



**Optional Protocol to the  
Convention against Torture  
and Other Cruel, Inhuman  
or Degrading Treatment  
or Punishment**

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**Subcommittee on Prevention of Torture and Other Cruel,  
Inhuman or Degrading Treatment or Punishment**

**Visit to Uruguay undertaken from 4 to 15 March  
2018: observations and recommendations  
addressed to the State party**

**Report of the Subcommittee\*, \*\***

\* In accordance with article 16 (1) of the Optional Protocol, the present report was transmitted confidentially to the State party on 30 November 2018. On 4 January 2019, the State party requested the Subcommittee to publish the report, in accordance with article 16 (2) of the Optional Protocol.  
\*\* The annexes to the present report are being circulated in the language of submission only.



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## I. Introduction

1. In accordance with its mandate under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Subcommittee on Prevention of Torture carried out a regular visit to Uruguay from 4 to 15 March 2018. Uruguay ratified the Optional Protocol on 8 December 2005.
2. The Subcommittee members conducting the visit were: Felipe Villavicencio Terreros (head of delegation), Nora Sveaass (Vice-Chair of the Subcommittee) and Emilio Ginés Santidrián. The Subcommittee was assisted by two human rights officers and two security officers from the Office of the United Nations High Commissioner for Human Rights (OHCHR).
3. The principal objectives of the visit were to inspect a range of places of deprivation of liberty in order to assist the State party in fully implementing its obligations under the Optional Protocol, to strengthen the protection of persons deprived of their liberty from the risk of torture and ill-treatment, to provide advice and technical assistance to the national preventive mechanism and to consider the extent to which the regional and national authorities are supporting its work and responding to its recommendations, taking account of the Subcommittee's guidelines on national preventive mechanisms (CAT/OP/12/5).
4. The Subcommittee held meetings with the persons listed in annex I and visited the places of deprivation of liberty listed in annex II, interviewing persons deprived of their liberty, law enforcement and detention officers, medical personnel and others. Meetings were held with members of the national preventive mechanism, which permitted the Subcommittee to examine the mechanism's mandate and working methods and to consider how best to improve its effectiveness. In order to better understand how the national preventive mechanism works in practice, the Subcommittee also visited, together with the national preventive mechanism, two places of deprivation of liberty, which had been chosen by the national preventive mechanism (see annex II). The visits were led by the mechanism, with the members of the Subcommittee as observers.
5. At the end of the visit, the delegation presented its confidential preliminary observations orally to government authorities and officials and the national preventive mechanism.
6. In the present report, the Subcommittee sets out its observations, findings and recommendations relevant to the prevention of torture and ill-treatment of persons deprived of their liberty under the jurisdiction of Uruguay.<sup>1</sup>
7. The Subcommittee reserves the right to comment further on any place visited, whether or not it is mentioned in the present report, in its discussions with the State party arising from the report. The absence of any comment in the present report relating to a specific facility or place of detention visited by the Subcommittee does not imply that it has a positive or negative opinion of it.
8. **The Subcommittee recommends that the present report be distributed to all relevant authorities, departments and institutions, including but not limited to those to which it specifically refers.**
9. **The present report will remain confidential until such time as the State party decides to make it public, in accordance with article 16 (2) of the Optional Protocol. The Subcommittee firmly believes that the publication of the present report would contribute positively to the prevention of torture and ill-treatment in the State party.**
10. **The Subcommittee recommends that the State party request the publication of the present report in accordance with article 16 (2) of the Optional Protocol.**
11. The Subcommittee draws the attention of the State party and the national preventive mechanism to the Special Fund established under article 26 of the Optional Protocol. Only

<sup>1</sup> The present report uses the generic term "ill-treatment" to refer to any form of cruel, inhuman or degrading treatment or punishment, in accordance with article 16 of the Convention against Torture.

recommendations contained in those Subcommittee visit reports that have been made public can form the basis of applications to the Fund, in accordance with its published criteria.

12. The Subcommittee wishes to thank the authorities of Uruguay for ensuring that its visits to places of detention could be conducted promptly and smoothly.

## **II. National preventive mechanism**

13. Article 83 of Act No. 18446 of 24 December 2008 attributed the status of national preventive mechanism to the National Human Rights Institution and Ombudsman's Office. The mechanism has been in operation since 2013 and forms a unit within the organizational structure of the Institution.

14. The national preventive mechanism conducts periodic visits to places of deprivation of liberty in order to make recommendations aimed at preventing torture and other cruel, inhuman or degrading treatment or punishment.

15. The Subcommittee acknowledges the interdisciplinary composition of the national preventive mechanism and the presence of staff trained in a variety of subjects. Nevertheless, the Subcommittee regrets that the mechanism does not have a large enough team of professionals to carry out its mandate on a national scale. The mechanism reported that it was struggling to process and organize the information obtained from various places of deprivation of liberty, partly as a result of the shortage of staff. The Subcommittee notes that, if the mechanism is to increase its presence in places of deprivation of liberty outside the country's metropolitan area, as part of a broader decentralization process, it will need a larger interdisciplinary technical team. The Subcommittee also noted that the mechanism has not been allocated a specific budget, as its budget is subsumed within the overall budget of the National Human Rights Institution and Ombudsman's Office.

16. **The national preventive mechanism should have its own budget line that is separate from the overall budget of the National Human Rights Institution and Ombudsman's Office, as well as sufficient resources to increase its technical team in order to be able to perform its mandate in a more sustainable and independent manner (Optional Protocol, art. 18).**

17. The Subcommittee was informed that the national preventive mechanism has had problems with some of its requests to the Ministry of the Interior for information that would help it to fulfil its mandate and that it receives little political support.

18. **The State party should provide the national preventive mechanism with all information concerning places of detention, persons deprived of their liberty, the treatment of those persons and their conditions of detention (Optional Protocol, art. 20).**

19. **The Subcommittee recommends that the State party comply with article 22 and, on the basis of the recommendations of the national preventive mechanism, enter into a dialogue with the mechanism on possible implementation measures.**

## **III. Legal and institutional framework for the prevention of torture and ill-treatment**

### **A. Criminalization of torture**

20. The Subcommittee notes that, while Uruguayan legislation establishes penalties for some acts of torture, it is not wholly in line with international standards in this area. Article 286 of the Criminal Code, which establishes penalties for public officials who commit arbitrary acts against a person deprived of liberty or subject such a person to unauthorized punishment, and article 22 of Act No. 18026 do not mention the specific purpose of torture, nor do they cover all the elements listed in articles 1 and 2 of the Convention. The

Subcommittee notes that this discrepancy between Uruguayan legislation and international standards could lead to impunity.

