

**Medical torture of Ashraf residents**

# **Hippocratic Oath Betrayed**

**An utterly void and false report by the director of the Diyala Health Directorate to cover up an inhumane medical siege and a crime against humanity; serving suppressive policies of Maliki-Khamenei to annihilate PMOI members in Ashraf**

**April 2011**

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- **Medical torture of Ashraf residents**

- (Hippocratic Oath Betrayed)

- Dr. Nahid Bahrami, Dr. Javad Ahmadi, Dr. Hassan Jazaeri (Ashraf physicians)  
Ahmad Tabatabai (Civil Engineer, responsible for Ashraf's buildings and facilities)
- Rahim Tabari and Behzad Safari (Judicial advisors to Ashraf residents)

- **Date of print: April 2011**

**Nouri al-Maliki, Prime Minister of Iraq:**

*"Today [January 2, 2009] is a symbol of our national sovereignty, Iraqi forces and Iraqi security organs shall take over the responsibility of Ashraf City or Ashraf Base where individuals of this organization live... Presence of these individuals is illegal and they do not have the right to reside in the country, because they do not enjoy the refugee status. Through this transfer of dossier, we plan to end the presence of this organization... We have told them that remaining in Iraq is not an option for them... We shall not force them to do anything against their own will, but one, and that is to coerce them not to remain in Iraq after this great development" (Al-Alam TV Station – Iranian regime's Arab-language satellite TV - January 2, 2009)*

**Muwaffaq al-Rubaie, Maliki's National Security Advisor:**

*"We want to close this dossier once and for all... These individuals do not enjoy a special humanitarian status as refugees... They have no right whatsoever to remain in Iraq... Our policy is clear... Remaining in Iraq is not an option for them... These individuals have been brainwashed and we must liberate them from this poison and when we resort to ridding them of this poison... it will be painful, but there is no alternative other than to carry out this agonizing action." (Al-Alam TV Station – Iranian regime's Arab-language satellite TV - March 8, 2009)*

**Muwaffaq al-Rubaie, Maliki's National Security Advisor:**

*"They lack any legal status. They are neither political nor humanitarian refugees. That is to say, they have no legal status... We have escalating and gradual steps, but we shall not rush things... it will be gradual. That is to say, we shall gradually make their presence in Iraq as intolerable. Therefore, they should realize that... impeding the move of the wheel that is in motion to resolve this problem will be futile for them... We want to close this dossier not tomorrow, but today... We want to finish this situation as soon as possible. Naturally there are obstacles and we shall try to remove these obstacles and problems from our path... This organization has taken a stronghold in this place... Gradually Iraqi security forces shall enter the base and shall set up checkpoints; they shall conduct patrol rounds and conduct searches; they shall conduct attacks." (Al-Forat TV station affiliated with the SIIC political party in Iraq affiliated to the Iranian regime on April 1, 2009)*

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# INTRODUCTION

Since the beginning of 2009, the U.S. government transferred the responsibility for protection of Ashraf, home to 3,400 members of the People's Mojahedin Organization of Iran (PMOI), the principal Iranian opposition movement, to the Iraqi government.

In this transfer of protection, the U.S. government on the one hand did not honor its written obligation to each and every one of the residents to protect them, and on the other violated the International Law. In addition to the Fourth Geneva Convention which protects Ashraf residents, the U.S. has breached many other of its international obligations such as the Convention Against Torture which the U.S. is a signatory to. According to article three of this convention, "*No State Party shall expel, return ("refouler") or extradite a person to another State where there are substantial grounds for believing that he would be in danger of being subjected to torture.*" (paragraph 1)

Especially that the intention of the Maliki government to suppress Ashraf was evident beforehand. The source of this political position is clearly the fact that the political current at the helm of the Iraqi government receives its orders from Tehran and is indebted to the mullahs' regime for keeping it in power.

Consequently, the beginning of protection of Ashraf by Maliki's government was in fact the beginning of an inhumane and escalating siege on Ashraf. This is a thorough siege, including prohibition of commute from and to Ashraf, prohibition on visits of residents' lawyers to the camp to see their clients, prohibition on family visits, severe restriction on entry of fuel and many other goods, etc.

In this book we study the most inhumane aspect of the siege, namely the restriction on free access of Ashraf residents to physicians, medicine and other medical services.

Prior to the transfer of protection of Ashraf from the U.S. government to Iraq, Ashraf residents' medical needs were taken care of by the residents at their own expense. A well equipped medical center with physicians and specialists from residents themselves with assistance from Iraqi medical specialists managed this center and offered medical services to patients. The purchase of medicine, hospital equipment, and paraclinical devices from the Iraqi market was not hindered in any way.

With the beginning of the siege, the Iraqi government insisted on managing residents' medical services through the Diyala Health Directorate to destroy the independent access of residents to medical care. To provide for their medical needs, Ashraf residents prepared a hospital with all its equipment located in a building called Moslehi near the main entrance to Ashraf and transferred it to the Diyala Health Directorate that subsequently named it: "The New Iraq Hospital". This hospital that began its work by restricting or cutting off medical services to the residents, in its evolution turned into a center for harassment and torture of the patients. Credible information has shown that the planning of this siege and its daily guidance comes from nowhere but the terrorist Qods force and the Iranian Embassy in Baghdad.

Since late 2010, when the medical siege of Ashraf residents met extensive international condemnation and raised abhorrence, the Maliki government ordered a bogus report to be prepared in order to nullify the consequences of this disgrace.

The report of 18 January 2011 prepared by the Diyala Health Directorate on the operation of the New Iraq Hospital is just to serve this purpose while it lays the ground for the continuation and intensification of the medical siege.

What follows in this collection studies the more important falsifications presented in this report against the reality present in Ashraf today and in the New Iraq Hospital. This book in fact is a factual document that vividly shows the collaboration of the two suppressive regimes of Khamenei and Maliki to torture Ashraf patients to death.

Various chapters in this collection, based on numerous facts, demonstrate that the Ashraf residents' right to have free access to medical care has been de facto taken away; a right recognized in the Universal Declaration of Human Rights called the right of each individual to "medical care" (Article 25).

In addition, the International Covenant on Economic, Social and Cultural Rights of the United Nations (adopted on December 16, 1966), says in its article 12: *"The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." This covenant obligates member states to: "The improvement of all aspects of environmental and industrial hygiene... The prevention, treatment and control of epidemic, endemic, occupational and other diseases" and "The creation of conditions which would assure to all medical service and medical attention in the event of sickness."*

Even if Ashraf residents were prisoners, the Iraqi government could not have ignored their right to have access to medical services according to resolution of Protection of All Persons under Any Form of Detention or Imprisonment (United Nations General Assembly resolution of December 9, 1988). This resolution emphasizes "...medical care and treatment shall be provided whenever necessary. This care and treatment shall be provided free of charge." and it goes on to say: *"The fact that a detained or imprisoned person underwent a medical examination, the name of the physician and the results of such an examination shall be duly recorded. Access to such records shall be ensured. Modalities therefor shall be in accordance with relevant rules of domestic law."* (Articles 24 & 26)

An in depth look into the current catastrophe in Ashraf demonstrates that the issue goes beyond the "free access" of individuals to medical care and it is rather using medical services as a tool of torture and finishing off the patients through gradual torture. In other words, a policy of deliberate and gradual murder of Ashraf residents is being implemented.

Various chapters of this book illustrate that transforming the hospital into practically a torture center, leaves Ashraf residents with no incentive to refer to this hospital for medical care. As far as Ashraf residents are concerned, at no point in time, have they ever requested for such a hospital from the Iraqi government; therefore, it suffices that the Iraqi government and its suppressive committee just do not obstruct free access of Ashraf residents to medical care. It is the demand of Ashraf residents that their hospital and its equipment are returned to them and that the Iraqi government and its suppressive committee move out of the way to allow Ashraf residents to take care of their own medical needs at their own expense as was the case in the past.

# 1

## **Political motives behind a void and false report**

### **Direct Method of Cognition**

The Diyala Health Directorate starts its report with:

*“The annual report of The New Iraq Hospital at Camp Ashraf and the substance of the medical services that our department has provided to the camp residents in 2010”*

This report was circulated among high level governmental offices and some offices in local government of Diyala province on January 18th, 2011.

This report was published one month and seven days after the death of Mehdi Fathi, a resident of Camp Ashraf. He lost his life on December 11<sup>th</sup>, 2010 after being hospitalized in this same hospital for a year due to kidney cancer. Before his death, however, he wrote many letters and participated in numerous interviews clearly disclosing the continuous obstructions carried out by the director of the hospital against his medical treatment.

His death raised anger among Iranians around the world. Human rights groups reacted and a wave of worldwide solidarity with Ashraf emerged. A large portrait of Mehdi Fathi was hanged on the Paris 1<sup>st</sup> District Municipality building and 5,000 French mayors referred to his catastrophic death in their declaration of support for Ashraf residents.

8,500 lawyers and jurists from across Europe defending freedom and human rights and 4,500 MPs from all corners of the globe issued numerous declarations condemning the pressures and restrictions against Ashraf residents and patients of this hospital. In their articles, various Arab

writers spoke with shame and grief about the sanctity and values of Islamic and Arab dignities being trampled.

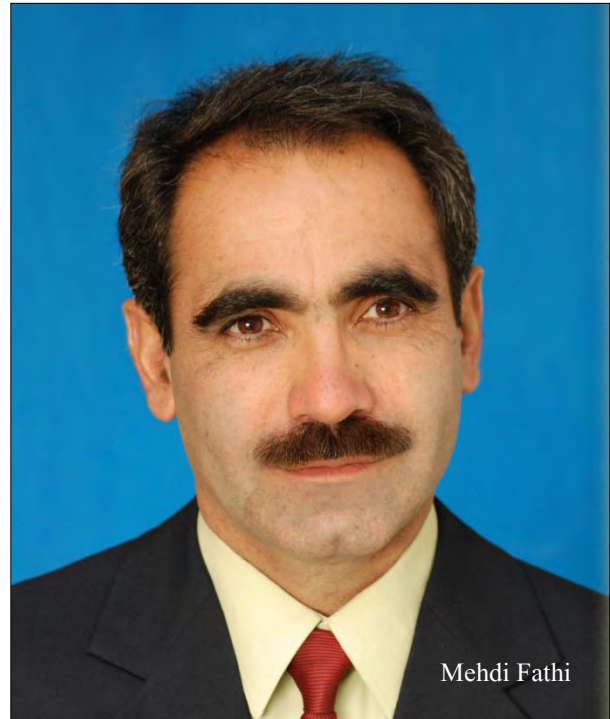
The truth is Mehdi Fathi's death was a criminal case and the New Iraq Hospital annual report is published with the goal to cover up this issue. For this exact reason, a report that is entitled "Annual Work Report" of the New Iraq Hospital and should present all the activities of 2010, stresses in the very first line that this report does not cover the activities of the last month of 2010! This is the same period when Mehdi Fathi passed away and those who prepared the report did intend to not include this case in their report.

By the way, who was in such a rush to receive the New Iraq Hospital's annual services report before the end of the year or without the events and issues of this last month?

Why couldn't this very responsible director (!) wait until the end of the working year and like all central and provincial institutions, present his annual report in full? What kind of cover-up is taking place here? And what happened in this last month of the year that should not have been included in this annual report?

In addition to Mehdi Fathi's case, the report has kept secret a series of serious treatment issues during the month of December and also a week before that.

One of these cases is the death of PMOI member Mohammad Ali Heidarian in the Baquba Hospital who did not regain consciousness after undergoing surgery. For months he was awaiting the surgery that he was deprived of, and during this period his conditions continuously deteriorated.



The armed attack by agents of the Iraqi Prime Ministry on the hospital dated December 26th was yet another event to be covered. The attack left behind 11 injured residents, all among the personnel who used to provide logistics and services to the hospital. The attacking agents went as far as literally throwing a rope around the neck of one of the hospital personnel.

Another incident was the behavior towards the 176 residents injured during an attack on Camp Ashraf by club-wielders affiliated to the terrorist Quds Force on January 7th. When the injured referred to the hospital, the hospital director resorted to threats, terrifying the patients using weapons, and various offences to force them- especially the women - out of the hospital.

Why has the writer of the report evaded responding to the death of Mehdi Fathi? This case is a strong indicator of the criminal obstructions carried out against the patients' treatment. Why has he kept silent on the dreadful events directly caused by the medical blockade and the hospital director's obstructions?

What happened to the professional conscience, medical morals and the commitment to the Hippocrates Oath?

The Diyala Health Directorate that has presented this report to local and central government institutions faces this question: Throughout 2010, why did this department not pay a visit to the hospital in Ashraf? Why did it not speak a word with Ashraf residents? Why did it not respond to the hundreds of letters of complaints and e-mails sent by Ashraf residents regarding the disastrous conditions of this hospital? This is while Ashraf has been the most serious political issue with the

neighboring country of this province and the center of the most vital political, social, services and turmoil of this province.

Did Mr. Director General not know that by sending the New Iraq Hospital director's report - which is full of lies - without any clarifying explanation to Iraq's local and central government institutions, he is actually covering up the cruelty imposed on Ashraf residents' medical affairs?

### **Acknowledging a Sentence of Truth**

There is in fact one sentence in the New Iraq Hospital director's report that we cannot ignore acknowledging that it is actually true. In Article 4 of the 2<sup>nd</sup> Section of the report, the New Iraq Hospital director has explained the duties of the various branches of the hospital under his supervision:

*“Our hospital, in comparison to others, is unique in providing services to transfer patients to private clinics and hospitals whenever necessary.”*

We will show with documented evidence that the measures this hospital carries out under the pretext of medical services under his supervision are truly unique found in no other hospital. We present the following as a preliminary testimony:

- To this day at least 4 injured patients with head trauma and bullets fired into the stomach (Siavosh Nezamol-Molki, Amir Kheiri, Ali Reza Ahmad Khah and Asghar Yaghoub Poor) lost their lives while they could have been saved if surgery were performed in time. The main reason was that specialist surgeons were prevented to enter Ashraf or were held for 3 days outside Ashraf's gate. This is only one example of the unique services provided by his hospital.
- To this day at least 3 patients suffering from diagnosed illnesses, including Parvin Mohammadi, Mehdi Fathi and Mohammad Ali Heidarian, have lost their lives due to the months of delays in medical check-ups and surgery.
- One other example of the unique services provided is the constant cancellation of iodine therapy appointments for a patient by the name of Elham Fardi-Pour who is suffering from thyroid cancer. During the past 13 months, her appointments have been cancelled 7 times for unsubstantial reasons. She has been taken to Baghdad many times and returned without receiving any treatment at all. Therefore, she remains untreated.
- On 26 September 2010, a cancer patient by the name of T.M\* was literally beaten in the ambulance while returning to Ashraf from Baghdad, as yet another example of unique services provided.

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\* For personal and security reasons, in many reports in this book, the names are omitted or written as initials.

- The military forces, which the hospital director dispatches as security guards for female patients while visiting hospitals outside Ashraf, enter the doctor's office with their weapons while the women's specialists are checking their patients.
- The personnel dispatched by the hospital director to accompany the patients have time and again prevented the purchase of necessary medication. At times, they have even aimed their weapons at the patients.

### **What Issues does the Report Cover Up?**

The director's annual report has not mentioned this simple and clear fact that who built this hospital from ground up and transferred it to him? The report intends to cover-up the fact that during these two years, the Ashraf residents have only been faced with two specific medical and treatment issues:

1. Most of the illnesses have been the result of Iraqi forces' attacks against Ashraf residents.
2. The medical blockade, including banning the delivery of medication, has resulted in unprecedented medical damages and has drastically dropped Ashraf residents' high standard of medical treatment to a disastrous threshold. The truth is that the New Iraq Hospital is a cover-up to deny Ashraf residents' free access to medical services.

The political intention of this report is to cover-up the truth that the New Iraqi Hospital is not an entity to provide medical treatment. On the contrary, it is an instrument to repress and torture Ashraf residents; a goal that from the very beginning was the actual intention of Nouri al-Maliki and Muwaffaq al-Rubaie.

# 2

## **Background of Ashraf residents’ medical care and services (2003-2009)**

Prior to the 2003 US-led invasion of Iraq, Ashraf residents had open access to medical services similar to other Iraqi citizens. During the years of 2003-2009, when Coalition forces were in charge of Ashraf residents’ protection based on their recognized status as ‘protected persons under the Fourth Geneva Convention’, this trend continued. On 25 June 2004, General Jeffery Miller, then-Deputy Commander of MNF-I, assured Ashraf residents that: *“Prime Minister Allawi said that the IIG (Interim Iraqi Government) would agree to allow MEK (People’s Mojahedin Organization of Iran) to purchase commodities and services (including oil/fuel, electricity, commerce, agriculture, and health) thus enabling them to remain self-sustaining at Camp Ashraf.”* (Document 1)

In April 2005, the Iraqi then-Deputy Minister of Health, with reference to the Geneva Conventions, acknowledged the rights of Ashraf residents as ‘protected persons’, and instructed all Ministry of Health affiliated organs the necessity of Ashraf residents enjoying medical and treatment services. (Document 2)

In those years, Iraqi dentists and medical specialist visited Ashraf. In addition, patients in the camp freely visited private clinics or hospitals, private doctors, and pharmacies in Baghdad and Baquba.

During that period of time, Ashraf's medical center had the capability of transferring 200 patients to Baghdad each week. In Baghdad they could benefit from visiting private doctors, surgery facilities and medical examinations. (Documents 3, 4)

In 2006, due to dire security conditions in Iraq, the number of transferees of Ashraf's patients to Baghdad declined. In return, more medical specialists came to Ashraf and stayed there for days and even up to a week.

In 2007, the number of recorded performed specialized medical appointments in Ashraf reached 7,399 cases. Among them, 2,871 are related to women and 4,528 are related to men. More than 52% of these visits were performed by Iraqi physicians in Ashraf. (Document 3, 2007 Special Medical Appointments' chart)

Due to the need to constant care, paraplegic patients used to be checked once every six months by a specialist crew in Ashraf and their requirements such as wheelchairs, special beds and chairs used to be provided and brought into Ashraf without any restrictions.

Prior to 2005, special patients such as those suffering from MS (multiple sclerosis) and cancer, who were in need of urgent access to doctors or medication, could be visited and treated as soon as possible by specialists, and enjoyed medications that were only distributed by the government.

For years a prosthetic technician used to visit Ashraf and stayed there for 48 hours. Patients with artificial limbs had open access to the prosthetic technician. Special equipment for making artificial limbs was provided by Ashraf's medical center at the expense of the residents. In 2007, more than 460 prosthesis appointments were carried out in Ashraf by Iraqi technicians.

During this period, there were no restrictions on dental services. Each week at least 3 university professor ranking dentists performed dental appointments inside Ashraf from 1 to 3 days a week and up to 8 hours a day. Provision of dental material from Baghdad's markets was easily carried out at the expense of the residents.

Other medical services, from eyeglasses and hearing-aids to pesticides and hygiene solutions for the residents' work and residential places, were provided by Ashraf's medical center through state and non-state sources at the expense of the residents.

When Nouri al-Maliki took office as Iraq's Prime Minister on behalf of the Iraqi coalition affiliated with the Iranian regime, in 2006 instructions were issued to different governmental organs, including the Ministry of Health, which imposed various restrictions on Ashraf residents' access to state hospitals and medical facilities.

Despite these restrictions, due to the fact that the camp's protection was still in the hands of US forces, Ashraf residents could manage to provide medical services of course at much higher

expenses - through different non-state sources. They had open access to non-state medical services in Iraq, and the medical care and treatment of the residents was provided at an acceptable level, and issues such as medicines, medical care and patients were never a crisis.

Since January 2009, when Ashraf's protection was transferred from US forces to the al-Maliki government, based on a planned agenda, medical services were used as an instrument of repression and torture against Ashraf residents. As a result, due to the medical restrictions, inhumane pressures and medical blockade, problems intensified day by day.

In the forthcoming chapters we will show the extent of the deterioration of Ashraf residents' medical and health services.



**HEADQUARTERS**  
MULTI-NATIONAL FORCE - IRAQ  
BAGHDAD, IRAQ  
APO AE 09342-1400

25 June 2004

MNFI DCG

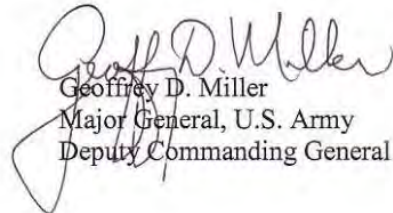
Mr. Baraii  
Ashraf, Iraq

Dear Mr. Baraii,

Prime Minister Allawi of the Interim Iraqi Government (IIG) has given Ambassador Bremer, of the Coalition Provisional Authority, his assurances that the provision of essential services to the individuals living at Camp Ashraf will continue after sovereignty is transferred on 30 June, 2004. These services will be commensurate with the level of service at the quantities and prices as those received by Iraqi citizens living in Diyala' Province and will remain in effect until the final disposition of the individuals living at Camp Ashraf is determined. Prime Minister Allawi said that the IIG would agree to allow the MeK to purchase commodities and services (including oil/fuel, electricity, commerce, agriculture, and health) thus enabling them to remain self-sustaining at Camp Ashraf.

After the transfer of sovereignty, Multi-National Forces Iraq will facilitate transportation for those who need to discuss individual issues with the relevant IIG entities.

Very Respectfully,

  
Geoffrey D. Miller  
Major General, U.S. Army  
Deputy Commanding General

بسم الله الرحمن الرحيم

جمهورية العراق  
وزارة الصحة  
دائرة العمليات الطبية و الخدمات  
مكتب المدير العام  
العدد: ١٢٨  
التاريخ: ١٠ / ١ / ٢٠٠٥ م  
١٤٢٥ / /

الخروج  
٢٨١  
١١٤٤

الى/ الشركة العامة لاستيراد وتوزيع الادوية والمستلزمات الطبية  
م/ تجهيز منظمة مجاهدي خلق

تحية طبية:-

استناداً الى اتفاقية جنيف الرابعة و إعلان قيادة القوات المتعددة الجنسيات فقد تقرر اعتبار الساكنين في معسكر اشرف ( مايسمى منظمة مجاهدي خلق الابراهيم ) مواطنين يتمتعون بالحماية و حقوقهم بالحصانة التمييزية لوزارة التجارة ووفقاً لما تنسب :-

١- تزويدهم بما هو متوفر من ادوية و مستلزمات حكومية بأسعار المؤسسات الحكومية .  
٢- التعامل معهم عند مراجعتهم المؤسسات الصحية كمعادلة الاغائب المقيمين ( تقدم الخدمات لهم بما لا اسوة بالعراقيين و اعشاراً من تاريخ حصول الموافقة في ١٧ / ١٠ / ٢٠٠٤ .  
٣- الاستمرار بهذا التعامل حين صدور تعليمات جديدة بعد تشكيل الحكومة القادمة و بيان السراي بالموضوع .

للتفضل بالاطلاع و التنفيذ مع التقدير .

الدكتور  
شاكور محمود العيني جني  
مدير عام  
دائرة العمليات الطبية و الخدمات المتخصصة  
٢٠٠٥ / ١ / ١٥

اطلعت  
نفس المرجع اعلام مع الطبيب  
رسم على اسعافات الاطباء و العائلات طاعة  
تدعواي و الترحيب  
١ / ١٣ / ٢٠٠٥

يسمعه منه الى  
- دائرة صحة ديالى  
- دائرة صحة بغداد / الرصافة  
- دائرة صحة بغداد / الكرخ  
- دائرة مدينة الطب

**Document Number 2:** Director General of Iraqi Health Ministry's Department of Medical Operations and Special Services certification in 2005: Ashraf residents are considered 'protected persons' under the 4th Geneva Convention and have the right to enjoy medical services.

In the Name of God, the Compassionate, the Merciful

Republic of Iraq  
Ministry of Health  
Department of Medical Operations and Services  
Office of Director General / Number: 138 / Date: January 17<sup>th</sup>, 2005

To: Medicine and Medical Equipment Import and Distribution General Company

Greetings,

With referral to the Fourth Geneva Conventions and the Multi-National Forces Command's statement considering the Ashraf residents (named as the People's Mojahedin Organization) whom are included in the Trade Ministry's rations, therefore the issues mentioned below are relative:

1. Access to various medicines and state equipment provided at the state institutions' expense.
2. Accepting them as foreigners living inside Iraq during referrals to health institutions (from the date agreement was received on 17 October 2004, medical services provided free of charge similar to Iraqis).
3. Continuations of this behavior until new instructions are issued after the establishment of the future government and their stance regarding this issue.

For notice and measures taken accordingly,

Thank you,

Signatures:

Dr. Shaker Mahmoud al-Ayeneji

Director General

Department of Medical Operations and Special Services

15 January 005

Transcript to:

Diyala Health Directorate

Baghdad Health Department - al-Rassafe

Baghdad Health Department - al-Karkh

Madina al-Teb Health Department

With the same abovementioned intention and gratitude

For personnel notice

To be distributed in all hospitals and sections

For notice and measures taken accordingly

25 January 2005

UNCLASSIFIED

TF 793 MP CONVOY ESCORTS

AS OF: 24 APR 05

BASED ON THREAT ASSESSMENT OR MISSION REANALYSIS FROM TF 793 MP HIGHER HQ, CONVOY ESCORTS ARE SUBJECT TO CHANGE.

LOGISTICS CONVOYS.

THE PMOI WILL BE AUTHORIZED FIVE (5) LOGISTIC CONVOYS PER WEEK. EACH LOGISTICS CONVOY WILL CONSIST OF A MINIMUM OF SIX (6) VEHICLES. THE PMOI MAY SUBMIT A WRITTEN REQUEST WITHIN 48 HOUR NOTICE TO THE BATTALION COMMANDER IN ORDER TO ADD ANY OTHER VEHICLES OR ESCORTS FOR EXIGENT CIRCUMSTANCES.

- THE PMOI IS ONLY AUTHORIZED TO VISIT THE BUSINESSES AND ASSOCIATED LOCATIONS NECESSARY TO COMPLETE THE LOGISTICS CONVOY PURPOSE. IN ORDER TO VISIT MINISTRIES, PMOI MUST SUBMIT A REQUEST TO 42D MP BDE/TF 134 NO LATER THAN 96 HOURS PRIOR TO THE REQUESTED DEPARTURE TIME (INCLUDE THE PURPOSE OF THE VISITS WITH EACH REQUESTED MINISTRY AND PERSON TO VISIT). INTENT IS TO ENSURE THAT THE MINISTRY IS PREPARED TO MEET THE PMOI AND TO ENSURE ACCESS THROUGH COALITION CHECKPOINTS. EACH LOGISTICS CONVOY REQUEST WILL DETAIL WHICH LOCATIONS THE PMOI WANTS TO VISIT, WHICH PMOI MEMBERS WILL BE IN THE CONVOY, AND THE TYPE AND QUANTITY OF COMMODITY THE PMOI WILL PICK UP. THIS INFORMATION IS NECESSARY TO UNDERSTAND THE SUPPORT REQUIREMENTS NECESSARY TO SUSTAIN CAMP ASHRAF.

- THE PMOI SECURITY OF LOGISTICAL CONVOYS WILL BEGIN AT CAMP ASHRAF AND PROCEED TO A DESIGNATED LOCATION AS DETERMINED BY THE 793D MP BN (WITHIN CITY LIMITS), UNLESS OTHERWISE ESTABLISHED BY THE CDR 793D MP BN. THE SP FOR THE RETURN TRIP WILL BE SET BY THE CONVOY COMMANDER AND WILL GENERALLY BE O/A 1500. THE RELEASE/RALLY POINTS ARE SUBJECT TO CHANGE BASED ON THREAT/ SECURITY CONCERNS AND OPERATIONAL REQUIREMENTS.

MEDICAL CONVOYS.


MEDICAL CONVOYS WILL CONSIST OF NO MORE THAN SEVEN (7) VEHICLES, FIVE (5) TIMES PER WEEK.

- REQUESTS FOR CONVOYS FOR MEDICAL APPOINTMENTS/NEEDS WILL BE VALIDATED BY A PMOI DOCTOR. THIS VALIDATION WILL BE FORWARDED TO THE 793RD MP BN TOC AT LEAST 48 HOURS PRIOR TO THE REQUESTED DEPARTURE TIME. THE PMOI LIAISON WILL VERIFY THE VALIDITY OF THE MEDICAL APPOINTMENTS TO ENSURE ONLY THOSE WITH MEDICAL NECESSITY TRAVEL TO BAGHDAD.


- THE PMOI WILL ENSURE ONLY VISITS TO MEDICAL/DENTAL FACILITIES WILL BE AUTHORIZED DURING THESE CONVOYS.

- EXCEPTIONS TO MEDICAL CONVOYS FOR EMERGENCIES WILL BE APPROVED ON A CASE BY CASE BASIS BY THE 793RD MP BN CDR.

***Document Number 3: Instructions of US forces stationed at Ashraf (protective unit) dated 24 April 2005, escorting PMOI vehicles referring for medical purposes.***



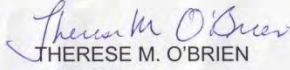
## 336<sup>th</sup> MILITARY POLICE BATTALION CAMP ASHRAF, IRAQ TRAVEL PERMIT



MEMORANDUM FOR: Iraqi Police and Coalition Forces      **EXPIRATION DATE: 17 May 2004**  
SUBJECT: Travel Permit for PMOI Vehicle      1800 hrs

1. These vehicles are authorized travel from Camp Ashraf to Baghdad for important logistical operations.
2. If there is any problem involving this vehicle or if you have any questions regarding approval authority, please contact the 336th<sup>th</sup> MP BN, ATTN: S-3 at 302-534-6263.
3. Vehicle information on this permit must match the vehicle of use.

Vehicle Type	License Plate	Color	VIN
Hyundai Van	57615	White	KMCFD27G51K483059
Hyundai Van	294786	White	J232158
Hyundai Van	95809	White	483052
Toyota Super Crown	236307	White	11741

  
**THERESE M. O'BRIEN**  
LTC, MP  
Commanding

**Document Number 4:** Example of travel permit for convoy of vehicles transferring patients to Baghdad on 17 May 2004, stating PMOI vehicle information.

Performed Specialized Medical Appointments - 2007															
Internal	ENT	Orthopedics	Dermatology	Digestion	Ophthalmology	Neurology	Heart	Urology	Surgery	Ultrasound	Optician	Audiography	Artificial Limbs	Gynecology	Total
494	332	802	504	179	426	99	171	296	252	1771	853	58	468	694	7399

**Document Number 5:** Chart of medical visits performed in Ashraf in 2007.



## **“The New Iraq Hospital” How and why it was established?**

### **Ashraf's medical blockade began immediately after the transfer of the responsibility to protect to the Iraqi government**

Immediately following transfer of Ashraf's protection from U.S. forces to the Government of Iraq (January 2, 2009), Iraqi Prime Minister Nouri al-Maliki said in an interview with al-Alam TV (the Iranian regime's Arab language TV station): *پ*After this great development, we will force them to leave Iraq. *پ*

To this end, al-Maliki founded a committee he initially called *پ*Committee to End Camp Ashraf. *پ* later changing its name to *پ*Committee to Close Camp Ashraf. *پ* He assigned his then National Security Adviser Muwaffaq al-Rubaie *ﺕ* a well-known element of the Iranian regime *ﺕ* as the official in charge of implementing this policy. Afterwards, in an interview with another TV station affiliated with the Iranian regime in Iraq, Muwaffaq al-Rubaie stressed: *پ*Gradually, we shall make their presence in Iraq unbearable. *پ*[Interview with al-Forat TV, 1 April 2009]

All this was despite the fact that before the transfer of protection to the Iraqi forces, the Iraqi government had provided the U.S. government with written assurances. Including: The U.S. Embassy statement of September 28, 2008, on the Transfer of Security Responsibility for Camp Ashraf stipulated: *"The Government of Iraq has provided the US Government written assurances of humane treatment of the Camp Ashraf residents in accordance with Iraq's Constitution, laws, and international obligations. As recently as September 2008, the Government of Iraq affirmed publicly that it would treat the residents of Camp Ashraf humanely.*

*"The US Government, through its Embassy in Iraq and the military forces present under the new bilateral security agreement, will continue to work to ensure a smooth transition for the camp*

*residents. The US Government and Government of Iraq will work with appropriate international organizations to assist the camp residents in securing a safe future."*

In several reports on September 22 and 23, 2008, AFP quoted Benjamin Chang, the White House spokesman, as saying:

*"The Iraqi government had promised Washington in writing that members of the People's Mujahedeen Organisation of Iran (PMOI) at a camp north of Baghdad would be treated humanely, White House spokesman Benjamin Chang told AFP.*

*"What the government in Iraq has provided us, or has told us, are assurances that the residents of the camp will be treated humanely in accordance with their constitution, and laws and international obligations," Chang said.*

*"So we have written assurances of humane treatment for the residents of the camp."*

On September 24, 2008, official media (including the VOA website), quoted the U.S. State Department as saying:

*"The State Department said Wednesday that Iraq has assured the United States it will not forcibly repatriate members of an Iranian rebel group that has been based in Iraq ...The Iraqi government served notice late last week that it intends to evict the MEK members from its U.S.-protected encampment north of Baghdad. But officials here say Baghdad authorities have assured the Bush administration the group's members will not be forced to return to Iran, where they could face imprisonment or worse."*

Iraqi authorities had stipulated that none of the living or protection standards of Ashraf shall be changed with the transfer of protection. For example:

In July 2008, Ali Dabbagh, official spokesman of the Iraqi government, declared, "His government is committed to humane treatment of people in the camp according to routine international laws" (Ali Dabbagh Website, July 27, 2008)

Three months before the transfer of protection of Ashraf to Maliki's government, in September 2008, Iraqi media quoted Dabbagh as saying that the Iraqi government shall remain committed to humane treatment of Ashraf residents. At the time of transfer of protection it was reported that: "Government spokesman Ali Dabbagh denied that there are any plans to hand over the PMOI members in Ashraf Base to the Iranian authorities. He said that the situation of residents in Ashraf Base is a humanitarian one and they shall continue to enjoy the same rights that they are currently enjoying" (Al-Baghdadi TV station, December 31, 2008)

However, the mentioned committee under al-Maliki's supervision implemented a siege on Ashraf. It utilized numerous political, military and propaganda methods and allocated resources to impose restrictions against Ashraf residents; one of these methods is the medical blockade:

## *Hippocratic Oath Betrayed*

- During the first quarter of 2009, under various pretexts, the Iraqi forces caused many obstructions in providing Ashraf residents' medical needs and medicines; or prevented the entry of physicians and medication supplies.
- On Friday, 3 April 2009, upon orders from Muwaffaq al-Rubaie, the then head of the Committee to Close Down Ashraf, the Iraqi forces tasked to protect Ashraf prevented entry of three Iraqi physicians. These physicians had been invited to Ashraf to perform a surgery on the cancer tumor of Ms. Fatemeh Alizadeh together with four other surgical operations. This was while the representative of the Iraqi government and the commander of Iraqi forces had previously, at the presence of the commander of U.S. forces in Ashraf, agreed to the coming of these physicians.



*3 April 2009 – Fatemeh Alizadeh, suffering from cancer, is hospitalized awaiting her surgery. The Ashraf Suppression Committee prevented a team of surgeons and their anesthetist to enter Ashraf.*

- On 8 April 2009, with the escalation of international protests against this inhuman act, Muwaffaq al-Rubaie announced the Iraqi government's total commitment to guarantee medical services needed by Camp Ashraf residents. (Statement of the Iraqi National Security Advisor, 8 April 2009).

**A \$600,000 hospital belonging to Ashraf residents is transferred to the control of the Iraqi government**

On 14 April 2009, the Director of the Diyala Health Directorate heading a delegation met with Ashraf's medical authorities. He emphasized on the necessity of free access of Ashraf residents to governmental or private medical facilities in Iraq and further stipulated that the Diyala Health Directorate would maintain and guarantee the current desirable level of medical services presently enjoyed by Ashraf residents.

In late April 2009, in a show of goodwill, Ashraf residents evacuated a number of residential buildings of female PMOI members near Ashraf's main entrance gate. These buildings and all their facilities, the trailers and the yard, together with the needed equipment were transformed into a hospital at the expense of Ashraf residents and subsequently transferred to the control of the Diyala Health Directorate. Ashraf residents spent \$585,371 on the project; a detailed list of expenses is available. (See Chapter 6)

At the beginning of hospital's operation, Ashraf residents brought private medical specialists and procured medicine and medical equipment they needed, all at their own expense.

In spring of 2009, just a few weeks after the hospital had become operational, restrictions imposed on medical and hygiene services rapidly intensified. Time and again physicians who had been invited to Ashraf to treat patients were faced with the misbehavior of Iraqi security forces. This was despite the fact that the necessary coordination had been made with the Iraqi and U.S. forces that at that time were jointly stationed at the entrance checkpoint to Ashraf. These restrictions escalated to the point where they officially prevented the entry of private specialists.



*Dr. Ali al-Tamimi, Director of the Diyala Health Directorate, heading a delegation receives the New Iraq Hospital from Ashraf residents' representatives - April 2009*

### **Hospital destroyed and looted**

During the deadly assault on Ashraf by al-Maliki's military and security forces on 28-29 July 2009 this hospital was among the primary targets. Before the attack, some of the attacking forces had been stationed in the building adjacent to the hospital. A few hours before the assault, these forces were being organized and briefed on the attack at that location.

In this assault, the attacking forces destroyed and looted the hospital. Upon orders issued by the commander of the battalion tasked to protect Ashraf, the Iraqi nurses and employees affiliated with the Diyala Health Directorate were transferred to the command center of the battalion; thereby, they were no longer at hand to perform their duties to treat the residents wounded in that vicinity. In the days and weeks after the assault, there remained many injured residents of the attack who were left untreated. However, the committee associated with al-Maliki's office would not allow the hospital employees to return to their place of work and provide treatment to the wounded.

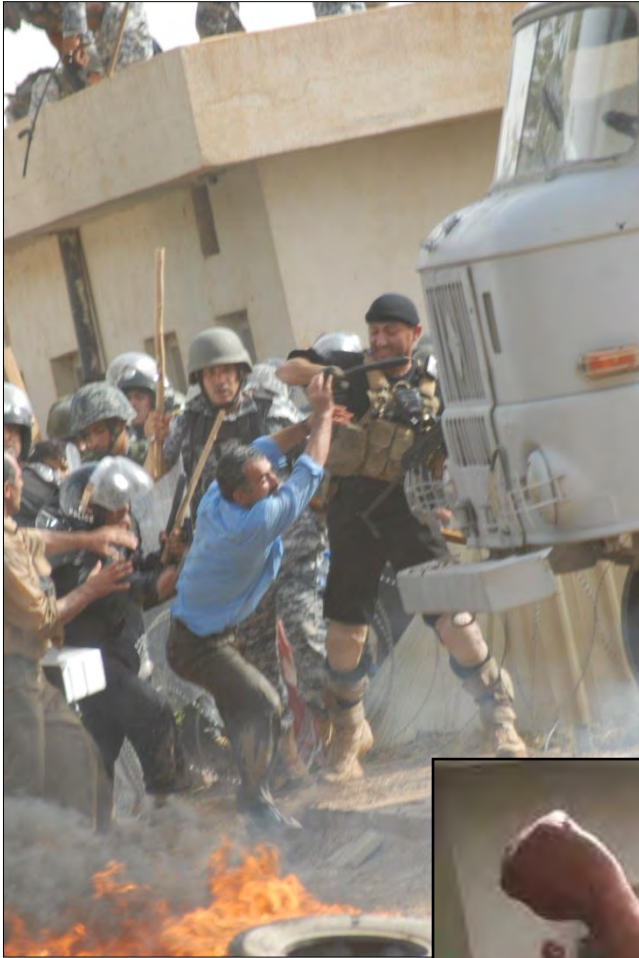
### **Preventing treatment of wounded on brink of death**

During the attacks of July 2009, two Ashraf residents by the names of Siavosh Nezamolmolki and Amir Kheiri suffered serious brain hemorrhage due to severe blows to the head. Their conditions demanded urgent brain surgeries to save their lives. However in those dire moments, the Iraqi forces at Ashraf's entrance delayed entry of a surgeon and an anesthetic for several hours. Due to this lengthy delay, Amir Kheiri died in the morning of July 29 and a few hours later Siavosh Nezamolmolki also lost his life.

In the night before, in response to Ashraf physicians' phone calls requesting specialists to be sent to save the lives of the injured, the Diyala Health Directorate officials responded: Military forces are preventing entry of physicians to Ashraf and there is nothing we can do.

Ali-Asghar Yaghoubpour is another such example who had suffered bullet wounds. In the first hours of his injury, his conditions rapidly deteriorated due to the severity of his wounds and a lack of urgent medical treatment. The surgeon and the anesthetist who were allowed into Ashraf three days after Ali-Asghar had been injured agreed that a surgery in the initial hours could have been successful. However, the extensive delay in surgery had destroyed his chances for survival. He too lost his life a few days later following an overdue surgery.

*Hippocratic Oath Betrayed*



*The barbaric assault of Iraqi military and security forces against Ashraf residents at the hospital wall in July of 2009 just three months after the opening of the hospital*



### **Handicapped injured remained untreated**

One and a half years after the July 2009 attacks by al-Maliki's forces on Ashraf, the treatment of a number of residents maimed as a result of the severity of their injuries remains incomplete. The New Iraq Hospital done nothing meaningful or effective for the treatment of these handicapped patients despite the fact that such a long time has since passed.

