



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

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

**Visit to Costa Rica undertaken from 3 to 14
March 2019: recommendations and observations
addressed to the State party**

Report of the Subcommittee*, **

* In accordance with article 16 (1) of the Optional Protocol, the present report was transmitted confidentially to the State party on 2 December 2019. On 1 December 2020, the State party requested the Subcommittee to publish the report, in accordance with article 16 (2) of the Optional Protocol.

** The annexes to the present document are being circulated in the language of submission only.



Contents

	<i>Page</i>
I. Introduction	3
II. National preventive mechanism	3
III. Legal and institutional framework for the prevention of torture and ill-treatment.....	4
A. Classification of torture as an offence and obstacles to investigating cases of torture	4
B. Use of pretrial detention	6
C. Enforcement by committal for failure to pay alimony or child support.....	6
D. Prisoner privileges	7
E. Transparency and access to information.....	7
IV. Situation of persons deprived of their liberty	7
A. Criminal investigation police and security forces.....	7
B. Prisons	8
C. Centres for adolescents and young adults in conflict with the law	14
D. Psychiatric centres	16
V. Training and labour conditions for prison personnel.....	17
VI. Next steps	17
Annexes	
I. Lista de las personas con quienes se reunió el Subcomité.....	19
II. Lugares de privación de libertad visitados	22

I. Introduction

1. In accordance with its mandate under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Subcommittee on Prevention of Torture carried out its first visit to Costa Rica from 3 to 14 March 2019.
2. The Subcommittee members conducting the visit were: Roberto Fehér Pérez (head of delegation), María Dolores Gómez, María Luisa Romero, Nora Sveaass and Juan Pablo Vegas. The Subcommittee was assisted by three human rights officers from the Office of the United Nations High Commissioner for Human Rights (OHCHR) and two United Nations security officers.
3. The Subcommittee met with the individuals listed in annex I and visited the places of deprivation of liberty listed in annex II. It also held meetings with members of the national preventive mechanism and visited a centre of deprivation of liberty with them in order to observe their working methods.
4. At the end of the visit, the delegation presented its confidential preliminary observations orally to the national authorities. In the present report, the Subcommittee sets out, on the basis of its findings, its conclusions and recommendations relevant to the prevention of torture and ill-treatment¹ of persons deprived of their liberty in Costa Rica.
5. **The Subcommittee recommends that the present report be distributed to all relevant authorities, departments and institutions.**
6. The present report will remain confidential until such time as Costa Rica decides to make it public. The Subcommittee informs the State party that, in order to request funding from the Special Fund, established under article 26 of the Optional Protocol to help finance the implementation of the recommendations contained in the Subcommittee's reports, those reports must be made public.
7. **The Subcommittee recommends that Costa Rica request the publication of the present report in accordance with article 16 (2) of the Optional Protocol.**
8. The Subcommittee wishes to express its gratitude to the authorities and to the liaison officer for their assistance in the planning of the visit. It regrets, however, that three units of the Judicial Investigation Agency located in San José and elsewhere in the country did not allow the Subcommittee to interview prisoners in their cells, allegedly for reasons of security. Although the Subcommittee informed the authorities of that lack of cooperation during its visit, the problem was not resolved.

II. National preventive mechanism

9. Costa Rica designated the Ombudsman's Office as its national preventive mechanism by executive decree in 2006. The mechanism began operating as an independent unit within the Ombudsman's Office in January 2009 and, in 2015, was designated as a "highly decentralized body" attached to the Ombudsman's Office. During its visit, the Subcommittee observed good working relations between the Ombudsman's Office and the mechanism. Generally speaking, the mechanism is an independent body; there were no reports of interference by the Ombudsman's Office in the fulfilment of its mandate, the allocation of its budget or the recruitment and hiring of its staff.
10. The Subcommittee noted with satisfaction that the mechanism carries out its work in an extremely professional manner and makes a valuable contribution to the prevention of torture. The mechanism's reports contain extensive information relating to its observations and its recommendations are used to inform decisions by the judicial and executive branches of power.

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

11. The Subcommittee is concerned that the mechanism is understaffed, in that it lacks the multidisciplinary personnel it would need to carry out its work independently from the Ombudsman's Office. Currently, the mechanism has to request the Office's help in providing drivers, physicians, psychologists and other specialized workers in order to carry out its daily work.

12. **The Subcommittee recommends that the State party continue ensuring the functional independence of the mechanism and that it provide the mechanism with sufficient human and financial resources to carry out its mandate. To support the important work of the mechanism, the Subcommittee recommends that the State party give more visibility to the mechanism's reports and recommendations and that it ensure the involvement of senior government officials in the presentation of the mechanism's annual reports.**

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

A. Classification of torture as an offence and obstacles to investigating cases of torture

Definition and criminalization of torture

13. The Subcommittee expressed concern before members of the National Assembly that the definition of torture, as set out in article 123 bis of the Criminal Code, is not in line with article 1 of the Convention against Torture. In particular, article 123 bis does not specifically mention punishment, intimidation or coercion of a victim or a third person as possible purposes of inflicting torture. Furthermore, under article 1 of the Convention against Torture, torture is understood to be an act inflicted by or at the instigation of or with the consent or acquiescence of a public official or a person acting in an official capacity. The Subcommittee does not take issue with broader domestic definitions of torture, so long as they contain, at a minimum, the elements of torture listed in the Convention.² In the Costa Rican Criminal Code, torture does not specifically cover harm inflicted by persons acting in an official capacity or at the instigation of or with the consent or acquiescence of a public official. The Criminal Code provides for a sentence of 3 to 10 years' imprisonment for private individuals and a sentence of 5 to 12 years' imprisonment for public officials who commit such acts.

14. The Subcommittee was informed that there had been just one conviction for torture in Costa Rica, despite the fact that the Constitutional Chamber recognized in at least five habeas corpus and *amparo* rulings that acts of torture and ill-treatment had been committed.³ According to information provided by the Attorney General's Office, injury caused to persons deprived of their liberty comes under the offence of abuse of authority; this was also pointed out by the Committee against Torture in 2008.⁴ The Subcommittee is concerned at the misuse of article 331 of the Criminal Code on the abuse of authority, as the legal interest protected by that article is the legality of administrative acts, not the dignity and physical and moral integrity of an individual. Besides that fundamental difference, the penalties to be applied vary greatly from one offence to another.

15. **The Subcommittee recommends that the State party urgently undertake the legislative amendments necessary to bring the definition of the crime of torture into line with that established in the international treaties to which it is a party. The Subcommittee urges the State party to classify correctly the illegal acts carried out by public officials against persons deprived of their liberty or by third persons with the acquiescence or consent of public officials or at their instigation.**

² General comment No. 2 (2008) on the implementation of article 2 by States parties, para. 9.

