SILENCED
TURKEY

INCOMPATIBLE WITH HUMAN DIGNITY

A 2025 REPORT ON SYSTEMIC RIGHTS VIOLATIONS AGAINST ILL AND ELDERLY AND OTHER VULNERABLE PRISONERS IN TÜRKİYE

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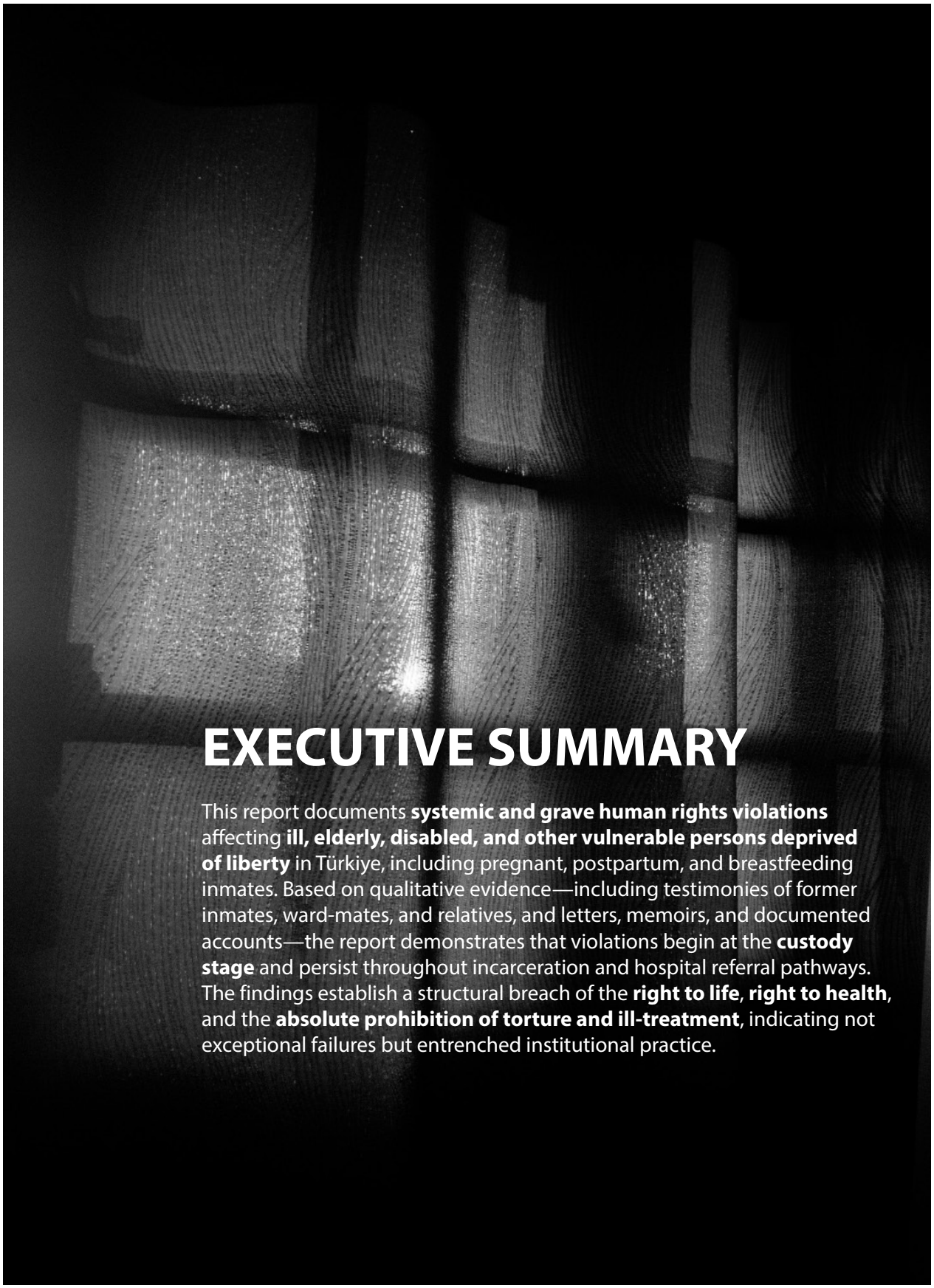

EXECUTIVE SUMMARY

This report documents **systemic and grave human rights violations** affecting **ill, elderly, disabled, and other vulnerable persons deprived of liberty** in Türkiye, including pregnant, postpartum, and breastfeeding inmates. Based on qualitative evidence—including testimonies of former inmates, ward-mates, and relatives, and letters, memoirs, and documented accounts—the report demonstrates that violations begin at the **custody stage** and persist throughout incarceration and hospital referral pathways. The findings establish a structural breach of the **right to life**, **right to health**, and the **absolute prohibition of torture and ill-treatment**, indicating not exceptional failures but entrenched institutional practice.

Context and Scope

Türkiye's prison system operates under conditions increasingly **incompatible with human dignity**, shaped by the post-2016 institutionalization of **OHAL-era governance** and a climate in which discriminatory practices and administrative arbitrariness have become normalized. The report cites prison health not as a technical capacity shortfall, but as a **rights crisis** driven by chronic overcrowding, punitive administrative culture, negligence, and institutional fear.

Key Indicators of a Structural Crisis

Available civil society data cited in the report underscores the scale of vulnerability and institutional strain. In 2025, there are **at least 1,412 ill prisoners**, **5,864 prisoners over 65**, and **269 prisoners with disabilities**.

Capacity has not kept pace with population growth. As of **December 31, 2024**, prison capacity is reported at **301,397**, while the convicted+detained population is **383,663**.
Conditions have further deteriorated in 2025; as of **April 2025**, approximately **103,000 inmates** reportedly lacked designated bedding, forcing individuals to sleep in **ward corridors or communal kitchen areas**—a concrete indicator of degrading and unsafe conditions.

Principal Findings

Across facilities and stages of deprivation of liberty, testimonies reflect recurring patterns: **ill-treatment during detention; overcrowded and unhygienic wards; inadequate ventilation; critical delays in medical care; arbitrary cancellation of hospital referrals; and structural failures in medical assessment and legal remedies**. Access to specialists may take months, and diagnoses are frequently made only after illnesses advance—turning preventable or treatable conditions into irreversible harm.

A central bottleneck concerns medical assessment and release mechanisms. The report identifies the **Forensic Medicine Institute (ATK)** as a decisive barrier in practice: ATK reports are described as arriving too late, sometimes when individuals are near death, while prosecutors may issue arbitrary rejections and procedures can last up to a year. This combination renders the **stay of execution (infaz erteleme)** mechanism effectively dysfunctional and leaves **bedridden, elderly, severely disabled, and terminally ill** inmates incarcerated under conditions that can amount to inhuman or degrading treatment.

The report also documents a collapse of special protection obligations. Women—including those who are pregnant, postpartum, or breastfeeding—alongside elderly and disabled inmates, face a systemic absence of safeguards required by domestic and international standards. Psychological support mechanisms are described as severely inadequate, and practices that undermine medical confidentiality—particularly in mental healthcare—further erode the right to health. In extreme cases, basic care is shifted onto cellmates, effectively substituting inmate solidarity for the State's duty of care.

Priority Policy Measures

To restore compliance with human dignity and international standards, the report calls for urgent, enforceable reforms, including: re-evaluating detention for vulnerable groups; insulating **stay of execution** from political and administrative interference; ensuring independent, civilianized prison healthcare; preventing arbitrary obstruction through transparent referral pathways; strengthening emergency intervention standards and accountability; safeguarding medical confidentiality (especially for psychological and psychiatric services); ending discriminatory access barriers; and guaranteeing full access for independent domestic and international monitoring bodies.

Conclusion

The report concludes that the violations documented are **not isolated incidents**; they constitute a **chronic, institutionalized crisis** within Türkiye's penal system. Protecting the right to life and health of vulnerable inmates—and aligning detention conditions with human dignity—is framed as a mandatory, non-deferrable obligation under national and international law, and as a foundational step toward broader justice system reform.

1. Introduction

Although the aggregate capacity of penal institutions in Türkiye has undergone significant expansion in recent years, the exponential growth of the inmate population has far exceeded these infrastructure upgrades. This systemic overcapacity has precipitated grave rights violations, disproportionately affecting vulnerable demographics such as the ill, elderly, and disabled.

The escalation of arbitrary detentions—a trend that intensified during the political shifts of 2014—reached a critical juncture under the State of Emergency (OHAL) following the July 15, 2016, coup attempt. Consequently, mass detention and arrest practices targeting the Hizmet Movement became institutionalized, leading to a state of permanent structural overutilization within the penal system. The scale of the post-2016 purges is unprecedented in modern Turkish history. Within the first year following the attempted coup, official data indicated that 130,000 public servants were dismissed, while an additional 32,080 were suspended.

By 2019, the magnitude of these dismissals across critical sectors became even more apparent. Professional casualties included 96,179 teachers and instructors, 31,500 police officers, and 15,153 military personnel (among them 150 generals and admirals). The purge also decimated the medical and academic communities, with 7,000 physicians and 6,000 university faculty members removed from their positions. The judiciary was similarly hollowed out, as 4,238 judges and prosecutors—including 151 members of the Court of Cassation—were dismissed.

Two years after the coup, legal proceedings had intensified, with 91,143 individuals charged with "membership in a terrorist organization" and 77,081 placed under formal arrest. Most significantly, data from the Ministry of Interior reveal that a staggering total of 500,000 people have been detained

at least once on allegations of affiliation with the Hizmet Movement, reflecting the institutionalized nature of these mass legal actions.

During this period, the government shuttered 1,069 private schools and 15 universities affiliated with Hizmet. Furthermore, 200 media outlets were either liquidated or transferred to pro-government trusteeship, and the press credentials of no fewer than 900 journalists were revoked. While 191 journalists remained incarcerated, 167 were prosecuted. In addition, the assets of 1,004 large-scale and 4,887 small-to-medium enterprises were confiscated, with the cumulative value of these seizures reportedly reaching 3 billion USD.

Independent research reveals that between July 2016 and 2024, conviction rulings were issued for 527,100 individuals, while a total of 3,093,084 people were subjected to judicial investigation under the scope of "terrorism" charges.[1] These extensive detention and arrest practices are incompatible with international human rights standards and contain serious elements of arbitrariness and discrimination. Indeed, in its 2024 opinion No. A/HRC/WGAD/2024/33, the United Nations Working Group on Arbitrary Detention explicitly determined that the mass detentions and arrests in Turkey, particularly those targeting members of the Hizmet Movement, lack legal basis and contradict international obligations.[2] These implemented policies have propelled Turkey to the top rank among the 46 member states of the Council of Europe regarding the total number of inmates; consequently, the country now houses more than one-third of Europe's entire prison population.[3] The 439% surge in the incarceration rate between 2015 and 2023 points to the emergence of a systemic "incarceration addiction" in Turkey that is incompatible with international human rights norms. This situation stands in stark contradiction to the UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules) and the principles established by the Council of Europe's Committee for the Prevention of Torture (CPT).

International monitoring bodies also point to this situation. During its visit to certain prison campuses in Istanbul and Ankara from April 7 to 11, 2025, the Council of Europe CPT examined access to health services and claims of ill-treatment on-site.[4] Similarly, United Nations Special Rapporteurs and the European Court of Human Rights (ECHR) have considered the systematic rejection of requests to postpone sentences for severely ill prisoners as a "violation of the right to life."

On the other hand, long-term visitation bans and restrictions on collective activities introduced during the COVID-19 pandemic between 2020 and 2022 further exacerbated the condition of prisoners, particularly those with weakened immune systems or in need of psychiatric support. Field studies reveal that during this period, hospital referrals for ill prisoners were postponed for months and treatment processes were often carried out in prison infirmaries under inadequate conditions (Civil Society in the Penal System - CISST & Human Rights Foundation of Turkey - HRFT field notes, 2021–2023).

Although the rise in arrests, overcrowding, and physical inadequacies in prisons began after July 15, the rights violations experienced by ill and elderly detainees became more visible following the

1 "How Many 'Terrorists' are in Turkey? An Evaluation Through TCK 314 Statistics," *Hukuki Haber*, accessed March 2, 2026, https://www.hukukihaber.net/turkiyede-kac-terorist-var-tck-314-istatistikleri-uzerinden-degerlendirme.

2 United Nations General Assembly, *Report of the Working Group on Arbitrary Detention*, (A/HRC/54/10), 2024, https://documents.

3 "More Than a Third of Inmates in Europe Are in Turkish Prisons, CoE Data Reveal," *Turkish Minute*, June 7, 2024, https://www.

4 Council of Europe, "Council of Europe Anti-Torture Committee (CPT) Carries Out a Visit to Türkiye," *CPT News*, 2024, https://www.

operations against the Istanbul Metropolitan Municipality on March 19, 2025,[5] and the arrests of popular figures such as well-known manager and communication specialist Ayşe Barım.[6] According to data from the CISST, as of 2025, there are at least 1,412 ill prisoners, 5,864 prisoners over the age of 65, and 269 prisoners with disabilities.[7] The violations regarding health, care, and the right to life experienced by these prisoners should be addressed not only as individual issues but also as a systemic human rights problem. The experiences of these vulnerable groups in prisons should be evaluated in terms of both the humanitarian and legal obligations of the justice system.

1.1 Importance and Scope of the Research

The purpose of this study is to examine the rights violations experienced by ill, elderly, and disabled detainees and convicts in Turkish prisons through a qualitative approach, focusing on the experiences of their relatives and fellow inmates. Furthermore, the study investigates rights violations by evaluating letters from ill and elderly detainees, and the memoirs and testimonies written by them or on their behalf. The study aims to highlight violations occurring within the context of access to healthcare services, care conditions, physical infrastructure issues, and the compatibility of incarceration conditions with human dignity in penal institutions. Additionally, through the testimonies of prisoners' relatives, it aims to reveal that the rights violations are not limited to prisons but also have social and psychological impacts. In this context, the study aims to contribute to both the understanding of existing problems and the development of human rights-based penal enforcement policies.

2. General Overview and Legal Framework

Human rights violations within Turkey's penal institutions have intensified over the past decade. The prevalence of arbitrary arrests following July 15, 2016, have been a major driver of this escalation. The arbitrary detentions of the last ten years, prisoner populations far exceeding official capacity, and the unlawful incarceration of ill, pregnant, and elderly individuals serve as a reflection of the country's broader shift toward authoritarianism.

The failure to suspend the sentences of ill and elderly prisoners in Turkey, or their detention under inadequate conditions[8] clearly contradicts both domestic legislation[9] and the international conventions[10] to which Turkey is a signatory.

5 "IMM Operations: How Many People Were Detained?," *Bianet*, accessed March 2, 2026, https://bianet.org/haber/ibb-operasyonlari-kac-kisi-gozaltina-alindi-307707.

6 "Report Signed by 9 Doctors: Ayşe Barım's Life is at Risk," *Gazete Oksijen*, accessed March 2, 2026, https://gazeteoksijen.com/turkiye/9-doktorun-imzasini-tasiyan-rapor-ayse-barimin-hayati-tehlikesi-var-245734.

7 "Prison Statistics," *Civil Society in the Penal System (CİSST)*, accessed March 2, 2026, https://cisst.org.tr/hapishane-istatistikleri/.

8 Law on the Execution of Penalties and Security Measures, Law No. 5275 (December 13, 2004), accessed March 2, 2026, https://www.lexpera.com.tr/mevzuat/kanunlar/ceza-ve-guvenlik-tedbirlerinin-infazi-hakkinda-kanun-5275.

9 Criminal Procedure Code, Law No. 5271 (December 4, 2004), accessed March 2, 2026, https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=5271&MevzuatTur=1&MevzuatTertip=5.

10 European Convention on Human Rights, Council of Europe, accessed March 2, 2026, https://www.echr.coe.int/documents/d/echr/

2.1 General Status of Prisons and the Issue of Capacity

As of December 31, 2015, there were 177,262 convicts and detainees (85% convicts, 15% detainees) within the 177,636-person capacity of 358 penal institutions in Turkey.[11] One year later (2016), the number of penal institutions rose to 382, the bed capacity increased to 202,675, and the number of detainees and convicts reached 200,727 (64% convicts, 36% detainees).[12] These figures continued to rise annually. The repercussions of the widespread and systematic arrests that commenced particularly after July 15, 2016, are clearly observable in these statistics. Within a single year, the ratio of detainees rose from 15% to 36%, a relative increase of 140%. Although release trial pending is the fundamental principle, rapid and mass arrests were carried out in the period following the coup attempt. Along with these arrests, the physical inadequacies of penal institutions have evolved into a practice of punishment in effect. While the prisoner population has increased by approximately 128% over the last decade, prison capacity only reached the level of approximately 300,000 with an increase of about 100,000, causing the occupancy rate to soar to 134%.[13]

The occupancy rate in prisons also constitutes a breach of the legislation and conventions to which Turkey is a signatory. For instance, Rules 12–14 of the UN Mandela Rules mandate "adequate floor space per person and ventilation, lighting, and sanitary conditions." While international standards require at least 6 square meters (m^2) in single cells and 4 m^2 in shared wards[14], the indoor space per person in many Turkish facilities fell below 3 m^2 in 2025; according to ECtHR precedents (*e.g., Mamedova v. Turkey, 2023*), this level surpasses the threshold for "degrading treatment."

conventiontur.

11 "Prison Statistics, 2015," Turkish Statistical Institute (TÜİK), March 30, 2016, accessed March 2, 2026, https://data.tuik.gov.tr/Bulten/Index?p=Prison-Statistics-2015-21547.

12 "Prison Statistics, 2016," Turkish Statistical Institute (TÜİK), October 31, 2017, accessed March 2, 2026, https://data.tuik.gov.tr/Bulten/Index?p=Ceza-Infaz-Kurumu-Istatistikleri-2016.

13 "Prison Data Released: Overcapacity Reaches 103,179," *Bianet*, accessed March 2, 2026, https://bianet.org/haber/hapishane-verileri-aciklandi-103-bin-179-kapasite-fazlasi-306376.

14 "Standards of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment," *Police & Human Rights Resources*, accessed March 2, 2026, https://policehumanrightsresources.org/standards-of-the-european-committee-for-the-prevention-of-torture-and-inhuman-or-degrading-treatment-or-punishment.

Statistics on Penal Institutions for 2015–2024, as of December 31

Year	Number of Institutions	Capacity	Convicted + Detained population
2015	338	202,675	177,262
2016	382	202,675	202,727
2017	386	208,830	232,340
2018	389	213,862	264,842
2019	362	230,210	291,546
2020	370	245,200	266,831
2021	384	270,068	297,860
2022	399	289,974	341,294
2023	403	295,992	291,911
2024	405	301,397	383,663

Caricature caption: "PRISON — FULL: NO ROOM TO SLEEP"[15]

The number of penal institutions, which stood at 355 in 2015, escalated to 405 as of January 1, 2025. The classification of these facilities is as follows: 273 closed-type, 99 open-type, 12 women's closed-type, 8 women's open-type, 9 juvenile closed-type prisons, and 4 juvenile reformatories.[16] Nevertheless, this institutional expansion has failed to rectify the structural overcapacity issues. As of April 2025, approximately 103,000 inmates remain without designated bedding, resulting in their accommodation in ward corridors or communal kitchen areas.[17] Rather than adhering to the principle of "pending trial without detention" and granting release to vulnerable categories of prisoners, the Ministry of Justice opts for the further proliferation of penal facilities. To mitigate the existing capacity deficit, an appropriation of 1.213 billion lira (TRY)[18] has been earmarked for the construction of 11 new prisons in the 2025 fiscal budget. Of the 280.27 billion lira total budget allocated to the Ministry of Justice,

15 "Cartoon of the Day: The Prison Crisis," *Yeni Asya*, accessed March 2, 2026, https://www.yeniasya.com.tr/karikatur/gunun-karikaturu_608441.

16 "Capacity 300,000, Nearly 400,000 Detainees and Convicts in Prisons," *Bold Medya*, March 11, 2025, accessed March 2, 2026, https://boldmedya.com/2025/03/11/kapasite-300-bin-cezaevlerinde-400-bine-yakin-tutuklu-ve-hukumluvar.

17 Barış Pehlivan, "Journalist Barış Pehlivan: Inmate Population Reaches 403,060; Total Capacity 299,881—No Beds for 103,000 People," *T24*, accessed March 2, 2026, https://t24.com.tr/haber/gazeteci-baris-pehlivan-tutuklu-hukumlu-sayisi-403-060-395-cezaevinin-toplam-kapasitesi-299-881-103-bin-insana-yatak-yok-,1232146.

18 "11 New Prisons Planned: 1.2 Billion TL Allocated from 2025 Budget," *T24*, accessed March 2, 2026, https://t24.com.tr/haber/11-yeni-cezaevi-geliyor-2025-butcesinden-1-2-milyar-tl-ayrildi,1213522.

4.3% has been designated specifically for new prison construction projects.[19] Ministerial data indicate that 36 new penal institutions will be commissioned between 2023 and 2025, with the objective of increasing the total capacity to approximately 340,000 individuals.

Among the 405 penal institutions in Turkey, there are integrated campuses—such as the Silivri Prison Campus, established in 2008 and synonymous with mass judicial proceedings in political cases—where detention facilities, courtrooms, and administrative units are co-located.

The fact that the Silivri Campus doubled its de facto capacity between 2008 and 2025 to house 22,000 inmates across nine distinct blocks serves as a compelling indicator of the expansion and chronic overcapacity within the penal system.[20]

Another facility with a similar architecture is the Sincan Penal Institutions Campus, which serves as a centralized hub for a significant portion of the post-July 15 proceedings, conducted in a virtual courtroom.

In addition to high occupancy rates, F-type prisons—frequently scrutinized by international tribunals for isolation practices—constitute a distinct area of legal concern. In these 13 high-security facilities across Turkey, each cell accommodates one to three inmates; prisoners are often subjected to 23-hour daily confinement within their cells. This practice is characterized as "prolonged isolation" and categorized as inhuman treatment under the established jurisprudence of the ECHR.

Beyond the chronic overcapacity affecting the general inmate population, the demographic of ailing and geriatric prisoners has reached a critical threshold. According to the Human Rights Association (İHD), as of April 2025, at least 1,412 ill prisoners remain incarcerated in Turkish penal institutions.[21] This vulnerable population includes 5,864 people 65 or older and 269 severely disabled prisoners. The continued detention of these groups represents a flagrant breach of both the Turkish Penal Code and the international human rights conventions binding upon the state.

The impact on medical services is profound. Daily diagnostic demands on prison infirmaries now exceed official capacity by more than 40%. This structural strain is compounded by a thinning frontline of medical staff. Over the past decade, the healthcare-personnel-to-prisoner ratio has seen a sharp decline, shifting from 1:368 in 2015 to a staggering 1:512 in 2025, effectively diluting the quality of care available to each inmate.[22]

19 "Ministry of Justice 2025 Budget Approved by the TBMM General Assembly," *Ministry of Justice Press Bureau*, accessed March 2, 2026, https://basin.adalet.gov.tr/adalet-bakanligi-2025-yili-butcesi-tbmm-genel-kurulunda-kabul-edildi_106106.

20 "Silivri: The Turkish Mega-Prison that Became a Symbol of Erdoğan's Authoritarianism," *The Guardian*, July 16, 2025, accessed March 2, 2026, https://www.theguardian.com/world/2025/jul/16/silivri-the-turkish-mega-prison-that-became-symbol-of-erdogans-authoritarianism.

21 "2025 Report on Ill Prisoners," Human Rights Association (İHD), accessed March 2, 2026, https://www.ihd.org.tr/2025-yili-hasta-mahpuslar-raporu/.

22 "Prison Statistics," Civil Society in the Penal System (CİSST), accessed March 2, 2026, https://cisst.org.tr/hapishane-istatistikleri.

The following table illustrates the trajectory of the overcapacity crisis since the 2016 crackdown, as documented by Amnesty International and updated through 2025 data.

Year	Inmate Population	Official Capacity	Surplus (Overcapacity)	Occupancy Rate	Primary Data Source
2015	177,262	202,675	—	87%	CTE Statistics
2020	297,019	270,000	27,019	110%	Amnesty / Official Gazette
2024	342,526	295,328	47,198	116%	Oksijen News
2025 (April)	403,060	299,881	103,179	134%	İHD / Bianet

2.2 Restrictions Implemented in Prisons During the State of Emergency (OHAL) and the COVID-19 Pandemic

Between the 2016–2018 OHAL period and the 2020–2022 COVID-19 pandemic, the Turkish penal execution system was subjected to two successive waves of **extraordinary** restrictions in areas such as visitation, the right to defense, access to healthcare services, communication, and transfers. During both periods, fundamental safeguards regarding preventive healthcare, attorney-client consultations, and the maintenance of family ties were largely suspended. This situation led to the exacerbation of rights violations and the emergence of multi-layered grievances, particularly for ill and elderly prisoners accused of affiliation with the Hizmet Movement.

2.2.1. OHAL Period (2016–2018)

Following the coup attempt on July 15, 2016, a 90-day OHAL was declared under a Council of Ministers decree on July 20, 2016; however, it lasted for two years after being extended seven times. The rapid escalation of arrests following July 15 both facilitated and resulted in numerous rights violations under the conditions of the OHAL. Initially, the detention period—which ranged from 24 hours to four days—became extendable up to 30 days in the aftermath of the OHAL declaration.[23] During the OHAL period (July 16, 2016 – July 19, 2018), at least 247,960 individuals were remanded in custody.[24] During the same interval, the prison population surpassed the threshold of 200,000 with an increase of approximately 70,000 individuals over two years. Notably, capacity expansion has not kept pace with this surge.

Statutory Decrees (KHK) Nos. 667, 668, and 676 introduced derogations from the ordinary legal order within penal institutions, citing "national security" grounds. These restrictions may be categorized as follows:

Visitation restrictions: "Closed" visitation with first-degree relatives was limited to once a month, while "open" visitation was rendered subject to administrative discretion.

23 "Turkey: Crackdown by the numbers – Statistics on brutal backlash after failed coup," Amnesty International, July 24, 2016, accessed March 2, 2026, https://www.amnesty.org/en/latest/news/2016/07/turkey-crackdown-by-the-numbers-statistics-on-brutal-backlash-after-failed-coup.

24 "State of Emergency Report 2016-2018," Human Rights Joint Platform (İHOP), June 2022, accessed March 2, 2026, https://ihop.org.tr/wp-content/uploads/2022/06/OHAL-Raporu-2016_2018.pdf.

Attorney-client communication: Consultations were restricted for up to seven days; sessions were recorded via audio and video, and the presence of a prison guard during meetings was mandated.

Press and publication ban: Possession of newspapers (including confiscations), magazines, and books was made subject to administrative authorization.

Ban on collective activities: Social, cultural, and athletic activities were suspended.

Transfer restrictions: The transfer of an inmate to another institution could be deferred on "security grounds."

Under these measures, the initial 24-hour restriction on legal counsel was, in practice, extended to weeks during the OHAL implementation; according to the Human Rights Watch's (HRW) 2017 report,[25] allegations of physical and psychological ill-treatment increased significantly. It has been established that depriving detainees of access to legal counsel, family, and medical professionals created conditions conducive to torture.[26] For individuals dismissed via KHK and facing charges of "membership in a criminal organization" (predominantly volunteers of the Hizmet Movement), isolation, solitary confinement, and restrictions on the right to defense became systematic.

2.2.2 The COVID-19 Pandemic (2020–2022)

The COVID-19 pandemic was officially identified in Turkey for the first time on March 11, 2020. Following the rapid transmission of the outbreak, various extraordinary measures were implemented across public institutions, with the penal execution system being among the most severely affected sectors. Due to chronic overcapacity, inadequate healthcare infrastructure, and the density of confined spaces, prisons were categorized as high-risk environments for both inmates and personnel. The measures adopted were frequently implemented in the form of prolonged and arbitrary restrictions that were incompatible with international human rights standards. The most prominent of these restrictions included visitation bans, limited access to healthcare services, and the mandatory 15-day quarantine in solitary confinement following hospital referrals.

Emergency Measures and Visitation Bans

By a decree dated March 14, 2020, the Ministry of Justice General Directorate of Prisons and Detention Houses (CTE) indefinitely suspended family visits, communal activities among inmates, prison transfers, and social interactions across all open and closed-type penal institutions in Turkey.[27] These prohibitions were extended at least fourteen times between March 2020 and June 2022, contingent upon the successive waves of the pandemic. Each extension was announced in two-month increments, resulting in an effectively continuous ban.[28]

25 "World Report 2017: Turkey," Human Rights Watch, accessed March 2, 2026, https://www.hrw.org/world-report/2017/country-chapters/turkey.

26 "In Custody: Police Torture and Abductions in Turkey," Human Rights Watch, October 12, 2017, accessed March 2, 2026, https://www.hrw.org/report/2017/10/12/custody/police-torture-and-abductions-turkey.

27 "Public Statement Regarding the COVID-19 Pandemic Process in Penal Institutions," General Directorate of Prisons and Detention Houses (CTE), June 17, 2020, accessed March 2, 2026, https://cte.adalet.gov.tr/home/sayfadetay/ceza-infaz-kurumlarinda-kovid-19-pandemi-surecine-dair-kamuoyu-aciklamasi17062020045113.

28 Burak Akın, "Ministry Decision to Extend COVID-19 Pandemic Leave Periods for Convicts," August 1, 2022, accessed March 2, 2026, https://www.burakakin.av.tr/2022/08/01/hukumlulerin-covid-19-salgin-hastaligi-izin-surelerinin-bakanlik-tarafindan-uzatilmasina-ka-

Health Data and Lack of Transparency

In a public statement issued by the CTE in June 2020, it was reported that only 374 positive cases and 6 fatalities had been recorded within penal institutions.[29] However, independent medical organizations, most notably the Turkish Medical Association (TTB), asserted that these figures did not reflect actual infection levels, citing limited testing protocols, inadequate data sharing, and a lack of oversight in reporting. This situation resulted in grave uncertainties and negligence regarding the prisoners' right to life and right to health under pandemic conditions.

Law No. 7242: The "COVID-19 Administrative Leave"

The amendment to the Law on the Execution of Sentences and Security Measures (Law No. 7242), which took effect on April 14, 2020, established a provisional release mechanism for convicts serving sentences in open-type penal institutions. Under this provision, colloquially known as "COVID-19 leave," approximately 90,000 convicts were released on temporary leave. However, as political offenses categorized as "linked to terrorism" were excluded from the statutory scope, a substantial number of detainees and convicts accused of affiliation with the Hizmet Movement were precluded from benefiting from this legal relief. Consequently, discriminatory practices in the execution of sentences persisted de facto, even amidst a global public health crisis.[30]

The protracted suspension of visitation rights and the prohibition of communal activities during the COVID-19 pandemic (2020–2022) exacerbated the conditions of inmates, particularly those with compromised immunity or those requiring psychiatric intervention. Empirical findings indicate that medical referrals for ill prisoners were deferred for months, with clinical treatments being confined to prison infirmaries under substandard conditions rather than being conducted in specialized hospitals. During its 2020–2021 missions, the Council of Europe CPT reported that Turkey's COVID-19 protocols had become "arbitrary in terms of justification and duration," evolving into long-term isolation practices that failed to distinguish between convicted and remanded persons.[31]

In summary, the successive periods of the OHAL and COVID-19 have permanently shifted the Turkish penal regime from a standard legal framework into a perpetual "state of exception." The restrictive measures introduced during both intervals, compounded by systemic overcrowding that directly endangered the right to life of elderly and infirm inmates, resulted in conditions falling below the mandatory standards enshrined in the Mandela Rules, the Istanbul Protocol, and Article 3 of the ECHR.

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29 General Directorate of Prisons and Detention Houses (CTE), "Public Statement Regarding the COVID-19 Pandemic Management in Penal Institutions," June 17, 2020, accessed March 2, 2026, https://cte.adalet.gov.tr/home/sayfadetay/ceza-infaz-kurumlarinda-kovid-19-pandemi-surecine-dair-kamuoyu-aciklamasi17062020045113.

30 General Directorate of Prisons and Detention Houses (CTE), "Announcement on COVID-19 Leave for Specific Convicts Under Law No. 7242," January 25, 2021, accessed March 2, 2026, https://cte.adalet.gov.tr/Home/SayfaDetay/7242-sayili-kanun-kapsaminda-bazi-hukumluler-icin-uygulanan-covid-19-izni-ile-ilgili-duyuru25012021084052.

31 Council of Europe, "Council of Europe Anti-Torture Committee (CPT) Visits Turkey," May 2021, accessed March 2, 2026, https://www.coe.int/en/web/cpt/-/council-of-europe-anti-torture-committee-visits-turk-3.

