



Review

## COVID-19 Pandemic and Prisoners

### COVID-19 Pandemisi ve Alıkonulanlar

İsmail Özgür Can\*, Hediye Aslı Davas, Ümit Biçer

**Abstract:** **Objective:** It is estimated that around 11 million people in the world are detained in prisons. Prisons, detention centers are areas with possible high prevalence of infection due to closed environment with crowded and unsanitary conditions. The problems experienced due to the COVID 19 pandemic in the health examinations and the living conditions of the detainees and convicts will be discussed and ethical approach suggestions published by the Turkish Medical Association will be presented.

**Keywords:** Prisoners, detainees, COVID-19, ethics.

**Öz:** **Amaç:** Dünyada yaklaşık 11 milyon civarında kişinin hapishanelerde alıkonulduğu düşünüldüğünde, COVID 19 pandemisinin etkileri yönünden riskin ağırlığı dikkat çekmektedir. Bu derlemede alıkonulanların sağlık kontrolü muayenelerinde COVID-19 pandemisi nedeniyle yaşanan sorunlar, tutuklu ve hükümlülerin durumları ele alınarak tartışılmış, çözüm önerileri geliştirilmesi amaçlanmıştır. Ayrıca bu konuda Türk Tabipleri Birliği'nin ortaya koyduğu öneri ve etik yaklaşım önerileri de sunulacaktır.

**Anahtar kelimeler:** alıkonulan, COVID 19, tutuklu, hükümlü, etik.

DOI: 10.17986/blm.2020.v25i.1404

Assoc. Prof. Dr. İsmail Özgür Can: MD, Forensic Med Spec. Dokuz Eylül University, Medical Faculty, Forensic Medicine Department, İzmir  
E.mail: ozgur.can@deu.edu.tr  
ORCID: <https://orcid.org/0000-0003-2189-7948>

Assoc. Prof. Dr. Hediye Aslı Davas: MD, Public Health Spec.  
Human Rights Foundation of Turkey, İzmir  
E.mail: aslidavas@gmail.com  
ORCID: <https://orcid.org/0000-0003-0957-4927>

Prof. Dr. Ümit Biçer: MD, Forensic Med Spec.  
Human Rights Foundation of Turkey, İstanbul  
E.mail: u.bicer@tihv.org.tr  
ORCID: <https://orcid.org/0000-0002-2242-3894>

#### Acknowledgement:

\* Corresponding Author

#### Financial Support:

The Authors report no financial support regarding content of this article.

#### Conflict of Interest:

The authors declare that they have no conflict of interests regarding content of this article.

#### Ethical Declaration

Our study was written in accordance with the Helsinki Declaration, and the ethics committee approval was not obtained because of the review study.

p-ISSN: 1300-865X

e-ISSN: 2149-4533

## Introduction

Prisons, detention centers, are areas with possible high prevalence of infection due to crowded and unsanitary conditions. The risk is high for convicts and employees due to these unhealthy conditions, insufficient ventilation, poor hygiene and lack of timely health care. (1-2).

As it is known that prisoners and detainees tend to have worse living and health conditions than general population, COVID 19 also carries a life-threatening risk for them in the absence of effective prophylaxis and treatment.

The hazardous physical environment where individuals who are deprived of their liberty are detained / closed, insufficient number and quality of the staff working in these places, the former health of prisoners (detainees and convicts) and their access to health care services pose serious health risks.

The average number of prisoners living in wards, quality of ventilation and lightening of wards, number of prisoners using per toilet and bathroom, availability of clean sanitary facilities or means for personal hygiene, the provision of safe, adequate nutritional food in cafeterias and canteens and existence of violence are the main determinants of health in prisons. Prison environments carry serious risks in terms of infectious diseases due to these adverse conditions, increasing and the risk of transmission through air, droplets, water and nutrients. The rates of tuberculosis, HIV hepatitis are already known to be more frequent than the general population

As mentioned in the Prison and Health report of WHO (2014), it is difficult to control the communicable disease in prisons due to continuous exchange with outside communities. Globally, nearly one third of the prison population change every year.