21. The Subcommittee is pleased to learn from the Senate that various bills and preliminary bills are being drafted in order to bring the definition of the offence of torture into line with international standards.

22. **The Subcommittee urges the State party to:**

(a) **Classify torture as a separate offence in the Criminal Code, using clear wording in line with articles 1 and 2 of the Convention against Torture,<sup>2</sup> and move forward with the bills that are being drafted in order to fully harmonize national legislation in this area, especially article 22 of Act No. 18026, as soon as possible;**

(b) **Establish appropriate penalties for the offence of torture that take into account the grave nature of the offence, in accordance with article 4 (2) of the Convention;**

(c) **Establish the non-applicability of statutory limitations to all acts of torture.**

**These measures are designed to tackle impunity for acts of torture and ill-treatment in the State party.**

## **B. Allegations of torture and other cruel, inhuman or degrading treatment or punishment**

23. During the interviews conducted over the course of its visit, the Subcommittee heard numerous allegations by persons deprived of their liberty that they had been subjected to torture or ill-treatment in a variety of circumstances. Most of these people reported acts that had allegedly been committed by members of various police units, including PADO (a rapid response unit), a special operations unit known as “Los Halcones” (the Hawks) and GRECO (the Organized Crime Squad).

24. Several of the persons interviewed, especially adolescents, claimed to have been subjected to torture and/or ill-treatment at the time when they were deprived of their liberty and/or while they were being held at a police station. Several reported being kicked, punched (including in the face), insulted and threatened. For example, one person recounted that, after being beaten up, he was tied to a ring in a cell at police station 17 and left there for several hours. Another reported that a member of the special operations unit had broken his hand and twisted his fingers after kicking him all over his body. One woman said that, when she was arrested, she was punched and held incommunicado for 10 days. It should be noted that most of the people interviewed said that they had not been subjected to torture while they were in prison.

25. During its visit, the Subcommittee tried unsuccessfully to obtain official figures from the Supreme Court regarding the number of convictions for torture that had been handed down. The Subcommittee is concerned that this type of offence is not properly investigated and punished and that this may result in impunity.

26. **The Subcommittee urges the State party to effectively prevent, detect and punish acts of torture and ill-treatment committed at the time of deprivation of liberty and during transfer and admission to places of detention. To that end, it recommends creating a standardized database of cases of torture and ill-treatment. It further recommends taking the necessary measures to create and strengthen internal and external mechanisms for the control and oversight of all bodies empowered to deprive persons of their liberty and to ensure that those mechanisms take a proactive approach to the effective prevention, detection and punishment of such acts.**

<sup>2</sup> CAT/C/URY/CO/3, para. 7.

27. In addition, the Subcommittee recommends that the State party improve the education and training of all officers authorized to deprive persons of their liberty or potentially involved in the custody, transfer, interrogation or treatment of persons subjected to any form of deprivation of liberty, including minors, on the provisions of the Convention and the reasonable and proportionate use of force.<sup>3</sup>

### **C. Detection of torture and other cruel, inhuman or degrading treatment or punishment and the procedure for identifying such acts**

28. In the prison units visited, the Subcommittee noted that there were no registers for documenting acts of torture and ill-treatment or the injuries caused by such acts. Several of the health professionals interviewed could not recall any cases of inmates with suspicious injuries, that is to say, injuries with no clear or obvious cause. They also admitted that it was very rare for inmates to be asked how they had sustained their injuries or to explain what had happened.

29. Three doctors admitted that they had encountered cases of clearly suspicious injuries and that, during some trials, the judge had noticed that the defendants were visibly injured and had asked about their injuries. However, some inmates told the Subcommittee that they were afraid to explain what had happened and that they felt the judge did not attach sufficient importance to their injuries and allegations of torture or ill-treatment.

30. The Subcommittee noted that the form used by doctors to record injuries does not allow for the collection of comprehensive and detailed information on possible cases of torture and ill-treatment. Moreover, the doctors stated that they are under a legal obligation not to include information beyond a description of the person's physical state and not to refer to the possible cause of the injuries.

**31. The Subcommittee recommends that the State party adopt a standard, detailed medical report form, in line with the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the Istanbul Protocol) (including the guidelines for developing a standard medical report form in annexes III and IV), and that the form should be more descriptive and should include identification numbers and pictures of the person's body.**

32. The Subcommittee noted that there is no formal independent procedure for following up on cases of suspicious injuries that, under the Istanbul Protocol, should be examined, documented and investigated by a forensic doctor. Furthermore, according to the doctors interviewed, there is no guarantee that the documents they send via police officers actually reach the prison authority or the judiciary. The Subcommittee further noted that medical report documents are not standardized and do not have numbers to identify them in case of loss. When the judge receives the document, he or she or the prosecutor may request a forensic assessment. However, the Subcommittee regrets that the Supreme Court does not systematically receive information on cases in which judges have ordered the involvement of a forensic doctor. The Subcommittee is also concerned that only two of the six doctors interviewed were well acquainted with the Istanbul Protocol.

**33. Health professionals should examine a person deprived of liberty upon his or her arrival at the detention centre. If there is any sign of injuries that may be related to acts of torture or ill-treatment, they should document and report the case to the competent medical, administrative or judicial authority (rule 34 of the Nelson Mandela Rules).**

**34. An official procedure for the transmission of medical reports should be established, in order to guarantee confidentiality and independence. Medical reports**

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<sup>3</sup> Taking due account of the Basic Principles on the Use of Force and Firearms by Law Enforcement Officials, as well as the inherent dignity and value as human beings of persons deprived of their liberty, in accordance with rules 1 to 5 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules).

**should be sent by doctors directly to the relevant authority, preferably the judicial authority. It is also necessary to ensure that cases of suspicious injuries are referred to forensic doctors to be documented or investigated.**

35. The Subcommittee noted that police officers usually take detainees for a medical examination when there is a doctor in the police station, which is not always the case. If there is no doctor, the person deprived of liberty is taken to a public hospital or a private doctor, before being transferred to the appropriate police station.

36. The examination on arrival is performed by a doctor and most consulting rooms are identified as such. However, some inmates claimed not to have been seen by the doctor on duty immediately upon arrival, while others claimed to have visited the doctor twice. Based on interviews with inmates, the Subcommittee identified some common problems:

- Inmates are often afraid to explain to the doctor what has happened and doctors do not ask questions in that regard.
- Inmates complain that the medical examination is superficial and that they are sometimes examined in the presence of guards.