2.3 National Legal Regulations Governing Prison Administration in Turkey

The penal execution system in Turkey is governed by a framework encompassing both Constitutional guarantees and specific statutes and regulations. Nevertheless, the implementation of this legislation in practice involves severe systemic structural deficiencies, particularly regarding ill, elderly, and prisoners with special needs. Below are the primary legal and administrative regulations currently in force at the national level, accompanied by an assessment of their effectiveness in addressing rights violations.

Constitutional Provisions

Specifically, the following provisions of the Constitution of the Republic of Turkey safeguard the fundamental rights of prisoners:[32]

Article 17: Everyone has the right to life and the right to protect and improve their material and spiritual existence. Torture and ill-treatment are strictly prohibited.
Article 19: The right to personal liberty and security oversees the lawfulness of detention and conviction processes.
Article 56: Everyone has the right to live in a healthy and balanced environment and the right to access healthcare services.
Notwithstanding these constitutional safeguards, ill and elderly prisoners are subjected to grave violations in practice, particularly in access to healthcare, exposure to ill-treatment, and systemic negligence..
Law on the Execution of Sentences and Security Measures (Law No. 5275)
Law No. 5275 is the primary statute regulating life within penal execution institutions. The relevant articles of the Law are as follows:[33]
Article 16: Allows postponement of sentence execution for convicts whose health status precludes the execution of their sentence. However, the implementation of this article remains remarkably restrictive; petitions for the suspension of execution are frequently rendered contingent upon reports from the Council of Forensic Medicine (ATK),which is not an independent medical body, leading to substantial procedural delays.
Articles 25–76: Although these articles stipulate regulations on matters such as access to healthcare, visitation rights, communication, and social activities, these rights were suspended for protracted periods and implemented arbitrarily, particularly during the COVID-19 pandemic, in some cases without individualized justification.
Regulation on Prison Healthcare Services
This regulation governs the planning and provision of healthcare services within penal institutions. According to the provisions therein:[34]

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32 Constitution of the Republic of Türkiye, Law No. 2709 (November 7, 1982), accessed March 2, 2026, https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=2709&MevzuatTur=1&MevzuatTertip=5.

33 Law on the Execution of Penalties and Security Measures, Law No. 5275 (December 13, 2004), accessed March 2, 2026, https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=5275&MevzuatTur=1&MevzuatTertip=5.

34 Regulation on the Administration of Penal Institutions and the Execution of Penalties and Security Measures (March 29, 2020), accessed March 2, 2026, https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=12039&MevzuatTur=7&MevzuatTertip=5.

It is fundamental that inmates receive timely and adequate healthcare services.

This is explicitly guaranteed under Article 5/1, which states: "*The access of convicts and detainees in penal execution institutions to healthcare services shall be ensured under equal conditions with other individuals.*"

Discrimination is prohibited in health care delivery. Article 5/2 explicitly mandates:
"Healthcare services shall be provided to convicts and detainees without regard to race, language, religion, sect, gender, political opinion, philosophical belief, or economic and social status."

Emergency medical services and preventive medicine practices are prioritized by law. Under Article 7, it is mandatory that healthcare services in penal execution institutions encompass not only curative but also preventive healthcare services. Institutional physicians are obligated to conduct regular health screenings and maintain records thereof, and to identify high-risk conditions proactively.

An integrated structure with the family medicine system is envisaged. Pursuant to Article 9, the assignment of a family practitioner to the institutions is mandatory; these physicians operate in coordination with the Ministry of Health and are responsible for maintaining the individual medical records of convicts.

The specific needs of disabled and elderly inmates must be considered. Under **Article 13** and relevant health legislation, arrangements must be made for prisoners requiring specialized care, and the necessary support personnel and equipment such as caregivers, mobility support, adaptive equipment must be provided.

Nevertheless, in practice, the delays in hospital referrals, inadequate medical staffing, lack of access to specialist physicians, and the arbitrariness encountered during transfer processes demonstrate that the standards prescribed by the regulation are systematically violated.

Law on People with Disabilities (Law No. 5378)

The Law on People with Disabilities, No. 5378,[35] provides statutory protections consistent with constitutional guarantees for the rights of persons with disabilities regarding health, accessibility, care, and equality. This statute also encompasses disabled inmates within penal execution institutions and mandates the accessibility of public services. The relevant provisions are as follows:
Article 4/f: "*All necessary measures shall be taken to ensure that disabled individuals benefit from public services on an equal basis.*"
Article 7: "*Public institutions and organizations, as well as private legal entities, are obligated to ensure accessibility for persons with disabilities.*"
Article 14: "*Healthcare and rehabilitation services to be provided to persons with disabilities shall be conducted through individualized planning.*"

The architectural designs of penal institutions fail to accommodate physical access requirements. Consequently, access to fundamental necessities—such as wheelchairs, assistive devices, or caregiver support—remains severely restricted. Furthermore, the lack of disability awareness and specialized training among institutional personnel precipitates grave and systematic rights violations.

35 Turkish Disability Act, Law No. 5378 (July 1, 2005), accessed March 2, 2026, https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/Turkey_Turkish-Disability-Act-TDA-No.-5378-of-2005.pdf.

Protective Legislation for Female Prisoners

Regulations concerning female prisoners are safeguarded under both the Law on the Execution of Sentences and Security Measures (No. 5275)[36] and the Law on the Protection of the Family and the Prevention of Violence Against Women (No. 6284). These regulations encompass specific provisions for pregnant and postpartum women, nursing mothers, and elderly female inmates. The relevant provisions are as follows:

Law No. 5275 – Article 16/4: It *explicitly mandates that sentence execution be suspended for pregnant women or mothers for one year and six months following childbirth. The continued detention of women with infants represents a clear breach of these legislative safeguards.*

Law No. 5275 – Article 65: *Designated areas shall be established where female convicts may reside with their children.*[37]

Law No. 6284 – Articles 1 and 3: It is the obligation of the State to protect the physical and psychological safety of women and to implement specialized measures.[38]

Notwithstanding these specific protective provisions within the legislation, numerous documented cases show that many female prisoners remain incarcerated during pregnancy, the postpartum period, or old age. Furthermore, their health and hygiene requirements are not adequately addressed. This situation **engenders conditions incompatible with human dignity and exacerbates** gender-specific risks.

Penal Execution Reforms Enacted During the Pandemic: Law No. 7242

Law No. 7242, dated April 14, 2020,[39] was enacted to reduce overcrowding in penal institutions and to mitigate the risk of transmission due to the COVID-19 pandemic. This legislation facilitated the granting of "pandemic leave" to certain convicts held in open-type penal institutions.

Law No. 7242 – Provisional Article 9: "Convicts held in open penal execution institutions may be deemed on leave by the administration for the duration of the pandemic."

Political detainees and convicts facing "terrorism" charges were among those excluded from the scope of this regulation. A significant portion of the inmates in this category comprises ill and elderly individuals affiliated with the Hizmet Movement. Consequently, these prisoners remained incarcerated

36 Law No. 5275 on the Execution of Penalties and Security Measures underwent more than ten significant amendments between 2005 and 2025. These legislative shifts include: **2005–2013**, which involved revisions to Articles 62–73 concerning access to basic rights (visitation, communication, and health) and the formalization of positive obligations for women and juvenile convicts; **2016–2018 (State of Emergency)**, during which Decree Laws (KHK) Nos. 668, 671, and 676 codified national security-based restrictions into permanent law; **2021**, where the March 31, 2021 amendment granted expansive powers to the "Administrative and Observation Board" (Art. 89) to delay conditional release by up to two years based on semi-annual "good conduct" evaluations; and **2023–2025**, during which Judicial Reform Packages 8, 9, and 10 restructured Articles 62, 78, and 105/A, significantly tightening the criteria for the transfer of juveniles to closed prisons and their duration of stay in reformatories.

37 Law on the Execution of Penalties and Security Measures, Law No. 5275 (December 13, 2004), accessed March 2, 2026, https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=5275.

38 Law on the Protection of the Family and the Prevention of Violence against Women, Law No. 6284 (March 8, 2012), accessed March 2, 2026, https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=6284.

39 Law Amending the Law on the Execution of Penalties and Security Measures and Certain Other Laws, Law No. 7242 (April 14, 2020), Official Gazette of the Republic of Türkiye, accessed March 2, 2026, https://resmigazete.gov.tr/eskiler/2020/04/20200415-16.htm.

despite the risk of infectious disease and were subjected to discriminatory execution practices. Under domestic and international law, this situation is characterized as "inequality in access to the right to health."

2.4 International Conventions and Standards to Which Turkey Is a Signatory

Turkey is a signatory to various international instruments and standards governing the treatment of persons deprived of their liberty within penal institutions. These legal instruments delineate the fundamental principles of a penal enforcement system grounded in human rights and respect for human dignity, while imposing specific affirmative obligations upon states. The conventions and standards to which Turkey is a party include:

European Convention on Human Rights (ECHR)

The ECHR, adopted by the Council of Europe, regulates the minimum standards for custodial living conditions through several provisions, most notably Article 3, which mandates protection against ill-treatment. Turkey is legally bound to discharge these obligations in accordance with the established jurisprudence of the European Court of Human Rights (ECtHR).

The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)

The Mandela Rules, adopted by the United Nations, codify minimum universal standards concerning the treatment of prisoners, healthcare services, disciplinary protocols, and the fundamental rights of inmates. The protection of infirm, elderly, and disabled inmates is afforded particular emphasis within these codified rules.[40]

UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (The UN Bangkok Rules)[41]

The Bangkok Rules, stipulating that the specific requirements of female inmates must be fully taken into account, encompass specialized protective measures for pregnant women, mothers, and women with a history of trauma. The provision of gender-specific healthcare and the development of non-custodial alternatives for sentencing are formally recommended under the purview of these rules.

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD)

40 United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules), UNODC, May 22, 2015, accessed March 2, 2026, https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf.

41 United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (The Bangkok Rules), UNODC, December 2010, accessed March 2, 2026, https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf.

CEDAW requires that female inmates receive equitable treatment and are protected against discrimination within penal institutions. Furthermore, the **CRPD** guarantees accessibility, healthcare services, and protection against discrimination for persons with disabilities in custodial settings.

The Istanbul Protocol

This UN-endorsed protocol serves as the international manual for the effective investigation and documentation of allegations concerning torture and ill-treatment in places of detention and correctional facilities. The independence and ethical obligations of healthcare professionals are explicitly delineated within this protocol.

Standards of the Council of Europe Committee for the Prevention of Torture (CPT)[42]

Operating under the Council of Europe, the CPT conducts periodic visits to penal institutions in member states, including Turkey, to issue reports and monitor state compliance with international obligations. The standards established by the CPT are structured around fundamental pillars such as ensuring treatment compatible with human dignity, preventing ill-treatment, and guaranteeing access to healthcare services. These standards mandate that states provide a humane prison environment that is not only physically adequate but also psychologically and socially adequate.

The Fundamental Principles of CPT Standards

Absolute Prohibition of Ill-Treatment: The CPT emphasizes the absolute prohibition of torture and all forms of ill-treatment. This principle is applicable throughout all stages of deprivation of liberty.
Respect for Human Dignity: It is fundamental that prisoners be detained in conditions compatible with human dignity. Within this scope, CPT consistently notes elements such as overcrowding, poor hygiene, and inadequate ventilation as violations.

Access to Healthcare Services: According to the CPT, healthcare in prisons must be of the "equivalence of care" to the civilian system. This framework necessitates
the right to examination and treatment without delay,
access to required specialist physicians,

strong adherence to medical confidentiality, and the independence of medical personnel.
Condition of Isolated Prisoners: Practices such as prolonged solitary confinement are regarded by the CPT as a measure of **last resort** and must be subjected to continuous monitoring. The CPT identifies keeping sick and elderly prisoners in solitary cells as a grave risk.

Right to Defense and Independent Monitoring: The CPT demands the full and effective recognition of prisoners' rights to confidential consultations with counsel, notification of next of kin, and communication with the outside world. Furthermore, it stresses that prisons must be regularly and effectively inspected by independent bodies, such as national preventive mechanisms, bar associations, etc..

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42 Council of Europe, "Council of Europe Anti-Torture Committee (CPT) Carries Out a Visit to Türkiye," *CPT News*, 2024, accessed March 2, 2026, https://www.coe.int/en/web/cpt/-/council-of-europe-anti-torture-committee-cpt-carries-out-a-visit-to-t%C3%BCrkiye.

In its reports on Turkey published in 2017[43], 2019[44], and 2021[45] the CPT issued multiple warnings regarding systemic overcrowding, delays in healthcare access, and isolation practices. Negligence in the treatment processes of ill, elderly, and special-needs prisoners remains one of the most frequently cited categories of violations in CPT reports.

In conclusion, Turkey's failure to implement domestic and international statutes and conventions has propelled the country to the first rank among the 46 Council of Europe member states in terms of total inmate population; it now accounts for more than one-third of the total prison population in Europe.[46] The 439% surge in the number of inmates between 2015 and 2023 signifies not only structural deficiencies in the criminal justice system but also an excessive practice of detention and incarceration that is irreconcilable with international standards. This situation constitutes a direct breach of the UN Mandela Rules and the principles of the CPT, rendering a human-rights-based reform of the penal execution system an urgent priority.

3. Methodology

3.1. Research Design and Approach

This research was conducted utilizing a descriptive and interpretive approach grounded in qualitative research methodology. The objective of the study is not to formulate a statistical generalization, but rather to gain an in-depth understanding of the lived experiences of ill, elderly, and disabled inmates, and those of their next of kin. Consequently, the study is structured by examining the rights violations reported by participants through their own narratives.

Data were procured through various prisoner correspondence, monographs authored by inmates or their relatives, written testimonies, reports from non-governmental organizations, and oral statements provided by the kin of ill prisoners. In this regard, the study presents an enriched qualitative dataset predicated upon multiple data sources. Although the gathered data exhibit diversity in content, they were evaluated holistically through the method of **thematic analysis.**

3.2. Participants

The study's participant group comprises a total of 15 individuals, consisting of nine women and six men. Twelve of the participants are either ill/elderly inmates themselves or ward-mates of such inmates; three are individuals who are the kin of ill or elderly prisoners. The vast majority of the

43 "In certain prisons in Turkey, overcrowding levels have reached a point incompatible with human dignity. Prison administrations have normalized this phenomenon." Council of Europe, CPT/Inf (2020) 1, § 47.

44 "The Committee observed that in several high-security prisons, the serious medical needs of ill inmates were downplayed by the prison administration; furthermore, timely referrals to specialist medical personnel were not facilitated, and medical confidentiality was not ensured." Ibid., CPT/Inf (2020) 24, § 68.

45 "In the context of COVID-19 measures, prolonged isolation practices were of a nature that could lead to a violation of the prohibition of ill-treatment, particularly regarding elderly and severely ill prisoners." Ibid., CPT/Inf (2022) 17, § 39.

46 "More Than a Third of Inmates in Europe Are in Turkish Prisons, CoE Data Reveal," *Turkish Minute*, June 7, 2024, accessed March 2, 2026, https://www.turkishminute.com/2024/06/07/more-than-third-of-inmate-in-europe-are-in-turkish-prison-coe-data-reveal/.

participants have been released, whereas the father of one participant died in custody.

The participant profile is considerably diverse: two participants are cancer patients; one participant is an elderly inmate; and one participant is the relative of an elderly inmate. Furthermore, one participant has a 90% disability rating, while another has a 96% disability rating. The ages of the participants range from 22 to 71 years. The prison term for the inmates was determined to be a minimum of three months and a maximum of six years.

Summary information regarding the participants is presented below:

P1: A 41-year-old man and cancer patient. He was arrested while serving as a **judicial clerk** and remained incarcerated **from 2018 to 2025**, with a brief suspension of sentence execution. His medical condition deteriorated under ward and cell conditions, and he encountered significant barriers in accessing treatment.

P2: A 51-year-old male journalist who was detained in **three different prisons**. He remained in custody for approximately **five years** and provided a detailed account of both his own health issues and the violations experienced by the ill and elderly inmates in his ward.

P3: A 48-year-old female who was incarcerated for **53 months**. An agricultural engineer, the participant shared her own medical experiences alongside her observations regarding ill and elderly inmates. She underwent various prison processes, most notably in Bursa Yenişehir Prison.

P4: A 38-year-old female who was **arrested twice** while undergoing cancer treatment, serving a total of approximately three months in prison. She reported the obstacles faced during her own illness and the violations to which ill and elderly inmates in her ward were subjected.

P5: A 38-year-old female kin of a patient, recounting the violations experienced by her **cancer-stricken relative** during the incarceration process. Due to the failure to release the relative in a timely manner, the disease progressed, resulting in irreversible consequences.

P6: A 40-year-old female who was incarcerated for approximately **three months**. In addition to her own health issues, she shared her testimony regarding the rights violations experienced by elderly and ill prisoners in her ward.

P7: A 22-year-old male kin of a patient whose father died in custody from COVID-19 complications. He recounted the severe violations his father faced during the course of his illness and the barriers to accessing healthcare services.

P8: A 47-year-old female nurse who remained in prison for approximately **six months**. She reported the negligence encountered by ill and elderly inmates in her ward alongside her personal experiences.

P9: A 40-year-old female who was held in **Aliağa Şakran T-Type Prison** for **three months**, during which she witnessed rights violations against ill and elderly prisoners in her ward.

P10: A 50-year-old woman and theology graduate. She shared her own health struggles and experiences regarding the failure to meet the medical needs of elderly and ill inmates in her ward.

P11: A 50-year-old male academic who spent a total of **six years** in **Menemen, Şakran, and Bolvadin** penal institutions. He shared detailed accounts of both his personal health issues and the experiences of ill and elderly prisoners.

P12: A 43-year-old male who remained in prison for approximately **10 months**. During this period, he resided in the same ward as ill and elderly inmates and reported the rights violations they experienced.

P13: A male civil society representative in his 50s who participated in the interview as the kin of his 86-year-old father, a severely ill prisoner. He provided a detailed account of the grave health violations, strip searches, and ill-treatment his father endured in the Van and Elazığ prisons. He also provided observations outside the custodial setting regarding the condition of ill and elderly prisoners.

P14: A 41-year-old female and a prisoner suffering from various chronic health issues. She is a graduate of Marmara University, Faculty of Theology, and a mother of three. She worked for many years

in educational institutions affiliated with the Hizmet Movement, and her spouse held similar positions. Due to a surgery she underwent eight years ago, the lower lobe of her left lung was removed, and she has a chronic pulmonary disease.

She was taken into custody in Edirne in 2018; she was held in conditions detrimental to health and subsequently remained in detention for a total of six months in Edirne E-Type and Tekirdağ Prisons. During this interval, she was subjected to severe rights violations such as strip searches, overcrowded wards, lack of hygiene, and inadequate healthcare services. A fall during her imprisonment caused permanent damage to her right wrist.

Following her release, her case concluded with a sentence of six years and three months. This forced her into gaybubet—a Turkish term of Arabic origin describing a state of hiding as a fugitive—for nearly four years. During this period, she fractured her leg in two places due to a fall and a mass was later detected in her spinal region. She crossed the border near Edirne to go abroad in 2023; subsequently, her family joined her.

As her spouse was detained for a total of 44 months, P14 also provides secondary testimonies as the kin of an ill and elderly prisoner.

Having spent a long period in prison, she provided detailed accounts of the barriers to healthcare access for particularly severely ill, elderly, and mobility-impaired inmates. She witnessed health crises occurring in her own ward and reported the delays in emergency interventions.

P15: A 41-year-old female preschool teacher with a visual impairment. She suffers from approximately 90 to 98% vision loss due to a genetic eye disease that commenced during childhood, colloquially known as "night blindness" (scientifically termed Retinitis Pigmentosa [RP], a hereditary ocular condition resulting from the progressive degeneration of photoreceptor cells in the retinal layer). Her spouse, an insulin-dependent diabetic, was arrested as part of the investigations conducted following July 15, 2016; during this interval, P15 lived in a state of "gaybubet" for approximately two and a half years, after which she was taken into custody in Kastamonu on January 9, 2019, and was held in the female ward of Kastamonu E-Type Closed Prison for 18 days. P15 provides a dual testimony, both as a disabled prisoner who experienced carceral conditions with a severe visual impairment and as the kin of an ill prisoner due to her diabetic spouse.

3.3. Data Analysis

All collected documents and oral narratives were analyzed using the thematic analysis method, which is extensively utilized in qualitative research literature. During the analytical process, the data were examined systematically; recurring patterns, experience clusters, and common themes regarding rights violations were identified. These themes were constructed based on both participant statements and the triangulation of diverse data sources. This methodology has enabled a multi-dimensional, in-depth, and consistent evaluation regarding the experiences of prisoners and their next of kin.

4. Findings

Within Turkey, not only have substantial legal safeguards been established for ill, elderly, and female detainees, but also rights predicated upon national and international norms. For instance, pursuant to Article 16 of the Law on the Execution of Sentences and Security Measures No. 5275 (concerning the suspension of execution for convicts and detainees with illnesses or disabilities or their subjection to special execution practices) and Article 71 of the same Law, the right to "the protection of the physical and mental health of the convict/detainee, and the utilization of examination and treatment facilities" has been granted.[47] Furthermore, the Regulation on the Management of Penal Institutions and the Execution of Sentences and Security Measures, enacted regarding the management of penal execution institutions (for example, Article 141 and following), has also regulated matters such as the "right to health" for detainees and the "consideration of detainees in special circumstances" (the elderly, women, the ill).[48] As for female detainees, the sections of Law No. 5275 containing separate regulations for female convicts and detainees and the regulations issued within this scope provide such rights. In addition to this, the right of all detainees/convicts to access healthcare services has been secured through regulations such as the Regulation on Patient Rights in force in Turkey, and the possibility is provided for "everyone to benefit from patient rights in all institutions and organizations where healthcare services are provided."[49]

Conversely, despite the aforementioned legal and administrative safeguards, the findings show that these rights are not implemented comprehensively and consistently in penal enforcement institutions and that systemic problems continue to be experienced in practice. This report focuses on the rights violations experienced by ill and elderly prisoners, commencing from their periods of custody, and on these lived experiences. Furthermore, the issues experienced by female prisoners are conveyed through the experiences of seven female[50] participants.

4.1. Rights Violations Experienced During Custody

Following the OHAL declaration on July 20, 2016, in Turkey, the maximum period of custody was extended from 4 days to 30 days.[51] Consequently, the initial rights violations experienced by ill and elderly prisoners commence during the period of custody. In the mass arrests conducted rapidly following July 15, 2016, individuals were compelled to remain in inhumane conditions by crowding 8 to 10 people into detention cells designed for one or two people at police stations. Gökhan Açıkkollu died after suffering a heart attack on the 14th day of his detention in an overcrowded cell while in custody (August 5, 2016).

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47 "Special Execution Practices Due to Illness," General Directorate of Prisons and Detention Houses (CTE), accessed March 2, 2026, https://cte.adalet.gov.tr/Home/SayfaDetay/hastalik-nedeniyle-ozel-infaz-uygulamalari.

48 "Regulation on the Administration of Penal Institutions and the Execution of Penalties and Security Measures," *Official Gazette of the Republic of Türkiye*, April 7, 2021, accessed March 2, 2026, https://www.izlemekurulu.gov.tr/D_Dosya/Dosyalar/Ceza-Infaz-Yonetmeligi_07042021.pdf.

49 "Patient Rights," Department of Human Rights, Ministry of Justice, accessed March 2, 2026, https://inhak.adalet.gov.tr/Resimler/Dokuman/12122019115653um_hastahaklari.pdf.

50 There are eight female participants in the study. However, one of these female participants is the kin of an ill prisoner.

51 "Decree-Law No. 667 on Measures Taken under the State of Emergency," *Official Gazette of the Republic of Türkiye*, July 23, 2016, accessed March 2, 2026, https://www.resmigazete.gov.tr/eskiler/2016/07/20160723-15.htm.

Gökhan Açıkkollu, whose right to treatment was obstructed despite his declaration of having a chronic illness, has become a symbolic figure of the rights violations experienced during custody.[52]

In 2016, unlawful practices during custody became routine. Footage of soldiers[53] and police officers being tortured was openly displayed on television channels and in the pages of newspapers without hesitation.[54] One such instance—clearly evidencing torture behind closed doors— was described by P2, who was taken into custody in Ankara on August 21, 2016, as follows:

"Ankara Security Directorate, Anti-Smuggling and Organized Crime (KOM) Department, and Anti-Terror Department… These places were overflowing with people. Imagine detention cells spanning an entire floor. I am not certain of the exact square footage, but it was a small room, approximately three by four, or perhaps three by three meters at most. Ordinarily, two or at most three people could stay there. Yet, they had crammed fourteen people inside. Breathing is impossible. There are no windows. People were clinging to the iron bars, trying to breathe by pushing their heads toward the bars. You know those scenes in movies depicting Nazi concentration camps, where people hold onto the bars and struggle to breathe… It was exactly like that. Everyone was pressed against the bars, sticking their noses and mouths out, struggling to get a bit of air. Furthermore, it was the August heat. Fourteen people were crammed into a space for three. All the detention cells were the same way—overflowing.

As for food, they would provide a tiny roll of bread, five hundred milliliters of water, and one of those miniature tubs of butter per day. There was nothing else. They were making people develop kidney disease due to thirst. Can you imagine what it means to remain in that heat without being provided water?" (P2, male, 51, journalist)

The accounts provided by P2 demonstrate that detention conditions during the OHAL period declared after July 15 deteriorated severely, particularly for ill and elderly detainees. These individuals, held in overcrowded, unventilated, and unhygienic environments within detention centers, were frequently denied access to water and nutrition and were deprived of requisite medical care. This situation precipitated grave health risks for individuals with chronic conditions and rendered the detention process incompatible with human dignity.

The testimony of P2 reveals that, following the OHAL process, detention practices evolved beyond mere deprivation of liberty into a form of torture that directly imperils the right to life of elderly and ill individuals.

P7 describes the process experienced by his father, who was one of the longest custody cases during the OHAL period, with the following statements:

"My father was taken into custody on August 25. He underwent one of the longest detention periods in Turkey; he remained in custody for exactly 27 days. Meanwhile, they were being held in a gym with about 100 people. The conditions were extremely difficult. My father used to say that he had lost a great deal of weight due to hunger at the end of those 27 days. He would say, 'When we got up from where we were lying, we had to stand still for at least ten minutes just to regain our balance.' Because the food provided was

52 "Statement on Medical Ethics and Patient Rights in Detention," *Turkish Medical Association (TTB)*, September 5, 2017, accessed March 3, 2026, https://www.ttb.org.tr/haber_goster.php?Guid=67bcb21c-9232-11e7-b66d-1540034f819c.

53 "Surrendering Privates Speak: Testimonies Following the Failed Coup," *Indigo Dergisi*, July 2016, accessed March 3, 2026, https://indigodergisi.com/2016/07/teslim-olan-erler-konustu/.

54 "Former Air Force Commander Öztürk Denies Charges, Remanded in Custody," *Bianet*, July 18, 2016, accessed March 3, 2026, https://bianet.org/haber/eski-hava-kuvvetleri-komutani-ozturk-suclamalari-reddetti-tutuklandi-176881.

utterly inadequate, and people were becoming emaciated." (P7, male, 22, student)
Another testimony provided by P2 regarding the detention period concerns women with infants in custody:

"I saw women with their children; women kept in custody together with their infants.. There were women with crying children, women with infants in their arms... and women breastfeeding their babies." Similarly, P11 (male, 50, academic) reported that a woman was detained in Ankara with her nursing infant and stated that she was placed in a separate room solely to breastfeed her child. Incidents reflecting participants' experiences have also been documented in the media. For instance, Ayşe Karaduran, who was taken into custody during a mass operation on the grounds of affiliation with the Hizmet Movement, was subsequently remanded in custody. She was forced to hand over her 13-month-old infant to the father and had to express the breast milk intended for her baby into a sink.[55]

Although detention is fundamentally a precautionary measure and there is no legal requirement to separate mothers from their infants, the participants' accounts demonstrate that some women were either held in custody with their babies for days or were forcibly separated from them for prolonged periods.

With the declaration of the OHAL on July 20, 2016, the suspension of the rule of law became normalized. Consequently, ill, elderly individuals and women with infants were unlawfully taken into custody. These unlawful detentions persisted into 2024. The father of P13, who was detained while his advanced age and disability were disregarded, represents one such case. The individual in question is P13's 86-year-old father, who possesses a medical report certifying a 96% disability rating. P13 reports that his father was taken into custody despite legal provisions to the contrary and was subsequently arrested.

P14, whose right lower lung lobe was removed in 2010, was arrested despite the submission of medical reports and surgical records to the court, and recounted the detention process as follows:

"I was held in custody for about 12 days; you haven't bathed for 12 days, your appearance is disheveled, and the detention cell is exceedingly filthy and degrading. I was already an ill person when I was taken into custody. Eight years ago, the lower lobe of my left lung had been surgically removed; in other words, I was living with half a lung. Doctors had prescribed fresh air, a balanced diet, regular exercise, and a hygienic environment for me. However, I had access to none of these while in custody. My surgical reports and medical opinions were submitted to the prosecutor by the lawyers, and it was explicitly stated that I should not be remanded in custody. Nevertheless, I was remanded in custody." (P14, female, 41, teacher)

In addition to her illness, P14 began experiencing panic attacks due to the fear and anxiety she suffered during custody, a condition that continues to adversely affect her daily life.

"They placed me in a dark, underground cell with a tiny window at a gendarmerie station. That is where my anxiety began. On the opposite side, they had placed two drug addicts next to my husband's cell; they were punching the iron bars and walls until morning. Those sounds, that darkness, that stagnant air… On the first night, my heart started thumping; it felt as though it was going to burst out of my chest. My hands and feet were trembling; I couldn't breathe. It turns out I was having a panic attack. Sometimes I would get so bad that they would take me upstairs to the courtyard; after I caught my breath for about an hour,

55 "Cries of an Imprisoned Mother Separated from Her 13-Month-Old Baby: 'I am Pouring My Milk Down the Sink,'" *Bold Medya*, November 7, 2023, accessed March 3, 2026, https://boldmedya.com/2023/11/07/13-aylik-bebeginden-ayri-tutuklu-annenin-feryadi-sutumu-lavaboya-dokuyorum/.

they would take me back down again. I had panic attacks almost continuously for three days. In that filthy, unventilated environment in custody, I was both physically unable to breathe and suffocating internally." (P14, female, 41, teacher)

Among the testimonies, one of the most severe examples belongs to P15, who recounts the negligence her diabetic spouse encountered during custody. P15 expresses the events as follows:

"The greatest factor that left me feeling helpless was the hardships my husband faced during custody. It was during the hottest days in Turkey at that time. He had been detained in a wet place like Giresun. He was diabetic; he needed to use insulin four times a day, yet in the initial days, no attention was paid to his insulin, his water intake, or even his dietary regimen. He needed to drink water constantly and take his insulin with regular meals, but none of this was permitted. We wanted to provide his insulin from the outside, but they did not allow even that for days. He was held in the heat, in indoor sports halls, and in unventilated environments." (P15, female, 41, teacher)

In conclusion, this study observes that the rule of law was suspended following the OHAL process declared on July 20, 2016, in the aftermath of the July 15, 2016 coup attempt. In this research, the initial illegalities encountered by the participants commenced with their detention and persisted increasingly and intensified throughout their periods of arrest and imprisonment. The narratives of the participants demonstrate that during this period in Turkey, the ill, the elderly, the disabled, and women with infants or who were pregnant were taken into custody despite legal safeguards and were subjected to physical and/or psychological torture.

4.2. Rights Violations and Challenges Experienced by Prisoners Due to the Physical Conditions of Penal Institutions

In the immediate aftermath of July 15, arrests and detentions were carried out at extraordinary speed. So much so that the incarceration rate rose by 140% within a single year.[56] This circumstance primarily led to serious problems related to prison conditions. Two fundamental problems related to physical conditions emerge prominently in the research. The first is the excessive increase in the prison population due to pretrial detention—which ought to be applied as a provisional measure before the conclusion of trials—being used as a long-term measure. The second is the prevalence of hygiene-related issues commonly observed within the penal institutions. Furthermore, based on their own experiences and the accounts of other inmates (specifically common-law prisoners), the participants indicate that after their arrival, certain conditions were deliberately exacerbated and new regulations were introduced. P1 shared the following examples regarding these intentional practices:

"For instance, they would not handcuff non-political inmates during medical examinations. In my case, they did not remove the handcuffs. They only removed them when I entered devices that required the absence of metal, such as an MRI. I had heard that previously, handcuffs were not used in detention cells or during transfers; they would only be applied upon departure. Then, I believe the practices changed after our arrival. It was such that they tightened certain regulations specifically after we arrived. For example, there used to be windows on the ward doors through which one could see inside from the outside. Immediately after our arrival, they painted them over.

