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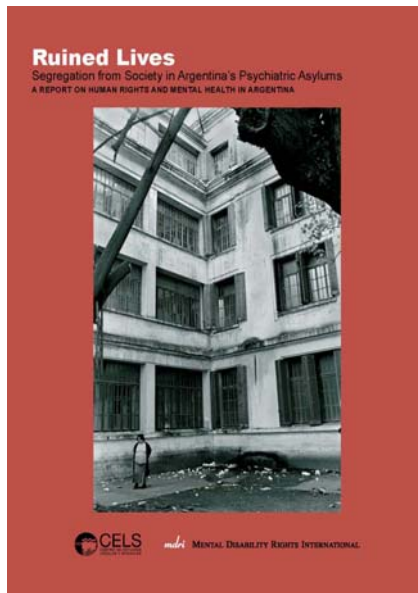
Alicia Ely Yamin
Physicians for Human Rights

November 20, 2007

RE: Submission by MDRI related to Argentina for session scheduled in April 2008

Dear Office of the United Nations High Commissioner for Human Rights:

Mental Disability Rights International (MDRI) writes this letter to contribute to the Universal Periodic Review of Argentina scheduled for April 2008. Attached along with this letter, please find a copy of MDRI's joint report with the Center for Legal and Social Studies (CELS), *Ruined Lives: Segregation in Argentina's Psychiatric Asylums, A Report on Mental Health and Human Rights in Argentina*, released in September 2007, and the photos that accompanied this report.



In this letter, we provide a summary of the information contained in the attached report, which provides in-depth consideration of many of the Human Rights instruments to which Argentina is a State party, including the American Convention on Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities, and the Convention on the Rights of Persons with Disabilities. Our attached report also contains an assessment of our findings in light of standards to which Argentina has voluntarily pledged and committed to uphold, including specialized standards adopted by the UN, such as the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care and the Standard Rules on the Equalization of Opportunities for Persons with

Disabilities, as well as policy documents drafted by the World Health Organization, including the Declaration of Caracas and the Montreal Declaration on Intellectual Disabilities.

MDRI expresses its grave concern regarding the situation of people with mental disabilities in Argentina. From June 2004 through August 2007, MDRI and CELS conducted extensive investigations into conditions and treatment provided in a number of Argentina's psychiatric hospitals, social care homes, and psychiatric penal units.

We uncovered egregious cases of abuse and neglect in Argentina's psychiatric institutions, including people burning to death in isolation cells, the use of sensory deprivation in long-term isolation, and physical and sexual violence. Our investigations also revealed dangerous, filthy and unhygienic conditions, including the lack of running water, non-functioning sewer systems, and fire and safety hazards in institutions. Further, we found that vast majority of people detained in Argentina's psychiatric institutions languish in conditions of near total inactivity, and without the possibility of a future outside the institution.

Specific abuses uncovered by our investigations include:

- **Uninvestigated deaths in institutions**

At Diego Alcorta Hospital, in the province of Santiago del Estero, between 2000 and 2003, four people died while locked in isolation cells: three burned to death in unrelated incidents, and the fourth died from unknown causes. At *Colonia* Dr. Domingo Cabred Interzonal Psychiatric Hospital (Cabred Hospital), in the province of Buenos Aires, three people were found dead in and around the asylum during the first six months of 2005. The first body was found in the woods, the second in a field, and the third was discovered in an abandoned warehouse on the hospital grounds. Authorities determined that the third individual had died five to ten days before the discovery of the body.

Also at Cabred as of 2006, there were approximately 70 deaths a year, out of an inpatient population of 1,200 men. The death rate was four times higher during the winter months than in the summer. Authorities attributed these deaths to "old age" and offered no explanation for the seasonal spike in deaths.