³ Rulings No. 000424-92; No. 07274-14; No. 012947-15; No. 003728-14; and No. 008376-17.

⁴ CAT/C/CRI/CO/2, para. 12.

Investigation of torture and complaint mechanisms

16. The Subcommittee identified a number of shortcomings in the investigation of cases of torture. Neither the forensic doctors nor the medical personnel who provide services to persons deprived of their liberty use the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol); this, in turn, makes it more difficult to prove cases of ill-treatment or torture. In addition, as the Subcommittee concluded in one of its meetings with delegations from the Judicial Investigation Agency, a medical examination is not carried out in all cases of attacks on persons deprived of their liberty.

17. According to the Subcommittee's interviews with physicians who deal with persons deprived of their liberty, medical personnel do not report possible cases of torture or ill-treatment to the Attorney General's Office, as required by article 281 of the Criminal Code of Procedure; instead, they report them to the prison's legal department, which in turn initiates preliminary administrative proceedings and determines whether or not the cases in question should be referred to the Attorney General's Office. Directors of prisons and psychiatric institutions follow a similar course of action when they receive reports of ill-treatment of persons deprived of their liberty, unless those persons explicitly state that they wish to file a criminal complaint.

18. The Subcommittee was given access to copies of various complaints submitted by persons deprived of their liberty. According to the accounts reviewed by the Subcommittee, the complainants have not been notified of any proceedings initiated in relation to their respective cases. In one prison, complaints are collected by a specially designated prisoner, or "*mandadero*", and left in a mailbox to be picked up by the authorities.

19. Although the prison cells are equipped with telephones and complaints may be called in directly to the Ombudsman's Office, some detainees claimed that they were not aware of the hotline. Some detainees who have tried using it said that they were not able to explain their case within the time allotted for the telephone call. Those who have been able to submit complaints said that, in the vast majority of cases, the Ombudsman's Office refers the complaint back to the prison, together with the complainant's details, so as to give the alleged perpetrator the opportunity to defend himself or herself regarding the allegations. This situation puts prisoners at a high risk of retaliation. Moreover, a complaint may or may not be referred to the Attorney General's Office, depending on the gravity of the acts concerned.

20. According to the information received, when the Attorney General's Office registers complaints, the medical examinations that are ordered are sometimes performed in the presence of security guards; this increases the risk that detainees will suffer reprisals, which in turn discourages them from filing complaints.

21. The Subcommittee recommends that a prompt and impartial investigation be carried out wherever there is reasonable ground to believe that an act of torture or ill-treatment has been committed, even in the absence of a formal complaint, and that those who instigate, encourage, consent to or tolerate such acts be held to account. To that end, the State party should instruct, train and inform the Public Prosecution Service regarding the State's responsibility in relation to such acts.

22. The Subcommittee recommends that the State party provide information to the medical and forensic personnel and all public officials (police officers, judges, prosecutors and counsel for the defence) who deal with persons deprived of their liberty regarding the need to refer to the Istanbul Protocol and the obligation to report any possible act of torture or ill-treatment to the Attorney General's Office. The Subcommittee urges the State party to take measures to ensure that a forensic medical examination is carried out in all cases of attacks against persons deprived of their liberty and that forensic reports be prepared in line with the Istanbul Protocol.

23. The Subcommittee recommends that complaint mechanisms be optimized so that persons deprived of their liberty have direct, confidential access to the Attorney General's Office and so that the Attorney General's Office is the authority responsible for determining whether or not torture has been committed and for taking the necessary steps to protect victims against any reprisals.

B. Use of pretrial detention

24. The Subcommittee is concerned about the use of pretrial detention and its relation to overcrowding. Its concern stems from several findings:

(a) Insufficient use is made of non-custodial measures, despite the fact that the use of such measures has been authorized by the legislature;

(b) In cases of flagrante delicto, the prosecutor may request pretrial detention from the outset, and a decision to grant that request cannot be appealed. Approximately one third of people arrested are detained unnecessarily for short periods of time;⁵

(c) Under the Code of Criminal Procedure, pretrial detention is mandatory for certain offences;

(d) The media and the public put pressure on judicial authorities to deal with security concerns by imprisoning the persons in question.

25. **The Committee urges the State party to:**

(a) **Train judges in correctly interpreting and applying legislation on alternatives to detention;**

(b) **In cases of flagrante delicto, use precautionary measures only in exceptional circumstances and avoid short-term imprisonment;**

(c) **Consider making the required changes to the Code of Criminal Procedure in order to ensure that pretrial detention is not used arbitrarily, but only in accordance with the principles of legality, presumption of innocence, necessity and proportionality;**

(d) **Uphold the principle of the independence of judges and adopt an effective strategy to prevent them from being harassed.**

C. Enforcement by committal for failure to pay alimony or child support

26. The Alimony and Child Support Act provides that a person may be committed to prison for up to 6 months for failing to pay alimony or child support.⁶ Unemployment or a lack of income does not exempt a person from having to make such payments, although the Act gives the courts discretion in granting a grace period of one month to allow the debtor to obtain paid employment.⁷ Nonetheless, judicial practice suggests that such extensions are rarely granted.⁸ Furthermore, the Subcommittee has received reports indicating that enforcement by committal is used in the case of individuals who are unable to pay alimony or child support because of financial insolvency, problems relating to drug or alcohol consumption or mental illness or because they live in street situations. In such cases, enforcement by committal is applied, rather than hospitalization or some other form of treatment of the individual in question, owing to the complexity of the proceedings involved; the result is an illegitimate deprivation of liberty.

27. The Subcommittee found that people who are imprisoned for failing to pay alimony or child support are held in overcrowded conditions under the same prison regime as persons deprived of their liberty for having committed or being suspected of committing criminal offences.⁹ At the Jorge Arturo Montero Castro closed rehabilitation centre, the Subcommittee found that cockroaches were rampant and sanitary services were lacking in the units that

⁵ Londoño, M., *Raíces judiciales del encarcelamiento: ¿Quiénes son y por qué están en prisión?*, National Council of Public University Rectors and Ombudsman's Office, 2016, p. 27.

⁶ Act No. 7654 of 1996.

⁷ *Ibid.*, art. 31.

⁸ Sentences contained in decisions No. 2018011117, No. 2015009858 and No. 2018007071 of the Constitutional Chamber.

⁹ The prison population was 13 per cent over capacity at the Jorge Arturo Montero Castro closed rehabilitation centre at the time of the visit.

housed persons committed for failing to pay alimony or child support. At the Vilma Curling closed rehabilitation centre, food was insufficient, as was medical and psychological care.