### **Private physicians insulted and humiliated**

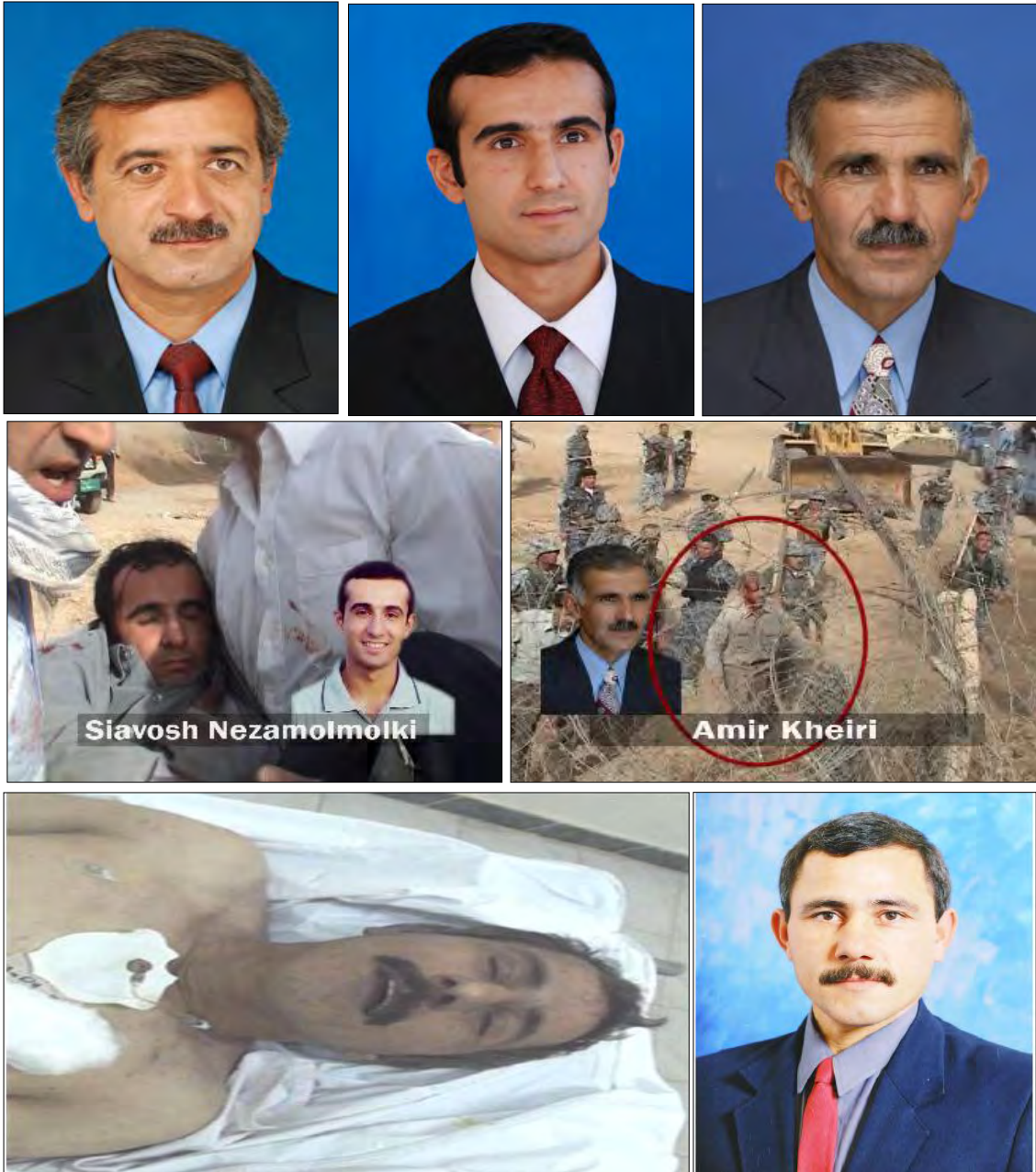
Following international condemnation of al-Maliki's government for the July 2009 attacks on Ashraf, for a period, the Ashraf Suppression Committee in al-Maliki's office accepted to allow physicians to come to Ashraf to provide medical treatment to the residents. However, concurrently, in an attempt to completely cut off entry of physicians to the camp, the committee adopted restrictions and imposed many hardships on these physicians. These measures against physicians and medical specialists included: insulting body searches, humiliating treatment, conducting irrelevant investigations, and threatening with arrest and prosecution.

In summer 2009, Iraqi forces prevented entry of medical specialists who used to come to Ashraf for years to treat patients. The Ashraf Suppression Committee announced that only those physicians sent by the Diyala Health Directorate are allowed to enter Ashraf. However, in the subsequent one month period that followed, they even prevented entry of five groups of physicians who had been sent by the Diyala Health Directorate.

### **Obstructing entry of physicians and medicine**

In October 2009, through the hospital director Omar Khaled al-Tamimi, the Ashraf Suppression Committee officially notified Ashraf residents that from now on no private or state physician will be allowed to enter the camp. On 25 November 2009, a representative of the Diyala Health Directorate informed Ashraf residents that upon orders issued by the Ashraf Suppression Committee in the Iraqi Prime Ministry, from this day forward, entry of all physicians and medicine to Ashraf is prohibited. Before this, a number of trucks carrying medicine purchased from Baghdad in prior coordination and notice to Iraqi officials were returned at the entrance checkpoint to Ashraf. In two cases, they unloaded the trucks at the checkpoint and threw the medicine on the ground. Lack of medicine has caused serious problems for patients that are in need of constant medication. These patients include those suffering from heart diseases, high blood pressure, diabetes and hyperthyroidism. Some medicines, including medication for MS, can only be obtained from the Ministry of Health. However, to this date, these medicines have not been given to Ashraf patients through the New Iraq Hospital.

*Hippocratic Oath Betrayed*



*During the July 2009 attack on Ashraf by the Iraqi forces, four residents by the names of Ali-Asghar Yaghoubpour, Siavosh Nezamolmolki, Amir Kheiri and Alireza Ahmadkhah lost their lives due to preventing a surgical team to enter Ashra*

## **Reopening the Hospital**

In five months, Ashraf residents rebuilt the destroyed hospital building at their own expense. This was at a time that entry of construction materials or medical equipment to Ashraf was prohibited. Therefore, forgoing repair of a number of buildings used as office or residence, Ashraf residents were able to repair the hospital building.

Some of the devices transferred to the hospital by Ashraf residents are as follows: sphygmomanometer, stethoscope, ophthalmoscope, slit lamp, otoscope and a complete ENT examination set, etc.

In addition, Ashraf residents prepared an operating room complete with all its devices and necessary equipment and transferred it to the director of the hospital.

The equipment and instruments provided for the operating room includes: anesthesia machine, automatic operating table, electrocautery device, suction apparatus, defibrillator machine, five surgery sets, five sets of theatre gowns, emergency operating room drugs, autoclave machine, surgical tools, sterilization material, various surgical sutures, etc.

All stages relating to the reconstruction of the hospital and also the annexing of an operating room and male and female hospitalization wards were conducted with prior notice to and under supervision of U.S. forces and UN representatives who are responsible for monitoring the affairs in Ashraf.

Subsequent to completing the reconstruction, time and again Iraqi officials, including the hospital director, were informed that Ashraf residents were ready for medical services to resume. However, no action was undertaken by the Ashraf Suppression Committee until the wave of international protests forced it to send back the Health Directorate employees from the Iraqi Army battalion base near Ashraf back to the hospital on 6 December 2009.

*Hippocratic Oath Betrayed*



*Transfer of various sections of the hospital to Diyala Health Directorate representatives by the representatives of Ashraf residents*



*A U.S. delegation accompanies UNAMI representatives in December 2009 visiting the New Iraq Hospital which has been rebuilt by Ashraf residents*



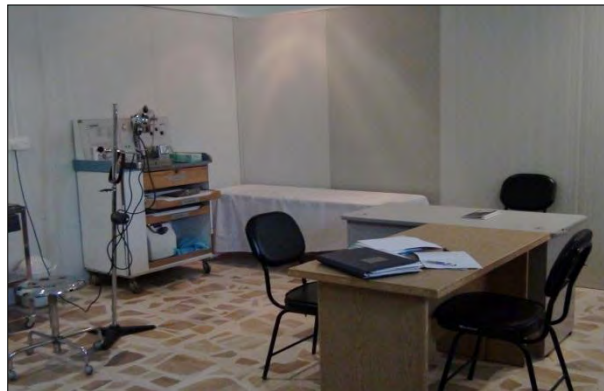
*In December 2009, a delegation from the Diyala Health Directorate once again receives the hospital (Hospital, damaged during attack by Iraqi forces in July 2009, was reconstructed and re-equipped by the residents)*



*Dentistry clinic with all its equipment and devices was prepared, run and delivered to the hospital*



*Operating room with all its equipment and devices was prepared by Ashraf residents and transferred to hospital's management*



*Some of the equipment transferred by Ashraf residents to Diyala Health Directorate during the re-opening of the hospital (December 2009)*

### **A Renewed agreement to ensure medical services**

At the time of hospital's reopening, Ashraf residents reached agreements with the commander of the Iraqi forces and the hospital director. Representatives from UNAMI and the U.S. forces were also informed of this agreement according to which:

- The hospital is solely to provide services to Ashraf residents; Iraqi military and police forces are not to use or enter this hospital
- The hospital is committed to providing medical services needed by the residents and entry of public or private physicians, medicine, medical equipment, and medical material to Ashraf will be allowed
- For an orderly operation and to avoid any problems, any change to these agreements demands a bilateral consent
- Upon mutual agreement, a Red Cross flag shall be raised to mark the perimeter of the hospital and a booth will be placed at the entrance gate
- UNAMI representatives stationed in Ashraf shall be notified of these agreements

### **Transformation of hospital into a semi-military base**

Just weeks after the reopening of the hospital, in violation of all agreements, the hospital was turned into a military center with forces from the Iraqi police, the Iraqi army battalion, and the anti-riot police battalion.

After some time, areas of the camp were also annexed to the hospital boundary by resorting to military force. The wall separating the hospital from the anti-riot battalion base was also removed; therefore, the hospital was merged with the anti-riot police base.

A diagram of the agreed upon perimeter of the hospital and the area forcibly annexed to it is provided at the end of this chapter.

After physicians and medicine were altogether barred from entering into Ashraf, they declared to the residents: "Any patient desiring medical services should refer to the battalion base."

### **An unprecedented phenomenon in the work of the New Iraq Hospital!**

The condition of the medical services at the end of 2009 and beginning of 2010 is intentionally omitted in the Diyala Health Directorate's report on Ashraf hospital. This annual report totally forgets to mention any part of the reality of the obligations trusted to this medical organ at the beginning of the year or portions of that obligation that were in fact realized.

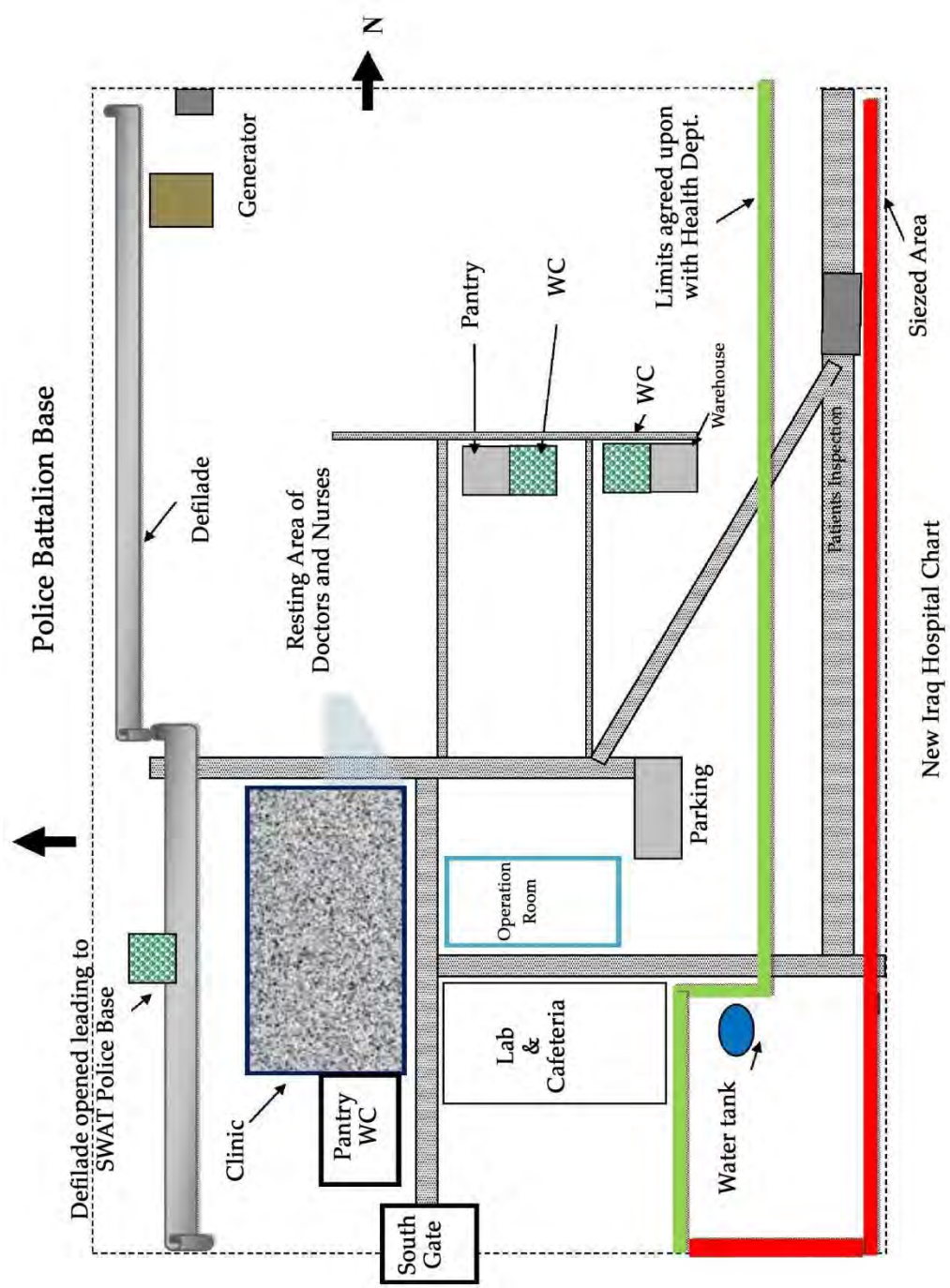
At the end of 2009 and beginning of 2010, we witness the unprecedented phenomenon that a great deal of work was left unaccomplished. This fact is evident in the following tables:



*Entrance to the hospital has been closed to the patients. Hospital ground is annexed to the police and anti-riot battalion (SWAT) base. Vehicles carrying patients are not allowed in and patients, especially the wounded, are forced to walk the long distance to the hospital.*

<b>Number of specialist appointments (unmet) at the beginning of 2010</b>					
	Specialist	Female patients	Male patients	Total	Notes
1	Orthopedics	86	130	216	
2	Ophthalmology	35	54	89	
3	Internal Medicine	36	53	89	
4	ENT	30	27	57	
5	General Surgery	11	18	29	
6	Neurology	16	11	27	
7	Dermatology	11	12	23	
8	Urology	9	11	20	
9	Rheumatology	7	3	10	
10	Neurosurgery	3	1	4	
<b>Total number of patients awaiting specialists appointments</b>		<b>245</b>	<b>319</b>	<b>564</b>	
<b>Total number of patients awaiting surgeries</b>		<b>70</b>	<b>116</b>	<b>186</b>	

<b>Paraclinical examinations remaining at the beginning of 2010</b>					
	Paraclinical test	Female patients	Male patients	Total	Notes
1	Colonoscopy and gastroscopy	28	57	85	
2	MRI	13	9	22	
3	Echography and Duppler	4	16	20	
4	Audiogram	8	10	18	
5	CT-Scan	9	4	13	
6	Ophthalmological tests	1	9	10	
7	Prosthesis (artificial limbs)	2	5	7	
8	Threadmil	1	4	5	
9	NCS-EMG-EEG	0	3	3	
10	Laser therapy	0	1	1	
<b>Total number of paraclinical tests</b>		<b>66</b>	<b>118</b>	<b>184</b>	



# 4

## The meaning of “Providing Superb Services”

### What realities are hidden under the claim of “Providing Superb Services”?

In the very first line of their report, the Diyala Health Directorate and the New Iraq Hospital management have written:

*“Since late 2009, the New Iraq Hospital has continued to provide superb services in comparison to other Diyala province hospitals or general hospitals throughout Iraq with its services being superior to that provided by neighboring countries to their foreign residents.”*

Why is it that the hospital director claims this hospital was founded in late 2009, while in fact it was founded and transferred to the Diyala Health Directorate in April 2009?

The answer is simple; he is attempting to cover up the crimes committed in July 2009 where 11 residents were killed, 500 wounded, and 1000 battered leaving behind hundreds maimed.

Otherwise, he must answer why some of those injured in those attacks are still suffering from their wounds including brain traumas.

The truth is that claims of the so-called “superb” services are mentioned to keep a lid on the medical blockade of Ashraf and the role this hospital plays as a medical torture center.

In this chapter, we shall present factual reports on crimes committed under the pretext of “superb services.” We shall see how the director and various resident physicians of this hospital act as interrogators and representatives of the Iranian regime's Ministry of Intelligence and Security (MOIS), and how they play their role as associates of MOIS agents that are psychologically torturing Ashraf residents round the clock.

## **1. Residents deprived of minimum medical services**

- Prior to 2009, there was no such problem in Ashraf as queues of patients awaiting checkups by specialists. However, following the transfer of responsibility of providing Ashraf's medical services to the Diyala Health Directorate, we are faced with a density of patients awaiting checkups.
- Around 1,000 women reside in Ashraf. However, since the outset of this hospital's activities in April 2009 up until February 2010, and then from November 2010 until 20 February 2011, not even a single gynecologist came to Ashraf.
- Currently, 245 patients, many victims of Iraqi forces' attacks on Ashraf in 2009 and 2010, are awaiting orthopedists to examine them.
- There are 145 patients with eye problems waiting for months for a checkup by specialists. A number of these patients were injured during attacks by Iraqi forces in 2009-2010 by water cannons or stones hurled at them.
- There are currently forty-five patients awaiting checkup by urologist. According to the timetable presented by the Diyala Health Directorate, a five month time span is needed for this number of patients to be examined by urologists.
- Throughout 2010, just three times did a rheumatologist come to Ashraf.
- Since the transfer of responsibility of providing medical services to Ashraf to the Diyala Health Directorate, not even once has a prosthetic technician visited the camp. This is while during the July 2009 attacks, artificial limbs of a number of residents were practically wrecked.
- MS patients in Ashraf have yet to receive their medication. MS medicines are strictly distributed by the government.
- Around one hundred Ashraf residents have impaired hearing or suffer from ear problems. Most of them had their eardrums torn due to sonic grenade explosions or high pressure water from water cannons used against residents during July 2009 attacks. Despite receiving medication, these patients have not recovered. In the past two years, not even one hearing aid has been provided to these patients by the Diyala Health Directorate.
- During these two years, no dental specialist has come to Ashraf while there are serious dental cases. The hospital director says that Ashraf's dental treatments are considered luxurious and hence, your patients can wait for now.
- From the beginning of 2009, the Diyala Health Directorate has provided the medication needed by Ashraf residents only on very limited cases. Currently, the New Iraq Hospital at most provides 5% of the needed medication. The hospital director does not even allow medication purchased by residents to reach the patients. Even analgesics are not allowed into Ashraf.

## **2. Low standard medical facilities**

- The New Iraq Hospital lacks even the minimum standards of an ordinary hospital. The medical staff has wrecked a number of the medical devices and equipment purchased and provided by the PMOI and much equipment has vanished!
- The hospital has no lab despite the fact that a lab with some of its apparatuses was provided at the expense of residents and transferred to the hospital director. Up until February 2011, this lab has not become functional.
- The hospital lacks an X-ray machine or an ultrasound device while these are among the very basic instruments in any hospital.
- During the past 3 months, from November 2010 to February 2011, no surgeries have been conducted in this hospital.
- The hospital's emergency section is unprepared to accept emergency patients. The hospital director has transferred this section into a resting facility for the employees.

## **3. Lack of minimum hygiene standards at the hospital**

- Instruments used in examining patients, such as those used by ENTists must constantly be sterilized. These hygiene standards are not observed at the New Iraq Hospital and there is a serious threat of infections and fungus transfer between patients.
- Using the excuse of shortage of disinfectants and suction tubes, disposable suction tubes are used several times.
- The hospital is not cleaned on any regular basis. Trash bags pile up just meters away from the hospital turning the dumping site into a place for various types of insects and animals to thrive. Injections or canula injections are usually given without first disinfecting the skin.

## **4. Torturing and harassing patients**

- The hospital and the medical services are used as tools of suppression of Ashraf residents. Insulting and humiliating the patients, propaganda in favor of the Iranian regime, encouraging residents to give up their struggle against the religious dictatorship in Iran and side with the mullahs, and threatening the use of military force are among measures used for this suppression. With these measures, they are actually providing "superb services" to the MOIS!
- Based on regulations imposed by the hospital director, patients are not allowed inside the hospital until the arrival of specialist physicians. Hence, patients must wait hours outside the hospital in the cold or even heavy rain until they are allowed in.

- The police stationed at hospital's entrance gate do not allow ambulances carrying seriously ill patients to come inside hospital grounds. They even force patients to walk the long distance from the inspection booth to the hospital. No wheelchairs or stretchers are provided to the patients for this long distance.
- Unlike other hospitals, the New Iraq Hospital does not provide food to the hospitalized patients. In addition, patients' relatives or friends are not allowed inside the hospital to bring food and medication for the patients.
- Patients' checkup reports written by specialists are confiscated; therefore, the patient has no papers on his/her diagnosis and prescription.

### **5. Collaboration with MOIS and Quds Force agents**

- The hospital director has rerouted the path to hospital's entrance in such a way that all patients have to pass by the MOIS agents stationed at Ashraf's main gate. The inspection point is also carefully chosen so as to expose patients to stones, glasses that are hurled by MOIS agents at them. In this pathway, patients, especially women, are targeted by insults, foul language, and objects are thrown at them.
- On 22 December 2010, ten residents who were injured during the assault of Quds Force thugs referred to the hospital. After receiving first aid treatment, they asked the physicians to provide each patient with a written report on his/her physical injury. However, physicians were barred by the hospital director's orders to carry out this part of their duty toward the patients. Even when a police officer came inside the hospital to register the incident and talk with the patients, the hospital director prevented him from carrying out his duties.
- In December 2010, K.M.\* referred to the New Iraq Hospital to follow up on his MRI result. The resident doctor who checked the patient's papers told him that they were invalid and he must be reexamined by the specialist. The patient explained that he had been waiting a long time for a checkup by an orthopedist or a nerve surgeon, and finally after months of wait, a specialist has finally examined him. He then asked if he had to again wait for many months. Then, one of the resident doctors responded: *ﭘ You have a passport. Go abroad and get your treatment there.ﻡ* The patient protested to this behavior. Another resident doctor told the patient that your families are here behind the gates, why don't you go with them to Iran and receive medical treatment there? The patient responded that those people are not our families; they are nothing but MOIS agents. He went on and told the resident doctors that they should not support the mullahs' regime with such remarks. At this point, the permanent colleague of the hospital director said: *ﭘ That's correct; I am a supporter of the Iranian regime.ﻡ*

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\* For personal and security reasons, in many reports in this book, names are either omitted or written as initials.

## **6. Inhumane treatment of female patients**

- A section of the New Iraq Hospital has been allocated to female patients. However, Iraqi male personnel are stationed there and contrary to social and Islamic norms they use the women's bathroom.
- When female patients are visited by specialists and need to be examined, it is customary in all hospitals to use curtain partitions for the comfort of the patient and to respect social sanctities. However, in this hospital, the resident doctor prohibited the use of a curtain partition and in an insulting manner threw the curtain partition out of the doctor's office. When the interpreter objected that the patient is uncomfortable and that this is contrary to common social and Islamic traditions, the resident doctor stated that if the patient does not want to be examined without a curtain partition, she should get out of the hospital.
- On July 13, 2010, M. A., a female patient suffering from heart disease, was transferred to a hospital in Baghdad. The commander of the escort from the Iraqi army battalion along with his soldiers wanted to use the beds in the patients' room. Yet upon protest of the patients they gave up on the idea. However, the Iraqi officer, entered patient's room every time without knocking. Soldiers from the escort team were stationed in front of the room and had the patient under control. During the period of the hospitalization, every time the patient was to be examined by her physician, the Iraqi officer accompanied the physician and stayed in the room even during the examination. Moreover, the medical specialist could only enter the patient's room if authorized by the Iraqi officer.
- On 7 January 2010, another female patient with initials F. N. referred to the New Iraq Hospital. She had suffered an eye injury with bleeding during the hurling of stones by agents of the Iranian regime at Ashraf's southern flank. After examining the patient, the physician decided that the eye injury is serious and the patient must be subsequently transferred to Baquba to be seen by an ophthalmologist. However, under the recommendation of LTC Nazar, deputy commander of the Iraqi army battalion, the hospital director disagreed with the transfer of the patient to Baquba. Upon patient's objection to such treatment, the hospital director called in armed hospital policemen into the women's section and threatened to have the patient arrested.
- In the next days, this patient was transferred to Baghdad to be seen by a specialist; however, the hospital director prevented an interpreter to accompany her. As a result, she was unable to answer the questions of the ophthalmologist and neither did she understand the prescription given to her by the specialist.
- On 7 January 2011, residents injured during the attack by elements of the Iranian regime at Ashraf's southern flank referred to the hospital. One of the injured women, who had suffered a torn lip and four broken teeth, protested the insulting behavior of the resident

doctor. In return, in a humiliating behavior, the resident doctor threw the patient out of the room.

- After undergoing abscess surgery in the New Iraq Hospital, R. A. experienced severe pain. She was being transferred from the operating room to the women's section where at the entrance a resident doctor did not allow the patient to enter on a stretcher. Despite her severe pain, the patient stepped down from the stretcher to enter women's section. However, she suffered a shock and fell to the ground which resulted in bleeding of the area of her surgery.
- On 14 January 2011, a female patient with initials N. M. was examined by an orthopedist at the New Iraq Hospital who gave her an appointment for immediate surgery in six days due to a fracture in her hand. However, the hospital director and his colleagues prevented the orthopedist from handing over the request paper for surgery to the patient violently tore the request paper.

### **7. Slandering the patients**

- On 4 August 2010, a patient with a 12 year history of MS was examined by a neurologist at the New Iraq Hospital due to the recurrence of his illness. The physician requested an MRI scan for the patient. However, the colleagues of the hospital director took the original visit paper from the Iraqi physician and instead handed a copy to the patient. When the patient referred to the hospital for his MRI scan and showed the copy of the MRI request, the resident doctor said that this is a forged document and it has not been written by a medical specialist.
- A male patient waiting six months for his eye surgery at Baghdad's eye hospital was accused of forging the surgery appointment when he referred to the hospital to follow up on his medical appointment. This was while the results of his examinations with the signature of the specialist were available. The patient is currently suffering from serious visionary problems.

### **8. Threatening medical specialists**

- F. F., a patient who has been suffering for years from high and uncontrollable blood pressure, went to an internist with a consultation letter from his family physician. When the patient presented the consultation letter to the internist, a colleague of the hospital director took the consultation letter and threatened the doctor that if he reads and responds to the letter he will be in trouble. Despite this threat, the doctor read the letter and was writing a reply that the colleague of the hospital director snatched the paper out of the physician's hand, scored out what was written on it, and threw the consultation letter in front of the patient.

- After examining the patient, a specialist surgeon wrote a letter for surgery of M. Z. who is suffering from an enlarged goiter. However, the surgeon was immediately summoned to the hospital director's office and threatened not to write such a request for surgery. To this date, three specialist surgeons have given surgery appointments to this patient, but the New Iraq Hospital has done nothing for this patient.
- On 27 November 2010, R.H., a female patient, and A.H., a male patient were transferred to a private hospital in Baquba. These two patients were awaiting a cystoscopy operation for months. At the hospital, a unit from the Iraqi Army battalion lined up and surrounded the patients with armed weapons as if they were prisoners. They imprisoned one of the patients in a room and did not let her out. After some time, a colleague of the New Iraq Hospital director told the patients that the head of the hospital does not accept you. One of these patients is likely to be suffering from cancer of the bladder and despite a six month delay the patient has not been operated on.
- Two specialist physicians came to the New Iraq Hospital to perform three surgeries. MOIS agents stopped them at the front gate of Ashraf and complained as to why they cooperate with Ashraf residents! They threatened the surgeons that such cooperation will cost them. Subsequently, they prevented the surgeries through various schemes. After six months, the patients who were to undergo surgery by these surgeons are still waiting to be operated on.

## **9. Military forces intervene in medical services**

At the time of the reopening of the hospital in December 2009, in an agreement between Ashraf residents and Iraqi representatives, it was iterated that no military personnel can enter the hospital. In that same agreement, the hospital ground and its entrance were also included in this agreement; however, the agreement was not held. Currently on a daily basis, from three to five times, military personnel come to the hospital and issue orders to the hospital director for the patients' suppression.

Presence of military forces has transformed this hospital into a militarized zone; especially due to the fact that the military forces enter the hospital ground fully armed with armored military vehicles at any time of day and night and conduct patrols to create fear. As a result, Ashraf residents show no desire to seek medical treatment in such an environment.

The hospital director has time and again threatened patients that he would call the police to have them arrested. He is in direct contact with military forces and the anti-riot battalion via two transmitters, and he can request forces to be dispatched to the hospital whenever he wishes. He wants the patients to know that if they have any requests or if they intend to protest to his actions or the conditions in the hospital, they will be confronted by the police force.

The hospital director spends more than half of his time at the army battalion base where he is busy planning on how to increase pressures on the patients. For example:

- On 30 July 2010, Ms. Elham Fardipour had an iodine therapy appointment in Baghdad to receive treatment for her thyroid cancer. The hospital director did not allow her interpreter to accompany her to Baghdad. In addition, when she protested, he brought twelve soldiers from the police SWAT force into the hospital to silence the patient who had been waiting for this appointment for two years.
- In 2010, a resident by the name of Ms. Parvin Malek Mohammadi lost her life due to negligence in the New Iraq Hospital. On 28 September 2010, her daughter referred to the hospital to receive her mother's identification documents. However, not only did the hospital director refuse to hand over the documents, but he called in the police to throw her out.
- On 29 December 2010 during the transfer of the corpse of the deceased Ashraf resident Mohammad Ali Heydarian who had died at Baquba Hospital, his daughter referred to the hospital to receive her father's body. However, the hospital director confiscated her ID card and subsequently asked the military forces present at the hospital to throw her out.

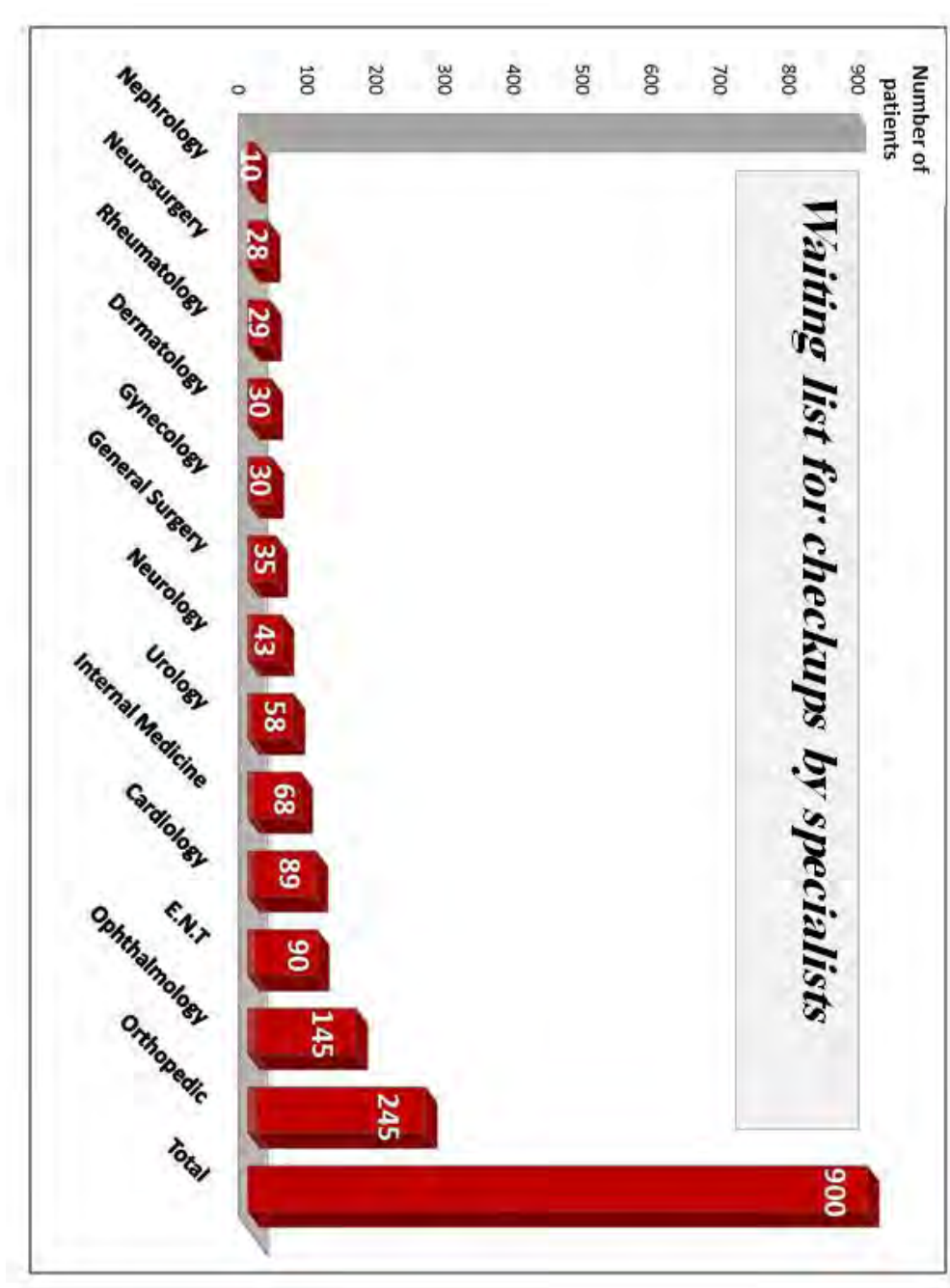
*Hippocratic Oath Betrayed*

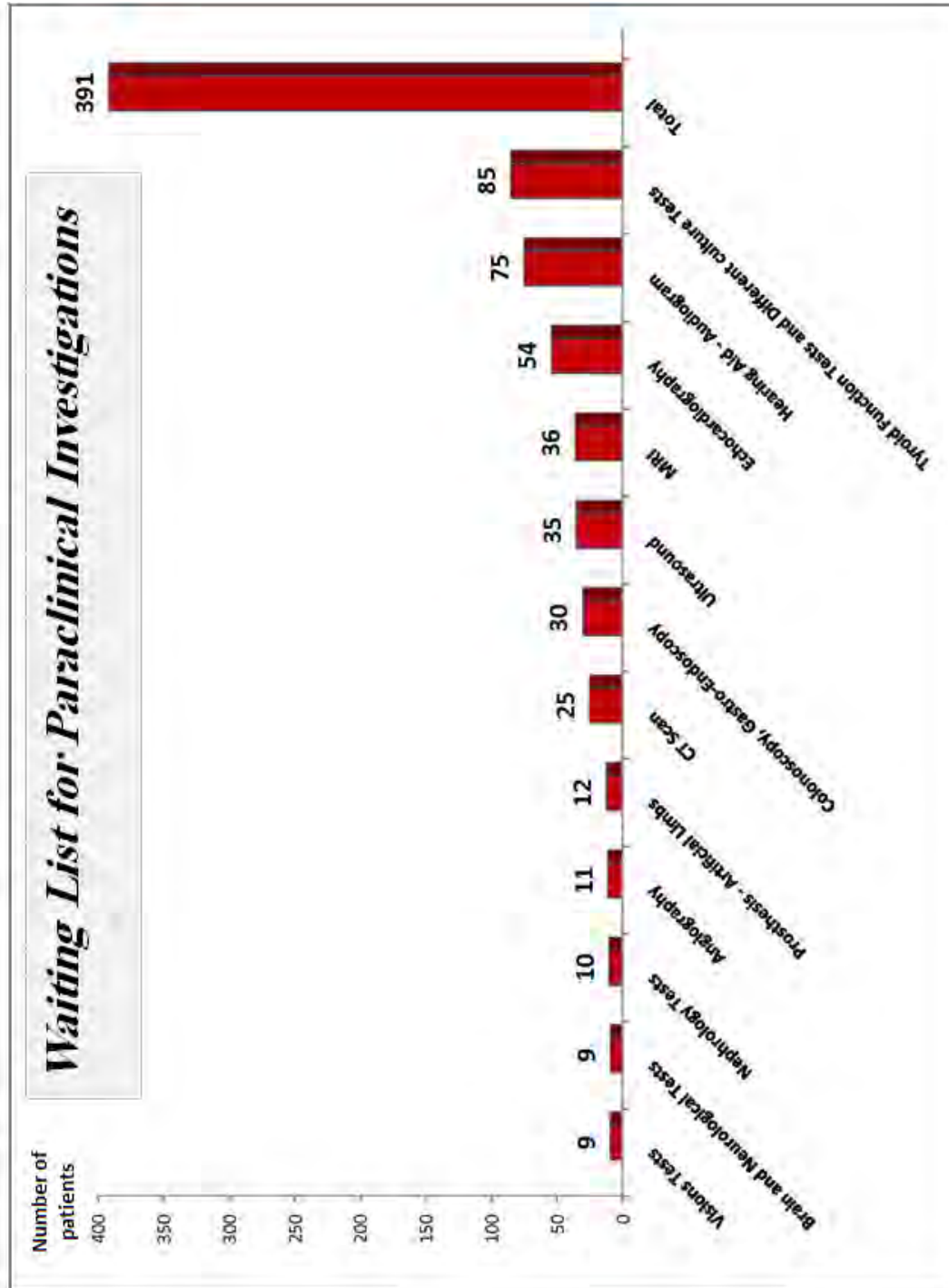


*Area agreed upon for hospital ground, installation of a booth, and raising a Red Cross flag*



*Presence of military personnel inside the hospital at various hours of the day, blocking patients' passageway*





# 5

## **Covering up of a fascist policy through bogus lies on nature of residents' illnesses**

### **What happened to the professional conscience of a physician?**

This section of the hospital's annual report (reviewing the nature of the resident's illnesses), illustrates a manifestly view of how the professional conscience and ethics of medicine and the meaning of human responsibility and obligation in this specific field of expertise is trampled in favor of a fascistic policy.

The director of the New Iraq Hospital, who has betrayed his oath, instead of compensating or correcting this mistake and his perjury, justifies it through other lies and frauds, which are presented under the cover of medical issues and definitions, and distances himself from his oath in each and every one of the sentences of the report.

If the director of the 'New Iraq Hospital' were honest enough in his profession to admit that he had no information of the nature and scope of the Ashraf residents' illnesses and medical issues, we would still consider him as a physician.

In reviewing the nature of this section of the report, we will show that not only was this center and this director not practicing medicine to be informed of the realities concerning the illnesses and medical issues that were his duties, rather the degree of his engagement in tasks and orders that are the daily responsibilities of a repressive security-intelligence agent in fascist regimes, has emptied him of any professional conscience and scientific knowledge and competence to recognize the area of his responsibility.

### **Fraud and distortion to cover-up the highest percentages of medical issues**

The director of the hospital, in the beginning of this report, titled “*A quick look at the nature of the illnesses that exist among Camp Ashraf residents*”, claims in 6 completely vague points, information lacking any statistics or mentioning the types of illnesses:

*“Aged people form a high percentage of the camp’s population, and as a result, geriatric illnesses and cancer have a high ratio in this residential area”.*

Not only physicians and medical students, yet even many ordinary people know that geriatric illnesses and cancer are two different categories. Through scientifically separating these two illnesses and looking at their statistics and ratio among the Ashraf residents, one can realize the truth and discover the nature or objective of this section of the report.

### **Definition and ratio of ,geriatric“illnesses**

**First:** According to the definition of the World Health Organization (WHO), which has categorized different life periods after the age of puberty, old age is considered within the ages of 75 to 90. In medical text books such as Cecil, old age is considered over 65. Accordingly, the ratio of this age level (above 65) among all Ashraf residents is about 1.1 %, which has been recorded in the census of the Iraqi Ministry of Human Rights in 2009 conducted in Ashraf.

**Second:** Out of the individuals at this age level, only 8 people visited the New Iraq Hospital during 2010. According to the record of referrals in this very report, the ratio of these 8 visits is 0.25 %, or 2.5 out of 1000.

Thus, his first remark as a physician and on behalf of a medical organ regarding the categorization and recognition of the residents’ illnesses, not only lack scientific and professional basis, rather, even with simple calculations and available statistics from the Ashraf residents and preliminary medical and scientific definitions, it is a prodigious mixture of wrongs and lies.

### **A statistical glance at cancer patients in Ashraf**

According to published statistics in credible medical sources (including Harrison), currently %10 of the population of industrial countries are suffering from various types of cancer, which up to now 200 different types have been recognized. One of the most important risk factors of cancer is the individual’s age. According to the mentioned source (Harrison), regarding the relationship of age with being affected with an illness:

Up to the age of 39, the number of cancer incidents, in men is 1 in every 72, and women, 1 in every 51.

Between the ages of 40 to 59, the number of cancer incidents, in men is 1 in every 12, and women, 1 in every 11.

Between the ages of 60 to 79, the number of cancer incidents, in men is 1 in every 3, and women, 1 in every 5.

The ratio of cancer among Ashraf residents is 0.44% (meaning less than 1%). Fourteen patients in 2010, went under medical supervision for various cancers, two of which (Mehdi Fathi suffering from kidney cancer, and Mohammad Reza Heydarian suffering from meningitis died as a result of the hindrances in their treatment process and delays in their surgeries.

According to the World Health Organization report (June 2010), which has illustrated the worldwide map of cancer incidents in 2008, the highest cancer rate in Central Asia belongs to women with 12% (Cancer Incident Worldwide chart on the next page). However, the number of various cancer incidents among women in Ashraf is less than 1%, and this is while the age level of women in Ashraf is different from the society and it only contains a section of the society over 18.

The reason for the low number of cancer incidents among Ashraf residents, and its significant difference with the overall ratio in Iraq, other countries and regions of the world (industrial countries 10%, and the overall average of the world population 4%), is the Ashraf physicians' annual checkups and prevention measures, which have been in effect from many years ago. And the medical measures imposed prior to the medical blockade contained many types of cancers.

