

Mandates of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment; the Working Group on Arbitrary Detention; the Special Rapporteur on the rights of persons with disabilities; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the Special Rapporteur on the right to privacy

REFERENCE:
AL USA 3/2020

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Excellency,

We have the honour to address you in our capacities as Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment; Working Group on Arbitrary Detention; Special Rapporteur on the rights of persons with disabilities; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and Special Rapporteur on the right to privacy, pursuant to Human Rights Council resolutions 34/19, 42/22, 35/6, 42/16 and 37/2.

In this connection, we would like to bring to the attention of your Excellency's Government information we have received concerning **the alleged excessive use, by authorities at the Connecticut Department of Correction, of in-cell restraints combined with indefinite and punitive use of prolonged isolation or solitary confinement and denial of appropriate mental health treatment, which reportedly has severe physical and psychological impact on at least 15 persons (see Annex 1 for the list of names) currently or formerly incarcerated at Northern Correctional Institution and other Connecticut correctional facilities.**

According to the information received:

The Connecticut Department of Correction (the DOC) routinely resorts to practices of prolonged isolation and in-cell restraints for the purpose of punishing and/or controlling inmates. The individuals named in this letter (see Annex 1) reportedly have been subjected to unwarranted long term social and sensory deprivation at Northern Correctional Institution ("Northern"), and many of these individuals have been denied appropriate medical and psychosocial support such that their mental health and well-being has deteriorated to the point where they have engaged in desperate and self-destructive acts.

Northern Correctional Institution

Northern, operational since 1995, is Connecticut's sole "supermax" prison. Six concrete housing units extend off a long, windowless hallway. Prisoners spend at least 22 hours per day, and often more, alone in a concrete cell equipped with a narrow, four-inch-wide window, which does not provide them with sufficient daylight or allow them to see their external surroundings. The cell doors are made

of solid steel, each equipped with a small slit or “trap” through which correctional officers feed prisoners or handcuff them before they can leave their cells.

At Northern, sentenced prisoners are classified into four “restrictive statuses” through a formal process that includes notice and a hearing. The categories are:

- Administrative Segregation (“AS”): refers to individuals if their “behaviour or management factors pose a threat to the security of the facility...staff or other inmates” and if they “can no longer be safely managed in general population.”
- Security Risk Group (“SRG”) is the classification for individuals allegedly affiliated with a gang.
- Special Needs Management (“Special Needs”) refers to individuals who have “demonstrated behavioural qualities either through the serious nature of their crime, behaviour, or through reasonable belief that they pose a threat to the safety and security of staff, other inmates, themselves, or the public.
- “Special Circumstances” is mandated for all individuals convicted of formerly death-eligible crimes (before the Connecticut legislature repealed the death penalty in 2012) and are subjected to what amounts to a life sentence of solitary confinement. There is no way to reduce or modify the restrictions. A person classified as “Special Circumstances” will die in solitary confinement.

DOC policies promote the indefinite and punitive use of prolonged isolation or solitary confinement

The above categories are punitive by nature and are measures additional to the DOC’s disciplinary regime, which includes a code of conduct and set of punishments.

All prisoners in the AS, SRG or Special Needs statuses face prolonged, indefinite, and up to lifelong isolation. The Special Needs and Special Circumstances categories are, on their face, “indefinite,” and these prisoners have typically spent years – and in some cases, decades – in various forms of isolation without access to significant programming or other resources to address their underlying mental health and other needs.

Most of the 15 individuals who are the subject of this letter reportedly are or were formerly designated as AS or SRG. The DOC asserts that AS and SRG are time-limited, however, in practice they are indefinite. Each status has “phases” through which individuals must “progress” before they can complete the status. Individuals in Phase I of AS and SRG must spend a minimum of 4 or 6 months at

Northern, respectively, before they can be reviewed to progress to Phase II (another 6 months) and, thereby, become eligible to leave Northern. Thus, a prisoner spends a minimum of 10 months for AS and two years for SRG and they are at constant risk of being returned to Phase I if they receive a disciplinary report or are deemed to display a “poor attitude” or a “lack of motivation.” Individuals in SRG have reported being sent back to Phase I for minor disciplinary infractions or for actions that, according to the DOC, implicate them in gang activity.