37. **The State party should conduct training workshops for health professionals, especially those who work in a prison environment, on the Istanbul Protocol and its effective implementation.**

## **D. Safeguards**

38. The Subcommittee received allegations that the vast majority of persons deprived of their liberty had not been informed about their rights, either at the time of their arrest or once they were in a place of detention, or about the status of the criminal proceedings against them. The Subcommittee also noted that many persons deprived of their liberty had been transferred to detention centres that were far from where their relatives lived and that this had left them feeling anxious and defenceless.

39. **The Subcommittee urges the State party to take steps to ensure that all persons deprived of their liberty enjoy all safeguards in practice, in accordance with international rules and standards, from the outset of their detention, including the right to be informed of their rights and the reason for their detention and to receive information on the status of the criminal proceedings against them.**

40. **The Subcommittee recommends that the State party take into account rule 59 of the Nelson Mandela Rules when assigning an individual to a particular prison.**

## **E. Public defenders**

41. The Subcommittee regrets that, in response to repeated questions on the subject, the detainees interviewed replied that they had not received assistance from a defence lawyer, either at the time of their arrest or prior to their appearance before a judge, or at any stage of the criminal investigation into the alleged offence. According to information provided by the Supreme Court, over 90 per cent of the defence lawyers of persons deprived of their liberty are public defenders and, at the time of the visit, there were only 32 public defenders for criminal cases in Montevideo and 81 outside the capital. The Subcommittee believes that the limited number of public defenders is an obstacle to the consolidation of the new adversarial system of justice, for the defence and the prosecution must have the same level of resources if they are to operate effectively and the principle of equality of arms is to be observed. This situation also prevents public defenders from carrying out their task of detecting torture and representing and assisting victims in such a way as to ensure that due process is observed in the investigation of such cases.

42. In addition, the Subcommittee noted that not all of the foreign inmates interviewed had received consular assistance, in addition to receiving no assistance from a defence lawyer.

43. The Subcommittee urges the State party to strengthen, during its implementation of the adversarial system, the public defender service throughout the country by taking steps to increase the number of public defenders, and to ensure that any detainee who cannot afford a lawyer has equal access to one free of charge. The State party should provide suitable training and the necessary resources to ensure that assistance from the public defender service is available from the outset of detention; and it should make sure that defence lawyers and persons deprived of their liberty are able to communicate regularly, in order to avoid problems related to impunity and the lack of a proper defence.

## **F. Complaint mechanisms**

44. In most of the centres visited, the Subcommittee noted that there was a lack of appropriate mechanisms for the submission of requests or complaints to the prison authorities, the judicial authorities, the national preventive mechanism or other entities, in accordance with rules 56 and 57 of the Nelson Mandela Rules, and that there was no system for ensuring that penalties were subject to an adversarial hearing. Some of the detainees interviewed, including detainees in Rivera, complained that they could not submit complaints or requests because they had to do so in writing and were not provided with paper or pens.

45. The Subcommittee urges the State party to ensure that, in practice, all persons deprived of their liberty have the opportunity to submit requests or complaints to the prison director or the designated prison officer and that they can speak freely and in complete confidence without being punished or suffering negative consequences for submitting a complaint or supplying information.

## **G. Sentence enforcement**

46. The Subcommittee regretted the shortage of enforcement judges, noting that, according to information from the Supreme Court, there are only two in Montevideo and two outside the capital. The Subcommittee was encouraged to learn that the number of enforcement judges is set to increase to five in Montevideo and five outside the capital.

47. The Subcommittee recommends that appropriate steps be taken, including the allocation of the necessary resources, to increase the number of enforcement judges in Montevideo and outside the capital, and to ensure that those judges are able to perform their duties effectively. The Subcommittee also recommends that existing training programmes for enforcement judges, prosecutors and public defenders be improved, including in relation to the Istanbul Protocol.

48. The Subcommittee welcomed as a positive development the entry into force in November 2017 of the new Code of Criminal Procedure (Act No. 19293 of 19 December 2014), which provides for the establishment of a new adversarial system in the country.

49. The Subcommittee hopes that the efforts made to replace the inquisitorial system with an adversarial system will help to improve the administration of justice, reduce the excessive use of pretrial detention in criminal proceedings, including for minor offences, and thus protect the rights of persons deprived of their liberty.

## **H. Office of the Prosecutor for Crimes against Humanity**

50. The Subcommittee noted with satisfaction that the Attorney General's Office had recently established the Office of the Prosecutor for Crimes against Humanity to deal with cases of human rights violations, including torture, committed during the military dictatorship.



## IV. Observations on the places visited

51. Various international bodies and experts, including the Committee against Torture (in 2014), the Special Rapporteur (in 2009 and 2012) and OHCHR (in 2017), have drawn attention to the deplorable conditions in detention centres in the State party. In this regard, the Subcommittee acknowledges that some efforts have been made and that there have been some improvements in detention conditions in the State party over the past decade. In general, however, at the time of the Subcommittee's visit, the conditions in the detention centres housing large numbers of detainees, such as Canelones, Libertad, Unit 5 for women and Unit 4 in Santiago Vázquez, were inhuman and degrading. The Subcommittee notes that there is a desire to bring about change and that there are now a number of modern detention centres. However, there is a lack of resources and no clear and coordinated strategy.

### A. State of infrastructure

52. The Subcommittee welcomes the progress made in tackling overcrowding and notes that some centres, such as Unit 3 in Libertad, do not suffer from this problem. Nevertheless, it also notes that the total prison population is over 10,000 inmates, while the capacity of the prison system is 9,000. Some prisons, such as Units 4 and 7, are operating at maximum capacity. At Unit 5 for women, which has a capacity of 422, there were 558 inmates on the day of the visit.

53. In Unit 4 in Santiago Vázquez, the Subcommittee was concerned to find cells measuring 12 m<sup>2</sup> shared by up to seven inmates. It wishes to draw attention to the case of a detainee in the women's unit in Rivera who slept in a cell measuring 2.1 m by 1.1 m. That person said she felt as though she spent each night in a coffin. In police station 9, there were cells in poor condition measuring 1.6 m by 1.5 m.