**Delirious remarks regarding fictitious and vague illnesses!**

The hospital director has claimed in another section of the report:

*“Hereditary illnesses, which are more common in the people of the Central Asia, Persian Gulf and Mediterranean regions, and even illnesses regarding the body’s immune systems exist that need meetings between internists and dermatologists to determine the exact type of illness, (because such illnesses do not exist in Iraq and their spread is very rare).”*

**First:** Is it not a surprise for someone who considers himself a physician to speak in such an elementary and foolish manner?

Must we imagine that the honorable director is not familiar with the geography of his own region as much as an elementary student?

1. Central Asia is located north of Iran, with Iran and Afghanistan forming its southern limit. This region consists of countries east of the Ural Mountains including: the republics of Kazakhstan, Kyrgyzstan, Tadjikistan, Turkmenistan and Uzbekistan (Britannica Encyclopedia).
2. The Persian Gulf region is located south of Iran, and the countries of Iran and Iraq have equal geographic relations with the Gulf: The Persian Gulf consists of the kingdom island of Bahrain, bordered by the United Arab Emirates, Oman, Saudi Arabia, Qatar, Kuwait, Iraq and Iran. (Britannica Encyclopedia).
3. The Mediterranean Sea is distanced very far from Iran and the people living around it, and the climate conditions of the Mediterranean have nothing to do with Iran.

Therefore, Omar Khaled’s categorization regarding Iranians, which Ashraf residents are a part of, has no such resemblance.

**Second:** How can a physician study the illnesses of a certain population and speak of congenital illnesses from three different ethnic groups which are not the source of illnesses and the climate which can cause outbreaks of illnesses yet not name even one particular illness?

**Third:** If we still suppose that such a classification is actually correct, how far can the ethnic differences between the residents of any of these regions with the residents of Iraq be that he writes *such diseases do not exist in Iraq*?



### **Foolish lies regarding genetic illnesses**

In addition to ambiguous and anonymous 'congenital, ethnic and regional' (!) illnesses, the writer of the report claims 'illnesses regarding the body's immune systems exist that need meetings between internists and dermatologists to determine the exact type of illness'. How can someone be working as a physician and after two years of medical treatment for a limited population of 3400 people lack even the least of knowledge about their illnesses and medical problems?

Can he not name even one of their diseases? Or provide any statistics?

After all, to shed more light on the scope of these lies that have been published in this report, and to reveal how far this hospital and its director are from the definition of medical procedures, it should be noted that genetic illnesses are illnesses that result in the presence - or lack of presence - of a specific gene in the DNA. These cases include: hemophilia, Sickle Cell Anemia, Thalassemia, Down's syndrome, nyctalopia, Friedreich's Ataxia, Captonori Muscular-Dystrophic disorders, Huntington Chorea, Marphan Syndrome, Alport Syndrome, etc.

In the list prepared by the Online Mendelian Inheritance in Man (OMIM) published in 2003, 752 types of genetic disorders have been named that are common in Arab countries including Iraq, of which none exist among Ashraf residents.

On 'illnesses regarding the body's immune systems' it can be said that in Ashraf, there are only two patients that have body immune systems illnesses with skin resemblances. One of these residents is diagnosed with Pemphigoid and the other with Churg-Strauss disease.

Fortunately, the illnesses of these two residents were identified by prominent Iraqi specialists (before the cruel medical blockade on Ashraf began). There is no need for Omar Khaled and meetings of specialists that he might want to hold.

By using the information he has earned, as the director of the hospital, from the medical records of Camp Ashraf residents, Omar Khaled is attempting to show that he is actually busy providing medical care to cover up his repressive role as a torturer.

### **The Prime Minister's political-strategic dead end in medical terms!**

The director claims in the third segment of his medical findings:

*"Mental illnesses related to homesickness have spread among people living outside their homeland."*

The Diyala Health Directorate's report raises the claim of spread of 'psychological disorders' while there was no need of a psychologist in Ashraf during the years of 2009 and 2010, and even

before the medical blockade on Ashraf meaning before the foundation of the New Iraq Hospital when US forces were responsible for the protection of Ashraf residents no psychologist had come to the camp and there was no need for any.

True specialists and physicians know, and scientific investigation reveal more than ever, that the source of most mental and psychological illnesses is in peoples' relations with others and their problems that are caused due to economic, occupational, cultural, social and educational difficulties, natural tragedies such as the death of loved ones or close friends, earthquakes, tsunamis and others.

In psychologists' language and terms, these symptoms are described as depressions, anxieties, fear, insanity, psychos, illnesses resulting from using alcohol, addiction to drugs, physical and psychological self-abuses and

In various societies around the world and most countries, over 30% of referrals to general physicians consist of psychosomatic patients. However, they refer to physicians with various complaints and symptoms.

According to a report recently published by Agence France Presse and the Medecins Sans Frontieres website, an investigation conducted by the Iraqi Health Ministry and the World Health Organization (WHO) published on Saturday, 7 March 2011 shows 16.5% of all Iraqis suffer from mental disorder. However, only 2.2% of them have sought treatment. Based on this research, anxiety is the most common mental illness and depression is the most common mental health problem in Iraq. Most cases of diagnosed mental disorders are bipolar disorders (depression and anxiety) and abuse of narcotic substances (addiction).

However, the truth regarding Ashraf residents' neurological disorders is that in the year 2010, there were a total of 90 visits by neurologists of which only 7 patients were under medication for years for long-term psychological and mental problems.

Most of the patients suffered from migraine headaches, tension headaches or sleep disturbances caused by deafening noises blared day and night through 240 loudspeakers installed at Ashraf's various flanks, threatening to kill, burn, and hang Ashraf residents with vicious cries and extremely profanity.

### **Foolish „medieval“ remarks about female patients**

The Diyala Health Directorate report presents the following classification about the illnesses of the women in Ashraf:

*“Gynecological disorders related to infertility and nursing.”*

What is the truth about the women's illnesses in Ashraf? In the year 2010, a total of 174 female patients referred to gynecologists at the New Iraq Hospital due to gynecological disorders 65%

of these cases, counting to 113 patients, were very simple illnesses common among all women. The remaining consisted of 61 cases of hormonal or fibroma disorders that are the most common cases of women's illnesses in all societies.

In contrast to the foolish theory the illnesses of the women in Ashraf not only lack any special characteristics, in fact numerous illnesses common among women in various societies do not exist at all among the women residing in Ashraf.

According the report by the World Health Organization, Cervical cancer is the second prevalent cancer among women (see the document on the next page), this is while such an illness does not exist among women in Ashraf whatsoever.

Furthermore, according to the World Health Organization report, the number of breast cancer cases among Iraqi women every year is 3% (chart on Iraqi women's cancer). This is while in Ashraf in 2010 there were only 3 patients with this type of cancer, meaning the ratio of this illness is only 3 in 1000. This shows that this statistic in Ashraf is one tenth to that in Iraq.



Another document from the Iraqi Health Ministry shows the increase in breast cancer in Iraq has various reasons including: environmental pollution, water and air pollution, environmental pollution after the war, economic inflation and cultural poverty that have played a role in the spread of breast cancer among young girls, for example 13 years of age. (The World Health Organization document is in the previous pages.)

GLOBOCAN 2008 (IARC) Section of Cancer Information (27/3/2011)

**GLOBOCAN 2008**  
FASTSTAT

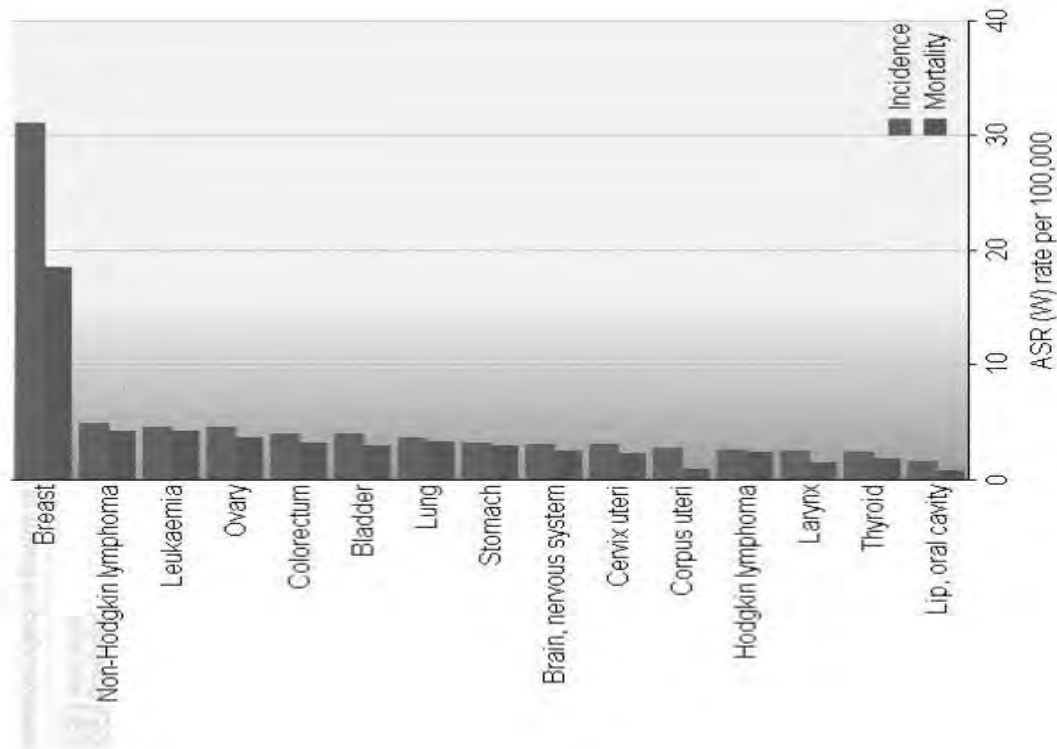
Men  
Women  
Both sexes  
Summary statistics

IRAQ

Most frequent cancers, women

Cancer	Incidence		Mortality	
	Number	ASR (W)	Number	ASR (W)
Lip, oral cavity	164	1.6	72	0.8
Nasopharynx	74	0.7	50	0.5
Other pharynx	88	0.9	75	0.7
Oesophagus	107	1.2	103	1.1
Stomach	306	3.2	291	3.0
Colorectum	374	4.0	296	3.2
Liver	78	0.8	77	0.9
Gallbladder	69	0.8	69	0.8
Pancreas	115	1.3	111	1.3
Larynx	228	2.5	139	1.4
Lung	325	3.6	304	3.4
Melanoma of skin	32	0.3	19	0.2
<b>Breast</b>	<b>3041</b>	<b>31.1</b>	<b>1713</b>	<b>18.5</b>
Cervix uteri	309	3.1	214	2.3
Corpus uteri	237	2.8	80	1.0
Ovary	454	4.5	346	3.7
Kidney	151	1.5	131	1.2
Bladder	353	4.0	261	2.9
Brain, nervous system	358	3.1	286	2.5
Thyroid	288	2.4	167	1.8
Hodgkin lymphoma	372	2.6	319	2.4
Non-Hodgkin lymphoma	516	4.9	433	4.2
Multiple myeloma	133	1.5	123	1.4
Leukaemia	589	4.5	562	4.3
All cancers excl. non-melanoma skin cancer	10163	100.7	7315	74.5



**Methods of estimation (summary)**

**Incidence:**

Frequency data: age/sex specific incidence rates for all cancers were partitioned using data on relative frequency of different cancers (by age and sex) obtained from local source.

**Mortality:**

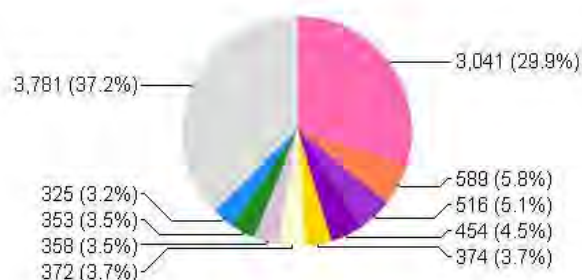
No data: the number of cancer deaths was estimated from incidence estimates and site specific survival estimated by the GDP method.

**Glossary**

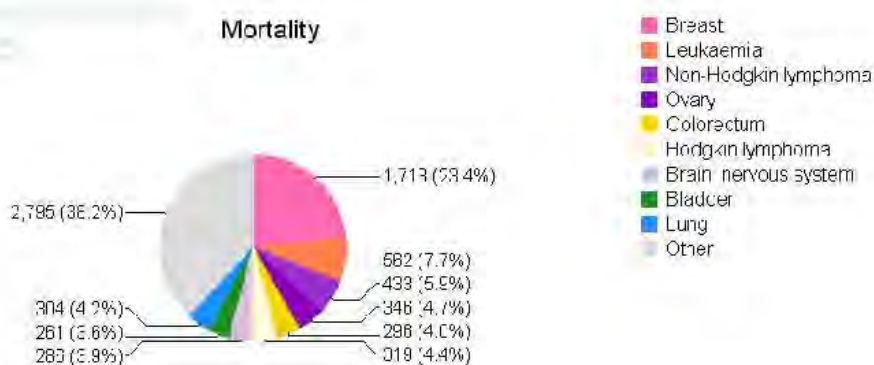
**Age-standardised rate (W):**

A rate is the number of new cases or deaths per 100 000 persons per year. An age-standardised rate is the rate that a population would have if it had a standard age structure. Standardization is necessary when comparing several populations that differ with respect to age because age has a powerful influence on the risk of cancer.

Incidence



Mortality



Risk of getting or dying from the disease before age 75 (%):

The probability or risk of individuals getting/dying from cancer. It is expressed as the number of new born children (out of 100) who would be expected to develop/die from cancer before the age of 75 if they had cancer rates (in the absence of other causes of death).

**WHO \_ Women's health**

**Cervical cancer**

Cervical cancer is the second most common type of cancer among women, with virtually all cases linked to genital infection with the human papillomavirus (HPV). Almost 80% of cases today and an even higher proportion of deaths from cervical cancer occur in low-income countries, where access to cervical cancer screening and treatment virtually does not exist



**The National Plan for Breast Cancer Combating**

**Iraq**

The campaign aim is to preserve Iraqis health and especially women who are more vulnerable to Breast Cancer. This can be achieved by increasing health awareness and skills for early detection and methods of protection and treatment for the diagnosed cases.

**Why this campaign?**

To day environment in Iraq is considered highly polluted due to many factors: randomly waste disposal, air and water pollution, wars, lack of security, high economical inflation, in addition to wrong understanding of cultural attitudes towards such diseases added a large burden on Iraqi women health issues and contributed greatly to the high rate of Breast cancer incidences as early as 13 years old.

Therefore national campaign such as this is urgently needed.  
We are dedicated to reach every single Iraqi female as early as 12 years old.

State ministry for woman affairs  
Major participants:  
Ministry of Health, Ministry of Education, Ministry of Higher Education, WHO and UNIFEM offices in Iraq, Iraqi NGOs, and Iraqi media network.

**„Old soldiers“ illnesses“ or injuries from current assaults on Ashraf?**

In yet another lie about the injuries of Ashraf residents, the hospital director writes:

*“Illnesses common to old soldiers, especially physical illnesses, are quite common (our hospitals even treat injuries related to battles in 1980s or the first and second Gulf wars)”*

Again we point to two formulas or principles that shape the logic behind the statements that are made by the hospital director in order to understand their real meaning:

First, he utters baseless facts to cover up a truth that he dreads to be disclosed. Second, he offers no facts or figures for his supposed occupation as a physician or specific illnesses, treatments and diagnosis.

Hence, he even does not provide any figures for the number of the old injuries that he has treated.

For the sake of the truth about those residents with old wounds who have referred to the New Iraq Hospital to be examined by specialists or to have surgeries, the total number is limited to just three:

Mr. F.A. has lost vision in one eye due to an old war injury and his other eye received a cornea graft in Germany over 15 years ago. However, his cornea is blurring out and he is practically blind. He was taken to Ibn Haitham eye hospital in Baghdad where the eye surgeon decided that he needs another cornea graft. This hospital is equipped to perform a cornea graft, but the operation requires an approval from the Iraqi government. Just because he is not an Iraqi, this approval has not been given and he did not receive any treatment. Therefore, not only this claim that the New Iraq Hospital treats old soldiers is completely false, but in a clearly inhuman measure, this patient has been deprived of a chance to see again.

Mr. K.R. whose leg was amputated below the knee due to an old combat injury constantly complains of pain in his leg and cannot even wear his limb prosthesis. He has been examined by an orthopedist and his opinion is that there is a nerve node at the stump which requires surgery. The patient has referred to the hospital numerous times to follow up on his surgery, but he has not received any medical treatment. What treatment has been offered to this old injured soldier?

Mr. S.N. has shrapnel left in his chest due to an old injury. During the years, this shrapnel has caused severe bleeding of the lung in several occasions endangering his life. After numerous referrals to the New Iraq Hospital, he was finally taken to an outside hospital where a specialist surgeon advised an operation for him. He was hospitalized and operated on. This is the only case of old soldiers' injuries that has received treatment in the past year.

However, the bigger reality is that most patients with orthopedic problems such as bone fractures or muscular problems who have referred to the New Iraq Hospital have in fact been injured during various attacks of the Iraqi forces on Ashraf residents. For example:

In the later six months of 2010 and January 2011, there were 216 cases of injured residents due to attacks by Iraqi forces. These include fractures, muscular problems and wounds. The file of these individuals and their type of injuries are recorded and available.

Dozens of residents who are among the 1,500 injured and battered during the July 2009 attack on Ashraf by the Iraqi forces are suffering from fractures and muscular problems and need medical treatment. A few examples are:

Mr. A.R. suffered one year of excruciating pain and was on the verge of paralysis when he was finally operated on in summer of 2010. He had no history of war wound and neither was he involved in intense physical exercises. In fact, his excruciating pain that almost had him paralyzed was because he had been severely kicked by an Iraqi officer in 29 July 2009 attack. To be specific, a heavy Iraqi officer from this very battalion supposedly tasked to protect Ashraf, stood with his boots on his spine for a long time.

Mr. N.A., another injured resident from this assault, still cannot walk and is on a wheelchair.

Mr. B.K. is another resident whose jaw was fractured by the blow of a club with nails driven in of an Iraqi officer. Still, after a year and a half, he cannot chew food because the hospital director does not bring the corresponding surgeon to Ashraf and neither does he allow the resident to use private medical facilities in Baghdad.

Mr. Saeid Habibi is another example of those wounded during the deadly assault of July 2009 by Nouri al-Maliki's forces. In that assault, an Iraqi military HUMVEE run him over at the order of LTC Nazar who is a friend and cohort of Omar Khaled and they spend most hours of the day together in the battalion center or in the hospital. Mr. Habibi has still not recovered despite several surgeries in over a year time span.

Pictures of dozens of injured residents in a recent attack by thugs were printed by the Iraqi AZZAMAN daily. This report on the attack and the accompanying photos were printed in several Iraqi newspapers with good circulation. In addition, a complete page in the U.S. newspaper of Washington Times was devoted to the psychological torture of Ashraf residents and the injured residents of barbaric attacks for awareness of the international community.

How can the director of the New Iraq Hospital and those who issue orders to him in the Ashraf Suppression Committee and the Nouri al-Maliki's government hope to hide these obvious facts and realities?

The truth is, that following the bloody suppression of Ashraf in July 2009, around 30% of Ashraf residents are suffering from orthopedic, eye and ear problems due to the injuries they received from the blows by the assaulting force under al-Maliki's and the Ashraf Suppression Committee's command. These injuries have nothing to do with various regional diseases in this province, this country or this region of the world.

The effect of the medical siege and the prevention of medicine to enter Ashraf which is being implemented by the Ashraf Suppression Committee and Omar Khaled, together with restrictions on entry of lab materials and drugs is to such an extent that:

**Firstly:** It has destroyed much previous medical work by Ashraf's medical authorities

**Secondly:** If this condition is not reciprocated in the least amount of time and the medical siege is not lifted, its effects and consequences will become all the more pronounced

### **What are the particulars of Ashraf's medical problems?**

The last falsification in this report concerning grouping of illnesses and referrals to the hospital are:

"Injuries due to various hard physical trainings"

No doubt the objective of stating such a lie is on the one hand to cover up the battering and injuring of Ashraf residents, and on the other to repeat the lies of Muwaffaq al-Rubaie, Nouri al-Maliki or the Iranian Intelligence Ministry about military and combat exercises in Ashraf. A look at the statistics of the injured in the incidents will clarify everything.

During 2010, there were 45 cases of injury in Camp Ashraf which are as follows:

- Six cases were due to incidents on the job
- Two cases were due to incidents in the sport fields
- One case was a motorcycle accident
- Thirty-six cases were due to battering by Iraqi elements

To sum up, 80% of the incidents in Ashraf during 2010 were due to several attacks by al-Maliki's elements on Ashraf residents. In addition, the assault by Iraqi forces in July 2009 resulted in eleven dead and over one thousand injured who, despite the fact that about two years has elapsed, the injured are still suffering from their wounds.

This is while all over the world and in every community, part of the medical cases are due to incidents or accidents which are in general termed emergency patients. These are illnesses or injuries that are generally known to ordinary people and it is not anything of a specialist point of view. For example:

Accidents on and off the roads, accidents during sports, incidents such as falling off the height during work, burns, electric shocks, and brawls. In particular, in Iraq with its tribal social texture, injuries by knife, cold weapons, firearms, suffocation, use of addictive drugs, sexual aggressions are common.

We can conclude:

- There have been no physical brawls
- There are categorically no injuries caused by sexual offenses in Ashraf
- There is no consumption of liquors in Ashraf and we have no one addicted to alcohol
- There are no cases of addiction to drugs

- The number of road accidents in Ashraf is very limited (there was just one motorcycle accident in 2010)

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**حدث يوم الجمعة ٧ كانون الثاني ٢٠١١**  
**السفارة الإيرانية تنظم هجوماً على مخيم اشرف في العراق**  
**يصاب فيه ١٧٦ من سكانه**  
**محكمة اسبانية تصدر قراراً تصف فيه مع سكان اشرف بأنه خرق صاخر لاتفاقية جنيف الرابعة وجريمة**  
**هرب وتستدعي قائد الهجوم القاتل على اشرف في تموز ٢٠٠٩**

• يوم الجمعة ٧ كانون الثاني ٢٠١١ وبالتعاون مع قوات بؤمرة بلهنة فتح اشرف قامت قوة «قدس» الإرهابية والمخابرات الإيرانية بضفة حفنة من المأجورين للاعتداء على سكان اشرف  
 • قوات أمنية بأمر من لجنة فتح اشرف نخرح الجرحى والمرضى من مستشفى اشرف بسوة  
 • استنكار عربي وعربي واملاي ووالي للاعتداء اللاإنساني على سكان اشرف العزل المصممين بوجوب اتفاقية جنيف الرابعة  
 • هذا الاعتداء يؤكد ضرورة حل لجنة فتح اشرف الجبر ثاقونية وتدخل الأمم المتحدة وتولى القوات الأمريكية مسؤولية حماية اشرف  
 • حفوضيون دوليون يطالبون ببدء تحقيقات تامة في المحاكم الدولية لمحاكمة اري ومضدي هذا الانتهاك لحقوق الإنسان

رسم المهاجمين برمي الحجارة الى سكان اشرف  
 رسم الحجارة باستخدام القلاع  
 رسم الحجارة والأجساد المخذة الى سكان المخيم  
 زجاج مسورة الاسعاف مكسور  
 رسم زجاجات حارقة الى داخل المخيم  
 الحجارة تنظر على سكان اشرف  
 مشهد اخر لرمي الحجارة وجرح سكان اشرف  
 القوات الأمنية تمنع الجرحى من دخول المستشفى  
 رسم منظم للحجارة والزجاجات الحارقة الى داخل المخيم

**صور لجرى نتيجة الاعتداء على اشرف ٩١ منهم من النساء المسلمات**

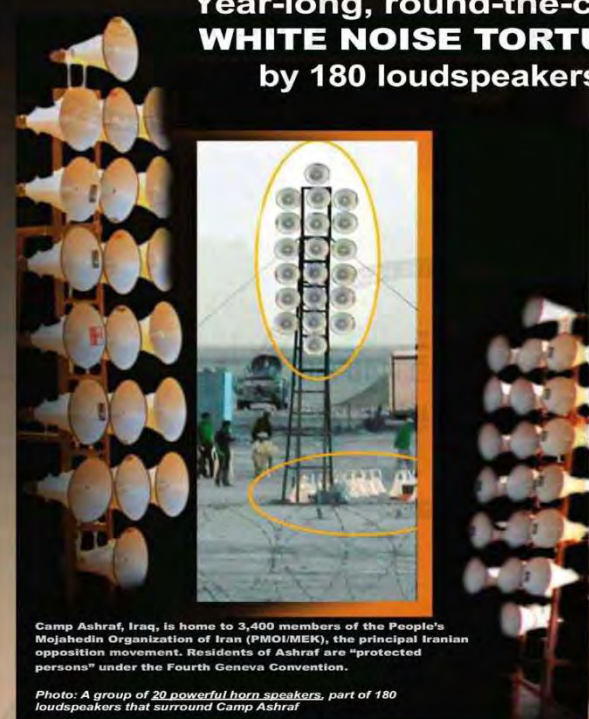
**هذه الجريمة، جريمة ضد الانسانية**

*AZZAMAN daily printed in Baghdad, 13 January 2011- Photos of some of the 176 injured due to the attack of the Iraqi forces and the agents of the Iranian regime's Intelligence Ministry against the Ashraf residents on 7 January 2011.*

TUESDAY, JANUARY 11, 2011 **The Washington Times** NATION // A3

## Iranian agents torture opposition members in Camp Ashraf - Iraq

# Year-long, round-the-clock WHITE NOISE TORTURE by 180 loudspeakers



Iran's Foreign Minister met Iraqi Prime Minister Nouri al-Maliki in Baghdad, on January 5. The talks focused on Camp Ashraf. Tehran demanded that

### Al-Maliki step up psychological war against PMOI (MEK) members in Camp Ashraf

Blasts of insults and threats day and night blaring through 180 loudspeakers into Camp Ashraf:

«We will burn Ashraf to the ground»  
«We will kill you all»  
«You must support Ahmadinejad»

Camp Ashraf, Iraq, is home to 3,400 members of the People's Mojahedin Organization of Iran (PMOI/MEK), the principal Iranian opposition movement. Residents of Ashraf are "protected persons" under the Fourth Geneva Convention.

Photo: A group of 20 powerful horn speakers, part of 180 loudspeakers that surround Camp Ashraf

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### URGENT APPEAL


- U.S. intervene and dismantle the 180 loudspeakers around Camp Ashraf, used to psychologically torture the residents in blatant violation of the International Convention Against Torture and the 4th Geneva Convention;
- "The committee to close down Ashraf" in the Iraqi Prime Minister's office, responsible for consecutive attacks on the Camp under direct orders of the Iranian regime **must be dissolved**;
- U.S. forces, based on their obligations towards Ashraf residents, resume protection of Camp Ashraf;
- The United Nations Assistance Mission for Iraq (UNAMI) to set up permanent monitoring team in Ashraf to prevent greater humanitarian catastrophe.

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**On January 7, 2011**  
Iranian regime's agents attacked Ashraf residents with petrol bombs, rocks, sticks and broken glass

## 176 wounded, including 91 women

This attack follows a ruling by Spain's central court, summoning the Chief of Police of Iraq's Diyala Province for prosecution for war crimes and crimes against humanity at Ashraf in July 2009, when 11 residents were killed and hundreds injured in a deadly raid on the camp. According to the Central Investigation Court of Spain, and in conformity with the Rome Statute of the International Criminal Court of July 1998, these actions are "grave breaches of Geneva Conventions," and constitute a "war crime"



Top and left: Ashraf residents wounded during January 7 attack on Camp Ashraf. They were hit by rocks and sharp objects hurled by paid agents of the Iranian regime.



Loudspeakers set up at the southern flank of Camp Ashraf

A paid agent prepares a petrol bomb to throw at Ashraf residents

Agents with the help of a militia try to remove the fence and attack defenseless residents

The National Association of Iranian Academics in Britain  
Tel: 0044 7793 231 606 / email: naaiw@yahoouk.com

*The Washington Times, 11 January 2011- Photos of some of the 176 injured due to the attack against the Ashraf residents on 7 January 2011, as well as psychological torture imposed on the residents by loudspeakers*



## **“Financial Assistance by Government of Iraq” or Falsified Expenses?**

### **Baseless Statistics**

In two sections of the Diyala Health Directorate’s report under the subtitles: ١ Financial assistance to the hospital by government of Iraq٢ and ٣ Hospital's special financial expenses٤ expenditures are presented that assumedly have been incurred by the government of Iraq for the medical affairs of the PMOI. To keep a lid on the crimes committed against Ashraf residents by means of "medical services", the Diyala Health Directorate has resorted to forging fabricated and baseless figures as the financial assistance of the government of Iraq to depict as if extensive services have been provided to the Ashraf residents.

The Diyala Health Directorate report states that the number of patients examined at the New Iraq Hospital in 2010 stands at 3,000 without explaining the basis of this calculation.

However, according to all those who have referred to this hospital, the director of the hospital gives a numbered ticket to whoever passes by the hospital door and counts that number as a patient that has been examined.

If instead of the number of referrals to the hospital, this report had provided the number of sick and wounded residents, and then a percentage figure on those treated and of those who had gone untreated, then the real number of medical checkups could be seen.

In addition, the report cannot answer why is it then, that despite the claimed 3,000 checkups, patients’ problems remain unresolved?

### **The trips of ambulances**

In this report, the cost of patients' commute with ambulances outside of Ashraf has been calculated in the following manner:

316 (patients transferred) X 400,000 Dinars (for each trip of an ambulance) = 126,000,000 Dinars.

The truth is completely something else:

First - In 2010, only 180 patients were taken with ambulances for their treatment outside of Ashraf.

Second - Of these 180 patients, only 5% were actually examined and received treatment or their medical tests were done. These 5% were essentially emergency patients with cases such as appendicitis who were taken to Baghdad or Baquba for urgent surgeries.

Third - The medical conditions of the remaining 95% remains unresolved due to obstructions by the hospital director and the Ashraf Suppression Committee.

Fourth - The transfer of patients is not intended to provide medical treatment, rather it is a method of systematic harassment to aggravate Ashraf residents. It is with this motive that a great number of patients are taken on useless trips in inhumane conditions without any medical appointments or medical tests requested by specialists as the end result of such a trip. The attached chart further elucidates this issue. International organizations are fully informed that in comparison to the years before 2009, not only does the transfer of patients take place without any medical objective, but is a means to actually disrupt medical services.

### **Surgery Expenses**

In the last section of the report by the Diyala Health Directorate surgery expenses are calculated as follows:

Surgeries (medium/major/supra major) on the average cost 1,500,000 Dinars

136 patients X 1,500,000 Dinars = 204,000,000 Dinars

However, the truth is:

**First:** The cost of a medium surgery is 250,000 Dinars, and of a major surgery is 500,000 Dinars. The 1,500,000 Dinars used in the calculation is the cost of a supra major surgery.

**Second:** It is quite clear to Ashraf residents, who themselves have built the hospital and its operating room with all its equipment at their own expense, that with the type of equipment and technology used, and with the level of expertise of the current technicians, ultra major surgeries cannot be conducted in this operating room. In fact, surgeries conducted at this hospital are mostly medium size surgeries.

**Third:** All the equipment in this operating room, including the surgery bed, the anesthesia device, the operating room ceiling light, and all other devices in addition to surgical sets, all anesthetic drugs, all nondurable goods, gowns, the recovery room and the CSR devices, and even the operating room technicians for these surgeries have been provided by the PMOI and its personnel. Preparations for surgeries and the cleanups after are also done by Ashraf residents. Only in very few cases have the surgeon and the anesthetist been provided by the Baquba Hospital.

### **Hospitalization Expenses**

Regarding the hospitalization expenses, the report writes:

The cost of hospitalization at the hospital is close to that of private hospitals in Baghdad.

257 patients X 100,000 Dinars = 25,700,000 Dinars

This figure is another example of manipulating the expenses that is the prevalent spirit throughout this report because the expenses. Here, the hospitalization expenses are considered as part of the costs incurred by the government of Iraq while in fact:

Firstly - All daily services of the hospital have been financed by Ashraf residents.

Secondly - All equipment and facilities of the hospitalization ward of the New Iraq Hospital, including beds, mattresses, lockers, I.V. stands, the needed medications of the hospitalized patients, etc have been provided by residents of Ashraf.

Thirdly - The equipment for food services for the hospitalized patients, including refrigerator, freezer, oven and microwave, in addition to the food itself are provided by Ashraf residents.

Fourthly ﺗ They are the Ashraf residents who have paid and continue to pay the water and electricity bills of the hospital.

### **Expenses paid by Ashraf residents**

Time and again, at the presence of UN and U.S. representatives, the representatives of Ashraf residents have stipulated and stressed to the Iraqi government officials that like all other matters, they will fully pay for the expenses of their medical needs, and there has never been and there is no need for financial assistance from any government. This reality has been clear to all parties involved and has been put to test many times.

Regarding PMOI's expenses for medical care and treatment, we will finish with this notion that not only have they never needed and do not need any financial assistance from the Iraqi government, but in fact, even at a time that they have been under siege, the PMOI has spent \$1,919,178 for Ashraf residents' medical treatment in the two-year period of 2009-2010 (table of expenses is provided below).

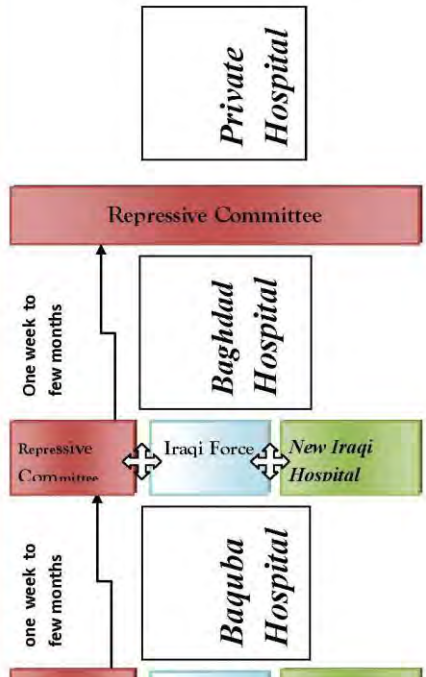
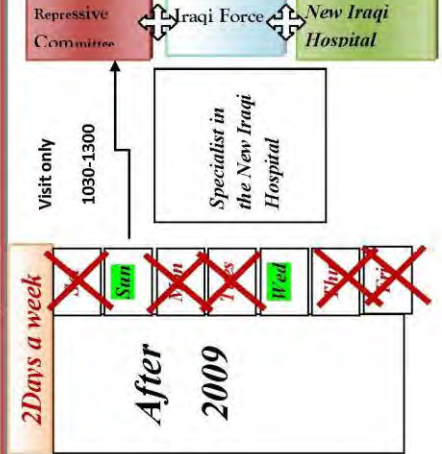
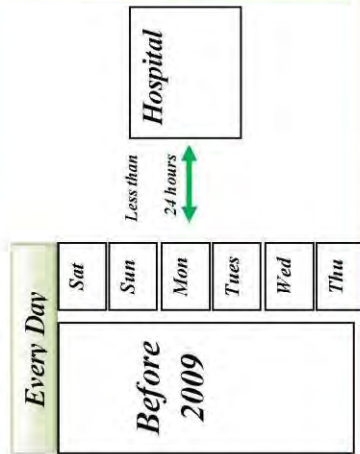
If the current Iraqi government and the Diyala Health Directorate subordinate to it had any intention to assist Ashraf residents in their medical treatment, the simple and practical way was not to impose the medical blockade and to allow Ashraf residents access to adequate treatment for their patients at their own expense much like the years before.

<b>Part of Ashraf's Medical Expenses (2009-2010)</b>				
<b>Row</b>	<b>Subject</b>	<b>Expenses 2009</b>	<b>Expenses 2010</b>	<b>Total expenses in USD</b>
1	Hospital building and facilities			424,600
2	Devices and equipment of the hospital	0	141,701	141,701
3	Hospital services and administrative affairs		19,070	19,070
<b>Total Expenses for the New Iraq Hospital</b>				<b>585,371</b>
1	Laboratory material	11,777	37,708	49,485
2	Delivery charges for medicine, devices...	44,000	40785	84,787
3	Hearing Aids	9,111	1,950	11,061
4	Prosthesis	8,523	13,588	22,111
5	Eye glasses	33,648	24,000	57,648
6	Medicine, equipment and devices and ...	319,536	511,403	830,939
<b>Total Expenses for Medicine and Medical Supplies</b>				<b>1,056,031</b>
1	Private lab tests	15,376	10,700	26,076
2	Private Surgeries	0	2,550	2,550
3	Expenses for physican's wages and surgeries	135,615	0	135,615
4	Patient's Expenses in Kurdish Territory	0	57,000	57,000
5	Dental Prosthesis built in Baghdad	31,012	19,773	50,785
6	Private CT and MRI scans	0	5,750	5,750
<b>Total Expenses for Treatment (Clinical)</b>				<b>277,776</b>
<b>Total Expenses in USD</b>		<b>507,210</b>	<b>747,942</b>	<b>1,919,178</b>

*Iraqi Health Minister and other Iraqi authorities as well as international authorities were previously, on 14 Feb. 2010, informed, in a detailed letter, of details of part of expenditures mentioned in above table including \$1,679,752.*

**Medical procedure for an Ashraf resident subsequent to Iraqi forces taking responsibility to protect Camp Ashraf**

- A resident in Camp Ashraf needs medical follow up:*
1. Specialist consults patient in the New Iraqi Hospital from 1030 to 1300, referring patients for advanced treatment to out of Ashraf.
  2. Authorization of the Repressive Committee, endorsing of the Iraqi Force, and approving of the New Iraqi Hospital to send the patient to the Public Baquba Hospital (taking from a week to several months).
  3. The Patient is visited referred to Baghdad for advanced treatment by the Public Baquba Hospital.
  4. Once again, Authorization of the Repressive Committee, endorsing of the Iraqi Force, and approving of the New Iraqi Hospital to send the patient to a relevant public Baghdad hospital (taking from a week to several months)
  5. The Patient is referred to an appropriate Baghdad private hospital for advanced treatment by the Public Baghdad Hospital
  6. In spite of the UNAMI involvement to get authorization to refer private hospital, it takes several more months to get Committee authorization.
  7. After several months, the patient is consulted in a relevant private hospital.





## An advanced hospital or a place to torment patients

Section three of the report by the Diyala Health Directorate titled "Hospital Sections" is supposedly written to describe the facilities and the services of the hospital. However, it attempts to depict a very advanced hospital which is rather imaginary than reality on the ground. Patients who refer to this hospital, especially those in poor health condition that are suppressed rather than treated, can hardly relate what is written in that report to the status quo at this hospital.

In this chapter we study some of the most important diversions from the truth in this report:

### **A clinic or a body-search booth**

Part of this report reads:

*"The outer clinic: This section admits patients from 8 am to 2 pm (physicians examine and treat patients)"*

However the reality is:

- From April 2009 when the hospital started its operation until July 2009 when the Iraqi forces attacked Ashraf, the hospital did not even have a resident physician. Therefore, the building designated as the outer clinic could not treat any patients; i.e. no patient was examined or treated there. The only general physician present was the current hospital director who was busy with the administrative work rather than medical treatment.
- From July till December 2009, the hospital personnel were allotted to an Iraqi army battalion which functioned as a suppressive force that enforced the siege on Ashraf and was stationed at the hospital.

- From December 2009 four general physicians began work at the hospital. However, their working hours started at 10:30 am until at the most 1pm.
- On many occasions, even these working hours were not observed and patients usually waited until 11am to be examined. This was the case all year long in 2010 and got worse towards the end of the year.
- Towards the end of 2010, the outer clinic lost its function altogether because admittance of any patient to the hospital was dependent on the personal decision by the hospital director. Hence, any patient that refers to the hospital is taken to the inspection room where policemen and the hospital personnel decide whether to admit him/her or not.

### **Closed and deficient operating room**

In the report by the Diyala Health Directorate one reads:

*"Various surgeries from medium to major are carried out at the hospital by the most skillful specialists"*

But what is the reality?

Firstly ﺗ It is longtime that the operating room has been officially closed down by the hospital director upon orders from the committee to suppress Ashraf. At the time this report was issued by the Diyala Health Directorate (December 2010 and January 2011), this operating room was officially closed. Not even a single patient was operated on. Closing down of the operating room is at a time when 192 patients are on the waiting list for surgery. No outlook has been given to the patients as to when their operation will be; the attached diagram clearly depicts this reality.

Secondly ﺗ On 25 January 2010, this operating room with all necessary equipment was prepared by Ashraf residents and placed at the disposal of the hospital director for surgeries on Ashraf patients. However, since that time, the most rudimental and essential necessities of the operating room have not been provided by the respective authorities. For example oxygen, anesthetics and stitches are not provided resulting in cancellation of surgeries on numerous occasions. Many times, the residents themselves have bought the anesthetics or other requirements such as gowns needed for the operations.

Thirdly ﺗ Contrary to what is stated in the report, this operating room is unsuitable for major surgeries.

Fourthly ﺗ Prior to the closing down of the operating room altogether, the hospital director prevented many scheduled surgeries. For example, on November 10, 2010, surgeries scheduled for an orthopedist and a neurologist who had come to Ashraf for this purpose were stopped.

Fifthly ﺗ According to medical standards, an operating room has six technicians. However, the operating room in this hospital has just two specialists with one usually on vacation. To make up

for this deficiency, a number of Ashraf residents who are skillful technicians of operating rooms took this task upon themselves from the very beginning of the operating room's function; however, even these technicians are now expelled from the hospital.

Sixthly ؁ Disinfecting the operating room which is indispensable to its operation is never carried out at this hospital. Only with their insistence, the residents disinfected the operating room themselves each time before the surgeries.

Seventhly ؁ Patients who had been operated on were taken to the hospitalization ward being exposed open air between the operating room and the ward. Such a thing is never done in any hospital, especially considering the desert like weather in Ashraf. There is a need for a hallway that connects the operating room to the hospitalization ward; however, the Ashraf Suppression Committee does not allow the construction material needed to build this hallway to come into Ashraf.