All these determinants of health aforementioned above is not promising in case of Turkey. In a report published by HRFT, the negative notifications of inmates about the physical environment and living conditions of prisons in Turkey worsened between 2015 and 2019. Also referral of inmates with communicable diseases between prisons in the absence of control measures were reported.

Health authorities and professional organizations, especially WHO, draw attention to the protection of social isolation and personal hygiene for COVID 19 disease The risk of transmission is not only high within prisons also a remarkable risk factor for the society through interactions between prisoners, staff and visitors during visits, prison transfers and staff assignments (1,2).

The available information suggests that prisons are among the areas that are likely to have a high infection

prevalence due to the Covid-19 pandemic, and increase the risk for prisoners and prison staff.

## Human Rights in Places of Detention and Closure Under Pandemic Conditions

It is thought that approximately 11 million people in the world are detained in prisons, at least 124 prisons are detained well above their capacity (4-5 times) (3). The presence of a crowded and active population in prisons (correctional, prison, prison); is shown to exacerbate the effects of negative shelter conditions, accessing to safe, adequate and quality food and water to provide personal and environmental hygiene, making necessary immunizations and periodic health screenings for the prevention of diseases, and reaching appropriate, timely accessible emergency and therapeutic services.

On March 25, 2020, United Nations (UN) High Commissioner for Human Rights, Michelle Bachelet, stressed that the crowds in prisons should be diminished by inviting governments to protect the health and safety of prisons and other confined spaces in order to take control of the COVID-19 pandemic. He emphasized the increasing prevalence of COVID-19 in prisons and (immigration) removal centers as well as nursing homes and psychiatric and called for an urgent action to governments to reduce the number of population living in prisons and “(4). The UN Human Rights Commissioner has suggested that prisoners with special needs should be released due to the pandemic. In relation to the condition of the political prisoners, he pointed out to use that pretrial proceedings and other alternatives order not to face unlawful practices (5,6). He made similar requests regarding children at UNICEF (7).

Following pandemic, steps have been taken to release prisoners in many countries, taking into account the existing capacities and risks of prisons. 85 thousand people in Iran, 10 thousand people in France and 6 thousand people in Italy were released. In United Kingdom; since the population of prisons 107% of its current capacities, 4000 prisoners were released (3). However, the numbers announced are not sufficient to minimize contamination risk and facilitate process management in the COVID-19 pandemic.

To host the very top of the human population of the current capacity of prisons in Turkey leads to worsening physical conditions, on the other hand, the prison population of arrest and to be in a constant mobility due to release and which contains serious risks in terms of health, prisoners are vulnerable to infectious diseases. According to the statement made by Ministry of Justice on September 14, 2019 the total capacity of prisons was

220.230 while the number of prisoners held in prisons has been reported to be 294 thousand in January 2020 in Turkey (8, 9). Despite the increased capacity in prisons, it is understood that the population in prisons are above 29% of its current capacity. Through the pandemic period Turkey entered into force on executions with a new law which is released from prison and is still believed that the number of prisoners held not disclosed, while 40 thousand prisoners freed on certain conditions (3). Even this shows that the problem is not solved in terms of prisons and the risk continues.

## COVID-19 in Prisons

Especially in the fight against COVID-19, precautions and steps to be taken in prisons or other places of closure (closed psychiatric clinics etc.) are important. The acceptance of health as a right and the existence of social determinants necessitate that people detained from their liberty should be kept in conditions where they can maintain their dignity and fulfill their care needs. Adequate accommodation, healthy physical conditions, clean clothes and sheets, food and drink and exercise opportunities are required for adequate and balanced nutrition.

The number of prisoners, the number and quality of wards, toilets and bathrooms, the provision of safe, adequate nutritional food in cafeterias and canteens, etc. Prison environments carry serious risks in terms of infectious diseases due to their negativity, and increase the transmission and transmission of diseases transmitted through air, droplets, water and nutrients (10). Professor Richard Coker drew attention to the risks of high rate of virus spread in institutions that are locked as a place of closure and called the process "cluster amplification" (11).