28. **The Subcommittee recommends that, in cases where there are other effective means of obtaining the payment of alimony and child support, those measures should be used first; enforcement by committal should be avoided to the extent possible, especially in cases involving individuals who have failed to make the payments owing to financial insolvency. In cases of drug addition, alcoholism and mental illness, the health of the debtor should be taken into consideration when applying the law.**

D. Prisoner privileges

29. The Subcommittee received information according to which prison authorities have broad discretionary powers in granting prisoner privileges and tend to favour prisoners with greater purchasing power. In addition, there have been delays in carrying out prisoner assessments, especially in cases involving transfers from closed facilities to other, less restrictive holding centres. Moreover, the lack of a sentence enforcement law hampers the courts' ability to monitor the granting of prisoner privileges on the basis of the regulations governing the extension of such privileges, as regulations are of an inferior rank in law. The Subcommittee was also informed that, in certain facilities, prisoners are not offered the rehabilitation programmes they need and there are not enough staff to allow for their transfer to prisons with such programmes.

30. **The Subcommittee recommends that the State party adopt a sentence enforcement law in order to reduce the scope for discretion in granting prisoner privileges. The Subcommittee recommends that prison authorities observe the safeguards and rights of persons deprived of their liberty and that they take the steps necessary to ensure that all convicted persons may enjoy prompt access to rehabilitation programmes.**

E. Transparency and access to information

31. The Subcommittee found that there is no publicly available, up-to-date information on prison rates of occupancy, disaggregated by status of proceedings.

32. **The Subcommittee recommends that the State party take the necessary steps to achieve greater transparency in the administration of the country's prisons and to improve access to information. In particular, it recommends that the State party publish online updated statistics on the prison system, including, at a minimum, the information mentioned in the previous paragraph.**

IV. Situation of persons deprived of their liberty

A. Criminal investigation police and security forces

33. The Subcommittee received information about situations in which some people were kept in police holding cells in excess of the six-hour maximum, especially on weekends and when arrests took place at night.

34. **The Subcommittee recommends that the authorities ensure strict compliance with holding time limits and that, to that end, they take such necessary measures as approving special working hours for the Public Prosecution Service and the courts.**

35. The Subcommittee was informed that the police take detainees to the hospital only if an injury is discovered during their time in detention. The Judicial Investigation Agency, for its part, employs physicians to visit the cells in San José and Alajuela. If ill-treatment is identified, a report is drawn up and delivered to the person responsible for cell management. In the Subcommittee's opinion, the report should be reviewed by a separate, independent authority.

36. **The Subcommittee recommends that medical personnel should examine every person in police custody as promptly as possible. It also recommends that protocols be adopted so that medical personnel are required to inform the Public Prosecution Service of any indications of ill-treatment.**

37. Providing persons deprived of their liberty with information on their rights is of fundamental importance in preventing torture and ill-treatment. In one instance in which police officers read a detainee his rights, the visiting delegation noted that not all the required information was provided. The detainee himself was asked to certify that he was in full possession of his mental faculties, whereas such certification must be provided by health professionals, not detainees.

38. **The Subcommittee recommends that the State party adopt standard wording that covers all the procedural rights of persons deprived of their liberty, in accordance with international law and relevant constitutional and other legal provisions, to be used by all police units authorized to take people into custody.**

39. The Subcommittee noted with concern a number of serious flaws in police registers. Some units had computerized registers, whereas others used a registration book whose pages were unnumbered. There was no standard or rigorous method for recording information – the registers contained blank spaces, corrections and strikethroughs. The procedure to be followed was unclear and the consultation of multiple registers proved necessary to understand the situation of a given person deprived of his or her liberty. No register was kept on complaints of torture or ill-treatment in the units.

40. **The Subcommittee recommends that the State party establish a uniform and, if possible, computerized register arrest log and police custody list across the country. Such a register should include, at a minimum, the following data:**

(a) **The date, time and place of the arrest and arrival at the police station, the grounds for the arrest and the authorities that issued the warrant and the names of the police officers involved;**

(b) **The state of health of the person deprived of his or her liberty and the circumstances and causes of any injury;**

(c) **The date, time and reasons for any transfer to a hospital, police unit or prison and for the release or continued detention of the person deprived of his or her liberty;**

(d) **The date and time of any legal assistance provided, of the notification of family or other third parties of the person's detention, of visits, of medical examinations and of the first appearance of the person deprived of his or her liberty before a judge;**

(e) **An inventory of the personal belongings of the person deprived of his or her liberty, to be signed by the person in question at the time the belongings are confiscated and at the time they are returned;**

(f) **Information related to behaviour, discipline and use of restrictions;**

(g) **Requests and complaints, including allegations of torture or other cruel, inhuman or degrading treatment or punishment, unless they are of a confidential nature.**

B. Prisons

Allegations of torture and ill-treatment

41. The Subcommittee heard allegations of ill-treatment from persons deprived of their liberty in all the prisons it visited. In the majority of these cases, prisoners claimed that they had been slapped or struck with truncheons by prison officers, had had their hair pulled and had been subjected to insults and verbal abuse. Some interviewees stated that the ill-treatment was always meted out by the same officers, and they consistently identified those officers.

The Subcommittee observed a noticeable reluctance to speak about ill-treatment for fear of reprisals.

42. Allegations of ill-treatment were more common in the San Rafael special prison ward (formerly the “maximum security” ward of the Jorge Arturo Montero Castro closed rehabilitation centre), which housed high-risk prisoners. According to the information received, if a prisoner knocked on the door to make a request, prison guards arrived with wooden sticks and protective gear (these were found in the guards’ office) in order to search the cell block yards for the prisoner in question; once located, the prisoner was beaten by several guards with sticks. After the beating, the prisoner was locked up and might spend hours in the sun or an entire night exposed to the elements. One prisoner indicated that during one such beating, the bridge of his nose and his clavicle had been broken. (His broken clavicle was visible to the naked eye and he provided an X-ray as proof of his fractured nose.)

43. The Subcommittee is also concerned at allegations by women prosecuted for crimes against minors that they were beaten by the other prisoners, with the acquiescence of prison personnel, upon arriving at the cell block.

44. The Subcommittee urges the State party to introduce a system for effectively filing and investigating complaints of acts of torture and ill-treatment and to offer training to personnel working at places of detention, including instruction concerning the importance of upholding the rights of persons deprived of their liberty. The Subcommittee also recommends that the Public Prosecution Service visit prisons periodically in order to receive complaints from persons deprived of their liberty, while observing all the relevant safeguards.

Overcrowding

45. At the time of the Subcommittee’s visit, the country had a prison population of 15,547, with significant overcrowding; it also had one of the highest incarceration rates in Latin America. Those rates, combined with inadequate prison infrastructure, have led to severe overcrowding in certain prisons.

46. The Subcommittee was informed that the Ministry of Justice and Peace was developing a new method for determining prison capacity. The method would be used to establish reliable overcrowding indices and a baseline for new prisons.