Even when DOC transfers prisoners from Northern to another correctional facility, they are kept in isolation so long as they remain in the classification status of AS, SRG, and Special Needs. For example, individuals in AS at MacDougall-Walker Correctional Institution are housed with one other person, or “double-celled.” Double-celled inmates remain isolated from the rest of the prison: in some instances, they may spend up to 23 hours per day in their cell (with a minimum of one hour of recreation five days per week) and are served all meals inside the cell.

It is alleged that the DOC uses isolation or solitary confinement as a deliberate punitive measure against these categories of prisoners, even against individuals who have gone several months or years without even minor disciplinary violations.

Conditions of detention

Most prisoners at Northern spend at least 22 hours a day alone in their cell. They receive their meals through the trap door and have 20 minutes to eat meals in their cells. They may shower three times per week. Prisoners may leave their cells to receive medical care, attend professional visits and calls, or to go to court, but such occurrences are rare. According to DOC policies, individuals in Phase I of AS and SRG at Northern may take one hour of recreation five days per week. Recreation takes place in isolation from other inmates in a steel cage surrounded by high concrete walls, where the only view is the sky.

Prisoners at Northern may not leave their cells without submitting to an invasive strip search. This search is at minimum a pat search and typically a full strip search by an officer, in which a person must strip naked, squat and expose their rectum and genitalia for inspection.

Given the inherently invasive nature of a strip search and the discretion afforded to the officers, strip searches provide an opportunity for potential harassment of prisoners by staff. Such intrusive searches can be a particularly difficult experience for individuals who have experienced sexual assault and may aggravate existing mental health conditions, such as post-traumatic stress disorder.

Excessive and inhumane restraints policies

DOC policies authorize “in-cell restraints” to be used on inmates if they are disrupting “normal operations of the facility, exhibiting imminent self-injury actions, jeopardizing the safety of staff or other inmates” or if they pose “a serious threat to the security or orderly running of the institution”.

In-cell restraint status applies for 24 hours and DOC policies mandate that this be reviewed every 24 hours with a further level of review after 72 hours or until restraint status is “no longer necessary.” In practice, this gives the DOC staff a broad mandate to decide what behaviour disrupts normal operations or seriously threatens the institution’s orderly running. DOC policies explicitly state that in-cell restraints are not to be used punitively, but in practice, the DOC relies heavily on restraining individuals inside locked cells as a means of control and punishment as individuals are reportedly kept in in-cell restraints for far longer than is necessary, with some prisoners being chained for up to a week.

Before putting individuals in in-cell restraints, DOC policies require staff to attempt to use “verbal intervention” when they judge that “there is no immediate threat to staff, the inmate, others or the other or the safety and security of the facility”. The policies also specify that mental health treatment staff should “attempt to verbally counsel the inmate” before force is initiated. If staff determine that force is necessary to subdue a prisoner, they are permitted to do a cell extraction and use physical force to force them out of their cell and into an observation cell, where they are then restrained. Officers routinely use chemical agents during cell extractions including on individuals with asthma or other respiratory conditions. Some prisoners report that they are often put in in-cell restraints without being allowed to wash off the residue of chemical agents.

The DOC reportedly imposes “in-cell restraints” with varying degrees of severity. The most common form entails shackling a person’s legs and wrists, binding the hands to the feet with a tether chain, and fastening a belly chain around the person’s waist, even while the person is already locked inside a prison cell. The DOC may also employ a “black box,” a device used to fasten the tether and belly chain together, which prevents the individual from having any range of motion with his hands.

Officers are also authorized to subject incarcerated individuals to full stationary (four-point) restraints if the person is deemed to be “exhibiting imminent self-injury actions; jeopardizing the safety of staff or other inmates and posing a serious threat to the security or orderly running of the institution.” Staff place incarcerated individuals in four-point restraints by restraining their arms and legs to the four corners of a bed or another stationary surface with cloth straps; if the individual gets out of the cloth straps, they are handcuffed down. The beds are so narrow that the restraints shift off to the side of the bed, which pulls the person’s hands farther back than their shoulders, causing excruciating pain.

The practice of placing people in in-cell restraints is dangerous, painful, and injurious. Many prisoners have permanent scarring on their ankles and wrists from the constant use of in-cell restraints and even nerve damage when officers apply the restraints too tightly in order to intentionally cause pain and discomfort.