54. In general, the detention centres visited were badly maintained. In Unit 5 for women, for example, the cell windows were broken and some detainees said that the remaining shards of glass had been used for self-harming or attacking other inmates. In Unit 3 in Libertad, there were no window panes, only bars, and it was very windy, even inside the cells. The detainees said that the cold became very hard to bear when autumn came and that it was extremely tough in winter. Unit 7 in Canelones, on the other hand, suffered from very poor ventilation and unpleasant odours. In addition, it was generally very dark in the cells in the detention centres visited; for example, 38 inmates were being held in darkness in cell block 1, maximum security sector B of Unit 4, at the time of the Subcommittee's visit.

55. The Subcommittee also noted the lack of water and showers in the places visited. The inmates fetched tap water – which was sometimes available for only a few hours a day, as in Unit 7 in Canelones – and washed in their cells, in the presence of their cellmates. The toilets, which were generally inside the cells, were in poor condition and sometimes blocked (units 3 and 4).

56. The Subcommittee was alarmed at the deplorable state of the wiring in almost all the detention centres visited. Most of the wires were bare, which meant that the detainees were in constant danger. According to some persons deprived of their liberty, there have been cases of death by electrocution and people quite often receive electric shocks. Moreover, they live in constant danger because they have to connect the light manually and they even use the wires to heat water for bathing and cooking, using a very unreliable and dangerous system that they have devised.

57. The Subcommittee also noted that many inmates do not have a bed, or even a mattress. In Unit 3 in Libertad, several people slept on cardboard or directly on the cement floor. Those who had a mattress said that they had purchased it themselves. In several cells in that unit, the inmates had neither blankets nor bedding. One inmate, who had no family, did not even own a sweater (rule 21 of the Nelson Mandela Rules).

58. **The Subcommittee recommends that the State party take urgent measures to improve the unacceptable conditions in prisons in Uruguay and develop a strategy and an action plan to that end. In particular, the Subcommittee recommends that, in accordance with the Nelson Mandela Rules, all areas in detention centres, including cells, should be of a reasonable size; that inmates should have access to water, sufficient light and ventilation and working sanitary facilities; and that inmates should be provided with mattresses and blankets when they spend the night in the cells.**

## **B. Problems of hygiene**

59. The Subcommittee noted with great concern that, in several prison units, persons deprived of their liberty were living in extremely unsanitary conditions. There was a lot of rubbish both in the cells and in the corridors, and in certain areas where it had been thrown from the windows by inmates who did not want it in their cells. This rubbish is not removed and piles up, posing a constant danger to the health of inmates and prison staff (rule 13 of the Nelson Mandela Rules).

60. **The Subcommittee urges the State party to quickly adopt an effective and appropriate strategy to improve the deplorable state of hygiene in detention centres, and to ensure that all areas in detention centres, including cells, are clean and that inmates receive the necessary basic toiletries (rule 17 of the Nelson Mandela Rules).**

61. During its visit, the Subcommittee saw pests such as rats and cockroaches. In Unit 5 for women, the Subcommittee saw many rats pass through one of the corridors. Some inmates in Unit 4 complained that they had been bitten by rats and that they were not provided with toiletries or cleaning products. If they did have such products, it was thanks to the support of their families. In Unit 3 in Libertad, the Subcommittee saw a corridor with piles of rubbish, excrement and rotting waste, as well as leaks and flooding. One inmate reported that there were worms in his cell. The Subcommittee considers this situation to be cruel, inhuman and degrading.

62. **The Subcommittee urges the State party to immediately adopt programmes to eradicate pests, rats and cockroaches and to provide persons deprived of their liberty with toiletries and cleaning products.**

## **C. Food and drinking water**

63. The food served in the prisons visited was of very poor quality. The detainees interviewed said that the food they are given is “inedible” and consists of “water with fat”. At Unit 7 in Canelones, the Subcommittee noted that, on the day of the visit, the inmates had been given only a serving of a very greasy broth in which there were two small slices of carrot (rule 22 of the Nelson Mandela Rules). At that unit, some of the inmates interviewed said that they were sometimes thirsty because no water came out of the taps in the cells during certain periods or at certain times of day.

64. In response to questions from the delegation, the prison staff and the prison directors said that the budget allocated for inmates’ food was insufficient. Furthermore, when food supplies arrive at the centres they are divided between staff and inmates; this results in a daily ration for inmates that is insufficient, unpleasant and of very poor nutritional quality, and thus severely affects their health. In Unit 3 in Libertad, for example, some detainees reported finding blood in their stools as a result of the poor quality of the food.

65. **The Subcommittee recommends that detainees should have permanent access to drinking water and should be provided with nutritious, appropriate and sufficient food. The Subcommittee also recommends allocating a special budget for inmates’ food and setting up a monitoring mechanism to ensure that supplies are distributed fairly between prison staff and persons deprived of their liberty.**

## D. Appropriate rehabilitation measures

66. During its meetings with the authorities, the Subcommittee was informed by the Human Rights Directorate of the Office of the President that 45 per cent of adult prisoners work and study. However, the interviews conducted revealed a widespread lack of sufficient and appropriate rehabilitation measures. Indeed, most detainees are not offered the opportunity to participate in physical, recreational, educational or work-related activities of any kind. A head of unit who was interviewed said that, out of 3,183 inmates, only about 200 were engaged in work. Paradoxically, almost all the inmates interviewed expressed a strong desire to work and study, and many of them were sorry not to receive the small amount of remuneration provided for work carried out in prison, known as *peculio*.

67. The Subcommittee noted some exceptions, such as Unit 12 in Rivera, where some inmates take part in a theatre workshop. It also welcomes the activities available to inmates of Unit 3 in Libertad (barracks A, B and D), where inmates who have shown good behaviour are sent to enjoy appropriate conditions of detention; there is a vegetable garden and a silk-screen printing workshop that the Subcommittee had the opportunity to visit.

68. The Subcommittee is deeply concerned about the lack of activities effectively available to inmates and the impact this has on them: the shortage of educational opportunities explains the high rate of recidivism among inmates, which averaged 50 per cent in 2017, and only 37 per cent of inmates performed some kind of work in November 2017.

69. **The Subcommittee recommends drawing up an appropriate strategy and allocating sufficient financial and human resources to provide persons deprived of their liberty with effective rehabilitation opportunities in areas such as reading, sport, art, recreation, education and work.**

## E. Properly trained operational and security personnel

70. The Subcommittee learned that prison officers take up their duties in detention centres after a very short period of training, ranging from one to six months, which is insufficient to ensure the proper performance of their custodial duties (rules 74 to 76 of the Nelson Mandela Rules). The Subcommittee noted with concern that the shortage of prison staff means, among other things, that inmates cannot be taken to the courtyard for exercise and fresh air.