### **The lab**

In the report by the Diyala Health Directorate one reads:

*"The hospital lab will open soon. For the time being, lab tests are sent to the educational lab in Baquba or to private labs."*

Despite great problems residents endure due to the siege on Ashraf, four months prior to this report a building allotted for the hospital lab was transferred to the hospital director on September 6, 2010. Why is it then that this lab is still not functional in February 2011?

Indeed, why is it that this "exemplary hospital" - so described in the report ؁ does not have a laboratory? And when will be this "short period" that this lab will be operational?

The reality is that in the past two years, residents have been sending their lab samples to Baghdad with great difficulty and at their own expense. The New Iraq Hospital has not even once sent lab tests to Baquba.

In this same period, Ashraf residents have spent \$26,076 on lab tests (see attached table on lab expenses).

On several occasions in 2010, the hospital director refused to hand over the lab samples to the driver hired by the residents to take the samples; thereby destroying the samples. On February 8, 2011, the committee to suppress Ashraf apprehended an Iraqi middleman who was paid by residents to transfer the lab samples. He was threatened that he should stop doing this. These threats and harassments resulted in a cessation of the transfer of Ashraf patients' lab samples.

### **Preventing an X-ray Machine**

The report says: "Despite the fact that our hospital is equipped with a German Siemens X-Ray machine, it is not yet installed since the hospital is made of sandwich panels while it needs a suitable building."

On numerous occasions Ashraf residents have announced their preparedness to build a suitable building for the X-ray machine at their own expense and labor and to buy an X-ray machine at their own expense and install it. However, due to the policy of the committee to suppress Ashraf, this request by the residents has been firmly turned down. This is while many residents have been injured during the criminal assaults by the Iraqi forces and there is a great need for an X-ray machine.

### **Ambulance or a tool to torment patients?!**

In the report by the Diyala Health Directorate, the condition of ambulances in the New Iraq Hospital is described as: "The hospital has two ambulances in good conditions equipped with fine medical equipment, plus a vehicle for en route checkups which is equipped with a cardiac machine that is in excellent condition to transfer patients 24 hour a day whenever needed."

And the reality:

- Usually, one of the ambulances is broken down. Hence, in most cases, due to the limited number of ambulances, the dispatch of patients to Baghdad or Baquba has been cancelled.
- Many times, both ambulances have been out of order. Therefore, emergency patients have had to wait for several hours for an ambulance to come from Baquba and transfer them. For example on July 28, 2010, three emergency patients were to be transferred to Baquba, but had to wait because both ambulances were broken down and an ambulance had to come all the way from Baquba to take them.
- Ambulances lack air conditioning. Last summer, in temperatures above 50° centigrade, emergency patients with cardiac problems were transferred in these ambulances.
- These ambulances, with a capacity of one patient, are at times used to transfer seven patients in inhumane conditions.
- For example, on July 18, 2010, A.H., a female resident referred to the New Iraq Hospital suffering from acute stomach-ache and high fever. With the decision of the gynecologist, she was to be transferred on an emergency basis to Baquba. After keeping her waiting for several hours, the hospital director transferred the patient with an ambulance together with five other patients, two suffering from acute appendicitis. This ambulance suitable to transfer just one patient with a nurse was used to transfer six patients, including two women, who had been inhumanely cramped into one ambulance with three of them in emergency conditions that had to be transferred lying down.

- This hospital has a vehicle used for mobile medical treatment that has never been put into use. There were many emergency cardiac cases that were in need of cardiac instruments not found in the hospital. Each time the hospital director was asked to use the equipment in that vehicle, but he never allowed it.

### **A picture of the exemplary hospital**

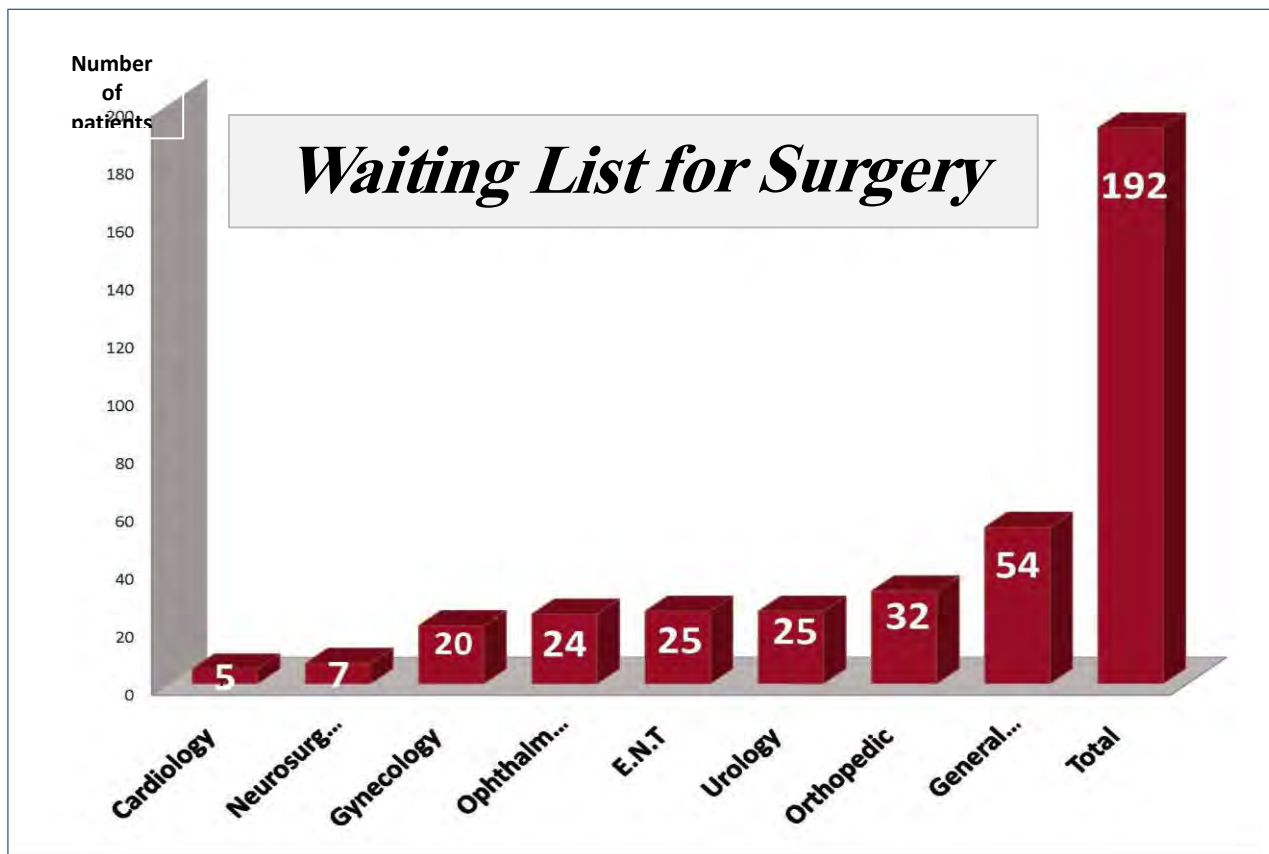
In the report by the Diyala Health Directorate, the New Iraq Hospital is depicted as a hospital that provides exemplary services to Ashraf residents. In addition to the facts already enumerated, it is worth looking at some more facts to get a grasp of the real situation:

1. Hospitalization rooms mostly lack lockers. On October 7, 2010, Ashraf residents gave 30 lockers to the hospitalization ward of the hospital. However, by the orders of the Ashraf suppression committee, the lockers were returned.
2. For a long time, hospitalization rooms did not have suitable beds and mattresses. Following letters of protests to the Diyala Health Directorate, copies of which were also sent to the United Nations, Ashraf residents were finally allowed to buy 20 hospital beds and mattresses on March 18 and April 23 of 2010 - ten on each date - and give them to the hospital.
3. In its report, the Diyala Health Directorate depicts as if the electric bill for the hospital is paid by it as part of the Iraqi government's other imaginary medical financial aids provided to Ashraf residents. In reality, since the beginning of the operation of the hospital, it has been the Ashraf residents who have always paid its electric bill and continue to do so. Likewise, Ashraf residents, contrary to their will, are also paying the electric bills of the Iraqi armed forces such as the anti-riot battalion and the army battalion, who participated in the deadly assaults of July 2009 against defenseless Ashraf residents.
4. The hospital refrains from providing food for the hospitalized patients. Their food is prepared by the residents. Despite this fact, the hospital management hinders this. For example, the police stationed at the hospital entrance have been ordered not to allow the residents to directly give the food to the patients; instead, the food has to be placed on the ground exposed to dust and insects, till the hospital personnel make the time to take it to the patient.
5. There are no personnel allocated to cleaning the hospital. The job to clean the ward or the hospitalization rooms is wholly done by the patients or their aides who are Ashraf residents. Bed sheet are never washed by the hospital; they are just dumped on top of each other. Any patient that is hospitalized has to first wash the dirty sheets.
6. The hospitalization ward is full of mice and insects. Protests by patients are disregarded. Rodenticides bought by residents are not allowed into Ashraf.
7. All through autumn and winter, the water heater of the hospitalization ward was out of order. Patients had to take a bath with cold water. Ashraf residents stated their readiness to repair the water heater, but the management of the hospital prevented it.

8. Noise caused by shouting between the hospital director and the hospital employees disrupts patients who are in need of rest.

9. Hospitalized patients are treated as prisoners. They are forbidden to watch TV. They are forbidden to leave their room and take a stroll outside. They are coerced to stay in their rooms. During visits by people from the UNAMI, patients are prevented to speak.

10. The medication of a cancer patient by the name of Akbar Shafeqat which was bought at his own expense and brought to the hospital from Baghdad was stolen in the hospitalization ward. This drug is very expensive. In addition, some of the medicine bought at the expense of residents was stolen from the women's section of the hospitalization ward and nobody is held responsible.





## Treatment by Specialists

In another part of the report by Diyala Health Directorate regarding the "Hospital's Specialists' Clinic" one reads:

*"Every week, on Sundays and Wednesdays it admits patients. Specialist physicians from Baquba stay at the hospital two days a week and on the other days of the week patients are visited in the specialists' clinic of the Baquba Educational Hospital."*

The above statements are responsibilities that the Diyala Health Directorate committed itself to regarding Ashraf resident. This schedule, posted on the hospital board, gives the timetable for weekly visits by specialist physicians.

However, this agreement just remained on the paper. Its only use was to quote it here in this report to cover the truth.

At the beginning of the New Iraq Hospital's function, the Diyala Health Directorate agreed to allow Ashraf residents free access to private physicians plus physicians who work in the Diyala Health Directorate.

Toward the end of 2009, the Ashraf Suppression Committee officially prevented entry of specialist physicians who used to come to Ashraf and treat patients with the expenses paid by the residents. At that time, the Diyala Health Directorate presented a four-month timetable according to which specialist physicians were to come to Ashraf twice a week. Even if that schedule had been met, it would have not been adequate. However:

- In year 2010, 50% of the specialist physicians scheduled to come to Ashraf did not show up. The diagram on specialist physicians' absences as compared to Diyala Health Directorate commitment is given on the next page

## Hippocratic Oath Betrayed

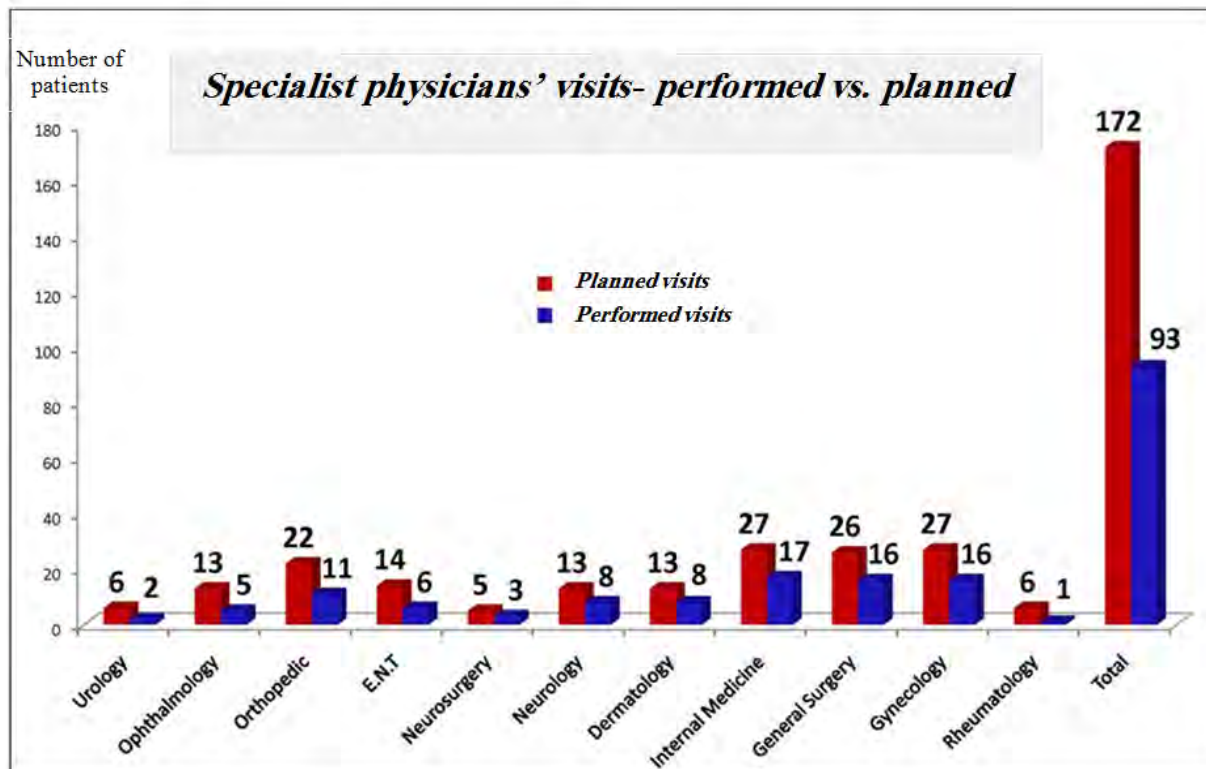
- On the days that physicians do show up, they usually come to the hospital at 10:30 am and leave between 12:30 to 1:00 pm which means they just spend around two hours at the most to visit patients.

- Specialist physicians for some illnesses, including cancer and internal glands are all together absent in the table provided by the Diyala Health Directorate. Hence, this group of patients is deprived of medical checkups that they previously used to receive in Baghdad at their own expense.

- Specialist physician of a patient is continuously changed which causes great harm to the treatment process of the patient which is at times irreparable.

This is while prior to the transfer of protection of Ashraf from US to the Iraqi government in 2009 no patient in Ashraf had to be on a waiting list to be checked by a specialist physician. Prior to the transfer of protection, specialist physicians would periodically come to Ashraf and visit patients at the expense of residents.

It is clear to every physician that one cannot expect a diabetic patient on Insulin medication to suffer because there is no specialist to treat him/her. Similarly, a patient suspicious of cancer of the bladder cannot wait a long time to receive proper treatment, and that the Iodine therapy of a patient suffering from thyroid cancer cannot be delayed.



### **Gynecologist visits Ashraf once every nine months!**

Over 1000 women reside in Ashraf. However:

- From the beginning of the function of the New Iraq Hospital in April of 2009 up until February 2010, not even a single gynecologist came to Ashraf.
- Similarly, in the time span of November 2010 to 20 February 2011 a three month period again no gynecologist came to Ashraf. This point is reflected in the December 19, 2010, letter of Dr. Nahid Bahrami to the United Nations representative. This letter is included in the attachments of the final section of this book.

### **Waiting eighteen months for an orthopedist checkup!**

Orthopedists that come to the New Iraq Hospital to visit patients just work for two hours and on most days their net working hours amounts to just an hour. Assuming that each patient would take only 10 minutes to be examined, it will take 10 months for all 245 orthopedic patients in Ashraf to be seen by an orthopedist. This calculation is valid only if the timetable is adhered to and specialist physicians come twice a week to Ashraf. Of course we always have new orthopedic cases that will just have to be added to this waiting list

In 2010, orthopedists were absent 59% of the time as compared to the schedule given by the Diyala Health Directorate. With such a record, each new orthopedic patient will have to wait one and a half years to be seen by a specialist.

### **Waiting ten months for an ophthalmologist appointment**

According to the table of schedule of the Diyala Health Directorate, an ophthalmologist is to come to Ashraf every other week. However, in practice, 60% of this schedule is not kept and it is not later made up for either.

Currently, one hundred and forty five patients have been waiting for months to be examined by an ophthalmologist. Many of whom are residents who have been injured during the brutal attacks of July 2009. In addition, due to attacks by agents dispatched by the Iraqi government and the terrorist Qods Force of the Iranian IRGC, more residents suffer eye injuries. Some of these injuries have an emergency nature. Even if each patient takes 10 minutes to be checked by the specialist, it will take 10 months to examine this number of patients.

Mr. Taqi Soufi, 49, has suffered bleeding of the retina in the right eye. In May 2010, he was given an appointment for surgery on his retina. However, when the patient referred to the hospital nine months later, in February, for an approval of his operation, he was told that no such appointment existed.

Altogether in 2010, rheumatologist came to the New Iraq Hospital just three times.

### **Waiting for nine months for a urology appointment!**

According to the table of schedule of the Diyala Health Directorate once a month an urologist should come to Ashraf. This specialist physician can at most see 10 patients each time. Therefore, for 45 patients, a period of five months is needed for all of them to be examined.

However, even this once a month schedule has not been adhered to. In fact just 34% of the schedule has been implemented which means that patients who need an urologist should have to wait nine months for an appointment.

### **Fabrication of prosthesis and artificial limbs has come to a halt**

In the assault on Ashraf on July 28-29, 2009, by forces under the command of the Iraqi Prime Ministry, the prosthesis of a number of patients was badly damaged. Twelve of these patients are in dire need of a new prosthesis; however, due to the absence of any technician and the halt in the fabrication of new prosthesis, they have to use a cane to walk. During the past two years, not even a single new prosthesis has been made and none of the old ones have been repaired. Previously, a technician used to come to Ashraf for the prosthesis at the expense of the residents. However, due to overt threats he has received from elements of the Iraqi army battalion, he no longer comes to Ashraf.

### **Bitter fate of patients: Switching of patients' specialist physicians**

Constant switching of patients' doctors gives rise to serious problems. Note the medical process of a patient with swelling of the foot:

- In April 2010, a patient was placed under treatment of an internist at the New Iraq Hospital for a swelling foot.
- A week later he returns to the hospital as he had not recovered. This time, a new physician, ruling out the diagnosis of the previous one, prescribes another treatment.
- A month later the patient again calls on the hospital suffering from acute feebleness and swelling of hands and face. This time, a third physician diagnosed the problem as hypo-thyroiditis and put the patient under a treatment for that.
- Two months later, the patient still suffering, returns to the hospital. This time a fourth physician diagnosed the problem as Cushing's syndrome and prescribed treatment and lab tests.
- Two months later, with worsening condition, the patient returns to the hospital. This time, a fifth physician diagnoses the problem as hyperactive suprarenal gland.
- Ten days later, treatment unsuccessful, the patient comes back to the hospital and this time, a sixth physician requests an echogram test.

- Two months later, the patient, now suffering from numbness of the left part of his body, is examined by a neurologist who tells him that he should be sent to the gland center in Baghdad. But since referral to the gland center has to be requested by an internist, the neurologist refers the patient back to an internist.

- On November 14, 2011, patient is seen by a seventh internist who refers him to the gland center in Baghdad.

Since that date, for four months, the patient calls on the New Iraq Hospital every week to follow up on his appointment; however, he is never given a straight forward answer.

- Finally, one of the physicians of the New Iraq Hospital tells the patient that in order to go the gland center, the patient has to do a Cortisol level test and for that purpose, the patient has to be hospitalized.

- Subsequently, the patient goes to the New Iraq Hospital for hospitalization but the resident physician tells him that he is not aware of such an arrangement and does not admit the patient.

- The patient receives the medicine needed for his test from his family doctor and his blood sample is given to the New Iraq Hospital. However, the hospital fails to give the sample to the driver that is taking the samples in due time and the sample is spoiled.

- Next week, the test is repeated. This time, the driver who had come to take the sample is arrested and the blood sample is spoiled again.

Now, a year after the outset of the illness, the test needed for the patient is still not done and his illness remains unknown.

### **Leaving Ashraf for appointments with specialists**

The report goes on to say:

"Services to patients:

"Our hospital is unique in providing services to patients who need to be referred to private doctors or hospitals. Referral of patients to hospitals in Diyala and Baghdad is official and the best trained nurses accompany the patients to the hospital as is customary in Iraq. For example, in just one month, 4000 km has been traversed for this purpose which is equal to half the distance between Iraq and the US"!!

But the truth:

First ☹ No patient is allowed to be sent to other doctors or hospitals outside Ashraf without first being examined by a resident physician at the New Iraq Hospital.

Second ☹ Dispatching of patients, in a cycle that wears down the patient, takes anywhere from three months to a year.

Third In all hospitals, once a patient gets a referral letter to another hospital, he/she can go there with that referral letter. However, the director of the New Iraq Hospital keeps all referral letters of patients to specialists or letters for surgery; thereby, everything depends on the hospital director's decision whether to give the go ahead for the appointment or not. He can send the patient or just keep the patient waiting for weeks or months.

### **Elimination of medical appointment letters**

Reports on the condition of the patient, referral letters to other hospitals, and letters for appointments which usually facilitate the medical process are used by the New Iraq Hospital as tools for preventing medical treatment.

The New Iraq Hospital lacks paper with letterhead customarily used to record the condition of patients. At the beginning of hospital's function, the director of the hospital asked the specialists to write all their prescriptions in two copies on ordinary paper to give one copy to the patient and the other to the hospital for its archive. After a while a new form called the Referral Form came into the circulation of administrative work in the hospital. Specialists were to fill out this new form when they wanted to refer patients to hospitals in Baghdad or Baquba. With this new form, all letters which were previously kept in the archives were declared void and thrown away.

With this decision, all records of patients' medical processes and their prescriptions were destroyed resulting in a long delay in the medical treatment of patients.

In the next step, giving a copy of the referral form to patients was prohibited. Hence, when an old patient came to the hospital, he did not have any papers to present and the hospital denied that the patient has any appointment.

To solve this problem, for a while, specialists gave the patient a copy of his/her record. However, this was stopped when the hospital management resorted to threatening the physicians not to provide records to patients.

### **Forbidding interpreters**

The Ashraf Suppression Committee has prohibited patients from taking an interpreter with them when they refer to outside specialized hospitals. This has resulted in patients not understanding the questions asked by the physicians and what the physician prescribes for them. This problem causes confusion in the medical treatment of patients. On numerous occasions, appointments have been cancelled because interpreters accompanied the patients. Many times, this matter has raised protests on part of the patients and they have voiced their protests in their letters to the United Nations authorities or to the Diyala Health Directorate. Samples of such letters and complaints may be seen in the last section of this book which is the attachments.

Patients who have been operated on also face great problems because they need assistance and care after their surgeries, but the Ashraf Suppression Committee refuses them an aide to assist them. It should be mentioned that having an aide to assist the patient is quite the norm in all Iraqi hospitals.

### **Patients are unaware of their appointments with specialists**

- Referral letters of patients are placed on the board inside the hospital with patients unaware of their appointments. At the same time, patients are not allowed to enter the hospital; hence, many appointments are cancelled due to the fact that patients simply do not know about them.
- In some instances, hospital management writes matters related to the patients on a piece of paper and hangs these papers on the barbed wires outside along the street. This is one example of the insulting behavior with patients that is far from all medical codes of behavior.
- The director of the hospital refuses to establish any correspondence with the medical authorities who have managed the medical services to the residents for the last 25 years.

### **Continuous disruptions in the medical process**

The authorities of the New Iraq Hospital torture center do nothing but disrupt the medical process of Ashraf residents.

- Any patient that is to go to Baghdad or Baquba has to hand over his identification card to the hospital 48 hours in advance. The ID cards are subsequently given to the operations room of the Iraqi army. Subsequently, they keep the ID cards, not returning them to the patients. Then, when the patient leaves Ashraf for his/her appointment, they use patient's ID card as a pressure tool against the patient and disrupt patient's dispatch. These disruptions have at times prevented the dispatch of the patient altogether.
- When patients are to be dispatched to Baghdad or Baquba, due to disruptions at the army battalion garrison located at the exit point of Ashraf, patients are faced with long delays. This results in the patients arriving at the hospital at the end of its working hours missing their appointments.
- It is more than a year that S.P. is in the waiting list for a surgery on a hemangioma of the lip. His surgery has been cancelled numerous times on various pretexts by the New Iraq Hospital. On Monday, February 7, 2011, he had an appointment for surgery at the Medical City in Baghdad. On Sunday, February 6, a note was placed at the entrance to the hospital that instructed him and another patient to hand over their ID cards to the hospital on February 5!!

It was evident that this delay in informing the patients about their appointments was intentional. When patients went to hand over their ID cards to the hospital, a hospital authority crumpled the notice and threw it at the patient saying that the appointment is cancelled.

- P.P.I. has been a diabetic patient for seven years. For a year she has been suffering from hypothyroiditis. He was referred by an internist to the gland center in Baghdad. Following her test in September 2010 at the gland center, the specialist there prescribed that the patient should be reexamined in 10 days.

Since then, the patient refers to the hospital every week to follow up on her illness and be sent back to the gland center. However, she received no answer and finally after four months, on January 11, 2011, an authority at the New Iraq Hospital told her: In order to go to the gland center in Baghdad you need to be seen again by an internist at this hospital.

Hence, it is now six months past the appointment given to this patient by the specialist to return to the gland center, but he is still deprived of her treatment.

### **Dental services on a sharp decline**

Dental services are discussed in another section of the report by the Diyala Health Department where it is written:

*"Dental and gum patients receive treatment from competent dentists".*

The problem with this section of the report is that, much like the other sections, none of it is real.

In the last two years, not even once has a gum specialist come to the hospital to "treat dental and gum patients". Dentists present at the hospital are all just out of dental school and have no experience or specialty except for the simplest cases.

Prior to 2009, the dental services in Ashraf had reached acceptable levels and there were no chronic dental problems. In those years, fabrication of dental prosthesis, jaw and gum surgeries, and all types of fillings were done with at least 1500 specialized dental works each year. However since then, dental treatment was just limited to extractions and fillings.

In 2008, due to free access to dental services, 6250 hours of dental work was done. However, in 2010, this number was reduced to 560 hours. The sudden drop in dental services during 2009 and 2010 has created a crisis in Ashraf as far as oral hygiene is concerned. This drop in services caused a sharp decline in the dental condition of residents despite the fundamental dental work that had been accomplished prior to 2009. Due to the medical siege and prevention of entry of specialist dentists, the teeth of many residents are threatened with decay and breaking.

Limitations imposed on entry of dental material practically stopped repair jobs on dental prosthesis. A table that compares dental work in 2010 against that of 2008 vividly shows that dental work in seven areas that amounted to 1000 cases two years ago had plummeted to zero with no work done in these areas.

### **Obstructing entry of dental material**

Severe restrictions are imposed on the entry of oral hygiene material to Ashraf such as dental floss, medical toothpastes, all kinds of toothbrushes, mouthwashes, cleansing material for dental prosthesis and special gloves for dental lab work. Even Oxygen and Butane gases that are amongst the most important necessities for a dental technician are not allowed into Ashraf.

The Ashraf Suppression Committee even bars entry of disposable cups or saliva ejectors so much needed for dental work.

Lack of hygienic material for dental work has caused gum diseases or their spread.

Let us look at some examples:

1. Injured residents of the attacks of the recent months by Iraqi government elements and agents of the Iranian terrorist Qods Force have sent numerous reports or complaints to international bodies about the refusal of the New Iraq Hospital to provide medical treatment. These complaints clearly show that residents whose teeth had been broken in these attacks and were bleeding were not admitted to the hospital. In addition, armed servicemen threw the patients out of the hospital in an insulting and threatening manner. These patients are yet to receive treatment.

Please refer to the attachments at the end of the book for a comparative table on dental work, pictures of the injured residents in the attacks of thugs and Iraqi military on Ashraf, and the list of medical services yet to be fulfilled.

2. A 52 year old patient has a lip hemangioma (2mm in size). If an oral specialist or a dental surgeon were present, this nodule could have been treated by taking a biopsy from it. The patient has been waiting for a surgery for two years now. During this period, she has referred to the New Iraq Hospital several times, but she has been told that they could not send her to Baghdad.

3. A patient with a nonmalignant hemangioma on the lip needed to be biopsied at a specialized center. The patient has referred to the New Iraq Hospital numerous times, but he is always told that as long as you have cancer patients, dental work is just a luxury.

4. A patient by the name of Farhad is suffering from Fibromatosis of the gum. It needs a biopsy. However, since there are no surgeons and it is not possible to go to the center to study and treat this disease; i.e. the Dental School of Baghdad, it is one year that he has not been treated. This lesion can turn malignant and cancerous. And if the biopsy is not done, there is this chance that it would spread to other tissues.

5. B.K., 49, was injured in the July 2009 attack on Ashraf by the Iraqi forces by a blow of a metal rod to his lower jaw; suffering a fracture. There was no surgeon to treat him; therefore, a maxillofacial surgery of introducing an internal splint was done by a general orthopedist surgeon. However, the jaw is not fixed by bar and wiring and hence the occlusion of the patient is disturbed. If the patient had access to a maxi facial surgeon, the jaw could have been fixed at its proper position over a year ago. At present conditions, it is now one and a half years that the patient can

## Hippocratic Oath Betrayed

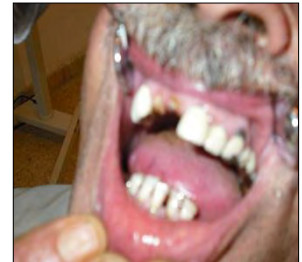
just eat soft food and is unable to chew. This in turn has given rise to digestive problems for the patient.

6. In the attack of January 7, 2011, on southern Ashraf by paid Iraqi thugs, a stone thrown at A.G. tore his lip and broke his tooth. This patient has not received treatment yet.

The dentist has stated that his tooth needs a crown but the material to fill it up is not available. Crown fixation is a specialist's job whose specialist is not available. The patient has difficulty chewing food and speaking, but is left untreated.

7. G.A.'s teeth were broken by a stone in the assault on Ashraf on January 7, 2011. The patient is in miserable condition and cannot speak. He has referred to the New Iraq Hospital many times, but has been told that he needs a specialist and there is nothing they could do. However, his treatment does not require any particular specialty. If the Ashraf Suppression Committee did not prevent entry of Oxygen and Butane gases, this patient could have been treated in Ashraf.

8. Both patients whose pictures are seen above have suffered torn lips and broken teeth in the January 7 assault; however, they were thrown out of the hospital and they were not given any paper that states the reason for their injury.



Working hours of Iraqi dentists from 2004 to 2010	
Year	Work hours
2004	1750
2005	3830
2006	4660
2007	4900
2008	6250
2009	350
2010	560

<b>Table of dental jobs by the New Iraq Hospital in 2010 as compared to 2008</b>		
<b>Subject</b>	<b>Dental work by residents in 2008</b>	<b>Dental work by New Iraq Hospital in 2010</b>
Number of visits	2722	570
Extractions	125	194
Fillings	900	190
Root Canals	30	35
Prescribed medicine	750	153
Number of fixed crowns (single or multiple)	360	0
Removable prosthesis	105	0
Repair of prosthesis	158	0
Specialized surgeries	35	0
Oral diseases	24	0
Scaling and sensitivity	225	0
Going to Baghdad specialized center	10	0
<b>Total</b>	<b>2722</b>	<b>572</b>



## **Blockade of Medicine**

On the issue of providing medicine to the hospital, the report by the Diyala Health Directorate reads:

*“Our hospital provides medicine to the camp residents free of charge. The State Co. For Marketing Drugs And Medical Appliances (KIMADIA) distributes medicine to hospitals throughout Iraq and the share of our hospital is equivalent to a 50-bed hospital.”*

The aim of these lies is to cover up the blockade of medicine enforced upon Ashraf and to hide the fact that even simple analgesics are not given to the residents.

Up until 2004, Ashraf residents procured their medicine through Iraq’s Ministry of Health, at governmental prices. From 2005, however, the PMOI was barred from purchasing medicine from the government and at governmental prices; and Ashraf residents freely procured their medicine from licensed nongovernmental centers. Hence, there was no limitation on access to various medicines except for those strictly provided by the government and the Ministry of Health.

However, from the beginning of 2009 up to this date, the Iraqi government neither allows the medicine procured by the residents to be freely come into Ashraf, nor does it provide the medicine that is needed. Only 5% of the medicine needed by the residents is provided by the New Iraq Hospital.

Currently, all the medicine and medical equipment that have been purchased by Ashraf residents are blocked by the hospital director and are not given to residents. They have even prohibited the

entry of medicine such as the medication for paralyzed patients. By threatening the drivers, Iraqi forces prevent them from delivering the procured medicines to Ashraf. These drivers are even threatened to be arrested. On 8 February 2011, a driver who was delivering the procured medicine of the residents to Ashraf was arrested by Iraqi forces despite the fact that he was delivering the medicine that the New Iraq Hospital had already approved.

### **Medicine disappears between Ashraf's entrance checkpoint and the hospital**

Medicine purchased by residents is first checked by the hospital director at Ashraf's entrance, to be later transferred to the hospital. On many occasions, resorting to various pretexts during these checks, the hospital director has not allowed the entry of some of the procured medicine (a list of the returned medicines and supplies is provided below).

In addition, every week, a considerable amount of the medicine and medical equipment disappears during their transfer from the entrance checkpoint to the hospital's medicine container.

### **Banning Medicine**

Starting January 10, 2011, upon orders issued by the Ashraf Suppression Committee, Omar Khaled officially prevented ordinary medicines purchased by residents to be passed on to them. These were medicines that are found everywhere and purchasable without a prescription that are even provided to detainees in prisons.

On January, 13, 2011, handing over the procured medicine to the patients was limited to only two days a week and was also made conditional; meaning that patients had to present their official copy of prescription paper to get their medicine.

From February 10, 2011, one month after giving medicine to Ashraf patients was stopped, the New Iraq Hospital still refused to give the medicine to patients even though they provided signed and stamped prescriptions by government specialist physicians.

The claim of providing medicine free of charge to Ashraf residents is while since the beginning of 2009 the residents have spent \$300,632 on medicine.

### **Banning Medicine Strictly Provided by the State**

The distribution of medicine for a number of illnesses such as tuberculosis, multiple sclerosis, and diabetes is strictly controlled by the state. However, except on very limited cases, the New Iraq

Hospital has refused to provide these drugs to Ashraf patients. For example, in Ashraf there are six patients suffering from MS. In the past two years, these patients have referred many times to the hospital to receive their medications; however, not even once has the New Iraq Hospital provided their medicine.

B.H., an Ashraf resident suffering from tuberculosis, needs special medication prescribed by medical specialist that is strictly provided by the state. However, the hospital has refused to provide the medication and attempts to procure this medicine from the government have not been successful.

### **Preventing medication for chronic illnesses**

Medicine for chronic illnesses such as hypertension, high cholesterol, epilepsy, and hormone glands are also strictly state controlled. From December 2010 until the time that this book is written (February 2011), the hospital has refused to provide these medicines to the patients.

### **Preventing entry of paraclinical items to Ashraf**

Upon orders issued by the Ashraf Suppression Committee, during months of December 2010 and January 2011, in addition to medicine, the delivery of various paraclinical items needed by patients that had been procured with great difficulty was also prevented.

13 October 2010 ﺗ The entry of special mattress and chair for Mehdi Fathi, a cancer patient, was prevented. On this same day, entry of eyeglasses, medical socks, and materials for fabrication of teeth prosthesis was also prevented.

21 October 2010 ﺗ Entry of a mattress and a chair for one patient and two small wheelchair wheels were prevented.

2 November 2010 ﺗ Entry of a lounge purchased for a patient suffering from cancer was prevented despite the fact that this patient had recently undergone surgery and the hospital director already knew about the lounge. The lounge was returned to Baghdad.

These inhumane restrictions are being imposed despite the fact that the deputy of the Diyala Health Directorate, on his inspection of the hospital on 17 October 2010 and in front of the patients, insisted to the hospital director that entry of medicine, medical supplies, and patients' needs is allowed and must not be prevented.

### Preventing Delivery of Oxygen for Asthma Patients

Asthma patients in Ashraf need oxygen, however small oxygen capsules for the purpose are not allowed into the camp.

### Preventing entry of lens for spectacles

For years now, residents themselves do some of the repair work on the eyeglasses. However, since December 2010, spectacle glasses purchased by residents are not allowed into the camp. Around 1,000 pieces of spectacle lens that have been delivered to Ashraf are blocked and not delivered to the residents.

<b>Medical items prevented to enter into Ashraf</b>					
	<b>Item</b>	<b>Unit</b>	<b>Quantity</b>	<b>Date</b>	<b>Notes</b>
1	99% Alcohol	Liter	60	23/11/2010	For ordinary medical use
2	Lounge for cancer patient	Unit	1	2/11/2010	For hospitalized cancer patients
3	Small filing cabinet for patients	Pieces	30	5/10/2010	For patients' use in hospital
4	Semi-automatic device for cutting optic lenses	Unit	1	5/10/2011	Fabrication of eyeglasses
5	Medical bandages	kg	2	24/8/2010	
6	Rodenticide for rats	kg	60	17/8/2010	
7	Rodenticide for rats	kg	60	10/8/2010	
8	Mouse traps (glue type)	Tube	100	10/8/2010	
9	Battery - 12 Volt,75 Amperes	units	2	20/4/2010	For electric wheelchairs
10	Battery - 1.5 Volts	units	6	2/2/2010	To use for Ophthalmoscope
11	Insecticide spray	units	3		To disinfect bathrooms
12	Cloth	Roll	2	20/9/2010	To make gowns
13	Surgery gown	unit	100	20/9/2010	For use in operating theatre
14	Front wheels for wheelchair	Pair	1	3/3/2010	To repair wheelchair
15	Raw material for repairing prosthesis		Some Amount	10/5/2010	For the injured residents
16	BNF Book	units	1		Book of reference for diseases

# 10

## **Who is responsible for deaths of patients in Ashraf?**

A section of the report prepared by the Diyala Health Directorate on the activities of the New Iraq Hospital is about the deceased residents in Ashraf during 2010. However, they have failed to mention the most important cases of the deceased residents during this year. Not only the director of the New Iraq Hospital as the primary author of this report, but the Director of the Diyala Health Directorate and all the authorities of the Ashraf Suppression Committee were wholly aware that two Ashraf residents had died; namely Mehdi Fathi on December 10 and Mohammad Ali Heydarian on December 28. They are also well aware on how villainous authorities who caused the death of Mehdi Fathi kept his corpse for almost two weeks before they handed over the body to Ashraf residents.

As covered in the first chapter, the incentive of the director of the New Iraq Hospital in not including the month of December, with these important incidents, in his annual report for 2010 was to purposefully skip these two specific crimes and in particular his direct involvement in the death of Mehdi Fathi. Especially in view of the fact that the disclosures by Mehdi Fathi on obstructions of the New Iraq Hospital regarding medical services received widespread international attention and a short time prior to his death, the issue of these crimes and pressures caused by the medical siege of Ashraf reached higher political circles. For example, when on Thursday, November 18, 2010, Assistant Secretary of State participated in a US Congressional hearing, he was questioned by U.S. representatives on measures adopted by the U.S. government to live up to its commitments regarding the protection of Ashraf residents.

Ileana Ros-Lehtinen, current Chair of the House Foreign Affairs Committee, stated in that hearing: "Mr. Chairman, last year, you and I issued a joint statement urging the Iraqi government to live up to its commitments... However, reports indicate that denied medical care, including vital treatment for cancer patients are still being denied to the residents of Ashraf. And Secretary Feltman, I would urge the Department of State to please intervene more proactively to ensure that the humanitarian protections to which Ashraf residents are entitled and were promised are going to be upheld."

Congresswoman Sheila Jackson Lee, pointing to the case of Mehdi Fathi said: *"Can you tell me what humanitarian act is it to let sick and dying people die because they have no access to medical care? Elham, Mehdi, both suffering massively from cancer; being denied the opportunity; one with thyroid cancer, one with acute kidney cancer in a critical state; already lost one of their kidneys. And they need to undergo an operation and they can't seem to get into a hospital. Where is our stance on human rights? ...Mr. Feltman I can't let you leave this room without telling me what are you going to do and our State Department about the conditions in Camp Ashraf?"*

In that same hearing Congressman Rohrabacher (R-CA), iterated: *"I talk specifically about camp Ashraf. These are protected persons by our own definition. We should not try to placate or let the Iraqis build some sort of cordial relationship with the mullah dictatorship in Iran by the sacrifice of these freedom loving people."*

This is just one example of the international disgrace of the Ashraf Suppression Committee for the crimes it has committed in the New Iraq Hospital. This hearing was around twenty days before the death of Mehdi Fathi and exactly two months prior to the distribution date of the Diyala Health Directorate report.

Following the death of Mehdi Fathi and in the weeks prior to the Diyala Health Directorate report, there were extensive international protests against this crime which turned into a political issue and a vivid evidence of war crimes by the government of Nouri al-Maliki in its imposing of the siege on Ashraf.

For example, Lord Archer from the UK House of Lords and president of an international parliamentary campaign in defense of Ashraf writes in his statement: The international parliamentary campaign in defense of Ashraf, considers the Iraqi government as responsible for the death of Mr. Fathi. Dozens of other cancer patients and at least 97 other medical cases in Ashraf face similar restrictions for their medical treatment.

