



HOTLINE for REFUGEES and MIGRANTS

**You shall not wrong a stranger or oppress him, for you were strangers in the land of Egypt* Exodus 22:20*

**Formerly Hotline for Migrant Workers*

Far From Sight

Migrants and Asylum Seekers Detained In Israeli Criminal Prisons

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Introduction

Dozens of asylum seekers and migrants have been transferred for years, from their designated detention facilities ("Saharonim", "Ktzi'ot", "Givon") to prisons intended for criminal prisoners: "Ela", "Eshel", "Dekel", "Ohalei Kedar", and "Nitzan". They're transferred for undetermined periods of time. Many of those transferred are asylum seekers who have fled their countries of origin (mostly Eritrea and Sudan, as well as other African countries), went through hardships and torture in camps in Sinai, and were arrested upon entry to Israel under the Entry to Israel Law, and, since June 2012, under the Anti-Infiltration Law. The Israeli Prison Service (IPS) transfers these detainees from their designated detention facilities to a criminal prison as they require special supervision.

As this report shows, **most of those transferred are those who have attempted suicide, are HIV+, or are suffering from serious psychiatric or medical problems. A few of them attempted to escape, were punished due to breaches of the public order in the detention facility, or were assaulted by fellow prisoners in other detention facilities.** We present details of the limited information the Hotline for Refugees and Migrants (HRM) has collected regarding these detainees, kept far from the public eye; until 2011, they were denied even their most basic right, to which they are entitled under the Entry to Israel Law – being brought before a tribunal judge of the Detention Review Tribunal, every thirty days.

First, we must clarify that **transferring people, who are not criminals, and who have never been convicted in a criminal court, to criminal prisons**, violates both international and Israeli law, including the amended Anti-Infiltration Law, which states, in section 30 B (B): "Taking into account the circumstances and the amount of time spent in detention, an infiltrator will be held in appropriate conditions so as not to harm his or her health and dignity". And in section 30 B (C) "An infiltrator held in custody will be detained in a separate cell from prisoners serving criminal sentences or awaiting criminal trials".

The new law, thereby replaces Israel's 1952 Law of Entry into Israel under which people irregularly entering Israel had to be deported within 60 days or released."

Secondly, we wish to focus public attention to the **dangerous ambiguity surrounding the transfer of these people, already weakened and defenseless, to criminal prisons.** In 1998, when the HRM began its work, migrant women were imprisoned in "Neve Tirtza" prison, alongside Israeli female criminal prisoners, and migrant men defined as "problematic" were imprisoned with criminal prisoners in "Nitzan" prison. On January 2000, a Nigerian migrant worker committed suicide in his cell in "Nitzan", having been detained there for ten months. The HRM demanded an inquiry into the circumstances surrounding his death, appealing to the IPS, and raising the issue before the Knesset Committee on Foreign Workers. The cause of the suicide remains undetermined, but, owing to the media attention, the IPS stopped imprisoning migrants in prison wings alongside criminal prisoners for a few years. This excludes HIV+ persons; the IPS claims the medical attention they require is only available in a criminal prison. The HRM learned of the renewed incarceration of migrants in "Ela", "Eshel", "Dekel", "Ohalei Kedar" and "Nitzan" prisons indirectly, while tracking down the whereabouts of a detainee¹ (H.A.K) who is HIV+, who disappeared from "Saharonim" in late 2010. Similarly, an HRM worker discovered, by chance, a group of foreign nationals, who were imprisoned in "Eshel" prison at the time. After querying the IPS, more cases were discovered in other criminal prisons. HRM is the only Israeli human rights

1 His full name, and the details of the case, are kept with the HRM.

organization allowed to visit detainees in these prisons, and only a few of the detainees received visits by the UNHCR. The International Red Cross rarely pays them a visit. In fact, the only external actor to meet with them consistently since 2010 to this day is HRM activist, Cheska Katz, who also represents them in front of the Detention Review Tribunal, the Ministry of the Interior (Mol), and the IPS.

The HRM faces difficulties and delays when it attempts to schedule visits in a criminal prison, and is largely dependent on the goodwill of IPS officers. Furthermore, the data collected by the HRM indicates that the decision to transfer detainees from detention facilities for migrants is arbitrary, and is not subject to a fixed and uniform protocol; neither is setting the length of their stay in the criminal prison. At times, detainees are simply forgotten there.²

Thirdly, having examined the following cases, it's clear that **even if these detainees require special attention, transferring them to a criminal prison does not constitute even a temporary solution to the problem.** None of those transferred is a criminal. Many were forced to escape their home countries, leaving behind their families, their cultures and lifestyles, often in difficult circumstances. They have been through hardships, and at times torture. Whether they're HIV+, or if they've collapsed due to mental distress, and even attempted suicide – often, due to the lengthy and hopeless stay in the detention facility – **transferring them to a criminal prison constitutes an additional and unjustified punishment, one that is destructive in both the short and long terms.** These detainees were already distressed and suffer from depression as they have little hope of ever being released; now, however, they are also distanced from members of their community, their compatriots, who speak their language and support them. **They're isolated among the criminal prisoners, often facing hostility and even violence and harassment. They live in constant isolation and fear, whether in their cells or in the common yard. Their transfer not only deprives them of their community's assistance and basic aid with orientation and translation, but also of the basic material support they enjoy in the designated detention facilities.** Unlike the Israeli criminal prisoners, who have money, they cannot purchase what food they lack in the prison canteen.³ They don't have enough of the most basic necessities, such as soap, a toothbrush and toothpaste, sugar, and tea – which the IPS usually provides for those held in “Saharonim”, “Ktzi'ot” and “Givon”.

Another acute problem is that detainees in criminal prisons are denied access to the authorities in charge of their affairs, which are supposed to assist with their release or their removal from Israel. Unlike designated detention facilities, there are not representatives of the Ministry of Interior's (MOI) Administration of Border Crossings, Population and Immigration (PIBA) in criminal prisons. PIBA does not allow detainees to contact it by phone, and they also deny the possibility to file asylum applications to the relevant body at PIBA. The Detention Review Tribunal is the only body that is in contact with them, and requests, on their behalf, replies from Mol, medical opinions, etc. The cases described in this report will demonstrate that the Detention Review Tribunal often needs to repeat its requests time and again, with the Mol ignoring them for months at a time. Even worse, in certain cases, to be presented here, the detainees have expressed their willingness to return to their countries of origin; however, Mol's representatives

2 An especially extreme case is that of S.M.S., detailed further on, a detainee who disappeared from the records, only to be found months later by an HRM activist and his relatives. See the chapter “Suicidal Cases” below.

3 See the 2009-2010 report by the Office of the Public Attorney (in Hebrew) <http://www.justice.gov.il/NR/rdonlyres/87763C09-FBC3-46A6-A885-B5557CB25C3E/0/Doch20092010.pdf>

took months and even years (!) to arrive at the prison and process the removal – which is the only grounds and purpose of detaining a foreign national in custody.