Individuals classified to SRG and AS report that in-cell restraints are also used at other facilities in Connecticut: several of the individuals named in this letter report having been placed in in-cell restraints and four-point restraints at MacDougall-Walker Correctional Institution, Garner Correctional Institution, and Cheshire Correctional Institution.

Further, Department of Justice (DOJ) policies require that individuals in AS and SRG be restrained with handcuffs, leg irons, and a tether chain to move throughout the housing unit, and chains follow them everywhere they go. When showering, individuals are shackled at their ankles. Prisoners in SRG status have their wrists shackled behind their back, when placed with several others in the “recreation” cage, Prisoners in AS take “recreation” by themselves which means they are in the cage by themselves and deprived of further social contact.

Visits

Interactions with the outside world are also extremely limited. DOC policies deny any contact visits to prisoners with restrictive statuses. DOJ Administrative Directives reportedly provides individuals in AS and SRG with one thirty-minute social visit per week but visits are non-contact and occur via phone through a thick Plexiglas barrier, and individuals must be in full restraints (wrists, ankles, tether chain). The DOC forbids individuals in AS and SRG from having calls or visits with anyone outside their “immediate family,” a policy that prohibits contact with loved ones who do not happen to be related or with extended family. As a result, many of the prisoners within the restrictive statuses have gone years and even decades without any personal contact.

During legal visits, which are typically the only opportunity an individual has to speak in person with someone from the outside world, the DOC reportedly insists on shackling the prisoner at the hands and feet and chaining them to the floor. This excessive use of restraints interferes with the attorney-client relationship and is deeply dehumanizing for lawyers and clients alike.

Inadequate mental health care and psychosocial support

In 2017, state auditors expressed serious concern about DOC’s insufficient monitoring of inmate health care and lack of providing adequate medical and mental health care. None of the DOC’s adult prisons are accredited by the American Correctional Association nor the National Commission on Correctional Health Care. As a result of underfunding and poor monitoring, DOC staff lack the proper resources to adequately provide mental health care and psychosocial support to inmates.

DOC policies require that individuals at Northern receive a mental health evaluation prior to arrival or upon transfer to AS. However, the policy does not bar persons with mental conditions or psychosocial disabilities, but advises *only* that “contraindication to placements [in AS] may include serious mental illness”. It has been alleged that DOC reportedly isolates inmates who have histories of mental conditions or have/are persons with psychosocial disabilities.

It has been reported that interactions with mental health staff by individuals named in this letter are often cursory and/or take place in non-confidential settings. A typical interaction with a mental health worker takes place through the locked cell door; the inmate has to shout to be heard. If an individual does see a clinician, a correctional officer – who is not subject to patient-clinician confidentiality – is typically present. Under these circumstances, many individuals are unwilling to share their mental health concerns, for fear that they will be overheard and stigmatized

Prisoners with mental health conditions or psycho-social disabilities may suffer serious deterioration in their mental health due to the harsh conditions of confinement at Northern; other incarcerated individuals may experience mental health problems because of these conditions. These aggravated circumstances cause individuals at Northern to “act out” in various ways, including by banging their heads against the wall or engaging in other forms of self-harm.

If individuals do report suicidal tendencies or other mental health issues, they are often ignored or accused of attempting to manipulate staff for better treatment. If they do attempt self-harm or suicide, officers do not provide individuals with counselling, psychosocial support or appropriate psychiatric interventions but reportedly place them on “in cell restraints” or four-point restraints.

Even when mental health professionals are involved, individuals do not receive appropriate mental health care at Northern to address their mental support needs, whose diagnosis may range from post-traumatic stress disorder, anxiety, depression, paranoia or other mental health conditions. Mental health professionals are authorized to place individuals on “Behavioural Observation Status” (“BOS”) in an isolated medical unit or observation cell in order to “extinguish maladaptive behaviours while maintaining safety and security of the inmate.” Some of the individuals named in this letter have reportedly been placed on BOS – sometimes for weeks on end – after they threatened or engaged in self-harm. Individuals on BOS are placed intermittently in in-cell restraints and denied access to their property, social visits and calls, and even legal calls. It appears that those with mental conditions or psychosocial disabilities are subjected to disciplinary measures for exhibiting behaviour that is symptomatic of their situations, and further aggravates an individual’s psychological distress and puts them at higher risk of suicide and self-harm. The DOC isolation practices further aggravate pre-existing mental support needs.