The Italian Committee of Parliamentarians and Citizens for a Free Iran announced: *"The atrocity of the Iraqi forces under command of Nouri al-Maliki resulted in yet another victim from amongst Ashraf patients... this incident is nothing but a deliberate murder ordered by al-Maliki at the behest of the dictatorial regime ruling Iran that we vehemently condemn..."*

A statement by The Parliamentary Committee of a Free Iran in Denmark reads: *"Mr. Mehdi Fathi, 50 and an Ashraf resident, died after a yearlong struggle against kidney cancer on Friday, December 10. Unfortunately, his agony intensified during the later months of his life because he was deprived of necessary medical care due to restrictions imposed by the Iraqi forces... this inhuman act is not acceptable under any condition and is a serious breach of the responsibility to protect Camp Ashraf refugees."*

**Chronology of one year of continuous medical torture of a patient until death**

- On December 19, 2009, Mr. Mehdi Fathi, referred to the New Iraq Hospital complaining of acute kidney pain. The resident doctor determined that his case is very serious. Three days later, a general surgeon asked for some quick tests including a CT-scan of the abdomen.
- The director of the New Iraq Hospital delayed the tests for a week. On December 28, 2009, CT-scan was done in Baquba hospital and an urologist asked for another test. However, study of the results of these tests by the physician was delayed for another week. On January 3, 2010, after the physician studied the test results, he emphasized the need for an immediate surgery.
- However, an appointment for an immediate surgery was delayed for a week. On January 10, the surgeon in Baquba Hospital considered the surgery as major and referred it to Baghdad. The patient was transferred to Baghdad on that same day; however, the resident urologist said that the operation is not urgent and gave an appointment for surgery in two weeks after a new CT-scan.
- Two weeks later, the patient was transferred to Baghdad for the surgery, but since the New Iraq Hospital had refrained from sending the report of the CT-scan, another CT-scan was requested.
- Next week, on February 7, 2010, after another physician read the CT-scan report, prescribed another examination and said the surgery should wait until the new test is done. A week later, on February 14, the test was done and three days later on February 17, the laboratory determined that the tumor was benign.
- Two days later on February 19, the urologist specialist prescribed an angiography before open-kidney surgery in Baghdad. However, the appointment for angiography was given for one month later, i.e. March 14, 2010.
- Due to obstructions by the Ashraf Suppression Committee for patient's travel, angiography was done after 40 days and finally on April 27, 2010, the tumor was seen in the angiography. However, the next angiography that had been prescribed was delayed by the New Iraq Hospital for twenty-seven days, i.e. May 25, 2010. The second angiography was unsuccessful and condition of patient deteriorated during the angiography. The physician iterated that the patient should be operated on as soon as possible. However, the patient was returned back to Ashraf from Baghdad.
- On the next day, May 26, condition of the patient deteriorated and he was taken from the New Iraq Hospital to Baquba that same night. In Baquba, due to the critical condition of the patient and the need for an emergency surgery, he was dispatched to Baghdad. During his emergency surgery the patient had extensive bleeding due to the rupture of the tumor in the left kidney.
- The tumor was sent to the lab which subsequently determined it as malignant.
- Six days later, another CT-scan of the abdomen done at the Baquba Hospital showed that part of the tumor in the left kidney still remained and the physician emphasized that the condition of the patient is not good.

- Six days later, on June 28, 2010, patient was dispatched to Baghdad for an appointment with a cancer specialist and an ultrasound from the abdomen was done. Patient was then transferred back to Ashraf. The patient referred to the New Iraq Hospital to speed up his medical treatment and to be hospitalized until the result of his test is determined. However, the director of the hospital refused to hospitalize him. The answer to his test was also delayed for a week due to obstructions by the Ashraf Suppression Committee and the hospital director. On July 5, the physician studied the test result and determined that cancer tumors were present and prescribed a more extensive operation.
- In the next two weeks the patient referred to the New Iraq Hospital to speed up his medical treatment; however, they refused to hospitalize him and did not follow up on his treatment. Instead, they said that he will be scheduled to go to Baghdad. Medical authorities in Ashraf sent the result of the tests to two other specialists in Baghdad and they both emphasized on the need for another surgery.
- Two weeks later, on August 9, 2010, the study of the CT-scan in Baghdad by a specialist revealed that the tumor has recurred and since kidney tumors are not treatable by radiotherapy, another surgery is essential. However, since there were no anesthetic drugs in the hospital, the emergency operation was postponed another two weeks.
- On August 15, the New Iraq Hospital again refused to admit the patient.
- Nine days later, on August 24, the patient was dispatched to Erbil in northern Iraq and a cancer specialist, upon examining him, assessed his case as of advanced cancer and prescribed chemotherapy as the last chance to save the patient. He emphasized that if the condition of the patient deteriorates, he should be transferred back to the hospital and be placed under his direct supervision.
- The patient was transferred back to Ashraf and ten weeks after the commencement of his chemotherapy, on November 7, 2010, his condition deteriorated and the internist at the New Iraq Hospital prescribed blood-transfusion for him. However, the director of the hospital impeded the blood-transfusion through various delays. For example, on November 18, names of several groups-of-five residents were given to the New Iraq Hospital for their dispatch to Baquba to donate their blood. However, the dispatch of these groups was prevented on the next day through various pretexts.
- On November 22, while the condition of the patient had become very critical, the director of the New Iraq Hospital and the Ashraf Suppression Committee, to ensure that their obstructions had been decisive, refused last attempts to save the patient by preventing his transfer to the hospital.
- Eighteen days later, on December 10, 2010, Mehdi Fathi passed away while cancer had devoured all of his body. Despite his death, the Ashraf Suppression Committee and the director of the New Iraq Hospital who themselves were directly responsible for Mr. Fathi's death, continued their law breaking and inhumane actions. They kept his corpse for eleven days and in

## *Hippocratic Oath Betrayed*

line with the fascist policy of the al-Maliki government refused to issue the death certificate for a patient that had been under treatment of their own hospital.



*Due to revelations made by Mehdi Fathi, the public opinion was upset around the world. In France, banners carrying portraits of Mehdi Fathi and Elham Fardipour were hanged from the top of the main gate of Paris Municipality-1<sup>st</sup> District*

## **Interview with Mehdi Fathi, two months before death**



- **For 7 to 8 months, the director of the hospital collaborated in obstructing my going to a hospital**
- **Many of my appointments were cancelled, or they didn't allow me to go to a hospital, or they said the doctor was not available!**
- **When I am suffering from pain and they do not give me the pain killer that we have purchased at our expense, is this not considered torture and a crime?**
- **They are attempting to force us to give in or to kneel to their demands. Never!**
- **I call on international organizations to follow up on this issue and bring an end to such conditions in Ashraf.**

(This full interview was broadcast on November 12<sup>th</sup>, 2010 by the Iranian Resistance's satellite TV station (INTV')

I am one of the residents of Camp Ashraf and one of Ashraf's terminally ill patients, and I have been suffering from kidney pains for over a year now, continuing to this day.

Under pressures enforced by the Ashraf Suppression Committee, and with collaboration of the hospital director, especially the demands of Khamenei and Maliki (his puppet in Iraq), during the past 7 to 8 months the Committee has enforced various types of obstruction on my requests to go to a hospital or seek a medical specialist.

One day they say the doctor is not available. Another day they say the doctor has come and once we board the vehicle to go, they suddenly say the doctor hasn't come or the appointment has been cancelled.

For 7 to 8 months my case has been handed from one doctor to another, and because of this they prescribed an unnecessary and abnormal medication which caused internal bleeding in my kidney.

Fearing the consequences of their mistake they urgently transferred me one night to the hospital in Baquba at 2 o'clock in the morning. When the physicians at the hospital learned of my critical condition, they said they could not do anything and transferred me to a hospital in Baghdad where I underwent urgent surgery. The urgent surgery was unsuccessful due to these obstructions and they scheduled another surgery at a later time. However, they kept on putting off this surgery. They were not even willing to provide care for my critical condition, and they raised various excuses and cancelled my appointments on numerous occasions. Many doctors came to examine me but none of them gave me a clear answer.

My physical conditions have completely deteriorated due to these obstructions and the cancellation of my appointment during the duration of my illness. They do not even give me the pain relievers that we purchased at our own expense. They confiscate it and do not deliver them to us. They say bring the casing so we can give you the new medication. I have to give them the casing of my medicine one by one to receive just one pill.

My condition is very similar to other ill Ashraf residents. I am only one example of the patients in Ashraf who are continuously placed under torture. When I am suffering from pain, they should give me pain relievers. When they do not provide these pain relievers, this is nothing but torture and they want it to be this way. This is what they were seeking before and continue to do so now. They have said time and again that it is not important for now; go and come again at a later time and if we had the time we would give you medication or provide treatment to you. Is this not a war crime? Is this not a crime against humanity? Some are taken to prisons for torture and execution; and this is another way of doing that.

I just wanted to let you know of the medical conditions here. They are attempting to force us to give in or to kneel to their demands. Never!

They must be held responsible in international courts for this war crime that they are committing. The Ashraf Suppression Committee is headed by Sadeq Muhammad Kazem, Maliki and Khamenei. They must all be held responsible.

I am requesting from international and human rights organizations to see into this case and bring an end to this situation in Ashraf. I am asking US forces who have given commitments to us to assume our protection. They gave us written letters and documents saying they would protect us. However, after the transfer of Ashraf's protection to Iraqi forces, conditions in Ashraf have deteriorated to where we are now under siege and it has reached a point that even our patients are facing various difficulties. This is the United States' duty to reassume the protection of Ashraf. It is also the duty of international and human rights organizations to bring an end to this issue. The current situation in Ashraf cannot continue this way.

# *Mehdi Fathi*

*He is now in a critical state*

*Mehdi Fathi ,in his early 50s, is suffering from kidney cancer. He can no longer be cured due to delays and lack of access to specialist doctors .*



*Sample of a brochure distributed in various countries around the world during protests and demonstrations held by Iranians living in Europe and the US. These rallies were held in support of Ashraf residents, condemning the medical blockade and continuous war crimes in Ashraf.*

## **Elham Fardipour:**

***We only want to have access to medical services at our own expense, nothing else!***



- **During the past 6 months from July to December 2010, seven of my scheduled appointments in Baghdad were cancelled for various reasons.**
- **During the 11 hours that we were in an ambulance, they did not allow us to purchase food or water, keeping us hungry and thirsty.**

(The following text is the excerpts of a complete interview with Ms. Elham Fardipour, 44, broadcast from the INTV on 6 March 2011)

My name is Elham Fardipour and I am suffering from thyroid cancer. I have explained before about the obstructions enforced in the process of my medical treatment. However, these measures of obstruction have surpassed from being just restrictions and have become continuous torture for us, literally condemning us to a slow death. They think they can force us, patients in Ashraf who are in need of urgent medical care, to kneel and succumb to their demands. I am one of the victims of these crimes committed by Nouri Maliki, of course under a bilateral agreement with Khamenei. I have been suffering from this illness for a year now. They do not even allow us to have free access to medical specialists and keep on cancelling our appointments.

On 11 July 2010, I was told that I could go to a Baghdad hospital for an appointment. While I was boarding an ambulance at 7 AM, Dr. Omar Khaled (hospital director) said my appointment was cancelled because I was not allowed to take an interpreter with me. How am I supposed to explain my illness to a medical specialist that speaks another language? They also cancelled my

appointment for the second time on September 4, 2010. For the third time they cancelled another appointment on September 30, 2010. On October 7, 2010, for the fourth time my appointment was cancelled for the same reason that I cannot have an interpreter accompanying me. For the fifth time my appointment was cancelled on October 14. The sixth time was on December 9, and the seventh time on December 27, 2010.

After cancelling all of my previous appointments, they gave me an appointment saying I can go to Baghdad to undergo an examination. I went to the hospital in Baghdad, and underwent the examination, and the doctor who performed the exams insisted that I must be hospitalized there for some time until the effect of the medication would fade away. However, the so-called escort that took us to Baghdad paid no attention to this issue and boarded me along with a number of other patients from Ashraf in just one ambulance. This caused my health conditions to deteriorate and brought about a threat for the other patients, too, because they were intending to actually torture us. During the ride I became ill and when I went to the New Iraq Hospital the interim doctor said Dr. Omar has ordered that I cannot be hospitalized there because I did not inform the hospital beforehand. How could I have informed them when I got ill during the trip back from Baghdad?

What kind of a place is this? Is this a torture dungeon? Is it a zoo of mercenaries and psychological and mental torturers? They have turned this place into a prison exactly similar to the standards of the Iranian regime to enforce medical torture on a PMOI member in an attempt to use this to make him/her surrender to their demands; a PMOI member whose 'crime' is rising against the mullahs' regime and standing for his/her rights, and the rights of the Iranian people.

On two occasions when they took me to Baghdad for medical appointments, an Iraqi officer by the name of Lieutenant Fares was the commander of the escort. This individual, who took us from Ashraf at 7 a.m. and returned us to the camp at 5 p.m., did not allow us to buy even water or bread with our own money, meaning that he kept cancer patients hungry and thirsty for 10 to 11 hours.

Once again, when I and 7 other patients were scheduled to be taken to Baghdad, they boarded us in just one ambulance that did not meet the least of standards. They boarded patients who were suffering from excruciating pains on plastic chairs for 3 to 4 hours, and the patients would fall on the ambulance floor each time the driver hit the brakes. Once we returned to Ashraf they confiscated all of our medical papers. Therefore, our doctors never became informed of all the follow-ups, special treatments and instructions that the medical specialists had prescribed. Here, with the white clothing of physicians, they carry out the Iranian regime's darkest intentions against us.

Nearly 60 loudspeakers are installed around this hospital to psychologically torture us. We told Omar Khaled that you must protest to this and this action will bring about legal prosecution.

Everywhere in the world there are special signs banning vehicles from using horns near hospitals. However, he said they have received permissions from the government and Nouri Maliki. Should terminally ill patients be insulted and harassed on a 24 hour basis through these loudspeakers?

I have written and expressed my complaints to US and UNAMI officials many times. Unfortunately, they have not taken any serious measures. This hospital, this dungeon, this prison that has been established must be closed down, and all its supplies that were supposed to be used for our treatment, not for our torture, be returned to us.

Considering the responsibility of the US forces and the UN regarding the protection and security of Ashraf, I am requesting from them to prevent the humane losses that are taking place in Ashraf. We want nothing from you. We neither want money nor support. Nothing. We only want to have access to medical services and treatment, all at our own expense. Nothing else.

### **Ashraf Suppression Committee laying the grounds for yet another crime**

The illness of Mr. Akbar Shafeghat, 56, who has spent nearly 14 years in the Iranian regime's prisons, was diagnosed by Ashraf's physicians and Iraqi medical specialists on May 29<sup>th</sup>, 2009. Following surgery, samples taken showed a clear case of cancer and chemotherapy was prescribed for this patient.

During the following three months after chemotherapy was prescribed, the Ashraf Suppression Committee prevented the entrance of medical specialists to Ashraf for a long period. Also, Omar Khaled (hospital director) gave negative responses to all follow-ups on the conditions of this patient.

Finally, after nine months, on February 14, 2010 Dr. Omar promised to start his chemotherapy process under the supervision of an internist who was to come from Baquba. However, the internist never came to Ashraf. One week later the patient was taken to Baghdad to begin chemotherapy treatment, returning to the camp afterwards to continue the chemotherapy process at the New Iraq Hospital. This was while the 9 month delay had caused the cancer to regrow.

On August 6, 2010, the process of chemotherapy came to an end and the patient must have begun his radiotherapy treatment immediately. However, due to obstructions and various obstacles imposed by the hospital director and Iraqi military forces on the orders issued by the Ashraf Suppression Committee, the beginning of radiotherapy was delayed for two months and finally began on October 25, 2010.

For the next 6 weeks the patient went to the New Iraq Hospital many times to undergo radiotherapy. On December 24, 2010, the only response he was given was that they might do something for him.

One week later, on December 29, 2010, LTC Latif (commander of the Iraqi battalion stationed at Ashraf) and Omar Khaled stressed that he would definitely be taken to Baghdad along with other

cancer patients on December 30<sup>th</sup>, 2010. However, in the evening of that same day the resident doctor by the name of Dr. Hessam said their scheduled transfer for the next day was cancelled.

One month later, on January 27, 2011, they took the patient to Baghdad without any confirmation that whether his doctor was available or not. However, his therapeutic doctor was not available at the hospital and the patient was returned to Ashraf without receiving any kind of treatment.

Four days later, on January 31, 2011, the New Iraq Hospital informed the patient at 11 p.m. that they would take him to Baghdad for radiotherapy the next morning. The patient, knowing his doctor would not be available at that hospital on that day, went to the New Iraq Hospital the next day to remind them of this issue. However, the resident doctor at the New Iraq Hospital did not agree to send the patient on another date when his doctor would be available at that hospital. As a result, his radiotherapy was delayed due to the fact that his doctor was not available.

Two months later, on March 7<sup>th</sup>, 2011, the patient went once again to the New Iraq Hospital and informed Dr. Omar Khaled in writing that his doctor is only available on Sundays and Thursdays at the particular hospital in Baghdad. However, the resident doctor at the New Iraq Hospital said if he did not go for his appointment the next day, they would cancel all the appointments of the other cancer patients.

One week later, on March 12<sup>th</sup>, 2011, the patient went to the New Iraq Hospital and requested to go along with a number of patients who had appointments at Baghdad's Madina at-Teb Hospital. The patient intended to undergo examination by his doctor, yet the hospital director did not approve his request.

As a result, the scheduled radiotherapy appointment of a cancer patient, whom the doctors at the New Iraq Hospital and the hospital director were clearly informed that his illness was developing, remains unaccomplished after 7 months of continuous medical torture and obstructions.

## **Akbar Shafeghat:**

*I was recovering from my illness, yet since 8 and half months ago they delayed my chemotherapy to a point that I am now facing death.*



(The following text is the excerpts of a complete interview broadcast from the INTV on 12 March 2010)

My name is Akbar Shafeghat and I have been suffering from cancer for two years. About a year and half ago (June) I underwent a successful surgery and my cancer was to an extent treated. The doctor prescribed that chemotherapy is needed to complete the treatment process. However, when the Ashraf Suppression Committee and the Iraqi Army battalion came, which are affiliated to the Iraqi Prime Ministry, the situation turned for the worst and from that day on, I have been facing gradual death and consistent tortures.

My chemotherapy, which should have been carried out in the first or second month, lasted for 9 and half months. They prevented the entrance of physician specialists and cancer specialist into Ashraf. On many occasions they prevented me from being transferred to Baghdad for chemotherapy. This was to a point that after 9 and half months, my conditions slipped back to day one. The cancer spread in my body and I reached the point that I am now facing death.

Why is it that you do not give chemotherapy to a cancer patient for 9 and half months? How is it that, for 8 months, you do not perform the radiotherapy of a cancer patient that needs to be treated? They are imposing the same measures on me and others like me as they imposed on Mehdi Fathi. I have sent many complaint letters to the UN and UNAMI.

I have spent 14 years in the hideous prisons of the velayat-e faqih regime, in the Evin and Gohardasht Prisons. If they are carrying out the same measures here, then they are of the same

nature. The only places that such measures are being carried out is here in the New Iraq torture dungeon and the Evin and Gohardasht Prisons!

It is now two years that I have been suffering from cancer, and every day I have been enduring the pain and hardship. Now I say that it is best to close down this torture center and plank it down! It's best for you to get lost!

We need none of you! We don't want medical services that are designed to torture and gradually kill us, and intended to force the Ashraf residents to succumb. Get out of here! Get lost!

## **Khalil Pourshafai:**

*They wear medical uniforms here, yet they treat their patients like torturers*

(The following text is excerpts of a complete interview with Khalil Pourshafai, 45, that was broadcast from the INTV on 15 March 2011)



My name is Khalil Pourshafai and I am an Ashraf resident who has been suffering from cancer for a year. After the diagnosis by the physician specialist, I was scheduled to go to the Baghdad Hospital to undergo surgery. However, due to the hindrance of the Ashraf Suppression Committee, I was unable to get to the hospital.

They scheduled the surgery to be performed here, which they call the New Iraq (Hospital), yet from my point of view it is only a torture dungeon.

Following the first surgery, the physician specialist examined me and recognized that the surgery had not been performed correctly. It was scheduled that I go to Baghdad for the second surgery, yet I once again faced the hindrances of the Ashraf Suppression Committee. Again they decided that I undergo surgery here in Ashraf.

After the second surgery, it was scheduled that I visit the physician specialist in Baghdad to undergo a final examination. When I referred to the specialist physician, he recognized that traces of the illness are still in my body and that I should undergo Iodine-therapy and use special capsules, and after using them refer to him for a checkup.

I received the appointment letter from the doctor and had brought it with me from the hospital. However, when a day prior to the appointment I went to the hospital to go to Baghdad the next day, I realized that they were setting obstacles and tantalizing me.

I once again went to the hospital director at 5 in the morning and said that my appointment is today.

That day, they arranged the schedule in a way that we departed from Ashraf at 11:00 AM. When we arrived at the hospital, work hours had ended and the physicians had gone, and so we returned to Ashraf without reaching any results.

The next appointment was scheduled for 6 December 2010 in Baghdad. Along with a number of other patients, I went to the hospital in the early morning hours. However, the response that I received from the hospital director was that since a security escort is not available, the trip is cancelled!

The next appointment was on 27 January 2011, when I went to the specialist physician at the Baghdad Hospital. He scheduled my next appointment for 9 February 2011, which on that date I had to go to the Baghdad Hospital to use medications.

I brought with me the letter that I had received from the doctor in Baghdad with his signature and the stamp of the hospital and handed it over to the director of the hospital. It was scheduled that I refer to Baghdad on that day for my treatment. However, when I went to the hospital, I realized that our trip to Baghdad was canceled.

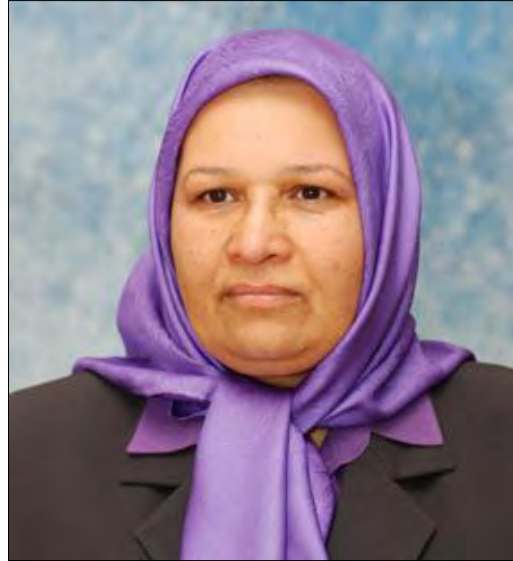
I told the hospital director (Omar Khaled) that you are aware that my illness is dangerous. I must go to this physician. I should have performed this appointment 9 months ago, yet under what reason have you canceled this appointment today? Omar Khaled said: Since yesterday one of the patients didn't turn in his ID card on time, we were unable to arrange the trip.

I told him that you can cancel the appointment of that specific patient that turned over his ID card late, yet let the rest of the patients go. After half an hour, Omar Khaled returned and responded that it is too late now and it's not possible to go since the escort from the battalion, which had come for you, has left and you can't go anymore. This is while everyone knows that these are lies that they fabricate here in the torture center and they had pre-planned it. There are people here who wear medical uniforms, yet they treat their patients like torturers.

## **Parvin Malek Mohammadi, victim of a deliberate medical crime**

Another resident who passed away in 2010 was Ms. Parvin Malek Mohammadi who was a patient of this hospital with a previous medical record. On 27 September 2010, she was taken to the New Iraq Hospital in an urgent manner.

The hospital management clearly knew that the patient was suffering from DVT, while being under the treatment of this medical center from approximately a year ago, and might suffer from emboli and there was a high chance of blood-clots reaching her heart.



Despite the requests of Ms. Malek Mohammadi's relatives to transfer her to Baquba, the hospital director didn't accept to request an escort from the military forces, and refused to send her to Baquba.

The patient passed away the next morning for this very reason, while if the patient had been transferred to the Baquba Hospital the night before, she would have certainly been saved from death.

The issue of the medical crime that was perpetrated on this patient was that despite the hospital manager was aware of the specifics of the patient's illness and knew the threats the patient faced, he changed her doctor six times in a period of one year. One could clearly observe that under such circumstances that the residents' open access to physicians has been subjected to the suppressive blockade policy, the hospital manager tramples the most obvious medical and treatment laws and common experiences.

Ms. Malek Mohammadi was suffering from DVT (deep vein thrombosis), which was diagnosed by an Iraqi surgeon prior to the medical blockade and the establishment of the New Iraq Hospital, and underwent treatment. Yet, when the Ashraf's medical blockade in the New Iraq Hospital started, during the course of a year from September 2009 till August 2010, she was introduced to a new physician each time for five times none of whom knew about the diagnosis and prescription of other doctors based on the patient's file. Also due to the pressures imposed by the hospital manager, they even paid no attention to her family doctor's recommendations.

### **Chronology of a flagrant medical crime**

On 1 August 2010, due to the swelling, pain and irritation of her leg, she went to the New Iraq Hospital. The physician who examined the patient had changed for the fourth time in approximately 10 months, and without any knowledge of the patient's history, increased the dosage of her medication. This is while her medical records in that hospital showed that she must be sent to Baquba to visit a specific physician; the physician who had previously prescribed a specific examination (Doppler) for both her legs.

Two weeks later, on 17 August 2010, the Doppler was performed by another physician, who was unaware of the history of the illness and had diagnosed the swelling of the leg as a result of the usage of a high dosage of medication, and he cut off her medications. As a result, in a short period of time the patient suffered pulmonary embolism.

Forty days later, on 27 September 2010, the patient went to the New Iraq Hospital with chest pain and severe asthma and upon the written recommendation of her family doctor, who, by diagnosing pulmonary embolism, had introduced her as an urgent case.

The family doctor had recommended that by beginning treatment through Heparin, the patient should be quickly transferred to a hospital equipped with CCU. Yet, the local physicians at the New Iraq Hospital, without paying any attention to these recommendations, took no action. Neither did they give the patient Heparin (main drug needed for pulmonary embolism), nor did they transfer her to a medical center equipped with CCU.

The hospital manager did not accept to ask for an escort from the security battalion.

Therefore, the patient, who instead of being transferred to a CCU, was hospitalized in an ordinary room, went into a critical condition and the next morning, only after taking a few steps in the hospital, fell on the ground and died right away.

This is while the patient's entire medical history and all medical observations and recommendations spoke of her dangerous conditions, and if the patient had been transferred to Baquba she would have most definitely survived.

### **The hospital at the service of the Suppression Committee law-breakings**

The fascistic behavior and law-breakings of the Ashraf Suppression Committee affiliated to Maliki's office is to an extent that it is not obligated to any international law and humanitarian laws standards, and insists on the denial of the PMOI's legal rights and status in Iraq.

The report of the New Iraq Hospital's manager, in the form of referring to *Ashraf's deceased* once again manifests the denial of the legal rights and status of the Ashraf residents regarding withholding from giving *death certificates*

*“On 28 September 2010, Parvin Malek Mohammadi passed away, and the probable reason of her death was the wound and blood-cloths that gathered in her lungs. She also had chronic heart problems and continuously referred to the physicians at the New Iraq Hospital and the educational hospital in Baquba. Her family didn't allow an autopsy to be performed in the coroner's office, and the corpse was handed over to her family and buried under their notification. Yet, no death certificate was issued for the deceased. Since, she had no identification from any government or country, and one of the principles of issuing death certificates is having specific identification or an issued passport from a government.”*

This section of the report holds clear law-breakings that include the violation of the responsibilities and obligations of the coroner's office towards the residents and denial of their legal rights, which even makes the simplest and routine subject of issuing a death certificate an issue for political intentions and a tool to impose pressure against Ashraf residents.

This is while, according to the laws of Iraq and other countries, death certificates are issued for those who pass away. Yet, on the orders of the Ashraf Suppression Committee, the New Iraq Hospital prevents the issuance of death certificates for the deceased in Ashraf. The hospital manager even withholds from giving a paper that acknowledges the death of an Ashraf resident, yet, through insistence and imposing pressures, forces the family of the deceased to give receipts when they receive the corpse for burial.

During the years following the occupation of Iraq, Ashraf residents have had ID cards as protected persons under the Geneva Conventions, and this is among the rights the Iraqi government is obligated to protect. To respect the international law, the Iraqi government provided written guarantees at the time of undertaking the responsibility of Ashraf's protection and security.

The names and identities of all Ashraf residents, including Ms. Malek Mohammadi, were registered by three Iraqi government ministries in the first half of 2009. (Ministries of Interior, Human Rights and Immigration).

To cover up its deliberate role in the death of Ms. Malek Mohammadi and its other crimes that all resulted from the medical blockade and the role of the hospital, the management of the New Iraq Hospital has embarked on two issues that have nothing to do with its authority: first, conducting autopsy on the corpses of the deceased; and second, issuing death certificates.

Based on Article 20 of Iraqi Forensic Law on autopsies:

First: Autopsy of the corpse, or handing it over without autopsy, takes place with upon the ruling issued by an investigative judge.

Second: The coroner's office does not carry out an autopsy on an individual who was under medical treatment and resulted in death. (Iraqi Forensic Law, Number 57, 1987).

In this article of the report, the hospital management reiterating Ms. Malek Mohammadi was under treatment in the hospital, in violation of Iraqi law, requested an autopsy. Iraqi law reiterates that he has no authority in this regard.

Also, all the individuals who died in Ashraf throughout the year 2010 were registered patients of the New Iraq Hospital who died in this hospital, or the hospital in Baquba or in their residence and later transferred to a hospital. However, the hospital management has refrained from issuing death certificates for them under unrealistic pretexts. Each time after the death of a patient, commanders of the Iraqi Army battalion acting under the committee's orders, the anti-riot battalion and intelligence officers appear at the hospital with numerous armed forces attempting to prevent a death certificate from being issued for the deceased.

# 11

## **Armed Attack on Hospital's Maintenance Personnel and Transforming the Facility into a Completely Military Center**

From the very first day of the establishment of the New Iraq Hospital, Ashraf residents have been providing all the logistics for the hospital staff and patients including water, electricity, and food services. This is because up to this date, the Diyala Health Directorate has not assigned any personnel for the maintenance of hospital's facilities, water and electrical systems, generator or services for the hospital staff and patients. Therefore, a professional group of six to eight Ashraf residents was allocated to provide these services. These individuals worked in a trailer outside the hospital building.

These services by Ashraf residents were offered in an agreement with the then commander of the Iraqi battalion tasked to protect Ashraf, the then hospital director, and subsequently his replacement. Authorities in the Diyala health Directorate (including its deputy Dr. Muhammad Abdul-Rahman), a representative from the Ashraf Suppression Committee by the name of Sadeq Muhammad Kadhim, the commander of the Iraqi battalion tasked to protect Ashraf, and the commander of the rapid deployment police force were also informed of this agreement.

As explained in the previous chapters, the hospital perimeter had also been agreed upon. However, starting in the second half of 2010, the commander of the Iraqi battalion and the hospital director intensified their systematic pressures and provocative acts against the residents.

On 11 July 2010 a contractor came to Ashraf for construction work and to complete a fence according to an agreed to chart. However, due to a shortage in the construction material the installation of the fence around the hospital was temporarily delayed.

However, suddenly, on 28 October 2010, the hospital director entered the hospital grounds with army and police vehicles to impose fresh measures against the patients at this hospital. They placed a trailer at the entrance to the hospital to conduct body search of those referring to the hospital. Thereby, they seized a portion of the land that belongs to Ashraf and added it to the hospital's

perimeters. In addition, they diverted the pathway to the hospital in such a manner that residents would be forced to walk by the dispatched MOIS agents and become targets of their direct psychological and physical harassments. Ever since, there have been many incidents where the MOIS agents hurled stones at the patients referring to the hospital and harassed them with obscenities.

With these measures, all previous agreements between the Ashraf residents on the one hand and the Ashraf Suppression Committee and the Iraqi Army on the other were violated.

On 25 December 2010, the Iraqi forces, upon orders from the Iraqi Prime Ministry's Ashraf Suppression Committee, threatened the group of eight residents that provided services to the hospital to leave the hospital grounds.

Although it was clear that the objective of these pressures is to turn medical services into a means of suppression, the group decided to leave. A crane and a flat-bed truck were brought in to transfer the trailer which belonged to the residents. Once the trailer was lifted by the crane, Iraqi forces commanded by LT Haydar Azab Mashi, an Iraqi officer actively involved in all repressive measures against Ashraf residents, prevented the transfer of the trailer and attempted to steal the crane, the flatbed truck, and the trailer.

At the same time, the Iraqi forces that had surrounded the trailer's vicinity since the previous day, ratcheted up the pressures and did not even allow water, food or warm clothing to reach the eight residents inside the trailer.

To quell the crisis, representatives of the Ashraf residents suggested to LTC Abdul-Latif Abdul-Amir Hashim, commander of the Iraqi suppressive forces, that if the hospital needed a trailer, the residents were prepared to pay for it.

At 2 pm on the next day (26 December 2010), Iraqi forces, upon orders from the Ashraf Suppression Committee and under the command of LTC Latif, attacked the residents who were stationed at the hospital, severely beating them with sticks and batons and threw them out of the hospital grounds. The attacking forces were backed by 25 HUMVEE armored vehicles.

During this attack, the Iraqi forces tied a rope around the neck of Yaqoub Barouti, one of the eight residents, and pulled him with the rope to throw him out of the hospital grounds while he was almost choking to death.

The condition of Behrouz Mohajer, another one of the eight residents, turned critical after he suffered severe baton blows to the chest. They also broke one of his legs. Shahram Sarajian suffered broken ribs due to heavy blows to the chest. Gholam-Hossein Nikou suffered a broken leg due to the severity of the blows. All the other residents stationed at the hospital were also badly injured.

The Iraqi forces also attacked a number of Ashraf residents present in that vicinity, leaving behind a number of injured and battered residents. Esmaeil Emadipour suffered a broken arm due to a baton blow.

It was so that the hospital was totally occupied by military forces and practically turned into a military center with the command of the suppressive forces stationing there.



*Commanders of Iraqi battalion who are supposed to protect Ashraf residents were directly involved in beating Ashraf residents and the hospital support team*

*Hippocratic Oath Betrayed*





*Iraqi forces surrounding the hospital support team at the time when they were busy transferring the trailer*



*Iraqi military forces stealing the crane and the trailer that belonged to Ashraf residents*

# 12

## **The New Iraq Hospital, at forefront of psychological torture of Ashraf residents**

Since the beginning of 2010, the Iranian regime's Intelligence Ministry and Embassy in Baghdad, in cooperation with the office of Nouri al-Maliki, have started a project for psychological torture of Ashraf residents.

Execution of this project at the scene has been made possible only through an active cooperation from the command of the Iraqi military forces tasked to protect Ashraf residents. Two-hundred-forty loudspeakers in the west, south and east of Ashraf echo on a 24 hour a day basis insults and threats of Iranian regime's agents, depriving residents of all rest.

One of these stations with 57 loudspeakers has been operating since the beginning of 2010 in the vicinity of the New Iraq Hospital. Patients in this hospital, more than anywhere else have been exposed to this psychological torture.

Psychological torture by sound is the heritage of fascist regimes in the first half of the twentieth century. It is called "White Torture" or "Clean Torture".

Dr. Juan Garces, prominent international jurist and lawyer of Ashraf residents who has taken the case of Nouri al-Maliki's massacre in Ashraf to the National Court of Spain says, *"The method of acoustic bombardment is a kind of torture. This method has been specifically used since the 1950's and it even has a technical name of 'White Sound'! This kind of torture is implemented on persons inside closed boxes, cells, or in special soundproof rooms.*

*"However, what we are witnessing today is the implementation of this torture in open air on a whole population or a town. We can say that the experts of this method of torture are experiencing*

*on how to provoke people; i.e. they are attempting to destabilize the personality of targets of this torture.*

*"The United Nations' court for former Yugoslavia investigated this kind of acoustic bombardment and determined that it should be recognized as a method of torture. This method has been prohibited by the international Convention Against Torture and the Geneva Convention. Therefore, a court should put on trial its perpetrators, especially those who have ordered it or those who know what is going on and have the power to stop it but do not stop and prevent it." (International Conference in Paris – December 22, 2010)*

Speaking on this subject in another conference, Dr. Juan Garces stated: *"What is agonizing for Ashraf and I follow up on it on a daily basis is the experience of psychological torture..."*

*"I like to remind a very well-known case here; that of the U.S. Senator McCain who was asked: If a day comes and he had to choose between physical and psychological torture which he would pick? McCain immediately responded that he would choose physical torture. This shows how horrible psychological torture is.*

*"I know the situation in Ashraf and the existing reality there. The experience of destroying ones personality is the final objective of this torture. However, what should be remembered is that in reaction to this torture and torment, residents of Ashraf have not resorted to violence although they are provoked day and night. It is in the human nature to explode and react in violence in equal measures." (International Conference in Brussels – January 25, 2011)*

Any physician can easily determine that problems such as anxiety, sleep disturbances, Post Traumatic Stress Syndrome, intolerable insomnia, nightmare, and tension headaches are among the most common effects of such noises on those that are exposed to it.

Consequences of these noises on debilitating illnesses such as Parkinson or Multiple Sclerosis are much more destructive. In general, these kinds of patients are in need of a serene environment such as a hospital to endure their illnesses.

The effect of these loudspeakers in the vicinity of the hospital is such that the Ashraf residents suffering from any of these illnesses are in no way prepared to go to this hospital because their problems would multiply.

For example, the conditions of two of Ashraf patients (Mr. Mohsen Ansari and Ms. Z.D.) who suffer from advanced MS have been deteriorating by the day and their problems have intensified in the past two months due to sleep disturbances and insomnia.

Mr. A.C. is a patient suffering from advanced Parkinson symptoms. Despite the fact that he is taking medication to control his illness, his problem in walking and the trembling of his hands have worsened due to this torture.

In recent months, the unseizing sound of these loudspeakers has been the most serious cause for the increase of intense tension headaches in dozens of Ashraf men and women suffering from migraine.

Patients with Grand Mal Epilepsy who face repeated seizure attacks are in need of adequate rest in suitable conditions. However, they are deprived of this very much needed rest due to the ear piercing noise of the loudspeakers which gives rise to further seizure attacks. A number of epilepsy patients, including Messrs. H.M., A.D. and S.R., were struck with repeated and short-interval seizures in the last quarter of 2010 which was unprecedented and raised many worries for them regarding their health. Previously, these patients had, to a great extent, controlled their illness through taking their medication and living in a relatively calm environment. However, due to the psychological torture and deprivation of a good sleep at night, they are suffering from repeated seizure attacks.

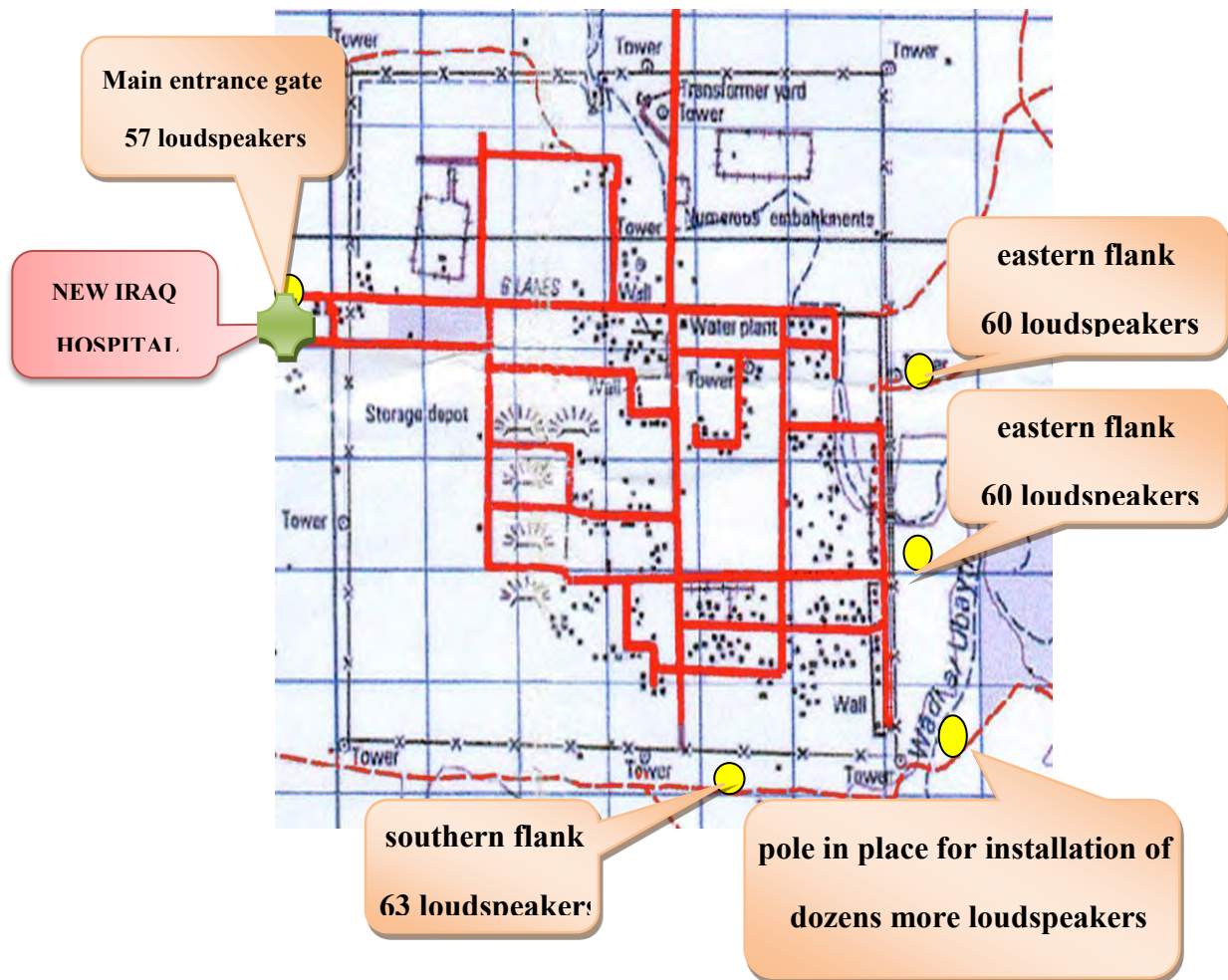
A number of patients in Ashraf who suffer from serious hearing problems or Tinnitus caused by the attack of Iraqi forces on Ashraf back in July 2009, and cannot even tolerate ordinary noise levels now have to tolerate the ear splitting noise from the loudspeakers that is even a torture for normal people.