Finally, and most importantly, we wish to point out **the fundamental problem with the treatment of the entire population of detained asylum seekers and foreigners, held in Israel in detention facilities such as “Saharonim”, “Ktzi'ot” and “Givon”: The utter lack of a mental health support and treatment for victims of persecution, massacre, torture and rape, who arrive in Israel from depths of distress, detained for an unlimited period of time as they cannot be deported back to their countries of origin. Under the amended Anti-Infiltration Law, asylum-seekers are to be detained indefinitely. When imprisoning asylum-seekers prior to their deportation from Israel, the State must provide their basic necessities, and, therefore, provide them with medical treatment – including mental care.**

The situation of those imprisoned will only improve if they receive proper treatment to their medical and mental problems. As of this writing, even asylum-seekers in the detention facilities for migrants do not receive the care they need to recover. It is therefore the state's obligation to **urgently create such a framework, and promptly cancel the cruel, unjust and illegal procedure of transferring detainees from immigration detention facilities to criminal prisons.**

Difficulties in Collecting Data Regarding Foreign Detainees in Criminal Prisons

Who are the asylum seekers and migrants transferred from detention facilities for “infiltrators” to criminal prisons? Why are they being transferred? How are they treated in the criminal prison? Do they receive medical attention? Are they being transferred for a predetermined length of time? If not, who determines when they return to the detention facility for “infiltrators”, and on what basis? Are they held in separate cells from the criminal prisoners? Are the prison social workers familiar with their problems? Can they even communicate with them in their language? Does the criminal prison enable them to file an asylum application, or to follow up on the processing of a previously-filed asylum application?

The information we have with regards to these questions is very limited, based on documents from files provided by the Detention Review Tribunal to the Hotline for Refugees and Migrants (HRM), which represents them and holds their power of attorney. This report is also based on the testimony of HRM employee Cheska Katz, who managed to meet with many of the detainees in question in prison, and who represents them in hearings of the Detention Review Tribunal.

Data submitted by the State in response to a petition of human rights organizations against the Anti-Infiltration Law showed that thirty asylum seekers, termed “infiltrators”, were held in criminal prisons as of May 2013, in the following breakdown:

“Eshel prison holds five infiltrators, two defined as being of 'high risk of flight' and three infiltrators involved in negative events (disturbing public order, assaults on the staff, riots, conflicts, etc.) prior to their transfer.

Dekel prison holds twelve infiltrators, of which four had psychiatric background (one of them is under A-level supervision), and eight who were involved in negative events prior to their transfer.

Ela prison holds ten infiltrators, all of whom were involved in negative events prior to their transfer.

It should be noted that when public order is disturbed in Ktzi'ot or in Saharonim, which can harm the public order in the facility, it's security, the safety of the detainees or that of the guards, the person who disturbs public order is removed from the facility to a different one, following an assessment. After a length of time, usually a month and a half, their return to Ktzi'ot or Saharonim is examined, and again so, from time to time...

Three additional detainees are held in Nitzan prison. One prisoner is held in the Close Supervision Wing, and two others are in MABAN (Mental Health-care Center).”⁴

Therefore, it follows from the authorities' claims, that seven of the thirty asylum seekers currently imprisoned in criminal prisons, were transferred due to a “psychiatric background”, and it is also likely that some of those “involved in negative events” have been involved in said “negative events” due to a psychiatric background.

Data we have gathered shows that throughout 2010, the detainees were brought before a Tribunal judge who visited the criminal prisons at random, once a few months. 2011 saw the introduction of legally mandated monthly visits. They were however held before randomly changing Tribunal judges. It was only during 2012 that this improper procedure, which caused further confusion and inconsistency with relation to the fate of migrant detainees, was replaced.

4 From the State's complementary reply to the High Court of Justice, 7146/12, of May 22, 2013

Currently, the law is strictly upheld, and the detainees are brought before the same Tribunal judge every thirty days. However, when it comes to the circumstances and reasons of transfer, and the conditions in criminal prisons, nothing has changed in the period covered in this report, November 2012 to May 2013. **Most of the detainees share their cell with criminal prisoners, in explicit violation of the law.** Neither has there been any change to their lack of access to the Ministry of Interior, and to the authorities in general.

All of the information to be presented henceforth is based on the cases of foreign nationals and asylum seekers identified only by their initials, to protect their privacy, considering the nature of their mental or medical problems, which caused them to be transferred to a criminal prison. The full names, and all identifying details of the cases discussed here, are kept in the HRM archive.

IPS Reasoning for Transferring Asylum Seekers and Migrants to a Criminal Prison

A. "Suicidal Cases"

The HRM has learned of at least fifteen documented cases of foreign nationals who have been transferred from immigration detention facilities ("Saharonim", "Ktzi'ot", and "Givon") to criminal prisons after attempting suicide. The reason these people were transferred is the need for close supervision to prevent another suicidal attempt. Cells in criminal prisons have an array of close supervision and surveillance, including closed-circuits cameras. These means do not exist in immigration detention facilities. However, this procedure is performed by the IPS while **completely ignoring the mental distress that caused the attempted suicide**. It also ignores the fact that removing a desperate person from their acquaintances and community, and isolating them among criminal prisoners who are alien to them, and who do not speak their language, only makes their situation worse. Additionally, "suicidal" cases transferred to criminal prison **do not receive mental care there, and their testimonies show they don't even see a doctor, a psychiatrist or a psychologist**. Furthermore, the official cause for transfer – preventing further suicidal attempts – has not been shown to be effective; many more suicide attempts occur within the criminal prison. Naturally, **the very stay in the criminal prison is in most cases the cause for the next suicide attempt**.

Y.G.K.'s case is a good example. He entered Israel from Egypt in September 2010. His request for asylum was denied, with the Mol refusing to recognize his Eritrean nationality and instead deemed him to be an Ethiopian national. After two months in the "Saharonim" detention facility, he tried to kill himself, following which he was transferred to "Eshel" prison, where he tried to kill himself time and time again. The Tribunal's record says that "the applicant's file contains documents by the IPS showing the applicant's rich background of self-inflicted injuries during his stay in Eshel prison."⁵ Tribunal judge Ilan Halbega, quotes, in his ruling, an IPS document that we will present in its entirety, as it is one of the only documents to shed light on the lives of migrants transferred to criminal prisons:

"A. On November 8, 2010, Monday, at approximately 20:00, shift commander Inspector Moshe Atias was performing the evening count – identifying prisoners by name – in beginners' block 12.