Mental and physical harm caused by prolonged isolation and solitary confinement

Prolonged isolation and solitary confinement of prisoners with mental conditions or psychosocial disabilities has been shown to lead to cognitive deterioration and psychotic symptoms, including paranoia, hallucinations, and self-harming behaviours. In addition, the lack of appropriate mental health care and overreliance on “in-cell restraints” places individuals incarcerated at Northern at a substantial risk of serious mental and physical harm.

Without prejudice to the accuracy of the information received, **we are expressing our grave concern about the practices described above of in-cell restraints, excessive and intrusive strip searches and prolonged isolation or solitary confinement which, in our view, amount to torture or other cruel, inhuman or degrading treatment or punishment. We are particularly concerned that these systematic, repressive measures are supported by DOC and DOJ policies and thus form part of a state sanctioned policy.**

Further, we are concerned that DOC has failed to provide appropriate care by not adequately funding and overseeing its correctional health system, particularly regarding mental health. In addition, current practices regarding mental health issues are discussed in non-confidential settings, in violation of an inmate’s right to privacy.

In connection with these allegations and concerns, we would like to remind your Excellency’s Government of its obligations under international human rights law, in particular the absolute and non-derogable prohibition of torture and other forms of ill-treatment as codified in articles 2 and 16 of the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), which the United States of America ratified in 1994. We would like to stress that conditions of detention as described above can also amount to torture and other cruel, inhuman or degrading treatment or punishment in violation of Article 7 of the ICCPR, which has been ratified by the United States of America in 1992. **Under both the CAT and the ICCPR, the United States has an absolute and non-derogable international legal obligation to prevent, investigate, prosecute and punish practices that intentionally and purposefully inflict severe pain or suffering, physical or mental, and which therefore may amount to torture.**

In connection with the above alleged facts and concerns, please refer to the **Annex on Reference to international human rights law** attached to this letter which cites international human rights instruments and standards relevant to these allegations.

As it is our responsibility, under the mandates provided to us by the Human Rights Council, to seek to clarify all cases brought to our attention, we would be grateful for the observations of your Excellency’s Government on the following matters:

1. Please provide any additional information and/or comment(s) you may have on the above-mentioned allegations.

2. Please provide information about the legal grounds for the classification status of inmates at Northern and details about the review process in order to be removed from these classifications.
3. Please provide information to what extent the measures and practices described in this letter reflect generalized practice throughout the federal, state and communal correctional systems of the United States of America.
4. Please provide information on measures taken by your Excellency's Government to ensure that prisoners at Northern and other correctional facilities in Connecticut, as well as throughout the United States, are not subjected to prolonged or unnecessary solitary confinement or isolation, unnecessary in-cell restraints, unnecessary strip-searches or other forms of cruel, inhuman or degrading treatment or punishment.
5. Please provide information on measures taken to end solitary confinement and isolation of persons with mental conditions and psychosocial disabilities experiencing mental health crisis.
6. Please explain what measures are being implemented to assure appropriate medical treatment, mental health care and psychosocial support to maintain the mental and physical health of all inmates and to ensure protection of their right to privacy and data protection in all medical and health matters.
7. Please explain what measures are being implemented to ensure the provision of reasonable accommodation to inmates with psychosocial disabilities.
8. Please provide information on steps taken by your Excellency's Government to define a maximum term beyond which solitary confinement would be considered prolonged and therefore banned.
9. Please provide information on the steps taken by your Excellency's Government to implement the recommendations and guiding principles for all correctional systems in the January 2016 "U.S. Department of Justice Report and Recommendations Concerning the Use of Restrictive Housing."

This communication and any response received from your Excellency's Government will be made public via the communications reporting [website](#) within 60 days. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

We would like to inform your Excellency's Government that having transmitted the information contained in the present communication to the Government, the Working Group on Arbitrary Detention may also transmit specific cases relating to the

circumstances outlined in this communication through its regular procedure in order to render an opinion on whether the deprivation of liberty was arbitrary or not. The present communication in no way prejudices any opinion the Working Group may render. The Government is required to respond separately to the allegation letter and the regular procedure

We would welcome a response to this letter at your earliest convenience. Given the seriousness of the issue, the potential of the alleged policies and practices to undermine the universal prohibition of torture, which is a matter of public interest, we may be considering to express our concerns publicly in the near future. Any expression of concern on our part will indicate that we have been in contact with your Excellency's Government's to clarify the issue/s in question.