56 "Prison Statistics, 2016," Turkish Statistical Institute (TÜİK), October 31, 2017, accessed March 3, 2026, https://data.tuik.gov.tr/Bulten/Index?p=Ceza-Infaz-Kurumu-Istatistikleri-2016.

The situation was the same when we went out to the courtyard. The courtyard was already a tiny space—you could walk ten steps forward and five or six steps to the side. Nothing was visible except the sky. It was enclosed by 33-foot--high walls. We could sense the director's animosity toward us even from that. They covered the top of the courtyard with wire mesh; they did this exclusively for us. There were ten wards, and they sealed off that entire corridor.

Morning and evening roll calls were already standard, but they conducted an additional roll call at 11:30 PM specifically for us. It was purely to harass us. At that hour, one wants to sleep, but you cannot lie down. No other prison in Turkey had such a practice. It was implemented exclusively for us—that is, for 'our group.' They would perform a recount at 11:30 PM, as if we were going to escape. In reality, escaping from there was already impossible." (P1, male, 41, judicial clerk)

This example clearly demonstrates that the concept of "enemy penal law" (*Feindstrafrecht*) was operationalized during the post-July 15 trials. The practices recounted by P1—handcuffed medical examinations directed exclusively at a specific group, arrangements obstructing the field of vision, the installation of wire mesh over the courtyard, and additional nocturnal roll calls—reveal that the execution of sentences has deviated from the principle of equality. Such arbitrary and discriminatory practices are concrete indicators that pretrial detention has been stripped of its status as a provisional measure and transformed into a *de facto* instrument of punishment.

4.2.1. Overcrowding in Prisons and Congested Wards

Excluding participants who were forced to remain in solitary confinement due to their illnesses, overcrowded wards constitute a shared grievance among all participants. Particularly in the aftermath of July 15, the physical conditions of the prisons evolved into an alternative form of punishment; fundamental rights became a luxury. Participants stated that the number of inmates in their wards reached three to four times the intended capacity, and that the capacity of wards—typically designed for four people—was artificially increased by installing additional bunk beds. Between 2016 and 2018 in particular, the density in prisons reached such levels that numerous inmates were forced to sleep on the floor. The majority of these overcrowded wards are equipped with only a single toilet and bathroom. The rapid surge in arrests and detentions immediately following July 15 resulted in a density that far exceeded the capacity of the penal institutions. It is reported that between 2015 and 2025, the number of prisoners rose from 177,262 to 383,663, while capacity increased only from 202,675 to 301,397; consequently, approximately 103,000 prisoners were reportedly forced to sleep in ward corridors or communal areas.[57] The findings of our study corroborate this statistical overview.

"In an area normally designated for seven people, they had packed forty-seven individuals. Yes, exactly forty-seven. The size of the room was approximately two by four meters. In fact, I am not even certain if it was even two meters wide. So imagine seven people living in a room that is two by four meters. There were four bunk beds, all of which were double-deckers. Yet, because there was no space left, many individuals were forced to sleep on the floor, directly on the concrete. What was spread out for us was merely a thin sponge mattress, only ten to fifteen centimeters thick. I slept on that concrete for months. During this period, I developed kidney ailments and contracted pneumonia." (P2, male, 51, journalist)

57 Barış Pehlivan, "Journalist Barış Pehlivan: Inmate Population Reaches 403,060; Total Capacity 299,881—No Beds for 103,000 People," *T24*, accessed March 3, 2026, https://t24.com.tr/haber/gazeteci-baris-pehlivan-tutuklu-hukumlu-sayisi-403-060-395-cezaevinin-toplam-kapasitesi-299-881-103-bin-insana-yatak-yok-,1232146.

P2, who was held in three different penal institutions during an approximately six-year detention period, stated that similar conditions prevailed in all of these institutions. According to the participant, due to the housing of inmates far exceeding prison capacities, many individuals were forced to sleep on concrete floors on thin sponge mattresses for extended periods. This situation resulted in both physical health problems (such as kidney ailments and pneumonia) and the deterioration of living conditions to a point incompatible with human dignity.

In some older prisons, poor physical conditions stem from structural causes. For instance, rodent infestations, malfunctioning sewage systems, and general infrastructural inadequacies are frequently observed in these institutions. However, hygiene problems persist even in newer prisons. This is directly attributable to the overcrowding resulting from mass arrests and the housing of inmates significantly beyond established capacities.

Among the participants, P1 expressed the overcrowding and inadequate hygiene conditions in the prison where he was held with the following words:

"Normally, the ward was an H-type designed for 12 people, but we were staying as 24. At times, the number even increased to 30. This was the situation when I arrived; however, in the initial years—especially during the first months—50 people had been held together. There were those who had to sleep on the floor. We even heard that in other provinces, like Konya, the crowds reached up to 60 people. Therefore, it was said that Eskişehir was 'better' in this regard. Nevertheless, people were still sleeping on the floor, and there was only one toilet and one bathroom. We would wait in line for the toilet; taking a bath was nearly impossible. Eskişehir Prison also had other problems unique to itself." (P1, male, 41, judicial clerk)

P8, a mother of three arrested in 2018, stated that they were held as 24 people in an 8-person ward; while P9 noted that six people were placed in single-person cells by installing three bunk beds, and that 27 people stayed in wards designed for 11.

P11, one of the participants, described the overcrowding and unhealthy living conditions in the wards where he was held with the following words:

"These wards were normally designed for eight people, but we were held as 26 or sometimes 28. Four or five people were constantly sleeping on the floor. In fact, the wards were designed for eight people, but they later increased the capacity by adding bunk beds. Despite this, when the beds were insufficient, people were again forced to sleep on the floor. In other words, the places called eight-person wards were areas whose capacity had been forcibly increased afterward. Generally, T-type prisons consist of eight or ten-person units, while L-types are somewhat more spacious. Conditions there can be considered relatively more humane. However, here, they were placing eight people into a room intended for one. Imagine a tiny space, half the size of a balcony, where eight people are forced to reside. At night, the humidity inside would increase to such an extent that condensation from the windows would drip onto the windowsill and then onto the floor. Our beds were constantly wet. Eventually, we started placing 5-liter water bottles under the window so that the runoff from the humidity would not reach the bed. We were staying in places built for an average of 10–11 people, but I hardly recall the number ever dropping below 20–25." (P11, male, 51, academic)

P6, aged 72, who was incarcerated in Adana for six months, recounted the physical conditions of the ward with the following words:

"The ward was normally designed for 8 to 10 people, but we were held as 16. Since there were not enough beds, everyone was sleeping on the floor. We would spread blankets and thin mattresses in the remaining

empty spaces in between. In fact, when there was no space left, we moved to the lower floor, namely the refectory section [dining hall area] of the prison. That area was very close to the toilet and bathroom. Three or four people were sleeping on the floor in that section. Imagine this, when you want to go to the toilet or the bathroom, you are forced to pass by stepping over the people sleeping on the floor. Living in such an environment was truly very difficult." (P6, male, 72, tradesman)

P12, similarly, emphasized that with the increase in capacity in L-type prisons, living conditions incompatible with human dignity emerged:

"The L-type prison actually consisted of seven rooms, and each room was planned for seven people. However, two bunk beds were later added to each room, thereby increasing the capacity. In our period, due to extreme overcrowding, we were held as 36 to 37 people in rooms designated for twenty-eight. While someone was released every day, new ones would arrive; the number never decreased. In most rooms, one or two people were sleeping on the floor. We had established a system among ourselves; we would take turns sleeping on the floor mattress. When someone was released, being able to move into that person's bed was a source of great joy. Even being able to say, 'I finally have a bed of my own,' made a person happy during that period." (P12, male, 43, geodetic engineer)

Similarly, **P14** recounted with the following words that even during the period characterized as the "quietest time," overcrowding continued to be a significant issue:

"The period during which I was held was described as the 'quietest of times,' yet we were still held as 23 people in an eight-person ward. There were three infants among us; later, two of them were released, thank God. However, in the period before me, the situation was apparently much worse. There were times when 33–40 people stayed, with eight to ten floor mattresses spread out, and beds even extending to the stairs. Two or three people would also sleep on the floor downstairs. It was so crowded that even breathing was supposedly difficult." (P14, female, 41, teacher)

The participants' narratives are consistent with the findings documented in national monitoring reports and news sources:

"No beds, only concrete floors": The inspection report for Maltepe L-Type Prison by the Human Rights and Equality Institution of Türkiye (HREIT, 2024) noted that over 40 inmates were held in 28-person wards, with some sleeping on the concrete floor.[58]

Press analyses emphasize that this surplus indicates "at least **100,000 prisoners are sleeping on the floor.**"[59]

Insects, mold, and a single washing machine: The same HREIT report identified insect infestations in the dormitory section of a ward at Maltepe L-Type, noted that laundry hung in corridors obstructed ventilation, and found that the institution had only a single washing machine, reserved only for the "sick and juvenile ward."

58 "Prison Capacity Exceeded: Inmates are Sleeping on the Floor," *Bianet*, accessed March 3, 2026, https://bianet.org/haber/cezaev-

59 "Republic of Prison Campuses: Turkey Has So Many Inmates 100,000 Sleep on Floor," *bne IntelliNews*, accessed March 3, 2026,

The cycle of dirty mattresses and blankets: Female prisoners at Çorum L-Type reported that they "slept on dirty mattresses taken from storage rooms on the floor and shivered from the cold in winter" (Press report, January 22, 2024).[60]

Failure to provide mattresses and linens: According to the monitoring report for Bolu F-Type, the administration fails to provide adequate mattresses and bed linens, and the water quota in the rooms *de facto* limits the washing of laundry.[61]

Water for only 2 hours a day: It was reported that in Kütahya T-Type Prison, water was provided to prisoners for only two hours a day due to wells drying up, while hot water was restricted to two hours per week.[62]

National monitoring finding: The Afyonkarahisar T-Type report (HREIT, 2024) noted that hot and cold water outages lasting up to two weeks occurred due to malfunctions, and a per-person quota of 150 liters of cold water and 50 liters of hot water was implemented.[63]

In the report by the Association of Lawyers for Freedom (ÖHD), prisoners conveyed that "the wards are very cold even in the spring months" and that despite requests made to the administration, the heaters were turned on for **only 30 minutes** before being switched off. [64]

Records on the Şikâyetvar platform show that "prisoners are unable to sleep at night due to inadequate heating" during the winter at Erzurum A-Type Prison.[65]

The CPT's ad-hoc visit on April 7-11, 2025, reported that prisoners in high-security blocks were allowed outdoor exercise **for only one hour each day**, spending the remaining 23 hours in their cells, which the report stated has amounted to "prolonged isolation."[66]

Furthermore, the 2024 report by the Association of Lawyers for Freedom (ÖHD) revealed that the activities of prisoners staying in three-person rooms at Bolu F-Type Prison were restricted to the room, and their right to socialize was systematically restricted.[67]

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60 "Wards Overcrowded in Çorum Prison: Female Inmates Sleeping on the Floor, Shivering from Cold," *Bold Medya*, January 22, 2024, accessed March 3, 2026, https://boldmedya.com/2024/01/22/corum-cezaevinde-koguslar-tika-basa-doldu-kadin-mahpuslar-yerde-yatiyor-soguktan-titriyorlar.

61 "2024 Report on Human Rights Violations in Turkish Prisons," Association of Lawyers for Freedom (ÖHD), accessed March 3, 2026, https://www.ozgurlukicinhukukcular.org/tr/detay/2024-yili-turkiye-hapishaneleri-hak-ihlalleri-raporu.

62 "Wells Dried Up in Five Months at New Prison: Inmates Given Water for Only Two Hours," *Bold Medya*, March 12, 2023, accessed March 3, 2026, https://boldmedya.com/2023/03/12/yeni-cezaevinde-kuyular-5-ayda-kurudu-mahkumlara-2-saat-su-veriliyor/.

63 "Report on the Investigation of Human Rights in Penal Institutions," Human Rights and Equality Institution of Türkiye (TİHEK), accessed March 3, 2026, https://www.tihek.gov.tr/public/images/kararlar/llyq32.pdf.

64 "2024 Report on Human Rights Violations in Turkish Prisons," Association of Lawyers for Freedom (ÖHD), accessed March 3, 2026, https://www.ozgurlukicinhukukcular.org/tr/detay/2024-yili-turkiye-hapishaneleri-hak-ihlalleri-raporu.

65 "Public Complaint: Harsh Conditions and Extreme Cold for Inmates in Erzurum Prison," *Şikayetvar / Ministry of Justice Feed*, accessed March 3, 2026, https://www.sikayetvar.com/adalet-bakanligi/adalet-bakanligi-erzurum-cezaevinde-soguk-kosullarda-mahkumlarin-zor-durumu.

66 Wendy Sawyer and Peter Wagner, "Mass Incarceration: The Whole Pie 2025," *Prison Policy Initiative*, March 2025, accessed March 3, 2026, https://www.prisonpolicy.org/reports/pie2025.html.

67 "2024 Report on Human Rights Violations in Turkish Prisons," Association of Lawyers for Freedom (ÖHD), accessed March 3, 2026, https://www.ozgurlukicinhukukcular.org/tr/detay/2024-yili-turkiye-hapishaneleri-hak-ihlalleri-raporu.

Consequently, the overcrowding experienced in penal institutions and the resulting living conditions incompatible with human dignity is consistently corroborated both by participant narratives and by national and international monitoring reports. The capacity crisis, which deepened with the mass arrests following the 2016 period, has confronted prisoners with fundamental rights violations, such as sleeping on concrete floors, sharing a single toilet with dozens of individuals, and struggling with hygiene and heating inadequacies. Physical infrastructural deficiencies persist in newly constructed prisons and older ones; conditions such as water quotas, interruptions in hot water supply, insect infestations, mold and unsanitary bedding demonstrate that the penal execution system fails to fulfill its obligation to safeguard prisoner health and human dignity. Personal testimonies extending from P1 to P14, when evaluated alongside reports from HREIT, the CPT, and civil society organizations, reveal that prison overcrowding is not a temporary fluctuation but rather a structural and persistent human rights issue. These findings indicate that the penal execution regime must be urgently reconsidered in accordance with international human rights standards.

4.2.2. Rights Violations and Challenges Arising from Hygiene Conditions in Prisons

The housing of inmates far beyond prison capacities in Turkey, and the presence of antiquated institutions dating back to the 1800s, and restrictions such as intentionally imposed water outages significantly exacerbate hygiene problems. This situation constitutes the second major problem related to the physical conditions of prisons. Inadequate infrastructure, overcrowded wards, limited cleaning supplies, and barriers to accessing water both increase the risk of infectious diseases and directly harm prisoners' quality of life. The statements of the participants demonstrate that hygiene is not merely an issue limited to cleanliness, but also a structural matter that transforms into a violation of the right to a life consistent with human dignity within prisons.

Most participants are in agreement regarding prolonged water outages and severely limited hot water access. Furthermore, many participants emphasized that their detention periods took place across multiple prisons; consequently, the problems experienced were widespread across the country.. The testimonies of prisoners held in different penal institutions regarding this matter are presented below:

P1 describes how even basic hygiene could not be maintained when water access was frequently interrupted:

"Bathing was a distinct hardship. Hot water was provided only three days a week. Even then, it occasionally failed to run. Everyone's bathing duration was restricted to nine minutes. Since there were dozens of people waiting in line at the door, no one could bathe comfortably. Often, I would refrain from bathing simply to avoid infringing upon the rights of others. In the prison, water was drawn from a well rather than the municipal system. The well periodically ran dry, leading to frequent outages. This became a major issue, particularly in an overcrowded environment. Without water, washing dishes, cleaning or maintaining hygiene was nearly impossible. The upper-floor dormitories were excessively crowded; people were sleeping side-by-side in an unventilated environment." (P1, male, 41, judicial clerk)

Similar hygiene problems are clearly evident in the accounts of **P2**, who was held in several prisons:

"Sanitation facilities were extremely inadequate. There were only two toilets used by forty people. Hot water was provided on designated days and during limited hours; and each person was allotted eight minutes. However, the water was cut off most of the time. If I recall correctly, the water would only run for about an

hour and a half, and forty people had to bathe within that duration. Naturally, this was not possible. Most individuals could not bathe for days because their turn never came… Similar hygiene issues occurred in other prisons. Frequent water outages occurred in Sivas, Tarsus, and Tekirdağ. There were times at Sivas E-Type when water was unavailable for extended periods. The prisoners there met their needs by extending fire hoses into the ward and filling buckets. An announcement would usually be made when the water was about to be cut off; we would then fill every container we could find with water. However, sometimes the water would be cut off without an announcement, and that is when things became truly difficult. These outages generally stemmed from maintenance issues or the inadequacy of the water reservoir. Since the capacity in prisons was so excessive, the existing water reservoirs could not meet the demand and would be depleted in a short time." (P2, male, 51, journalist)

Hygiene violations in overcrowded wards are further corroborated in the statements of P4:

"We were 38 people in a ward designed for 15. There were only 2 toilets and 2 bathrooms; we all had to utilize these two spaces. I was held there during November and December; during that period, the heaters were not operational. There were basins everywhere, and insects were crawling in the kitchen. A clean order could not be established in any way. Furthermore, we had no right to hot water; only five minutes of hot water was provided. We had to finish our shower within those five minutes." (P4, female, 38, teacher)

The structural issues related to the water quota are described as follows by P11, an academic who stayed in various wards for an extended period:

"The amount of hot and cold water per person in prisons is fixed; I believe it is set in the regulations as approximately 50 liters of hot and 50 liters of cold water daily. There are valves that control this quantity. In practice, however, serious problems were encountered. For instance, sometimes three new people would arrive at the ward in a single day, but the water quota would not be adjusted accordingly. In any case, the system had never anticipated that the ward occupancy would be so high. As a result, water was cut off abruptly, and we would remain without water for the rest of the day. Furthermore, hot water was only provided during specific hours." (P11, male, 51, academic)

In certain prisons, the conditions of structural decay and the resulting health risks are clearly articulated in the observations of P14:

"I had already been held in detention for 12 days before entering prison; during that period, I had not bathed and was in a state of wretchedness. The detention cell was filthy and unventilated. When I was transferred to the prison, I thought I would finally be able to bathe, but I learned that water was provided only once a week. When I entered the bathroom, the ceiling was high and visibly deteriorating. While I was trying to perform ablution, something dripped onto my head. I looked up; the sewage pipes had cracked, and foul water was dripping from the ceiling. At that moment, I realized once again how severely dilapidated and unfit for human habitation that facility was." (P14, female, 41, teacher)

These accounts by the participants demonstrate that access to water in prisons is systematically restricted, and that infrastructural deficiencies, overcrowded wards, and inadequate maintenance have transformed hygiene issues into a persistent structural problem. These conditions severely violate prisoners' basic human standards of living.

In addition to water outages, frequent sewage system failures in prisons constitute one of the significant hygiene problems reported by the prisoners. According to the participants' accounts, manholes in some prisons frequently become clogged, and foul odors permeate all the wards. More

seriously, staff do not always perform these cleaning tasks. At times, prisoners are directly compelled to undertake them themselves. P3 recounts one of the most tragic examples of this situation as follows:

"About a month after I entered prison, the manhole overflowed. When the officer arrived, he postponed the task, saying, 'Today is Friday, we cannot clean it'; once working hours had passed, he stated that they would not come to clean it, using the excuse of 'the weekend is coming.' Then they told us, 'Quickly, put on your gloves, get your tools. You are going to do the cleaning.' The officer opened the cover, and the attendant stood there, but we were the ones who were going to do the cleaning. We were filling trash bags with that filth using shovels and carrying them away. I objected, saying, 'Are we going to do this work in front of the officer? This is not right'; but since the others had experienced this before, they immediately found bags and shovels and started working. The guard disappeared; even the chief guard was not there. They even pressured us, saying, 'If you do not hurry, you will be left in filth for two days.' I did not touch the cleaning at all. However, some friends cleaned it with their hands and removed the waste. This situation shook me deeply; even days later, I was still affected by it.

"On another occasion, while I was on duty, the manhole became clogged, and we were forced to perform the task of carrying [the waste]. Together with my duty partner, we were filling and carrying the buckets. Halfway through, my strength gave out, and my back began to ache. We had to continue; one of our friends reached the point where she could no longer endure it and began vomiting. I tried to hold on, then a severe pain shot through my back—eventually, my back gave out, and I suffered what felt like a hernia. The officers, meanwhile, were forcing us, saying, 'Empty it into the trash'; there was no other option." (P3, female, 48, agricultural engineer)

Even if they are not forced to clean it themselves, the clogging of toilets in men's prisons renders the small wards even more unsuitable for habitation. A participant who was held in Tekirdağ Prison expresses this situation as follows:

"In Tekirdağ Prison, toilet clogs occurred frequently. The staff constantly warned us, saying 'do not throw paper,' but due to the overcrowding, clogs were inevitable. We were housed as twenty-five, or even thirty people in a space designed for eight. When the toilet became clogged, the environment would become unbearable. Therefore, we were as careful as possible and tried to use it without throwing anything in." (P2, male, 51, journalist)

These accounts demonstrate that the physical infrastructural inadequacies in prisons violate not only basic living conditions but also the right of prisoners to live in a manner consistent with human dignity. Manhole overflows, water outages, and persistent hygiene deficiencies pose a direct threat to health; prisoners are frequently left under severe conditions, both physically and psychologically. Such practices clearly reveal the extent to which human rights standards and oversight mechanisms remain inadequate within penal execution institutions.

Another significant hygiene issue emphasized by the participants in the study is the poor quality of food, the lack of sanitation, and the overall lack of cleanliness of the prisons. Participants said food was frequently spoiled and that insects or foreign substances were encountered in the meal trays. Furthermore, it was expressed that the presence of mice roaming around had become a commonplace occurrence in some prisons. These findings demonstrate that food safety and cleanliness standards in prisons are extremely inadequate. A participant who was held in Tekirdağ Prison recounted an incident of food poisoning they experienced as follows:

"I witnessed an incident of food poisoning in Tekirdağ. Although they did not admit it, many people had been affected by the same meal. On one occasion, pieces of plastic were found inside the fried food; it had likely been fried along with plastic from the cutting board. Proper meals were served only two or three days a week; the food provided on other days was generally thrown away." (P2, male, 51, journalist)

Similarly, other participants emphasized that the presence of insects and foreign substances in meals had become commonplace:

"The hygiene conditions in prisons were apparently so poor that finding insects in the food has become normalized. My father always wrote in his diary. Various insects were reportedly turning up in the salads. The prisoners had even grown so accustomed to this situation that they began giving names to the insects. Insects appearing, mice appearing, food being insufficient… these were all apparently ordinary events." (P7, male, 22, student)

Based on his father's accounts, the same participant conveyed the general sanitation conditions in the prison as follows:

"The wards were apparently overcrowded; forty people were sleeping on the floor in rotation. Siirt Prison was very old, and mice were frequently emerging from the toilets and the base of the walls. The prisoners were reportedly trying to counteract this situation by cleaning constantly, but to no avail." (P7, male, 22, student)

P15 experienced an ordeal similar to the examples mentioned above. She conveys this situation with the following words:

"Even when we were six people, we would inevitably wait in line for the sink. Because everyone wakes up at the same time and prepares for prayer, and so on. Even then, you wait. There was only one bathroom and one toilet. You can imagine how challenging these were when it was very crowded there. Previously, there were reportedly mice; they had struggled quite a bit for that, for fumigation and such." (P15, female, 40, teacher)

Another participant who was held in Düzce Women's Prison in 2018 stated that even personal hygiene constituted a major challenge:

"During the early period of our imprisonment, we were forced to wash our laundry by hand. This situation was particularly difficult for ill detainees; it was nearly impossible to maintain hygiene due to the cold and inadequate facilities." (P8, female, 44, nurse)

A female prisoner who was held in Edirne E-Type Prison conveys similar hygiene problems regarding the meals:

"Edirne E-Type Prison was so old that the conditions were extremely poor. The food was served in three-compartment meal trays, and insects were frequently found on the plates. I felt nauseated; we could not eat. The meals were left on a counter in closed pots; when we opened the lids, we would see insects inside. Everywhere was covered in spiderwebs, and mice were roaming around. The environment was both filthy and permeated by a heavy odor; it was truly very difficult to live there." (P14, female, 41, teacher)

Due to small wards, frequent water outages, and arbitrary restrictions, even washing laundry—one of the simplest needs—becomes a serious problem in prisons where clothing is provided in limited

quantities. P1, who was diagnosed with cancer while in prison, expressed this situation with the following words:

"There was a major difference between the H-type and L-type prisons where I stayed. In the H-type, laundry was washed in communal machines free of charge; however, when we transferred to the L-type, there was one machine per ward, and this time it had been made subject to a fee. In other words, everyone now had to have their laundry washed for a price. After washing the clothes, the institution would deliver them to us in mesh bags, but since they were washed inside these bags, they were often not fully cleaned. Nevertheless, considering them 'washed' was deemed sufficient for us.

There was only one clothesline in the yard, and approximately 30 people had to hang their laundry on this 5-meter line. This, of course, was not possible. So, we would sometimes secretly arrange extra strings. We used to cut mesh bags to make rope. However, during searches, the guards would collect these strings because they had banned them under the pretext that 'suicides are committed with clotheslines.' If they found extra string, they would both cut it and impose disciplinary sanctions. In winter, we were forced to dry the laundry indoors, but we would immediately gather the strings whenever there was going to be a search.

When I first went to the ward, the beds and blankets provided were in very poor condition. The old mattresses smelled of cigarettes, and the pillows were yellowed and full of holes. Blankets were not washed in the prison. This situation was particularly prominent in Eskişehir Prison. Those who arrived first were given completely empty wards: there were no tables, chairs, samovars, plates, or spoons. Only a bed and a bunk… Meals were delivered in large containers, and prisoners were forced to eat with their hands. There was neither pen nor paper; they were told to write petitions, but there was nothing to write with. In the first few days, everyone was in a state of confusion and fear. After living like this for about a week, they learned that items such as tables, chairs, plates, and spoons could be purchased from the canteen. In this way, slightly more humane conditions gradually began to be established." (P1, male, 41, judicial clerk)"

While the unsanitary physical conditions of the prisons caused healthy inmates to fall ill, they also led to the progression of illnesses. P2, who contracted pneumonia in the prison where he was held, recounts his experiences as follows:

"It was actually the conditions that made me sick." The environment was filthy, neglected, and dirty; it was almost impossible to maintain our personal hygiene. There was no place to sleep, no air… it was hard even to breathe. We were staying as 47 people in a room meant for seven. In such a crowd, it was impossible not to fall ill. Moreover, there were even no windows in those small rooms; the windows were covered with thick, perforated sheet metal. No air could get in, and the inside was constantly suffocating and stuffy." (P2, male, 51, journalist)

The physical conditions of prisons pose varying challenges depending on the period of incarceration and the specific regional climate. For instance, P12, who was held in Alanya Prison during August, suffered from serious skin diseases due to extreme heat:

"Due to the extreme heat there, I developed a heat rash and various skin conditions emerged. During that period, I suffered from a shinglelike ailment, and I also developed beard alopecia. Half of my beard had fallen out; those areas were left smooth like a baby's skin. I received treatment for these diseases in prison. However, they had us receive 'no torture' reports regularly every morning; yet, what we went through was clearly torture." (P12, male, 43, map engineer)

The adverse physical conditions of prisons not only cause inmates to fall ill but also create severe difficulties, particularly for those with orthopedic disorders. P1 recounts the hardships experienced by his cellmate as follows:

"In the prison, there were many people who were unable to use squat toilets. Some wards had floor-level toilets; only a few L-type or disabled wards had sitting toilets, but those were generally assigned to ordinary prisoners. There were none in our ward. There were people who had undergone back surgery and were unable to squat. One of our friends wrote reports and filed petitions repeatedly, to no avail. Moreover, the ward was two stories, yet the man could not manage the stairs. The toilet was on the lower floor. He requested, 'move me to a single cell,' because those had sitting toilets, but no one paid any attention. The man's situation was truly pathetic. We cut out the center of a plastic chair in the ward so he could use it as a makeshift toilet. He was very ashamed and felt humiliated. It took him a long time to use the toilet; therefore, he would say to us, 'Whoever needs to go should go first. I will wait.' He would place the chair in the toilet and relieve himself while sitting there. Still, there was no privacy; we were living in a room where 30 people stayed together, and the toilet, bathroom, and television were all in the same area.

He was struggling so much that he even watched what he ate and drank for this very reason. He would not consume anything after the yard gate closed at 5 or 6 in the evening, as it was impossible for him to go to the toilet during the night. He had wrapped the toilet chair in a bag, but due to hygiene concerns, he did not want to keep it inside and would leave it outdoors. Before it got dark, he would use the toilet one last time before the yard closed. Watching him, I would say, 'A picture should be painted of this', because the desperation he experienced was the most concrete manifestation of the inhumane conditions in the prison." (P1, male, 41, judicial clerk)

P4, a female participant, reports that both she and her cellmate experienced a situation similar to the one recounted by P1:

"There was a woman in the ward with a broken leg. She required a specialized toilet, but they did not provide one. There were also elderly people suffering from back and leg ailments; there were no sitting toilets. Since there were no sitting toilets, they requested that a handrail be installed in the restroom, that request was also ignored. In other words, all prisoners who were elderly or had health problems were completely neglected; none of their requests received a response. I was also unable to use the squat toilet during that period. My friends cut a hole in the middle of a chair. I was forced to use that." (P4, female, 38, teacher)

The experiences of the aforementioned prisoners and their relatives indicate that prison conditions and practices in Turkey pose health risks not only for ill prisoners but even for healthy inmates, and constitute human rights violations.

In summary, the evidence clearly demonstrates that, following the mass arrests after July 15, penal institutions in Turkey have been operating in a manner contrary to human dignity. Overcrowded wards, inadequate infrastructure, limited access to water and sanitation, unsanitary food conditions, and intentional restrictions on prisoners function as a "secondary punishment" beyond the sentence itself. Participant accounts and national and international reports reveal that these conditions in prisons lead not only to physical but also to psychological destruction. This situation clearly contradicts the principles of "treatment compatible with human dignity" and the "prohibition of ill-treatment" guaranteed by international human rights conventions to which Turkey is a party. Consequently, the physical conditions of prisons are not merely an administrative issue but are directly in the nature of human rights violations and necessitate a comprehensive reform process.

4.3. Human Rights Violations and Challenges in Accessing Healthcare Services

According to the 2021 Prisons Report from CISST, access to healthcare services in prisons is severely constrained. While family practice services are provided five full days a week in prisons with a population exceeding 1,000; coverage is limited to five half-days a week in prisons with a population between 500 and 1,000. In penal institutions with fewer than 500 prisoners, mobile physician services are provided for only two half-days, or in other words, a total of one day per week. These data reveal that physician time per patient is extremely inadequate, particularly in high-population prisons.[68] The administration of healthcare services for thousands of prisoners by a single physician leads to shorter examination times, the inability to conduct regular follow-ups for chronic diseases, and a failure to intervene in emergencies in a timely manner. This situation demonstrates that healthcare services in prisons have become a structural problem area and that the prisoners' right to health is significantly restricted.

The issues encountered by prisoners in accessing healthcare services after July 15 were not solely due to infrastructural deficiencies; they were further exacerbated by intentional negligence, discriminatory practices, and arbitrary administrative decisions. During this period, systematic deprivation of the right to health resulted in the loss of life for prisoners in several cases. Mustafa Kabakçıoğlu, Veysel Atasoy, Yusuf Bekmezci, Nusret Muğla, Muzaffer Özcengiz, and Süleyman Yıldırım are among the prisoners who lost their lives in prison or due to prison conditions as a result of obstruction or delay of their access to medical treatment.

One of the most prominent examples in this context is Mustafa Kabakçıoğlu.[69] Although he suffered from severe health problems during his incarceration, his repeated requests for treatment and transfer to a hospital went unheeded. Essential medical interventions were withheld, and he remained in custody even as his condition deteriorated.. As a result of the systematic denial of his right to treatment, Kabakçıoğlu lost his life on August 29, 2020, seated in a plastic chair in a solitary cell at Gümüşhane Prison. This case starkly demonstrates how access to healthcare in prisons can be effectively nullified.

Similarly, although Veysel Atasoy[70] battled severe health complications for months, his hospital transfer procedures were delayed, and he was subjected to the practice of handcuffed examination during the

68 *2021 Prisons Report*, Civil Society in the Penal System (CİSST), accessed March 3, 2026, https://cisst.org.tr/wp-content/uploads/2022/12/CISST_2021_Hapishaneler_Raporu_TR.

69 "Purged Police Officer Found Dead in Quarantine Cell; Death on a Plastic Chair," *Artı Gerçek*, accessed March 3, 2026, https://artigercek.com/guncel/khkli-polisin-karantina-hucresinden-cenazesi-cikti-plastik-sandalyede-olum-141301h.