B. During the count, screaming was heard from cell 16.

*C. The shift commander and the staff of block 12 rushed towards the block, where they noticed inmate G.Y. with a sheet tied around his neck, tied to the bed. GY was caught [sic] by other inmates in his cell."*⁶

YGK was released in April 2011 by the HRM after the Tribunal accepted HRM's argument that the detainee is unfit to endure his arrest, and that his continued incarceration would cause his condition to further deteriorate. Another reason for his release was the lack of a proper therapeutic framework in prison. Despite the Tribunal's ruling, the Mol ordered YGK to be arrested again, as he refused to sign the papers for his deportation to Ethiopia. YGK was arrested and brought to the immigration prison "Givon" where he suffered a mental breakdown. He was then transferred to "Nitzan" criminal prison, and went back and forth between the two facilities depending on his mental health condition. The Tribunal's records indicate that "The detainee has been under close psychiatric supervision since July 2011." The ruling of Tribunal judge Dan Liberty

⁵ Ruling by the Detention Review Tribunal of March 28, 2011, section 4B.

⁶ Ibid., section 3C.

shows the authorities' indifference toward YGK's desperate condition: "A suicide attempt, or any extreme act, are not grounds for release and only places additional burdens on the work of IPS personnel in supervising the inmate."⁷ Tribunal judge Liberty adds: "Strange behavior and radical acts can also be committed by 'normal' persons under duress, wishing to be released from custody."⁸ In July 2012, while in "Nitzan" prison, a year after his second arrest and nearly three years after his initial arrest in Israel, having lost all hope of release and in a severely deteriorated mental state, YGK declared his consent to be removed to Ethiopia, and was deported.

AYAB, from Chad, was brought to "Saharonim" in December 2009, shortly after entering Israel. Starting the first hearing on his case at the Tribunal (December 7, 2009), he declared that he wishes to return to Chad. PIBA was informed of his wishes time and again, for months, without response.⁹ AYAB attempted suicide by hanging, was hospitalized in a hospital for two months, **subsequently diagnosed with suicidal schizophrenia** and put on medications. He was then transferred to "Eshel" criminal prison and detained there for nine months. Throughout this time, PIBA ignored AYAB's repeated requests to return to his country so he can finally be released from prison. It was only after HRM's intervention, in February 2011 – **a year and three months after AYAB had agreed to return to Chad** – that the MoI was kind enough to complete the process, and he was returned to Chad. It should be emphasized that according to Israeli law, **the only justifiable cause for placing undocumented migrants in detention facilities is to ensure their removal from Israel**.

SGK, an Ethiopian asylum seeker, arrived in Israel in December 2009 after having been kidnapped in Sinai, tortured, and released for a ransom. His entire body is scarred and burnt from the torture he underwent. His request for asylum was denied. After he attempted suicide by strangulation at the "Saharonim" immigration prison, he was transferred to "Dekel" criminal prison. At the same period, his parents and siblings were recognized as refugees according to the international Convention Relating to the Status of Refugees, and were awarded official refugee status in the Netherlands. However, SGK was held in an Israeli prison for **a year and nine months**, and it was only following vigorous intervention by the HRM, assisted by UNHCR in Israel, that SGK was moved to the Netherlands in August 2011 as part of a family reunification program.

MBN, who claims to be Eritrean but was determined to be Ethiopian by the MoI, was transferred to "Dekel" following a suicide attempt. He was then sent to solitary confinement, and was kept chained for six days. MBN reported to HRM activist that for the **first three and a half months of his stay in "Dekel" prison, he did not see a physician even once**. He was detained in the criminal prison for over six months, until he was deported to Ethiopia in August 2011.

MM, an Ethiopian asylum-seeker, tried to kill himself in "Saharonim" and was transferred to "Ela" criminal prison. He speaks only his tribal language, Oromo. In "Saharonim", he received assistance from other detainees who spoke his language. In the criminal prison, however, he found himself isolated, unable to communicate with his surrounding. He tried to kill himself again in "Ela" prison. The IPS report states that he "should have his arms and legs chained. Under observation every thirty minutes." HRM activist Cheska Katz, present at a Tribunal hearing for MM, wrote in the proceeding report that "MM is in awful condition. He was speaking to himself and crying throughout the proceeding". The Tribunal judge himself wrote that the detainee **"sprawls on the**

7 Detention Review Tribunal records of August 21, 2011, section 3.

8 Ibid., section 10.

9 See Appendix A: Testimonies, AYAB

floor and cries on the floor in the middle of the hearing". An HRM employee, having known MM during his stay in "Saharonim", had trouble recognizing him, and was appalled with the drastic changes to his person. Even his hair has gone white. Later on, it became clear that the interview that established MM's identity was inherently flawed, having been conducted without an Oromo translator present. Asaf Weitzen, an HRM lawyer, represented MM and had him released.

AAA, from Sudan, was detained in the "Ktzi'ot" immigration prison. He apparently went on hunger strike, and was transferred to "Ela" criminal prison. While detained there, he was "sometimes chained to his bed" and was "under supervision". Nevertheless, he attempted suicide twice while in the criminal prison. An HRM worker who met him felt that he was confused and frightened. In September 2012 the Tribunal requested a psychiatric evaluation of AAA. A month later, in October, the Tribunal was forced to repeat its request. However, it was only two months later, in November 2011, that AAA was examined. The evaluation stated that "[He] is not diagnosed as mentally ill. He was put under supervision after attempting to self-harm. Currently not under psychiatric supervision..."¹⁰ Further on in the medical opinion, there is a short description, which sheds some light on AAA's situation. One should keep in mind, that he's not a criminal, never charged with committing a crime. "[He] was referred for examination (...) today, having been observed yesterday crying, complaining that he was in a criminal prison, packing his belongings and refusing to enter his cell."¹¹

ADA is an Eritrean who was transferred to "Dekel" criminal prison in April 2013. An HRM activist was present when he was first brought before a Tribunal judge. He seemed very young, and the interpreter who spoke to him also thought, based on his looks, that he's 17 or 18-years-old. His hand was wrapped in a dirty bandage. After being asked by the tribunal judge what had happened, he replied that another inmate assaulted him and twisted his arm after which he was transferred to a different cell. He answered questions in a low voice, lowering his eyes and using few words. He seemed to be in a state of shock. At the request of the HRM activist, she was allowed to speak with him in private for a few moments. She noticed two long scars on his neck, and asked as to their cause. ADA said he tried to cut himself, which got him transferred to "Dekel" prison (the transfer reason didn't appear in the Tribunals' records). He said he was a high-school student in Eritrea, and had escaped forced conscription to the army. Asked, he replied that he was "very frightened in the new cell". The Tribunal judge Michael Zilberschmidt accepted HRM's request, recommending that ADA be separated from criminal prisoners, and that he be sent to have his age examined, and undergo a psychiatric evaluation. It should be noted that the Tribunal can recommend to the IPS that a detainee be returned to an immigration detention facility; however, the IPS is not obligated to comply.