Burki (3) reported that the rate of infection in prison is 10% in New York City, and 2000 positive cases were reported from a prison with a capacity of 2,500 prisoners in Ohio (USA) (3). The first COVID 19 positive cases in the UK prison were reported in Manchester on 18.03.2020, 13 prisoners were taken into isolation as a precaution, according to the statement of the British Ministry of Justice (12). It was stated that at least 806 COVID-19 positive cases were detected in 5 prisons in three regions in China and 4 of the infected people were critical. Approximately 1/3 of those infected are in Wuhan Women's Prison (13). An amnesty was requested for prisoners due to overcrowding in Italy. Iran has released tens of thousands of prisoners in order to prevent the spread of COVID-19 in prisons (<https://www.usnews.com/news/world-report/articles/2020-03-09/iran-to-release-70-000-prisoners-to-prevent-coronavirus-spread>). The priority was given

to the release of prisoners with chronic diseases. This measure is considered to be purely preventive since no COVID-19 cases have been reported in prisons to date.

The situation is similar in terms of prison staff. The information regarding two physicians where they were COVID-19 positive working in Şakran Prison in Izmir were shared with the public after hospitalization (<https://www.izgazete.net/genel/izmirde-covid-19-teshisi-konularak-cezaevinden-tahliye-edilen-oldu-h46168.html>).

In epidemic conditions, prisoners and their relatives need more information and news about the pandemic and the measures taken, by the government. The absence of independent audit mechanisms and the fact that government officials do not provide accurate and clear information about the pandemic, increase doubts, raise fear and anxiety among prisoners. This anxiety increased after the Izmir Chief Public Prosecutor's Office's announcement of a prisoner's positive test result at Buca Prison and indicating that there were signs of disease in 62 prisoners (<https://www.evrensel.net/haber/404059/11-kurumdan-acil-cagri-risk-altindaki-mahpuslar-serbest-birakilsin>).

55 prisoners and convicts in Konya E-type prison were reported to be transferred to the hospital with a suspicion that they had been infected with Covid-19 virus. According to the statements of the Ministry of Justice dated April 13, 2020, 3 prisoners lost their lives due to the corona virus, 17 prisoners and 79 personnel working in open prisons were positive, and in April 28 120 prisoners were stated to diagnosed with COVID-19 ([http://cisst.org.tr/basin\\_duyurulari/hasta-mahpuslar-icin-korona-virus-salginina-karsi-yapilmasi-gerekenler/](http://cisst.org.tr/basin_duyurulari/hasta-mahpuslar-icin-korona-virus-salginina-karsi-yapilmasi-gerekenler/)).

Another important issue is the situation experienced at the detention centers operating in connection with illegal immigration. According to the records of the Directorate General of Migration Management, there are 20 thousand people in 28 units. these persons carry similar risks with those detained in prisons (14).

Information shared during the COVID pandemic at other closures is limited. In late February, more than 3,150 confirmed COVID-19 positive cases and 101 patients in the Daenam psychiatric ward in South Korea were reported. The ward has been isolated in order to limit the spread of the virus, but this measure has been a punishment for patients rather than preventing the virus from spreading (15).

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It should be taken into account that any problem that will lead to deterioration of mental and social

well-being will negatively affect the health and immune system of the person.

### Status of Prisoners with Special Needs

Closure itself and properties of closure spaces accelerate the emergence and the spread of infectious diseases. Not only the pre-existing health problems, but any situation that prevents the person from maintaining his / her own needs and hygiene, with the obstacles to access health services would accelerate severity of the health problems and be life threatening WHO, health authorities and professional chambers emphasize that people having a chronic medical condition or an old age are at an increased risk for severe disease or death in the COVID pandemic, and it is vital for these people to take personal protective measures, strengthen the immune system and be in an environment where they can protect their health.

Keeping the groups with special needs, especially “severely ill, elderly, disabled, pregnant and children” in the closure places is an unacceptable risk considering the transmission rate and mortality risks of the COVID-19 and it would be violation of the right to life According to the data published by HRA in 2019 a total of 1333 patients, 457 of whom had severe illness, identified in Turkish Prisons (9). It can be estimated that the real number is much higher than this. Considering the fact that seriously ill prisoners couldn’t survive alone and protect their personal hygiene, their health would worsen and they would have more difficulties accessing to healthcare due to the COVID pandemic, and, which would lead to serious human rights violations.