70 Ömer Faruk Gergerlioğlu, "General Assembly Speech on Human Rights Violations in Prisons," *Grand National Assembly of Türkiye (TBMM)*, accessed March 3, 2026, https://www.tbmm.gov.tr/Milletvekili/UyeGenelKurulKonusmalariDetay?eid=112385.

treatment process. Atasoy, a police officer dismissed under a(KHK, was transferred to Tavşanlı State Hospital and Kütahya Health Sciences University Evliya Çelebi Training and Research Hospital after falling ill in Tavşanlı Prison. Atasoy remained handcuffed to his hospital bed for 35 days before passing away on September 12, 2020. The criminal complaint filed by his family was rejected after authorities denied permission to investigate the public officials involved.[71] The lack of coordination between the prison administration and medical units, coupled with human rights violations, effectively nullified Atasoy's fundamental right to health in this case as well.[72]

Another case that drew public attention pertains to Yusuf Bekmezci. Bekmezci, a philanthropist and businessman, was arrested on charges including providing scholarships, building dormitories, and volunteering for the Hizmet Movement. On January 4, 2022, he was transferred from Kırıklar F-Type Penal Institution to İzmir Katip Çelebi University İzmir Atatürk Training and Research Hospital for eye surgery. Bekmezci suffered cardiac arrest during the procedure and was moved to intensive care. Despite the Council of Forensic Medicine issuing a report recommending the "postponement of execution," the İzmir 2nd High Criminal Court rejected the request for release. Bekmezci died in custody on Jan. 20, 2022, while still in the intensive care unit.[73]

Another example of medical neglect involves 85-year-old Nusret Muğla, who was arrested for volunteering with the Hizmet Movement. Muğla, who was hospitalized at Manisa State Hospital after testing positive for the coronavirus, took 14 different medications daily for chronic conditions, including heart disease, hypertension, rheumatism, prostate ailments, kidney ailments, and balance disorders. Despite repeated appeals for release to the Ministry of Justice by MPs Ömer Faruk Gergerlioğlu, Sezgin Tanrıkulu, and Mustafa Yeneroğlu, Muğla was denied release and died on November 2, 2023.[74]

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71 "Purged Official Veysel Atasoy Handcuffed to Bed for 35 Days in Intensive Care; Parliament Claims 'No Violation,'" *Bold Medya*, September 14, 2022, accessed March 3, 2026, https://boldmedya.com/2022/09/14/khkli-veysel-atasoy-yogun-bakimda-35-gun-yataga-kelep-celenmisti-meclis-ihlal-yok-dedi/.

72 Ömer Faruk Gergerlioğlu (@gergerliogluof), "Update on the Health Condition of Yusuf Pekmezci," *X (Twitter)*, December 26, 2022, accessed March 3, 2026, https://x.com/gergerliogluof/status/1607291804293931011.

73 "Life of Yusuf Pekmezci, a Prominent Figure in the Hizmet Movement, Documented," *Hizmetten*, accessed March 3, 2026, https://hizmetten.com/hizmetin-onemli-simalarindan-yusuf-pekmezcinin-hayati-belgesel-oldu/.

74 "Nusret Muğla, Friend of Bülent Arınç, Dies of COVID-19 in Prison," *Bold Medya*, February 13, 2022, accessed March 3, 2026, https://boldmedya.com/2022/02/13/bulent-arincin-arkadasi-nusret-mugla-cezaevinde-koronadan-hayatini-kaybetti/.

Another noteworthy case illustrates that failure to evaluate long-term isolation alongside health status can lead to fatal consequences. Muzaffer Özcengiz, an İzmir-based teacher dismissed under a KHK and arrested April 7, 2017, was transferred to Çorum T-type Closed Penal Institution. Özcengiz was kept in a solitary cell from February 28, 2018, until his death 14 months later. In a petition submitted to the Çorum Execution Judgeship shortly before his death, Özcengiz requested a transfer to a multi-person ward, citing hypertension, thyroid disease, diabetes, prostate ailments, disc herniations, advanced hearing loss, and psychiatric problems. Despite repeated applications by his family and a medical report issued by the prison doctor confirming that he "cannot remain in a solitary cell," this request was denied. Özcengiz suffered a fatal heart attack in his solitary cell on April 26, 2019.[75]

Finally, the death of Süleyman Yıldırım, which occurred during the finalization of this study, is particularly noteworthy. Yıldırım, an attorney of the Denizli Bar Association, was remanded in custody on the grounds of enrolling his children in an educational institution affiliated with the Hizmet Movement and maintaining an account at Bank Asya. Medical neglect during his incarceration led to a circulatory disorder that necessitated the amputation of one of his legs. He was subsequently diagnosed with stage 3 lung cancer and released only after public pressure mounted as his weight plummeted to approximately 40 kilograms. Shortly after his release, he died on December 8, 2025, shortly after his release, at İzmir City Hospital.[76]

These cases reveal a structural practice of punishment implemented by violating the right to health in the post-July 15 period. The analyzed fatalities demonstrate that the negligence toward prisoners is not isolated but systemic in nature; they further substantiate that the right to health and a life compatible with human dignity has been severely undermined in Turkish prisons. This study categorizes the primary failures in prison healthcare into several key areas: difficulty accessing the infirmary, irregular medication distribution, referral delays, inadequate post-treatment care, unsuitable physical conditions, and structural obstacles to accessing the Council of Forensic Medicine to obtain "unfit for detention" reports.

4.3.1. Obstacles in Accessing the Infirmary

Prisons in Turkey house a population that exceeds their official capacity by approximately 82,000 individuals.[77] This extreme overcrowding severely restricts prisoners' access to healthcare services. Accessing a physician has become a significant challenge, and the amount of time a doctor can allocate to a patient has plummeted. The primary obstacle is gaining entry to the infirmary. P1 articulates this situation with the following words:

"While in prison, I used to tell everyone: 'Do not get sick, whatever you do.' Because if you get sick, conditions are dire. The infirmary system was incredibly problematic. When I first arrived, we could only access the infirmary once a month—only once a month. This was later increased to once every two weeks, but normally it should have been once a week. To access the infirmary, it was mandatory to submit a written petition. The strangest part was this: there was a specific designated day even for submitting a petition.

75 "Four-Page Petition of Muzaffer Özcengiz, Who Died Alone in a Cell: 'I Am Unable to Breathe, Move, or Stand,'" *Ibid.*, May 1, 2019, https://boldmedya.com/2019/05/01/hucrede-tek-basina-olen-muzaffer-ozcengizin-4-sayfalik-dilekcesi-nefes-alamaz-hareket-edemez-ayak-ta-duramaz-haldeyim/.

76 "Lawyer Süleyman Yıldırım, Released on His Deathbed, Has Passed Away," *Samanyolu Haber*, accessed March 3, 2026, http://www.samanyoluhaber.com/olum-doseginde-tahliye-edilen-avukat-suleyman-yildirim-vefat-etti-haberi/1483624.

77 "Prison Statistics, 2016," Turkish Statistical Institute (TÜİK), October 31, 2017, accessed March 3, 2026, https://data.tuik.gov.tr/Bulten/Index?p=Ceza-Infaz-Kurumu-Istatistikleri-2016.

If you missed that specific day, you would forfeit your right to access the next scheduled infirmary visit. In other words, one feels the need to secure medical attention even before actually falling ill, but the system does not permit it." (P1, male, 41, judicial clerk)

The insufficient number of family physicians serving in prisons is a primary reason inmates cannot access the infirmary. The dismissal of more than 5,000 doctors and approximately 10,000 healthcare personnel following July 15, 2016, is a dimension of this situation that must not be overlooked. Paradoxically, as a portion of the dismissed healthcare personnel were themselves incarcerated, the doctors and nurses among the inmates attempted to fill the void created by inaccessible infirmaries or unqualified family practitioners in the prisons. P2 described this tragic irony with the following words:

"In other words, not everyone could access the infirmary easily. At most, three people could go each time, and only one of those three would be selected. The person who did manage to go was usually sent back with just a pill or two prescribed by the doctor there. They would not refer anyone to a full-fledged hospital. Not even a proper diagnosis was being made. I only found out later that I had contracted pneumonia. They had arrested doctors along with us, but fortunately, they eventually had the sense to distribute them among different wards. Initially, they were all in the same place. Later, they assigned one or two doctors to each ward. Those doctors helped us; they made diagnoses, listened to my cough, and performed examinations. It was thanks to this that I was eventually referred to a hospital." (P2, male, 51, journalist)

The difficulty of accessing the infirmary is a matter on which all participants are in agreement. P11 explained that this neglect has been normalized by both the inmates and the prison doctors:

"Let's say I got sick Friday." Saturday and Sunday pass anyway. On Monday morning, you write a petition saying, 'I am ill, I want to see a doctor.' But if the queue is too long that week, they don't admit you. The doctor only comes two days a week, and even then, only for a half-day. They say, 'It's full this week, come back next week.' By then, the illness either passes or worsens. We, as an entire ward, fell ill so many times… One of us gets the flu, and it spreads to the next. Today I get sick, and my friend looks after me. Then he gets sick, and this time I look after him. Eventually, we write a petition to the doctor as a whole ward. When the doctor finally arrives, he asks, 'What was wrong with you?' When we say, 'We had the flu,' he replies, 'Alright, I'll prescribe you some medicine; I gave some to your friend as well, you can use his too.'" (P11, male, 50, academic)

The difficulties encountered in accessing infirmaries in prisons clearly manifest as a structural problem, both in participant narratives and in institutional data. Chronic overcrowding, a limited number of physicians, and an infirmary system operating only on specific days for brief periods render it effectively impossible for prisoners to receive timely and qualified healthcare services. The restricted timeframe for submitting petitions, the limitation on the number of individuals permitted to visit the infirmary, and the dismissal of most applications with "basic medications" demonstrate a systematic violation of the right to health. Furthermore, the incarceration of dismissed healthcare personnel and the subsequent attempt to fill the resulting void with inmate physicians highlights the tragic dimension of the situation. Participant testimonies reveal that illnesses spread rapidly within the wards, diagnoses and treatments are delayed, and in most instances, patients are forced to wait for spontaneous recovery. This summary illustrates that access to healthcare services in prisons is systematically obstructed, constituting a severe human rights issue that directly threatens prisoners' right to life.

4.3.2. Challenges in Access to Medication

Ill prisoners who gain access to the infirmary in prisons continue to experience significant difficulties regarding the acquisition and consistent distribution of medication thereafter. A prescription written in the infirmary is no guarantee of immediate delivery. Participant P1 recalled the delay:

"Medications only arrive two days after being prescribed in the infirmary. Even if you are suffering from febrile seizures and need antibiotics, you can only receive the medicine two days later. If that medication is not in stock in the pharmacy, the guard does not bother; that medicine never arrives. For example, if your medicine is out of stock, the guard will not wait; he brings others' medicine but not yours. What are you supposed to do? You have to see the doctor again, have it prescribed once more a week later, and then try to get it again. Unfortunately, such a practice exists. No one monitors your medication. When your medicine arrives, you wait for the guard at the door around 8 or 9 in the evening; if he shows up at that time, you give your locker number, and he hands over a single dose from your locker. It was such an irrational system." (P1, male, 41, judicial clerk)

Similarly, the delayed and inadequate interventions experienced particularly by elderly prisoners demonstrate that the right to health is often treated as a "deferrable" service. A striking example of this situation is clearly observed in the account of 72-year-old P6, who encountered severe difficulties in accessing the infirmary:

"Due to ocular hypertension (glaucoma), one of my eyes had turned completely black; it was practically a pool of blood. Even in that state, it took a week to access the infirmary. My cellmates couldn't even bear to look at my eye, yet they only took me to the infirmary a week later. The doctor said, 'This cannot be treated here,' and referred me to the hospital. When we arrived at the hospital, the ophthalmologist looked for only a few seconds—it didn't even last five seconds. He said, 'I am prescribing drops.' Then he added, 'If it acts up again, don't come to us; go to internal medicine.' It was unbelievable to tell someone with ocular hypertension to 'go to internal medicine.' My eye was bloodshot and swollen, but no one took it seriously. There is no need to say more; the situation was self-evident." (P6, male, 72, tradesman)

Prisoners indicate that two types of ailments are particularly challenging in prison: dental pain and orthopedic disorders. While accessing treatment for dental pain is all but impossible, in the case of orthopedic issues, the physical conditions significantly complicate the lives of both the prisoner and their cellmates. P15 noted the struggle to obtain basic relief for dental pain:

"There was no such thing as going to the infirmary immediately. Furthermore, they would not take you to the hospital right away for dental issues. There was one designated day a week—if I remember correctly, I think it was Tuesday or something like that… You could only go once every two weeks for dental problems, provided that you had submitted a petition in advance. If it didn't coincide with that specific week, I would have had to endure that toothache for two full weeks. Fortunately, thanks to my cellmates, they had already written and submitted my petition in advance.

When I arrived, they said, 'We cannot do anything right now.' So we had to find our own remedies; we tried to alleviate the pain through methods such as gargling with saltwater. It was also impossible to access a painkiller immediately. You could only get one if a cellmate happened to have it. One night, my tooth was aching severely, and I asked the guard, 'I need a painkiller; if you have any, could I have one?' but they refused. You cannot obtain a painkiller without a physician's prescription. Since everyone had been there for a long time, they had learned to be as cautious as possible. They were using the medications they had sparingly; they were trying to protect themselves, thinking, 'I might need this again tomorrow.'" (P15, female, 40, teacher)"

In prisons where access to medication is exceptionally difficult, inmates have been compelled to devise

their own solutions to meet their needs. One of the most significant components of this solidarity network is inmates with medical backgrounds. P14 conveys this situation through her own experience as follows:

"There were times when medications that some inmates needed to use continuously were not provided. In our ward, however, there was a professor of psychiatry, an intensive care specialist, and an internist. Perhaps because of this—since the doctor in the infirmary was lower in seniority than them—our 'elder sisters' would tell us which medication we should request. We would then go and ask, 'Could you prescribe such and such a drug?' and sometimes they would. However, it varied depending on their mood; sometimes they would act resentfully and refuse to prescribe anything. If they were in a good mood, they would; otherwise, they were not helpful in any way. Accessing the infirmary was also very difficult; if someone was summoned, they were told, 'You will go to the infirmary in half an hour.' Therefore, everyone would ask that person to have their medication prescribed so that at least one person could go and bring back all the medications. Because it was not possible to access the infirmary so easily." (P14, female, 41, teacher)

Similar issues appear in the public sphere. The family of 72-year-old Mehmet Emin Çam, held in Batman T-Type Prison, reported he was unable to obtain his cardiac medications for two weeks.[78]

Furthermore, the 2025 "Prison Prescription Protocol," – renewed annually between the Turkish Pharmacists' Association (TEB) and the Ministry of Justice, introduced a 65 TL flat-rate medication limit. This regulation has rendered oncology drugs *de facto* inaccessible for prisoners.[79]

P6 reports that during his incarceration, the entire ward suffered from a gastrointestinal infection and no medication was provided. He says he was only taken to the hospital after losing consciousness, and his meds arrived a week later:

"I could only speak a few words to the doctor; I didn't even have the strength to speak. I said: 'Everyone in jail has been sick for at least ten days. Until then, I haven't been given a single pill.' The doctor simply said, 'Use your medications carefully,' and told me not to return. As if they had provided medication all along and we just refused to use it?' The doctor wrote a prescription. The soldiers took us by the arms and led us back to the prison. I went back to the ward and lay down.

Do you know when drugs arrived? Exactly seven days later. After seven days, they handed me a bag full of medicine. Yet, if a person falls ill and the medication for their treatment arrives a week later… You have already waited as long as the entire recovery period." (P6, male, 72, tradesman)

When testimonies and media reports are evaluated in conjunction, it becomes apparent that the obstructed access to medication within penal institutions constitutes a systemic structural problem. Even inmates who succeed in undergoing a clinical examination in the infirmary are compelled to wait for days or even weeks to receive their prescribed medications. Factors such as pharmaceutical stock deficiencies, administrative negligence, delays in the referral chain, and restrictive budgetary ceilings for medication *de facto* obstruct the prisoners' access to medical treatment.

The case of a cardiac patient in Batman T-Type Prison being deprived of medication for weeks, alongside the 2025 Prison Prescription Protocol rendering oncology drugs inaccessible, demonstrates

78 "Critically Ill Inmate in Batman Prison Not Provided with Medication," *Bianet*, accessed March 3, 2026, https://bianet.org/haber/batman-cezaevindeki-agir-hasta-mahpusa-ilaclari-verilmiyor-299103.

79 "Protocol on the Supply of Drugs for Detainees and Convicts in Penal Institutions," *Turkish Pharmacists' Association (TEB)*, accessed March 3, 2026, https://www.teb.org.tr/news/10813/.

that this issue is not isolated but rather indicative of institutionalized negligence. This constitutes a severe violation of the right to health and the right to life of the incarcerated population.

In conclusion, the obstacles to access medication within penal institutions signify the existence of a profound and institutionalized structural violation, rather than isolated incidents of malfunction. While inmates who undergo clinical examinations in the infirmary are unable to obtain their prescriptions for days or even weeks, factors such as pharmaceutical stock deficiencies, administrative delays, arbitrary practices by guards, and restrictive budgetary ceilings render treatment processes *de facto* dysfunctional. Testimonies demonstrate that even in cases requiring emergency intervention, such as ocular hypertension, medications are not procured; furthermore, dental and orthopedic ailments are often managed through self-treatment amidst excruciating pain. The 65 TL medication limit introduced by the 2025 Prison Prescription Protocol further exacerbates the scale of this violation by rendering access to essential medications for critical illnesses entirely impossible. When both participant narratives and public cases are evaluated in conjunction, it becomes patently clear that disruptions in the procurement of medication directly threaten the prisoners' right to life and that regular access to medication—a fundamental component of healthcare services in prisons—is systematically obstructed.

4.3.3. Human Rights Violations and Issues Arising from the Failure or Delay of Hospital Referrals

Despite existing legal frameworks, ill[80], elderly, and disabled[81] individuals, and pregnant women, continue to be detained in prisons in Turkey. Especially in the aftermath of July 15, this situation has become normalized, leading to a substantial increase in violations of the right to health. Many individuals who, according to legal regulations, are unfit for incarceration or whose release is necessitated by their medical condition have remained in detention despite requisite medical evaluations. This situation has caused the progression of illnesses in some inmates, while others have entirely lost their prospects for successful treatment. Another example is P4, a cancer patient. Although surgical intervention was required within 15 days, their subsequent arrest and the postponement of the surgery resulted in cancer metastasizing to the zygomatic bone, causing the loss of the cheekbone.

"I had been diagnosed shortly before entering prison. I needed to undergo surgery, and the doctors had told me, 'You have at most five months left.' However, surgical clearance was denied. A biopsy had been performed, but I was arrested before a treatment plan could even be established. We submitted all our reports to the court; despite biopsy results and the necessity of surgery being fully documented, I was not released. Throughout my time in prison, my treatment never began. When I was finally released 15 days later, I went to the doctor immediately. The doctor said, 'It is too late now; surgery is no longer an option.'" (P4, female, 38, teacher)

The delay in treatment has resulted in irreversible consequences in P4's life. Similarly, despite his wife requesting his referral to a hospital for two years, this demand has not been met.

80 Law on the Execution of Penalties and Security Measures, Ministry of Family and Social Services, accessed March 3, 2026, https://www.aile.gov.tr/eyhgm/mevzuat/ulusal-mevzuat/kanunlar/ceza-ve-guvenlik-tedbirlerinin-infazi-hakkinda-kanun.

81 United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules), United Nations Office on Drugs and Crime (UNODC), accessed March 3, 2026, https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules.

Likewise, the delay or failure of hospital referrals has led to permanent consequences for other inmates as well. P5's testimony illustrates both the delay in treatment and the exacerbation of the illness by prison conditions:

"Following what he endured, my husband has now completely lost hearing in one ear; he still cannot hear. The situation persists at home. His illness has progressed, and his suffering has intensified. Doctors said he needed surgery again. The professor at the faculty of medicine explained that although he might not be able to fully restore the hearing loss, he might be able to halt its progression, but this would require open surgery. An appointment was scheduled for October, but my husband informed the doctor that he might be in prison by that date and did not wish to undergo surgery under those conditions. Despite this, no solution could be found.

Since there is a possibility of him remaining in prison for approximately another year, time is running out. Even the doctors are at a loss as to what can be done… If this operation could have been performed earlier under appropriate conditions, he would have had a chance to recover in a sterile environment at home. In such a case, perhaps the stay of execution could have been extended, but the priority was halting the hearing loss. His left ear is already completely deaf, and his right ear becomes blocked intermittently. When he catches the flu, his nasal passages become congested and he feels a burning sensation. Furthermore, his salivary glands, which still require treatment from his time in prison, are not functioning. There are also burns.

Regarding the salivary glands, the doctor said, 'They are like yeast, like the starter for yogurt… with proper care and health, they can become functional over time.' Although his current state is not as parched as before, the problems still persist." (P5, female, 38, housewife)

P1 was the participant who remained ill in prison for the longest duration. His four-hour interview provides a detailed examination of the initial cancer diagnosis, treatment, and the subsequent period following the recurrence of the disease. P1's statements strikingly illustrate how bureaucratic obstacles in prison caused his recurrent cancer to remain untreated for months. He recalled the six-month delay in starting treatment despite the illness returning:

"My illness recurred in 2024. Make sure to note this; it took six months for us to start treatment. The only reason was jail itself. No matter what you asked, the prison administration would hide everything behind the excuse that 'it is too crowded, there are 2,000 inmates.'" (P1, male, 41, judicial clerk)

While explaining why access to treatment was delayed for months, P1 detailed the complex and dysfunctional structure of the referral process:

"It took me six to seven months to start cancer treatment. During this period, the disease naturally spreads because everything is tied to procedure. The doctor must issue a referral, the prison must approve it, the gendarmerie's staffing level must be suitable… You get on the list, but sometimes they do not take you. It is essential for me to go to the infirmary, essential to go to the hospital… But you cannot go. Suddenly, you find out that the gendarmerie has canceled the referral. I experienced this three times during my time in prison. The gendarmerie can cancel it three times if they wish. Every time it is canceled, the process starts all over again." (P1, male, 41, judicial clerk)

P1emphasizes that this stagnant mechanism within the prison did not progress without external pressure with the following sentences:

"The tragic side of the matter was that the process only moved forward if someone from the outside intervened. This is why my wife was constantly on the move: she met with the doctor, she met with the guard, she went to the director, she spoke with the prosecutor… The prosecutor would call the prison, and my wife would call the prison administration and the General Directorate of Prisons and Detention Houses. It was only through this external pressure that things progressed even slightly." (P1, male, 41, judicial clerk)

P1summarizes how even getting a diagnosis took months:

"When my wife learned that the illness was worsening, she had me referred to Osmangazi Hospital for pathology. In total, it took six to seven months to diagnose. At every step, there were procedures, obstacles, and negligence. They neither wanted to do their jobs nor did they know how to do them. This is my interpretation. That is why the process lasted seven months." (P1, male, 41, judicial clerk)

P1 faced life-threatening danger not only during his cancer treatment but also afterward due to negligence. Although his right arm swelled rapidly, turned red, and severe pain began during his incarceration, his condition was deemed "insignificant," and he was denied the infirmary for a long period. P1 recounted the incident:

"My arm swelled up. At first, we couldn't understand it; we thought it was an allergy or something similar. My right arm became very swollen and red. We banged on the door, but they dismissed it; they didn't take me to the infirmary. One day passed, then two days. The next day, I wrote a petition, saying, 'I need to go to the infirmary urgently; I am a patient with [this condition],' but again we couldn't go for two days. Then Saturday came. I eventually had to bang on the door again. It was some time in the evening; I insisted because the swelling wasn't going down. The guard looked and saw the arm was badly swollen. They immediately called an ambulance and took me to the hospital. It turns out a clot had formed; I was suffering from an embolism. An embolism is apparently very dangerous; it either kills you or leaves you paralyzed." (P1, male, 41, judicial clerk)

Journalist P2, who witnessed a similar situation in Tekirdağ Prison, recounted his experience:

"There was a teacher in the prison who had an ocular condition. He was on the verge of losing his eye, yet he could not access the necessary treatment. Despite his repeated requests, he could not receive a proper examination or treatment. He was losing his vision with each passing day. While I was being transferred from Tekirdağ to Tarsus, I stayed at Metris Prison for one night. There, they placed me in a ward designated for inmates who had been referred to the Council of Forensic Medicine (ATK) for medical reasons. There was a person I met in that ward whose eyes were also on the verge of failing completely. He had come from Zonguldak Prison. He had been brought to the Istanbul Council of Forensic Medicine for an examination, but I do not know if he was released afterward. His condition was also severe." (P2, male, 51, journalist)

Another participant, P11, said he suffered advanced hemorrhoids from inadequate hygiene and harsh prison conditions. He noted that he had no such condition prior to incarceration, but due to poor hygiene, use of squat toilets, insufficient hot water, and the effects of stress, the condition transformed into a permanent fistula. Although doctors recommended surgery, he could not undergo the procedure because there was no possibility of postoperative care in prison and the risk of infection was high. P11 recalled the progression:

"My ailment was an advanced version of hemorrhoids. Inflammation had accumulated in one of the dilated capillaries there, and this was spreading to different parts of the body. In fact, that area needed to be incised and the inflammation drained; this is called a 'fistula.' However, because diagnosis and treatment were

significantly delayed, the fistula became permanent and began causing constant fever.

It also took a long time to be diagnosed. Eventually, a gastroenterologist at Çiğli State Hospital in Buca identified the problem via a colonoscopy. He immediately referred me to general surgery. The surgeon made an incision with a cursory intervention and ostensibly cleaned it. By the time I left Çiğli and returned to prison, my clothes and body were completely covered in blood. Blood and inflammation continued to flow. That wound never closed until I was released from prison.

Later, I was transferred to Şakran and Bolvadin prisons. During this process, the ailment fluctuated in severity but never fully resolved. I had eventually accepted it. I did not dare risk having surgery there. I consulted my brother, who is a healthcare professional, and he did not recommend it either. I was only able to undergo surgery after my release.

This ailment did not exist before prison. Conditions likely caused the disease. Use of squat toilets, lack of hygiene, insufficient hot water, stress, and distress caused the disease to progress. Cleaning conditions in prison were very limited; it was impossible to maintain proper hygiene.

I consulted physicians many times and had MRIs taken. The doctors told me, 'it will either close on its own or you will have to undergo surgery.' I refused surgery because it was too risky under prison conditions. Since post operative care could not be provided, the situation could have worsened further. Indeed, I experienced a difficult process even after getting out. Due to the delay in treatment, this ailment has turned into permanent damage that I will carry for the rest of my life." (P11, male, 50, academic)

Due to similar negligence in various prisons across Turkey, the illnesses of many inmates have progressed, and even minor injuries have developed into serious and permanent impairments. P14's experience serves as a stark example:

"I slipped while performing ablution and fell on my wrist. My wrist was completely twisted; I felt an excruciating pain. My friends rushed to help, but I couldn't hear anything due to the pain. They notified the infirmary, but the doctor did not arrive until 2 ½ hours later. My wrist and fingers were swollen; I couldn't move them. I explained the situation, but he just gave me some cream and said, 'Go, it will pass.' I couldn't sleep until morning that night because of the pain. The next day, when my friends insisted again, they summoned me. This time he looked and said, 'I wish we had called an ambulance immediately, it is far too late now.' They administered a cortisone injection, but it was already too late. My arm remained bandaged for a long time, and for a month and a half, I couldn't move my hand or fingers. I couldn't do anything for myself; my friends brought me my tea and food and even made my bed.

After I was released from prison, I went to a doctor again for my wrist. X-rays were taken, and it was revealed that bone marrow edema had developed. The doctor asked in surprise, 'How did such a serious trauma occur?' I told him that I had fallen in prison and that my treatment had been delayed. He shook his head and said, 'Unfortunately, this is permanent; it will last a lifetime.' He added, 'You are young now, so you won't feel it much, but you will feel it more as you age.' I am 41 years old now; my wrist still hasn't fully healed. I cannot perform fine motor tasks. This damage to my wrist is like a permanent scar, a souvenir from prison." (P14, female, 41, teacher)

P1 noted that the violations against ill prisoners are directed not only at members of the Hizmet Movement but also at common-law inmates, adding that this policy imposes a substantial fiscal burden on the state:

"Initially, I thought only we were being treated this way, but upon looking closer, I saw that common-law prisoners endure the same conditions. There are people dying in prison. The ill, including cancer patients, are dying. Among the common-law prisoners, there are many elderly and frail individuals. Some are 70 and cannot walk; they live their lives in wheelchairs. There are those who are semi-paralyzed and cannot perform any tasks. Despite this, they are still kept in prison. This is truly a sobering reality. There is such a system in Turkey that common-law prisoners receive the same treatment. Seniors who are severely ill and unable to walk are still detained in prison. Yet, these individuals are also a great burden on the state. The care of an ill, elderly person, transporting them to the hospital, the gendarmerie escort, fuel expenses... Each is a separate expense.

Every day, 20, 30, sometimes 40 prisoners go there. They are taken in groups in the morning, sometimes 50 people at once... The guard has mountains of paperwork; it is impossible for them to track you individually. Do you know what you have to do if you want to learn your results? You return to jail and wait. Look at the burden they impose on the state. You return to jail, wait a week, then write a petition to see the infirmary. If the infirmary is staffed, they see you; sometimes they cannot. When you get to the infirmary, you tell the doctor, 'I went in such-and-such month, we had scans taken.' The infirmary staff can sometimes see it in the system, and sometimes they cannot. For instance, they might see blood results but cannot access other findings. Even if the system has improved , you still want your own doctor's interpretation. The infirmary doctor says, 'Alright, I have referred you.' Then you wait one or two months for that. But if you have cancer, the disease spreads during this period. Two months later, you go back just to learn the result. Whereas two months prior, you could have learned it while you were already there. Being able to go to the hospital is another issue entirely. Only if they take you, and only if the doctor is present... Because even leaving the prison depends on the signatures of many people." (P1, male, 41, judicial clerk)

Despite all the hardships faced by ill prisoners in accessing treatment, the fact that inmates with medical backgrounds assist their cellmates, prisoners in other wards, and even prison officers, reveals—as seen in the case of P1—the profile of a KHK subject who prioritizes the interests of the state. This is the profile of a KHK subject and a member of the Hizmet Movement who, despite the violations they endure, does not conflate the government with the state; they ground their benevolence not in self-interest, but on a foundation of humanity and faith.

Inmates in prisons across different cities experience similar difficulties regarding hospital access and the initiation of treatment. Similar to P1, P11 recounted the protracted referral and diagnostic process: *"There were scheduled infirmary days, but being able to go was never guaranteed. For example, suppose you had an examination and a prescription filled in the infirmary the week before. If you experienced an urgent ailment the following week, they could reject you by saying, 'You went last week.' This was an absurd practice that penalized everyone for the perceived abuses of a few. In reality, you might have gone the previous week just for a routine prescription, whereas this week the situation is urgent...*

Obtaining a referral from the infirmary to the hospital, and subsequently going there, was already a lengthy process. If you had lost consciousness or were critically ill, perhaps emergency services could be summoned, but this occurred rarely. Other than that, unless there was a life-threatening situation, no emergency intervention was provided. I also had inflammation in my body and was in significant distress, yet it took two or three months for me to see a doctor.

In such cases, seeing a genuine specialist in the field and reaching an accurate diagnosis, and initiating treatment, took an exorbitant amount of time. The doctor would say, 'Let us refer you for an MRI,' but that appointment would be scheduled for one month later. You go one month later, and then it would take 10 days for the MRI results to be released. In short, even in the case of a serious ailment, the diagnostic and

treatment processes were extremely protracted." (P11, male, 50, academic)

P7, a relative of an ill prisoner, recalled that his father was not referred to a hospital despite suffering from a kidney stone. P7 recounted the incident:

"In the meantime, my father suffered from a kidney stone while in prison. He also wrote about that period in his diary. He says they still would not take him to the hospital. His cellmates, unable to bear his agony, wept and banged on the iron doors, pleading, 'Take this man to the hospital already!' My father's condition was very poor; he was passing a stone, yet they still would not take him." (P7, male, 22, student)

P11 reported that an elderly inmate in his ward was denied a hospital referral despite suffering from severe kidney pain, and that his condition was managed only with temporary painkillers.