71. **The Subcommittee recommends establishing a specialized civilian corps for prison management, with sufficient academic ability to deliver and follow up on training programmes that are consistent with international standards and based on rules 74 to 76 of the Nelson Mandela Rules.**

## F. Conditions in Unit 7 in Canelones and Unit 3 in Libertad

72. Unit 7 in Canelones, which has a capacity of 850 persons, had 830 inmates at the time of the visit. The conditions in cell block 2B were subhuman: it was too dark, there were rats and there was a lot of rubbish inside; the place was pervaded by a nauseating smell, the toilets were blocked and the inmates said that they had not been out in the courtyard for weeks or even months. Some of the cells were overcrowded. The conditions in the police health service are also unacceptable.

73. In Unit 3 in Libertad, the infrastructure was not suited to the climatic conditions, there was a shortage of blankets and bedding and the food was dreadful. There was a lack of medical services, as well as no courtyard and no rehabilitation activities, and the conditions were inhuman.

74. **In the Subcommittee's view, the State party should consider the immediate closure of cell block 2 in Canelones and the Unit 3 complex in Libertad, since they fail to meet the minimum requirements of appropriate physical infrastructure,**

**habitability and sanitation and because the conditions of detention in those places are degrading.**

## **G. Situation of mothers with young children**

75. In 2017, there were at least 43 children, on average, living in prisons, most of them living with their detained mothers. In Unit 9 for women with children, the Subcommittee observed a lack of suitable facilities and infrastructure (both inside and outside), as well as a lack of clean and functioning toilets and personal hygiene articles specifically for children. The Subcommittee stresses the need to improve the state and availability of facilities, the physical infrastructure and personal hygiene articles specifically for children in Unit 9 for women with children (rules 18 and 29 of the Nelson Mandela Rules).

## **H. Separation of detainees**

76. According to information received by the Subcommittee, approximately 70 per cent of persons deprived of their liberty are in pretrial detention, many of them for minor offences; this is a direct cause of prison overcrowding and is contrary to the guarantees of due process under the adversarial system being introduced in the State party.

**77. The Subcommittee recommends that the State party implement alternatives to pretrial detention and also reintegration measures, including community service, education, exercise, sport and recreational activities and the use of electronic bracelets as an alternative to detention.**

78. During its visits, the Subcommittee was able to establish that pretrial detainees and convicted prisoners lived in the same areas, for there were no separate sections for those awaiting trial and those serving sentences, as required by rule 11 of the Nelson Mandela Rules.

79. In the prisons visited, no prisoners have been reclassified to rectify this, largely owing to bureaucratic failings within both the prison administration and the judiciary.

**80. The Subcommittee recommends that the State party make it clear to the prison authorities that pretrial detainees and convicted prisoners must be held separately so as to fully respect the right to the presumption of innocence of pretrial detainees, in keeping with rules 111 and 120 of the Nelson Mandela Rules.**

## **V. Health**

### **A. Health system in places of deprivation of liberty**

81. According to some of the doctors interviewed, the transfer of health services to prison units has been an important step forward, for it has made emergency care and medical consultations more accessible to inmates. Nevertheless, the Subcommittee noted that the majority of inmates in all units visited continued to face difficulties in gaining access to health services. The polyclinic is generally open for consultations one day a week, for a few hours only. Several of the doctors interviewed said that, through lists controlled by representatives of inmates or guards, certain inmates were granted the privilege of unlimited access to the polyclinic. This has encouraged the practice of self-harm, as some inmates are unable to gain access to the polyclinic and therefore try to place themselves in an emergency situation in order to obtain medical care. The Subcommittee is concerned that access to medical services is seen as a privilege, not a right. On the other hand, doctors do attend regularly to inmates who are officially registered as suffering from chronic health problems and older inmates. The doctors interviewed admitted that they did not usually enter the units.

**82. The prison authorities should develop a procedure to ensure that health professionals have access to all sick prisoners, all prisoners who complain of physical**

or mental health issues or injury and any prisoner to whom their attention is specially directed, and to enable inmates to gain prompt access to medical attention in urgent cases (rules 27 and 31 of the Nelson Mandela Rules).

## **B. Challenges relating to the prison health system**

83. The Subcommittee observed that the health system in the places of deprivation of liberty visited suffers from a number of systemic problems. One of the main problems relates to the lack of coordination with specialized medical services outside prison units, for surgery or special courses of treatment for example. The doctors in prison units who were interviewed admitted that they had witnessed discrimination against certain inmates, who have to resort to using private services. They also complained about pressure from the public health union in Uruguay. The availability of medicines was sufficient in only two of the prison units visited. Most of the units lacked the appropriate medicines, equipment and storage facilities.

84. **The Subcommittee recommends that the Ministry of Health take the necessary measures to ensure that public health services are accessible to persons deprived of their liberty and provide additional human, material and financial resources to that end. The State party should ensure that medical facilities for persons deprived of their liberty have the necessary infrastructure, medical equipment and level of hygiene.**

85. The Subcommittee identified a number of serious problems that have been caused and aggravated by the division of prison health care into two systems that are overseen by the Ministry of Health (State Health Services Administration) and the Ministry of the Interior (police health services). At the time of the visit, the State Health Services Administration programme covered only 5 of the 29 prison units across the country. The Subcommittee also noted a lack of coordination and information-sharing, very poor working conditions and a lack of appropriate infrastructure and resources. The most critical example was the polyclinic in Unit 7 in Canelones, which lacks water and clean areas for the provision of medical care and the storage of medicines and inmates' medical records. One room in the polyclinic had been closed owing to the presence of fungi, water leaks, sewage and rats. The same problems were found in the bathroom and a small room where medicines are kept. The Subcommittee is concerned by the fact that, when the pipes are blocked, this room is flooded with sewage. The medical staff at Unit 7 in Canelones have complained repeatedly to the prison management about the conditions in which they work and attend to inmates but they have received no response. They have also drawn attention to the lack of operational and security personnel available to accompany inmates in order to facilitate access to health services.

86. **The Subcommittee recommends that the Ministry of the Interior immediately close the polyclinic in Unit 7 in Canelones and transfer its operations to a suitable clean area.**

## **C. Specific health problems faced by inmates**

87. The Subcommittee was particularly concerned by the failure to comply with rule 23 (1) of the Nelson Mandela Rules, which stipulates that inmates should have at least one hour of exercise in the open air daily. Inmates are confined for excessive, inhuman lengths of time. A number of detainees stated that they had not left their cells for several months, or, in one case, a whole year.