The story of **SMS**, from Eritrea, shows how the state of asylum-seekers imprisoned in criminal prisons deteriorates; it also shows how it's often difficult to locate them following their transfer. SMS was detained upon entering Israel in 2011 in the "Saharonim" immigration prison. In December 2011, having tried to take his life, he was hospitalized in "Soroka" hospital with a cell-mate who was treated there for a medical problem and was returned to his cell. The friend tried to find out what had happened to SMS, in vain. He then reported his disappearance to HRM. HRM turned to Physicians for Human Rights (PHR), which attempted to locate SMS in "Soroka" and in various psychiatric hospitals -- also to no avail. Neither was SMS located by HRM activists during

¹⁰ Doctor's document by Dr. Avraham Irina, after examining AAA, November 8, 2012

¹¹ Ibid.

their frequent visits to “Saharonim” prison. His name didn't appear on IPS computers, and UNHCR representatives could not locate him in any prison. After five months of searches, on May 1, 2012, SMS called a relative, telling him he was held in “Magen” prison. HRM checked and found that he was indeed imprisoned in the “Magen” mental health department at the “Ayalon” criminal prison compound. However, his name was so poorly written, he could not be identified. The same week, SMS was transferred to “Eshel” prison where HRM activists along with his cousin managed to visit him. He seemed disengaged, and couldn't answer most of the questions directed at him. Six weeks later he was released from “Eshel” to his cousin's house. He was suffering from severe sleep disorders and detachment from his surroundings, and could not function properly. His cousin claims that a physician that examined the prescriptions he was given in prison established that the drugs had serious side-effects, and they weren't necessary for someone in SMS' condition. As asylum-seekers in Israel are not granted access to Israel's public health system, SMS did not receive proper care following his release. Eventually his family chose to send him to Eritrea, hoping the regime won't harm someone so clearly of poor mental and physical health.¹²

All of the aforementioned tragic cases serve as evidence to the hopelessness and distress migrants experience as a result of being imprisoned, and to their desperation in light of the inability of being released. However, not all those defined as “suicidal” by the IPS are indeed suicidal. For instance, **SOMA**, a Sudanese man, was transferred to “Ela” criminal prison following an alleged suicidal attempt at the immigration prison “Ktzi'ot”. According to the IPS report, SOMA “climbed on a trailer [one story structure], threatening to jump unless he received medical treatment.” In response, he was chained to his bed for a day. On November 2012, the IPS wrote: “it was reported that he intends to harm himself, and was therefore chained to his bed again.” Later, it reads, “no psychiatric background prior to his arrival in the prison is reported”, and: “the detainee apologizes for what happened, saying he just wanted to see a doctor. “When SOMA was finally brought to a hospital, it turned out he was indeed in a lot of pain due to kidney stones. He was treated and returned to “Ela” criminal prison. The Tribunal's record doesn't fail to mention that the detainee “is thankful for the treatment”.

In other cases, the migrants had no history of self-harm prior to the transfer to the criminal prison. **MMD**, of Burkina Faso, was moved to “Dekel” prison following an attempted escape, and then to “Eshel” prison. His continued detention in the criminal prison caused him to harm himself several times. According to the IPS report, MMD cut himself and poured boiling water on himself, and was then held in chains for an unknown period of time. The report features a recommendation by a social worker that MMD should remain in chains until his mental state was re-evaluated. We found no evidence, however, that he was ever examined by a psychiatrist during his stay in the criminal prison. An HRM worker stated that he was completely alone, and that he knows no language by which he can communicate with those around him. MMD was detained for almost two years in the criminal prison.

B. “Mental Cases”

Detainees in detention facilities for asylum seekers, who didn't attempt suicide but are defined as suffering from mental issues, are transferred to criminal prisons for observation. Eight such certain cases were located by the HRM, but they're certainly not alone. The fragmented stories we've

12 For further details see Sigal Rozen's, Public Policy Coordinator at HRM, testimony, Appendix A

collected paint an especially grim picture of the conditions and treatment experienced by victims of torture, persecutions and mental illness.

SH is an Eritrean who was drafted into his nation's army at fourteen. While serving as a scout for a commando unit, he attempted to escape, was punished, and spent four years in prison. He was apparently still a minor at the time. He underwent cruel torture, as an HRM activist testified: **"His body is covered in deep scars, resembling holes."** He managed to flee Eritrea, reaching Israel via Sinai. He was in poor condition upon arrival, and was hospitalized in "Soroka" hospital for six days. Afterward, he was jailed in "Saharonim", but was soon transferred to "Ela" criminal prison, apparently due to a nervous breakdown. Cheska Katz, who represented him in a front of the Tribunal and was present at the hearing, reported that "SH occasionally broke down, crying, during the hearing (...) Having told of what had happened to him, he started breathing heavily, and appeared to be having a panic attack. He had trouble breathing."

BKT, an Eritrean minor, was also severely affected by detention/ BKT was detained upon entering Israel in January 2011, and was hospitalized three days later in a closed ward of the Mental Health Ward (MHW). In May 2012, he was transferred to "Dekel" criminal prison and brought before the Tribunal judge Michael Zilberschmidt, who wrote: "We have an Eritrean detainee before us, and as such, is under group protection. He was held for three months in MHC in a psychotic condition. This Tribunal was informed that he is receiving medicinal treatment and is under observation. The detainee's wellbeing demands his continued detention, so that he can be treated and be under observation."¹³ But how well was BKT treated in the criminal prison? The Tribunal's records show that BKT claimed, in June 2011: "I'm not receiving medication for a week now because my prescription is over."¹⁴ It was stated in the following hearing that "[BKT] is under close psychiatric supervision, and regularly meets with a social worker."¹⁵ It is only in early July that a medical opinion established that BKT is 16-years-old, and that Tribunal judge ordered that he be moved to a detention facility suitable for minors. Consequently, he was transferred to "Matan" immigration prison for unaccompanied minors.

TA is an Ethiopian who was detained upon arrival in Israel in October of 2010. He was 19-years-old in January 2011, when he was transferred to "Eshel" prison as a "mental case". He was kidnapped in Sinai and according to his friends, he was held in a torture camps under especially harsh conditions. He was in such poor state he could not even tell how long he's been held captive. Cheska Katz, who met TA in "Eshel" prison, wrote in her testimony: **"He seems to be in a world of his own. He doesn't reply to questions, and I'm not certain he's aware of my presence. At times, it seems he understands me, but he responds with loud laughter or with singing, and goes back to looking at something else."** The IPS report claims he received drugs for relaxation during his stay in prison. This mental state did not stop Mol from obtaining his signature on "voluntary return" papers to Ethiopia. The HRM's representative insisted before the Tribunal that the detainee was unfit for such a decision, or indeed to sign any document. The Tribunal judge himself noted for the record that TA "appears lost". In fact, he couldn't give his last name or his address. Mol ignored the HRM's arguments, the judge's remark and TA's poor mental condition, and put him on a flight to Ethiopia.