"There was someone we called Uncle Said; his kidney condition was serious. When his pain started, he would writhe in agony and lie on the floor. We struggled greatly during those times. He would be taken to the infirmary with great difficulty, where they would only administer a painkiller. When his condition became critical, they called emergency services once or twice. Other than that, that man lived constantly with kidney pain. Anyway, it did not last long. At one point, a new regulation was introduced; we would press the call button to report the situation, but they would say, 'There is nothing to be done, let him take a painkiller.'" (P11, male, 50, academic)

Patients were not only denied hospital referrals but were also subjected to the mocking of prison officers. P9 described the scene:

"One of our friends suffered a seizure-like episode in the ward. We pressed the emergency button and banged on the doors repeatedly. A guard arrived only after some time had passed. He said, 'There is no doctor at the moment; if there is a nurse among you, let them intervene.' Fortunately, there was an inmate who was actually a nurse in the ward, and they took care of it. Gaining access to a doctor in prison took at least one week.

Another friend of ours contracted COVID. They requested to see a doctor by submitting a petition, but they were only taken one week later. By then, they had recovered on their own. When the doctor asked, 'If you are not ill, why did you come?' my friend replied, 'By the time they brought me to you, I had already recovered.'" (P9, female, 40, teacher)

P11 witnessed several instances of delayed or denied referrals:

"For instance, there was a patient with celiac disease—a young man from a different group—to whom they were giving bread and flour. However, he was not supposed to consume gluten; he struggled immensely to find gluten-free bread. There was also a very elderly man detained due to his association with the Adnan Oktar group; he was a cancer patient but had not been released, and his treatment was not managed. Furthermore, there was a teacher from the Yamanlar group whose cancer had been diagnosed very late. He was someone I knew before. When I saw him at the Atatürk Research Hospital in Yeşilyurt, I was shocked—he had lost a significant amount of weight. I witnessed situations of this nature, but what I personally experienced was the failure to intervene in my own ailment in a timely manner. Consequently, my condition turned into an infection and became an affliction that lasted seven years. It has been ongoing since 2018; I recently had surgery, but there is no guarantee that it will be fully resolved." (P11, male, 50, academic)

Hospital referrals are so difficult that P12, who suffered a bone crack in his foot, was only referred to the hospital after six weeks.

"On one occasion, I had a crack in my foot. I went to the prison doctor, but there were no X-ray capabilities. The doctor said the crack was visible even through the skin and that there was even internal bleeding. He said, 'We cannot take an X-ray, but there is most likely a crack.' They told me to wait in that state. No referral was made; they would say things like, 'Do you think we refer everyone who asks? You have to wait.' I limped for about six weeks. Then my foot began to heal on its own. When they finally took me to the hospital, they examined me for both an injection and the crack in my foot, but by then it was over. The crack had closed, no trace was visible, and I was able to step on it." (P12, male, 43, geomatics engineer)

The testimony of P1, whose cancer recurred for the second time, starkly illustrates how the referral mechanism has transformed into a severe rights violation. The start of his treatment was delayed by six to seven months, solely because of administrative obstacles and personnel negligence. During this period, the disease progressed, and the chances of successful treatment plummeted. P1 recounted the delay:

"In 2024, the disease returned. But we couldn't start treatment. I waited a full six months. The only reason was jail itself. Whenever we asked, they gave the same answer: 'The prison is too crowded; there are 2,000 inmates.' Because of this, no procedure was moving forward." (P1, male, 41, judicial clerk)

This delay resulted not only from overcrowding but from every stage of the referral chain transforming into a mechanism of obstruction. P1 explained the bureaucracy:

"The doctor issues the referral; the prison administration must then approve it. Then, the gendarmerie makes a decision based on the personnel roster. Sometimes, they do not take you. It happened to me three times—the gendarmerie canceled my referral. After every cancellation, everything started all over again." (P1, male, 41, judicial clerk)

The arbitrary cancellation of referrals is a primary reason behind P1's inability to access treatment. P1's testimony demonstrates that the phrase "the gendarmerie canceled it" lacks medical, legal, or technical criteria. Overcoming this situation was only possible through family support and intense external pressure. P1 recounted the struggle:

"Things only moved forward once my wife intervened. She met with the doctor, the guard, and the director; she reached out to the prosecutor. The prosecutor called the prison. My wife called the General Directorate of Prisons and Detention Houses. Referral procedures only accelerated once such external pressure was established. It was essential for someone on the outside to take up the struggle." (P1, male, 41, judicial clerk)

Even his referral to pathology was secured only through his wife's persistent efforts:

"My wife found out that the result was bad. After learning this, they referred me to Osman Gazi [Hospital] for pathology. Diagnosis alone took six to seven months. So much time was lost because the guards both lacked the necessary knowledge and were unwilling to perform their duties." (P1, male, 41, judicial clerk)

P1's experiences document that the referral process in prisons is not merely a bureaucratic procedure; it has transformed into a vital mechanism of obstruction. This chain of negligence leads to even treatable diseases becoming fatal.

In summary, the delays or total lack of hospital referrals in prisons in Turkey point to a deep-seated systemic problem rather than individual errors. Evidence shows that even urgent conditions—

including cancer, embolisms, severe infections, kidney stones, and broken bones—are subjected to protracted delays. At times, even simple paperwork or basic infirmary requests can take months to process. The testimonies clearly show that these delays lead to permanent damage, loss of organ function, and the loss of a window for successful treatment. Furthermore, the refusal to release inmates with documented severe illnesses and the lack of medical staff prove that the right to health is being undermined by the prison system. Aggregated data from multiple cities confirms a collapse in the referral process. Between arbitrary decisions, bureaucratic delays, and a culture that puts security before health, the system has created a dangerous environment. This doesn't just harm the health of inmates; it poses a direct threat to their right to life.

4.3.4. Obstacles and Rights Violations in the Referral Process

The process of referring ill inmates to hospitals in prisons appears not merely as a medical procedure but also as an arena for rights advocacy. The path from infirmary to hospital bed is a fragile chain dependent on arbitrary practices, delays, and staff initiative. Participant narratives demonstrate that the right to health is systematically sidelined, ranging from the attitudes of guards that turn into a necessity of "banging on doors" and "persuasion," to referral processes postponed for days, weeks, or even months citing "gendarmerie workload" and administrative correspondence. For inmates with chronic illnesses or those undergoing cancer treatment, these delays directly endanger the right to life, rather than being just an "administrative glitch."

Although referral periods vary, P1 described similar problems and arbitrary practices:

"You have to bang on the door, and the guard will come. If he is in the right mood, he might tell you to 'drink water and rest,' playing doctor. I say, 'Tell the infirmary,' but he does not. If you convince the guard, he might go and inform the infirmary; and if those at the infirmary are in the mood, they will take you in. You cannot even get to the infirmary. When you do, generally you can only get a prescription. If the doctor refers you, and if the doctor truly believes [the urgency], they take you within a week, at most two weeks; otherwise, it takes one or two months. There are even referrals that come a year later. For example, your back hurts, you ask for a referral; it arrives a year later. By then, the patient forgets why he was supposed to go, he says, 'Yes, my back was hurting, but it passed'; he says, 'I won't go.' That is why the matter truly has to be very urgent." (P1, male, 41, judicial clerk)

In prisons, hospital referral procedures begin if the inmate reaches the infirmary and the doctor is convinced that the health issue cannot be resolved there. However, at this stage, a much longer and more difficult process begins. P2 recalled the procedure:

"After reaching the infirmary, the doctor sometimes obstructs you; if persuaded, he refers you, but generally not immediately—you can go after a week at the earliest. They do not say, 'Let us take you immediately.' When you ask why it is delayed, you usually receive the answer, 'the gendarmerie is busy.' Correspondence is conducted, the gendarmerie comes and takes you, handcuffs your hands, places you in 'coffins' [compartments], and transports you in that manner. Fortunately, there was a small dental clinic in Sincan, and we would go there. However, the doctor there was generally not a specialist, so he would direct patients to large hospitals or research hospitals. These processes would take a very long time. Suppose you went to the infirmary, saw the doctor, and they said, 'we have referred you'; still, at least one week, sometimes 15 or 20 days pass. Moreover, it is not possible to go to the infirmary every day; only a specific day of the week is allocated to you. You are examined on that day, the doctor writes the report, then the guard and gendarmerie carry out the procedures, and then you wait again. A week, 15 days, sometimes 20 days… It

has no standard. It took me almost 1 1/2 to two months to reach a fully-equipped hospital." (P2, male, 51, journalist)

While being referred to the hospital is already quite difficult, the negligent and careless attitudes of prison staff create additional hardships for ill inmates. P1, who has overcome cancer twice, recalled an incident illustrating this chaos:

"Every time I went to the hospital, a problem inevitably arose. For example, they took me to the hospital recently. When we arrived, they said, 'your name is not on the list,' and then we returned. They shuttle you back and forth pointlessly, just to make things difficult. Sometimes they say, 'you are going to the hospital,' even though I have no referral. And I worry, thinking, 'I wonder if there is a serious situation, did the doctor request this?' Actually, I do not want to go to the hospital because it is very difficult. It is even harder, especially in winter. Every time I go, I catch a cold and get sick.

One Saturday morning around 10 a.m., the door opened. The guard said, 'P1, you are going to the hospital, apparently you have an injection.' I was surprised because I had already gone for a check-up that week and no injection had been planned. I had only received Hepatitis B injections for a period because my body had become very weak after chemotherapy, but that had also ended. I thought, 'Could they have misunderstood?' but the guard was waiting, demanding that I leave immediately. They shout from the door without giving any time: 'Hurry, hurry, hurry!'

Anyway, I went out. On the way, even the guard did not know our purpose. When we arrived at the hospital, the gendarmerie became suspicious and asked, 'Where is your injection?' I said, 'I don't have an injection.' He asked for the name; I said, 'P1.' They looked at the papers again, and it turned out there was another P1 in the system. In fact, that person was waiting for his injection in his own ward. I mean, they took me by mistake! They almost administered someone else's penicillin injection to me. Imagine, they are that careless. That is why even when going to the hospital, we entrust ourselves to God." (P1, male, 41, judicial clerk)

The negligence of prison staff during the referral process and, in certain systemic cases, the patient's arrival at the infirmary and the doctor's suspicion leading to a request for further tests, are not sufficient to ensure access to the hospital's doors even if a referral is initiated. P1's case strikingly demonstrates how this chain is broken and how the process is prolonged:

"My throat was hurting. They went to the infirmary; the doctor said, 'I am suspicious, I am referring you'; he said, 'even if there is a 1% chance, this is a serious matter, an ultrasound must be performed.' I waited for one month. The officers handle the referral process. Our hands are handcuffed, we cannot manage anything ourselves. I went [expecting] an ultrasound was requested, but it was delayed for a month. I asked, and the guard said, 'you didn't go'—whereas I was in isolation, I couldn't even go to the ward. Pandemic conditions were the last straw. With your illness, prison conditions became even harsher. The ultrasound was taken, and a lymph node was seen; a biopsy was required. Each procedure was a task that had to be carried out separately; you cannot do these inside. Unless someone from the outside—like my wife—intervenes, you cannot follow up. Even if you submit a petition, it doesn't work; you cannot make your voice heard. If an imaging scan is taken, the results appear on the doctor's screen immediately, but the gendarmerie does not take you to the doctor; they say, 'they will tell you the result,' and they never take you. The whim of the gendarmerie becomes decisive in whether or not the result is delivered to you. When you cannot learn the results, the entire process is disrupted." (P1, male, 41, judicial clerk)

One of the most challenging processes for ill detainees is the stage of medical referral to a hospital. The arbitrary delay of referrals, the long waiting periods even for critically ill patients, and the

transformation of the journey into a form of torture are common grievances. Consequently, many ill prisoners are reluctant to go to the hospital unless their condition reaches a terminal stage, describing the referral process as "more severe than the treatment itself."

P1 described how the referral chain transforms into torture:

"Even if you are paralyzed, the system does not change; obtaining authorization from the Forensic Medicine Institute is mandatory. A medical board report that you could obtain in a single day on the outside takes six months in prison. Six months... Going to the hospital is viewed as a distinct favor. Because they handcuff you and force you into an old transport vehicle—cold as ice in the early hours of the morning, uncleaned for years, and shaped like a coffin. The interior is broken, filthy, and unventilated. It has a tiny window. You are shaken violently while handcuffed throughout the journey, and you feel nauseous. You endure this for hours for the sake of a five-minute examination." (P1, male, 41, judicial clerk)

P1's account reveals that ill prisoners are compelled to contend not only with referral delays but also with the inhumane conditions endured during the transfer process. During the journey, access to even the most fundamental necessities remains unattainable:

"You are kept handcuffed in the holding cell; when you need to use the restroom, you are not permitted to leave. For this reason, I would go to the hospital on an empty stomach every time, because if you consume anything, you cannot access the toilet. You try to explain the situation to the gendarmerie and then to the hospital staff, yet they refuse to remove the handcuffs; they tell you, 'Relieve yourself while restrained.' It was an utter disgrace." (P1, male, 41, judicial clerk)

This process is not only physically taxing but also psychologically draining. While describing his experiences during a referral to the Forensic Medicine Institute, P1 notes that he was spared a far more grueling journey in a standard transport vehicle thanks to the humane approach of the medical staff:

"I had to go to the Forensic Medicine Institute. The doctor, seeing my condition, took pity on me. He said, 'You cannot travel like this,' and ordered a referral by ambulance. They transported me by ambulance, yet they even applied handcuffs there. Even the nurse said, 'Even if this man were set free, he could not walk on his own; he cannot eat, he is in a terrible state.' Nevertheless, they transported me in handcuffs." (P1, male, 41, judicial clerk)

This account reveals that the referral process for ill detainees is not merely composed of bureaucratic hurdles, but rather constitutes a systematic violation of basic human dignity, privacy, and the right to health. For a critically ill detainee, the referral process ceases to be a journey toward treatment and instead transforms into a form of punishment that intensifies both physical pain and psychological pressure.

In conclusion, the testimonies of the participants, particularly P1 and P2, reveal that the hospital referral process has become entirely susceptible to arbitrariness. The failures occurring at every link of the referral chain—admission to the infirmary, persuasion of the physician, gendarmerie scheduling, transport to the hospital, and the delivery of test results to the doctor and patient—lead at times to the exhaustion of inmates through unnecessary transfers, and at other times to months-long delays in vital examinations and treatments. Examples such as being taken to the hospital under the wrong identity, being forced into a referral under the pretense of "having an injection" despite having no appointment, or conversely, failing to be transported to the hospital despite necessary tests, demonstrate the precarious and unsupervised nature of this system. When all these findings are evaluated together,

it is clearly evident that the violations within the hospital referral processes are not merely individual errors, but rather a structural problem of the penal execution system and a form of institutionalized negligence that severely undermines the right to health and life of prisoners.

4.3.5. Obstacles and Rights Violations Within the Hospital Setting

When ill prisoners arrive at the hospital—having endured transport in "coffin" compartments while handcuffed and, at times, subjected to insulting remarks and behavior—they are forced to navigate the treatment process and the difficulties encountered within the hospital itself. P4 recalled the conditions:

"There was a fellow prisoner who was taken to the hospital and left alone in a room. They did not even provide food. There were serious instances of medical negligence. For that reason, no one wanted to undergo surgery at that hospital. Because after surgery, they would place patients in the prisoner ward rather than a standard room. The rooms were filthy; they were in terrible condition. It was the same both before and after surgery; everywhere was covered in filth. Consequently, people were afraid of going to the hospital or undergoing surgery." (P4, female, 38, teacher)

In certain cases, even when ill inmates are referred to the correct department or specialist, they are unable to receive treatment. Bureaucratic hurdles between the prison and the hospital, inadequate equipment, security concerns, and indifference render the treatment process all but impossible. This situation demonstrates that the right to health for prisoners exists only on paper. P14 recounted her cellmate's struggle:

"*There was a friend whose tooth was aching severely. She suffered for months, waiting as long as she could endure. Eventually, she was taken to the infirmary, where they only provided antibiotics. Three to four months passed before the dental appointment was scheduled. When the dentist finally arrived, no procedure was performed. The staff stated, 'we cannot perform this here; it must be done at the hospital.' Consequently, there is a further wait of seven to nine months for a hospital referral. Dental treatment is virtually impossible. It was not limited to dental issues; there were many individuals with knee or leg ailments who required surgery. However, the prison environment is entirely unsuitable for such conditions; it is extremely difficult. It is truly distressing, especially when considering those who give birth or face even more severe health complications." (P14, female, 41, teacher)*

Human rights violations experienced by ill inmates in Turkey are not limited solely to barriers in accessing healthcare services. In many cases, even when prisoners manage to access healthcare, they are unable to receive the necessary treatment. Furthermore, they are not released despite suffering from life-threatening illnesses. This situation constitutes one of the most severe rights violations, as it effectively amounts to abandoning patients—whose release is medically necessary—to their deaths.

Another example of an individual remaining incarcerated despite a severe illness is Mr. E, P12's cellmate. According to P12's account, Mr. E underwent open-heart surgery following a heart attack, yet he was returned to prison only one week after the operation. P12 recounted the recovery:

"He was 55–56 years old at the time. He suffered a heart attack in the other ward and was rushed to the emergency room. While examinations were underway, doctors said he needed emergency surgery. He had gone to the hospital for the operation; they kept him there, telling him, 'you are going to have heart surgery.' We thought he would not return because his case file was empty. It contained nothing but a personal diary. However, one week later, they sent him back to the ward with his surgical wounds still fresh, his chest having

just been opened. He was like the shadow of a human being. For two months, struggling to breathe, he waited for his wounds to heal." (P12, male, 43, geomatics engineer)

The accounts provided by P12 expose violations occurring not only within the carceral setting but also within clinical environments. This is because the professional discretion of physicians plays a decisive role in determining the medical suitability of inmates for continued incarceration during their convalescence. In essence, this continuum of rights violations does not originate solely from the Ministry of Justice; rather, it signifies a sphere of aggregate responsibility involving systemic negligence within the healthcare sector and associated institutions.

Individuals detained across various penitentiaries often defer elective surgeries as a preemptive measure to avoid the complications described in previous cases. Owing to the inadequacy of correctional healthcare and the apprehension that substandard hospital conditions and deficient postoperative care might exacerbate their pathologies, participants have chosen to postpone clinical interventions until after their release. P2, a journalist, exemplifies this phenomenon:

"My cruciate ligaments were torn. This was a documented medical condition, confirmed by imaging. I required surgery, yet I was unable to undergo the procedure. I was afraid; I wondered who would provide the necessary postoperative care. I could not foresee the environment I would be in or whose hands I would be in if I underwent surgery there. The prospect of being subjected to surgery while at the mercy of the very people who were mistreating me was terrifying. Furthermore, even if I had the surgery, they would not have provided a suitable clinical environment while my leg was bandaged. I would have been unable to access the restroom, rise from my bed, or satisfy my most fundamental needs. Consequently, I declined the surgery. My cruciate ligament in my right knee remains impaired." (P2, male, 51, journalist)

The intense climate of fear that prevailed in Turkey following July 15, 2016, has evolved into an instrument of oppression affecting not only detainees and their families but society as a whole. Even those wishing to voice the injustices taking place were silenced by threats of arrest or dismissal, leading to the effective loss of freedom of thought and expression for the masses. These pressures created an environment where the health issues of ill and elderly prisoners went unvoiced, causing rights violations during hospital referrals or within clinical settings to become invisible over time. Prisoners in need of medical intervention are subjected to both the arbitrary practices of security personnel and the coercive, discriminatory attitudes of medical staff even upon reaching the hospital; thus, the right to health is severely violated beyond the prison walls. Numerous testimonies indicate that in the hospital environment, the gendarmerie directly interferes in the examination process, violates patient privacy, and exerts pressure on the decisions of physicians. The accounts provided by P4 strikingly illustrate the extent of this pressure. According to P4's account, the doctor intended to examine the patient privately, yet the gendarmerie did not permit it:

"The doctor refused to admit the gendarmerie inside and stated, 'I will examine the patient alone.' The soldier, however, insisted, saying, 'I am coming in.' Furthermore, he turned to the doctor and said, 'There is no need for an examination; just write that she is fit for incarceration and be done with it.' He said this in my presence. I heard the soldier threaten the doctor, saying, 'I will arrest you too,' in response to the doctor's insistence on a private examination." (P4, female, 38, teacher)

The accounts provided by P4 demonstrate that both medical ethics and patient confidentiality are being severely violated within the hospital environment.

Ill inmates are subjected to psychological violence not only during clinical procedures but also in

hospital corridors and during examinations. P4 recounts the language used by the soldiers on a day she was transported to the hospital in a wheelchair:

"I was in a wheelchair, surrounded by five soldiers. Next to me was a man being tried for murder; there was only one soldier accompanying him. One of the soldiers turned to the other and said, 'If I were to kill this one right here, it wouldn't even count as a human life.' They said this in my presence." (P4, female, 38, teacher)

This statement demonstrates that ill inmates are not treated as human beings even within the hospital setting, but are instead discredited through a rhetoric of enmity, leading to severe psychological trauma.

While some physicians endeavor to examine patients in accordance with professional regulations despite gendarmerie pressure, others do not hesitate to exert psychological pressure on ill detainees. P4 recalled facing such interrogations during every consultation:

"The same thing occurred during every ophthalmology, pulmonology, and otolaryngology examination. The doctors would incessantly ask, 'Why are you being prosecuted?' and pressure me." (P4, female, 38, teacher)

Abuse sometimes occurs during the examination itself. In an incident recounted by P8, a 48-year-old critically ill prisoner who had difficulty walking and could not climb stairs was forced into a transport vehicle in handcuffs; furthermore, guards blocked cellmates from assisting him. This situation constitutes a violation of physical and psychological integrity.

The treatment encountered by ill detainees within the hospital is a continuation of the hardships faced during referral and a distinct sphere of rights violations in its own right. Numerous detainees state that privacy is routinely violated, that the practice of examination under restraint has become the rule rather than the exception, and that a significant portion of medical staff often works under the duress of security forces, with gendarmerie-induced psychological violence being pervasive.

The experience shared by P1 clearly illustrates how the psychological support process in prisons has devolved into a mere formality. Conducted in environments devoid of confidentiality, these"counseling" sessions often leave detainees more vulnerable rather than improving their mental health.

"I requested a psychological consultation. I described my situation, but they offered no help and instead referred me to psychiatry. Months went by; I had nearly forgotten the request. A psychiatrist visits the prison. Yet the 'session' is this: you enter a room flanked by two guards, with the specialist seated at a distance. I am hard of hearing and could not even hear her voice. The guards were constantly interjecting. This is not a consultation. It is impossible to disclose anything personal." (P1, male, 41, judicial clerk)

P1 described the evaluation environment:

"When I went for the psychiatric evaluation, they had us seated in the corridor. There was a table where guards were smoking, prisoners passing by, laundry staff... Three guards stood over us. How are you supposed to explain your grievances in such an environment? The doctor asks a question, people pass, and we have to start over. It was an utterly degrading environment." (P1, male, 41, judicial clerk)

Most ill detainees describe the hospital transfer not as a "treatment process," but as "a form of torture in its own right." P1's testimony starkly illustrates this:

"Half of those released from prison speak of the disgrace at the hospital. They transport even bedridden patients in handcuffs, wheeling them into the Forensic Medicine room on stretchers. I went to the Forensic Medicine Institute 3 or 4 times; you are handcuffed, with no bathroom access for five hours. You travel in the transport vehicle being tossed around; there are no seatbelts, and everything is made of metal. You are left waiting until the point of death." (P1, male, 41, judicial clerk)

According to P1, the criteria for the Forensic Medicine Institute to grant a "medical discharge" are exceptionally stringent:

"The Institute authorizes release only under two conditions: either you are on the brink of death or hospitalization is an absolute necessity. Otherwise, they grant no such permission. Furthermore, they flatly refuse if there is a terrorism charge. They claim we have legal rights, yet these laws are never applied to us." (P1, male, 41, judicial clerk)

Testimonies underscore that many detainees suffer severe health deterioration due to the systematic denial of hospital referrals. An incident recounted by P3 details a crisis caused by medical delay:

"There was a woman in our ward, İftâr. Her appendix had ruptured, yet the doctor failed to diagnose it. She was simply left there to suffer. Only after complications set in did they transport her. She eventually underwent surgery in Bursa. She was elderly and struggled with gynecological ailments; she endured a sequence of illnesses. Her struggle was immense." (P3, female, 48, agricultural engineer)

The expedited transport of certain detainees to the hospital is not the result of a fair system, but rather stems entirely from coincidence or personal connections. P14's testimony demonstrates this disparity:

"I need a pneumonia vaccine every five years. I submitted a petition. They summoned me to the infirmary that same day and referred me to pulmonology the next morning. The others in the ward were shocked: 'We've been waiting in line for 7 or 8 months...' they said." (P14, female, 41, teacher)

This indicates that the healthcare system is inequitable, with personal initiatives occasionally accelerating a process that is otherwise defined by protracted delays.

When these testimonies are consolidated, it is evident that the treatment ill detainees receive is incompatible with national legislation and international human rights norms. The lack of privacy, handcuffed examinations, the transportation of ailing patients in restraints, arbitrary decisions in Forensic Medicine processes, late interventions, and psychological pressure show that the rights violations in prison continue within the hospital setting.

The incidents recounted by the participants demonstrate that ill detainees' access to healthcare is obstructed even outside prison walls. The disregard for privacy during examinations, the direct intervention of gendarmerie personnel in the clinical care, the normalization of handcuffed examinations, and the arbitrary practices in Forensic Medicine make the exercise of the right to health nearly impossible. This assessment does not rely solely on individual narratives but is also corroborated by external sources. For instance, although Article 16 of Law No. 5275 stipulates the suspension of sentence for convicts who "cannot maintain their lives alone," according to 2024 data from the CTE, only 58 out of more than 1,000 applications were accepted; the presence of 335 severe and 230

fully dependent prisoners on the Human Rights Association- IHD list in the same year reveals that the acceptance rate remained even below 7%. Similarly, CİSST's 'Guide to Handcuffed Examination' emphasizes that the gendarmerie remaining in the examination room and keeping prisoners double-handcuffed is contrary to medical ethics. In an IHD survey from 2022, 68% of severely ill prisoners reported undergoing a handcuffed examination at least once in the previous six months. All these data clearly show that the problems experienced by ill detainees are not isolated incidents; they point to a structural human rights violation extending from prison transfers to the hospital environment, and from examination processes to release evaluations. Prolonged incarceration of the severely ill thus obstructs treatment and constitutes a direct threat to the right to life.

4.3.6 Structural Barriers to Emergency Medical Access

The systematic delay of emergency medical interventions within penitentiaries constitutes one of the most critical threats to the fundamental right to life of incarcerated individuals. Findings indicate that access to emergency care is predicated not only on physical infrastructure but also on the arbitrary discretion and subjective conduct of correctional officers. Operating within a framework governed by subjective triggers—such as "banging on the cell door," "persuading personnel to respond," or "verifying the authenticity of the medical complaint"—numerous inmates are denied timely clinical intervention even in life-threatening crises. The testimonies detailed in this section reveal that these operational delays do not merely disrupt the continuity of care but frequently cause preventable fatalities.

P1 recalled how delays escalate risks for the critically ill:

"If you are paralyzed, may God help you. Securing a medical board report takes six months, and then it takes another two months for the Forensic Medicine Institute to issue a result. Even individuals undergoing cancer treatment are left waiting during this period. The six-month suspension granted by the Forensic Medicine Institute is not deducted from the sentence; the patient inevitably returns to prison. A man undergoes heart surgery and needs to recover at home, yet the permit is only issued after six months. Then, six months later, they deny the permit, claiming, 'You have already recovered.'" (P1, male, 41, judicial clerk)

These systemic delays demonstrate that the prison's health monitoring mechanism is largely dysfunctional.

The P2's testimony strikingly shows that delayed emergency intervention in prisons can lead to fatal consequences. The ordeal of a police chief who fell ill on an extremely hot day exposes the chain of negligence within the system:

"The man is having a heart attack; he is conscious but in critical condition. There was an emergency button, but pressing it unnecessarily resulted in a penalty. The inmates press the button and summon the guard. The guard looks through the hatch and leaves, saying, 'Stop putting on an act.' When it is pressed again, he scolds them once more. When the man loses consciousness, they call again. This time, seeing the severity of the situation, they hurriedly place him on a stretcher and take him away. About 10 to 15 minutes later, they returned and asked for a pair of sweatpants due to involuntary discharge at the moment of death. A week later, we received news of his death from his family. This man would not have died if there had been timely intervention." (P2, male, 51, journalist)

In another case demonstrating the obstruction of emergency medical access, the experience of the inmate named Feyza, as recounted by P14, reveals how patients with restricted mobility are left

without intervention even during acute crises:

"Sister Feyza had advanced lumbar disc herniation. One morning, she could not straighten up from the bed; she was unable to walk. We called the infirmary, and they said, 'she must come to the infirmary.' The woman could not walk! Apparently, the doctor could not come to the ward. It was even prohibited for the doctor to see her in the corridor. 15 of us tried to lift her, but she was screaming in agony. We were only able to get her downstairs in four hours. She waited for the doctor in the corridor. It took five to six hours for medics to arrive. An injection was administered, but the woman could not return to her bed for three days. She was not referred to the hospital because they said, 'she cannot go in that state.' In fact, they could have summoned an ambulance, but they specifically avoided doing so." (P14, female, 41, teacher)

These accounts suggest that emergency medical interventions in prisons are not merely delayed, but are systematically obstructed. This situation, which directly impacts the prisoners' right to life, points to a broad chain of negligence ranging from arbitrary practices of correctional officers to the refusal of medical staff to enter wards; from the linking of emergency buttons to deterrent penalties to the deliberate delay in calling an ambulance. The testimonies show that in an environment where emergency intervention is left to the discretion of the prison administration, prisoners with severe and chronic illnesses frequently lack the support needed to survive. This picture reveals that the correctional system fails to fulfill its most fundamental obligation, the responsibility to "protect human life"; it demonstrates that emergency health services in prisons have collapsed both structurally and functionally. The systematic violation of prisoners' right to health is so widespread that it cannot be explained by individual negligence alone; it necessitates structural reform and independent oversight of emergency services.

4.4. Human Rights Violations Experienced by Sick and Elderly Inmates During the OHAL (2016–2018)

The OHAL, which was declared following the July 15, 2016 coup attempt and remained in effect for two years through seven extensions, was not only a period in which legal safeguards were suspended in Turkey; it was also a process in which detention and prison conditions worsened to the point of threatening the right to life. During this period, detention periods were extended to as many as 30 days, the right to legal counsel was restricted, family visits were limited, and prisons became overcrowded beyond their capacity almost immediately. This sudden increase in the prison population and the weakening of legal mechanisms seriously obstructed the access of especially ill and elderly detainees to healthcare and the right to life..

One of the most harrowing examples of this severe picture created by the OHAL is the teacher **Gökhan Açıkkollu**, who lost his life in custody. Years after his death, his innocence was established, and he was posthumously reinstated to his position. This incident demonstrates that theOHAL period was characterized not only by unlawfulness but also by irreversible human rights violations. Participant testimonies also corroborate that the OHAL process created a regime of systematic loss of rights: the transformation of detention centers into concentration camps, the arbitrary obstruction of medical care, the delay of emergency interventions, the widespread use of handcuffed examinations, and the restriction of even the right to education for years became the standard practices of this period.

Under these conditions, the violations encountered by ailing and elderly detainees in prisons were not only due to administrative weaknesses; they were further exacerbated by the lawless atmosphere created by the OHAL, and the physical and psychological integrity of many inmates was deeply

damaged. The OHAL period thus serves as a turning point in Türkiye, marking an era where the rights to life, health, and human dignity were systematically compromised.

P2, recalled the state of the detention centers:

"The indoor soccer fields were packed; it was exactly like a concentration camp. People were forced to kneel with their hands cuffed behind their backs. That soccer field had been completely transformed into an open-air prison. I even saw people lying on stretchers. They were in custody, yet on stretchers. Later, by chance, I encountered one of those individuals lying on a stretcher in prison. It turned out he had a heart attack and had stents in his heart. Then they took him in that state, brought him there on a stretcher while handcuffed, and just left him. While such a person should normally have received care under hospital conditions, he was simply left here on a stretcher..." (P2, male, 51, journalist)

During the OHAL period, the right to education was also severely restricted. P2 explained how access to education was obstructed for two years, and that certain rights could only be reclaimed following prolonged legal battles:

"At first, they did not grant it; we were not permitted to take exams for two years during the OHAL period. However, we later applied to the court and secured our rights. We began our university studies. I studied at Istanbul University. There were those enrolled in open education, and some even went out for formal education, but all of this was only possible through serious legal struggles." (P2, male, 51, journalist)

P3 described how medical neglect caused her eyelid condition to become a permanent impairment:

"The cause of my illness dates back to that period. I had surgery on my eyelid. Due to insomnia, grief, and crying, my eye became very bloodshot and swollen, but no one paid any attention. My eyelid drooped. When they took me to the hospital, they just prescribed glasses and sent me back. They treated us like we were filth. I had surgery again last year. Because of the neglect back then, my eyelid had completely collapsed." (P3, female, 48, agricultural engineer)

These testimonies show that the OHAL period created a comprehensive loss of rights that threatened not only legal but also physical and psychological integrity. The fact that inhumane conditions in detention centers, violations in access to health services, and the arbitrary obstruction of the right to education are recounted in similar terms by different participants clearly demonstrates that what occurred during the OHAL was the result of a systematic practice rather than individual incidents. Thus, the 2016–2018 period has gone down in history as a time in Turkey when severe rights violations were institutionalized, and even the most fundamental rights to life and health were not secured.