Around one thousand of Ashraf residents are former political prisoners who spent years in the dungeons and torture chambers of the clerical regime. They were targets of psychological torture in prison by continuous noise from loudspeakers; hence, hearing the noise of loudspeakers in Ashraf reminds them of the physical and psychological torture they had suffered. This, in turn, gives rise to Post Traumatic Stress Syndrome in them.

These symptoms have no practical solution other than creating a serene and calm atmosphere for the patient. However, the director of the hospital has ignored dozens of complaints from the residents and the patients in this regard. Quite to the contrary, in contradiction to his responsibility to offer medical treatment to patients, through his complaisance and collaboration in the past year with these harassing measures against patients, he has in fact given a medication for psychological torture of patients who refer to the hospital.

**Expansion of stations for psychological torture around Ashraf perimeter as of March 2011**

The Intelligence Ministry of the Iranian regime, in collaboration with the Ashraf Suppression Committee and enjoying full cooperation from the military battalion that has imposed a siege on Ashraf, has installed 240 loudspeakers in four locations for the psychological torture of Ashraf residents. These locations are: Ashraf's western flank at Lions' gate or the main entrance to Ashraf (57 loudspeakers); southern flank (63 loudspeakers); eastern flank (first position 60 loudspeakers; second position 2 km away 60 loudspeakers).





*Six loudspeakers, just north to the hospital (Main entrance at Ashraf's western flank)*



*Five loudspeakers, just north to the hospital, (Main entrance at Ashraf's western flank)*



*Ten loudspeakers, just north to the hospital, (Main entrance at Ashraf's western flank)*



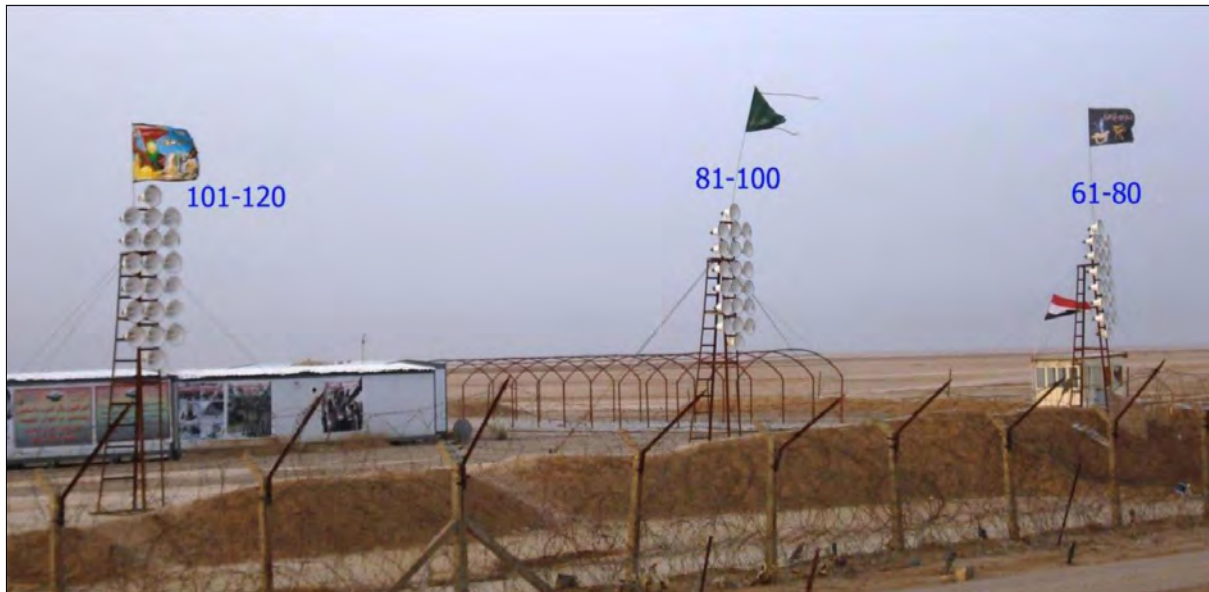
*Twenty-five loudspeakers, just north to the hospital, (Main entrance at Ashraf's western flank)*



*Eleven loudspeakers, installed right on top of the hospital entrance gate (Main entrance at Ashraf's western flank)*



*Three loudspeakers at southern flank (in various assaults on Ashraf these are used as mobile loudspeakers)*



*Sixty loudspeakers on three poles at Ashraf's southern flank*



*Sixty loudspeakers on two poles at Ashraf's eastern flank installed in February and March 2011*



*Sixty loudspeakers on three poles in Ashraf's eastern flank*



*The Iraqi army installing a new pole at Ashraf's eastern flank for dozens more loudspeakers – February 20, 2011*

**Ad Melkert, Head of the United Nations Assistance Mission to Iraq, at the European Parliament:**

***“We asked Iraqi government to remove loudspeakers at Ashraf’s perimeter”***

On December 1, 2010, Mr. Ad Melkert, Special Representative of the Secretary General for Iraq, participated in a hearing at the Foreign Affairs Commission of the European Parliament. The hearing was chaired by Mr. Gabriel Albertini, Chair of the EP Foreign Affairs Commission, with many distinguished EP members participating.

In this meeting, Dr. Alejo Vidal-Quadras, EP Vice-President, and Mr. Struan Stevenson, Head of Delegation for Relations with Iraq, while emphasizing on the EP's written declaration of November 25, 2010, and expressing concern about the two-year siege, medical restrictions, and psychological torture of residents by loudspeakers, called for a permanent stationing of a UNAMI monitoring team inside Ashraf and proper protection for its residents.



Mr. Ad Melkert: *"Our human rights mandate provides us with the opportunity to report regularly on the human rights situation, including violations, and addressing ways forward to address such violations. In that framework, we are also monitoring the situation in Camp Ashraf and regularly meeting with government representatives in order to help sustain the humanitarian situation there..."*

*"Let me thank Mr. Stevenson and his delegation on the interest that they take in developments in Iraq. I think it is extremely important that in European Parliament such interest is there in an ongoing basis.*

*"We are also available on 24 hours seven days a week basis to be in touch with the residents" leadership and they also make use of that when necessary. When challenges arise, we are informed and we in turn inform immediately the authorities and of course do not hide our concern if there is a reason to do so.*

*"For example reference has been made to these loudspeakers that are there and I subscribe fully to the view that those loudspeakers do not serve any reasonable purpose and we have, from the very outset, asked the Iraqi government to make sure that these loudspeakers would be removed. This is just one of many examples that we try indeed to the best of our abilities to represent views that are based on fundamental principles of human rights that should guide this situation."*

*Speech by Dr. Juan Garces, political advisor to the late Chilean President Salvador Allende, renowned international jurist, and lawyer of Ashraf residents in the National Court of Spain at the international conference in Paris on December 22, 2010:*

**We shall soon have news that for the first time a court will begin judicial investigations on persons who ordered or permitted this kind of torture to be implemented against Ashraf residents**

*"Mrs. President, Ladies and gentlemen,*

*"I come from Spain where I am busy working on one of the most tragic dimensions of what has been discussed; namely the torture that is being implemented on Ashraf residents. This method of acoustic bombardment is a method of torture. In particular, this method was developed in 1950s and the technical name of 'white sound' was put on it. This kind of torture is implemented on persons inside closed boxes, cells, or in special soundproof rooms. However, what we are witnessing today is the implementation of this torture in open air on a whole population or a town. We can say that the experts of this method of torture are experiencing on how to provoke people; i.e. they are attempting to destabilize the personality of targets of this torture.*

*"The United Nations' court for former Yugoslavia investigated this kind of acoustic bombardment and determined that it should be recognized as a method of torture. This method has been prohibited by the international Convention Against Torture and the Geneva Convention. Therefore, a court should put on trial its perpetrators, especially those who have ordered it or those who know what is going on and have the power to stop it but do not stop and prevent it. We shall soon hear that for the first time judicial investigations will be conducted on those who have responsibility in this torture and ordered it or permitted this kind of torture to be imposed on Ashraf residents."*



*Dr. Juan Garces speaking in the international conference in Brussels on January 25, 2011:*

**Destruction of personality is the final objective of this torture**

**However, Ashraf residents who have been the subject of this day and night provocation have not responded to this torture in violence in turn**

*"It is obvious that in this few hours this conference has attracted people's attentions. Very important issues were presented that discuss the international system and the misery of the Iranian people, especially those of Ashraf residents. I would like to add a point to all the issues that have been presented that I deem as important so that the U.S. State Department would make a decision for a timely removal of the PMOI from the FTO list.*

*"What is agonizing for Ashraf and I follow up on it on a daily basis is the experience of psychological torture. Here we have distinguished Americans. I would like to point out that psychological torture is nothing less than the physical kind.*

*"I like to remind a very well known case here; that of the U.S. Senator McCain who was asked: If a day comes and you have to choose between physical and psychological torture which would you choose? McCain immediately responded that he would choose the physical torture. This shows how horrible psychological torture is.*

*"I know the situation in Ashraf and the existing reality there. The experience of destroying ones personality is the final objective of this torture. However, what should be remembered is that in reaction to this torture and torment, residents of Ashraf have not resorted to violence although they are provoked day and night. It is in the human nature to explode and react in violence in equal measures. Generally speaking, in reaction to this torture, nobody has resorted to violence.*

*"In turn, it is asked, what can laws do to alleviate the situation and end this torture? In response, what always comes to mind is that the law in itself, if not accompanied by a legitimate force, is powerless. The best avenue to utilize power is in fact through implementation of the law. Using force, without legitimacy and backing of the law, is despotism and repression.*

*"Therefore, we should consider both dimensions of this issue, that of law and then the use of force that is backed by the law to impose the law; this is what you are testing now.*

*The International Committee in Search of Justice*

**Call on international community**

**to end psychological torture of Ashraf residents by 180 powerful loudspeakers**

The international Committee in Search of Justice (ISJ), headed by Dr. Alejo Vidal-Quadras, Vice-President of the European Parliament, issued an international call for putting an end to the psychological torture of Ashraf residents:

*The International Committee In Search of Justice (ISJ) salutes Camp Ashraf residents for their commendable endurance of psychological torture by 180 powerful loudspeakers that entered its second year on February 8. It calls on the European Union and the US government and forces in Iraq and the UN to take affirmative and urgent measures to end this despicable campaign that has no place in the 21st century.*



*The issue that makes this psychological torture more revolting is the profanity used by the agents of the Iranian regime's Ministry of Intelligence and Security (MOIS) against the women of Ashraf through the loudspeakers. This is a shameful act for today's modern world. The Iranian regime has great hatred and enmity towards the women in Ashraf who are forerunners of the resistance against tyranny and role models of resistance and firmness for Iranian women. This regime and its Iraqi proxies, by violating all human and moral norms and broadcasting tapes of profanity and rude words in the southern flank of the camp which is very close to the place of residence of the women, have marked an unprecedented record in suppression and gender violence.*

*It is evident that these insults are clear violations of the Geneva Conventions and the UN Social and Political Charter and many other conventions and international laws that seriously prohibit insults against the dignity of protected persons, especially women. Thus, the Iraqi government and its Prime Minister are responsible for these flagrant infringements of law. Silence and inaction by the US government and forces is a violation of their international obligations.*

*This silence and inaction has emboldened the Iraqi Prime Ministry and the committee responsible for Ashraf suppression that is under their complete control, to take further steps in enforcing pressure and suppression including measures such as issuing arrest warrants for the Iraqi lawyers representing Ashraf residents at the behest of the Iranian regime. This kind of suppressive measure is typical of a dictatorship and Iraq is supposed to be a democracy.*

*In addition, according to reports obtained by ISJ, Iraqi forces under the orders of the suppression committee have prevented entry of medicine into the camp purchased by Ashraf residents under the supervision of the head of the Iraqi hospital in Ashraf. The Iraqi forces also arrested the driver who delivered the medicine to Ashraf and placed him under pressure to reveal the identities of the individuals who provide medical stuff and medical services to Ashraf residents in order to have them arrested later.*

*According to the Spanish National Court writ on December 27, 2010, Ashraf residents are all „protected persons“ under the Fourth Geneva Convention. The serious breaches of the Geneva Convention, such as torture and serious physical harm or severe damage to the dignity and psychological torture of the residents are considered war crimes and crimes against the international community, and the perpetrators must be prosecuted in international tribunals.*

*The cruel siege on Ashraf and the psychological torture of its residents in Iraq is parallel to the physical torture and execution of political prisoners especially Ashraf residents“ families inside Iran. The main purpose of these measures is to control the explosive condition inside Iran and prevent the Iranian people from once again flaming the fire of their uprisings around the country.*

*Alejo Vidal-Quadras*

*Vice President, European Parliament*

*President, International committee In Search of Justice*

*Brussels, February 10, 2011*

*A report on a meeting in U.S. Congress on March 10, 2011*

## **Objection of U.S. Congressmen to the psychological torture of Ashraf residents**

**Congressman Ted Poe:** *I would like to show you a poster recently taken from camp Ashraf to the outside. And in November there were 110 loudspeakers. Here is pole with a bunch of loudspeakers on it all blurring to the inside of camp Ashraf. And now today, four months later, there are 212 of these loudspeakers. So it seems to me - I do the math right – it is increased by a 100 loudspeakers blurring into the residents of camp Ashraf. The residents of camp Ashraf tell us that these are all propaganda, saying awful things about the women in camp Ashraf inciting, I think, violence to occur. People live in fear and it is constant... nobody wants to have that [outside their houses]. This is propaganda and it concerns me because it concerns residents of camp Ashraf, many of whom are Iranian-Americans who have come to this country. What are we doing besides talking? It just seems to me when all is said and done that more is said than done.*



*So far, nothing we have done has helped to bring these speakers down; all the talk; all the encouragement. And it seems to me if we have this conversation again in four months, there are going to be a whole lot more speakers. And I sincerely just hope that the United States is able to use its prestige to encourage Iraq to let these people live in peace instead of breaking the peace with one way is the propaganda that is coming through these loudspeakers. That is my goal and I hope the State Department figures out a way to make it happen.*

**Congressman Dana Rohrabacher:** *It is very important for us to note here that in anything that we do that would in anyway encourage the Iranian regime would also be contrary to what we are supposedly standing for in the rest of this volatile area. I would suggest that we take note of the people here who are drawing our attention to the plight of the people at camp Ashraf and let us just note that if for any reason the thousands of people in that camp who are opponents of the mullah regime in Iran, who are actively engaged in fighting the mullah regime that that would be a huge disservice to those of us who are trying to say that we are behind the cause of democracy in Iran. You don't have to answer that but let's just note that there will be a number of congressmen who will be in the next few months visiting camp Ashraf to make sure that we underscore that point. The people who are fighting the mullah regime are our friends. The people who are struggling for democracy throughout the Middle East, whatever streets they are on right now, if they really want democratic government, they are our friends. And we should be backing them up in Iran and we should be backing them up elsewhere.*

## **Inquiry from the UK government in the House of Commons regarding psychological torture of Ashraf residents on March 15, 2011**

**Representative Steve McCabe:** *Mr. speaker, does the government find it acceptable that residents of camp Ashraf, opponents of the Iranian regime, are being subjected to a 24 hour campaign of abuse and torture, including bombardment by 210 loudspeakers. What in effort we are doing about that sir?*

**Alistair Burt, Minister of State for Foreign Affairs:** *Mr. Speaker, we are aware both of this the intrusion of loudspeakers and the occasional suggestions that residents of camp Ashraf are denied medical assistance. United Kingdom does meet with the representatives of the Iraqi government's camp Ashraf committee, the UN regularly visits the camp and we make every effort to urge the Iraqi authorities to ensure the residents of camp Ashraf are treated in accordance with international humanitarian standards.*

## **Inquiry of Swiss MPs from their federal government On the psychological torture and the Iranian regime's revenge taking on Ashraf residents' families**

Five Swiss parliamentarians, Jean-Charles Rielle, Alice Glauser, Francine John-Calame, Eric Voruz and Luc Barthassat, inquire from their government about essential measures to protect Ashraf residents.

In their questions from the federal government, the MPs emphasized on the protection of PMOI members in Ashraf and their families in Iran, the necessity of international interference and that of Switzerland and the international community. In their speeches they pointed to the revenge taking and executions against families of Ashraf residents, execution of Jafar Kazemi and Ali Sarami who had families in Ashraf, depriving Ashraf residents from medical care and basic medicines, threats by the Iranian and Iraqi governments against Ashraf residents, continuous harassments of Ashraf residents by Iranian regime's agents facilitated and made possible by the Iraqi government, psychological and physical torture of Ashraf residents, especially the day and night threatening by the loudspeakers.

In response to the parliamentary inquiry the Swiss government announced:

*The National Council of Switzerland is aware of the conditions of 3,400 members of the PMOI in Camp Ashraf. Their status is one of protection by international law.*

*Through its representative in Damascus, Switzerland shall follow up on the developments in Camp Ashraf and in its bilateral connections with the authorities shall urge adherence to international laws.*

*The Swiss Ambassador in Damascus shall travel to Iraq in April. The conditions in Camp Ashraf shall be on top of his agenda in his discussions with Iraqi authorities.*



**الدعوة**

**إيقاف التعذيب النفسي لسكان مخيم أشرف ليل نهار  
باستخدام ٢١٠ مكبرات صوت من قبل النظام الإيراني واللجنة غير الشرعية**

- منذ ١٤ شهراً يمارس النظام الإيراني بالتعاون مع لجنة تمع أشرف التعذيب النفسي على سكان مخيم أشرف مستخدماً ٢١٠ مكبرات صوت نصبت على أسوار المخيم وتطلق أسوأ عبارات ضد السكان وبصوت مزعج.
- ولأطوب التعذيب باستخدام مكبرات الصوت خلفية تاريخية حيث كان يستخدم لتعذيب الأسرى في معسكرات النازيين خلال الحرب العالمية الثانية.
- إن اللجنة العربية للدفاع عن أشرف سوف تقوم في المحاكم الدولية بملاحقة منفذي هذا العمل المشين الذي يعتبر جريمة حرب وجريمة ضد الإنسانية.
- يجب إيقاف هذه الجريمة التي تعارض القيم والأخلاق العربية والإسلامية ولا تحدث في أي مكان في العالم هكذا جريمة ضد الإنسانية في القرن الحادي والعشرين.



٥٧ مكبرة صوت في الجناح الغربي لمخيم أشرف



٦٣ مكبرة صوت في الجناح الجنوبي لمخيم أشرف



٩٠ مكبرة صوت في الجناح الشرقي لمخيم أشرف

اللجنة العربية  
للدفاع عن أشرف

اعلان مدفوع الثمن

*Al-Mashreq, Az-Zaman and ad-Dastour Iraqi dailies printed the call for protest of the Arab Committee in Defense of Ashraf to condemn the psychological torture of Ashraf residents (March 6-7, 2011)*

# 13

## **Destruction of Sanitary Conditions**

Since the beginning of 2009, the sanitary condition in Ashraf has plummeted to substandard levels due to the cruel siege imposed by the Ashraf Suppression Committee that has barred the entry of all equipment and material needed in this regard. Thorough blockade of these items has been the principal cause for the destruction of sanitary conditions. The Diyala Health Directorate has not conducted any visits to Ashraf in the last two years and has not responded to numerous requests by Ashraf's representatives in medical and hygienic affairs.

### **Contamination of drinking water network**

Due to prevention of entry of needed maintenance equipment and material, Ashraf's drinking water network is facing serious sanitary problems. Removing the rusting of the pipes or the repair of broken pipes has been halted creating a serious sanitary threat for the residents. Foul water around broken pipes gets into the drinking water network creating an environment for the growth of infectious diseases at numerous points of the water network.

According to set standards, water tanks whose interior is rusted more than 30% have to be cleansed from rust and subsequently covered by special paint. Due to two years of shortage, all water tanks in Ashraf are rusted in excess of 30% posing a health hazard to the residents. Annual maintenance and cleansing of the interior rust of the water tanks has not been done. Many times the needed material for this maintenance has been procured but the Ashraf Suppression Committee has prevented its entry into Ashraf.

### **Disruption in the sewage network and garbage disposal**

Ashraf's sewage is based on the use of black water tanks, majority of which are over 20 years old. In addition, these tanks need yearly maintenance in the form of chemical treatment. Due to the obstruction on entry of special equipment for this work, the sewage system is losing its effectiveness. The concrete covers of some of these septic tanks have collapsed which is not only a hygienic concern, but is a safety hazard for the residents living nearby.

One of the sources for the propagation of infectious diseases is the garbage dumpsters. Most of these dumpsters are now corroded to such an extent that rodents and insects thrive at these sites. Vehicles used to transfer garbage in Ashraf are also breaking down due to the fact that the Ashraf Suppression Committee continuously bars the entry of their spare parts. Black water should also be emptied on a daily basis by septic tankers that face similar problems due to the shortage of spare parts and the high level of maintenance that they require.

### **Preventing poison spraying and killing vermin**

Ashraf is located in a malaria prone region of Iraq. Therefore, according to the standards set by the Diyala Health Directorate, for the last 20 years, Ashraf facilities have been sprayed periodically with insecticides twice a year. Every spring, poison spraying against Anopheles is an irreplaceable standard. Similarly, spraying in autumn against sand flies that are carriers of Leishmaniasis is essential.

During the past two years, no poison spraying of any kind has been done because the Ashraf Suppression Committee bars the entry of poison sprayers and insecticides that are easily purchasable at any public poison and insecticide center in Iraq. For example, in the months of June and August of 2010, two shipments of procured poison were not permitted into Ashraf and returned.

Previously, over 2500 bags of insecticides (mostly Lambdacyhalothrin) were sprayed at buildings and facilities in Ashraf. However, in the past two years, not even a single bag of insecticide has been allowed into Ashraf.

Lack of poison against scorpion has led to the spread of this arachnid. Last summer, we had 30 cases of scorpion stings that is unprecedented in Ashraf. Invasion of mice into resident dwellings and food storages has created a serious hygienic peril which in particular is due to a bar on entry of rodenticide. This is while in the last two decades Ashraf had never experienced such an invasion by the mice. Last two years has also been witness to a spread in termite problems that have even threatened buildings and damaged some facilities. In addition, many trees and greenery in Ashraf have been destroyed by pests. The Ashraf Suppression Committee even bars entry of glue mouse traps, termite insecticide, and poisons to remove trees pests.

*Maliki's elements even bar entry of glue mouse traps to Ashraf*





*Corroded pipes of the drinking water network cannot be repaired due to the siege  
Foul water around corroded pipes gets into the drinking water network contaminating the water  
with infectious diseases*



*The concrete covers for black water tanks have collapsed posing a safety hazard to the residents*



*Risk of falling down of the ruined edges of ceilings*

# 14

## **The criminal record of a "novice physician" as the director of the New Iraq Hospital**

### **A suppressive agent in a physician's disguise**

Not many physicians can tolerate the commitment of such criminal acts under the pretext of medical services, let alone be responsible for them.

At the time of Reza Shah's dictatorship in Iran, in the years before WWII, there was a henchman called Doctor Ahmadi who killed many victims of that dictatorship by air ampoule injections upon orders from Reza Shah himself.

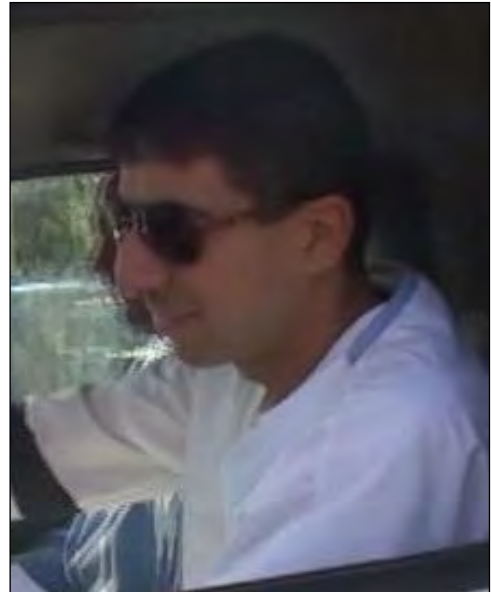
Today, seventy years later, that tragedy is repeating itself by another henchman against Iranian dissidents in Camp Ashraf although through different means. Dr. Omar Khaled al-Tamimi, director of the New Iraq Hospital, should doubtlessly be tried as a war criminal for crimes against the international community and crimes against humanity. He is someone that has dreadfully violated the Fourth Geneva Convention and stampeded on his Hippocrates Oath as a doctor in no small scope. It is two years now that instead of being occupied in providing medical services, he is busy implementing suppressive measures and playing the role he has been tasked to play by the Ashraf Suppression Committee.

### **How did Omar Khaled become hospital director?**

From the outset, the Ashraf Suppression Committee was looking for a suitable element to turn the New Iraq Hospital into a torture center for Ashraf residents. In April 2009, the Diyala Health Directorate appointed a general surgeon as the director of the hospital. In less than a month, he was

replaced by an ENT specialist; and then again, in less than a month, the new director gave his place to a general practitioner.

At the beginning of July 2009, Omar Khaled was sent to the hospital as a resident doctor. Although he had just graduated and should have spent several years in a hospital like this one for his training period; and although he lacked the minimum professional competence and the necessary background for the job, he was appointed hospital director. The reason was that he was a suitable element for implementing the suppressive objectives of the Ashraf Suppression Committee while honorable physicians were not prepared to sell their conscience by betraying their profession. Hence, Omar Khaled was appointed director of the hospital to advance the policies of the committee.



### **Messenger of authorities who commanded the July 2009 massacre**

In the early hours of the July 28, 2009 attack where three residents were killed and another three needed immediate surgeries to save their lives, the Ashraf Suppression Committee and the assailing Iraqi forces prevented physicians from the Diyala Health Directorate to be sent to Ashraf and even private physicians who had come to Ashraf to conduct surgeries were returned. In such conditions, Omar Khaled, as a member of a board that represented the Ashraf Suppression Committee, brought a message for the residents that either obey whatever the Iraqi army says or you will be attacked again tomorrow.

Consequently, the assailing Iraqi forces attacked the residents again on July 29, opening fire and killing five more Ashraf residents; and the three injured residents who were in emergency conditions lost their lives.

### **Inconceivable atrocity**

The assailing Iraqi force abducted 36 Ashraf residents in the July 2009 attack after severely battering them and threw them into a dungeon at the garrison of the Iraqi battalion tasked to protect Ashraf with broken heads and limbs with some of their wounds deep and bleeding.

Despite the fact that Omar Khaled had access to sufficient suturing and bandaging requirements and a suitable place for sanitary treatment of the wounds using disinfecting solutions, he used the dirty water from a container used in toilets to wash the wounds of the injured hostages and sutured their wounds in that dungeon in unsanitary conditions.

### **The mindset behind selling oneself off!**

On several occasions, Omar Khaled has explained himself and his treatment of Ashraf residents; he has said:

*"Of course I am really against you. However, in essence, I am a businessman and I have no interest in the medical profession."*

On other occasions, he has explained his motives in his treatment of Ashraf patients and his submission vis-à-vis the responsibilities given to him by the Ashraf Suppression Committee; he has said:

"I should do these things if they are to keep me in Ashraf. According to the rules in Iraq, if I am to work in my profession and get my diploma I have to work three years in Iraqi state hospitals. I had been transferred to the town of Khalis for my training period and I should have worked there; however, I don't want to stay in Khalis. There are advantages and better working conditions here and it is also better for my future. That is why I prefer to work with the committee and the army battalion rather than to work for the Diyala Health Directorate."

### **An informant on specialist physicians**

From July until December 2009, when Omar Khaled kept all the hospital staff at the Iraqi army battalion base to provide services to them, his principal job was to identify the specialist physicians that came to Ashraf. He worked in the capacity of an informer and an intelligence agent against these specialists. He gave his reports to the commander and the intelligence officers of the Iraqi army battalion so that these physicians would not be permitted into Ashraf. Through discovering physicians' phone communication information, he prepared the ground for elements of the suppressive battalion and the Iraqi security to threaten these physicians. Most specialist physicians who used to come to Ashraf in that time span know the suppressive role Omar Khaled played and his function as an informer.

In that period of time, he refused to bring the New Iraq Hospital staff inside Ashraf and to station them at the hospital despite the fact Ashraf residents, with 500 of them injured and 1000 battered during the attack by the Iraqi forces, were in dire need of medical services. He emphasized that if the injured need medical treatment, they should come to the Iraqi battalion garrison at the exit point of Ashraf.

### **Trusted element of Iranian embassy and Ashraf Suppression Committee**

In one of the reports from the Iranian regime's embassy in Baghdad to the Iranian regime's Intelligence Ministry and Qods Force, in addition to LT Haydar Azab Mashi, Dr. Omar Khaled is

named as the most trusted individual within the Iraqi organs who are implementing the siege on Ashraf.

### **Inhumane treatment with patients and hospital staff**

Omar Khaled is despised by all the Iraqi personnel of the New Iraq Hospital and has often created scenes of brawl with hospital staff, nurses and medical cadre. This problem is to such an extent that among the complaints of patients at the New Iraq Hospital are these brawls of his with the hospital staff that deprives patients from the quiet and rest that they need.

Omar Khaled has a very nervous behavior and personality. He lacks the minimum capacity needed for dialogue. In his conversations with any patient or anyone who refers to the hospital, he is extremely nervous and the dialogue ends up in a brawl. He spends most nights until late hours with Iraqi forces at the battalion base and comes to work late in the mornings.

Imposing pressure on other hospital employees and physicians to mistreat Ashraf patients is one of his daily chores where he questions them as to why they are not mistreating the patients.

### **Barbaric treatment of female patients**

Omar Khaled al-Tamimi's treatment of women patients is void of any humane behavior or adherence to common social traditions. Some examples are:

1. On one occasion he broke the door to the women's hospitalization ward and forcefully entered that section.
2. On another occasion he locked the exit doors to outdoors and even locked up the doors of the ward altogether. Female patients objected to his actions.
3. On numerous occasions he has had an insulting behavior with the female patients who had referred to the hospital that is completely incompatible with the behavior of a doctor.

### **Preventing maintenance of the hospital and its equipment**

Under various pretexts, Omar Khaled prevents maintenance or repair work in the hospital. In summer of 2010, for several months, the hospital faced sudden cuts of electrical power due to a bad circuit breaker that cut off the electricity every time consumption of electric power increased. This problem turned into a crisis between Ashraf residents and Omar Khaled during surgical operations. The electricity would be cut off during the surgeries, but he was unwilling to turn on the generator. This situation continued for months and he would not let Ashraf technicians replace the circuit breaker. On one occasion, the person responsible for the electric power of Ashraf who is an employee of the Diyala Electric Power had come to the hospital for seasonal maintenance of hospital's transformer, but Omar Khaled harshly insulted him and did not allow him to work.

Since the beginning of operation of the hospital, he has not done anything to get some personnel for the hospital to do the maintenance job, to do its sanitary cleanups, or for that matter the technicians needed for surgeries. It has been the Ashraf residents who have filled these vacancies; even so, his behavior towards these residents has been insulting and he has always tried to obstruct their work.

**A representative of the Health Directorate or that of the suppressive battalion?**

Omar Khaled, who as a physician and the director of the hospital which is related to the Diyala Health Directorate, has no connection to this Directorate and quite to the opposite considers his connections with the army battalion, the police force, and the rapid deployment force as utterly important. He has been given several radio transmitters and is continuously busy receiving his orders against Ashraf residents from the commander and the intelligence officers of the army battalion.

**Using medicine for illegal purposes**

The role Omar Khaled plays in regard to the medicine which belongs to the hospital is full of ambiguity and suspicious. On numerous occasions he has been seen putting the medicine ration of the hospital given by the Diyala Health Directorate inside a plastic bag and take it with him to the army battalion base. Similarly, on numerous occasions, he has sent medicine allocated to the hospital to the agents dispatched by the Iranian regime's Intelligence Ministry who are stationed at three locations on the Ashraf perimeter at eastern, southern and western flanks.

# 15

## **Global support for Ashraf residents as opposed to the siege and suppression**

During the two years of criminal siege on Ashraf, the residents of Ashraf, their supporters and allies around the world did not succumb to the conspiracies and the Khamenei-Maliki bilateral agreement. They defeated the filthy policy of eliminating the heart of Resistance and the Iranian people's struggle for liberty, something that Khamenei, Maliki and their agents never considered in their calculations.

International campaign in solidarity with Ashraf provoked international community's hatred toward the cruel siege and war crimes by Maliki's government in the siege on Ashraf. Active support by democratic forces around the world and confronting the war crimes committed by Maliki's government also made legal achievements. In addition to summoning the person directly responsible for July 2009 massacre, in a new writ issued in March 2011, the National Central Investigative Court of Spain announced that it has extended the proceedings to cover the mental torture of Ashraf residents by powerful loudspeakers, threatening them to death and different restrictions including those on medical care as breach of Geneva Convention. Accordingly the court summoned four officials of the committee for suppression of Ashraf and also the perpetrators of the siege and crime against Ashraf residents for the alleged commission of offences against international community in Camp Ashraf. The court emphasizes that the Party to the conflict in whose hands protected persons may be, is responsible for the treatment accorded to them by its agents.

The supporters of the resistance have staged successful international campaign to provoke international solidarity with Ashraf. In their statements the Iranians in sit-ins all over the world, and the majorities of members of 30 parliaments and senates in different countries supported the uprising in Iran and the persistence of Ashraf residents.

The issue of war crimes, medical torture and psychological torture by Khamenei-Maliki against Ashraf residents has attracted attention and active support in US Congress, both Houses in Great Britain, other parliaments and political circles. But, Maliki is so much committed and politically devoted to the ruling mullahs that regardless of international concern he has not given up his crimes in Ashraf and is continuing the disgraceful siege and is preparing for new crimes. This chapter includes selection of the most important international support for Ashraf and global condemnation of the cruel siege.

## **Selection of hundreds of protest letters and stances**

### **Against medical siege on Ashraf and in support of Ashraf residents**

- **Amnesty International statement (APPEAL FOR CALL)- 2 Dec. 2011**  
*Medical restrictions imposed on Iranian exiles, including refugees*
- **European Parliament Declaration – 24 April 2009**  
*Humanitarian Situation of Camp Ashraf residents*
- **European Parliament Written Declaration- 25 Nov. 2010**  
*International Call to protect Camp Ashraf residents*
- **Declaration of 160 members of the Parliamentary Assembly of the Council of Europe (PACE)- 28 January 2011**  
*Dissolve Ashraf closure Committee*
- **5.000 French Mayors call for saving the lives of Ashraf residents -25 Nov. 2011**  
*DEMOCRACY FOR IRAN, PROTECTION FOR DISSIDENTS*
- **Press release by the British Parliamentary Committee for Iran Freedom- 23 Nov. 2010**  
*Ashraf siege must be lifted soon*
- **Hearing session for US Secretary of State (Hillary Clinton) in the House Foreign Affairs Committee- 1 March 2011**  
*The need for protection of Ashraf residents by the US forces*
- **Statement by a Palestinian government minister and 8 members of Parliament**  
*Ashraf Suppression Committee must be annulled*
- **The statement by Lord Turnberg, Former President of the Royal College of Physicians and Fellow and former Vice President of the Academy of Medical Sciences- 14 Feb. 2011**
- **Protest letters by the Nobel Laureates against medical siege on Ashraf**
- **The Statement by 162 prominent American Physicians**

Index: MDE 14/020/2010 Iraq

Date: 2 December 2010

**TO: HEALTH PROFESSIONALS**  
**FROM: AMNESTY INTERNATIONAL**

# APPEAL FOR ACTION

## RE: MEDICAL RESTRICTIONS IMPOSED ON IRANIAN EXILES, INCLUDING REFUGEES

**Hundreds of Iranian exiles, including refugees, resident in Camp Ashraf in Iraq, north of Baghdad, are reported to have suffered serious complications from medical restrictions imposed on them by the Iraqi authorities. In the past five months the already appalling medical conditions at the camp have deteriorated even further. Many residents are reportedly suffering from cancer, heart problems, loss of vision, gallstones, orthopaedic problems, kidney stones and other diseases that without prompt and adequate treatment can result in irreversible health damage.**

Camp Ashraf, 60 Km north of Baghdad, is home to around 3,400 members and supporters of the Iranian opposition group, the People's Mojaheddin Organization of Iran (PMOI). The residents have been living there for almost 25 years and it is now a small town with shops and other amenities.

Camp Ashraf was held under US control from April 2003 until mid-2009 when the Iraqi government took over control, in accordance with provisions contained in the SOFA, a security agreement signed by Iraqi and US governments in November 2008, which stipulated the withdrawal of US troops from towns and cities. Since the transfer occurred, residents needing medical care have found it extremely difficult to have access to medical treatment in and out of the camp because the camp is surrounded by Iraqi security forces. An Iraqi security committee, responsible for all matters relating to the camp, is now said to be responsible for making decisions regarding medical treatment. The committee members decide who can travel outside the camp for specialist treatment, and they control the influx of supplies into the camp. Moreover, Iraqi security forces are increasingly making life difficult for the residents, including by using loudspeakers to broadcast messages and play loud music at them.

Due to lack of adequate treatment for certain illnesses in the hospital next to the camp, some residents need to seek treatment in specialised hospitals in Baghdad and in the Kurdistan region of Iraq. However, Amnesty International has received reports confirming that patients with appointments in hospitals in Baghdad could not attend their appointments because the Iraqi forces apparently refused to allow others to accompany them, including interpreters. Most of the patients at the camp do not speak Arabic as Farsi is their native language and therefore without an interpreter they can not communicate with doctors in Iraq. It is reported that patients who have travelled to other facilities for treatment have returned without a diagnosis or treatment because of the lack of an interpreter. It has also been reported that patients with mobility issues have been barred from travelling due to the lack of wheel chairs or special beds. The Iraqi authorities have refused to provide such equipment.

The delay in treatment has caused serious long-term consequences for many people. It has been reported that Elham Fardipour, a female patient with thyroid cancer, could not receive the treatment she needs in Baghdad because she was not allowed to be accompanied by a nurse or interpreter; consequently, leading her to remain in the camp rather than travel alone to keep her appointment. Her current outlook is unknown but without prompt treatment her cancer is likely to spread. Additionally, about 60 residents are in need of assessment by a cardiologist for diagnosis and treatment of various heart conditions. Several need surgery to prevent or reduce damage caused by heart attacks.

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Date: 2 December 2010

Ill-treatment of patients by the Iraqi forces has also been reported. Soldiers have forcibly removed patients from hospitals or entered patients' rooms against their will, in some cases verbally harassing them. In one case a soldier allegedly beat a patient who had just had surgery causing him to go into a seizure.

**PLEASE WRITE IMMEDIATELY:**

- Explaining that you are a health professional concerned about human rights;
- Calling for the Iraqi government to immediately end medical restrictions on Camp Ashraf;
- Calling on the Iraqi authorities to ensure that all residents in need of specialist medical care are allowed to leave the Camp immediately to receive medical treatment at an appropriate facility;
- Urging the authorities to allow patients to choose their own interpreters and to allow interpreters to travel with patients to assist in communicating with health professionals during consultations;
- Urging the authorities to ensure that health professionals are able to practice with clinical independence and without fear of reprisals by the Iraqi forces;
- Calling on the Iraqi forces to end abuse and ill-treatment of patients and allow patients to privately visit with their doctors

**PLEASE SEND APPEALS BEFORE 10/01/2011 TO: The Iraqi embassy in your country and address them to:**

Prime Minister

His Excellency Nuri Kamil al-Maliki  
Prime Minister  
Convention Centre (Qasr al-Ma'aridh)  
Baghdad, Iraq  
**Salutation: Your Excellency**

Minister of Interior:

His Excellency Jawad al-Bulani  
Minister of Interior  
Convention Centre (Qasr al-Ma'aridh)  
Baghdad, Iraq  
**Salutation: Your Excellency**

Minister of Health

His Excellency Salih M. al-Sahnawi  
Minister of Health  
Convention Center (Qasr al-Ma'aridh)  
Baghdad, Iraq  
**Salutation: Your Excellency**

IF YOU RECEIVE NO REPLY WITHIN SIX WEEKS OF SENDING YOUR LETTER, PLEASE SEND A FOLLOW-UP LETTER SEEKING A RESPONSE. PLEASE SEND COPIES OF ANY LETTERS YOU RECEIVE TO THE INTERNATIONAL SECRETARIAT, ATTENTION OF THE HEALTH TEAM, 1 EASTON STREET, LONDON WC1X 0DW OR E-MAIL: [health@amnesty.org](mailto:health@amnesty.org)

**ADDITIONAL INFORMATION**

Camp Ashraf is home to around 3,400 Iranian refugees, who are members and supporters of the PMOI, an opposition group to the current government of Iran, which is banned in Iran. Some have been recognized as refugees. Since mid-2008 the Iraqi government has repeatedly indicated that it wanted to close Camp Ashraf, and that its residents should leave Iraq or face being forcibly expelled from the country. The PMOI, which was allowed by the previous Iraqi government under Saddam Hussain to establish a base in the governorate of Diyala in 1986, is accused by the Iraqi government of supporting Saddam Hussain's government.

On 28-29 July 2009 Iraqi security forces stormed the camp and at least nine residents were killed and many more injured. Around 36 residents were detained without trial, tortured and beaten before they were eventually released following an international outcry.