Although there is a provision in the Law No. 6411, that the sentences of prisoners “*who are unable to sustain their lives alone under the conditions of the penal institution due to a serious illness or disability they are exposed to and that they are not considered to pose a threat to social security*”, are still very limited. On the other hand, the obligation to carry an identity card which the crime decision is written leading to stigmatization and usage of reverse clamp, torture, other ill-treatment and degrading practices during transfers would be another significant obstacle to access healthcare.

In the article 16 of the Penal Execution Law, “*the execution of the persons who are deemed to be postponed, according to the report prepared by the Forensic Medicine Institution or approved by the Forensic Medicine Institution, which is determined by the Forensic Medicine Institution, that the disease of the convict poses a definite danger for his life*”. In practice, this provision does not ensure that the execution of sick prisoners would be postponed for health reasons, such as the length of time for approval

of transfer, the lack of standard health criteria for postponement because of the fact that decisions cannot be made from another institution other than CFM (Council of Forensic Medicine).

In the pandemic process, human rights and health professionals’ organizations requested the removal of Council of Forensic Medicine (CFM) approval in the reports issued by the full-fledged or university hospitals determined by the Ministry of Justice. The new enforcement law based on the requirements of pandemic does not include the most vulnerable people with life risks and is against the principle of equality of the Constitution.

According to the statements of the Ministry of Justice, as of January 2020, there are 3,100 child prisoners and also 780 more were staying with their mothers in prisons. Pandemic would have detrimental effects on children’s development and health especially in certain age groups via because of suppression of the immune system due to personal hygiene and insufficient nutrition and care caused by worsened prison conditions.

### Legal Framework for Seriously Ill Prisoners

The European Committee for the Prevention of Torture states that physicians are obliged to report the “people who are not eligible for permanent imprisonment and “those with a fatal course or prisoners with severe illness or severely handicapped or elderly” who would not be tolerable to continue to be held in prison to the relevant authority. In addition, the Committee underlines that there should be no discrimination ensuring the right to health and that decisions should be made with a clinical approach and based on medical principles only (16).

In the European Prison Rules (art. 43.3), the physician is obliged to report the situation to the prison director if the physical or mental health of a prisoner is at serious risk due to imprisonment conditions, including imprisonment or cell arrest.

In the Recommendation No. 98 (April 8, 1998) of the Committee of Ministers of the Council of Europe on the structural and ethical aspects of treatments in the prison setting (paragraph 50, 51), it was mentioned that “*Prisoners with serious physical handicaps and those of advanced age should be accommodated in such a way as to allow as normal a life as possible and should not be segregated from the general prison population. Structural alterations should be effected to assist the wheelchair-bound and handicapped on lines similar to those in the outside environment.*”

The rules regulate their transfer to outside hospital units related to patients who may have a fatal outcome in

a short time, but in such a case, the possibility of forgiveness or early release for medical reasons related to these people will be reviewed on a medical basis.

The Council of Europe Parliamentary Assembly said that, “*in the Recommendation No. 1418 (1999) of 25 June 1999 on the Protection of Human Rights and the Comfort of Persons Who Have Suffered from Death*”, the State should encourage to take measures to protect all aspects of the dignity of those who suffer from permanent illness or deadly disease. These measures shall provide all kinds of treatment options by taking the necessary precautions to make and protect the rights of those who suffer from permanent illness and fatal disease, and ensure the conditions of benefiting from the appropriate treatment facilities for all the measures should also encourage families and friends to be with people who are constantly ill and lethal, and to provide professional support to patients. If there is an opportunity for outpatient treatment, it should be organized by specialized mobile teams and networks in order to carry out the treatment of those who are constantly ill and deadly.