- **Detention in isolation cells**

At Psychiatric Penal Unit 20 (Penal Unit 20),¹ in the city of Buenos Aires, in June 2004, investigators observed men locked in dark, tiny isolation cells. These cells measured less than one-and-a-half meters by two meters and had no natural light or ventilation and were so overheated that the nearly naked detainees were drenched in sweat. There were no toilets and the men had to urinate and defecate in small plastic jugs on the floor. The cells were filthy and infested with cockroaches. Detainees' only contact with the outside world was through a tiny peephole in the door. In Psychiatric Penal Unit 27 (Penal Unit 27),² in the city of Buenos Aires, investigators also observed the abusive use of isolation

¹ Penal Unit 20 is a men's forensic ward located on the grounds of Municipal Jose Tiburcio Borda Hospital (Borda Hospital) operated by the Federal Penitentiary Service, under the National Ministry of Justice.

² Penal Unit 27 is a women's forensic ward located on the grounds of Braulio A. Moyano Neuro-Psychiatric Hospital (Moyano Hospital) operated by the Federal Penitentiary Service, under the National Ministry of Justice.

cells.

In 2005, following investigators' complaints, authorities began to renovate Penal Unit 20 and amend the policies for the use of the isolation cells. Nonetheless, at the time of the writing of this report, the renovations to these cells had not been completed, and the legal reforms necessary to prevent similar abuses from recurring in this or other institutions had not been implemented.

- **Physical and sexual abuse**

At Penal Unit 20, detainees told investigators that security staff rape and beat them. Investigators observed large bruises on several detainees' torsos and backs, and one detainee had stitches in his head; all reported that their injuries were the result of staff abuse. At Braulio A. Moyano Psychiatric Hospital (Moyano Hospital), in the city of Buenos Aires, a psychiatric hospital with more than 1,000 beds,³ investigators documented—through authorities' statements and those of various women institutionalized there—reports of sexual abuse against the women perpetrated by staff and by people outside the institution.

- **Lack of medical care**

At Penal Unit 20, Diego Alcorta, Jose Tiburcio Borda Interdisciplinary Psychiatric Hospital (Borda Hospital), and Moyano Hospitals, investigators observed large numbers of institutionalized persons with open, infected sores, and rotting or missing teeth. Investigators also documented instances of people whose limbs were in advanced stages of decay from gangrene. At Diego Alcorta Hospital, investigators arrived the morning that a woman institutionalized there died due to lack of medical attention; she had waited two months to have an operation on a dislocated leg. At Penal Unit 20, a detainee reported that he had not received the specific medications that he needed to treat his HIV/AIDS while he was detained in isolation.

- **Dangerous physical conditions**

At Diego Alcorta Hospital, during a visit in December 2004, bathrooms were unusable, toilets overflowed with excrement and the floors were flooded with urine. Sink handles were broken, showers did not work, and in some places there was no running water. The grounds of the facility were littered with piles of excrement and reeked of urine. When investigators returned in September 2006, Diego Alcorta had new bathroom fixtures, which appeared to improve the institution's hygienic conditions; nevertheless, the grounds remained covered with excrement and still reeked of urine. At Moyano Hospital and National *Colonia* Dr. Manuel A. Montes de Oca (*Colonia* Montes de Oca), during visits in 2004 and 2005, investigators observed decaying roofs, broken windows, loose cables hanging from the roofs and walls, and places that reeked of urine and feces. Following an intervention at Moyano Hospital in December 2005, the government of the city of Buenos Aires began repairs to the wards, which, at the time of the writing of this report, has not been finished.⁴ In visits during 2007, investigators observed physical improvements at *Colonia* Montes de Oca.

³ Available at http://www.buenosaires.gov.ar/areas/salud/estadisticas/1er_sem_2007/?menu_id=21300.

⁴ Interview with Dr. Carlos de Lajonquiere, Director General of Mental Health, Ministry of Health of the city of Buenos Aires (July 18, 2007).

- **Lack of rehabilitation**

At most institutions, no meaningful rehabilitation is provided to the vast majority of the institutionalized persons. Pervasive inactivity is the most common problem, evidenced by the overwhelming number of persons lying in their beds or on institution grounds, completely idle.

- **Misuse of medications**

Authorities, mental health workers and institutionalized persons reported that psychotropic medications are frequently used for punitive rather than therapeutic purposes. At Penal Unit 20, detainees reported that, as punishment for any minor offence, such as “answering back” to staff, they are injected with heavy doses of tranquilizers that leave them immobilized for days.