EUROPEAN PARLIAMENT

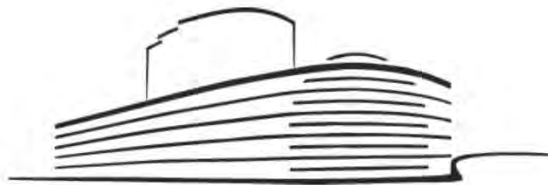
2009 - 2010

# Humanitarian situation of Camp Ashraf Residents

TEXT ADOPTED

**at the sitting of**

**Friday**  
24 April 2009



P6\_TA-PROV(2009)04-24

FINAL EDITION

PE 425.401

*United in diversity*

**EN**

European Parliament resolution pursuant to *Rule 115 of the Rules of Procedure on the humanitarian situation of Camp Ashraf residents*

*The European Parliament,*

- having regard to the Geneva Conventions and notably Article 27 of the Fourth Geneva Convention on the legal status of Protected Persons,
  - having regard to the Geneva Convention of 1951 relating to the Status of Refugees and the 1967 Additional Protocol,
  - having regard to the Status of Forces Agreement (SOFA) signed between the US and Iraqi Governments in November 2008,
  - having regard to its resolutions of 12 July 2007 and of 4 September 2008 including references to Camp Ashraf residents having legal status as Protected Persons under the Fourth Geneva Convention,
  - having regard to Rule 115 of its Rules of Procedure,
- A. whereas Camp Ashraf in Northern Iraq was established during the 1980s for members of the Iranian opposition group People's Mujahedin Organisation of Iran (PMOI),
- B. whereas in 2003 US forces in Iraq disarmed Camp Ashraf's residents and provided them with protection, having been designated "protected persons" under the Geneva Conventions,
- C. whereas the UN High Commissioner for Human Rights in a letter dated 15 October 2008 urged the Iraqi Government to protect Ashraf residents from forcible deportation, expulsion or repatriation in violation of the non-refoulement principle, and to refrain from any action that would endanger their life or security,
- D. whereas after the US/Iraqi Status of Forces Agreement Camp Ashraf has been returned to the control of Iraqi security forces as of 1 January 2009,
- E. whereas according to recent statements reportedly made by the Iraqi National Security Advisor the authorities intend gradually to make the continued presence of the Camp Ashraf residents "intolerable" and whereas he reportedly also referred to their expulsion/extradition and/or their forcible displacement inside Iraq,
1. Urges the Iraqi Prime Minister to ensure that no action is taken by the Iraqi authorities which violates the human rights of the Camp Ashraf residents and to clarify the government's intentions towards them; calls on the Iraqi authorities to protect the lives, and the physical and moral integrity of the Camp Ashraf residents and to treat them in accordance with the obligations under the Geneva

**EN**

Conventions, notably not to forcibly displace, deport, expel or repatriate them in violation of the principle of non-refoulement;

2. Respecting the individual wishes of anyone living in Camp Ashraf as regards to their future; considers that those living in Camp Ashraf and other Iranian nationals who currently reside in Iraq having left Iran for political reasons could be at risk of serious human rights violations if they were to be returned involuntarily to Iran, and insists that no person should be returned, either directly or via a third country, to a situation where they would be at risk of torture or other serious human rights abuses;
3. Calls on the Iraqi government to end its blockade of the camp and respect the legal status of the Camp Ashraf residents as "protected persons" under the Geneva Conventions, and to refrain from any action that would endanger their life or security, namely full access to food, water, medical care and supplies, fuel, family members and international humanitarian organisations;
4. Calls on the Council, the Commission and the Member States together with the Iraqi and US Governments and the UN High Commissioner for Refugees and the International Committee for the Red Cross to work towards finding a satisfactory long-term legal status for Camp Ashraf residents;
5. Instructs its President to forward this resolution to the Council, the Commission, the Governments and Parliaments of the Member states, the UN High Commissioner for Refugees, the International Committee for the Red Cross, the Government of the United States and the Governments and Parliaments of Iraq.

**EN**

3

## **International call to protect Camp Ashraf residents and delist the PMOI from US FTO list**

**Adoption of a Declaration on Ashraf at the European Parliament  
25 November 2010**



EUROPEAN PARLIAMENT

2009 - 2014

### **WRITTEN DECLARATION**

Pursuant to Rule 123 of the Rules of Procedure on Camp Ashraf

**Alejo Vidal-Quadras, Stephen Hughes, Kristiina Ojula, Søren Bo øndergaard, Struan Stevenson**

Lapse date: 20.1.2011

**0075/2010**

#### **Written declaration on Camp Ashraf**

*The European Parliament,*

- having regard to its previous resolutions on human rights in Iran,
  - having regard to its resolution of 24 April 2009 on Camp Ashraf, home to 3400 Iranian dissidents in Iraq, including 1000 women, all of whom are 'Protected Persons' under the 4th Geneva Convention,
  - having regard to the removal of the opposition PMOI from the EU's blacklist in 2009,
  - having regard to Rule 123 of its Rules of Procedure,
- A. whereas several relatives of Ashraf residents have been sentenced to death by the Iranian regime after returning from visits to their families in Ashraf,
  - B. whereas the Iraqi Government has failed to respect the EP resolution and is continuing a merciless siege of the Camp,
  - C. whereas the residents are still being subjected to external pressures under the pretext that the PMOI remains on the US blacklist,
  - D. whereas in July 2010 the US Appeals Court in Washington ruled in favour of the PMOI and urged the State Department to review its decision to maintain them on the US terrorist blacklist,
  - E. whereas US and UN forces have withdrawn from Ashraf and residents are now vulnerable to attack,
1. Calls on the High Representative of the Union for Foreign Affairs and Security Policy to urge the USA to follow the example of the EU by removing the PMOI from its blacklist and to urge the UN to provide urgent protection for Ashraf;
  2. Instructs its President to forward this declaration, together with the names of the signatories, to the Council, the Commission and the parliaments of the Member States

## **THE WALL STREET JOURNAL.**

WSJ.com

NOVEMBER 25, 2010

### **EU Urges U.S. to Remove Iran Group from Terror List**

By JOHN W. MILLER

The European Parliament Thursday passed a written declaration calling on the U.S. to remove the People's Mujahideen of Iran from its list of Foreign Terrorist Organizations. The resolution became official when more than half the members of the 736-seat chamber signed it, but support was nearly unanimous, a parliament official said. The resolution also called on Iraq to cease its blockade of Camp Ashraf, a settlement of more than 3,000 Iranian dissidents near the border between the two countries.

The People's Mujahideen, which aims to overthrow the Iranian government, has been on the list since 1997, when the U.S.'s Clinton administration put it there in a bid to secure closer cooperation with Tehran.

In July, a U.S. federal appeals court ordered the State Department to reconsider its decision. The European Union removed the group from its list of terrorist organizations in 2009. Specifically, the European Parliament demanded that EU foreign policy chief Catherine Ashton "urge" the U.S. to remove People's Mujahideen from the list. Mrs. Ashton hasn't yet responded, a spokeswoman said.

## **The Washington Post**

### **EU lawmakers: US must help Iranian group in Iraq**

November 25, 2010

BRUSSELS -- The European Parliament urged the United States and the U.N. on Thursday to provide immediate aid to an Iranian opposition group camped near Baghdad since the 1980's. In a nonbinding resolution, lawmakers asked the European Union to pressure the U.S. government to take the People's Mujahedeen Organization of Iran off the State Department's list of foreign terrorist organizations.



### **MEP Struan Stevenson announces Written Declaration on Camp Ashraf**

November 25, 2010 -The European Parliament today adopted a Written Declaration urging UN to protect Camp Ashraf. It also calls on US to withdraw the prominent Iranian OPPOSITION group the PMOI from its Terror list. MEP Struan Stevenson announces Written Declaration on Camp Ashraf..



## 5,000 French mayors call for saving the lives of Ashraf residents

25 November 2010

**The mayors announced that they view Ashraf as a sister city to their own and urged all their colleagues to post banners at city halls in solidarity with the suffering patients at Ashraf.**



On November 24, a press conference was held at the Paris District 1 City Hall, where a statement by 5,000 mayors across France was delivered calling for an end to the siege on Ashraf, Iraq, recognizing the rights of its residents and urging immediate action to save the lives of patients whose condition has deteriorated due to the restrictions imposed by the Iraqi government and the Iranian regime's proxies. Dozens of mayors attended the press conference.

The mayors urged the French government and particularly the new foreign minister to play a more active and serious role with regards to the humanitarian crisis and to call on the Iraqi government to comply with its international obligations on respecting the rights of Ashraf residents as well as lifting the imposed restrictions against them.

The mayors also called on the United Nations Assistance Mission for Iraq (UNAMI) to post a permanent monitoring team in Ashraf with the protection of American forces to ensure respect for the rights of residents as well as the lifting of the siege.

Camp Ashraf is home to 3,400 members of the Iranian opposition People's Mojahedin Organization of Iran (PMOI/MEK). They are considered "protected persons" under the Fourth Geneva Convention but have been subjected to an inhumane siege by Iraqi forces commanded by the office of Nouri al-Maliki, the Iraqi Prime Minister, for the past two years. The Iraqi forces act at the behest of the Iranian regime and are imposing severe restrictions on the people of Ashraf, including their access to urgent medical treatment and medicine.

The mayors announced that they view Ashraf as a sister city to their own and urged all their colleagues to post banners at city halls in solidarity with the suffering patients at Ashraf.

Mayors in solidarity with the Iranian Resistance;

**Jean-François LEGARET – Mayor of Paris 1st district (UMP)**

**Emile BLESSIG – Member of National Assembly and Mayor of Saverne (UMP)**

**Jean-Pierre BEQUET – Mayor of Auvers-sur-Oise (PS)**

**Maurice BOSCAVERT – Mayor of Taverny (PS)**



Parliamentary Assembly  
Assemblée parlementaire

<http://assembly.coe.int>



COUNCIL OF EUROPE  
CONSEIL DE L'EUROPE

**Doc. 12510**  
28 January 2011

## **Camp Ashraf**

Written Declaration No 472

This written declaration commits only the members who have signed it

On 7 January 2011, the assault on Camp Ashraf, in which Iraqi forces participated, left 176 residents, including 91 women, injured. Iraqi forces denied medical treatment to the injured and expelled them from the hospital. Some 180 loudspeakers have been used to psychologically torture the residents since February 2010. On 5 January, Iran's foreign minister urged the Iraqi Prime Minister to increase practical measures against Ashraf. Under the supervision of the Committee to Close Ashraf in the Prime Minister's office, the siege of Ashraf over the past two years, including medical restrictions, has led to the death of two residents. The raid on 28-29 July 2009 left 11 residents killed and 500 injured.

The recent measures seriously violate the 4th Geneva Convention which applies to Ashraf residents, and accordingly to the 27 December 2010 ruling by a Spanish court and the statute of the International Criminal Court are considered "war crimes".

The United Nations and the United States must guarantee the protection of Ashraf.

We urge the Parliamentary Assembly member states to :

- convince the Iraqi Government to dissolve the Ashraf Closure Committee and place Ashraf's dossier under the supervision of the Iraqi Parliament;
- to end immediately the psychological torture of the residents by Iranian intelligence agents using 180 loudspeakers.

*Signed (see overleaf)*

## Hippocratic Oath Betrayed

Doc. 12510

Signed:<sup>1</sup>

HANCOCK Mike, United Kingdom, ALDE  
 AGIUS Francis, Malta, EPP/CD  
 AGRAMUNT FONT DE MORA Pedro, Spain, EPP/CD  
 ALIGRUDIĆ Miloš, Serbia, EPP/CD  
 ANDERSEN Karin, Norway, UEL  
 ANDERSON Donald, United Kingdom, SOC  
 ANDRYSOVÁ Lenka, Czech Republic, ALDE  
 ANGHEL Florin Serghel, Romania, EPP/CD  
 ARIB Khadija, Netherlands, SOC  
 BADEA Viorel Riceard, Romania, EPP/CD  
 BENTON Joe, United Kingdom, SOC  
 BERGAMINI Deborah, Italy, EPP/CD  
 BILOZIR Oksana, Ukraine, EPP/CD  
 BINLEY Brian, United Kingdom, EDG  
 BODEN Fernand, Luxembourg, EPP/CD  
 BOLDI Rossana, Italy, EDG  
 BRAUN Márton, Hungary, EPP/CD  
 BUGNON André, Switzerland, ALDE  
 CARLINO Giuliana, Italy, NR  
 CARTES IVERN Joan, Andorra, SOC  
 CHARALAMBOPOULOS Georges, Greece, SOC  
 CHERNYSHENKO Igor, Russian Federation, EDG  
 ČIGĀNE Lolita, Latvia, EPP/CD  
 CILEVIČS Boriss, Latvia, SOC  
 CONDE BAJÉN Agustín, Spain, EPP/CD  
 CONNARTY Michael, United Kingdom, SOC  
 COUSIN Alain, France, EPP/CD  
 DEBONO GRECH Joseph, Malta, SOC  
 DÍAZ TEJERA Arcadio, Spain, SOC  
 DOBBIN Jim, United Kingdom, SOC  
 DOMBRAVA Jānis, Latvia, NR  
 DONALDSON Jeffrey, United Kingdom, EDG  
 DORIĆ Miljenko, Croatia, ALDE  
 DUMERY Daphné, Belgium, NR  
 ÉKES József, Hungary, EPP/CD  
 ERR Lydie, Luxembourg, SOC  
 FILIPIOVÁ Daniela, Czech Republic, EDG  
 FISCHER Axel E., Germany, EPP/CD  
 FISCHEROVÁ Jana, Czech Republic, EDG  
 FLYNN Paul, United Kingdom, SOC  
 FOŘT Stanislav, Slovak Republic, ALDE  
 FOURNIER Bernard, France, EPP/CD  
 FRAHM Pernille, Denmark, UEL  
 FRANKEN Hans, Netherlands, EPP/CD  
 FRITZ Erich Georg, Germany, EPP/CD  
 FRUNDA György, Romania, EPP/CD  
 GALE Roger, United Kingdom, EDG  
 GAUDI NAGY Tamás, Hungary, NR  
 GHILETCHI Valeriu, Moldova, EPP/CD  
 GIARETTA Paolo, Italy, ALDE  
 GRAF Martin, Austria, NR  
 GROSS Andreas, Switzerland, SOC  
 GUȚU Ana, Moldova, ALDE

<sup>1</sup> EPP/CD: Group of the European People's Party  
 SOC: Socialist Group  
 ALDE: Alliance of Liberals and Democrats for Europe  
 EDG: European Democratic Group  
 UEL: Group of the Unified European Left  
 NR: not registered in a group

HADŽIAHMETOVIĆ Azra, Bosnia and Herzegovina, EPP/CD  
 HAIBACH Holger, Germany, EPP/CD  
 HERKEL Andres, Estonia, EPP/CD  
 HOOD Jim, United Kingdom, SOC  
 HOPPÁL Péter, Hungary, EPP/CD  
 HÜBINGER Anette, Germany, EPP/CD  
 HURSKAINEN Sinikka, Finland, SOC  
 HUSS Jean, Luxembourg, SOC  
 IDRIZI Shpëtim, Albania, ALDE  
 INGLEWOOD Richard, United Kingdom, EDG  
 IVANIĆ Mladen, Bosnia and Herzegovina, EPP/CD  
 IVANOVSKI Igor, "The former Yugoslav Republic of Macedonia", EPP/CD  
 IWŃSKI Tadeusz, Poland, SOC  
 JENSEN Mogens, Denmark, SOC  
 JOVANOVIĆ Ćedomir, Serbia, ALDE  
 KAIKKONEN Antti, Finland, ALDE  
 KALLIO Reijo, Finland, SOC  
 KALMÁR Ferenc, Hungary, EPP/CD  
 KANDELAKI Giurgiui, Georgia, EPP/CD  
 KENNEDY Charles, United Kingdom, ALDE  
 KOÇ Haluk, Turkey, SOC  
 KONEČNÁ Kateřina, Czech Republic, UEL  
 KONEČNÝ Albrecht, Austria, SOC  
 KORKEAOJA Juha, Finland, ALDE  
 KOSZORUS László, Hungary, EPP/CD  
 KOVÁCS Elvira, Serbia, EPP/CD  
 KOX Tiny, Netherlands, UEL  
 KUBATA Václav, Czech Republic, EPP/CD  
 KUBOVIĆ Pavol, Slovak Republic, EPP/CD  
 KÜHNEL Franz Eduard, Austria, EPP/CD  
 KUODYTĖ Dalia, Lithuania, ALDE  
 LAAKSO Jaakko, Finland, UEL  
 LAUKKANEN Markku, Finland, ALDE  
 LEIGH Edward, United Kingdom, EDG  
 LIOVOCHKINA Yuliya, Ukraine, EDG  
 LOTMAN Aleksei, Estonia, UEL  
 MAISSEN Theo, Switzerland, EPP/CD  
 MARMAZOV Yevhen, Ukraine, UEL  
 MARQUET Bernard, Monaco, ALDE  
 MEALE Alan, United Kingdom, SOC  
 MEHMETI DEVAJA Ermira, "The former Yugoslav Republic of Macedonia", EPP/CD  
 MENDONÇA MENDES Ana Catarina, Portugal, EPP/CD  
 MORIAU Patrick, Belgium, SOC  
 MÓSESDÓTTIR Lilja, Iceland, UEL  
 MOTA AMARAL João Bosco, Portugal, EPP/CD  
 MUÑOZ ALONSO Alejandro, Spain, EPP/CD  
 NEGELE Gebhard, Liechtenstein, EPP/CD  
 NESSA Pasquale, Italy, EPP/CD  
 NOUVION Laurent, Monaco, NR  
 OSBORNE Sandra, United Kingdom, SOC  
 OSCARSSON Mikael, Sweden, EPP/CD  
 PANTELEEV Oleg, Russian Federation, EDG  
 PANȚIRU Tudor, Romania, SOC  
 PARFENOV Valery, Russian Federation, EDG  
 PELEGRINI Peter, Slovak Republic, SOC  
 POCHINOK Alexander, Russian Federation, EDG  
 POSTANJYAN Zaruhi, Armenia, EPP/CD  
 POULSEN Jørgen, Denmark, ALDE  
 POURGOURIDES Christos, Cyprus, EPP/CD  
 PRESCOTT John, United Kingdom, SOC  
 PRESEČNIK Jakob, Slovenia, EPP/CD  
 PUCHE RODRÍGUEZ-ACOSTA Gabino, Spain, EPP/CD  
 PUIG i OLIVE Lluís Maria, Spain, SOC

Doc. 12510

RIBA FONT Maria Pilar, Andorra, SOC  
 ROSEIRA Luisa, Portugal, EPP/CD  
 ROSOVÁ Tatiana, Slovak Republic, EPP/CD  
 SAAR Indrek, Estonia, SOC  
 SANTINI Giacomo, Italy, EPP/CD  
 SASI Kimmo, Finland, EPP/CD  
 SCHÄDLER Leander, Liechtenstein, EPP/CD  
 SEVENHANS Luc, Belgium, NR  
 SHERIDAN Jim, United Kingdom, SOC  
 SOBKO Sergey, Russian Federation, UEL  
 SOBOLEV Serhiy, Ukraine, EPP/CD  
 SOLONIN Yury, Russian Federation, EDG  
 STAVROSITU Maria, Romania, EPP/CD  
 STIRBLYTĖ Arūnė, Lithuania, ALDE  
 STOILOV Yanaki, Bulgaria, SOC  
 STOLFI Fiorenzo, San Marino, SOC  
 STRIK Tineke, Netherlands, SOC  
 STUMP Doris, Switzerland, SOC  
 SZÉKYNÉ SZTRÉMI Melinda, Hungary, EPP/CD  
 TORRES PUIG Joan, Andorra, ALDE  
 TRETTEBERGSTUEN Anette, Norway, SOC  
 TSISKARISHVILI Petré, Georgia, EPP/CD  
 TUDOSE Mihai, Romania, SOC  
 UKKOLA Tuulikki, Finland, EPP/CD  
 ÚLEHLA Tomáš, Czech Republic, EDG  
 VAREIKIS Egidijus, Lithuania, EPP/CD  
 VERCAMER Stefaan, Belgium, EPP/CD  
 VĚSAITĚ Birutė, Lithuania, SOC  
 VITALI Luigi, Italy, EPP/CD  
 VOLONTĚ Luca, Italy, EPP/CD  
 VOLOZHINSKAYA Tatiana, Russian Federation, EDG  
 WOLDSETH Karin S., Norway, EDG  
 WURM Gisela, Austria, SOC  
 XUCLÀ i COSTA Jordi, Spain, ALDE  
 ZINGERIS Emanuelis, Lithuania, EPP/CD

DORION Jean, Canada, Obs.  
 MacDONALD Michael L, Canada, Obs.

Total = 151

*160 Members of the Parliamentary Assembly of the European Council who have signed the Written Declaration in support of the Camp Ashraf*

## **MPs and Peers launch international campaign to save Iranian dissidents in Iraq**

23 November 2010



*The British Parliamentary Committee for Iran Freedom*



### **Press Release**

#### **Excerpt**

Cross-Party MPs and Peers on Tuesday announced that they were launching an international campaign to save the lives of Iranian opposition members in Camp Ashraf, who are being denied access to medical services by Iraq. They plan to visit the camp in Iraq, where residents are also under psychological torture from Iranian intelligence agents.

At a meeting in the Attlee Suite of Parliament's Portcullis House, the MPs and Peers condemned recent attacks by Iraqi armed forces against 3,400 members of the main Iranian opposition group, the People's Mojahedin Organisation of Iran (PMOI), residing in Camp Ashraf. They also denounced the actions of Iranian intelligence agents at the gates of the camp, using some 120 loudspeakers to chant daily threats and abuse at the residents for some nine months with the logistical assistance of Iraqi forces under the command of the Prime Minister Nuri al-Maliki.

The Parliamentarians pointed out that Ashraf residents were recognised by the US-led forces in Iraq as "protected persons" under the Fourth Geneva Convention, and they urged the US to retake control of the camp from Iraqi forces that are under the influence of the Iranian regime.

Labour peer Lord Corbett of Castle Vale, chair of the British Parliamentary Committee for Iran Freedom, said: "The Iraqi government has tried in effect to turn Ashraf into a prison and make life there unbearable for the residents. The Iraqi government have demonstrated that they do not have the will or capability to respect the rights of Ashraf residents. The US government has a responsibility to re-take protection of the residents, and the British government as a coalition partner has a responsibility to press for this. ... We would like to stop a looming humanitarian catastrophe at Ashraf since it is a symbol of resistance against the fascist regime in Iran. We support the call by Mrs. Rajavi to put international pressure in order for the siege of Ashraf to come to an end. We have to show that they do not stand alone. We now plan to collectively visit Ashraf".

Other panellists included: Lord Dholakia (deputy leader of the Liberal Democrat Party), Baroness Turner of Camden (Former Deputy Speaker of the House of Lords), Lord Cotter (Lib Dem), Lord Clarke of Hampstead (Former Chairman of the Labour Party), Rt. Hon. Lord Fraser of Carmyllie QC (former Lord Advocate for Scotland), and other MPs.

**British Parliamentary Committee for Iran Freedom**  
**23 November 2010**

**US House Foreign Affairs Committee Hearing  
Assistant US Secretary of State for Near Eastern Affairs, Jeffrey Feltman, and  
Deputy Assistant Defense Secretary, Colin Kahl questioned about the situation  
in Camp Ashraf  
November 18, 2010**

**Rep. Ros-Lehtinen:**

⊕... Mr. Chairman, I would like to express concern regarding the plight of the residents of Camp Ashraf. Mr. Chairman, last year you and I issued a joint statement urging the Iraqi government to live up to its commitment to ensure the continued well-being of all who live in Camp Ashraf. However, reports indicate that medical care, including vital treatment for cancer patients, are still being denied to the residents of Ashraf.

And, Secretary Feldman, I would urge the Department of State to please intervene more proactively to ensure that the humanitarian protection, to which Ashraf residents are entitled and were promised, are going to be upheld.

⊕.

**Chairman Berman:**

Well, thank you very much, Ms. Ros-Lehtinen. ⊕ I want to reaffirm the notion that the commitments on Camp Ashraf that were made by the Iraqi government and all that, I share the concerns that those are kept and that we don't forget about that issue.

⊕ The gentleman from California, Mr. Rohrabacher, is recognized for one minute.



**Rep. Rohrabacher:**

Thank you very much. I won't be able to attend the whole hearing because of a speech on the floor of the House that I am working on for about an hour from now.

But, Mr. Chairman, I just would like to note that as we go into this phase where American troops are withdrawing, we cannot throw out those people who are our friends, as if they meant nothing to us.

And those people who are currently allied with us in the war against radical Islam, especially against the mullah regime in Iran, should not be taken for granted.



We should not be put in a very dangerous situation. I talked specifically about Camp Ashraf. These are protected persons by our own definition. We should not try to placate or let the Iraqis build some sort of cordial relationship with the mullah dictatorship in Iran by the sacrifice of these freedom-loving people.

◊

**Mr. Kahl:**

◊ We agree with you and the chairman 100 percent that the Iraqi government needs to live up to its commitments to protect the human rights of the residents of Camp Ashraf. The -- and we agreed 100 percent. And it's been something that we are watching, monitoring extremely closely and it's not only us. This is an international effort as well. The U.N. and others are also involved in encouraging the Iraqi government to live up to its commitments.

Basic food -- basic food, basic medical supplies, basic fuel are getting into Camp Ashraf. There's a lot of mutual provocations between the Iraqis and the residents that aren't particularly helpful. We've told everyone you need to lower the rhetoric because this could -- this could quickly lead to a miscalculation to get out of control. When there have been incidents reported to us, we have engaged with the committee and the Iraqi government that's in charge of this portfolio and I think that our engagement has had some success in the mind of the Iraqis of their -- of their obligations under (inaudible) military law to provide for the human rights of the residents of Camp Ashraf.

So we agree with you. We need -- and we need to keep watching this and we're glad that we have international partners that are involved.

◊

**Rep. Ros-Lehtinen:**

Thank you.

I now yield five minutes to the gentleman from Texas, Mr. Poe.

**Rep. Poe:**

Thank you, Madam Chairman.

Thank you both for being here.

I want to zero in on, first, Camp Ashraf and the situation as it is today and what's taking place there. I personally am concerned about the residents of Camp Ashraf, the 4,000 people that are in there, have received information from the residents about several -- several things that are taking place.

Here are some photographs taken by residents of Camp Ashraf. And I'll have to let these get closer to you all. And their concern is about the 112 loudspeakers that are posted around about the entire camp that are blaring into Camp Ashraf at all times of the day and night, apparently comments such as: "We're going to set Ashraf on fire. Ahmadinejad is a great president and all of you should follow him. You will soon see how the Iraqis are going to attack and destroy this camp, and we will hang every one of you."

It seems to me to be some type of psychological torture, torment, whatever you want to call it, to the residents of Camp Ashraf. First of all, I'm not sure who's doing this. Is it -- is it Iranians with the permission of the Iraqis? Is it Iraqis? Is it both? Do either one of you know about this?

Secretary Feltman?

**Mr. Feltman:**

The residents of Camp Ashraf and their family and family members here have certainly been -- have certainly told us about this. We're aware of this, yes.

**Rep. Poe:**

And what's your opinion of it? Do you think that's the way we ought to be treating folks in Camp Ashraf?

**Mr. Feltman:**

What -- first, Congressman, Camp Ashraf is under Iraqi sovereignty. That's -- that's just a fact. We have to accept the fact that Iraqi...



**Rep. Poe:**

I understand that, but do you think these are Iranians or Iraqis that are making these -- blaring these loud...

**Mr. Feltman:**

I don't know who's -- I don't know who's blaring it in, but the commitment that we have from the Iraqis that they must live up to, that we will be working to make they live up to is that they do not deport them to a -- to a country where they could be tortured for their political beliefs, where they could be arrested or detained for their political beliefs.

And that's -- and that is a commitment that the Iraqis have given us. It's part of an international understanding. It's what the Iraqis

**Rep. Poe:**

Excuse me, I'm just limited on time. Do you think that that is a commitment that they can -- are going to live up to? Or do we just hope they're going to live up to?

**Mr. Feltman:**

We're watching this all the time

**Congressman Poe:**

I know where they came from. I know they're Iranians.

Well, do you think that setting up 112 loudspeakers that are going off all days and nights, saying all kinds of propaganda things against the Camp Ashraf residents is something that should be of concern to the United States?

Or we should forget this, because now it's not our problem?

**Mr. Feltman:**

No, I think that these -- I think all of these basically dangerous versions of name-calling provocation, et cetera, should all be stopped, because you don't know when things are going to get out of control there.

You don't know when they're -- when someone's going to cross a line that leads to violence.

**Congressman Poe:**

Exactly. Are you concerned, as a representative of the United States about the Iranian influence in not only Camp Ashraf, but Iraq as well?

**Mr. Feltman:**

Yes. Of course. We're concerned about Iranian influence across the region. I'm the assistant secretary for NEA. We see Iran's bad behavior in a lot of different places.

**Rep. Sheila Jackson Lee:**

Δ Let me give my bias. We went into Iraq, looking for weapons of mass destruction and all we did is destroy and make worse, to a certain extent.

I'm not a fan of the present government. I'm not a fan of al- Maliki, Shiites and al-Dawa (ph), who is a Sunni, whose name I may not have pronounced correctly. But I know him when I see him.

And it is a constant continuous contact sport of who can have the upper hand, who can fill their pockets even more.

So we have less troops there, but I don't think the United States can abandon its responsibility concerning human rights.

So let me pointedly ask the question about the people in Camp Ashraf.

Not only do they have loud noises and torture and afraid of their life and the people in this country, Iranian-Americans, whose families were left behind or whose families went to be able to save the lives of other family members, are living in utter fear.

Can you tell me what humanitarian act is it to let sick and dying people die because they have no access to medical care? Elham, Mehdi, both suffering massively from cancer, being denied the opportunity, one with thyroid cancer, one with acute kidney cancer, in a critical state, already lost of one their kidneys, and they need to undergo an operation.

And they can't seem to get into a hospital. Where is our stand on human rights? We are continuing to plow investment into Iraq -- and let me be very clear -- I hope we have a pathway of economic opportunity.

I hope there is a pathway for businesses in the United States. After all, look at the enormous measure of blood that we've shed in that place. And what do we have to show for it?

I believe if we do not leave behind a civilized society that, in their own way -- they don't have to



follow the American way. They don't have to have the Harris County Public Health System.

But in their own way, cannot treat people in a humanitarian way, if they cannot form a government in less than 100 years, which it appears to be, that still is not stable and still we have not agreed to, then we have failed.

And if we keep continuing to say they're a sovereign nation, sovereign about what? They're not a sovereign nation. They're a collapsed government.

There's nothing positive going on there, other than the massive new embassy that we have and the hard working State Department employees that ground out their lives there every single day.

Thank them for their service. But, Mr. Feltman, I can't let you leave this room without telling me what are you going to do in our State Department about the conditions in Camp Ashraf?

I come here every time there's a hearing and say the same things. And what we understand is the Iraqi soldiers are the ones that are intimidating these people.

Now if you can prove that there are five, then it is something else. May I yield additional minutes? Well, let me yield for him to answer the question.

**Chairman Berman:**

Yes. I will -- unanimous consent to an additional minute to answer?

**Rep. Lee:**

Thank you. If there are five, Mr. Feltman, let us know that because that is a sovereign issue. But I want the State Department to act. Thank you.

**Mr. Feltman:**

I will -- we have looked into the individual cases you raised.

I, as Jeff Feltman, am not familiar with the individual cases you raised. But I will tell you that every time I have gone to Iraq -- and I was going to Iraq on a fairly regular basis, a week a month for a long time.

I didn't right now. I go see the minister of human rights.

And I go to see the minister of human rights because I care about the same values that you have described and because it's part of our policy to be promoting universal standards and adherence to human rights.

And so it's an important -- it's an important part of our dialogue to keep in touch with the minister of human rights.

And, yes, we talk about Camp Ashraf with the minister of human rights. We talk about the prison. Iraq has a long way to go.

**Rep. Lee:**

What are we going to do?

We need to go to Camp Ashraf. We can't listen to the human rights director. He's not telling the truth. What can we do? The U.S.?

**Mr. Feltman:**

I think that she, the human rights minister, who's a woman, has actually been very effective in working with us on some of the issues dealing with Camp Ashraf.

And I think she's also been a very good advocate for the very values that you're describing across Iraq.

**Rep. Lee:**

I need a report in writing, because my time is up, a report in writing, not on these cases, but the conditions in Camp Ashraf and what the United States and she, director, secretary of human rights, is actually doing regarding the ceasing of torture of these people in Camp Ashraf. She's doing nothing. And I yield back. Thank you

## House Foreign Affairs Committee - Hearing: Hilary Clinton

*March 1, 2011*



### NEWS

House Foreign Affairs Committee

U.S. House of Representatives

Ileana Ros-Lehtinen, Chairman

CONTACT: Brad Goehner and Andeliz Castillo, (202) 225-5021, March 1, 2011

Alex Cruz (South Florida press), (202)-225-8200

<http://foreignaffairs.house.gov>

For IMMEDIATE Release

### Ros-Lehtinen Questions Clinton on Iran Sanctions Implementation, Urges Protection for Camp Ashraf Residents

(WASHINGTON) — U.S. Rep. Ileana Ros-Lehtinen (R-FL), Chairman of the House Foreign Affairs Committee, at a Committee hearing earlier today asked U.S. Secretary of State Hillary Rodham Clinton about U.S. policy towards Iran and the implementation of sanctions against the Iranian regime. Statement by Ros-Lehtinen:

¶ I remain deeply concerned that the State Department is not fully implementing Iran sanctions.

¶ This morning, I was pleased to have the opportunity to ask Secretary Clinton about the status of five companies that the Administration waived sanctions against, through the

utilization of a special rule in the Comprehensive Iran Sanctions and Divestment Act, based on these companies' vague pledges to cease all investment in the Iranian energy sector.

ﻻ We must ensure that companies violating U.S. sanctions on Iran are not let off the hook.

ﻻ I want to know: How many investigations are currently open? Will the Administration commit to briefing the Committee on the status of all investigations that the Administration is undertaking on Iran sanctions?

ﻻ I also urged the Secretary for U.S. protection for Camp Ashraf residents. These are Iranian dissidents and opposition members residing in this facility in Iraq, and who are being harmed and harassed by Iraqi authorities at the behest of the Iranian regime.ﻻ

#####

***Ted Poe:***

*I believe like you that deep down in our soul everybody in the whole world has this burning desire for freedom. How do we want to define it and call it, that's the way we people are. I believe that it exists probably as well as any place in the country of Iran. We have a lot of Americans here, who are of Iranian descent, many of them have family in Camp Ashraf, many of them have lost family, many of them have been killed in Camp Ashraf. They have family in Iran and I believe those young people in Iran have that spirit of freedom.*

*I have a question that I do not know the answer. The United States throughout history takes the position usually that we support a country and then eventually we support the rebels. Or those who want to come in and take over that country. We've made that decision in Libya I think the Administration used that term that we support to rebels. And sometimes we do and sometimes we don't I think there is no greater tyrant on earth and the little fellow in the desert, Ahmadinejad, in the way he treats his people the way he declares war really on everybody. When do we get to a point as a country in making these decisions like we did with Libya, when do we get to the point that we say you gotta go we made that decision in Libya when do we make that decision in Iran; you gotta go*

**Hillary Clinton:**

*I think we have to support those who are struggling and fighting for their own freedom in the country and we do that in Iran but it is unfortunate that this regime has exercised such oppression against its own people, has done everything possible to destroy the opposition*

*We do support and we will continue to support and we will be very vocal in our support but we also look at those moments, those hinges in history where there is an adequate critical mass of people that are willing to stand up for their own right. Unfortunately in many countries that took a long time as in the Soviet Union as you know and when country begins to move then we were there and began to support them. We see that now in the Middle East and North Africa, Iran is a tougher case but we are going to do everything we can to support those who want that freedom*

*Let me just for the record say too, because there's been several references during the hearing to the MEK and I know there are many representatives here in the audience and that the committee is well aware on July 16, 2009, the District Court here in D.C. ordered the department to allow the MEK to respond to unclassified portions of the administrative record in reviewing the designation of being on the foreign terrorist organization list and as such we are again reviewing the designation in accordance with the court's decision and applicable law and this review will result in a de Novo decision concerning the designation of the MEK.*

**Ted Poe:**

*When you think you will have that decision?*

**Hillary Clinton:**

*You know it's proceedings these are very important considerations and reviews and you know as soon as we can we will make that decision.*

**Ted Poe:**

*My self and others have met with the State Department, CIA and classified briefings and I would just encourage the State Department based on everything that I know to make that decision. I am one that of course thinks that we ought to take them off the list but we hope that the Congress would not have to make that decision hope that the State Department would but I would ask that if any information comes forward either way that the Department of State would share that with us in a classified briefing. So that we get that information.*

*The last question that I was going to comment on and concern was that the residents of Camp Ashraf, they are nervous their relatives are nervous because of the way that this time is really not*

## *Hippocratic Oath Betrayed*

*to my opinion on their side. How do you - just your opinion - think this is going to play out once we are gone? The people in Camp Ashraf are going to be moved from the border, they are going to go to Iran, they are going to go to Europe. How do you see that playing out?*

### ***Hillary Clinton:***

*First let me say that we monitor the situation very closely we try to investigate all of the assertions that are made we know that adequate food and fuel under our supervision and pushing gets in but we also know there are constant provocations that exist. So we are in a daily dialogue with the government of Iraq with the United Nations and we will continue to do everything we can to protect them.*



*Secretary Clinton in the hearing session; a number of Iranian supporters of the PMOI sitting behind her*



*The British Parliamentary Committee for Iran Freedom*



Press Release

**Medical restrictions on Camp Ashraf residents are "shocking" and "disgraceful"**

The British Parliamentary Committee for Iran Freedom described the decision by Iraqi forces to prevent Iranian dissidents in Camp Ashraf suffering from cancer from having proper access to medical treatment as "shocking" and "disgraceful".

Iraqi forces, taking orders from a Committee in the Prime Minister's Office, on Wednesday blocked a trip by Elham Fardipour, 44, to a Baghdad hospital to undergo iodine therapy for thyroid cancer. Ms Fardipour was told that she could not be accompanied by a nurse or translator and would have to be in the custody of Iraqi armed forces.

The actions of the Iraqi forces in denying Camp Ashraf residents access to medical doctors is shocking and disgraceful. The Iraqi forces which seek to accompany Ms Fardipour are the same soldiers who carried out the callous attack on Ashraf last year leaving scores killed or maimed. They cannot be trusted to have a female patient in their custody while denying her the right to be accompanied by a nurse or translator.

There have been dozens of similar cases to that of Ms Fardipour whereby Iraqi forces have prevented patients from traveling outside Ashraf, accompanied by an aide, to get proper medical treatment.

These actions by the Iraqi forces, under orders from Prime Minister Nuri al-Maliki, are in breach of the rights of these Iranian refugees under international humanitarian law.

We seek an immediate lifting of the siege of Ashraf by Iraq and for the UN Assistance Mission in Iraq to station a permanent monitoring team in the camp under the protection of US forces.

**The British Parliamentary Committee for Iran Freedom**

**11 November 2010**

**Note to editors:**

*Camp Ashraf houses 3,400 members of the main Iranian opposition group, the People's Mojahedin Organisation of Iran (PMOI), who have lived there as refugees for more than 20 years.*

*The British Parliamentary Committee for Iran Freedom, made up of 120 cross-Party members of both Houses, is supported by a majority of MPs of all Parties and 200 Members of the House of Lords.*

*In Search of Justice*



**Statement by International Committee of In Search of Justice on Ashraf**

Dr. Alejo Vidal-Quadras, Vice President of the European Parliament and the President of the International Committee of In Search of Justice (ISJ) comprised of 4,000 parliamentarians throughout the world, visited the headquarters of the National Council of Resistance of Iran (NCRI) in northern Paris on Monday 1 November and met with Mrs. Maryam Rajavi, President-elect of the NCRI. They discussed the latest situation in Camp Ashraf, Iraq, home to 3,400 members of the People's Mojahedin Organization of Iran (PMOI-MeK), and the way in which the residents of Ashraf are protected and their rights respected.

During this visit, the EP Vice President contacted Ashraf residents in order to find out personally about the situation in the Camp. A number of representatives of the residents and officials of the Camp expressed their gratitude to Dr. Vidal-Quadras and his colleagues in the European Parliament for their special attention to Ashraf. They presented him reports about the latest situation in Ashraf from different perspectives.

The reports covered some of the serious threats to the protection of Ashraf residents posed by the Iraqi forces including; attacks by these forces on Ashraf in October that led to 28 injuries among the residents, the cruel siege of Ashraf for the past two years, psychological torture of the residents by agents of the Iranian regime's Ministry of Intelligence and Security (MOIS) and the terrorist Quds force using 100 powerful loudspeakers to broadcast threats to their lives that has been going on since last February, and constantly causing obstructions for the patients in Ashraf to have access to medical services, as a result which, some of the patients are now diagnosed with incurable diseases. Two of the residents, whose fathers are currently political prisoners in Iran and one of whom is sentenced to death, explained to the EP Vice President about brutal suppression of Ashraf residents' families and supporters of the PMOI in Iran.

Commenting on the reports, Dr. Vidal-Quadras emphasized that all the restrictions imposed on Ashraf residents and assaults on them are carried out upon the request of the Iranian regime and the orders of the Iraqi Prime Minister Nouri al-Maliki, which reflects the regime's fear from the PMOI and Camp Ashraf. This is while the residents of Ashraf are unarmed and live under total blockade. This is an indication of the movement's popular base and deep root within the Iranian society highlighting the fact that was witnessed last summer by the world when masses of Iranian expats gathered in support of the Resistance and Camp Ashraf in Paris. The criminal measures against Ashraf are the other side of the Iranian regime's crimes inside the country and in prisons against people and especially the families of Ashraf residents.

Recalling the European Parliament resolution on Ashraf adopted on April 24, 2009, Dr. Vidal-Quadras said that there were no doubts that measures against Ashraf

residents violate all international conventions and are considered as crimes against humanity.

He noted that, as many of the international jurists and human rights organizations have declared, the dispatch of agents to the main entrance of Ashraf and its southern flank and threatening the residents, using 100 loudspeakers, with death, expulsion, extradition and setting the Camp on fire, are clear examples of psychological torture. To this end, Maliki and the officials who carry out his orders must be tried in international tribunals and punished for psychological torture and other crimes.

Dr. Vidal-Quadras underscored the US responsibility to protect Ashraf residents and emphasized that they were Protected Persons under the Fourth Geneva Convention and the United States had signed an agreement with every single resident under which their protection must be guaranteed until their final disposition. Therefore, the United States must re-establish its forces inside Ashraf in order to forestall another humanitarian catastrophe, otherwise, in face of any harm to Ashraf residents, the US Government will be held accountable, he asserted.

The President of ISJ recalled the judicial case opened in the Spanish National Court to investigate crimes committed by the Iraqi officials in the bloody attacks of late July 2009 and added that all the crimes committed after July 2009 against Ashraf residents, including the ongoing psychological torture of the residents, will be added to the case in the Spanish court. Based on the court's decision, the events of July 2009 violated the international conventions and in particular the Fourth Geneva Convention and their perpetrators must be tried and punished.