47. The Subcommittee recommends that the new method be developed in line with relevant international standards, including those that set a minimum size for prisons based on the projected size of the prison population in that facility. The Subcommittee further recommends that public policies designed to reduce overcrowding should not focus exclusively on the construction of new prisons, but should also include new penal policies that emphasize the granting of prisoner credits and non-custodial alternatives as a priority.

48. In several of the prisons visited, the Subcommittee found living conditions that amounted to inhuman and degrading treatment. The space in which the prisoners moved about in the dormitories was covered by mattresses. There were also mattresses under the beds (a space that was about 30 cm high) and in the bathroom, where they were in contact with water. In some cell blocks, there were beds sitting atop the toilets.

49. Overcrowding, degrading in itself, produces collateral effects, such as the spread of communicable diseases, poor hygiene and violence both among persons deprived of their liberty and on the part of prison personnel. Moreover, overcrowding creates an environment conducive to corruption.

50. Because there is no space to dry clothes, persons deprived of their liberty hang their clothes from the ceiling, creating a serious fire hazard. Makeshift electrical installations and unsafe wiring add to this risk.

51. The Subcommittee urges the State party to promptly adopt the necessary measures to address the health risks associated with overcrowding. It also urges the State party to have the dangerous wiring found in a few prisons removed in order to reduce the risk of fire. The Subcommittee urges the State party to redouble its efforts

to reduce overcrowding in prisons and would like to be informed of the specific measures taken and of progress made in this area.

Food and physical conditions in prisons

52. Physical conditions varied, depending on how long ago the detention facilities had been built. Many prisons had old facilities and, in some cases, clogged toilets. Elsewhere, such as the C cell block of the Nelson Mandela closed rehabilitation centre, former storerooms had been converted into dormitories. The physical conditions in less restrictive environments, such as the “cottages” of the Nelson Mandela closed rehabilitation centre, were generally better, although there were signs of incipient overcrowding. The Subcommittee was informed of problems with storm drains, which overflow when it rains and flood the central courtyards of many cell blocks. The Subcommittee noted the presence of insects in the dormitories and many of the foam mattresses were in an appalling state. The Subcommittee was alarmed at the deplorable state of the wiring in almost all the detention centres visited. Most of the wires were bare, posing a constant danger to detainees. In some areas of the Marcos Garvey closed rehabilitation centre, many persons deprived of their liberty reported water outages, which they claimed were sometimes imposed as a punishment.

53. The Subcommittee recommends that the State party urgently take measures to improve the physical conditions in Costa Rican prisons and that it develop a strategy and an action plan to resolve the aforementioned problems. In particular, the Subcommittee recommends that, in accordance with the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), prisoners should have access to water, sufficient light and ventilation and working sanitary facilities and should be provided with mattresses in good condition.

54. During its visits of various prisons, the Subcommittee received complaints of insufficient quantities of food, insufficiently cooked food, especially noodles, rice and beans, and poor hygiene both in cooking and transporting food. In La Reforma, the Subcommittee found that food was transported in open containers, allowing flies to land on it. In addition, the cold-storage room had been out of order for two years, resulting in a disruption of the cold chain. The Subcommittee found bagged meat that had already thawed but that had yet to spend long hours at room temperature before being cooked the next day, thus posing health risks. At the Nelson Mandela closed rehabilitation centre, the Subcommittee found oily residue on serving dishes after they had been washed with cold water.

55. The Subcommittee recommends that the relevant authorities take the necessary measures to improve hygiene in cooking and transporting food, in order to prevent the transmission of gastrointestinal infections within prisons. In particular, the authorities should train the prison personnel and persons deprived of their liberty who work in prison kitchens, as well as those responsible for transporting food, in hygienic and responsible food management.

56. According to information submitted by the State party, eight persons are responsible for the nutrition of all persons deprived of their liberty in Costa Rica; four of these are nutritionists and the other four are technicians specializing in nutrition. Two of the nutritionists work in prisons and the other two work in central offices. The State party also submitted information on nutritional planning and weekly menus. The Subcommittee did not meet any nutritionists in the prisons it visited and it repeatedly heard allegations by persons deprived of their liberty that meals were lacking in variety and nutritional value.

57. The Subcommittee recommends increasing the number of nutritionists working for the prison system so that they can develop and regularly update a balanced, varied diet for prisoners that meets their nutritional needs.

58. At the Marcos Garvey closed rehabilitation centre, the Subcommittee discovered that microwaves may not be installed in the cell blocks because of electric wiring problems. Persons deprived of their liberty claimed that, if they wished to warm up their food, they had to pay 250 colones per dish to a *mandadero*. The Subcommittee visited the place where food is heated up and was able to corroborate the existence of such an arrangement; the visiting delegation was shown a receipt signed by management for the sum of 57,000 colones, collected the previous day. The director of the place stated that the collection of such monies

was administered by a “board of detainees”. However, none of the persons deprived of their liberty mentioned such a board or claimed to benefit from the monies collected. According to the Subcommittee, such a mechanism fosters corruption.

59. The Subcommittee recommends that the necessary measures be taken so that persons deprived of their liberty may heat up their food free of charge.

Health care

60. The Subcommittee noted with concern a number of shortcomings in the provision of health-care services in prisons, including insufficient office hours for medical care and clinics, inadequate access to physicians and to medicines and lack of medical care at night. With the exception of the physicians working at the Vilma Curling and Gerardo Rodríguez closed rehabilitation centres and one nurse working at La Reforma, the Subcommittee was unable to interview medical professionals, the majority of whom were absent for various reasons.

61. At La Reforma, which houses some 4,000 persons deprived of their liberty, fewer than 80 medical consultations are given on a daily basis (including for chronic patients, who usually consult only to renew their prescriptions and to undergo minor checks) and four physicians are on duty every day. In all the prisons visited, persons deprived of their liberty reported difficulty in seeing a physician. Persons deprived of their liberty allegedly apply to be added to a wait list but do not receive medical attention in a timely manner. Consequently, persons deprived of their liberty wait for extended periods of time to see a medical professional and an easily resolved ailment thus risks becoming a more complex illness. There are no records of requests for consultations, making it difficult to assess the medical care available to prisoners.

62. The Subcommittee recommends that records be kept of requests for consultations and the consultations effectively provided, with a view to increased efficiency and transparency.

63. The Subcommittee received numerous complaints, the substance of which was corroborated by prison personnel, about delays in obtaining consultations in external facilities – such consultations sometimes took months or years to organize or never took place at all. In the register of applications for external consultations to which it was given access, the Subcommittee noted that delays or cancellations were not followed up on as they should have been.

64. The Subcommittee recommends that medical care should be effectively provided to persons deprived of their liberty who request it or for whom it is ordered by a physician, and that such persons should not have to suffer long waiting periods before their health problems are addressed.