4.5. Human Rights Violations and Challenges Experienced in Prisons During the COVID-19 Pandemic (2020–2022)

The COVID-19 pandemic, which shook the entire world in 2020, turned prisons—characterized by enclosed, crowded, and unsanitary conditions—into one of the highest-risk areas. The measures taken by society were not reflected in prisons to the same extent; on the contrary, for prisoners, the pandemic transformed from a mere health crisis into a human rights crisis that exacerbated existing structural failures.. Crowded wards, limited ventilation, insufficient cleaning supplies, delays in accessing the infirmary, and restriction of hospital referrals posed life-threatening risks, especially for ailing and elderly prisoners.

The policies implemented during this period reflected a punitive logic rather than a preventive healthcare approach. Despite COVID-19 entering prisons, the prolonged absence of testing, the failure to provide medication, keeping symptomatic prisoners in their wards, holding those taken to the hospital in 15-day isolation under the pretext of "quarantine" upon their return, and the systematic exclusion of political detainees from pandemic leave led to the effective suspension of the right to health. Testimonies suggest that the disease entered prisons months earlier, that even staff in some institutions died due to COVID-19, and that administrations withheld the truth from prisoners.

These accounts are not merely individual observations. The COVID-19 bulletins of the Ministry of Justice CTE revealed that over 5,000 referrals were postponed in 2021 due to the PCR requirement.[82] Statements from political parties and reports from human rights organizations also corroborate that pandemic leave was denied to political detainees, thousands of ill and elderly prisoners were denied release, and treatments were systematically delayed. The "enemy law" approach maintained by prison staff and the political administration transformed into a systemic chain of negligence during the pandemic, resulting in fatal consequences for ill prisoners. One of the most striking examples is the death of P7's father in prison. P7 recounted the process of his father contracting the coronavirus in prison and the subsequent severe violations:

"One day, my mother had a health issue. She said, 'Let the children go for a prison visit.' I went for a visit with my sibling. As it turned out, that prison visit was the last time we would see my father. My father actually had COVID that day, but we did not realize it; he was just very lethargic. We spoke through the glass partition. It did not even cross our minds that it could be COVID. Before a week had passed, the wife of my father's cellmate called my mother and said, 'A COVID test was conducted in the prison; can you check E-nabiz [Turkey's integrated electronic health record system]?' We checked E-nabiz, and the test result was positive. We went to Tavşanlı State Hospital at midnight and learned that my father had been admitted." (P7, male, 22, student)

P7 stated that COVID-19 had been concealed in the prison for weeks, citing his father's diary:

"It was written in my father's diary: COVID had entered the prison two to three months earlier, and even a guard had died from corona. But they told us nothing. My father always wrote, 'Our lives are entrusted to God.' He made a note saying, '#ThereIsDeathInPrison' (#CezaevindeÖlümVar). We read the lines where he wrote, 'We will not be able to leave the ward, there is Corona here, our children outside are entrusted to God.'" (P7, male, 22, student)

P7's account clearly demonstrates that the prison staff did not intervene despite his father exhibiting severe symptoms:

"My father wrote in his diary: 'I have contracted the coronavirus, I have a high fever and shortness of breath, I am burning up.' He begged the guards for medication, but they refused to provide it. He wrote, 'Would they act this way if it were their own families at home?' For two weeks, no test was conducted, and no medication was given. For two weeks, he remained in the ward with COVID-19; his cellmates also fell ill. They only conducted a test when he reached the point where he could no longer breathe." (P7, male, 22, student)

Even after the test returned positive, the process continued in a manner contrary to human dignity: *"When my father's condition became severe, they referred him to the hospital along with three of his friends. The doctor at the hospital said, 'He needs to be admitted to intensive care, but there is no space.' Although he*

82 "The Right of Ill Prisoners to Access Health Services Must Be Ensured," Dem Party, accessed March 3, 2026, https://www.dempar-ti.org.tr/tr/hasta-tutsaklarin-sagliga-erisim-hakki-mutlaka-saglanmalidir/20068.

normally should have been transferred to another hospital, they did not do so; they admitted my father to the prisoner ward. He stayed there for nine days. As his friends beside him were discharged, my father said, 'I will not be able to get out of here.' Because he could no longer breathe; his lungs had begun to fail." (P7, male, 22, student)

P4 noted that medical neglect continued during the pandemic, that even medication was not provided to those who contracted the disease, and that doctors were not summoned:

"They neither take people with coronavirus to the doctor nor do they provide medication. People endured the illness without it ever subsiding." (P4, female, 38, teacher)

P1's testimony reveals that treatment processes were not only delayed, but that inmates also became hesitant to report their illnesses. The fact that those referred to the hospital were kept in substandard solitary cells for 15 days made the referral process a deterrent for many patients. P1 describes the conditions of this isolation as follows:

"There was a pandemic when I stayed in isolation. You cannot return to the ward. I stayed in a single-cell place; it was very bad. The toilet was exposed, the bathroom was exposed, and the window was broken. There were cockroaches constantly." (P1, male, 41, judicial clerk)

The "15-day mandatory cell" policy implemented during the pandemic became severe enough to cause ailing detainees to avoid seeking a doctor. P1 further explains that while the wards where political detainees stayed were orderly, sharing the same corridor with judicial prisoners in isolation cells was even more challenging for the ill:

"I realized I was in prison only when I started staying in the corridor of judicial prisoners. Fights every day, incidents every day… Even the guards said, 'Our minds are at peace when we are on duty in your corridor.'" (P1, male, 41, judicial clerk)

P2 reported that they were not even taken to the infirmary and that only those who fainted were brought to the hospital:

"We contracted the coronavirus and requested tests; they either force tests or refuse them at all. They did not take us to the infirmary for days. They hospitalized those whose conditions worsened, but they stalled the families by saying, 'Don't worry, we will release him.' If a person is intubated, they release them immediately because they want to avoid deaths occurring in prison." (P2, male, 51, journalist)

P2 further noted the extent of the arbitrary practices in prison by stating that they had to "learn through experience" which complaints would be taken into account:

"I had an unbearable headache; I pressed [the emergency button], but they did not help me. Finally, I said, 'My nose is bleeding,' and only then did they take me to the infirmary." (P2, male, 51, journalist)

During this period, P3 describes how she refrained from seeking medical consultation despite manifesting clinical symptoms, due to the fear of being subjected to solitary confinement:

"I did not report it because I knew the established order. During the pandemic, I suffered from acute lumbar immobilization; I could not move. Had I consulted a physician, they would have confined me to a cell upon my return. How could I have endured such isolation? Even the act of eating was a struggle. My cellmates had

to assist me in eating my soup." (P3, female, 48, agricultural engineer)

During the pandemic, it was not merely the absence of medical treatment but also the conduct of prison administrations that resulted in the criminalization of inmates. Unfounded allegations were leveled against certain wards, asserting that they were "deliberately disseminating" COVID-19. P11 recounts the administrative practices at Bolvadin Prison as follows:

"The entire ward contracted COVID. Furthermore, they accused us, claiming, 'You are intentionally spreading the virus; you are doing this to project a victimized image.' Despite being symptomatic with COVID, they transferred us from one extremity of the prison to the other. The ward was in an abysmal hygienic state; we attempted to decontaminate it ourselves. I believed I would perish there. We experienced an extremely severe clinical course, and we were even deprived of our statutory right to telephone visitation." (P11, male, 50, academic)

The COVID-19 pandemic exposed the long-standing inadequacies in prison health services and exacerbated them, transforming the situation into a fatal human rights crisis. Although the testimonies originate from various penal institutions, the experiences are nearly identical: the failure to administer tests or provide medication, leaving severely ill patients in wards for days, and only hospitalizing those who lost consciousness; the transformation of hospital referrals into 15-day solitary confinement sentences, the accusation of inmates for "deliberately disseminating" COVID-19, and their detention in prisoner wards despite requiring intensive care.

This pattern demonstrates that the fundamental approach in prisons during the pandemic was not protection but negligence; not medical care but punishment; and not human dignity but the law of the enemy. As in the case of P7's father, the right to life of many inmates has been irreversibly violated due to structural delays, medical negligence, and discriminatory enforcement practices within the prison system. COVID-19 did not merely create a health crisis in prisons; it also served as a litmus test, revealing the state's systematic failure to fulfill its obligations toward inmates, one of the most vulnerable groups. Consequently, the violations experienced during the pandemic must not be regarded as isolated incidents but rather as a reflection of entrenched structural issues inherent in the penal enforcement system.

4.6. Human Rights Violations Experienced by Ill Inmates During Treatment Processes

Human rights violations experienced by ailing inmates are not limited to delayed access to medical treatment. The treatment process itself, the practices within hospitals and prisoner wards, security measures, and the absence of hygiene cause permanent and irreversible damage for many individuals. Participant testimonies demonstrate that the course of cancer and chronic diseases is exacerbated by prison conditions, appropriate treatment is obstructed, and in certain instances, the inmates' right to life is directly threatened.

P1 recounts one of the most striking examples of this permanent damage, sustained as a result of the burning of his salivary glands during cancer treatment:

"Water is the softest thing, isn't it? One cannot even drink water. Thank God we overcame those days. Since my salivary glands were burned, I will suffer from this for the rest of my life. If God wills, He can certainly repair the cells. Currently, when I eat something, I must definitely drink something. Otherwise, you choke,

you cannot swallow. Such a permanent damage has occurred." (P1, male, 41, judicial clerk)

The obstacles that ailing inmates must overcome to access medical treatment are not limited to requesting infirmary visits, obtaining referrals, or awaiting a diagnosis. Even for those who "succeed" in being referred to a hospital and receiving treatment, the physically and psychologically arduous conditions of prisoner wards emerge as a subsequent challenge. P1, a cancer patient, recalled the prisoner ward:

"There were six rooms. Generally, you stayed alone, though some were occupied by two people. We stayed alone. The room was large with two beds: one for my spouse or mother, and one for myself. However, the peculiar part was that they did not provide a bed for the caregiver. Despite the availability of vacant beds, they refused to provide one, offering only a stretcher for the caregiver. It was impossible to sleep on a stretcher; it was abysmal.

There was a constant presence of gendarmerie, prison guards, and a nurse on 24-hour duty at the door. The nurse monitored the IV fluids and blood pressure, yet even she had to undergo a search to enter. First, there is an iron door locked by the gendarmerie from the outside. The gendarmerie waits in the outer corridor, while the guard remains inside. After being searched, the nurse enters and becomes subject to the authority of the guards. She could not use a telephone; there is a nursing station where her computer is located, and she stays there with the guard.

When I needed to be moved to another department, the guard would hand me over to the gendarmerie. They escort me through the locked door, re-lock it, and once the procedure is complete, the gendarmerie opens the door again to hand me back over; they then place me in my room and lock the door.

The room was quite peculiar. There was an additional iron grate on the ceiling, as if to prevent escape through the ventilation. There is a camera in the room, and you are monitored 24 hours a day, except in the toilet. The bathroom and toilet are adjacent to the room. The lighting was yellow, dim, and dark. There are two layers of iron on the window; almost no natural light enters from outside—one layer of iron grating and then those thick prison bars. You are on the ground floor, and opening the window is prohibited.

Oxygen levels were nearly zero. In prison, at least you can go out to the exercise yard. Even those with life sentences are allowed into the garden and have windows in their cells. Here, you cannot open the window. Do you know how oxygen enters? Only when the door opens... When the person bringing food arrives and the door opens, a small amount of air comes in from outside, usually accompanied by the smell of cigarettes.

Heating was provided via air conditioning. A ventilation system near the door extracted the internal air while the AC provided heat; however, this was not fresh air. It was a fan-based system that was agonizing... It caused immense headaches. A dark, unventilated environment. There was no television. Normal hospital wards have televisions; there was none here. No samovar; you could not heat water, you cannot even drink a cup of tea. The caregiver cannot either. While even prisons provided samovars, there were no facilities here.

During my time in intensive care, two gendarmerie officers waited at the door, and they shackled my leg. You were shackled by the ankle to the bed. Devices were connected to your body, an IV was attached; you had to use a urinal for your needs, yet your leg was shackled and the gendarmerie was at the door... They did not use shackles in the ward, but they did so in intensive care." (P1, male, 41, judicial clerk)

P1 specifically emphasizes that even the bathroom and toilet fixtures in the prisoner ward were virtually unusable for an ill person:

"There was an aluminum-style mechanism in the bathroom; when you pressed it, water would flow for three seconds. I swear to you, even though I was not recovering from surgery and was in good physical strength, pressing that button was extremely difficult. You have to lean on it with both hands. It was a metal button rusted over time; it flows for three seconds, stops, and you have to press it again. Even performing ablution or brushing one's teeth is a major struggle.

The toilet was also small, like a commode but not exactly. That too was a press-button type; if you don't press it, the water doesn't flush. If you press too hard, too much water flows; you need to press lightly, but pressing lightly is also difficult. Since my wife couldn't press it, she frequently called for me.

A healthy person entering there would leave the prisoner ward ill. I say this as someone who experienced it: staying there for one month is equivalent to staying in prison for one year. I longed for the prison while I was there; I used to say, 'I wish this illness hadn't happened.'" (P1, male, 41, judicial clerk)

The issues of hygiene and infrastructure within prisons are not confined to prisoner wards; they also manifest as collective waterborne illnesses. P6 recounted a waterborne incident that occurred both inside and outside the prison, and his inability to access medical treatment within the facility:

"I had cardiac issues and was taking certain medications. Other health problems also emerged there. A water-related problem occurred in the prison and in Elbistan; some called it poisoning, others said different things. Those outside could see a doctor and find a solution. Such an opportunity does not exist in prison.

They were supposed to take us to the infirmary and administer medication, but there was no medication. Most of my peers were affected by gastrointestinal distress. I suffered through it severely. Around 1 or 2 in the morning, I felt the need to go to the restroom; as I was descending from the upper floor, I felt dizzy and realized I was going to fall. I made it to the landing, and as I tried to sit there, I lost consciousness.

When I opened my eyes, my head was at the bottom of the stairs, my feet were elevated, and I was lying on the steps. My face was turned toward the wall, and I was covered in blood that was slowly trickling down. My son Ömer was lying in front of the restroom door; I managed to call out to him with great effort, saying 'Ömer.' He woke up, turned on the light, and found me in that state. Then my peers arrived and lifted me. They notified the guards. The emergency services [112] were called, and the responding medical team stated, 'We cannot intervene here; he must be hospitalized.' Then they placed me on a stretcher and took me away." (P6, male, 72, tradesman)

Participants state that those detained on the grounds of the Hizmet Movement membership are innocent, and that even some guards have confessed to this. In the face of prison overcrowding, lack of hygiene, and inadequate health infrastructure, the situation is aggravated, particularly for ailing and elderly inmates; even reaching the hospital is considered a "stroke of luck".

Furthermore, the failure to inform families even in emergency situations renders the treatment process more traumatic for both the inmate and their relatives. P1 explained the notification policy:

"They do not inform the family. Notification is only sent if you are admitted to intensive care; that is, you must be hospitalized. Other than that, no such information is provided. There is a rule in prison. Supposedly,

the inmate might be abducted. Therefore, they do not disclose the day you will be taken to the hospital. The current system is as follows: they do not provide information at night either. Whereas, if you knew—for instance, if you were to give blood—you would fast after midnight and prepare your clothes. You would know that they would take you after the roll call and sleep accordingly. But because no notice is given, you cannot prepare yourself either physically or psychologically." (P1, male, 41, judicial clerk)

Treatment delays have occurred not only for acute ailments but also for life-threatening diseases such as cancer. P3 recounted the neglect of a cellmate with uterine cancer:

"She had uterine cancer. She had been diagnosed before her incarceration; it was Stage 1. Despite her oncological condition, they took her into custody. She was not provided with treatment. As I mentioned, you submit a petition one week, you don't go the following week, and it is deferred to the week after that. Then the referral is made, but it is uncertain when you will actually go.

One day they said, 'S., get ready, you are going to the hospital.' I got ready. I asked the commander, 'Do you know which department they are taking me to?'; he replied, 'I do not know.' I had reported two separate complaints to the doctor; I did not even know which department I had been referred to. Months pass in the meantime; no one shows concern regarding what stage the disease has progressed to during that interval." (P3, female, 48, agricultural engineer)

The account provided by P7 regarding his father reveals the negotiation between the life of an inmate in need of intensive care and "security concerns":

"When my father was referred to the hospital, he required admission to intensive care; indeed, that was the reason for his referral. The physicians intended to admit him to intensive care, but the gendarmerie objected, stating, 'This patient is a detainee; we demand his admission to the prisoner ward, as we cannot enter intensive care or maintain a sentry watch there.'

My mother was on the second floor and overheard this dispute firsthand. The doctors insisted, saying, 'This man cannot breathe, he is going to die; he must be admitted to intensive care.' The gendarmerie refused. Eventually, the doctors stated, 'We will provide you with COVID-19 protective gear. If you wish to enter, you may do so in that manner, but we cannot assume liability. It is imperative that this patient be in intensive care.' Following prolonged disputes, the gendarmerie relented, and my father was admitted to the intensive care unit." (P7, male, 22, student)

P7 recounted the hardships the family endured even after the father's death:

"We entered the elevator; the gendarmerie, the doctor, my father, and I went down to the morgue together. He was covered; I was not even sure if that person was my father. He was taken to the morgue at 12 noon, but we were only able to see my father after midnight. For 12 hours, the gendarmerie waited in the morgue for the prosecutor to arrive.

The prosecutor arrived; his hands were trembling, he was an elderly man. He said to me, 'I will not show you your father; you will not be able to see him.' [He added], 'If you wish to see him, you must obtain permission from a notary public; only then will you see him. I will send your father to Istanbul for an autopsy.' At that moment, we did not even know if the person lying inside was truly my father." (P7, male, 22, student)

Cases of "simple" falls further illustrate how delayed intervention causes permanent damage. P14 recalled the struggle to see a doctor after a fall:

"There was a sister in the ward who was a doctor; she said, 'You think this is clumsiness, but you move fast and fall often. Have yourself checked for MS; you might have a loss of balance.' One day while performing ablution, I slipped and fell on my wrist; my wrist was twisted. Had I fallen on my palm, perhaps it would not have been this severe, but the wrist sustained very serious damage.

The moment I fell, I thought my arm had shattered; the pain was excruciating. I apparently let out a scream, and my peers rushed over. They were asking, 'Are you okay?' but I could not hear any of them due to the pain. They obliged and sat me down. They said I was pale and unresponsive for about 10 minutes. Finally, I managed to say, 'I think my arm is broken.'

They immediately pressed the button and called the guards, but they did not come. My cellmates said, 'We told the doctor; they will call [for you].' The doctor called me 2 to 2 1/2 hours after I fell. Meanwhile, my wrist and fingers had swollen.

My peers told me that I should cry when I went to the doctor; otherwise, they would send me back. They said, 'If you stay calm here, they won't believe you; throw yourself on the ground, or else they won't refer you.' I thought to myself, 'Will I be dependent on them? I will not cry.' I went to the doctor and explained the situation, saying, 'I fell very badly, it hurts a lot,' and pointed out that my fingers were swollen.

The doctor prescribed a few creams and said, 'Go to the ward.' That night, I groaned until morning and could not sleep; I took painkillers and applied the cream, but I was unable to move my fingers. The next day, my peers went to the infirmary again and said, 'Our friend could not sleep until morning last night; she is in a very bad state.' Following this, they called me back. The doctor said, 'Actually, we should have called an ambulance and sent her immediately, but we are too late.' Those were his exact words.

Then he said, 'I will administer a cortisone injection; perhaps it will provide relief.' He gave one injection, and another a few days later. After those injections, I began to move slightly, but I went around with my arm bandaged for about six weeks; I could not move my fingers. I even appeared in court with my arm bandaged. For one month, I was unable to clean; my peers took over my duties; they even brought my tea until they placed the glass in my hand. The doctor said, 'This will stay with you for a lifetime.' Indeed, my hand is still stiff; I cannot fully open or close my fingers." (P14, female, 41, teacher)

The treatment process in prisons has clearly become a distinct domain of rights violations. While inmates struggle to access the infirmary for a diagnosis, they encounter insalubrious conditions in prisoner wards that contravene human dignity after a referral. Security concerns frequently take precedence over medical necessity, even in intensive care cases. Collective waterborne illnesses, lack of family notification, delayed interventions, and the pressure to exaggerate symptoms to receive care demonstrate that the right to health is systematically eroded in prisons.

P1, who suffers from permanent dysphagia due to radiation therapy; P6, who lost consciousness due to a waterborne illness and was found covered in blood on the stairs; P3, a cancer patient whose diagnosis and treatment were delayed due to prison procedures; P7's father, who was kept under life-threatening risk amidst security disputes despite his clear need for intensive care; and P14, who was left with lifelong hand and wrist damage following a simple fall... All these examples demonstrate that the treatment process in prisons, rather than protecting and improving the health of inmates, often transforms into a mechanism that produces new, permanent, and irreversible harm. Thus, violations of the right to health cease to be merely a medical issue and become a grave human rights matter that directly threatens the right to life.

4.7. Psychological Status of Inmates and Medical Support

Human rights violations in prisons are not limited to physical health. The psychological integrity of inmates is also severely impaired. The incarceration process is inherently grueling due to fundamental stressors such as uncertainty, isolation, loss of liberty, and separation from family. However, for certain inmates, this process can be significantly more devastating. Factors such as exposure to torture, simultaneous incarceration of spouses, children being left unattended outside, struggling with severe illnesses, traumatic detention processes, or long-term solitary confinement lead to the collapse of mental health. As in the example provided by P8, the most fundamental reason for the psychological breakdown of an inmate in the infirmary ward is the simultaneous imprisonment of their spouse and the complete abandonment of their children. Similarly, the inadequacy of psychological support mechanisms in prison, the inaccessibility of professional assistance, and the fact that inmates are forced to rely solely on each other's support further deepen these psychological collapses.

P2 shared a striking testimony regarding this grave ~~picture~~ situation:

"There were people who had lost their minds. There was one Specialist Sergeant; he had lost his sanity… He would sit facing the wall and try to drill through the wall with his finger. He would constantly think there was an obstacle in front of him and try to jump over it. He would wander around staring into the void. There was a Specialist Sergeant right in our ward. You know, in the end, there were soldiers who had… Well, they were helping him. They would take his arm, lead him to the toilet, and seat him at the table to ensure he ate. He was in a state where he could not perform these tasks. They would lift him from his bed and bring him to the roll call, take him to the bathroom, and the toilet. But during normal times, he would withdraw to a corner and try to drill through the wall with his finger." (P2, male, 51, journalist)

The psychological state of inmates who remain in prison for extended periods deteriorates significantly due to both harsh living conditions and severance from the outside world. Being separated from their families, the weakening of social ties, and living in a constant environment of stress profoundly affect the mental equilibrium of many detainees. P11 recounted his experience in İzmir:

"In the last ward I stayed in in Izmir, I was staying with 12 soldiers who had received aggravated life sentences. There were people who would fight in their sleep, talk, kick or punch in all directions, and swear. The environment was already very tense due to the cramped prison conditions and the constantly repeating routines. People would clash out of distress. Fights that initially began as verbal disputes would sometimes escalate into physical violence.

After a while, such incidents began to seem normal to us. In the ward, there were soldiers who had been abandoned by their spouses, never visited by their children, and whose ties with their families were completely severed. The children of some had never established contact again after these events. There were also many people whose parents took a stand and did not come to visit. All these experiences created an internal accumulation after a while. I personally witnessed that many of them collapsed psychologically in a serious sense." (P11, male, 50, academic)

The lack of professional support mechanisms for inmates experiencing psychological collapse in prisons leads to a rapid deepening of existing traumas. Individuals subjected to severe torture while in custody often exhibit serious psychological disorders requiring treatment upon arrival at prison; however, this situation is either overlooked or ignored. The testimony provided by P12 illustrates how the detention process drives an inmate into an irreversible mental collapse and how the prison administration remains indifferent to this grave situation:

"The door opened, and Mr. F. arrived. Normally, a person coming to the ward after being released from custody relaxes a bit, says a few words, and has some tea. But Mr. F. had difficulty speaking; words were coming out of his mouth sporadically and in fragments. We said, 'Take a shower if you like, you'll feel refreshed.' As soon as he entered the bathroom, he began screaming with horrific sounds. We were praying at the time, so no one intervened immediately; we thought perhaps he was venting. But the situation was far from normal.

When night fell, he refused to go to bed; he said, 'I am afraid of the dark.' He wanted to sleep in the common area with the lights on. This lasted three or four days. Food would arrive; he would pick it up and put it back down; he was exhibiting strange, detached behaviors. The police officers among us said, 'They must have pushed him very hard in custody.' He had been detained in Manavgat; he was working in Bursa, but they had picked him up and brought him in due to an old case from 2004. He and his wife were interrogated together. Whatever he experienced during that interrogation, his mental health deteriorated at that stage.

From the Monday he arrived, he consumed almost nothing. One week passed like this. Alanya was very hot; despite being October, it was humid and oppressive. One day when we went out to the courtyard, everyone froze: Mr. F. was standing stark naked in the middle of the courtyard. He had his arms spread to either side, just like depictions of Jesus. He was not moving at all. The weather was cooler that day, and the concrete was cold. Nevertheless, he waited like that for three to four hours. We called the guards, but they did not intervene. Then he suddenly began to shout: 'Can you give me a drop of water?' Whereas normally, he was avoiding even water. Just then, it started to rain. To have it rain while he was asking for a drop of water was truly like a scene from a movie.

At the end of that day, they took Mr. F. away. When he returned a few days later, there were marks on his legs and the soles of his feet resembling cigarette burns. It was evident he had been subjected to ill-treatment again. There was a letter for him. His wife and children had written it. He was unable to read it, so I did. When I showed him the picture drawn by his youngest son, Adil, two drops of tears rolled down from his eyes. Until that moment, he was completely detached, but with that picture, I felt he re-established contact with the world.

The next day, after the Friday prayer, he seemed to have regained a sense of modesty. He looked as if he was saying, 'What am I doing?' We helped him perform a full ablution, washed him, and dried him. After that day, he seemed to recover slightly, but while speaking, he would suddenly stop. He would freeze for 20 to 30 seconds like a stuck tape. It was very apparent there was damage to his brain. As a ward, we wrote petitions to the prison prosecutor's office for days, saying: 'This man needs urgent intervention.' But they did not take an interest in any way. The prison administration remained completely indifferent." (P12, male, 43, Geomatics Engineer)

Psychological collapses occurring in prisons are not limited to inmates who have endured severe torture. At times, long detention periods, uncertainty, traumatic interrogations, and the heavy stress placed on young women can lead to the emergence of serious mental disorders. P14 recounted two striking examples from her ward:

"They were talking about a friend named Tuğba, sir. When she first arrived at the ward, her eyes were staring blankly. Her husband, parents, two children… she recognized none of them. She did not even know her own name. She was constantly saying she saw 'paranormal entities' and describing hallucinations; she would talk to herself, saying 'they are wandering here, they are roaming there.' It appeared she had been in custody for 35 days. That pressure and anxiety had brought her to this state. She did not recognize her husband even in court, yet they arrested her anyway. When her parents came for a visit, peers held her by the arms and

took her forcibly; she would not speak at all, she did not recognize them.

As a ward, we wrote petitions day and night, stating: 'This friend is not well, she needs to see a psychiatrist, she needs to be examined by forensic medicine, she could not stay in this prison.' There were also friends in the ward who were judges; they showed us the proper procedures. Eventually, a psychiatrist came, saw that her condition was very poor, prescribed medication, and she was referred to forensic medicine. They took her to and from forensics two or three times. Finally, she was released. It turned out she had the onset of schizophrenia; it was genetic, but it erupted due to severe stress. This friend, who previously had no symptoms, had reached a state where she could not recognize her children or her parents. Once she began using the medication regularly, she slowly started to remember. Later, a mass was found in her breast; she went to doctors and endured many hardships. Thank God she is out now and married, but she remained inside for a full 44 months. Unfortunately, our young women are being ruined like this, sir.

There was another young girl, sir; they sentenced her to six years and nine months after I was released. She was under so much stress that she suddenly developed hypertension. Imagine, she was born in 1999... She was only 19 then. She developed hypertension at a young age due to extreme stress. What this poor girl went through was a separate wound altogether." (P14, female, 41, teacher)

The severe psychological pressure, traumatic detention processes, and insufficient medical support create an environment that trivializes mental collapses. The testimonies are not isolated examples; they are the consequences of systematic negligence and a lack of psychiatric care. Post-traumatic hallucinations, memory loss, severe anxiety disorders, and chronic conditions appearing at a young age demonstrate how rapidly mental health collapses in prison. The requirement for repeated petitions to access psychological support, the delay of referrals, and the initiation of treatment only in the face of a worsening clinical picture reveal that current practices do not follow human dignity or international standards. These findings emphasize the urgent need to improve prison mental health services, expand independent evaluations, and implement protective mechanisms for vulnerable inmates.

4. 8. Solidarity of Inmates with Ill, Elderly, and Disabled Inmates

Testimonies about how the care for elderly, ailing, and disabled inmates is largely left to the initiative of cellmates demonstrate that solidarity has become a decisive element of prison life. Many inmates say basic care not provided by the state can only be met through internal cooperation. Participant narratives reveal that these solidarity practices are not limited to meeting physical needs; they also transform into a social support network that enhances psychological resilience and makes survival possible. The following testimony provides a striking example of how this culture of solidarity permeates daily life in prison.

P14 recalled the care her cellmates showed her:

"There was a sister Z. in our ward. She knew half my lungs were missing; I was vulnerable. Normally, the guards would only give one egg to the babies, and eggs were difficult to find even with money. Sister Zeynep would go to the door and request, 'There is someone ailing in the ward, she needs to be fed properly, could you give her an extra egg?' Through this, they also started giving me eggs. We were staying with two children. When the children got hungry, I would often give them my own egg. They would say, 'Don't do this,' but I would say, 'Will one egg save me? Let the children eat.' Sometimes they would give three, sometimes four eggs; all of it was thanks to Sister Zeynep's efforts." (P14, female, 41, teacher)

The solidarity was not limited merely to sharing food; there were women who paid attention to every detail to protect one another's health. The same participant expresses how this sensitivity was reflected in the daily routine as follows:

"During my watch, my cellmates would never sleep. The floor was very dusty; they would get up during my watch so that the blankets could be shaken every day, and they would do it together so that my lungs would not be affected by the dust. The psychological pressure was very heavy, but our sisterhood was different. Most of all, those who were psychologically vulnerable, those with physical illnesses, and those with babies were struggling. Without the strength they provided, prison would have been unbearable. That solidarity alleviated what we went through, even if just a little." (P14, female, 41, teacher)

Testimonies demonstrate that the support inmates provide to each other is not a personal preference but a mandatory mechanism to compensate for basic care not provided by the state. These accounts are largely corroborated by independent sources.

For instance, the care of 72-year-old Mehmet Emin Çam, who is critically ill, was carried out by his cellmates.[83] This directly aligns with the accounts of bathing and moving non-ambulatory inmates mentioned in the testimonies. The Turkish Medical Association (TTB) also emphasizes that inmates with severe disabilities "survive through ward support."[84]

Applications filed with the İHD demonstrate that psychological resilience depends on internal support due to the prolonged restriction of closed visitations.[85] Testimonies likewise corroborate this state of affairs.

Furthermore, correspondence sent to the TBB indicates that petitions are frequently authored by other inmates. All externally sourced data reveal that the conditions described in the testimonies are systemic.

When these findings are evaluated together, it is clear that solidarity among inmates has evolved beyond a gesture of humanitarian courtesy into a mandatory mechanism substituting basic needs unfulfilled by the state. Independent reports and documentation substantiate these findings. It is evident that similar occurrences happen across various penal facilities.

4.9 Disabled Inmates

Rights violations encountered by disabled inmates are not limited to the disregard of physical incapacities. Their lives are further exacerbated by restricted access to healthcare, unsuitability of ward environments for the disabled, arbitrariness in release processes, and treatments that infringe upon human dignity. Testimonies demonstrate that inmates with congenital disabilities and those whose disabilities were aggravated by prison conditions remain unprotected despite legal regulations and are frequently abandoned.