In ECtHR judgments; it has been underlined that the state is obliged to ensure that “prisoners are not subjected to distress and strength beyond the level that is unavoidable in the conditions of detention, providing the necessary medical support and maintaining their health and well-being”. The ECtHR warned the States about their duty of not to cause any delay or failure failure to provide healthcare services to the prisoner in an emergency situation which would lead incomplete treatment of the person. Because in complete treatment would harm the dignity of prisoner provoking to feel humiliated and pain that could decrease his physical and moral resistance. It states that it is a violation of the third article that regulates the prohibition of torture and ill-treatment, and determines that the right to life is violated if the necessary health service is not provided and death occurs (17). The ECtHR accepted the condition that the prisoner whose execution was postponed, had to send back to prison despite the fact that there was no change in his permanent illness as a violation of Article 3. (18).

### Custody Health Examinations

Forensic medical evaluations made in the detention processes of persons detained for liberty should also be made in accordance with professional ethical rules and medical standards, requesting necessary examinations and consultations, collecting biological material that may be of medical evidence and forming a forensic medical opinion (reporting).

During the COVID-19 pandemic, it is difficult to take precautions to minimize the risk of infection transmission in detention entrance and exit examinations in hospitals. There were problems in the provision of adequate protective equipment and materials to physicians, law enforcement and patients. It was observed that law enforcement officers and patients applying to the emergency clinics of hospitals for suspected COVID-19 are posing a risk, but effective measures could not be taken.

Physicians encountered problems while completing the medical examination procedures performed at the detention entrance, exit or displacement within the Health Control Section of the Turkish Criminal Procedure Code (CPC) and the Regulation on Arrest, Detention and Expression, It was observed that they had problems with implementation.

These examinations have been difficult to perform for similar reasons in other units in hospitals. In some provinces, examinations were tried to be carried out in areas established within the police departments and physicians were invited to these areas.

If the physicians are forced out of the medical examination or their demands are not taken into consideration, actions to be taken were shared by the Forensic Medicine Association, TMA (Turkish Medical Association) and THRF (Turkish Human Rights Foundation);

- “If the examination does not take place in a healthcare setting, the assessment should include medical and legal drawbacks.
- If physicians are invited to perform a medical evaluation or forensic report outside of the health institutions; they should inform the healthcare facility and the Medical Chamber they are affiliated with.
- Despite all this, in cases where the physician is forced to carry out an examination under pressure and threats to his own security, etc.” it:
  - Consent of the person to be interviewed and examined should be taken under all circumstances. If the person does not give consent, the examination cannot be performed. In all similar cases, the physician should record the reason for not giving consent.
  - If the person gives consent; he is obligated to state, the conditions of the interview and examination environment and the identification of the person
  - The physician should inform the professional organization about all the difficulties and the oppressions / she has experienced during the medical evaluation processes”.

Considering the effects of the COVID-19 pandemic process, especially in terms of ease of transmission,

forensic medical evaluations of patients exposed to trauma / violence and forensic reporting should be completed under the principles of the UN Istanbul Protocol, which is the guide for effective investigation, examination and documentation of torture and ill-treatment. act according to the rules (19-23).

In case the person is closed / detained; as soon as they enter the places of closure, their medical evaluations should be made, their control for infectious diseases should be carried out, the diagnosis and treatment processes required by the health condition should be carried out without delay. To prevent the transmission to, other people who are detained / closed measures should be taken.

### In terms of international standards

The main document on practices for prisoners is the United Nations Minimum Standard Rules for the Treatment of Prisoners, dated 1955. The rules were revised by the United Nations General Assembly on 17 December 2015 to reflect the changing needs and developments in the fields of human rights and prison administration and were approved by member states as “Mandela Rules”.

The universal values of humanity and social conscience require that prisoners and convicts to be protected from unnecessary pain and victimization and that they have right to access to health services on an equal basis. One of the main tasks of the social state is to ensure “*the provision of health services in an equal, qualified and accessible manner*”. International Economic, Social and Cultural Rights Convention (Article 12) it stipulates that everyone including the prisoners has the right to reach the highest level of physical and mental health. The right to health, including prisoners and convicts defined UN Minimum Standards to be Applied to “*prisoners in 1955; the UN Medical Ethical Principles in 1982; the UN Principles for the Protection of Persons Detained or Imprisoned in 1988; the Basic Principles for the Improvement of Prisoners and United Nations Rules for the Protection of Children Deprived of Their Freedom in 1990*”.