65. In many of the prisons visited, the medical facilities were modern and well maintained. The medical consumables used to treat persons deprived of their liberty and the materials used in emergencies were adequate. The Subcommittee noted with concern that in nearly all the prisons it visited, dental care was virtually non-existent, despite there being dental clinics. Prisoners who went to the clinics only went for tooth extractions.

66. The Subcommittee was informed that medical consultations invariably take place in the presence of police personnel. The prisoner consulting is therefore necessarily limited in the information he or she can provide to medical personnel, be it for fear of reprisals, for fear that his or her health problems may be discussed outside the consultation room, or simply out of shame.

67. The Subcommittee urges the State party to review the way in which medical clinics are designed, with a view to ensuring privacy during medical consultations. The Subcommittee also recalls that physicians should be mindful of their obligation of confidentiality vis-à-vis their patients. The Subcommittee recommends that prison physicians, dentists and nurses be trained to provide care to persons deprived of their liberty, specifically on how to deal with such persons, how to coordinate their care and monitor their health and how to cope with true emergencies. It further recommends that they be trained to bear in mind the possibility of injury, even if such injury is not

mentioned by the persons in their care, and that information related to an injury be dealt with effectively, as required under the Istanbul Protocol.

Management of high-risk persons deprived of their liberty

68. In the San Rafael special prison ward, high-risk prisoners serve their sentences in individual cells; they are not able to go outside, nor do they have access to education, activities or work. Although a few inmates had televisions in their cells, others had no access to any type of external information, whether by television, newspapers, periodicals or magazines. Various inmates mentioned the presence of rats in their cells, insufficient food and inadequate access to medical care. Almost all the inmates interviewed had cuts on their arms, abdomen and neck, which they had self-inflicted in order to obtain medical care. The Subcommittee requested medical attention for several inmates with open wounds. The Subcommittee interviewed one inmate with mental problems. He had spent several years in the unit, but had received no visits, as he came from another city, and had not been given any psychiatric or psychological treatment.

69. The women on the maximum-security F wing of the Vilma Curling closed rehabilitation centre were held in appalling conditions in cells with access to a small courtyard surrounded by bars.

70. The Subcommittee understands that some persons deprived of their liberty require heightened security measures. Nevertheless, such measures must not amount to an additional sentence. The Subcommittee is of the opinion that any security measure that leads to a groundless deterioration of prison conditions constitutes a form of ill-treatment of persons deprived of their liberty. In addition, a number of prisoners in the San Rafael special prison ward suffered continuous ill-treatment from the prison personnel.

71. The Subcommittee urges the State party to ensure that the rights of high-risk prisoners are respected, in line with international standards. High-risk prisoners must have access to exercise, activities, association with other persons deprived of their liberty and information from and communication with the outside world, especially with their family members. In addition, any placement in solitary confinement must be applied for the shortest period of time possible and prisoners must undergo an assessment when they are first admitted to prison and at regular intervals thereafter, so that security measures and regimes may be adjusted accordingly.¹⁰ The Subcommittee also urgently requests that each of the prisoners housed in the San Rafael special prison ward be given medical attention and, where appropriate, psychological or psychiatric care, and that the prison personnel be ordered to stop physical abuse of prisoners. The Subcommittee recommends the Public Prosecution Service to compile any complaints, while respecting all appropriate legal safeguards, and to expedite investigations into any potential crimes.

Disciplinary practices

72. The Subcommittee noted that the national prison system regulations establish a disciplinary procedure and prohibit the automatic application of disciplinary sanctions and collective punishments, as well as the total restriction of contact with family members, deprivation of sexual relations and reduction of food, among other measures. However, the Subcommittee received numerous complaints from prisoners being held in maximum-security cell blocks about restricted access to water and deprivation of sports activities, employment or educational activities as a collective punishment.

73. The Subcommittee recalls that collective punishment and restrictions on access to water are to be strictly prohibited. Any restriction of the rights of persons deprived of their liberty must be the consequence of a disciplinary procedure in which due process is observed.

¹⁰ See United Nations Office on Drugs and Crime (UNODC), *Handbook on the Management of Violent Extremist Prisoners and the Prevention of Radicalization to Violence in Prisons*, 2016.

74. The Subcommittee takes notes of the fact that solitary confinement as a punishment is prohibited in the national prison system regulations. Nevertheless, that provision is inconsistent with article 473 (e) of the Code of Criminal Procedure, which states that a sentence enforcement judge may “approve periods of isolation exceeding 48 hours, in cells”. During its visit, the Subcommittee found that isolation in “punishment cells” is approved in practice by sentence enforcement judges for periods exceeding 48 hours and that such a measure has been imposed for periods of up to one month, without any medical supervision. The person in solitary confinement has access to a telephone and is allowed one hour of sun per day, although the Subcommittee found that one prisoner in solitary confinement had not been outside or had access to a means of communication for two days.

75. In some cases, solitary confinement is used as a prison management tool. At the Vilma Curling closed rehabilitation centre, the Subcommittee interviewed two persons deprived of their liberty who were being held in solitary confinement cells allegedly because they could not be relocated to any other cell block for fear they would be attacked. Although one of the prisoners suffered from multiple injuries, according to the prison doctor, no medical care had been provided since the prisoner’s placement in solitary confinement.

76. The Subcommittee recalls that solitary confinement is to be used only in exceptional circumstances, for strictly limited periods of time, and with medical supervision and court approval; it must not be used as a prison management tool. Under the Nelson Mandela Rules, solitary confinement must not exceed a time period of 15 consecutive days. Conditions in solitary confinement cells should be such as to respect the physical integrity and dignity of persons deprived of their liberty.

Search procedures

77. In most of the prisons it visited, the Subcommittee heard numerous allegations as to the use of dormitory searches as a violent form of punishment, in which the prison personnel destroyed or confiscated the personal belongings of persons deprived of their liberty. In some prisons, the Subcommittee was informed that persons deprived of their liberty and/or their family members had been subjected to invasive and humiliating body searches. Several persons deprived of their liberty claimed to have been subjected to humiliating body cavity searches, on the pretext of searches for narcotics.

78. The Subcommittee recommends that the authorities take the necessary measures to ensure that searches are carried out in a non-violent manner and not with the aim of intimidating persons deprived of their liberty. The Subcommittee recommends that the State party ensure that search and entry procedures for visitors are not degrading and are governed by the Nelson Mandela Rules (rules 50–52 and 60).

Rehabilitation programmes

79. The Subcommittee received information from the Ministry of Justice and Peace on the various programmes available in prisons. The Subcommittee does not have enough information to evaluate the regularity, reliability and reach (measured as the number of persons deprived of their liberty) of such programmes. However, the interviews conducted revealed a lack of sufficient and appropriate rehabilitation measures. Most of the persons interviewed had not been offered the opportunity to participate in physical, recreational, educational or work-related activities.