BM, who claims to be Eritrean but whom the Mol determined to be an Ethiopian, was

13 Detention Review Tribunal's records in BKT's case, May 3, 2011.

14 Detention Review Tribunal's records in BKT's case, June 28, 2011.

15 Detention Review Tribunal's records in BKT's case, July 12, 2011.

forcibly drafted to the Eritrean army. After fifteen years of service, he managed to flee Eritrea. He was kidnapped in Sinai, was kept in chains, and later testified he was beaten “every morning, noon and evening”. He was detained in “Saharonim” for about six months after entering Israel. Due to a mental breakdown, he was hospitalized for two days, in a poor physical and mental condition and suffering from nightmares, in the Mental Health Ward (MHW) of “Magen” prison. From there, he was transferred to “Eshel” criminal prison. **The only reason for keeping him in prison was his psychiatric condition, which got worse – or perhaps was even caused by –his detention;** nonetheless, he was transferred back and forth between “Eshel” and MHW, as he got better or worse. He was hospitalized for five months in the MHW, of which he spent two months in the closed section. After returning to “Eshel”, he was under constant supervision every thirty minutes, and received psychiatric drugs. He reported to an HRM activist that he was taking drugs daily, but he had no idea which drugs and for which purpose. In January 2012, following a demand by the Tribunal, a psychiatric evaluation was filed, concluding that BT is suffering from a post-traumatic reaction following his torture in Sinai. Eventually, he was released with HRM's help.

It should be emphasized that only during 2012 the Tribunal began taking seriously the psychiatric evaluation of foreign detainees in criminal prisons, and asking the IPS to have them examined, so that an evaluation may be filed. **None of the dozens of detainees in criminal prisons, interviewed by HRM activists, report meeting a psychiatrist or a psychologist for therapy sessions, during their stay in the criminal prisons.** The detainees meet with the prison's social workers, who were trained to deal with criminal prisoners. However, these social workers don't speak their languages, nor are they familiar with the unique problems experienced by African asylum-seekers. They also don't receive any training for dealing with asylum seekers. Most importantly, social workers cannot be expected to treat mentally unstable people who've suffered severe trauma and survived suicide attempts. When an evaluation is requested by the Tribunal, it's given by external psychiatrists who arrive to the prison for that purpose.

For instance, this was the procedure enacted in the case of **BB**, and Eritrean asylum-seeker: the Tribunal ordered his release in February 2012. However, he was not released as he started receiving preventive medicinal treatment for tuberculosis. Several months later, in June 2012, he was examined for the first time a psychiatrist at “Soroka” hospital after bashing his head against a wall. The report found he “was having difficulty adapting to the prison environment, and was put under observation due to **mental stress related to his arrest.**”¹⁶ On July 11, 2012, he was referred to psychiatric examination due to “abnormal behavior”. It was nine months later, on August 13, that Dr. Irina Avraham, a psychiatrist from Be'er Ya'akov hospital, examined him, establishing that “he only receives sedatives due to an **'adaptational response to his arrest'**”. BB's story demonstrates the Kafkaesque vicious circle sucking in asylum-seekers when they develop “mental distress related to their arrest” – and are consequently thrown to detention in much harsher conditions in criminal prisons, receive drugs with no psychiatric or professional oversight, and in violation of their most basic rights. Despite the Tribunal itself deeming BB should be released, he was kept in prison to receive preventive treatment for tuberculosis. As the months went by, he was not released. In his desperation, he started displaying a “difficulty adapting to the prison framework” and developing “abnormal behavior” - for which he was kept in “Eshel” prison, for “observation”.

C. HIV+ Persons

16 All emphases from here on are by the report's author (M.P)

Another cause for transferring foreign nationals to criminal prisons is when they're HIV+, as the immigration detention facilities lack medical infrastructure for treating carriers. To ensure that they receive the necessary drug cocktail, and to be close to a hospital (Soroka), HIV+ persons were sent in recent years to "Ela" prison. HRM documented three such cases.

HRB, an Ethiopian, was arrested in December 2009 upon entering Israel and detained in Saharonim facility. He was transferred to Ohalei Kedar criminal prison, then to Eshel criminal prison, where he tried to kill himself by strangulation with a rope of torn sheets in February 2011. In April 2011, The Tribunal granted HRM's request to release HRB. The reasoning presented by Marat Dorfman, the Tribunal judge, for his decision to release HRB, expose grave failures in PIBA's conduct, as well as the consistent and deliberate contempt shown by the Ministry of Interior to the detainee's rights and to orders given by the Tribunal. The ruling also shows the impossible situation detainees face in criminal prison. This situation is characteristic of most of the cases discussed henceforth, and not just of HRB's case, and so we will present excerpts of the ruling at length:

*"Can it be claimed, in the case before us, that the detainee's removal from Israel is prevented or delayed due to lack of cooperation on his behalf? Judging by the facts before me, the detainee's attorney intends to request PIBA to delay his removal on medical grounds (...) It should be emphasized that **after reviewing this procedure [of applying for a delay in deportation due to medical reasons], it would appear that submitting such a request, with the detainee being kept in custody, without any financial means nor any access to medical services outside of the IPS, is nearly impossible.** It cannot, therefore, be claimed that the detainee delayed for a long time by not filing a request so far."*¹⁷

This, coming from the Tribunal judge himself, shows just how badly detainees are isolated from the outside world, the State, the authorities controlling their lives, and the various aid organizations. The decision also shows the detainees' complete dependence on a single person – the Tribunal judge deciding their fate.

Further on, Tribunal judge Dorfman directly addresses the blatant disregard the Mol shows regarding the detainee's claims throughout eighteen months (!), and even worse, how the Mol ignores the Tribunal's instructions. *"Furthermore, I took note that detainee claimed, on several occasions, that he cannot return to Ethiopia, due to political problems."* For instance, during the hearing on October 26, 2009, the detainee claimed that *"I cannot go back there, I have a political problem."* The detainee repeated his claim during the hearing on June 8, 2010, noting, *"The current government forces me to be a soldier"*. During the January 11, 2011 hearing, the detainee added: *"I was a soldier in Ethiopia. During the war, they said I made a mistake, and put me in prison. After a year and eight months, I was released. I was later returned to prison."* From this we learn, **that the detainee made a protection [from deportation] claim, should at the very least have been examined by Mol a year and a half ago; however, the detainee never met with the RSD unit and his claim was never examined. Furthermore, during the January 11, 2011 hearing, the Tribunal explicitly instructed that the RSD unit should promptly interview the detainee, and update the Tribunal. It has been about three months since the Tribunal's decision, however, the detainee has yet to meet with Mol personnel, and the Tribunal's instructions continues to be**

¹⁷ Detention Review Tribunal's records in HRB's case, April 10, 2011, part 6. All emphases here and elsewhere is by this report's author, M.P.

ignored.¹⁸

Finally, we present the harsh criticism of the Tribunal on the detention conditions of HRB and others held alongside criminal prisoners, in blatant disregard of Israeli law: *"I would like to remark that this Tribunal took note of the fact that according to the documents in this detainee's file, he is staying in Eshel prison, sharing a cell with other HIV+ criminal prisoners. This is in violation of section 13H(B) of the Entry to Israel Law, which clearly states: '(B) an illegal alien in custody will be detained in a separate cell from criminal prisoners and detainees.' IPS authorities should thoroughly examine the subject and find a suitable solution to prevent infiltrators and criminal prisoners from being detained in common cells."*¹⁹ Furthermore, an HRM activist who visited the HIV+ detainees in the criminal prison, testified that they were imprisoned alongside criminal prisoners in an especially narrow cell, even compared with the regular harsh conditions in these prisons.