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83 "Discrimination Even Among Ill and Care-Dependent Inmates," *Bianet*, accessed March 3, 2026, https://bianet.org/haber/hasta-ve-bakima-muhtac-mahpuslar-arasinda-dahi-ayrimcilik-yapiliyor-295525.

84 "Ethical Principles for Healthcare Professionals in Prisons," *Turkish Medical Association (TTB)*, accessed March 3, 2026, https://www.ttb.org.tr/kollar/_ihk/haber_goster.php?Guid=b10618fe-03cd-11f0-91e4-7739b9f2940f.

85 "Mersin Regional Prison Report: March–June 2024," Human Rights Association (İHD), accessed March 3, 2026, https://www.ihd.org.tr/mersin-bolge-hapishane-raporu-mart-haziran-2024/.

The hardships faced by disabled inmates in daily life are illustrated through the experiences of Zeynep, as recounted by P14:

"Sister Zeynep was an architect in Afyon. She had a congenital disability; her right arm was paralyzed, and she could hardly use it. Throughout her stay in the ward, she was unable to perform basic tasks and required constant assistance. After three years, she was taken to the medical board in Bursa to obtain a report. She stated, 'I cannot cut my nails, I cannot make a salad, I cannot make my bed.' However, the female physician on the board trivialized the situation, saying, 'I cannot do some of those either.' To determine if she had sensation, they pressed so hard her arm bruised purple. They treated her as if she were feigning her condition." (P14, female, 41, teacher)

The violations are not limited to Zeynep's case. There are also instances where delays in accessing healthcare have resulted in permanent losses. For example, the disability rate of P15, who lived independently with 90% vision loss before prison, increased to 98% due to the inability to access appropriate treatment. Similarly, P14 recalled the nerve and muscle damage that became a permanent disability for her brother-in-law, who was forced to sleep on the floor throughout his detention:

"My brother-in-law was an internist; muscle and nerve damage occurred from sleeping on the floor in prison. The resulting destruction is permanent. Now, he cannot use one of his arms. A man capable of being a surgeon was forced to live with irreversible damage because he was forced to sleep on the floor." (P14, female, 41, teacher)

P1 shared the account of a severely visually impaired lawyer to expose structural inadequacies:

"There was a severely visually impaired lawyer, an elder of ours, in our ward. His vision loss, which was initially around 50%, increased to 91% over time. He had reached a point where he could not distinguish people's faces. Nevertheless, he was trying to survive by memorizing the location of his belongings; no one could even change the order in his locker.

Still, he remained jailed for four to five years. No disability rights were implemented. They allowed him to listen to audiobooks only one day a week. Even the toilet was a problem. Although he should not have stayed in a room with bunk beds, he was placed in a small bunk-bed room and was constantly hitting his head.

He applied repeatedly; his case went as far as the Constitutional Court, but he obtained no results. Even though his treatment was not possible and he had a lifelong disability, he was not released. Some of the reports were issued incorrectly; it took one year just to correct them. Finally, he was able to be released, but only because his time was served." (P1, male, 41, judicial clerk)

These testimonies regarding disabled inmates demonstrate that protection mechanisms for disabled individuals in prisons are almost entirely dysfunctional. Rights stipulated in laws and regulations are not implemented in practice; health assessments are conducted with bias; ward conditions are not adapted to the needs of disabled individuals, and even detainees with severe disabilities are not released. These violations lead to the loss of independent living skills, permanent disabilities and even the weakening of hopes for reintegration into social life. The study reveals that disabled inmates are disregarded both within the prison and the healthcare system, and are systematically deprived of a life compatible with human dignity.

4.10. Challenges Experienced by Elderly Inmates

The living conditions of elderly inmates and those with severe illnesses fall significantly behind national and international human rights standards. Investigations by the HREIT in various prisons clearly confirm this disparity[86]. For instance, at Maltepe L-Type Prison, it was determined that bathrooms and toilets were inaccessible, grab bars and ramps were absent, and there was no a dedicated ward reserved for critically ill or disabled detainees[87]. Similarly, at Afyonkarahisar T-Type Prison, disabled grab bars were missing and wheelchair access was obstructed due to level differences on the floor.

These findings, when combined with research data, highlight the structural negligence affecting elderly inmates.. In many testimonies, it is observed that no arrangements are made to meet basic needs of elderly or disabled inmates. P4 recounted the neglect:

"There was someone with a broken leg. He needed a pedestal toilet; they did not provide it. There were elderly people with waist and leg ailments; there were no pedestal toilets. They requested supports; they did not even provide those. All elderly people with health problems were neglected. None of their requests were answered. Their medications were not administered, they were not allowed to see their families; even aspirin was denied." (P4, female, 38, teacher)

These narratives also reveal that the burden of care for elderly inmates is often assumed by cellmates. One of the most striking examples is the case of Ünal Takmaklı, who suffered from numerous chronic ailments. The testimony of P11 illustrates how his care fell entirely to other inmates:

"Ünal Takmaklı was in our ward. He had a number of ailments; he had difficulty walking, he had diabetes, he had a drain in his brain, and he was using a lot of medications. Since he could not access the bathroom, they kept adult diapers for him. One of our friends cared for him, and we helped as well. For a period, he was transferred to another ward; he struggled immensely and cried; they brought him back, but he was exhausted." (P11, male, 50, academic)

Despite repeated petitions, no hospital referral was made, and the elderly inmate, whose health condition was gradually getting worse, was left alone for days with a cold and hypoglycemia:

"A nurse checked his blood sugar and left. We continued to write petitions; we pleaded, saying 'Take him, he is in bad shape'... Finally, we summoned the head guard. Because he could not walk, we placed him in a bedsheet and carried him downstairs. They asked us to leave him on the wet floor; we refused. In the afternoon, the hatch was opened; they requested his belongings. We assumed they were taking him to the hospital. Then they said, 'We lost Uncle Ünal.' They had not even taken him to the hospital. They killed the man in plain sight." (P11, male, 50, academician)

This incident demonstrates that physical conditions of elderly inmates in prisons are neglected to a degree that can lead to fatal consequences. The physical limitations of elderly inmates render prison life nearly impossible. P12 recalled the elderly men in the ward:

86 "Report on the Investigation of Human Rights in Penal Institutions," Human Rights and Equality Institution of Türkiye (TİHEK), accessed March 3, 2026, https://www.tihek.gov.tr/public/images/kararlar/llyq32.pdf.

87 "Prison Capacity Exceeded: Inmates are Sleeping on the Floor," Bianet, accessed March 3, 2026, https://bianet.org/haber/cezaevlerinde-kapasite-asildi-mahpuslar-yerde-yatiyor-297231.

"There was Uncle Ahmet, aged 73-74; they released him with an electronic monitor. There was Uncle Ergun, aged 74-75; he stayed for a long time. There were many such elderly people." (P12, male, 43, geomatic engineer)

The account of P13 demonstrates how the arrest of an elderly inmate with a 96% disability report—who should not have been incarcerated in Türkiye—led to severe consequences:

"My father was 86." He suffered a heart attack the day they took him. He previously had a 96% disability report issued by Bursa University and other hospitals. Despite this, they arrested him. Before entering prison, he only had a heart condition; he had no Alzheimer's, MS, or Parkinson's. He used to take his medications himself. After being arrested, forgetfulness began, he suffered three crises, and could no longer walk. He was in bed on the day he was apprehended; nevertheless, they took him away." (P13, male, 43, tradesman)

P14 shared the situation of an elderly inmate from her husband's ward citing her husband:

"There was an 85-year-old grandfather; they stayed together for one year. Someone would give him his bath, someone would take him to the toilet, and he could not eat his food. His arms no longer functioned. It became both a painful ordeal for the patient and a heavy burden for those caring for him." (P14, female, 41, teacher)

In conclusion, a cumulative assessment of research data, field reports, and institutional audits reveals that penitentiary institutions in Türkiye are systematically failing to provide living conditions commensurate with human dignity for elderly, critically ill, and disabled inmates. As exemplified by the case of Ünal Takmaklı, negligence regarding the access of geriatric inmates to healthcare services results not only in severe grievances but also in fatalities.

Correspondingly, the non-release of 83-year-old detainee Abdullah Kalay—an Alzheimer's patient—notwithstanding his deteriorating status at Sincan Prison[88] and his subsequent demise in 2024, alongside the 2025 death of İbrahim Güngör[89]—an elderly inmate with severe chronic ilnesses—within the facility, constitute recent and compelling evidence of structural negligence targeting geriatric prisoners. Collectively, these cases demonstrate that human rights violations—perpetrated without regard for infirmity, age, disability, or gender—specifically targeting members of the Hizmet Movement, are systematic; they indicate that the execution regime operates with a focus on "punitive retribution" rather than fulfilling its duty of care and protective obligations. Consequently, evidence points to an institutionalized practice of "enemy law" (Feindstrafrecht) that permeates the entire penal enforcement system and remains fundamentally irreconcilable with international human rights standards.

4.11. Challenges and Rights Violations Experienced by Ill and Pregnant Women

Human rights violations occurring in prisons in Türkiye are becoming a serious human rights issue, not only due to severe and inadequate conditions but also because of the devastating impacts of these conditions on vulnerable groups. This environment, which is difficult to endure even for healthy

88 Abdullah Kalay, "There Was No Doctor in the Prison When I Had a Heart Attack," Bianet, accessed March 3, 2026, https://bianet.org/yazi/abdullah-kalay-kalp-krizi-gecirdigimde-hapishanede-doktor-yoktu-158236.

89 "Evacuation in a Coffin: Ill Prisoner İbrahim Güngör Dies in Intensive Care," Tr724, accessed March 3, 2026, https://www.tr724.com/tabutta-tahliye-yogun-bakimda-yatan-hasta-mahpus-ibrahim-gungor-vefat-etti/.

individuals, leads to far more severe consequences particularly for ailing inmates and pregnant women, and women with children. Women struggle to meet their own health needs and the fundamental requirements of their children; prison conditions can cause deep trauma even during the most sensitive periods of the mother-child relationship. The following testimony by P3 directly demonstrates how these challenges manifest in the daily lives of incarcerated women:

"When we first arrived, there was a small child named Mehmet Akil; he was around 2 years old. Because he knew the outside world, he would cry a lot, especially in the evenings. He would constantly sob, saying, 'I miss my father, where is my father? Mommy, I want teddy bear chocolate. I want my father.' His mother would cry, and we would join them from a corner. There were also twins; they were very small premature babies. Since they did not know the outside world, their presence felt almost like an antidepressant to us.

Even their crying was so innocent... One would lie on the bunk, take them alongside, and try to rock them to sleep. At night, those tiny cries would both ache our hearts and somehow allow us to breathe. Raising a child in prison is truly very difficult; mothers endure great suffering. But despite all the hardship, children inside are like an indescribable blessing that touches one's heart. I even remember saying to myself, 'I wish I had a small baby too; so I could sleep at night by touching and hugging someone of my own flesh and blood.'" (P3, male, 48, agricultural engineer)

The testimonies show that maternal trauma is not limited to a single incident; on the contrary, it manifests anew and in different forms every day. Another example regarding this situation has been recounted as follows:

"I would like to recount one more incident regarding Mehmet Akil. One night, he suddenly fell ill; his fever spiked. According to regulations, they take children older than 2 or 3 years to the doctor without their mothers. That night, they hospitalized Mehmet without his mother. When they took the child away, his mother cried until morning. The entire ward had woken up, and all waited with her. As a child who knew the outside world and was attached to his mother, this situation affected him deeply. He had a fever, he was frightened, and he had been torn from his mother's arms.

They said he was taken to hospital by ambulance. Seçil, in the ward, was also particularly saddened by this incident because Mehmet's mother had never lied to her child until then. That night, however, she had to make small promises like 'If you stay calm, we will buy you this, we will go there,' and was even forced to tell an involuntary lie. Even this situation had wounded his mother deeply. The child must have cried all night under the influence of both illness and fear. He had not even reached three years of age; he was an early talker and a child devoted to his mother. At such an age, being taken to the hospital without a mother with a high fever was a very severe situation. Normally, ill children cling to their mothers' necks and refuse to leave their side. However, that night, they ripped Mehmet from his mother's lap. This incident very clearly demonstrated the trauma experienced by both the child and the mother." (P3, male, 48, agricultural engineer)

4.12. Challenges and Rights Violations Experienced by Ill and Pregnant Women

Challenges experienced by inmates who are pregnant or pose risks in terms of women's health are further exacerbated by the inadequacy of prison conditions. Particularly the lack of regular obstetric and gynecological examinations, the delay of referrals, the violation of privacy, and the arbitrary attitudes of medical personnel profoundly affect both physical health and psychological resilience.

Testimonies provided by incarcerated women demonstrate that access to healthcare exists only on paper; in practice, however, it is frequently obstructed or rendered entirely ineffective. P8 recalled the treatment she received at a consultation:

"When I was taken to obstetrics and gynecology, there was absolutely no suitable environment for an examination. When I entered the room, both the guards and the gendarmerie commanders were inside. Performing an obstetric examination in such an environment was already impossible. After a brief check-up, the physician said that I should return in ten days, but did not record this in the report or the referral paper—expressing it only verbally. I insisted, saying, 'You need to write this down, otherwise they will not bring me back.' I mentioned that I am a nurse and that I am familiar with the procedures, but the physician refused to record it. The guards said, 'We will bring you if necessary,' but I knew that this had no real-world equivalent. Ultimately, I reported the situation to human rights defender Gergerlioğlu. They stated that they would initiate proceedings against the physician, but at that point, we learned that the physician had been reassigned. This process showed both how our right to health is contingent upon arbitrary practices and that incarcerated women are abandoned to their fates even in their most basic needs." (P8, female, 47, Nurse)

Violations are not limited to examination processes. Access to medications regularly used by inmates is also frequently obstructed through arbitrary practices. This situation renders life unbearable, particularly for women with chronic conditions. P3 recalled a period of total restriction:

"For a period, all medications were prohibited in the prison. Even drugs prescribed by the doctor were confiscated. During a raid, they took everything—painkillers, antibiotics, whatever there was. They stated it was completely forbidden. When you are sick, you are supposed to knock on the door and say 'I am sick'. The guard goes and obtains permission from the physician, and only then is the medication administered.

However, if you suffer from severe menstrual cramps or a migraine in the middle of the night, there is nothing to be done; in the absence of medication, you writhe in pain until morning. I had gastrointestinal issues; also, we used to hide painkillers one or two at a time just in case we needed them. However, one day they conducted a search and found them. At that moment, they accused us, saying, 'You are faking it, you are guilty.' Consequently, we were both deprived of medication and unjustly punished due to our medical needs." (P3, female, 48, agricultural engineer)

We have witnessed numerous incidents demonstrating the extent to which access to healthcare for women and children is inadequate. These were not individual setbacks but serious violations that have permeated the system as a whole. P14 shared several incidents she witnessed:

"For instance, one night, the child of a Romani inmate in the adjacent ward suddenly developed a fever. There was a friend in our ward who was a pediatric intensive care nurse. They knocked on the door in the middle of the night and asked, 'Who was the doctor sister? Can she take a look?' The child was vomiting and his fever was rising, but the personnel did not know how to assess the situation. Through the gap in the door, our friend asked whether there was cyanosis on the lips in addition to the fever and vomiting, and what other symptoms were visible. Staff went to check again and reported that there was indeed cyanosis. Upon this, our friend said, 'Call an ambulance immediately, he might have a seizure.' Only after this warning did they take the child to the hospital. Even this incident clearly demonstrated that prison personnel lack the necessary medical knowledge for emergencies and that the health security of inmates is contingent upon coincidences.

Similarly, access to obstetric and gynecological services for female inmates was fraught with serious problems. A friend of ours needed to go for a gynecological examination. When taken for the examination, she encountered a male physician and wished to exercise her right to privacy, stating, 'I cannot be examined by a male doctor.' However, she was brought back to the prison without being offered any alternative, with the remark, 'In that case, we are heading right back.' Even though they had gone all the way there, it was not even inquired whether another obstetrician-gynecologist was available. Consequently, because their privacy was not respected, female inmates often remained without examination for months. This situation evolved into a prolonged deprivation lasting until their release.

Another severe example was what Sister Emine experienced. She had suffered a major accident and had a serious curvature in her spine. For this reason, she needed to sleep on a specialized bed, but none was provided in jail. Sister Emine also had a baby; she was a breastfeeding mother and, due to the lack of a specialized bed, she was forced to share the bed with her baby. Due to her spinal condition, she was unable even to bathe her child. There were many times when she could not sleep until morning due to the pain at night. When her condition was explained by her lawyer during the trial process, it was said that the judge empathized because he had an acquaintance with the same ailment. When the judge asked, 'How were you able to endure this much pain? Is there a separate crib for your baby?', Sister Emine replied, 'No, my baby sleeps in my arms.' Upon this, the judge recognized the gravity of the situation and ordered her release. The reason for her release was not the severity of her illness, but the judge's personal empathy. (P14, female, 41, teacher)"

The study demonstrates that traumatic practices, such as the separation of children from their mothers for hospital transfers, have been normalized; that pregnant women remain detained despite legal safeguards; and that inmates with severe health issues experience irreversible losses as a result of delayed treatments. The inadequacy of emergency medical knowledge among prison personnel, the lack of respect for privacy, and the arbitrariness in processing medical reports reinforce the continuity of these violations.

This picture indicates an entrenched culture of impunity that contravenes Turkey's national legal norms (Law No. 5275, Constitution Art. 17), international obligations (ECHR, UN Bangkok Rules), and most fundamental human values.The violations of the right to health affect not only their lives within the prison but also their post-release existence; leading to organ loss, the progression of hearing or vision loss, and long-term psychological trauma for mothers and children.

Consequently, this study shows that the psychological pressure young women endure during detention and imprisonment processes leaves deep wounds that radically alter their lives. Those experiencing traumas so severe that they are unable to remember their families, their identities, or even their own names; those who contract chronic diseases in their early 20s due to the stress they were exposed to... All these experiences serve as evidence of how human dignity and fundamental rights are systematically undermined. This study exposes how violations and arbitrary practices within the justice system lead to irreversible impacts on human lives.

4.13. Attitudes of Penitentiary Institution Personnel Toward Ill and Elderly Inmates

The attitudes of personnel serving in penitentiary institutions toward ailing, elderly, or disabled inmates critically impact the living conditions of prisoners. Testimonies shared during the interviews demonstrate that prison personnel adversely affect both the physical and psychological health of

inmates through overt violence, negligence and disparaging conduct. Particularly in the post-July 15 period, discriminatory, marginalizing, and hostile conduct toward political detainees have paved the way for inhumane treatment by transforming the prison environment beyond a space of punishment. However, some participants noted compassionate or sensitive personnel; the general picture reveals that practices contrary to human dignity persist systematically under a climate of fear and institutional pressure.

In certain prisons, inmates state they are subjected to physical violence by guards in areas without cameras. P2 recalled an incident:

"A friend of mine, a fellow journalist, was taken from his ward and beaten by a group of guards in an area without cameras simply because he told a guard, 'Do not push that box with your foot; there is a Holy Quran inside.' He has been released from prison, but his hand still trembles." (P2, male, 51, Journalist)
P4 recounted a similar incident of violence in Antalya Prison:

"An 18-year-old girl was brought to our cell at night. She had hidden drugs. The guards noticed it. They stripped her naked in front of us all. They beat her repeatedly while soaking her with water." (P4, female, 38, teacher)

P2 described the violence perpetrated by prison officers who acted with the assurance of absolute impunity:

"Sincan was abysmal. It was the worst. In Tekirdağ, too, there were those serving as regime loyalists. In fact, in Tekirdağ, a guard and a head guard broke the arm of a lawyer. He was dismissed from duty. Whatever the nature of the altercation during the visitation might have been. The guards' educational background is well-known. Many were former specialist sergeants. Confronted with individuals in professional positions they could never attain, they sought to subject them to subordination. Even a small guard could confront and assault you. They were indulging their own emotional gratifications. These individuals were abruptly promoted to the rank of head guard. Ordinarily, he lacked the qualifications for such a role, yet he was appointed due to his function as a partisan henchman. He subjected individuals to systematic ill-treatment.

For instance, during the pandemic, they would enter the wards wearing masks; however, his mask featured monstrous teeth. He wore it during ward entries, searches, and raids. The incident was of significant gravity and resonated with others. If I recall correctly, the individual whose arm was fractured was a leftist lawyer. That day, they cut pages from the newspapers entering the prison to prevent us from accessing the report. Guards had fractured the arm of attorney Engin Gökoğlu, who was detained in Tekirdağ No. 2 F-Type Prison. Gökoğlu's arm was placed in a cast a day later. The guards, conversely, visited a hospital on the day of the occurrence and obtained a two-day medical report" (P2, male, 51, journalist)

Prison personnel in Türkiye are aware that the system inherently shields and grants impunity to violations committed within its structure. Consequently, they do not dread the repercussions of ill-treatment and negligence; in certain instances, they act with the awareness that their harsh stance toward inmates may even be rewarded with promotions or commendations. The testimony of P5 illustrates this:

"He was a young director from Silivri. His appointment to the head of such an institution at that age was already conspicuous. While my husband was in prison, his condition deteriorated and a risk of death emerged. That night, suddenly, around 2 a.m., the family medicine center where my husband was registered in the system was changed. Normally, he was registered at the prison infirmary; that night, he was

transferred to the family medicine center at my residential address. The next day I asked, 'Why did you do this?' It was because you were also at fault, and you wanted to absolve yourselves of responsibility. Had my husband died, you would have presented it as, 'he was not under our care; he was registered with his own family's practitioner.' In other words, you altered the records in the system to conceal liability." (P5, female, 38, housewife)

This example demonstrates that within penitentiary institutions, it is not individual abuse that persists, but a chain of impunity maintained through institutional evasion and data manipulation. When the conditions of ailing inmates become critical, the alteration of records via the system serves both to obscure evidence and to shield the institution's own personnel. Such procedures reinforce the perception that "the system will protect itself," causing personnel to disregard accountability for the violations they commit.

Arbitrary practices and regulations have permeated the entire prison system. For instance, the Administrative Observation Boards—established for the "good conduct" assessment of inmates—have transformed into a type of "persuasion room." P1 recalled his experience with the board:

"There is a body called the Administrative Observation Board. This was already passed as a legislative article by the parliament. There are observation boards in prisons, and whatever they demand is executed. They existed in the past too, but are now implemented much more frequently. For instance, at Eskişehir L-Type Prison, you appear before this board before your release. Additionally, an 'instructor's opinion' is required. To be eligible for supervised release in the final year, you must be deemed suitable, and this decision is made by two instructors. These two are a married couple; they openly state their affiliation with the Menzil sect. The woman is very conservative and religious. They treated us incredibly poorly; they viewed us as if we were infidels.

There were many of our friends denied release. We were only able to obtain our rights by repeatedly appealing to the judge of execution. They were constantly making things difficult. During the interview, they tell you to 'Repent' as if giving advice. They exert pressure, saying, 'Repent for being involved in these matters, for attending religious gatherings, for participating in the coup.' You ask, 'What coup did I participate in?', but they do not listen. They demand that you speak ill of Hoca Efendi (Fethullah Gülen) and call him a 'traitor.' If you show the slightest hesitation, they immediately deduct points. Having conducted these interviews for years, they understand what people are thinking just by looking into their eyes. Thus, they offend and punish you." (P1, male, 41, judicial clerk)

Some prison personnel, despite the power and arbitrariness granted to them by the system, harbor concerns that they may be held accountable before the law in the future. The account of P4 is a striking example:

"The officer transporting me was talking constantly on the way. He asked, 'How do you know those members of parliament, why did you do such a thing?' Then he said, 'Our state is very compassionate.' I replied, 'If it is so compassionate, why have you come to take me right now?' Then he said things like, 'Those abroad are deceiving you; they have deceived you now.' He asked, 'You have been mentioning the judges who made the decisions and the guards; if the tides turn, would you give their names?' I replied, 'If they do not act in accordance with human rights, yes, I will complain everywhere, including the United Nations.'

Upon this, he said, 'Oh come on, I am addressing you as Ms. A; if you wish, let me treat you to a meal before you enter the prison, just don't give my name.' They took me to Denizli Prison. As soon as I entered the prison, I suffered from cardiac arrhythmia and fainted. They immediately rushed me to Denizli Hospital. The

weather was freezing; they secured me to the stretcher with handcuffs. It started to cut into my wrist; I said, 'At least remove one of them,' but they did not." (P4, female, 38, teacher)

As seen in the example, some prison personnel prefer to act with greater caution, driven by the concern that the system might one day change and they might be forced to account for their actions. However, such cautious attitudes based on fear are insufficient to alter the weight of the oppressive structure fueled by impunity that prevails throughout the prison system.

The disparaging attitudes and systematic psychological pressure exerted by personnel serving in penitentiary institutions toward inmates have evolved into commonplace practices during this period. Among the participants, P1 recalled that staff often reacted to even the slightest instances of happiness among inmates:

"Whenever we were slightly cheerful or shared a joke during visitations, they would immediately start shouting. The director would come and react, saying, 'Why are these people so cheerful, why are they making noise?' Such strange behaviors occurred frequently. Once, a friend was reprimanded by the director during a visitation. He filed a petition; however, once you file a petition, you are immediately blacklisted. From that moment on, they do not grant you leave or parole, and they complicate every single task. To another friend of ours, the director said 'Godless' in front of everyone. Can you imagine? As if they have a God and we do not. They were using such derogatory language. Interestingly, the director of that H-Type prison who ill-treated us was later arrested for corruption, dismissed from service, and retired. This demonstrates how distorted the system we live in is." (P1, male, 41, judicial clerk*)*

The psychological pressure exerted by prison personnel on inmates is not limited solely to verbal humiliation or arbitrary punishments. Even in the face of humanitarian needs such as illness, emergencies, or calls for assistance, inmates are approached with disparaging and indifferent attitudes, which deepens their sense of helplessness and worthlessness. P11 described the guards' response to calls for help:

"There is a button there to call the guard when you have a need. When you pressed it, they would immediately reprimand you, saying, 'This is not a hotel; you don't press it for everything!' At times, even when we pressed it to genuinely ask for help, we had to risk facing a scolding. A friend in our ward was very ill, and his condition was deteriorating day by day. We wrote petitions repeatedly, we pleaded, saying, 'This person is very ill, he needs to be taken to the hospital.' However, no one took us seriously; nothing was done. Ultimately, that friend of ours passed away." (P11, male, 50, academic)

Prison officers view fundamental rights as favors. In their practices toward ailing inmates, they carry neither a sense of guilt nor remorse. On the contrary, they can explicitly voice these attitudes. The account of P7, who later learned from ward mates what his father experienced in prison while gravely ill, serves as a striking example of this situation:

"My father stayed there for nine days. After my father's passing, we spoke with his ward mates. They were recounting how they had asked the prison director, 'Why did you wait this long?' They said, 'The man fell ill, he could not breathe, he is still hospitalized.' The prison director, in response, told them, 'Be grateful even for the fact that I sent you to the hospital.'" (P7, male, 22, student)

The arbitrary practices of prison personnel essentially transform into a form of torture for ailing inmates. P4, a cancer patient, recounts the inhuman practices of the personnel when she was transferred to prison shortly after her surgical procedure with the following words:

"During the transfer, bleeding began in my face, cheek, and mouth. They summoned an ambulance and intervened, then placed me in a cell occupied by judicial inmates. The previous occupant of the cell was reportedly a drug-addicted inmate infected with the coronavirus. The 6-square-meter cell was too filthy for human habitation; moisture, filth, and foul odors had permeated the entire space. Another woman was assigned to me. Had she not been present, I could have been compelled to live in that filth as I was incapable of cleaning the cell.

I remained there for two months. One morning around five o'clock, the guards arrived for roll call. I was unable to stand; I was sick. 'You will stand up!' he said. I stated that I could not stand up, yet he insisted. I managed to stand with great difficulty. At that moment, he turned to me and said, 'In any case, your corpse will leave this place.'" (P4, female, 38, teacher)

The psychological torture experienced by P4 is not limited to the aforementioned incidents. One guard intimidated the inmate who came to assist P4—who was unable to meet her personal needs—with the threat that her supervised release would be revoked:

"Then a guard arrived—I remember her name, it was Gülşah. She said to the woman caring for me, 'Your parole will be voided, and you will be transferred to Bakırköy Prison for looking after a terrorist.' Subsequently, they took me to Bakırköy Prison as well. There, they provided neither food nor my medications. I said, 'I cannot remain alone, I cannot eat by myself.' Despite this, they said, 'You are a high-profile inmate; we cannot place you in the same ward as the others, you will stay in a cell.'

It was a cold winter day. The window in the cell was broken and could not be closed; it was freezing inside. I told the guard, 'The window is broken, cold air is entering.' She came, touched the window briefly, and said, 'No, the window is perfectly intact. Your psychology is distorted; in fact, it is very warm here.' She treated me as if I had lost my mind." (P4, female, 38, teacher)

Following July 15, 2016, a number of educated professionals—including doctors, lawyers, academics, teachers, judges and prosecutors[90], military personnel, and police officers—were imprisoned on the grounds of "membership in a religious community." Another form of psychological torture directed at these inmates was the deliberate disregard of their social status. P9 recounted the experience of a physician inmate with cancer:

"A doctor with cancer had merely requested a floor squeegee from the prison officer to clean the area; because the premises were extremely filthy and no cleaning supplies were available. Judicial inmates had occupied the space before them, and even soiled sanitary pads had been left out. However, the prison officer shouted in rage, saying, 'I am not your servant!' The doctor sat down and sobbed uncontrollably, expressing the degrading situation she endured by saying, 'In the outside world, I was respected.'" (P9, female, 40, teacher)

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90 In the operations conducted following the July 15, 2016 coup attempt, at least 1,684 judges and prosecutors were arrested, and over two thousand members of the judiciary were dismissed from their positions (Human Rights Watch). While 15,000 teachers were suspended in the education sector during the initial days, tens of thousands were dismissed in the ensuing months (The Guardian). During the OHAL, thousands of academics were dismissed from their posts via statutory decrees (Amnesty International). Within the Ministry of Health, 5,581 healthcare workers, including more than 1,500 doctors, were suspended (Wikipedia). In 2016, with 84 journalists imprisoned, Türkiye became the country with the highest number of jailed journalists in the world (Committee to Protect Journalists). Overall, tens of thousands of individuals were detained, and hundreds of thousands of public officials were dismissed (Amnesty International). As of October 2016, those arrested included 2,385 judges and prosecutors, 6,488 military personnel, and 7,016 law enforcement officers (Agos).

Certain officers dehumanize inmates by stripping them of their professional identities. P1 recalled the staff's offensive attitudes:

"When malicious officers arrive, they immediately resort to shouting. These are generally individuals who have failed to achieve any standing in the outside world and lack professional competence. One day, I told a guard: 'Look, there are people in here whose official positions you could not even approach in the outside world. You would have to go through 10 intermediaries just to secure an audience with them. Among them are generals, district governors, provincial governors, chief physicians, and senior ministerial officials.'

However, unfortunately, some officers act with deliberate prejudice specifically against us. They seek opportunities to humiliate and offend you. Do you know why? Because if you raise your voice, they immediately draft an official report and subsequently refer you to court. Such individuals exist. Perhaps they believe these actions earn them spiritual merit. Since they perceive you as a 'traitor,' they consider this a righteous deed in the name of their own religiosity." (P1, male, 41, judicial clerk)

One of the most frequent disparaging behaviors employed by prison officers is conducting arbitrary roll calls and scattering inmates' belongings across the floor during these inspections. In prisons where space is limited and hygienic conditions are extremely poor, such practices further degrade the lives of ailing inmates. P1 described these searches:

"When they arrived for searches, they would sometimes behave very poorly. We are already victims; we try to keep our ward as clean as possible, and we are forced to hang our laundry inside. Despite this, they scream and shout like we have committed a crime.

Sometimes they would arrive suddenly in the middle of the night and dump all our belongings onto the floor. They would ransack everything without knowing what they were searching for, and then leave without finding anything. We, in turn, would spend until morning trying to gather our scattered possessions. We would perform our prayers between the bunks, sometimes on the beds due to the lack of space. We used to create a clean area by spreading blankets on the floor. However, during searches, they would confiscate and take our blankets away, stating, 'Blankets cannot be spread on the floor.' No matter how much we explained, they would not listen. Consequently, we would attempt to find and acquire blankets once again." (P1, male, 41, judicial clerk*)*

P14 recounted a similar incident regarding the deliberate disruption of hygiene and the psychological pressure exerted during searches:

"The way they entered the ward… 10 people would suddenly burst into that ward you had made pristine, wearing their shoes; they would shout 'Stand up!' while repeatedly striking the doors and bars with the iron rods in their hands. One day I was reading a book upstairs when they arrived. I was arrested in October and released in April; thus, I was there during the winter period. Despite it being winter, there were two infants in the ward—at one point there were three, then it decreased to two. Nevertheless, our windows were constantly open. It was very cold, but if they were closed, we would suffer from poor ventilation. Once we closed the windows, and due to the lack of oxygen, no one could wake up for prayer; therefore, they remained open at all times.