80. Costa Rica has introduced new “comprehensive rehabilitation units”. These units are in fact three prisons which, according to the Ministry of Justice and Peace, are designed to lower the risk of recidivism through a prison model that fosters social reintegration. The Subcommittee visited the Reinaldo Villalobos Zúñiga Unit and noted a significant contrast with the other prisons it had visited. The prison was clean and well-organized and the persons deprived of their liberty were not locked in their cell blocks. Few police officers were present in the educational centre and workshop areas; the Subcommittee was informed that the prison model emphasized dynamic security. Although some aspects could be improved, the Subcommittee found that, overall, it would be worthwhile replicating the rehabilitation model in other Costa Rican prisons.

81. **The Subcommittee recommends drawing up an appropriate strategy and allocating sufficient financial and human resources to provide persons deprived of their liberty with effective rehabilitation opportunities in areas such as reading, sport, art, recreation, education and work. It is important to strengthen the model being used in the comprehensive rehabilitation units and to measure outcomes, in order to be able to replicate and expand the model on the basis of reliable findings. The Subcommittee is of the view that, for the model to be successful, it is crucial that the prison population not exceed a prison's actual capacity for accommodation.**

Treatment of women deprived of their liberty

82. The Vilma Curling closed rehabilitation centre is the only prison for women in all of Costa Rica, together with the female unit of the Liberia Prison, which houses 32 inmates. This reportedly generates a sense of uprooting and makes contact with family more difficult. In addition, there are practically no options for relocating prisoners with behavioural problems. Although the prison authorities were not able to indicate clearly the capacity of Vilma Curling, there were, at the time of the visit, 647 persons being held, and the Subcommittee found overcrowding in some cell blocks, with some inmates having to sleep in bathrooms.

83. **The Subcommittee recommends that the State party ensure compliance with the national prison system regulations so that women prisoners may be held in areas near where their families live, in order to help them maintain close ties, especially with children older than 3 years. The Subcommittee also recommends the use of non-custodial measures, in line with the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules).**

84. The Subcommittee received complaints from women prisoners about insufficient medical care, in particular the irregularity of mammograms and the total lack of gynaecological care. Although there is a clinic at the Vilma Curling closed rehabilitation centre, with everything needed to provide adequate medical attention, as of the delegation's visit, the clinic was not yet authorized to open. Moreover, as the Subcommittee was informed by the physician on site, there were many cases of diabetes and morbid obesity among women prisoners, owing to a diet excessively high in carbohydrates. In addition, sanitary pads and bedding were not distributed; they were provided to prisoners during visits. In the kitchen, the Subcommittee observed flies on the food, perishables past their expiration date and lack of cleanliness regarding the dishes used by prisoners. In addition, there was an insufficient number of working showers and toilets.¹¹

85. **The Subcommittee reiterates its previous recommendations regarding medical care, food, hygiene and sanitation and the necessary provision of personal hygiene products. It further recommends that the necessary measures be urgently adopted to ensure that the clinic receives a licence to operate and provide women with health services relevant to their needs, in accordance with the Bangkok Rules (rules 5–13).**

C. Centres for adolescents and young adults in conflict with the law

86. Act No. 7576 on the juvenile justice system sets the minimum age of criminal responsibility at 12 years of age – below the age recommended by the Committee on the Rights of the Child.¹²

87. At the time of the Subcommittee's visit, children and adolescents in conflict with the law were being held at the Zurquí juvenile training centre, in the city of Heredia, which also houses some young adults. The fact that there is only one such centre has led to the uprooting of those children and adolescents who hail from distant regions. In addition, the separation of children and adolescents according to gender, age and legal status, in accordance with the

¹¹ Two toilets and three showers for 37 persons.

¹² The Committee on the Rights of the Child recommends setting the minimum age of criminal responsibility between 14 and 16 years of age; see general comment No. 10 (2007) on children's rights in juvenile justice, paras. 32–33.

law, has resulted in a situation in which, at the time of the delegation's visit, one boy and one girl between 12 and 15 years of age were effectively being held in solitary confinement in their respective cell blocks, as they were unable to interact with anyone besides the prison personnel.

88. The centre's infrastructure was antiquated and dilapidated, with scant space for leisure or recreational activities and accommodation areas that did not meet the rehabilitation needs of adolescents. In particular, the maximum-security units G1 and G2 featured one-person cells that were dark and dirty, with cement beds, thin mattresses without sheets and bathrooms in appalling conditions; these cells were locked between 6 p.m. and 7 a.m. Adolescents had only a small inner courtyard (37.4 m²) in which to relax in; this courtyard, which was surrounded by bars, was very damp (41.8 per cent humidity), owing to clothes that had been hung out to dry. Some of the children and adolescents interviewed in these cell blocks claimed that they had suffered abuse by security guards with truncheons. They further alleged that they had only one hour of sunlight per day and that sometimes they did not go out for several days. In other cell blocks, owing to disputes between various children and adolescents, the centre had introduced staggered times for use of the courtyards by different groups. The centre's management recognized that a shortage of personnel meant that children and adolescents had fewer opportunities to enjoy the courtyard and to play sports. It was noted, furthermore, that the personnel lacked specific training to deal with children and adolescents in conflict with the law.

89. The Subcommittee was alarmed at the number of children and adolescents who displayed cuts as a result of self-harm. Various children and adolescents who were interviewed stated that they engaged in self-harm in order to obtain medical attention or to leave the cell block or as a form of escape. Although some were receiving psychological treatment, the lack of a comprehensive approach to dealing with this issue was cause for concern. Some children and adolescents complained of insufficient access to medical care.

90. The Subcommittee noted that the nursery provided a totally different, and wholly appropriate, environment for mothers with children, although a few persons deprived of their liberty mentioned insufficient paediatric assistance.

91. Although administrators informed the visiting delegation that activities such as crafts and botanical workshops were held at the centre, the children and adolescents interviewed mentioned only school, weekly visits to a gymnasium or an amusement arcade and paid work, such as yardwork and kitchen and cleaning duties. Children and adolescents in pretrial detention do not have access to these activities.

92. Despite the fact that the law specifically provides for the right of children not to be held incommunicado under any circumstances or to be placed in solitary confinement, the Subcommittee found, during its visit, that several children and adolescents were being held in solitary confinement cells. The centre's administrators themselves confirmed that solitary confinement could be imposed and that the juvenile justice enforcement judge must be informed when the period of confinement exceeded 24 hours. Other children and adolescents who were interviewed mentioned the absence of a disciplinary procedure, as well as the use of collective punishments and the suspension of visits as punitive measures, in contravention of juvenile criminal law.

93. The Subcommittee also visited the Ofelia Vincenzi young adult specialized centre, which houses men between 18 and 25 years old who committed crimes as minors. The main issues observed were outdated infrastructure, insufficient access to medical care and the presence of security guards during psychological consultations. Although the majority of the persons deprived of their liberty were participating in an educational programme and a few had access to paid work, the facilities did not provide enough space for educational, recreational or rehabilitation activities.