From the moment when the state effectively takes control of people, in order to protect human rights in all places of detention, “*examinations of detainees and convicts, like other patients, are respected in terms of practicing the art of medicine; disregard of patients’ race, language, religion, sect, gender, political thought, philosophical belief, economic and social status and similar differences; performing all kinds of medical intervention by respecting the privacy of the patient* ” is stated as the basic rule. States

must ensure not only medical care but also the well-being of prisoners.

To provide “*equal, qualified and accessible*” healthcare services is the duty of a social state which requires that health services in prison be organized in close relation with the general social health system, integrated and in harmony with the national health system. Health services should be sufficient for the diagnosis and treatment of physical or mental illnesses that prisoners may face. Prisoners should have the opportunity to benefit from all health services in the country without discrimination due to their legal status and should equally access and benefit from all medical, surgical and psychiatric facilities available in the general health system. States are always and promptly obliged to provide protective and preventive health services as well as therapeutic ones in order to guarantee the well-being of prisoners

The right to health of all detainees has been assessed under the UN Civil and Political Rights Convention by the UN Human Rights Committee (art. 6) and the prohibition of torture (art. 7) and the inhuman and degrading obligation to provide adequate and adequate medical care to prisoners and convicts It has been demonstrated to be covered by the prohibition of treatment (art. 10) (24).

In addition to *its purpose of treating healthcare*, it should be evaluated with *its protective / preventive quality*. Health standards, statements and opinions of WHO and the World Medical Association also accepted to take preventive measures for the protection of infectious diseases as necessity (25,26). The state is obliged to detain the people kept in prisons under healthy conditions and to take care of them if they become ill due to the conditions they are detained.

Public officials are under the obligation to take necessary protective measures to protect the lives of those under protection, as well as to avoid deliberate killing. It is a State obligation to protect prisoners with special needs in prisons, particularly elderly and / or prisoners with serious health problems, by providing appropriate and adequate health care (27). The European Court of Human Rights ruled that States are under an obligation to *provide preventive health care in terms of the physical integrity and health of prisoners and not to take practical preventive measures to prevent the spread of infectious diseases for detainees will be considered under Article 3 (28,29)*.

In order to protect the people held in places of detention and closure against human rights violations, especially torture and other ill-treatment, independent boards and mechanisms have been established and monitoring and auditing activities have been adopted. In all conventions and declarations, especially the United Nations

Universal Declaration of Human Rights, “Living, freedom and personal security are everyone’s right, no one can be tortured, cruel, inhuman, degrading, punishment or behaved discriminating, no one can be arbitrarily discriminated against. The common emphasis was that he could not be arrested, detained and banished, and had the right to open and fair trial”.

### Conclusions and recommendations

- In world, the COVID-19 pandemic should not be considered as an excuse for prisoners to be exposed to the risk of serious illness due to poor physical conditions of the places of closure or inadequate care. Despite the enforcement law, the number of prisoners remaining in prisons is still far above the capacity. Measures should be taken to reduce the number of prisoners taking into account the rate of new admissions through the year
- Accommodation conditions of prisoners are an important determinant for both physical and mental health. As stated in the Minimum Standard Rules for the Correction of Prisoners of the United Nations and the Mandela Rules, the adequacy of the windows that will allow the use of space per person, the amount of air, cooling and heating in accordance with the climatic conditions, lighting and daylight, it must have a bed of its own, a locker where it can safely put personal belongings and a use area. Arrangements should be made so that the common use and social areas are not overcrowded, the number of bathrooms and toilets required should be arranged according to the number of people.
- In the case of infectious diseases, measures such as early treatment of the patient, hospitalization during the period of infectiousness to prevent contact, determination of the contacts in the environment and immunization, chemoprophylaxis should be taken and special nutrition should be provided for these patients.
- Anyone suspected of being infected with COVID-19 virus should be able to access health care without delay, including emergency and specialist health care. Retention centers should develop close relationships and cooperation with general health services and other health care providers.
- Those released should be screened for medical care and measures should be taken to ensure the care and follow-up of those infected.
- Special attention should be given to the special health needs of the elderly and those with health problems, such as children held by their mothers, pregnant women and people with disabilities.

