلاء السجون مع المستشفيات المتعاقدة معها .

- ما هي المستشفيات الحكومية التي تستقبل نزلاء السجون؟ وكيف تتوزع على المناطق؟
هذه المستشفيات هي :

- ١- مستشفى ضهر الباشق _ رومية .
- ٢- مستشفى طرابلس الحكومي _ طرابلس .
- ٣- مستشفى الرئيس النياس الهراوي _ زحلة
- ٤- مستشفى عبد الله الراسي _ حلبا

- كيف كانت قدراتها الاستيعابية وما هي الخدمات التي كانت تقدمها لهم ، قبل بدء الازمة الاقتصادية في العام ٢٠١٩ ؟ وكيف تأثرت هذه الخدمات خلال السنوات الثلاث الماضية ؟ وهل توقفت في عدد من المستشفيات ؟ متى كان ذلك؟

قبل بدء الازمة الاقتصادية لم تكن توجد مشاكل جوهرية. بعد بداية الأزمة تأثرت جميع مكونات المجتمع اللبناني بما فيهم نزلاء السجون. اما الخدمات فلم تتوقف.

بئر حسن - مبنى وزارة الصحة - بيروت، لبنان - هاتف: ٨٤٣٧٧٢ ١ ٩٦١ - فاكس: ٨٤٣٧٧٥ ١ ٩٦١ - الخمل الساخن ١٢١٤ - البريد الالكتروني: ministeroffice@public-health.gov.lb



- هل لدى وزارة الصحة إحصاء بعدد المرضى من نزلاء السجون الذين كانوا يتلقون العلاج في المستشفيات الحكومية قبل الازمة في ٢٠١٩؟ وكيف تغير بعدها؟ وما هي كلفة علاج هؤلاء المرضى من نزلاء السجون في المستشفيات الحكومية، قبل وبعد العام ٢٠١٩؟ هل تم دفع هذه الكلفة ام تبقى ديناً لوزارة الصحة؟
- لا إحصاء لدى وزارة الصحة العامة بالموضوع أعلاه. إن كافة المعطيات والاحصاءات المطلوبة متوافرة حصراً لدى مصلحة الصحة في قوى الأمن الداخلي. اما بالنسبة للكلفة، فهي من ضمن موازنة قوى الأمن الداخلي.
- بالاستناد الى اي قانون او قرار وزاري يحق لمستشفى حكومي ان يرفض استقبال مريض ان كان من المجتمع العريض او من مجتمع نزلاء السجون بشكل خاص؟
- لا يحق لأي مستشفى خاص او حكومي رفض استقبال اي مريض يتطلب استشفاء طارئ .
- بالاستناد الى اي قانون او قرار وزاري او نقابي تمتع المستشفيات الخاصة عن قبول المرضى؟ (ان) من المجتمع العريض او من مجتمع نزلاء السجون (الا بعد تأمين مبلغ مالي بالدولار الاميركي نقداً؟ وهل تمارس وزارة الصحة دوراً رقابياً في هذا الاطار؟
- لا يوجد اي قانون او قرار وزاري يسمح للمستشفيات بعدم استقبال المرضى الا بعد تأمين مبلغ من المال، بل على العكس صدرت عدة قرارات وزارية تؤكد وتشدد على ضرورة والزامية استقبال الحالات الطارئة وتقديم كافة الخدمات الطبية دون السؤال عن الماديات.
- ما هو الدور الذي انته وزارة الصحة العامة في السجون ، خلال انتشار وبائي كوفيد - ١٩ والكوليرا؟ وهل تلقت مساعدات دولية مخصصة لهذا الدور في السجون تحديداً؟ ممن؟
- بالتعاون مع منظمة الصحة العالمية والصليب الاحمر الدولي تم تقديم خدمات داخل السجون وتجهيز بعض المستشفيات الحكومية لاستقبال حالات كورونا والكوليرا .
- ما هي قيمة دين الدولة للمستشفيات الحكومية والمستشفيات الخاصة للعام ٢٠٢٢؟
- لا ديون على الدولة اللبنانية لصالح المستشفيات الحكومية والخاصة عن العام ٢٠٢٢.

وزير الصحة العامة
د. فراس الأبيض

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Amnesty International
Peter Benenson House
1 Easton Street
London WC1X 0DW, UK

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