94. **The Subcommittee recommends that the State party:**

(a) **Consider making amendments to juvenile criminal legislation to bring it into line with the recommendations of the Committee on the Rights of the Child;**

(b) **Redesign the centres that accommodate children and adolescents in conflict with the law in order to avoid uprooting and to meet the social reintegration**

needs of young people, by improving the conditions of detention and the occupational activities offered at the Zurquí centre;

(c) **Prohibit collective punishment, restrictions regarding visits and the use of solitary confinement for young detainees, as provided for by law. Any restriction of the rights of children and adolescents deprived of their liberty must be the consequence of a disciplinary procedure in which due process is observed;**

(d) **Improve access to medical and psychological care, while ensuring confidentiality, and introduce wide-ranging measures to prevent self-harm.**

D. Psychiatric centres

95. The Subcommittee welcomed the paradigm shift that has occurred in the administration of mental health: now, only acute patients are institutionalized and, once they are stable, they are referred to the National Council for Persons with Disabilities, which places them in a residence. Before admission to a psychiatric hospital, a patient is evaluated by a forensic psychiatrist and the case is referred to a judge who is competent to decide whether or not the patient should be admitted. The Subcommittee is nevertheless concerned that there have been no forensic doctors specializing in psychiatry in the State party since December 2018.

96. **The Subcommittee recalls the urgent need to establish a forensic service specializing in psychiatry, without which it is not possible to review security measures (Code of Criminal Procedure, arts. 98, 100 and 487) or to take decisions regarding cases of incapacity or diminished capacity or the need to commit a person.**

97. According to the information provided by the medical personnel, if a patient claims to have been subjected to ill-treatment, a preliminary administrative investigation is initiated and, if the patient so requests, the complaint is referred to the Attorney General's Office. This raised concerns for the Subcommittee, given that such situations involve patients with mental illnesses.

98. **The Subcommittee recommends that an action protocol be developed for cases involving crimes committed against patients with mental illness and that the protocol include the obligation, where appropriate, to refer related complaints immediately to the Attorney General's Office.**

99. In 2011, the Centre for Persons with Mental Illness in Conflict with the Law was moved to a former textile factory. The Subcommittee noted that the Centre, which has different wards for convicted prisoners and for suspects, is designed more for containment than for rehabilitation, and that patients are guarded by prison police. At the time of the delegation's visit, the centre's capacity was 90 people, but it was currently accommodating 111. Since it was a former factory, there were no partitions and patients lacked privacy; there was, moreover, scant natural light. Patients were allowed outside for one hour every day, on a paved road behind the centre. The sole activities on offer were inside sports (as there was no dedicated outdoor space) and television. According to the institution's authorities, in early 2019, three cell blocks designed especially for patients in conflict with the law will be available within the National Psychiatric Hospital.

100. **The Subcommittee recommends:**

(a) **That the wards in the psychiatric hospital be made ready as soon as possible, so that patients with mental illnesses in conflict with the law may enjoy adequate living conditions;**

(b) **That the necessary measures be adopted to ensure that patients with mental illnesses who are in conflict with the law are offered occupational therapy and educational activities.**

V. Training and labour conditions for prison personnel

101. The Subcommittee noted that the prisons visited had insufficient personnel, be it police officers or technical experts (lawyers, psychologists, social workers and guidance counsellors). The Subcommittee repeatedly received complaints from inmates, sometimes corroborated by prison personnel, that they were unable to keep medical appointments or to attend school or participate in recreational activities, owing to a shortage of guards.

102. The Subcommittee takes note of the initial training given to prison police in the Training School for Prison Officers. It was, however, informed by the police officers interviewed that the training is insufficient. Furthermore, there were few opportunities for continuous learning and such opportunities were not available to all personnel on an equal basis. In particular, the Subcommittee noted that prison police working with minors, young people and women had not received specialized training. In addition, according to the information provided by the State party, the basic police course does not include training on the Convention against Torture and the Optional Protocol thereto.

103. On a positive note, the Subcommittee wishes to highlight that, as of 25 years ago, the prison police force is a separate public law enforcement unit that is governed by its own legal framework and reports to the Ministry of Justice. The Subcommittee is therefore deeply concerned that, according to information it has received, the training of prison police may in future be given by the National Police Academy, which reports to the Ministry of Public Security. The work of prison personnel is inherently different to that of the national police, as the former is focused on prisoners' rehabilitation. Therefore, it is not advisable for both types of training to be provided by the same institution.

104. As for the working conditions of the prison personnel, the dormitories and bathrooms were found to be in a derelict state and, in some cases, there was overcrowding, which could increase stress on personnel. The Subcommittee recalls that it is important to provide prison personnel with the resources and facilities necessary for them to carry out their duties under the appropriate conditions and to ensure that they enjoy decent living conditions and the necessary basic services.

105. **The Subcommittee underlines that, in order to prevent torture and cruel, inhuman or degrading treatment, it is crucial to provide the appropriate training in human rights, in general, and in the prevention of torture, in particular. The Subcommittee recalls that, under the Convention against Torture, the State party has the obligation to ensure that rigorous training in the prohibition of torture and ill-treatment is included in the training of personnel. The Subcommittee recommends that the State party strengthen the Training School for Prison Officers and that it include human rights in the training of all prison personnel, and not only that of police officers. To that effect, the authorities are recommended to request the support of international organizations in reviewing and modifying training programmes. The Subcommittee further recommends that continuous education become compulsory for both prison police officers and technical personnel. The Subcommittee recommends that special training be given regularly to persons who work with children and adolescents in conflict with the law.**

VI. Next steps

106. **The Subcommittee requests that a reply to the present report be provided within six months from the date of its transmission to the State party. The reply should respond directly to all the recommendations and requests for further information made in the report, giving a full account of action that has already been taken or is planned (including timescales to implement the recommendations). It should include details**

concerning the implementation of the recommendations, including institution-specific recommendations, and general policy and practice.¹³

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

108. The Subcommittee recalls that prevention of torture and ill-treatment is a continuing and wide-ranging obligation.¹⁴ It therefore requests that the State party inform it of any legislative, regulatory, policy or other relevant developments relating to the treatment of persons deprived of their liberty and regarding the work of the national preventive mechanism.

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

110. The Subcommittee recommends that, in accordance with article 12 (d) of the Optional Protocol, the national authorities of the State party enter into dialogue with the Subcommittee on the implementation of the Subcommittee's recommendations, within six months of the Subcommittee's receipt of the reply to the present report. The Subcommittee also recommends that Costa Rica and the national preventive mechanism initiate discussions with the Subcommittee on the arrangements for such a dialogue at the time of the submission of its reply to the present report.¹⁵

¹³ The reply should also conform to the guidelines concerning documentation to be submitted to the United Nations Human Rights treaty bodies established by the United Nations General Assembly. See letters sent to permanent missions on 8 May 2014.