ABU, an Eritrean, was arrested upon entry to Israel in December 2009. He was transferred to Eshel prison, and was detained there for about a year. Once again, one should read the Tribunal's documents to learn of the true nature of the treatment migrants receive in criminal prison.

"Q: Have you begun your treatment in the new facility?"

*A: I did not even see a physician."*²⁰

In his decision to approve the continued detention, Tribunal judge Yossi Maimon notes, *"It is unclear why the detainee was transferred to a different facility for medical treatment, when the IPS is not treating him at all."*²¹ Later on, ABU began receiving a drug cocktail at Eshel prison; however, he was still kept in a particularly narrow cell with criminal prisoners, despite being recognized as an Eritrean citizen. Eritrean citizens receive group protection, and, therefore, there were no grounds to keep ABU in prison. More than a year later, in January of 2011, Tribunal judge Michael Zilberschmidt notes: *"It's uncustomary for a detainee to remain in detention, solely because he cannot receive medical treatment outside of prison."*²²

ABU is the only HIV+ detainee of the three visited by the HRM who received the drug cocktail.; the other two did not even require treatment. At the same time, two other HIV+ migrants the HRM is aware of were detained in the immigration detention facilities and were not transferred to criminal prisons. One can learn from this that there is no clear procedure for these transfers. Rather, they take place following arbitrary and individual decisions by IPS personnel, and, furthermore, not necessarily out of a real need.

D. "Close Medical Supervision"

According to an IPS report, PTN, an Eritrean asylum-seeker, "was transferred to prison due to medical issues which require close medical supervision." The medical report shows that PTN went through heart surgery and valve replacement, before arriving in Israel. He was detained at Saharonim, despite the clause in the Anti-Infiltration Law stating that "The Border Control Office may, in exceptional cases, release an infiltrator on bail or other appropriate guarantee if he is convinced that due to the age of physical condition of the infiltrator, holding him in custody may

18 Detention Review Tribunal's records in HRB's case, April 10, 2011, part 6.

19 Detention Review Tribunal's records in HRB's case, April 10, 2011, part 6.

20 Detention Review Tribunal's records in ABU's case, February 17, 2010.

21 Detention Review Tribunal's records in ABU's case, February 17, 2010. Emphasis mine, M.P.

22 Detention Review Tribunal's records in ABU's case, January 11, 2011; ruling.

harm his health, and there is no other way to avoid the aforementioned harm”.²³ PTN was rushed to Soroka hospital in July 2012, where he went through emergency surgery to replace the valve in his heart, which malfunctioned, bringing him to the brink of death. Less than a month later, in August 2012, PTN was again rushed to the hospital due to “severe pulmonary congestion”. He was later transferred to Eshel criminal prison, due to the need for constant medical supervision and the proximity to Soroka hospital. As with many other aforementioned cases, the behavior of the IPS is both understandable and responsible: lacking proper infrastructure for medical treatment in the immigration detention facility, the detainee is in mortal danger. He is therefore moved to a proper prison, which has such basic infrastructure – the criminal prison. Israeli policy-makers and the MoI are the ones responsible for not releasing him.

E. “Disturbing of Order”

To the best of HRM's knowledge, several migrants and asylum seekers were transferred to criminal prisons after attempting to escape from the detention facilities where they were held, after going on hunger strikes in protest, or after being defined as the ones who disturbed the order for various unspecified reasons. In addition to the fundamental problem of transferring these detainees – whose behavior is not necessarily criminal, and is often due to their very incarceration – to a criminal prison, without a trial, it should also be understood that **such a transfer takes place for an undefined period of time; in fact, it is indefinite**. Those transferred remain in the criminal prison, and are forgotten there. We've encountered this failure in nearly all the cases described in this report.

A report by the Public Attorney's Office of 2009-2010 raised concern regarding the conditions under which foreign nationals were detained in criminal prisons. The report sheds light on the true cause of what was called “disturbing of order”: *“The foreign nationals complained about being detained in a prison intended for prisoners convicted of criminal offenses, and about being separated from the other refugees. Some claimed to be in prison for many months, seeing no chance of release before them. Public Attorney personnel were under the impression that the great frustration experienced by those prisoners was a cause of friction with the prison's personnel. It is problematic to detain these foreign nationals, who committed no criminal offenses, in a prison which is, by nature, a criminal prison, all the while isolating them from other foreigners, and it would be best avoided as much as possible. The situation is especially grave if their claim, that there is insufficient oversight of the continued stay in prison, is true”*.²⁴ [Emphasis added]

□ The case of Ethiopian citizen **GCK** demonstrates well how this policy is inherently problematic. GCK was a minor when he was kidnapped by a band of smugglers in Sudan, tortured, and sold to Bedouin smugglers who took him to Sinai, where he was held in captivity and tortured. Eventually his mother sold her house to pay his ransom, and in May of 2010 he was smuggled, against his will, to Israel. He was immediately arrested and detained in “Saharonim” facility, even though he stated in his interview with the “Infiltrators' Unit” of the Ministry of Interior that he is 17-years-old.²⁵ The Tribunal ignored all his claims. In his despair, he stopped eating and drinking for three days and slammed his head against the wall until he lost consciousness. Coming to, he found himself in “Dekel” criminal prison. In October 2010, Tribunal judge Yossi Maimon, in a hearing at “Dekel”, established that GCK lied throughout his testimony, and, moreover, that he

23 Amendment to the Anti-Infiltration Law, section 30A (b)(1)

24 2009-2010 Report by the Office of the Public Attorney, Dekel Prison, p. 74, section B-18.

25 GCK, Infiltrators' questioning form, ALMAR facility, May 16, 2010.

"lied regarding his age, until it was established in a medical examination that he was a 19 years-old legal adult".²⁶ Surprisingly, all the Tribunal's documents in the case plainly show that no test to establish GCK's age was performed up until the date of the ruling, and not many months later. It was only in March 2011, when tribunal judge Ilan Halbega arrived in "Dekel" prison, he demanded that GCK promptly have his age examined, after an initial impression of GCK's face and body-structure. The test was delayed for another two months. Finally in May 2011, GCK underwent a medical examination that established his age to be approximately 19 years. At this point, he was sharing a cell for nine months with adult criminal prisoners. His mental condition deteriorated to the point where even Tribunal judge Maimon, still accusing GCK of lying, requested PIBA to handle his situation, due to his "delicate mental state".²⁷ GCK was bailed out in July 2012, after spending over two years in Israeli prisons, and after many months in the torture camps in Sinai and in Sudan.