88. In all places of deprivation of liberty, the Subcommittee found that the vast majority of detainees bore multiple scars, especially on their arms, and claimed to have committed self-harm so that they would be taken to the infirmary and could thus leave their cells briefly. Other persons deprived of their liberty said that they cut their arms to "let off steam", which shows how anxious and abandoned they feel. In some other cases, self-harm was committed as a means of gaining access to medical care and treatment. The Subcommittee deplores this trend, which was widespread in all the places visited, across all ages and genders. The doctors interviewed confirmed to the Subcommittee that self-harm is

directly related to the psychological or mental health of the prison population, reflecting, for example, family problems or a lack of recreational and training activities and time spent in the courtyard; this was corroborated by the fact that, at the time of the Subcommittee's visit, inmates in several cells in Unit 3 in Libertad were asleep, suggesting that their inactivity had led to depression.

**89. The Subcommittee urges the State party to ensure, as soon as possible, that every prisoner who is not employed in outdoor work has at least one hour of suitable exercise in the open air daily and has access to physical and recreational activities, and to provide the necessary space, installations and equipment to that end (rule 23 of the Nelson Mandela Rules).**

90. During its visit to Unit 7 in Canelones, the Subcommittee witnessed an inmate being escorted urgently to the polyclinic because he had made a deep cut in his left arm. Faced with this situation, the doctor had some liquid for disinfecting the wound but, apart from that, there was no water in the polyclinic for cleaning the blood from the inmate's body or from the chair and the area where he had been sitting and the floor. The doctors were concerned that it had been years since a psychologist had come to that unit to attend to the inmates and that many inmates suffered from serious psychological problems.

**91. The Subcommittee recommends that the State party pay due attention to the widespread practice of self-harm among persons deprived of their liberty, carry out a study on the issue and identify the urgent measures necessary to remedy this situation.**

92. The Subcommittee observed many recurrent problems and illnesses that were directly related to the poor hygiene and food in places of deprivation of liberty. Inmates tend to suffer from gastritis, fungal, skin and chronic infections, headaches, fainting, lung problems and serious psychosocial problems such as lack of sleep, depression, anxiety, behavioural problems and inter-prisoner tensions.

93. The Subcommittee noted that criminally responsible inmates with serious psychiatric disorders are sent to psychiatric hospitals (Vilardebó hospital) and to the hospital annex at the centre for admissions, diagnosis and referral in the Montevideo metropolitan area in very difficult conditions, which aggravates their disorders.

**94. The Subcommittee recommends that the State party devote the necessary urgent attention to ensuring the right to health of persons deprived of their liberty and allocate additional human and financial resources for this purpose, including doctors, nurses, psychologists and prison staff.**

95. The Subcommittee deplores the gradual increase in the annual death rate, from illness, homicide, suicide and other causes, from around 20 deaths in 2006 to about 50 in 2017. The Subcommittee was also very disappointed to receive reports that some deaths and suicides in detention centres are not investigated.

**96. The Subcommittee recommends that steps be taken to determine the scope of the problem of suicide in detention centres, with a view to identifying appropriate measures to remedy the situation, and that proper investigations be conducted in this regard.**

#### **D. Conditions in mental health facilities**

97. In the Vilardebó hospital, there is no separation between patients who are involved in judicial proceedings and those who are not. The Subcommittee regretted that there were no suitable facilities for the treatment and stabilization of inmates with acute psychiatric disorders. It also noted with concern that inmates faced a lack of ventilation, hygiene and recreational activities and were given medication without any other treatment.

98. At the time of the visit, some persons deprived of their liberty were still waiting for a decision as to their criminal responsibility. In addition, inmates in a critical condition are sent to hospital, then returned to prison and often reoffend as a result of their psychiatric disorder and/or the changes in situation. It is also worrying that, in some cases where

patients could not be discharged without a judicial order, the patients were kept in detention for a long time.

99. **The Subcommittee encourages the judiciary to devote greater attention to speeding up trials and judicial proceedings concerning persons deprived of their liberty who are waiting for a decision as to their criminal responsibility, especially those with acute psychiatric disorders.**

100. The Subcommittee noted that the new Mental Health Act provides for the closure of all mental hospitals and psychiatric institutions by 2025. However, during its visit, it was concerned to see that the Vilardebó hospital had not yet drawn up a plan for closing the hospital, ensuring appropriate treatment follow-up and developing new forms of alternative treatment at the communal level. The Subcommittee took note of the institutions' plans for the development of post-treatment alternatives. It also noted, however, the lack of programmes for mental health monitoring when patients are released and return to their community, especially prisoners suffering from chronic psychiatric disorders and drug addiction, who are extremely vulnerable and tend to fall back into a vicious circle and reoffend.

101. **The Subcommittee encourages the State party to develop, adopt and execute a plan for the prompt implementation of the new Mental Health Act. The plan should include details of programmes for appropriate treatment follow-up and provide for new forms of alternative treatment at the regional and communal levels. The Ministry of Health should ensure the effective implementation and monitoring of this plan.**

102. The Subcommittee was informed that the Vilardebó hospital had established a system of community-based post-hospitalization treatment for some long-stay patients. However, this system covered only a very limited number of patients.

103. **It is important to continue developing this system, as long-stay patients are often at risk because they have nowhere to go after many years of hospitalization.**

## VI. Women

104. While visiting the prison units for women, the Subcommittee received numerous consistent reports regarding the limited recreational, fitness and educational activities available and the lack of paid work and vocational training workshops for women deprived of their liberty.

105. **The Subcommittee recommends that the State party take the necessary measures to ensure that women deprived of their liberty have access to work and to educational, exercise, sports and recreational activities on an equal footing with men, in accordance with rule 42 of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) and rules 104 and 105 of the Nelson Mandela Rules. Taking into account its statement on the prevention of torture and ill-treatment of women deprived of their liberty (CAT/OP/27/1), the Subcommittee encourages the State party to adopt a prison policy that incorporates a gender perspective, in line with the Bangkok Rules.**

## VII. Children and adolescents in conflict with the law

106. The Subcommittee regrets the repressive approach of the juvenile penal system in Uruguay, noting in particular that Act No. 19551, amending article 76 of the Code on Children and Adolescents (Act No. 17823), abolishes early release and that mandatory deprivation of liberty applies to adolescents but not to adults. Under the new legislation, the maximum duration of detention as a precautionary measure for very serious offences committed by adolescents aged 15 to 18 years has been extended from 90 days to 150 days; in the case of serious offences, precautionary detention cannot exceed 60 days. The Subcommittee considers this rule to be regressive, given that the State has a protective role to play with respect to juvenile offenders and that the rule is even more repressive than the criminal legislation that currently applies to offenders over 18 years of age. The

Subcommittee is pleased to note that the proposal to lower the age of criminal responsibility to 16 years old was not successful.