Please accept, Excellency, the assurances of our highest consideration.

Nils Melzer
Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment

Catalina Devandas-Aguilar
Special Rapporteur on the rights of persons with disabilities

Leigh Toomey
Vice-Chair of the Working Group on Arbitrary Detention

Dainius Puras
Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Joseph Cannataci
Special Rapporteur on the right to privacy

Annex

Reference to international human rights law

In connection with above alleged facts and concerns, we would like to draw the attention of your Government to the relevant international norms and standards that are applicable to the issues brought forth by the situation described above, in particular the absolute and non-derogable prohibition of torture and other ill-treatment as codified in **articles 2 and 16 of the Convention against Torture** and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), ratified by the United States of America on 21 October 1994. Equally, we would like to refer to **articles 14 and 15 of the Convention of the Rights of Persons with Disabilities (CRPD)**, signed by the United States of America on 30 July 2009. In particular, **article 14 (2)** requires States to ensure that if a person with disabilities is deprived of his or her liberty, they are on an equal basis with others entitled to guarantees in accordance with international human rights law and shall be treated in compliance with the objective and principles of the CRPD, including by provision of reasonable accommodation. Moreover, **article 15** of the CRPD prohibits torture, or cruel, inhuman or degrading treatment or punishment, and requires States to take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

Article 7 of the International Covenant on Civil and Political Rights, to which the United States is a party provides that “[n]o one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.” General Comment 20 of the Human Rights Committee points out that the purpose of article 7 “is to protect both the dignity and the physical and mental integrity of the individual.” The Human Rights Committee further points out the complementarity of **article 10, paragraph 1**, of the Covenant, stipulating that all persons deprived of their liberty be treated with humanity and respect.

We would also like to draw your attention to the **Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment** (adopted by General Assembly resolution 43/173 of 9 December 1988). **Principle 1** refers to humane treatment and respect for the inherent dignity of the person. **Principle 6** states that no person will be subjected to torture or other ill-treatment while imprisoned.

We also refer to **paragraph 28 of the General Assembly resolution 68/156 (2014)** which emphasizes that conditions of detention must respect the dignity and human rights of persons deprived of their liberty and calls upon States to address and prevent detention conditions that amount to torture or cruel, inhuman or degrading treatment or punishment. The **Committee against Torture** and the **Human Rights Committee** have found that conditions of detention can amount to inhuman and degrading treatment.

Regarding specialized health care, we would like to draw to the attention of your Excellency’s Government to article 25(b) of the CRPD, which establishes that States

Parties shall ensure access for persons with disabilities to those health services needed by them specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities.

With regards to aforementioned allegations of prolonged solitary confinement and isolation, we would like to refer to the report by the former Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment (A/66/268), in which it is stated that the use of prolonged solitary confinement (above 15 days) in itself runs afoul of the absolute prohibition of torture and ill-treatment and that for people with mental disabilities, solitary confinement amounts to cruel, inhuman or degrading treatment or punishment or even torture, even if not used indefinitely or for a prolonged period of time.

We recall that the Working Group on Arbitrary Detention, during its visit to the United States of America in October 2016, expressed concern about the widespread use of solitary confinement, also known as administrative segregation and restrictive housing, its prolonged duration and its application at the discretion of detention officials. The Working Group also noted a reported lack of independent and external review of solitary confinement, allowing for the possibility of abuse of authority by detention officials. (A/HRC/36/37/Add.2, paras. 63-65). The Working Group recommended that the Government of the United States of America continue to introduce and apply standards which limit the use of administrative segregation and restrictive housing within detention facilities, in particular its prolonged use, and which limit the time between periodic reviews of confinement. Such limits on the use of administrative segregation and restrictive housing should apply at both the pretrial stage and following conviction, in the federal criminal justice system as well as nationwide. Additionally, the review of the use of administrative segregation and restrictive housing should be carried out by an independent body (para. 93(g)).