A case just as severe is that of **KI**, born in the Ivory Coast. He was arrested in February 2010 upon entering Israel. PIBA established him to be a citizen of Guinea, and not of the Ivory Coast. Authorities also claimed he was holding Sudanese and Ghanaian citizenships. In December 2011, after nearly two years (!) in the "Saharonim" facility, KI was rushed to Soroka hospital, to be examined by a psychiatrist, after "biting prison guards upon learning he will not remain in Israel."²⁸ He was transferred to "Ela" criminal prison, where he was examined by a psychiatrist, and, "due to giving an impression of suffering from reactive depression, treatment with an anti-depressant was recommended. It was also recommended that he should remain under supervision, due to communication problems with the prisoner, who speaks only French".²⁹ In the report describing the following examination, in February 2012, it is noted that "the prisoner is just 18-years-old".³⁰ His young age and the reasons for his desperate condition are evident in the report detailing the psychiatric examination: "[he] was referred by the IPS following changes to his behavior yesterday: he was seen lying on the floor, refusing to eat and to shower (...) Claims he wishes to return to his home country, or to be released to Israel, anything but staying in prison (...) It was my impression that his distress is caused by being incarcerated starting from an early age, and a sense of powerlessness to affect his future. He is not suffering from an active mental illness. This is a case of reactive behavior in a young, uneducated with little mental stamina".³¹ The psychiatrist recommended stopping the drug treatment, "in which the prisoner is not interested. Psychiatric observation as needed. Conversations with a social worker".³²

We present the document in details to demonstrate the inherent failures in the treatment of detainees transferred to a criminal prison with a psychiatric background, or that of problematic behavior. Firstly, as with KI and in other cases discussed here, they frequently receive drugs without close medical observation, and without supervision of the drug intake period, its repercussions, or whether it's truly necessary: "I was under the impression that this is not a case of a psychotic or mood disorder, such as major depression, but rather, an adaptational situation due to his imprisonment",³³ reports the physician. Secondly, their only meetings, if at all, with a

26 Detention Review Tribunal's records in GCK case, November 15, 2010.

27 Detention Review Tribunal's records in GCK's case, July 13, 2010.

28 Psychiatric evaluation of KI, February 9, 2012, Dr. Julia Applebaum.

29 Ibid.

30 Ibid.

31 Physician's note of a test performed to KI in Ela prison, April 4, 2010, by Dr. Julia Applebaum.

32 Ibid.

33 Ibid.

psychiatrist are held as part of an external examination according to an order by the Tribunal, or following an extreme breakdown. Thirdly, they do not receive any psychological help or treatment, and are supposed to receive help from social workers, who are unqualified to deal with them, and don't speak their language. Such is the case at hand, in which the psychiatrist explicitly states that "there are symptoms of mental distress caused by their incarceration and their cultural isolation; he is deprived of continuous interaction with his surrounding, as he only speaks French". This is especially true in other cases, when the foreigners only speak African languages.

In June 2012, nearly two and a half years into his detention, KI collapsed and was hospitalized in the Mental Health Ward in Magen prison. The Tribunal judge, awaiting the State's response for his decision to release KI, quotes the IPS report: "the detainee stopped showering and eating. He was lying on the floor of his room and defecating on himself. I was also notified that a week after being hospitalized, he tried jumping from the height of two meters, and attacked and bit an IPS employee."³⁴ Further on in his ruling, Tribunal judge Michal Zilberschmidt writes: ***"I must note the State's failures in this case. The detainee was transferred to Ela prison in light of his behavior. Since arriving in prison, and despite the Tribunal's instructions, no State representative arrived to obtain the signature the detainee on travel documents. The detainee has expressed his will, before me, to return to his country. The State is obligated to act to return a detainee to his country, when he is willing to do so."***³⁵ [Emphasis added]

In September 2012, the Tribunal acquiesced to HRM's efforts, ordering KI's release, noting in their reasoning that ***"Since the detainee arrived in 'Ela' prison, no State representative arrived, even once, to try and advance his removal, despite his agreement to cooperate"***.³⁶ [Emphasis added]

34 Detention Review Tribunal's records in KI's case, July 4, 2012, Ela prison.

35 Detention Review Tribunal's records in KI's case, July 4, 2012, Ela prison.

36 Detention Review Tribunal's records in KI's case, September 24, 2012, Ela prison.

Summary

Examining the cases describing above, one learns of grievous failures in how the Israel treats foreign nationals, whom it keeps in custody in accordance with the Entry to Israel Law and the Anti-Infiltration Law, and who are transferred to criminal prisons for indefinite periods of time. We believe that these failures are not exceptional, but rather, prevalent, and that they're not caused by IPS behavior, but by policy-makers in the Mol, which purposefully and persistently ignore the rights accorded to detainees by law, their physical and mental distress, and basic principles regarding human rights, and particularly the rights of refugees and asylum-seekers (which they deserve according to the Convention Relating to the Status of Refugees, to which Israel is signatory). It should be emphasized that these cases clearly show that detaining foreign nationals in a criminal prison harms their dignity and their health, and as such, it stands in stark contrast with the Anti Infiltration Law. Additionally, their detention in the same cells with criminal prisoners is illegal under this law.

The information painstakingly gathered by HRM, despite the lack of access and difficulties in coordination with the IPS, paints an extremely grim picture. The attempted suicides, born of distress and desperation, still occur under supervision in criminal prisons. Detainees suffering from mental disorders, both adults and minors, are placed with criminal prisoners, and even if they are treated with drugs, they do so without the necessary array of psychiatric and psychological supervision. The only support they receive is "conversations with social workers", i.e., social workers who lack any clinical training and who usually don't even speak their language.

Moreover, we wish to illuminate the lack of a mental health support and treatment of those detained in immigration detention facilities. As we've mentioned before, the State is obligated to take care of those it detains, and of their health; therefore, it must promptly set up clinics in the mass detention facilities built to detain asylum-seekers and migrants. The detainees are men, women and minors who went through hardships and suffering, are survivors of torture, rape, genocide and ethnic cleansing, who are imprisoned after doing no wrong for unlimited periods of time; it should be obvious that these detainees require mental health services, provided by qualified personnel, which has been trained to treat this population. Detention centers of migrants must include hospitalization facilities for extreme cases. This is the legal, humane and reasonable solution to the problems presented here – this, and not an arbitrary and unjustified transfer to a criminal prison.

The documents presented above also clearly show the Mol's continuous negligence in addressing grievances of those detained in the criminal prisons. The Mol regularly ignores the orders of the Detention Review Tribunal in their cases. Time and again we see that Mol's representatives do not address pleas, do not respond to them, do not attend hearings, and do not, even, travel to prisons to process requests for voluntary removal. This problem is much more severe in criminal prisons, which have no permanent Mol representation (as do immigration detention facilities), and where the detainees are almost completely denied access to aid organizations.