- While providing health care services, attention should always be paid to meeting gender-specific needs.
- Persons deprived of their liberty should be informed about preventive health measures and every effort to ensure the continuity and improvement of hygiene and cleanliness in the grip should be supported. Such measures should be sensitive to gender and age.
- In this context, it should not be forgotten that one of the guarantees of the effective implementation of preventive health measures is the training and information of the staff working in the institutions.
- Isolation or quarantine measures in all detention facilities, including detention centers, should be legal, proportionate and necessary, should be applied for a period of time and supervision, and the prisoner should not actually be placed in solitary confinement. The quarantine measures should have a time limit and should only be applied if an alternative preventive measure cannot be taken by the authorities to prevent or respond to the spread of the infection.
- It should be remembered that overcrowding of prisons also causes security problems. The environment should also include security measures to prevent physical or mental attacks by prisoner’s prison staff or other prisoners.

### References

1. Özgürlüğünden Yoksun Bırakılanların Sağlık Hakkı İle İlgili Etik Kurul Görüşü. Türk Tabipleri Birliği.
2. Salgınlaraya Yönelik Türk Tabipleri Birliği Etik Kurulu Görüşü. Türk Tabipleri Birliği.
3. Talha Burki. Prisons are “in no way equipped” to deal with COVID -19. The Lancet. 2020;395. World Report.
4. Bachelet B. Urgent action needed to prevent COVID-19 “rampaging through places of detention”<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25745&LangID=E>. Erişim tarihi: 8.5.2020
5. United Nations.<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25770&LangID=E> Erişim tarihi: Erişim tarihi: 8.5.2020
6. European Committee for the Prevention of Torture (CPT). “Statement of principles relating to the treatment of persons deprived of their liberty in the context of the corona viriis disease (COVID-19) pandemic CPT Inf(2020).
7. UNICEF. Detained children at ‘grave risk’ of contracting COVID-19 – UNICEF chief. <https://news.un.org/en/story/2020/04/1061562>. Erişim tarihi: 8.5.2020
8. T24. Cezaevlerinde 3 bin çocuk var; tutuklu öğrenci sayısı ise bin 848’i buldu! <https://t24.com.tr/haber/cezaevlerinde-3-bin-cocuk-var-tutuklu-ogrenci-sayisi-ise-bin-848-i-buldu,747719>. 2018. Erişim tarihi: 8.5.2020
9. İnsan Hakları Derneği, Türkiye İnsan Hakları Vakfı, Özgürlük için Hukukçular Derneği, Çağdaş Hukukçular