**107. The Subcommittee urges the State party to review the criminal legislation applicable to minors in order to bring it into line with international standards on juvenile justice, in particular articles 37 (b) and 40 of the Convention on the Rights of the Child, the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), the United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines), the United Nations Rules for the Protection of Juveniles Deprived of Their Liberty and general comment No. 10 (2007) of the Committee on the Rights of the Child on children's rights in juvenile justice.**

108. The Subcommittee visited the Centre for Admissions, Examination, Diagnosis and Referral in Montevideo, where persons entering the juvenile justice system are placed under precautionary measures until a verdict is handed down. It was deeply concerned at the poor conditions in the centre, which is not fit for purpose. The adolescents in this centre are kept in prison conditions and are not provided with enough social rehabilitation activities. The Subcommittee received consistent reports that the centre is suing the company that was awarded the building contract for failing to provide appropriate physical infrastructure.

**109. The Subcommittee recommends that the State party raise the budget allocated to juvenile detention centres, with a view to increasing the number of specialized personnel, technical staff, lawyers and psychiatrists, stepping up the provision of psychological support for juvenile detainees and developing and implementing programmes to tackle addiction. The State party should draw up a strategy and establish a monitoring mechanism to this end.**

110. Several of the human rights actors with whom the Subcommittee met also expressed their concern about the "culture of confinement" and the use of force as a disciplinary measure against adolescents. Many of the inmates reported that they had been tortured, referring in particular to the Organized Crime Squad, whose members are known as "Grecos". Most of them said that their defence had been inadequate and some of them had been in the centre for a long time. The Subcommittee is concerned by the fact that, in this centre, convicted adolescents are held alongside adolescents who are subject to a precautionary measure.

**111. The Subcommittee recommends that the State party ensure that appropriate instruction, awareness-raising and training is provided for personnel responsible for dealing with minors deprived of their liberty, initiate investigations into all allegations of torture and ill-treatment made by minors, and prosecute and punish those responsible with sentences that are commensurate with the seriousness of the offence.**

112. In that centre, the Subcommittee came across young persons who clearly had psychiatric problems but were not receiving appropriate medical care; it also noted the unhygienic and unhealthy conditions. The adolescent detainees had no lights or mattresses in their rooms and those who were interviewed invariably complained about the poor quality of the food. Their outings to the courtyard were rare and brief. The Subcommittee was particularly concerned at the high level of recidivism among adolescents in conflict with the law and the lack of rehabilitation activities to prepare them for release, as well as the suicides that have occurred.

113. During the Subcommittee's visit to Uruguay, the national press published extensive articles on the ill-treatment of adolescents in this centre by staff and security officers. This information was corroborated both by the adolescent detainees and by various human rights actors with whom the Subcommittee met.

**114. The State party should take immediate and effective measures to protect minors in the Centre for Admissions, Examination, Diagnosis and Referral (which is attached to the National Institute for the Social Inclusion of Adolescents) and to ensure that no minors deprived of their liberty, whether in that centre or elsewhere, are subjected to torture or ill-treatment, in accordance with rule 87 of the United Nations Rules for the Protection of Juveniles Deprived of Their Liberty.**



## VIII. Next steps

115. The Subcommittee requests that a reply to the present report be provided within six months from the date of its transmission to the State party. The reply should respond directly to all the recommendations and requests for further information made in the report, giving a full account of action that has already been taken or is planned (including timescales for the implementation of the recommendations). It should include details concerning the implementation of the recommendations, the implementation of institution-specific recommendations, and general policy and practice.<sup>4</sup>

116. Article 15 of the Optional Protocol prohibits any form of sanction or reprisal, from any source, against anyone who has been, or who has sought to be, in contact with the Subcommittee. The Subcommittee reminds the State party of its obligation to ensure that no such sanctions or reprisals take place and requests that, in its replies, it provide detailed information concerning the steps it has taken to ensure that this obligation has been fulfilled.

117. The Subcommittee recalls that prevention of torture and ill-treatment is a continuing and wide-ranging obligation.<sup>5</sup> It therefore requests that the State party inform it of any legislative, regulatory, policy or other relevant developments relating to the treatment of persons deprived of their liberty and regarding the work of the national preventive mechanism.

118. The Subcommittee considers both its visit and the present report to form part of an ongoing process of dialogue. The Subcommittee looks forward to assisting the State party in fulfilling its obligations under the Optional Protocol by providing further advice and technical assistance, in order to achieve the common goal of preventing torture and ill-treatment in places of deprivation of liberty. The Subcommittee believes that the most efficient and effective way of developing the dialogue would be for it to meet with the national authorities responsible for the implementation of the Subcommittee's recommendations within six months of receiving the reply to the present report.

119. The Subcommittee recommends that, in accordance with article 12 (d) of the Optional Protocol, the national authorities of the State party enter into dialogue with the Subcommittee on the implementation of the Subcommittee's recommendations, within six months of the Subcommittee's receipt of the reply to the present report. The Subcommittee also recommends that the State party initiate discussions with the Subcommittee on the arrangements for such a dialogue at the time of the submission of its reply to the present report.<sup>6</sup>

<sup>4</sup> The reply should also conform to the guidelines concerning documentation to be submitted to the United Nations human rights treaty bodies established by the General Assembly. See letters sent to permanent missions on 8 May 2014.

<sup>5</sup> CAT/OP/12/6 and general comment No. 2 (2008) of the Committee against Torture on the implementation of article 2 by States parties.

<sup>6</sup> Uruguay is encouraged to consider approaching the OHCHR treaty body capacity-building programme (registry@ohchr.org), which may be able to facilitate the dialogue. The contact details of the Special Fund are available at [www.ohchr.org/EN/HRBodies/OPCAT/Fund/Pages/SpecialFund.aspx](http://www.ohchr.org/EN/HRBodies/OPCAT/Fund/Pages/SpecialFund.aspx).