We had made the ward pristine using bleach and cleaning agents. We would spread blankets over the floor for prayer. They would step on those spread blankets with their shoes and refuse to move when we asked them to 'go upstairs'. Furthermore, the guards would hold their noses while entering and leaving the ward—

as if the interior smelled foul. In fact, it was pristine. The way they held their noses and glanced at each other hurt me deeply. They were doing this deliberately; for how could a ward that had been completely cleaned after the morning prayer smell? In any case, a heavy odor was emanating from the drain in the courtyard outside. Despite it being winter, that smell was spreading from the exterior. Yet they would enter while covering their noses and laughing, specifically to wear us down psychologically." (P14, female, 41, teacher)

The arbitrary roll-call practices and the imposition of arbitrary rules by prison officers transform certain prisons into environments reminiscent of Nazi concentration camps. P14 recalled the militaristic order:

"Initially, we had a certain prison officer; later, he was replaced by someone else. The newcomer was far more stringent. The order within the prison was peculiar and in a state of constant flux. Morning and evening calls were already separate sources of stress. We were required to stand during roll calls; speaking was prohibited, and we had to form a single file. Even chewing gum was forbidden. At times, they would arrive while we were drinking tea; if we had something in our mouths, we would be immediately reprimanded. They would count us with their fingers, as if counting sheep rather than human beings… Before my release, the regulations had been further tightened. By then, even attending the morning roll call in pajamas was prohibited. They would say, 'You shall wear proper attire during roll call and stand in a single file.'

One day, an officer arrived. There was a woman among us who had been a police chief; she was eating sunflower seeds. The officer suddenly began shouting: 'Who is the one eating seeds!' No one made a sound. 'Disrespectful people!' he screamed. Yet, among us were doctors, teachers, engineers, and members of law enforcement. Nevertheless, he treated us all as if we were small children.

A friend was pouring tea; she was standing because it was crowded. The officer asked, 'Why are you standing sideways?' When she replied, 'I was pouring tea when you arrived,' he shouted, 'Do not talk back, you disrespectful person!' just like yelling at small children… We all fell silent. Once he left, we asked among ourselves, 'What was that about?' and smiled a bit, perhaps wanting to vent our frustration that way. But as it turns out, he heard those smiles after closing the door. Two minutes later, he returned, pounding on the door and shouting: 'Who was the one pouring tea? Give me the name; we will initiate disciplinary proceedings!' There was Ms. Zeynep, a very polite woman; she said in a calm voice, 'My child, please don't; there is nothing going on.' But he did not listen. Yet, being referred for disciplinary action was a grave matter, especially during the OHAL... No one could know what the consequences would be." (P14, female, 41, teacher)

P14 reported that some women in her ward even chose to forgo their medications to avoid being subjected to the disparaging and degrading treatment of the prison officers with the following words:

"When we had the flu, they would bring certain medications to the door and hand them over. We would put the pills in our mouths, and then they would make us show the inside of our mouths to check whether we had swallowed them or not. This was an extremely humiliating situation. They would administer medications prescribed specifically for conditions such as anxiety, panic attacks, or schizophrenia one by one.

Some of our friends declined their medications just to avoid experiencing this treatment. Because they would bring the medication at a specific hour, accompanied by two guards after the roll call. They would take you outside, administer the pill, and then say, 'Open your mouth, we will check.' Yet, it was evident that we were healthy, rational individuals. We were people of faith, and we followed the regulations. However, everything would have been much easier if there had been a treatment that was a bit more humane and based on trust." (P14, female, 41, teacher)

P14 asserted that during the initial phase of her incarceration, an officer did not merely humiliate her but intentionally inflicted psychological distress. P14, who was granted a phone call with her children only 10days after being detained, recounts with a trembling voice that the custodial staff prohibited even the act of weeping:

"I characterize Edirne Prison as the 'prison where weeping is prohibited.' There, they explicitly declared, 'Weeping is forbidden.' I was unable to conduct my initial phone call until 10 days had elapsed. Following the legal counsel's application, the deposition of funds, and the allocation of a telephone number, they finally stated, 'You are permitted to use the telephone.' I contacted my residence. My daughter said 'Mother,' and I began to weep. Two correctional officers were standing over me; one looked me directly in the eye and commanded, 'You are not permitted to weep.'

The atmosphere at that moment was so surreal I became catatonic. I was communicating with my children for the first time in ten days, yet I could not even swallow—if I did, I would have burst into tears. The emotion I experienced at that moment was profoundly distinct and extremely heavy." (P14, female, 41, teacher)

While prison officers in Edirne prohibited weeping, those in Van could arbitrarily label visitors as terrorists and engage in discretionary practices. P13, recounting the violations and hardships experienced by his 86-year-old father in prison, states that the attitudes of prison personnel varied from one institution to another, and that the same inmate could be subjected to disparate treatment in different facilities:

"Van was abysmal. Its administration was poor. The guards in Van were malicious. They would direct irrelevant and offensive remarks at people; they even targeted me. During the period my father was detained, I was unaware of his specific location as his registration had not been processed. I would visit one prison, only to be told 'he is not here' and redirected elsewhere. Subsequently, I inquired with a soldier. There was someone there, likely a chief guard. I asked why my father had been arrested, noting that it was 'due to political reasons.' In response, he stood up and characterized my father by saying, 'these people are terrorists.' Can you imagine? He said this directly to my face. I was deeply offended. Even the soldier present there reprimanded the guard, saying, 'why are you being insolent, why do you treat everyone this way?' The personnel in Van were like that. They were disrespectful, harsh, and prejudiced. However, this was not the case in Elazığ. The guards and directors there would refer to my father as 'our father' and treated him with kindness. If he so much as mentioned a headache, they would immediately summon a physician. In essence, the temperament of the people and the nature of the administration varied by location. In Van, we witnessed malice; in Elazığ, we witnessed humanity." (P13, male, 50, tradesman)

Strip searches are humiliating and affect inmates as profoundly as physical violence. Although government officials, like AKP Group Deputy Chairperson Özlem Zengin, asserted that such a practice does not exist, testimonies of the participants demonstrate the contrary. According to P14's account, this procedure, experienced during prison admission, deeply undermines human dignity.

"'We are going to strip-search you,' they said. You already pass through numerous screening devices upon entry; despite that, they subject you to a strip search as well. No one provided me with a gown or anything there; such accommodation is not offered. Whereas, normally, they ought to provide a gown for this purpose. At that moment, I regained some clarity. Furthermore, there is this aspect, Ms. Lale, isn't there: their peculiar smiles at one another, their suggestive glances and facial gestures… In fact, a physical beating might have been less burdensome; their attitudes were quite distinct. They did it solely to humiliate and exert psychological pressure. On this occasion, I had bathed before going; I was clean in my own estimation. But it is not a matter of 'let me remove my clothes so you can inspect me'; you are forced to strip completely. I apologize for being so explicit, but for years I could not even admit this to myself. Now, I can speak about it

comfortably.

They search the hair again, making you let it down. They touch the hair with a baton. Strange behaviors… They force you to perform 'squats,' saying, 'Whatever you might be hiding...' Then they take your undergarments one by one with a baton, shake them out, and return them; it was very bizarre. Their demeanor was extremely difficult to endure. I had been subjected to the same treatment in Edirne as well; perhaps it was the shock of that, or perhaps because it was my first such experience. I had just been released from custody and was suffering from severe anxiety. However, the treatment here was quite different." (P14, female, 41, teacher)

Prison inmates' living conditions largely depend on the approach of the assigned personnel. While some prison officers provide all possible assistance, others may act entirely arbitrarily under the same conditions. P14 recounted the presence of compassionate staff:

"I do not recall exactly whether it was the prison director's father or mother who had passed away, but he asked us, 'Would you complete a Hatim [full recitation of the Quran]?' So, we completed a Hatim [full recitation of the Quran] for them. In that environment, everything varies from one officer to another. There were also officers who acted humanely and helped when they could.. For instance, if an inmate had an illness and needed to go to the infirmary or required medication... In such situations, we would wait for those specific officers to be on duty. Because they were truly humane and did their best. In any case, treating us humanely was entirely at their own discretion. For us, this was a distinct ordeal in itself." (P14, female, 41, teacher)

While some officers were intentionally malicious,others felt compelled to mistreat inmates in front of cameras or others due to the fear of being exiled, dismissed, or suspended. P12 described this dynamic:

"The guards also understood the situation, yet they were unable to intervene. During that period, they could not take any initiative regarding our matters; we could sense their helplessness as well. There is even an example: there was a fellow guard, Ayhan, who had previously been held in our ward. He had been imprisoned for the same situation as ours. He died on his release day. Because they were aware of his story, they were afraid; they acted with trepidation toward us to avoid falling into the same predicament. For instance, since they had to escort us to a lawyer, a guard would say, 'I am going to treat you somewhat harshly in this corridor, alright?' You merely nod your head, as there is nothing else to be done. Then he squeezes your arm, pushes you, and immediately afterward says, 'I am sorry, I have to do this; there are cameras.' In front of those cameras, he felt obligated to demonstrate that he was mistreating the 'Cemaat member'.

Occasionally, they would quietly ask, 'Where is the justice in any of this?' In other words, some truly understood our predicament, but due to fear, their only recourse was to put on a performance." (P12, male, 43, geomatics Engineer)

The attitudes of the personnel constitute one of the most critical elements directly impacting the lives of inmates. Testimony shows the violations are a systemic structural issue. Ill, elderly, or disabled inmates often endure the most severe consequences of institutional arbitrariness and impunity. While a portion of the staff operates within a climate of fear engendered by the prison administration and the prevailing political atmosphere, other officers deliberately abuse their power and subject inmates to physical and psychological torture.

Although some officers attempt to maintain their humanitarian reflexes and act in accordance with their conscience, the general landscape is dominated by systematic humiliation and impunity. Within this framework, humane treatment has become an exception, while ill-treatment has virtually become the rule. Examples such as strip searches, arbitrary roll calls, degrading practices in medication distribution, and telephone calls where weeping is prohibited illustrate that prisons are not merely sites of deprivation of liberty; they also demonstrate that the identities, beliefs, and dignity of inmates are systematically targeted.

Consequently, aligning the attitudes and behaviors of penal institution personnel with human rights standards is achievable not through individual training alone, but through a structural transformation. This transformation necessitates the termination of the culture of impunity, the strengthening of independent monitoring mechanisms, and the establishment of a human rights-based in-service training system for prison staff. Otherwise, prisons will continue to be closed spaces where systematic inhuman treatment persists, rather than sites of justice.

4.14. Legal Efforts, the Power of Social Media, and the Outcomes Achieved

The individual efforts of inmates and the advocacy conducted by families from the outside often evolve into a mutually reinforcing process. The experiences of P1, a cancer patient, constitute the most striking example of this. Almost the entirety of the diagnosis and treatment process was able to progress thanks to his spouse's intensive follow-up, which P1 expressed with the following words:

"The diagnosis was made. Yes, albeit late, the diagnosis was made, and the treatment was to commence. We went back and forth many times. We could not have achieved this if my wife had not persevered. They would have said, 'There is nothing wrong with you,' and we would have been left with nothing. It happened only because my wife labored for it and exerted pressure." (P1, male, 41, judicial clerk)

For inmates, exhausting legal avenues sometimes becomes the only remaining option. P1 recounts how petitions and complaint mechanisms were transformed into instruments of pressure as follows:

"In the H-type [prison], we could meet to some extent, but in the L-type, you cannot meet with the director or the chief guard. You must call your family and summon a lawyer. If your petition regarding a meeting with the director remains unanswered, you file a criminal complaint with the prosecutor's office. They collect the petition after the morning roll call and suddenly take you away. Why? To force you to withdraw your complaint. You write to CIMER [Presidential Communications Center], and they arrive immediately, saying 'withdraw it.' This is the only way you can get things done. Otherwise, the health problems are dire, and you could never get them to take action." (P1, male, 41, judicial clerk)

In certain instances, the visibility afforded by social media can create direct pressure on prison personnel, thereby facilitating an improvement in conditions. P4 described the situation by stating that the entire administration was waiting at the gate on the day of her admission to prison due to the support on social media:

"I arrived at the prison and stepped out of the vehicle; all the directors and deputy directors were there, waiting because 'A.' was arriving. They do not want to face repercussions because of social media." (P4, female, 38, teacher)

The events that unfolded after P4's complaints regarding cell conditions were publicized on social media clearly demonstrate the impact of this pressure:

"There were insects in the cell, it was cold, and I was warming my face with a hairdryer. The guards confiscated the dryers. I told my family, and my sister immediately posted on Twitter. The following day—even though it was the weekend—the prison provided me with a brand-new hairdryer. The food was bitter, so my sister posted about it. Then the doctor came to jail. He said, 'The Minister of Health called me.' He asked, 'Ayşe, what do you want to eat?'" (P4, female, 38, teacher)

In another instance where the prison administration underwent an abrupt shift in its demeanor following social media advocacy, P4 elaborates as follows:

"Within thirty minutes, brand-new linens, pillows, bedding sets, and an array of diverse meals were delivered to my cell. A guard approached and said, 'Let me provide a massage; I have been dispatched specifically to attend to you.' Subsequently, they summoned an ambulance and conducted a clinical examination. They were unwilling to assume any liability for even a single night." (P4, female, 38, teacher)

Analogously, P1 emphasizes that his medical treatment was obstructed for six months under the pretext of institutional overcrowding, yet procedural momentum was only gained once formal grievance petitions were filed:

"They persistently refused my referral to the Forensic Medicine Institute. It was only after a formal complaint that the process accelerated. It took an entire year to appear before the medical board and secure a report. These developments were realized solely through the compulsion exerted by the Prosecutor's Office." (P1, male, 41, judicial clerk)

A pertinent example regarding the leverage exerted by inmates' next of kin over the prison administration involves a sewage system failure within the ward. P1 recounts the efficacy of external intervention as follows:

"The sewer was obstructed, and effluent flooded the ward. We activated the emergency buzzer, yet there was no response. I contacted my wife; once she reached out to the competent authorities, they arrived instantaneously. When external pressure is applied, issues are resolved without delay." (P1, male, 41, judicial clerk)

Another critical issue where the persistence of families proves decisive is the systematic lack of transparency regarding the health status of ailing inmates. On the grounds of purported security protocols, the prison administration refrains from notifying families, who are forced to discover the hospitalization of their relatives solely through their own investigative efforts. P7 elucidates this predicament as follows:

"The authorities never contacted us. We independently ascertained that my father had contracted COVID-19. We observed his hospitalization via E-nabiz (Turkey's integrated electronic health record system) on the day it occurred. Had we not monitored, we would have remained entirely uninformed." (P7, male, 22, student)

The psychological attrition associated with inmates' sustained legal and bureaucratic struggles is also a noteworthy factor. P11 indicates that over time, this struggle culminates in a state of profound burnout:

"Initially, we submitted numerous applications, but when no results materialized, hope dissipated. Some peers would draft petitions until dawn; this devolves into an obsession. I refused to succumb to that condition. One eventually resigns oneself to learned helplessness." (P11, male, 50, academic)

Public support serves as a critical pillar for inmates and their families. P13 emphasized how the synergy of social media campaigns, human rights organizations, and the intervention of members of parliament provided essential empowerment:

"The public provided immense support. Human rights associations stood by me. Social media truly resonated and made a significant impact. MPs from the DEM Party and human rights organizations provided their support. Anyone can oppress the downtrodden, but we were not left forsaken during this process." (P13, male, 50, tradesman)

A collective evaluation of the research data demonstrates that access to healthcare in prisons is frequently relegated to the individual efforts of inmates and their families, rather than being ensured by institutional operations. Petitions, grievance mechanisms, social media visibility, and the support of human rights organizations function as fragile instruments that temporarily compensate for systemic failures but fall short of providing structural resolutions.

The interviews underscore that prison administrations typically mobilize only in response to external pressure. The delivery of medical services is often marred by arbitrariness and negligence, rendering treatment for severely ill inmates dependent on personal initiative. This dynamic indicates that the principle of human dignity is not institutionally integrated within the prison system. Consequently, the right to health is only partially fulfilled for those who "demand, strive, and voice their grievances." Within such a framework, the provision of fair and equitable healthcare remains unattainable, and the right to life is ultimately entrusted to the strength of individual struggle.

5. Inmates Who Lost Their Lives in Prisons

Human rights violations within Türkiye's penal institutions frequently cause the direct breach of the right to life. Numerous individuals have died in custody due to severe illness, medical negligence, ill-treatment, suicide, or suspicious circumstances. The mass arrests following July 15, 2016, combined with extreme overcrowding and systemic dysfunctions in healthcare, have significantly increased the frequency and visibility of these fatalities.

In this section, the names of those who died in prison are recorded not merely as statistics, but as a form of historical documentation and individual tribute. Memorializing these names is an ethical responsibility, essential to ensuring that grave violations are not forgotten and to establishing a foundation for societal reckoning and justice for surviving relatives. The following list aims to render visible the names of inmates who lost their lives in prison or under detention, to the extent accessible.

This list is more than a compilation of numbers and dates. Each name represents a life cut short, a silenced voice, and a deferred demand for justice. The inmates who perished in these facilities stand as silent witnesses to the systemic negligence targeting ailing and elderly detainees in Türkiye.
As Advocates of Silenced Turkey (AST), we recognize our responsibility to document these names for history, ensuring they are not forgotten and sustaining the pursuit of justice for those they left behind. This study serves as a record of memory for every individual whose voice has been stifled.

No.	Full Name	Date of Death
1	İsmail Çakmak	July 23, 2016
2	Mustafa Törer	July 28, 2016
3	Vedat Savlu	August 2, 2016
4	Gökhan Açıkkollu	August 5, 2016
5	Burak Açıkalın	August 11, 2016
6	Ömer Çubuklu	September 1, 2016
7	Seyfettin Yiğit	September 16, 2016
8	Infant of Nurhayat Yıldız 1	October 16, 2016
9	Infant of Nurhayat Yıldız 2	October 16, 2016
10	Ahmet Ok	October 20, 2016
11	Fatih Korkmaz	October 25, 2016
12	İrfan Kızılarslan	November 5, 2016
13	Ahmet Kemal Kaya	November 19, 2016
14	Behçet Emdi	November 19, 2016
15	Ünal Takmaklı	November 29, 2016
16	Önder Irmak	October 10, 2016
17	Mehmet İnam	January 5, 2017
18	Infant of E.U.	February 1, 2017
19	Gültekin Payat	February 5, 2017
20	Mehmet Öztürk	February 14, 2017
21	İsmail Dağ	February 23, 2017
22	Ali Özer	March 23, 2017
23	Recep Erdem	April 6, 2017
24	Kadir Eyce	April 11, 2017
25	Hüseyin Penbe	May 29, 2017
26	Mustafa Hikmet Kayapalı	May 10, 2017
27	Kamil Üngüt	July 4, 2017
28	Seyid Sevgin	July 31, 2017
29	Davut Türkel	August 3, 2017
30	Ahmet Tatar	August 2, 2017

31	Mustafa Erdoğan	August 22, 2017
32	Unnamed Mother	November 5, 2017
33	İsmail Karaaslan	November 30, 2017
34	Şentürk Çoban	December 19, 2017
35	Selman Aşçı	December 24, 2017
36	İbrahim Halil Özyavuz	January 6, 2018
37	Naim Çıtır	January 22, 2018
38	Unnamed Mother (Hacer Karaşal)	January 25, 2018
39	Teoman Gökçe	February 4, 2018
40	Adnan Çetin	February 16, 2018
41	Deniz Hakan Şen	March 6, 2018
42	Şafak Demir	March 7, 2018
43	Cemal Gürer	April 25, 2018
44	Yıldırım Sarp	April 27, 2018
45	Halime Gülsu	April 28, 2018
46	Ali Hocaoğlu	May 6, 2018
47	Mehmet Sakallı	May 17, 2018
48	İsmail Ülker	June 17, 2018
49	Şevket Saygın	June 27, 2018
50	Zeki Güven	July 1, 2018
51	Bayezit Yıldırım	July 2, 2018
52	Nesrin Gençosman	July 11, 2018
53	Davut Demirkale	July 14, 2018
54	Recep Abdioğlu	July 24, 2018
55	Lokman Ersoy	August 1, 2018
56	Sabri Çolak	August 24, 2018
57	Vahyettin Yahya Bayat	September 2, 2018
58	Mustafa Mutlu	September 10, 2018
59	Murat Tüfekçi	September 20, 2018
60	Mehmet Özbir	October 16, 2018
61	Orhan Dalgıç	November 18, 2018

62	Recep Türk	November 25, 2018
63	Ahmet Turan Özcerit	December 2, 2018
64	Vasıf Bayram	December 12, 2018
65	Seyfettin Kurtçu	December 25, 2018
66	Mehmet Ali Tokel	January 6, 2019
67	Güngör Önol	January 31, 2019
68	Hüseyin Çakır	February 28, 2019
69	Saim Uyanık	March 15, 2019
70	Cemil Dilber	March 21, 2019
71	Hakan Dumanay	April 13, 2019
72	Bekir Bıçakçı	April 16, 2019
73	Yusuf Paçacı	April 16, 2019
74	Mustafa Çelikbilek	April 22, 2019
75	Muzaffer Özcengiz	April 26, 2019
76	İlyas Yıldırım	May 3, 2019
77	Murat Korkmaz	May 12, 2019
78	Infant of Gülden Aşık	May 31, 2019
79	Dündar Kaya	June 13, 2019
80	Eziz Hudayberdiyev	July 4, 2019
81	Ali Ayverdi	July 24, 2019
82	Infant of Hanife Çiftçi	July 29, 2019
83	Tacettin Toprak	August 24, 2019
84	Yavuz Bölek	August 28, 2019
85	Ahmet Hamdi Nedim Gerginci	September 18, 2019
86	Bilal Gülfidan	October 15, 2019
87	Mustafa Ali Mutlu	October 18, 2019
88	Amir Gülaçtı	October 20, 2019
89	Kemal Bilici	November 9, 2019
90	Engin Erol	December 19, 2019
91	Tevfik İldemir	December 20, 2019
92	Medeni Arifoğlu	January 25, 2020

93	Ümit Erdinç	April 2, 2020
94	Özgür Doğan	April 7, 2020
95	Mehmet Yeter	April 8, 2020
96	Yusuf Uzun	August 7, 2020
97	Mevlüt Öztaş	August 19, 2020
98	Mustafa Kabakçıoğlu	August 29, 2020
99	Veysel Atasoy	September 12, 2020
100	Fatma Aşkın	September 15, 2020
101	Cengiz Karakurt	September 22, 2020
102	Nedim Yıldız	September 24, 2020
103	Yunus Gökgöz	October 12, 2020
104	Mustafa Barış Avıalan	October 14, 2020
105	Ahmet Kaplan	November 10, 2020
106	Hüseyin Özen	November 14, 2020
107	Yusuf Kurt	November 19, 2020
108	Ümit Gökhasan	November 23, 2020
109	Ercan Dağhan	January 4, 2021
110	Abdulvahit Tuncay	January 5, 2021
111	Metin Yücel	January 18, 2021
112	Kahraman Sezer	January 29, 2021
113	Önder Ateş	March 3, 2021
114	Abdulazim Özdemir	April 17, 2021
115	Mehmet Şükrü Eken	April 19, 2021
116	Ali Orhan	May 5, 2021
117	Halil Şimşek	May 5, 2021
118	İsmet Torun	May 10, 2021
119	Erdal Kılınç	May 12, 2021
120	Şerif Vatansever	May 17, 2021
121	Davut Tuzlacık	May 18, 2021
122	Ahmet Kaptan	June 7, 2021
123	Mehmet Özen	July 25, 2021

124	Kenan Özcan	September 20, 2021
125	İhsan Yıldız	October 29, 2021
126	Garibe Gezer	December 9, 2021
127	Nusret Muğla	February 13, 2022
128	Yusuf Bekmezci	February 20, 2022
129	Serdar Polat	April 22, 2022
130	Hakan Kaşarlıoğlu	June 4, 2022
131	Feti Ün	June 13, 2022
132	Enes Erikçi	June 22, 2022
133	Mehmet Sait Demiröz	July 17, 2022
134	Şükrü Tuğrul Özşengül	July 30, 2022
135	Ramazan Açıkgöz	August 17, 2022
136	Tacettin Başer	September 2, 2022
137	Ali Osman Ünal	October 12, 2022
138	Hasan Akdemir	October 29, 2022
139	Kemal Mutlum	November 23, 2022
140	Leyla Karaman	December 3, 2022
141	Necip Bulut	January 17, 2023
142	Mehmet Demircan	April 17, 2023
143	Ahmet Rıza Özkan	May 21, 2023
144	Ali Kara	May 29, 2023
145	Akif Palta	June 10, 2023
146	Bayram Tekin	June 18, 2023
147	Uğur Uzuntaş	October 4, 2023
148	Mustafa Çiftçi	December 3, 2023
149	Recep Koçak	January 6, 2024
150	Tevfik Birecik	May 4, 2024
151	Ahmet Zeki Özkan	July 16, 2024
152	Adil Somalı	July 20, 2024
153	Fahrettin İşgüder	July 22, 2024
154	Adem Cirit	October 23, 2024

155	Mahmut Başyiğit	November 4, 2024
156	Hüsamettin Karadeniz	January 17, 2025
157	Hüseyin Parlak	August 15, 2025
158	İbrahim Güngör	September 7, 2025
159	Asalettin Çelik	September 14, 2025
160	Cafer Ongun	September 21, 2025
161	Yusuf Özkan	September 25, 2025
162	İzzet Odabaşoğlu	October 6, 2025
163	Yusuf Pekmezci	October 6, 2025
164	Süleyman Yıldırım	December 8, 2025
165	Mehmet Çataklı	December 13, 2025

6. Conclusion

The testimonies in this report underscore that Türkiye's penal system has devolved into an arena of grave and structural rights violations, particularly for inmates who are ailing, elderly, disabled, pregnant, postpartum, breastfeeding, or suffering from chronic conditions. From the initial detention phase through incarceration and hospital referrals, the findings reveal a systemic breach of the right to life, the right to health, and the fundamental right to be free from torture and ill-treatment. The evidence demonstrates that the right to health in prisons is not merely a matter of technical capacity, but a structural crisis intertwined with administrative arbitrariness, negligence, a punitive administrative culture, and a climate of institutional fear.

The institutionalization of the OHAL post-2016 has fostered an environment where the rule of law is effectively suspended, discriminatory practices have flourished, and chronic prison overcrowding has become a permanent fixture. Today, Türkiye maintains the highest inmate density among Council of Europe member states, operating with a healthcare infrastructure that has regressed far below international human rights standards.

The participants' experiences highlight deep-seated, systemic failures across nearly all areas: ill-treatment during detention, overcrowded wards, poor hygiene, inadequate ventilation, critical delays in medical care, arbitrary cancellation of hospital referrals, and the systemic inefficacy of the Forensic Medicine Institute (ATK). Specifically, chronic delays in hospital referrals, arbitrary cancellations by gendarmerie personnel, months-long waits to see specialists, and diagnoses made only after diseases reach advanced stages indicate that access to healthcare has become effectively impossible. Furthermore, the ATK often issues reports only when an individual is near death. Combined with arbitrary rejections by prosecutors and report processes lasting up to a year, this proves that the "stay of execution" (infaz erteleme) mechanism is entirely dysfunctional. The process of obtaining a "medical report of unfitness for detention" has itself become a secondary violation of rights.

As a result, the continued detention of bedridden, elderly, or severely disabled inmates—including those with over 90% disability or terminal cancer—constitutes a clear violation of the international conventions to which Türkiye is a party. In this environment, the primary care of severely ill or immobile inmates is often left to their cellmates; the State's basic obligation of care has been effectively relegated to inmate solidarity. Moreover, the failure to uphold special protection obligations for women, the elderly, and the disabled—alongside the absence of psychological support mechanisms—further entrenches the structural nature of these violations. The fact that psychological and psychiatric consultations are conducted under guard supervision violates patient privacy and effectively eliminates the right to mental health. For female inmates, biological processes such as pregnancy, postpartum recovery, and breastfeeding are managed without essential protection mechanisms.

These are not isolated errors; they are the direct result of a punitive, arbitrary, and discriminatory administrative approach. Notably, the evidence suggests that inmates associated with the Hizmet Movement face even more acute discrimination in accessing essential healthcare and legal relief, reflecting what is described as an "enemy penal law" (Feindstrafrecht) approach.

These structural crises are too deep-seated to be explained by a simple lack of administrative capacity.

The observation of Participant 1 summarizes the report's findings:

"The place where a country hits rock bottom is the prison. If that place improves, so does the country. Judges and prosecutors also served time there; they, too, did not know the state of the prisons. I wish that those who suffered wrote the new constitution; the people who endured the pain… Only then would justice truly recover."

These words emphasize that negligence within the prison system is a reflection of the broader justice system, and that meaningful reform must be shaped by the experiences of those suffering on the ground.

Policy Recommendations

These findings necessitate an urgent and comprehensive human rights reform within the Turkish penal system. The State bears an urgent, mandatory, and non-deferrable responsibility to fulfill its obligations under national and international law. It must ensure that prisons are compatible with human dignity and guarantee every inmate's right to health, life, and equal treatment. To achieve compliance with international human rights standards and restore the principle of human dignity, the following measures constitute an urgent and non-deferrable necessity:

Mandatory Release and Alternative Execution

Enforce the immediate release of elderly inmates (specifically those over 75 years of age), severely disabled inmates, and those with terminal diagnoses. Sentence execution must be suspended for pregnant women and mothers for eighteen months following childbirth, as mandated by Law No. 5275. Alternative execution methods must be adopted for severely ill inmates, and the detention of vulnerable groups—including the sick, elderly, disabled, and pregnant—must be re-evaluated as a matter of urgency.

Insulating the Stay of Execution (Infaz Erteleme) Mechanism

Insulate the stay of execution mechanism from political and administrative interference. Ensure that prosecutors' decisions are subject to effective safeguards against arbitrariness. The mechanism must function as a genuine legal remedy rather than an exceptional, obstructed process.

Restructuring Medical Assessments and Ending the ATK Monopoly

End ATK's monopoly on final medical decisions. Restructure the ATK to ensure independence from political and administrative interference, and ensure that medical reports from university hospitals and competent civilian medical institutions are sufficient to grant a stay of execution where clinically warranted.

Civilianization and Independence of Prison Healthcare

Prison healthcare must be civilianized. Securing the independence of healthcare services in prisons is paramount, including the digitalization of referral processes to eliminate arbitrary interference by gendarmerie or correctional personnel and to ensure traceability, accountability, and continuity of care.

Reinforcement of Emergency Intervention Standards

Emergency intervention standards must be reinforced through clear protocols and oversight. Strict disciplinary measures must be enforced against personnel who fail to summon an ambulance or

otherwise obstruct urgent medical intervention in critical situations.

Institutional Accountability, Monitoring, and Access

Activate independent prison monitoring boards and guarantee full access for both international and independent domestic monitoring mechanisms. Ensure that staff members implicated in systematic negligence, obstruction of care, or ill-treatment are held legally accountable, and that institutional practices enabling impunity are dismantled.

Protection of Privacy and Specialized Care

Guarantee that psychological and psychiatric consultations are strictly compatible with patient privacy principles and conducted without guard supervision. Ensure comprehensive psychological support mechanisms are in place. Physical accessibility within prison facilities must be guaranteed for disabled and elderly inmates, and specialized protection obligations for women—including pregnancy, postpartum recovery, and breastfeeding—must be implemented with effective safeguards.

Abolition of Discriminatory Practices and Equal Access

Repeal and end any "enemy penal law" approach and ensure that all inmates, regardless of alleged charges or affiliation—including those associated with the Hizmet Movement—have equal access to essential healthcare, hospital referrals, and legal remedies without discrimination.

Concluding Assessment

Beyond individual negligence, this report demonstrates that prisons in Türkiye have become environments that directly threaten the right to life for vulnerable populations. The violations occurring in Türkiye's prisons are not isolated incidents; rather, they represent a deep-seated, chronic, and institutionalized crisis. Bringing the penal system into compliance with human dignity and securing the right to life and health for ill, elderly, disabled, pregnant, and otherwise vulnerable groups is the first and most essential step toward a transformation that will resonate throughout the justice system as a whole.

Improving prisons is improving society itself. Therefore, the measures required to protect the right to health, the right to life, and human dignity constitute an urgent and non-deferrable necessity.

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