- Derneği, Sağlık ve Sosyal Hizmet Emekçileri Sendikası, Ceza İnfaz sisteminde Sivil Toplum Derneği(CİSST). Covid-19 Salgını ve Hapishanelerde Acilen Alınması Gereken Önlemler. <https://tihv.org.tr/covid-19-salgini-ve-hapishanelerde-acilen-alinmasi-gereken-onlemler/> Erişim Tarihi: 8.5.2020
10. Davas, A, Bulut A, Fırat B, Şeker B, Demir B, Üsterci C, Zarakolu CD, Kılıç E, Yıldız E, Kaleli G, Tokar N, Biçer Ü, Efe Ü, Çakas Y. Sokağa Çıkma Yasaklarının Ardından Bölge Hapishanelerinde Yaşanan İşkence ve İnsan Hakları İhlalleri “2016-2019”, TİHV, Kasım 2019.
  11. Kinner, S., Young, J., Snow, K., Southalan, L., Lopez-Acuña, D., Ferreira-Borges, C., & O’Moore, É. Prisons and custodial settings are part of a comprehensive response to COVID-19. *The Lancet Public Health*.2020: doi: 10.1016/s2468-2667(20)30058-x.
  12. Grierson, J., Taylor, D., & Halliday, J. (2020). Fears over coronavirus risk in prisons as first UK inmate case confirmed. <https://www.theguardian.com/world/2020/mar/18/first-uk-prisoner-with-covid-19-confirmed-at-strangeways-manchester>. Erişim tarihi: 8.5.2020
  13. Why releasing some prisoners is essential to stop the spread of coronavirus. 2020. <http://theconversation.com/why-releasing-some-prisoners-is-essential-to-stop-the-spread-of-coronavirus-133516>. Erişim tarihi: 8.5.2020
  14. Göç İdaresi Genel Müdürlüğü erişim sayfası <https://www.goc.gov.tr/geri-gonderme-merkezleri33>.Erişim tarihi: 8.5.2020
  15. Opinion | An Epicenter of the Pandemic Will Be Jails and Prisons, if Inaction Continues. (2020). Retrieved 19 March 2020, from <https://www.nytimes.com/2020/03/16/opinion/coronavirus-in-jails.html>.
  16. Aleksanyan v. Russia, (App. No 46468/06), 05 Haziran 2009, para 137; Gülay Çetin v. Turkey, (App. No 44084/10), 05 Mart 2013, para 105.
  17. Biçer Ü. Avrupa İnsan Hakları Mahkemesi Kararları ve İstanbul Protokolü. TİHV.; 2017
  18. Price v. United Kingdom, (App. No 33394/96), 10 Ekim 2001, para 30
  19. İstanbul Protokolü. İşkence ve Diğer Zalimane, İnsanlık Dışı, Aşağılayıcı Muamele veya Cezaların Etkili Biçimde Soruşturulması ve Belgelendirilmesi için Kılavuz. Birleşmiş Milletler yayınları, Eğitim Seri No:8. Cenevre, 2001:1.
  20. Arıcan N, Korur Fincancı Ş, Özkalıpçı Ö, Berber MS, Tecer A, Ünüvar Ü. İşkence için tıbbi değerlendirme el kitabı. TTB İstanbul Protokolü Eğitimleri Projesi yayını. Mucize matbaacılık, Ankara, 2009.
  21. Can İÖ, Ünüvar Ü. İstanbul Protokolü İşkence ve Diğer Zalimane, İnsanlık Dışı, Aşağılayıcı Muamele veya Cezaların Etkili Biçimde Soruşturulması ve Belgelendirilmesi İçin Kılavuz. İzmir Barosu Dergisi. 2012;77(3):90-101.
  22. Adli Tıp Uzmanları Derneği, TTB, TİHV hekim tutumu ortak açıklaması. [www.ttb.org.tr/eweb/istanbul\\_prot/ist\\_protokolu.html](http://www.ttb.org.tr/eweb/istanbul_prot/ist_protokolu.html) ve <https://www.atud.org.tr/> (2017)
  23. Can İÖ, Ünüvar Ü. İşkence iddası olan olgulara adli tıp yaklaşımı bölümü. In: Özkara E, editor. Hukuk Öğrencileri ve Uygulayıcıları için Adli Tıp Kitabı. 2nd ed. Ankara: Seçkin yayıncılık; 2017: sayfa: 57-65.
  24. Human Rights Committee, Concluding Observations: Georgia (2002) UN Doc A/57/40 vol I 53 para. 78(7),Pinto v. Trinidad ve Tobago (Communication No. 232/1987) para. 12.7; Kelly v. Jamaica (2 Nisan 1991) para. 5.7.
  25. World Health Organization md. 1; Moscow Declaration: Prison Health as part of Public Health (World Health Organization Europe 2003).
  26. World Medical Association ‘Declaration of Edinburgh on Prison Conditions and the Spread of Tuberculosis and Other Communicable Diseases’ (Ekim 2000).
  27. Antalya Barosu İnsan Hakları Merkezi. COVID 19 Salgınına Karşı Hapishane ve Diğer Tutma Yerlerinde İnsan Haklarının Korunması İçin Sağlık Hakkı Raporu, Antalya Barosu. 2020.
  28. Pantea v. Romania (App. No. 33343/96 ), 03 Haziran 2003, para 189 Melnik v. Ukraine (App. No. 72286/01), 28 Mart 2006, paras 2 103(b), 106.
  29. CPT/Inf/E (2002) 1 - Rev. 2006, para III-70, 72.