Furthermore, we would like to recall the updated **United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules, 2015)** which lay out generally accepted principles and practice in the treatment of prisoners and prison management. In particular, we would like to refer to Rules 43.1(b), 43.3, 44, 45 and 46 which refer to the use of disciplinary sanctions or restrictive measures, including solitary confinement and the role of health-care personnel regarding any adverse effect of disciplinary sanctions or other restrictive measures on the physical or mental health of prisoners subjected to such sanctions or measures.

Rule 43 of the **Mandela Rules** prohibits prolonged or indefinite solitary confinement and defines prolonged solitary confinement as solitary confinement for a time period in excess of 15 consecutive days in **Rule 44**. The Mandela Rules further specify that solitary confinement may be used only in exceptional cases as a last resort, for as short a time as possible and subject to independent review in **Rule 45**.

Further, the **Mandela Rules** (Rule 45.2) explicitly prohibit the imposition of isolation for punishment and prohibit the imposition of isolation “in the case of prisoners

with mental or physical disabilities when their conditions would be exacerbated by such measures.”

The **Mandela Rules (Rule 47.1)** prohibit “the use of chains, irons or other instruments of restraint which are inherently degrading or painful” and restrict the use of other forms of restraint. The Rules specify that “[i]nstruments of restraint shall never be applied as a sanction for disciplinary offenses.” Even when the use of restraints is authorized, restraints are to be used only when “no lesser form of control would be effective to address the risks posed by unrestricted movement” and must be the “least intrusive method that is necessary and reasonably available.”¹ Further, the Rules provide that “[i]nstruments of restraint shall be imposed only for the time period required, and they are to be removed as soon as possible after the risks posed by unrestricted movement are no longer present.” If these rules are ignored, and if “restraint techniques and/or instruments” are “applied in a degrading and painful manner,” the use of restraints “may amount to torture or another form of ill-treatment.

The Mandela Rules further provide that: prisoners should enjoy the same standards of health care that are available in the community (rule 24); every prison shall have in place a health-care service tasked with evaluating, promoting, protecting and improving the physical and mental health of prisoners, paying particular attention to prisoners with special health-care needs or with health issues that hamper their rehabilitation (rule 25.1); the health-care service shall consist of an interdisciplinary team with sufficient qualified personnel acting in full clinical independence and shall encompass sufficient expertise in psychology and psychiatry (25.2); prisons shall ensure prompt access to medical attention in urgent cases (rule 27); a physician or other qualified health-care professionals, shall see, talk with and examine every prisoner as soon as possible following his or her admission and thereafter as necessary, paying particular attention to identifying any signs of psychological or other stress brought on by the fact of imprisonment, including, but not limited to, the risk of suicide or self-harm (rule 30c); the physician shall report to the director whenever he or she considers that a prisoner’s physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment (rule 33); and if, in the course of examining a prisoner upon admission or providing medical care to the prisoner thereafter, health-care professionals become aware of any signs of torture or other cruel, inhuman or degrading treatment or punishment, they shall document and report such cases to the competent medical, administrative or judicial authority (rule 34).

We are also concerned about the infringement on the confidentiality of inmates medical conditions that ought to be adequately protected in an institutional health care setting, and would like to draw your attention to the right to privacy, which is enshrined in **article 12 of the Universal Declaration of Human Rights and article 17 of the International Covenant on Civil and Political Rights**, which state that no one should be subjected to “arbitrary or unlawful interference with his privacy, family, home or correspondence”. We are in particular concerned about the infringement on the confidentiality of inmates’ medical conditions that ought to be adequately protected in an institutional health care setting.

Annex 2
List of alleged victims

- 1. Chaz Gulley**
- 2. Leighton Johnson**
- 3. Kenyon Joseph Pellot-Castellano**
- 4. Jose Jusino**
- 5. Rasheim Lewis**
- 6. Treizy Lopez**
- 7. Kezlyn Mendez**
- 8. Raudell Mercado**
- 9. Luis Pagan**
- 10. Kyle Lamar-Paschal-Barros**
- 11. Jerome Riddick**
- 12. Tyrone Spence**
- 13. Peter Tarasco**
- 14. Victor Velasco**
- 15. Steven Waterman**