- **Overcrowding**

Overcrowding in institutions is commonplace. During three separate visits to Penal Unit 20 in 2004, 2005 and 2006, for example, the ward was overcrowded by approximately 75 percent, 40 percent, and 30 percent respectively. In 2007, according to information provided by the National Prosecutor in charge of Prisons,⁵ the overcrowding had risen again to 40 percent. The director of Dr. Carolina Tobar Garcia Children’s Hospital (Tobar Garcia Hospital), a psychiatric hospital in the city of Buenos Aires, stated that, with a capacity of 64 beds, the hospital was also providing intensive ambulatory care for an additional 100 children and adolescents.⁶

We also documented near-ubiquitous arbitrary detention of people detained in psychiatric institutions. According to government authorities, anywhere between 60 to 90 percent of the people detained in psychiatric institutions remain institutionalized for socio-economic reasons, and because they simply have no where else to go. We found that the average length of institutionalization in Argentina is nine years.

Summary of recommendations

The following recommendations propose concrete measures that should be adopted to implement a profound reform in Argentina’s mental health services. MDRI and CELS recommend that the government of Argentina take immediate action to end conditions that violate the human rights of those institutionalized. The government of Argentina should:

- Eradicate the dangerous, filthy and inhuman environments in which institutionalized persons are forced to live;
- Guarantee adequate food, medical care and staffing to protect the health and safety of institutionalized persons;

⁵ In June 2007, the National Prosecutor in charge of Prisons imposed a corrective *habeas corpus* after receiving an anonymous letter from family members complaining about the abuse of persons institutionalized in Penal Unit 20.

⁶ Interview with Dr. Roberto A. Yunes, Director, Dr. Carolina Tobar Garcia Children’s Hospital, city of Buenos Aires (Jan. 24, 2006). *Clarín*, “Tras 40 años sin obras, empezó la remodelación en el Tobar García” [“After 40 years without repairs, the remodeling of Tobar Garcia has begun”] (April 8, 2006).

- Investigate recent deaths and establish protocol to ensure full investigations of any future deaths;
- Eliminate the use of long-term isolation cells and sensory deprivation in these cells—the use of involuntary seclusion⁷ and physical restraint⁸ should adhere strictly to international human rights standards;
- Create independent oversight mechanisms toward the prevention of abuses in institutions and establish procedures that will protect institutionalized persons from sexual and physical abuse;
- Adopt procedures for psychiatric commitment that strictly adhere to international standards, including the right to independent review in all commitment proceedings;
- Adopt enforceable mental health laws that will apply throughout the country, consistent with international human rights standards.

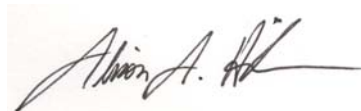
The government of Argentina should commit to the full inclusion of people with mental disabilities into all aspects of Argentine society, including people with both psychiatric and intellectual disabilities. Protecting the human rights of this population will require a paradigm shift from custodial institutionalization and arbitrary detention to the development of services that are comprehensive, community-based, include mental health attention as part of primary care, and provide social services that contribute to strengthening social networks. Investigators recommend that the national government create a high-level national commission to plan and implement mental health service reform that would allow people with mental disabilities to live, work and receive health and mental health attention in their own communities.

We hope that this information is helpful to the OHCHR's Universal Periodic review of Argentina's human rights record.

Respectfully submitted,



Eric Rosenthal,
Executive Director



Alison A. Hillman de Velásquez,
Director, Americas Programs

Enc.

⁷ “Involuntary seclusion” refers to “[t]he involuntary confinement of a person in a room or an area where the person is physically prevented from leaving.” Restraint and Seclusion, HCFA Rules for Hospitals, at <http://www.bazelon.org/RandSrules.pdf>.

⁸ “Physical restraint” refers to “any manual method or physical or mechanical device, material or equipment attached or adjacent to the patient’s body that he or she cannot easily remove that restricts freedom of movement or normal access to one’s body.” *Id.*