¹⁴ CAT/OP/12/6 and general comment No. 2.

¹⁵ Costa Rica is encouraged to consider approaching the OHCHR treaty body capacity-building programme (registry@ohchr.org), which may be able to facilitate the dialogue. The contact details of the Special Fund are available at <https://www.ohchr.org/EN/HRBodies/OPCAT/Fund/Pages/SpecialFund.aspx>.

Annex I

[Spanish only]

Lista de personas con quienes se reunió el Subcomité

A. Autoridades nacionales

Ministerio de Justicia y Paz

Sra. Marcia González, Ministra

Sr. Fabián Solano Fernández

Sr. Christopher Camacho

Sr. José Luis Bermúdez Obando

Sr. Kenny Gozo Sánchez

Sra. Soledad Bonilla

Sr. Rubén Camacho Piedra

Sr. Pablo Bertoizi

Sr. Jeff Rodríguez Alvarado

Ministerio de Seguridad Pública

Sr. Eduardo A. Solano, Viceministro

Dirección General de Migración y Extranjería

Sr. Jhonny Martin Artavia, Jefe de Asesoría Jurídica

Poder Judicial

Sra. Nancy Hernández López, magistrada de la Sala Constitucional de la Corte Suprema de Justicia

Sra. Odilie Robles Escobar, jueza de ejecución de la pena de Alajuela

Sr. Mario Rodríguez, juez de ejecución de la pena de Alajuela

Sr. José Román Matamoros, juez de ejecución de la pena de San José

Sr. Roy Murillo, juez de ejecución de la pena

Sr. Armando Castillo Fallas, Secretaría General del Organismo de Investigación Judicial

Sr. Javier Ulate Carrillo, sección de cárceles del Organismo de Investigación Judicial

Sr. José Pablo Esquivel Segura

Sr. Alexis Mora Cambroner

Sra. Natalie Fonseca

Sra. Karla Gamboa Somarribas

Ministerio Público

Sra. Laura Monge, Ministerio Público

Sr. Carlo Díaz Sánchez, Fiscalía Adjunta de la Pena

Sra. Carlos E. Montenegro, Fiscalía Ejecución de la Pena

Sr. José Pablo Miranda Hurtado, Fiscal General

Sra. Emilia Navas Aparicio, Fiscalía General

Sra. Mayra Campos, Fiscalía Adjunta

Defensa Pública

Sra. Diana Montero, Directora de la Defensa Pública

Sr. Erik Núñez

Sra. Laura Arias Guillen, unidad de ejecución de la pena

Sr. Abraham Sequeira Morales

Sr. Héctor Sánchez Ureña

Sr. Alejandro Montero Acuña

Defensoría de los Habitantes

Sra. Catalina Crespo, Defensora de los Habitantes

Sra. Laura Arguedas Mejía, Asuntos internacionales

Sra. Lilliana Castro López, Defensoría de la Mujer

Sra. Nathalie Araya Jácome, Área de calidad de vida

Sra. Jenny Phillips, Directora de admisibilidad

Sra. Laura Fernández Díaz, Dirección Niñez y Adolescencia

Sr. Álvaro Paniagua, Dirección de Protección

Mecanismo nacional de prevención de la tortura

Sr. Roger Víquez, coordinador nacional

Sr. Esteban Vargas Ramírez

Sra. Lorna Elizondo Cubero

Sra. Chorlys Chacón Espinoza

Asamblea Legislativa

Sra. Carolina Hidalgo Herrera, Presidenta

Sr. Enrique Sánchez Carballo, diputado

Sra. Karine Niño, diputada

B. Departamentos de ciencias forenses y medicina legal

Sr. Maikol Araoz Vega, médico

Sra. Sandra Solórzano Herra, médico forense

Sr. Franz Vega, jefe del Departamento Médico Legal

Sra. Gina Bagnarello, perito encargado de proyectos

Sra. Anayana Rodríguez Quesada, perito de la unidad genética

Sr. Alejandro Hernández, perito genético

Sra. Emily Solano Monzález, médico forense, patología

Sr. Daniel Gómez Murillo, jefatura interina del departamento

Sr. Carlo Escalante, colegio de médicos

Sr. Oscar Valverde Comos, colegio de profesionales en psicología

Sra. Ana Cristina Monge, colegio de profesionales en psicología

C. Organismos de las Naciones Unidas

Coordinadora Residente de las Naciones Unidas

Programa de las Naciones Unidas para el Desarrollo (PNUD)

Instituto Latinoamericano de las Naciones Unidas para la Prevención del Delito y el Tratamiento del Delincuente (ILANUD)

D. Sociedad civil

Asociación Ciudadana ACCEDER

DNI Costa Rica

Centro por la Justicia y el Derecho Internacional (CEJIL)

Annex II

[Spanish only]

Lugares de privación de libertad visitados

A. Delegaciones de la Fuerza Pública

Delegación policial de El Carmen, San José
Delegación policial Desamparados Sur, San José
Delegación policial Desamparados Norte, San José
Delegación policial Hatillo, San José
Delegación policial Liberia, Guanacaste
Centro de Aprehendidos de Barrio México

B. Delegaciones del Organismo de Investigación Penal

Sección Cárceles I, Unidad de celdas I, Tribunales de Justicia de San José
Sección de Cárceles, Delegación Regional de Alajuela
Delegación Regional de Limón
Sección Cárceles, Tribunales de Justicia de Limón

C. Centros penitenciarios

Centro de Atención Institucional Vilma Curling, Desamparados, San José
Centro de Atención Institucional Jorge Arturo Montero Castro, San Rafael, Alajuela
Unidad de Atención Específica, San Rafael, Alajuela
Centro de Atención Institucional Liberia, Liberia
Centro de Atención Institucional San José, San José
Centro de Atención Institucional Nelson Mandela, San Carlos, Alajuela
Centro de Atención Institucional Marcos Garvey, Limón
Centro de Atención Institucional Gerardo Rodríguez, San Rafael, Alajuela
Unidad de Atención Integral Reynaldo Villalobos, San Rafael, Alajuela

D. Centros de reintegración social para niños, niñas y adolescentes

Centro de Formación Juvenil Zurquí, Santo Domingo, Heredia
Centro Especializado Adulto Joven, Ofelia Vicenzi, San Rafael, Alajuela

E. Hospitales psiquiátricos

Hospital Nacional Psiquiátrico, San José
Centro para la Atención de Personas con Enfermedad Mental en Conflicto con la Ley, La Uruca, San José

F. Centros de la Dirección General de Migración y Extranjería

Centro de Aprehensión Región Central, Heredia