## Anexo I

*[Español solamente]*

### **Lista de las personas con quienes se reunió el Subcomité**

#### **A. Autoridades**

##### **Ministerio de Relaciones Exteriores**

- Rodolfo Nin Novoa, Ministro Canciller de la República
- Raúl Pollak, Embajador, Director General para Asuntos Políticos
- Dianela Pi, Ministra, Directora, Dirección de Derechos Humanos y Derecho Humanitario
- Fiorella Prado, Secretaria del Servicio Exterior, Dirección de Derechos Humanos y Derecho Humanitario

##### **Ministerio del Interior**

- Eduardo Bonomi, Ministro
- Rosario Burghi, asesora del Ministro en Asuntos Penitenciarios
- Julio Del Río, Comisario General, Policía Nacional, Jefe de la Dirección de Planificación y Estrategia Policial
- Gonzalo Larroa, Director del Instituto Nacional de Rehabilitación
- Ana Juanche, Subdirectora Nacional Técnica

##### **Ministerio de Defensa Nacional**

- María José Linare, Dirección de Asuntos Internacionales
- Silvia Núñez, Dirección de Asuntos Internacionales

##### **Secretaría de Derechos Humanos de Presidencia de la República**

- Nelson Villarreal, Secretario de Derechos Humanos
- Alicia Saura, asesora
- Cecilia Anandez, asesora

##### **Comisión de Derechos Humanos del Parlamento**

- Mercedes Santalla, presidenta
- Gloria Rodríguez, vicepresidenta

##### **Cámara de Senadores**

- Ivonne Passada, senadora, Comisión Bicameral de Seguimiento del Sistema Carcelario

##### **Fiscalía General de la Nación**

- Jorge Díaz, Fiscal de Corte y Procurador General de la Nación
- Ariel Cancela, Fiscal Adjunto de Corte
- Gabriela Aguirre, Directora de Cooperación Internacional

**Administración de los Servicios de Salud del Estado**

- Héctor Suárez, Director Interino de Salud Mental y Poblaciones Vulnerables

**Instituto Nacional de Inclusión Social Adolescente**

- Gabriela Fulco, presidenta
- Silvana Bocage, asesora informática
- Elena Vázquez, asesora en medidas no privativas
- Eugenio Acosta Guillén, director general de seguridad
- José Priore, director de salud
- Diego Camaño, asesor jurídico
- Gabriela Garbarino, directora de investigación y cooperación internacional
- Cecilia Fernández, subdirectora de programas
- Ana Laura Pizzolli, directora de comunicaciones

**B. Institución Nacional de Derechos Humanos y Defensoría del Pueblo**

- Mariana Blengio Valdés, directora
- Maria Josefina Pla, integrante del Consejo Directivo
- Mariana Mota, presidente del Consejo Directivo

**C. Mecanismo nacional de prevención**

- Ana Grassi, Sistema de Protección
- Gianina Podestá, Sistema Penal Juvenil
- Francisco José Ottonelli, Colaboración
- Fernando Leguizamón, Sistema Penal Juvenil
- Mariana Risso, Sistema de Adultos
- Maria José Doyenart, Sistema de Protección
- Soledad Pérez, Sistema de Protección
- Maritza Ramos, Secretaria
- Ariadna Cheroni, Sistema de Adultos

**D. Comisionado Parlamentario Penitenciario**

- Juan Miguel Petit, Comisionado Parlamentario Penitenciario
- Graciela Riephoff, asesora
- Mariana Iglesias, asesora

**E. Sistema de las Naciones Unidas**

- Mireia Villar Forner, Coordinadora Residente de las Naciones Unidas en el Uruguay
- Graciela Dede, Asesora en Derechos Humanos, Oficina de la Coordinadora Residente de las Naciones Unidas en el Uruguay
- Paolo Mefalopulos, representante del UNICEF

- Giovanni Escalante, representante de la Organización Panamericana de la Salud (OPS)/Organización Mundial de la Salud (OMS) en el Uruguay
- Alba Goycochea, jefe de oficina, Organización Internacional para las Migraciones (OIM)
- Virginia Varela, analista, Programa de las Naciones Unidas para el Desarrollo (PNUD)

## **F. Organismos de la sociedad civil**

- Consejo Nacional del Colegio Médico del Uruguay
    - Néstor Campos, médico, presidente
    - Juan Errandonea, abogado, consejero
    - Enrique Soto, médico, secretario
  - Aldeas Infantiles
  - Amnistía Internacional Uruguay
  - Asamblea Instituyente por salud mental, desmanicomialización y vida digna
  - Asociación Aire
  - Asociación Civil El Paso
  - Asociación de Personas Privadas de Libertad del Uruguay
  - Comité de América Latina y el Caribe de defensa de los derechos de las mujeres
  - Comité de los Derechos del Niño del Uruguay
  - Cotidiano Mujer
  - El Abrojo
  - Instituto de Estudios Legales y Sociales del Uruguay
  - Observatorio Luz Ibarburu
  - Proderechos
  - Representantes del grupo de 28 mujeres uruguayas víctimas de violencia sexual sufrida como prisioneras políticas durante la dictadura
- Servicio Paz y Justicia Uruguay

## Anexo II

*[Español solamente]*

### Lugares de privación de libertad visitados

#### A. Establecimientos penitenciarios

- Unidad de mujeres (Rivera)
- Unidad núm. 3 (Libertad)
- Unidad núm. 4 (Montevideo)
- Unidad núm. 5 de mujeres (Montevideo) (visita conjunta con el mecanismo nacional de prevención)
- Unidad núm. 7 (Canelones)
- Unidad núm. 9 de mujeres con hijos (Montevideo) (visita conjunta con el mecanismo nacional de prevención)
- Unidad núm. 12 (Rivera)

#### B. Establecimientos policiales

- Centro de Ingreso, Diagnóstico y Derivación de Zona Metropolitana (Montevideo)
- Seccional núm. 9 (Rivera)
- Jefatura (Rivera)
- Seccional núm. 1 (Rivera)
- Departamento antidroga (Rivera)

#### C. Establecimientos de menores

- Centro educativo para menores infractores dentro del Complejo Belloni (Montevideo) (visita conjunta con el mecanismo nacional de prevención)
- Centro de Ingreso, Estudio, Diagnóstico y Derivación (Montevideo)
- Centro de Internación de Adolescentes Femenino (Montevideo)

#### D. Instituciones psiquiátricas

- Hospital Vilardebó (Montevideo)
-