Recommendations

- The policy of endless administrative detention of asylum-seekers under the Anti-Infiltration Law must be ended.
- So long as the detention policy is in force, it must be done in accordance with Israeli law: asylum-seekers must not be imprisoned in criminal prisons, alongside criminal prisoners, when they are not convicted nor suspected of anything.
- The detention facilities intended for asylum-seekers must be adapted for the detention of those in need of close supervision and medical attention
- The State must employ psychologists and psychiatrists in the detention facilities. They should speak the native languages spoken by the asylum-seekers. If those are unavailable, the State must provide psychological and psychiatric treatment, with the assistance of permanent translators, to help detainees suffering from psychological and psychiatric disorders.
- When a psychiatrist establishes that incarceration harms the detainees' physical and/or mental health, they must be immediately released, in accordance with the recommendation of medical staff.
- In cases when the MoI drags its feet with the removal from Israel of migrants, whose removal is both legal and feasible, the detainees must be released, as the only cause for their detention is to guarantee their expulsion from the country.

Appendix – Testimonies from Detainees in Criminal Prisons

Testimony of Sigal Rozen, Public Policy Coordinator at the Hotline for Refugees and Migrants, following a visit in “Eshel” prison on May 12, 2012 to meet SMS, a 22-year-old Eritrean who attempted suicide in “Saharonim”, hospitalized in Soroka and then transferred to a criminal prison. SMS disappeared from the records for five months. SMS’ cousin took part in the visit:

“During the visit, which was held through a thick glass separating SMS and us, as is customary in visits of criminal prisoners, we attempted to get details from SMS about the conditions of his detention and health. SMS’ cousin attempted to elicit information through the internal phone connecting the visitors and prisoners, but SMS looked at him with a glazed stare and could not answer most of his cousin’s questions. He kept asking his cousin to transfer him someplace else with other people, but did not answer the question whether the criminal prisoners detained with him are mistreating him.”

Testimony of Cheska Katz, a Hotline for Refugees and Migrants activist, from a report detailing her visit in the criminal prison “Eshel” and hearings before the Detention Review Tribunal in the criminal prisons “Dekel” and “Ela” on April 23, 2013.

Visit in Eshel

MHM (Sudanese) looked very preoccupied, angry and frustrated and unloaded a great deal of anger in the conversation with me. I could barely insert a word. He spoke at length about what he’s experiencing in prison. I’m noticing a significant change in his demeanor – it became very abrasive and aggressive. When I told him about it, he said it’s the only way to survive there [in the criminal prison]. During the conversation he told me about the constant harassment he’s suffering and reported that an Eritrean guy who was brought into prison was attacked by other inmates. He told me about a time when he was in his cell when another inmate prepared a big shiv. That day, the door to the cell was locked and he had to spend the entire day with the inmate who held the shiv fearing he is about to be attacked. He said there is no point in contacting the commander of the ward or a prison guard because it will only create more hostility toward him... He even told me bitterly: “the prison guard does not protect us, the commander of the ward does not protect us, the officer does not protect us. There is no protection in this prison.” He does not understand why he’s been held in prison for such a long time – he’s been in Eshel for 6-7 months and he has no hope of being returned to Saharonim.

MK (Eritrean): When I asked him whether he filled the application for refugee status he said those forms are not available at prison so he cannot fill them.

AAAB (Sudanese): Even though he recognized me, it took me a while to remember his case as I’ve visited him once... Since the last time the hair on the sides of his head became much more white. When I asked him about it, he said that he is “very tired mentally” and that’s why his hair turned white. He repeated the phrase “very tired mentally” several times. He is kept in Ward 12 for 3.5 months now, and they can leave the cell three times per day for an hour. He says that the food is okay and enough, but that there is no one to deposit money in the commissary so he can purchase things there. The IPS gave him basics: a toothbrush, toothpaste and soap. His clothes and phone numbers that he had written down remained in his cell in Saharonim. He asked that we help to track them down. He met a doctor in prison about a week ago. He met a doctor twice in all the months of his

detention in Eshel prison. He receives drugs: one pill per day; he does not know what kind and for what purpose.

Hearings in Ela Prison

SK (Eritrean) was very agitated during the hearing and kept repeating to the judge about the difficulty in being detailed in Ela – that he has no basic toiletries such as soap, and that they're being harassed in prison for being Christians and black. He said it's hard to purchase good in the, and that they're not allowed to work in prison [to earn money]. After the hearing we stepped outside and I tried talking to him. He was very angry and told me that one of the prison guards assaulted him.

TI (Eritrean): Arrived in Israel on June 22, 2012 and hasn't spoken to his family since – they don't know whether he's alive or dead. He says he doesn't receive enough food, only a little.

Testimony collected by Cheska Katz in Ela Prison in 2013:

MAAA (Sudanese): "I haven't spoken to my family in Sudan for ten months, since I came to this prison. Five days ago they placed me in solitary confinement for demanding to be returned to Saharonim. I've been begging that they return me to Sudan for seven or eight months and I don't know why they're not returning me. I hear what you're telling me about the detention of those who return to Sudan from Israel, but I still insist that I will be okay if they just let me return to Sudan.

Testimonies Collected by Cheska Katz in Eshel Prison of West African Migrant Workers on May 3, 2011:

S.G. (Nigerian): "I'm 22-years-old. I've been detained for a year and a half. I was transferred to Dekel prison for the first time in November, for two months. Because I had problem with the other inmates in the cell, I was transferred to Ward 2 where I was detained for a whole month. We were two Africans and four Israeli prisoners. In Dekel, I received soap and everything I needed. I worked six days per week there, from 7am until 3pm and earned NIS 10 per day [\$2.9 per day, \$0.35 per hour]. Eshel prison is the worst of them all. It is full of ants and other insects on the floor and walls and they make it hard to sleep at night. They don't give us soap or toothpaste here. They keep telling us: tomorrow, tomorrow, but they don't give. We have a problem with the Arabs detained with us. They constantly pick fights with us. In the two months I've spent in Dekel, I met the judge just once.

N.Y. (Ghana): "I've been imprisoned here for six months in Eshel and I'm the only African in the entire ward. We are eight in the cell, and all the rest are Israeli prisoners. We are allowed to leave the cell only twice per day. I don't have money to buy food. They give us rice in prison and I can't buy other food in the commissary. I am suffering here. Why am I locked up in a prison of criminals? I don't have anyone to talk to even. The Russians here don't like me. They tell me: "We don't like negroes and Arabs." Everywhere I try to put my bag in the cell, they tell me to move it. In Ward 12, the inmates keep making shivs.

M.A. (Liberia) told the Tribunal on May 3, 2011: "They took my cell phone and I reported about it. I would like to add that I don't have the most basic conditions here. I don't have toothpaste or toiletries." The response of the Ministry of Interior representative at the hearing: "I checked the claim about the phone and I can say that the device did not arrive to Saharonim and probably got lost."