The EP Vice President addressed the 1000 women residents of Ashraf and said that the revolting insults by Iranian regime's agents against them are totally unacceptable for the European Parliament and any dignified person and reflect the regime's misogyny and fear of the women's steadfast resistance in Ashraf. These women are outstanding symbols of resistance and strength and have well proven that they have the potential to lead a democratic and modern society.

Dr. Vidal-Quadras said, all of us in the European Parliament and ISJ are extremely worried about the plight of Ashraf residents and bear a heavy responsibility towards their rights, especially for the fact that we are obliged to act upon EP April 24, 2009, resolution. Our commitment towards Ashraf residents, however, goes beyond our legal and specific political obligations; it is indeed our human and historical duty. This is because Ashraf is at the front line of the struggle against fundamentalism for freedom and democracy in the region. By defending those who seek freedom in Iran and by supporting democracy in that country, we are in actual fact defending our own human identity and democracy and human rights all over the world.

**International Committee of In Search of Justice  
November 2, 2010**

## **Statement by a Palestinian government minister and 8 members of Parliament**

In a statement, Mr. Eisa Qarane', Palestinian Government's Minister of POWs and ex-POWs affairs, and 8 members of Palestinian Parliament including Dr. Nejat Ahmad al-astal, Dr. Soha Adel Sabet, Faez alsoqa, Jamal Mohammad Abulrab, Naeime' Alsheikh Ali, Dr. Nejat Abubaker, Ahmad Heza and ala Yaghi condemned the psychological torture of Ashraf residents using 240 loudspeakers and the increasing pressures by Iraqi government imposed on Ashraf residents at the behest of the Iranian regime and they called upon the United Nations and the US government to protect Ashraf residents.

### **Condemnation of psychological torture of Ashraf residents by 240 loudspeakers**

On January 5, 2011 the Iranian regime's Foreign Minister asked Iraqi Prime Minister to intensify practical measures against Ashraf residents.

- The attack against Ashraf on January 7, 2011, which was carried out in cooperation with Iraqi forces led to the injury of 176 residents including 91 women. The Iraqi forces prevented medical treatment of the injured residents and expelled them from the hospital.
- Prior to that, the 28 and 29 July, 2009 attack on Ashraf left 11 killed and 500 injured.

These measures seriously violate the Fourth Geneva Convention which covers Ashraf residents and are considered ۞ war crimes۞ and ۞ crime against international community۞ according to the writ by The National Central Investigative Court of Spain and the statute of International Criminal Court.

Minister Eisa Qarane' and 8 members of Palestinian Parliament emphasized that: ۞According to International laws, the United Nations and the US should guarantee protection of Ashraf residents. We call upon Mr. Ad Melkert the Special Representative of the Secretary-General for Iraq, and Navi Pillay the UN High Commissioner for Human Rights to make Iraqi government to take the following measures:

1. Dissolve the committee of closure of Ashraf and put Ashraf under supervision of Iraqi Parliament.
2. Immediately end the psychological torture imposed on Ashraf residents by the agents of the Iranian regime's Ministry of Intelligence and Security through 240 loud speakers.

The Lord Turnberg, Kt



House of Lords  
London SW1A 0PW

### **Statement on medical situation in Camp Ashraf**

I am deeply concerned about the reports of lack of medical services to the residents of Ashraf. The Iraqi government imposed restrictions on Camp Ashraf, denying the residents' free access to medical care, is in clear violation of all recognized norms and must be unequivocally condemned.

The Iraqi authorities, while publicly claiming to provide medical service for the residents, have practically turned the hospital to a torture chamber for the residents. The hospital administrator instead of doing a professional work under instruction from the Committee for Closure of Ashraf in the office of the Iraqi Prime Minister insults patients, refuses to provide them treatment, even when a patient is suffering pain refuses to give him/her the necessary medicine.

Denying free access to medical services, deliberately delaying much needed treatment of terminally ill patients, refusing to admit emergency patients on the basis of political consideration, as was the case with injured residents on 7 January 2011, are criminal acts and inhumane. It is very clear that the Iraqi government is engaged in systematic violations of the rights of the residents in this respect.

These restrictions have led to increased pain and suffering, both physical and psychological, for the residents of Ashraf. One patient has died as a result of continuous delay in his treatment. Several others have suffered permanent harm, including being disabled.

The Iraqi government has refused to respond to numerous questions raised by UN thematic rapporteurs including the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, which has expressed regret that the Iraqi "Government has not transmitted any reply to his communication."

The Iraqi government, in particular the Prime Minister Nouri Maliki, bears full responsibility for these disgraceful conducts. Those responsible must be brought to justice by international community.

The residents of Ashraf, based on their status as protected person under the Fourth Geneva Convention and in accordance to international human rights law are entitled to have unrestricted access to medical services. The restriction imposed by the Iraqi government is in violation of its obligations under International Covenant on Civil and Political Rights which Iraq is a state party.

I am also appalled that when the Iraqi Health Ministry sent a delegation to visit the Camp in order to prepare a report about the medical services in Ashraf, the Iraqi forces prevented them to talk to the residents. Therefore, any report prepared by this delegation is discredited. It is very clear the objective of the Iraqi government is to whitewash its crimes.

**Prof. Leslie Turnberg**  
**Former President of the Royal College of Physicians**  
**Fellow and former Vice President of the Academy of Medical Sciences**

**14 February 2011**



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R.J. Roberts / Direct line: 978-380-7405 / Fax: 978-380-7406 / email: [roberts@neb.com](mailto:roberts@neb.com)

March 16, 2011

Dear Minister Majid Hamd Amin,

I am writing to you as a Nobel Laureate in Medicine (1993) to express my deep concern and utter abhorrence of what appears to be the state-sponsored medical siege imposed on the 3,400 residents of Camp Ashraf in your country. The residents of this camp are clearly protected persons under the Fourth Geneva Convention and should be treated as such.

I find it very sad and quite shocking that the medical care and treatment required by the camp residents is being used as a weapon to impose yet more pressure on these defenseless individuals.

You must be aware that the misuse of medical treatment to suppress innocent people constitutes a crime against humanity and its perpetrators could and should be prosecuted.

Accordingly, I urge you – as the Minister of Health and as a physician - to stop this flagrant violation of human rights and make sure that complete access to medical services to the residents of Camp Ashraf is made available immediately before more patients lose their lives. If necessary this can even be at their own expense although given the previous mistreatment of these refugees it would seem that your government could enable access to the necessary treatment without charge. I also ask that you use your authority to remove the loudspeakers that are appear to be used as a means of psychological torture against the residents, particularly the patients in the hospital.

I look forward to your immediate measures in this regard.

Yours sincerely,

/KO

Sir Richard Roberts Ph.D., F.R.S.  
1993 Nobel Laureate in Physiology or Medicine  
Chief Scientific Officer, New England Biolabs  
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SCIENCE FOR THE BENEFIT OF HUMANITY

Günter Blobel, M.D., Ph.D.  
John D. Rockefeller, Jr. Professor of Cell Biology  
Laboratory of Cell Biology  
p: 212-327-8096  
f: 212-327-7880

March 18, 2011

His Excellency Majid Hamd Amin  
Minister of Health  
Republic of Iraq

Dear Mr. Minister:

I am writing to you as the Nobel Laureate in Medicine (1999) to express my profound concern and abhorrence with regard to the state sponsored medical siege imposed on 3400 residents of Camp Ashraf in your country who are protected persons under the Fourth Geneva Convention.

It is very sad and shocking that the issue of medical care and treatment, which is a legitimate right to any human being, is being abused as an instrument to impose further pressures on these defenseless individuals.

As you know, abusing medical affairs to suppress innocent people constitutes crime against humanity and its perpetrators could be prosecuted.

Accordingly, I urge you - as the Minister of Health and as a physician - to stop this flagrant violation of human rights and provide free access to medical services to the residents of Camp Ashraf at their own expenses before more patients lose their lives due to this medical siege. I also ask you to use your good offices to remove the loudspeakers that are being used as a means of psychological torture against the residents, particularly the patients in the hospital.

I look forward to your immediate measures in this regard.

Respectfully,

Günter Blobel, M.D., Ph. D.  
John D. Rockefeller, Jr. Professor of Cell Biology  
The Rockefeller University  
Investigator, The Howard Hughes Medical Institute  
1999 Nobel Laureate for Physiology or Medicine



**CLINICIANS FOR A FREE IRAN**  
**P.O. Box 380440 Cambridge, MA 02238**

April 23, 2010

Honorable Ad Melkert  
United Nations Secretary General Special Representative for Iraq  
United Nations Assistance Mission for Iraq  
Baghdad, Iraq

Dear Mr. Melkert,

We are writing to convey our profound concern about a medical blockade imposed on Camp Ashraf in Iraq where 3,400 Iranian dissidents reside.

Before the United States transferred the protection of Camp Ashraf to Iraqi forces in early 2009, the residents relied on their own resources to provide for their medical needs. Specialists visited the Camp from Baghdad and other cities to treat patients. Since taking over the protection of Camp Ashraf, the Iraqi Government and its forces have prohibited the residents from getting outside medical assistance.

Iraqi doctors have reportedly been barred from entering the Camp since last October, although a number of patients with serious illnesses had been treated by those doctors for many years and desperately need continued care. In addition, some 500 residents were wounded in the deadly raid on Ashraf by Iraqi forces last July. One-hundred-thirty sustained permanent injuries, including blindness, hearing impairment and loss of limbs as well as paralysis. They are in dire need of urgent treatment by specialists.

Furthermore, many of the women residents require treatment by specialists who have not been allowed to visit Ashraf for the past several months. A number are suffering from cancer and urgently need treatment.

In violation of International Humanitarian Law and International Human Rights Law, the Iraqi Government is systematically disrupting medical services for the Ashraf residents as a means of imposing physical and mental pressure on the residents. Considering the seriousness of this matter, I respectfully request that you personally intervene to solve this humanitarian problem and insure that the specialists be allowed to visit Camp Ashraf to treat their patients.

Sincerely,

Firouz Daneshgari, M.D. FACS  
Professor and Chairman  
Department of Urology  
Case Western Reserve University

CC:  
Hon. Ban Ki-Moon, Secretary General of the United Nations

# 16

## ATTACHMENTS

## **Selection of the letters and complaints of Ashraf residents to Iraqi authorities and international organizations**

### **Regarding medical siege and psychological torture**

- **The letter by 3 patients suffering brain and nerve illnesses**  
*About obstructions and prevention from taking CT-scan test... (3 July 2010)*
- **The letter by Ms. Elham Fardipour to Mr. Ad Melkert**  
*About obstruction and mistreating patients and not allowing interpreter and aide to accompany the patient (2 August 2010)*
- **The letter by 4 patients suffering cancer to the Special Advisor to the SRSG for Iraq**  
*Annuling medical appointments and denying patients right to treatment (23 Sep. 2010)*
- **The letter by 7 patients to the UN Special Rapporteur on the right to Health**  
*About obstruction and humiliating patients (24 Dec. 2010)*
- **The letter by 112 patients to the Director of Diyala Health Department and Iraq's Health Minister**  
*Asking for dismissal of Omar Khaled al-Tamimi from his post as the manager of New Iraq Hospital*
- **The letter by Ms. Ashraf Hadi to UNAMI officials**  
*Regarding medical restrictions and psychological torture intensifying her illness (3 Nov. 2010)*
- **The letter by Dr. Nahid Bahrami to the Special Advisor to the SRSG for Iraq**  
*About gynecologist not visiting Ashraf (3 Nov. 2010)*
- **The letter by Ashraf's physicians and specialists to the Iraqi Health Minister**  
*Regarding misinformation by the manager of the New Iraq Hospital (14 Feb. 2011)*

**The letter by 3 patients suffering brain and nerve illnesses**

UN Representative Office ؄UNAMI

Camp Ashraf Monitoring

July 5, 2010

Excellency,

We the undersigned are three residents of Ashraf suffering from brain and nerve illnesses. As a result of preliminary tests conducted by a brain and nerve specialist in the New Iraq Hospital in Camp Ashraf, it was suggested that we should undergo CAT scanning in the Baquba Hospital. According to the preparations and coordination made with Dr. Omar Khaled, the Director of the New Iraq Hospital, we were told that we would be transferred to Baquba Hospital on July 4. However, he refused to transfer us and although we were present at the New Iraq Hospital at 6 a.m., he kept us waiting until 11 a.m. He paid little attention to us and said according to Iraqi Army Battalion Commander, Col Latif's orders, you are not allowed to have anyone accompany you and only one person may come along with you. With us is a patient who cannot walk without somebody helping him. The second has suddenly collapsed several times while walking and the reason the specialist recommended a CAT scan for him is to determine his illness. And the third patient is suffering from severe weakness, imbalance while walking and other problems. His illnesses is due to the fact that he was one of the 36 hostages taken from Ashraf during the Iraqi security forces attack on the camp on July 28<sup>th</sup> and 29<sup>th</sup>, 2009 and was severely beaten at the time. Afterwards, he went on hunger strike for 72 days in Iraqi prisons. The question is that according to which medical and human rights standards have these patients been left abandoned with their illnesses not treated? According to which standards are such patients sent outside their residency alone for medical tests and treatment?

Our question is that are we prisoners of war to be treated in such a manner? Dr. Omar Khaled, who should not be politically influenced in his medical profession, is unfortunately the executor of the oppressive policies of the 'Ashraf Committee' affiliated to the Iraqi Prime Ministry. Following the US forces withdrawal from the camp (FOB Grizzly), this is the second such incident that Iraqi forces refrain from transferring our patients to a hospital in Baquba or Baghdad for treatment. Before anything else such inhumane behavior is in violation of Ashraf residents' rights and the rights of patients, and also are in violation of the fundamental principles of human rights which consider the right to receive medical treatment as an essential and inevitable right for all peoples.

Therefore, we are requesting your Excellency's active intervention to prevent the inhumane measures of the 'Ashraf Committee'. These procedures are carried out by the Iraqi Army battalion responsible for the protection of Ashraf and the director of the New Iraq Hospital.

*Hippocratic Oath Betrayed*

Sincerely,

*[Signatures of the patients]*

Cc:

US Embassy in Baghdad

General Raymond Odierno, Commander, USF-I

Minister of Health - Iraq

Director of Health - Diyala Province

**The letter by Ms. Elham Fardipour to Mr. Ad Melkert**

August 2, 2010

To: Mr. Ad Melkert

Dear Mr. Ad Melkert,

First of all I would like to say that I am very happy to have the chance to write to you about my problems. I hope that I get the chance to meet you in Ashraf so that I could tell you my problems in person.

My name is Elham Fardipour. It is three years now that I am suffering from cancer, yet unfortunately following the siege imposed on Ashraf my doctor, who performed surgery on me and supervised my recovery, is unable to come to Ashraf. Currently I have referred several times to the hospital yet received no treatment and due to various excuses brought up by the hospital officials, I have not been given the authorization to go to the Baghdad Hospitals. This is because the Iraqi Prime Ministerial Committee to Suppress Ashraf controls all transfers of patients to the hospitals outside the camp. The hospital officials are not taking any actions therefore not only am not being treated, yet I am also suffering more pain from my illness. All across the world, hospitals have standards and are not influenced by politics, yet unfortunately in the New Iraq Hospital in Camp Ashraf, this is not the case and the patients are being threatened. Two weeks ago I referred to the hospital to be transferred to Baghdad, yet they prohibited my sister and translator who have been with me throughout these years and are aware of my condition, to assist me in the trip. How can a patient be hospitalized for three days without any family members or a nurse assisting him/her. This is more like torture. When I protested to such restrictions, Dr. Omar Khalid, Director of the New Iraqi Hospital contacted the police chief and a group of 12 armed men entered the hospital and I was forced to leave. By seeing the soldiers with rifles I was shocked and I started doubting their humanity. Where in the world do soldiers enter a hospital with rifles and threaten the patients. The patients in the New Iraqi Hospital have no security and rest and unfortunately no one is taking responsible.

I request you, as Head of UNAMI, to act upon your humanitarian commitments and defend the human rights of the residents of Ashraf and end these problems by personally looking into issue. In the end I would like to ask you to come to Ashraf so that we could talk face to face.

Thank you very much,

Elham Fardipour

**The letter by 4 patients suffering cancer  
to the Special Advisor to the SRSG for Iraq**

٥٥٥٥

UNAMI

September 23, 2010

Dear Sir,

We are four residents of Ashraf who suffer from cancer. We are writing to you to draw your attention to the hindrances by the Iraqi Committee and Dr. Omar Khalid al-Tamimi, director of Camp Ashraf Hospital, who have deprived us from going to visit our specialist doctors. Each of us has a long history of having cancer. One of us (Akbar Shafeghat) chronically suffers from bladder cancer and has undergone chemotherapy several times. However, under different excuses, the Iraqi Committee and the director of 'New Iraq' hospital hindered or prevented him each time from going to visit his specialist doctor or for CT scan and medical tests in the hospitals of Baquba or Baghdad. Another one of us who suffers from thyroid cancer used to be visited by a specialist doctor who used to come to Ashraf before. But since the time that the Iraqi forces has prohibited the specialist doctors to come to Ashraf he only has been able to go to Baghdad to visit a specialist Doctor but even in that trip he was not able to see the Doctor because the manager of the camp's hospital delayed in sending him to Baghdad so when he got there the clinic of the Doctor was closed and he had to come back without visiting the Doctor.

Another one of us wrote a letter to you on 2010-07-24 and informed you of her situation that suffers from thyroid cancer and 3 years ago had a surgery and it is 7 months now that has been trying to get medical treatment but the Iraqi committee through the army Battalion and Dr. Omar Khaled the manager of the camp's hospital has been preventing her trip to Baghdad's hospital with this excuse that she cannot has a interpreter with her.

Another one of us who is suffering from severe cancer and because of the severity of her illness she is hospitalized in the camp's hospital.

Dear Sir,

We were supposed to go to Baghdad on Thursday 23 September 2010 to visit the cancer specialist in the central atomic clinic of Baghdad and to receive the results of our chemotropism and to be checked by the Doctor. We did all the coordination with Dr. Omar Khaled the manager of the hospital one week in advance and we also confirmed it on Tuesday September 21 and Wednesday morning September 22, but as we were getting ready to go to Baghdad, on Wednesday night

(September 22), we were informed on behalf of Dr. Omar Khaled that the committee has ordered that we cannot take a interpreter and a nurse with us and we have to go by ourselves and without the interpreter.

Today, Thursday 23 September, we went to the hospital in Ashraf for going to Baghdad and asked to talk with the manager of the hospital because he is well aware of our medical cases and he would know that we could not go to doctor and communicate with the doctors without an interpreter. He made us to wait two hours before he was ready to talk to us. Anyway, he refused to recommend for us to go to Baghdad with our interpreter. Therefore, our trip to Baghdad was practically cancelled because none of us could speak Arabic or English.

We want to register our complaint with regards to the interferences and obstacles created by Ashraf Committee on our access to proper medical treatment and we want to register our protest to about Dr. Omar who by trampling on any principles has deprived us from right to health and to means for a proper medical treatment. We request you to interfere in this matter in order to remove the limitations and please make arrangements that considering our perilous conditions we will be able to go to Baghdad next week along with interpreter to be visited by a specialized doctor.

Truly,

*[signatures]*

**The letter by 7 patients to the UN Special Rapporteur on the right to Health**

December 24, 2010

Mr. Anand GROVER

Special Rapporteur on the right to Health

Dear Mr. Grover

With regards,

We are seven residents of Camp Ashraf suffering from various illnesses. After months of waiting and tolerating the obstructions made by the Prime Ministry's Committee for Suppressing Ashraf residents, the Iraqi doctor in-resident in Ashraf informed us of the appointments with specialists in a Baghdad hospital on Tuesday Dec. 21, 2010 for medical treatment. We would like to explain to you in brief a day of obstruction, humiliating behavior and psychological torture imposed on the patients by the Iraqi security forces acting under the order of the Committee Ashraf.

At six o'clock in the morning on Tuesday Dec. 21, the Iraqi forces allocated a dirty and unhygienic ambulance for seven patients - some suffering from heart trouble - which could hardly accommodate three. Despite the patients' situation, two of them were seated on loose plastic chairs. From the time we reached the hospital until we returned to Ashraf at 7p.m., we continuously experienced breaching the human rights by the Iraqi forces including the following cases:

- The officer in charge assigned five armed soldiers in full gear to accompany us through our journey in visiting various parts of the hospital. While walking in the hospital, the soldiers had their rifles pointed at us.
- In the hospital, the people were looking at us as if we were criminals. The soldiers were pushing us with their guns and were telling other people that these patients have special cases and stay away from them.
- In the surgery and while the patient was under doctor's check, the officer in charge (armed with pistol) plus a couple of armed soldiers were present. A doctor's session with the patient is a private session and this is recognized worldwide but the officer and the soldiers breached this right. The doctors were very dissatisfied with this situation and were saying that they were reluctant to visit us again.
- Since we started our trip to Baghdad in early morning until we returned to Ashraf late in the evening, the Iraqi security forces did not allow us to buy food or water. One of us, a

patient suffering from heart trouble , underwent angiography operation and had to stay in the hospital until 1630 hours. He was charged approximately 1,000 USD which is three times the price an Iraqi citizen would pay. Equivalent to 40 USD of the amount was charged for food but the Iraqi security forces prevented the others to serve food for the patient.

Another patient suffering from kidney trouble needed to drink a bottle of water every hour to reduce his pain but he was deprived from buying water. Another patient with heart trouble had to take some tablets but he could not take them on empty stomach yet he was not allowed to buy food in order to take his medicine. The other patients were more or less in the same situation whereas the Iraqi security forces had their lunch.

- Among their other behaviors, the Iraqi forces under the PM' Committee did not allow an interpreter to accompany the patients from Ashraf. Although two of the patients were able to speak Arabic and English but they were banned from accompanying other patients while being checked by the doctors. Finally, two patients returned without any particular answer to their problem because they could not communicate with the doctors.
- Three of the patients who had severe heart trouble had been banned by the doctor to walk or stand for a long period of time but the Iraqi forces made them walk along with other patients visiting the places they did not have to go. One of the patients suffered from mastoiditis(inflammation of the mastoid process of the temporal bone). He cannot keep his balance and cannot walk for too long. He too had to walk along other patients to unnecessary points. The soldiers did not allow the patients to take a rest somewhere and made them walk to various surgeries to make the patients suffer more.

Before we set off in the morning, the officer in charge agreed to divide the patients into three groups so that everybody could be checked by the doctors. In the hospital, he changed his mind and made all the patients to stay together and lose time. Therefore, he did not manage to get echocardiography check.

Dear Mr. Grover

A number of us in Ashraf have been political prisoners in Iran for many years and have tolerated severe physical tortures but none of these torture have been more painful than the psychological tortures continuously imposed by the Iraqi forces on us.

The Committee of Suppressing Ashraf residents has turned medical treatment for us torture and in this situation the patient prefers to die rather tolerating such torture under the title of medical treatment.

## *Hippocratic Oath Betrayed*

We would like you to look into our complaints and suffering which are the result of the inhumane behavior of the Iraqi government regarding the residents of Ashraf. We also would like to urge you to put in efforts to end the torturous situation of the residents of Ashraf health care.

Please accept our regards and appreciations,

Respectfully,

*[Signatures of seven patients]*

**The letter by 112 patients asking for dismissal of Omar Khaled al-Tamimi from his post as the manager of New Iraq Hospital**

**Honorable Dr. Ali Tamimi**  
**Director of Diyala Health Department**

Dear Sir,

We the undersigned are patients residing in Camp Ashraf who have referred to Camp Ashraf's hospital many times and have witnessed the impolite and insulting behavior of Dr. Omar Khaled al-Tamimi, director of the Hospital in Ashraf, with the patients and residents of Ashraf, and even the Iraqi interns of this hospital. Due to his unprofessional and poor management, and his very unpleasant behavior, time and time again medical appointments of Ashraf patients planned in Baquba and/or Baghdad, or surgeries in the Hospital in Ashraf have been cancelled or postponed by Dr. Omar Khaled al-Tamimi. He has also disrupted the treatment of patients on many occasions.

Facing the smallest complaints by patients about their problems and lack of necessities, and their dissatisfaction of their conditions in the hospital, not only is he not willing to listen, yet he replies with insulting behavior. Also, by misusing his contact with Iraqi security forces and intelligence agencies, he requests police and armed forces to enter the hospital and threaten the patients, creating an atmosphere of fear. Such conduct on behalf of Dr. Omar Khaled has seriously disturbed the hospital's atmosphere and he enforces the most severe psychological and mental pressures on the patients. The patients have reached the point where they do not prefer to enter the hospital while Dr. Omar is present.

Dear Sir,

We are requesting you to replace Dr. Omar Khaled as director of the Hospital. Such a measure will fulfill the satisfaction of Ashraf residents, ensuring them a proper and peaceful environment to pursue medical treatment.

Sincerely,

Signed by 112 patients in Ashraf Camp

**Cc:**

- **UN Special Envoy in Iraq Mr. Ad Melkert**
- **General Raymond Odierno, Commander, USF-I**
- **Minister of Health, Iraq**

١٣ تموز ٢٠١٠

السيد مدير صحة ديالى الدكتور علي التميمي المحترم

نحن الموقعون ادناه قسم من مرضى سكان مخيم اشرف شاهندا خلال مراجعاتنا العديدة الى مستشفى المخيم تعامل المشين والموهن للدكتور عمر خالد مدير المستشفى مع المرضى وسكان المخيم وكوادر المستشفى، ان الدكتور عمر خالد كونه غير محترف مهنياً وبسبب ضعفه الشديد في الادارة وسلوكه اللااخلاقية يقوم بالغاء المواعيد والزيارات لعلاج المرضى في بعقوبة أو بغداد لمرات عديدة كما تم الغاء العملية الجراحية في مستشفى العراق الجديد في المخيم أو حدوث خلل في معالجة المرضى بين حين وآخر نتيجة سوء ادارته المستشفى.

ان الدكتور عمر خالد عند المواجهة لأبسط الاعتراضات من قبل المرضى الذين يعرضونه معاناتهم والنواقص والخلل في علاجهم لايتحمل أن يستمع اليهم بل يلتجئ الى الاساليب الموهنة ويستغل ارتباطه مع الاستخبارات والقوات الامنية العراقية حيث يجلب الشرطة أو القوات المسلحة داخل المستشفى لارعاب وتهديد المرضى. ان هذا للتعامل من قبل الدكتور عمر خالد يتوتر اجواء المستشفى بشدة ويجعل المرضى تحت الضغوطات النفسية الشديدة حيث لايرغب المرضى مراجعة المستشفى عند حضوره فيها.

السيد المدير،

نرجوا من جنابكم ان تتخذون الاجراء اللازم السريع من اجل نقل الدكتور عمر خالد من هذه المستشفى لان هذا الاجراء يرضي المرضى وسكان اشرف ويضمنهم بوجود مكان آمن وهادئ ليتمتعون فيه من الخدمات الانسانية والعلاجية.

مع التقدير والاحترام

الموقعون ادناه

نسخة منها الي :

السيد اد ملكرت ممثل الامم المتحدة في العراق

الجنرال اوديرنو قائد القوات الامريكية في العراق

وزير الصحة العراقي

اسماء الموقعين:

(the picture of the first page with some signatures is shown on the next page)

**The letter by one of the patients to UNAMI officials regarding medical restrictions and psychological torture intensifying her illness**

Mr. Obiorah and Ms. Dihemo

UNAMI

Please accept my best regards.

I am a resident of Ashraf. I left my country 25 years ago and have been living in Iraq ever since.

When I was 19 years old, I was diagnosed with a rare and agonizing disease called "corone disease", which one human in millions of people suffers from. During the years since, I had been able to visit my specialist physician even when the US forces protected Ashraf. They even took me to Baghdad, Adnan hospital, with an American escort several times to see my doctor, Maki Fayaz.

Unfortunately though, in the past two years in which the Iraqi forces took over the protection of Ashraf and transformed it into a prison, no physician has checked me except once when I was hospitalized at the hospital near the entrance of Ashraf. That single visit was so hasty that I was not able to tell the doctor my problems. This is despite the fact that my medication and illness have to be checked periodically and fully controlled. In the past two years, to this very minute there has been no such thing.

Besides that, there is the psychological torture that has been going on for nine months by paid agents who have come to our front gates and call themselves family members. My disease requires that I always stay in a calm, quiet place, away from stress, worries and tension. But in the past nine months, I have not had such circumstances to be able to control my illness. Especially now that the agents' loudspeakers have been brought to the southern fencing, very close to my home, where they yell and threaten us around the clock.

The past few days I have been in a very bad condition. My symptoms have increased, even though I am taking the highest possible dosage of my medication. I cannot be calm even when I try to rest. I constantly wake up from their noise and get worse each time. Sometimes I get so sick that I cannot get up the entire day.

In the four days that I was hospitalized at the hospital beside the entrance of Ashraf, I suffered more than anywhere else. The Iranian agents' noise was non-stop, so I told the doctors to allow me to go home because I was more at ease there than the hospital - better known as the torture chamber. However, these days I have been even deprived of the calm and quiet of my home.

## *Hippocratic Oath Betrayed*

Just a month ago, one of the women living in Ashraf, Ms. Parvin Malek, passed away due to lack of medical care and being prevented for seven months from seeing the doctor who always treated her. I really fear having to face the same fate, which is gradual death.

Finally I must state that I strongly protest the current situation, which is unbearable for me. Mowaffaq Rubaei had said that the Iraqi forces would make living in Ashraf unbearable for us; the Maliki government is doing that.

I want to see UN representatives, someone who can put an end to this inhuman situation and the loudspeakers installed near my home.

Respectfully,

♣♣..

November 5 2010

**The letter by Dr. Nahid Bahrami about gynecologist not visiting Ashraf**

December 19, 2010

UNAMI representative

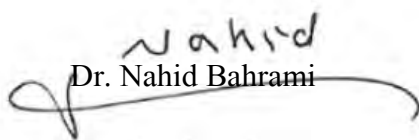
I am Nahid Bahrami, a physician residing in Camp Ashraf who follows the treatment of illnesses of female patients in Ashraf. I am writing this letter to you at a time when a number of patients who suffer from serious gynecological illnesses and have long been waiting to be visited by a specialist physician went today, December 19, to the New Iraq Hospital for the fifth time but the specialist doctor did not show up.

Since the time the New Iraq Hospital was set up and according to what was agreed on, a gynecologist was supposed to come to Ashraf once a week. During past three months, the gynecologist has come to Ashraf only 5 times, and each time the doctors stayed in Ashraf for 2 to 3 hours and in each session 11 patients, on the average, were visited. Currently, there are 50 patients in the waiting list to be visited by the doctor. I have enclosed the names of the most serious ones in the attached table. There are also 19 patients who need to go under gynecological surgery, six of whom are in urgent condition and their names are attached too.

Furthermore, over the past year, the gynecologists who have come to Ashraf kept changing continuously, so each time, the patients is visited by a new doctor, and this issue has created serious disorders in their treatment.

As a physician and as a woman residing in Ashraf, I request urgent consideration to this inhumane situation and pressure on women in Ashraf.

Gratefully,

  
Dr. Nahid Bahrami

**The letter by Ashraf's physicians and specialists to the Iraqi Health Minister**

February 14, 2011

His Excellency Majid Hamed Amin  
Minister of Health  
Republic of Iraq

Dear Mr. Minister,

While offering my deepest respects, we would like to directly bring to your attention the unjust and inhuman medical restrictions that have been imposed on Ashraf residents for the last two years. It was our every expectation that the delegation that came to Ashraf on behalf of the Health Ministry on January 3, 2011, would produce an accurate report on the problems and the suffering of the residents. However, that delegation was not allowed to talk with the residents. They were surrounded by Iraqi military and security forces at all times and could only go to The New Iraq Hospital in Ashraf and just see the show prepared for them by the committee to suppress Ashraf (under command of the prime ministry) and by Dr. Omar Khaled, the hospital director. Hence, they only heard thoroughly biased and false reports leading to a report that in no way reflects the real picture of the absolutely serious medical condition in Ashraf. Therefore, it is our request that you task an impartial delegation to visit Ashraf without the presence of military and security forces so as to freely talk with the residents and hear their medical problems up close. Until such a visit takes place, we would like to bring to your attention some immediate matters regarding the medical condition in Ashraf:

**History:**

1. Since 2003 and until the end of 2008, where responsibility for protection of Ashraf lied with the U.S. forces, residents' medical needs were resolved at their own expense. This included the purchase of medicine and medical apparatuses, and inviting specialist Iraqi physicians to come to the camp. Hence, most illnesses were discovered at their inception and subsequently controlled. However, since the beginning of 2009, the Iraqi forces prevented entry of specialist physicians to Ashraf. On April 2009, in face of internal and international protests, Mowaffaq al-Rubaie, the Iraqi National Security Advisor at the time, declared "the complete adherence of the

Iraqi government to guarantee medical services to camp Ashraf residents". On April 14, 2009, General Director of the Diyala Health Directorate together with a team of physicians met with the medical authorities of Ashraf.

2. Subsequently, Ashraf residents left the current Ashraf hospital called the New Iraq Hospital together with all its facilities (the building, medical instruments, etc) which they had bought at their own expense, at the disposal of the Diyala Health Directorate. In return, the Diyala Health Directorate obligated itself that:
  - Entry of physicians, specialists and technical cadre; medicine; and medical instruments to the camp would continue as in the past without any limitations at the expense of residents.
  - Patients needing medical treatment available only outside camp Ashraf would be escorted by Iraqi forces to the Iraqi hospitals to be treated with no limitations imposed. However, the committee to suppress Ashraf never allowed this agreement to be implemented.
  - The Diyala Health Directorate was to send specialist physicians to visit patients in Ashraf twice a week. Again, the committee to suppress Ashraf, violating most agreements, began the medical siege of Ashraf right away.
3. In the criminal assault on Ashraf in July 2009, the committee obstructed entry of physicians to treat the injured resulting in the death of at least three residents whose lives could have been saved. Following this assault which resulted in 11 dead, 500 injured and another 1,000 battered, the hospital building and most of its equipment and facilities were either destroyed or stolen. However, the residents replaced everything at their own expense and the hospital began its work again in December 2009.

### **The problem of specialist physicians**

4. As far as the specialist physicians are concerned:
  - Just 50% of the needed specialists come to Ashraf and they only stay from 10:30 till 12:30 to see the patients. There are always many patients that cannot be examined by the specialists (please see attached tables).
  - Although there are close to 1,000 women living in Ashraf, from August till November 2010 only sporadically gynecologists came to Ashraf; and since November, no gynecologist has come here with our follow up with the director of the hospital bearing no fruit.
  - Camp's patients cannot choose their own physician or hospital for treatment and they are prevented from going to private hospitals or private doctors. Upon orders of the committee, patients can only follow their treatment through public physicians who do continuously change. Due to this change and the delays and obstructions by the committee, the process of the medical treatment of patients enters a long cycle and the

patient is handed from one physician to the next resulting in serious losses of patients' health.

- The hospital lacks specialist dentist. Current dentists lack even the minimum equipment and they do not have the expertise to treat gingival diseases, make prostheses, or perform maxillofacial **surgeries. Many patients in need of specialist dentists are left untreated.**

### **Supplying Medicine**

5. As far as supplying medicine to the residents is concerned, the Diyala Health Directorate just supplies 5% of the medicine needed despite the fact that we have patients with high blood pressure, diabetics, tuberculosis, M.S. Hence, ever since control of medicine was put in the hands of the Diyala Health Directorate, residents had to acquire their medicine through purchasing it with the supervision of Dr. Omar Khaled, director of the hospital. Unfortunately, the director of the hospital is more loyal to the committee to suppress Ashraf than to his oath as a physician and for this last month he has refused to deliver the medicine bought by the patients to them.

On Tuesday, February 8, 2011, Dr. Omar had the Iraqi driver that purchased the medicine he himself had already approved for residents, arrested by the military forces. The objective is to terrorize and threaten drivers to stop working for Ashraf residents!

### **Medical services**

6. The hospital under control of Diyala Health Directorate and the Ashraf Suppression Committee lacks the minimum facilities and equipment:
  - The hospital's operating theatre that its building and necessary equipment in line with accepted standards of an operating theatre was in its entirety prepared by camp's residents and started its work in the beginning of 2010 under the supervision of the hospital director. Unfortunately from that day onward, essential equipment and necessities to perform various surgeries have not been furnished by Diyala Health Directorate.
  - Regarding needed specialists, the operating theatre lacks a disinfectant specialist, recovery specialist, assistant surgeon, etc; rendering performance of some surgeries difficult and perilous or altogether impossible.
  - The hospital lacks the minimum necessities for hospitalized patients. The men's section has two washing machines both broken for months. Not only does the hospital director take no action to have the machines fixed, he even does not allow technicians living in the camp to repair them.

- This section has no hot water for the last six months and hospitalized patients have to use cold water. This is caused by a broken water heater which the residents are prevented from repairing.
- Although the hospital building allocated to the lab was handed over to the hospital director six months ago, the lab was not functioning until just last week. As a result, even the simplest lab tests were done just once a week. It should be noted that these tests were done with various obstructions and limitations imposed by the hospital director, with the samples having to be sent to Baquba or Baghdad.
- The hospital had one optician technician whose work was stopped due to shortage of adequate equipment and devices; he no longer comes to Ashraf for this reason.
- The hospital in Ashraf lacks an X-ray machine. Following up this issue with the Diyala Health Directorate officials, they stated that a room made with concrete walls is needed for such. Camp residents declared their readiness to build such a room for the hospital at their own expense; however, the hospital director rejected this request.
- At the beginning of the hospital's operation, camp residents requested from the Diyala Health Director to vaccinate the residents against infectious diseases, and to spray the camp with pesticides to battle insects and other environmental contaminations. These requests have been left unanswered while the committee to suppress Ashraf prevents entry of pesticides and related equipment.
- Up until three months ago, camp's residents cleaned the hospital. However, the hospital director prevented this sanitary job causing the hospital to fall below the minimum hygienic standards. The hospital is now polluted to such an extent that patients hardly convince themselves to come to the hospital.

### **Dispatching patients to out of Ashraf**

7. Dispatching of patients to Baquba or Baghdad is carried out with many difficulties. First the hospital director has to agree to the trip, then the so-called battalion "to protect Ashraf" must agree, and finally the committee in Baghdad must give the green light.

Once all these arrangements are made, practical obstacles and limitations come into play. One of these restrictions is preventing an interpreter to accompany the patient which is quite necessary for women patients and the seriously ill. On many occasions, these limitations lead to the cancellation of the appointment and the trip. I am sure you understand how difficult it is for a Muslim woman, especially if she is ill, to go alone to hospital with the soldiers who have been involved in the killing of Ashraf residents.

These restrictions come at the time that since three months ago many of the surgeries in Ashraf hospital have been cancelled due to obstructions by the hospital director and he refers patients to Baquba.

The nurse that the hospital sends with the patient to Baghdad or Baquba returns to Ashraf after a few hours. If the patient is hospitalized for a number of days, there is no one to take care of the patient and the military force who accompanies the patient puts added pressure on the patient with its meddling in patient's treatment.

8. Contrary to minimum acceptable standards of humanitarian behavior toward a patient, in the transfer of patients to Baghdad or Baquba, the patient is treated in an extremely insulting manner.

People accompanying the patient under the pretext of protection suddenly enter the doctor's office with their guns and intervene in the patient's examination by the physician.

In one case, a patient was body searched while entering the operation room for surgery.

In another incident, they entered the physician's office with their guns while a female patient was being examined.

On many occasions, they have prevented the patient from purchasing his/her medication and even pointed their gun at a patient.

In another incident, a cancer patient just returning from surgery was beaten up inside the ambulance.

They prevent purchase of prescribed medication for the patient and even cancel or change patients' appointment in the hospital.

Ashraf residents have time and again stated that they are ready to hire private escort at their own expense to take the patients to Baquba and Baghdad; however, the committee has rejected it.

9. Two ambulances are used for the transfer of patients to Baghdad or Baquba. These ambulances each have a capacity to transfer two patients, but they transfer seven to eight patients with them. Time and again patients' appointments have been cancelled due to ambulances breaking down along the way or running out of fuel. Residents have suggested numerous times that suitable vehicles be rented at their own expense, but the hospital director and the committee have rejected it.

### **The armed forces in the hospital**

10. Once the hospital resumed its activities in December 2009, the Iraqi commander of the camp insisted he would station a team of Facilities Protection Force (FPS) at the hospital entrance to control and be in charge of the hospital security. This is while currently, the hospital is under the control of military forces and the police who are present in the hospital area carrying weapons

and military equipment. Intelligence officers pay a visit to the hospital on a daily basis and each time they station armed men at the entrance to prevent patients from entering the hospital.

- For any minor protests by the patients with regard to the shortages of the hospital or the medical problems, Dr. Omar the director of the hospital would bring the armed forces inside the hospital and threatens the patients with arrest.
- On December 26, 2010, Iraqi armed forces with 40 military vehicles on the orders of the Ashraf Suppression Committee attacked a group of 11 Ashraf residents, severely beating and injuring them with sticks, clubs and batons forcing them to leave the hospital area. These 11 Ashraf residents were stationed in the hospital area for 20 months, facilitating the patients' affairs during their stay at the hospital. Still, those injured in this attack are continuing to undergo treatment due to the severity of the wounds and have not cured yet. Military forces then confiscated the trailer belonging to the residents along with all its equipment. The hospital had previously asked for this trailer to be moved off hospital grounds. Also, one crane and flatbed truck that the residents had brought to relocate the trailer, along with a motorcycle belonging to the residents, were stolen.

### **Impacts of the two-year-long restrictions and suppressive attacks on medical situation**

11. The Iraqi forces' violent attacks against the camp residents and the extremely harsh restrictions have drawn the patients to a critical point.

- 1) During the Iraqi forces July 2009 attacks, 130 residents were maimed, 370 were injured and over 1000 beaten. Most of those injured are orthopedic cases who continue to undergo treatment and they do not receive necessary medical care.
- 2) From October 2010 till January 7, 2011 around 240 Ashraf residents, including 93 women, were injured due to 6 attacks conducted by Iraqi armed forces against the residents. A high number of these patients have not cured yet.
- 3) Many patients suffered ear problems due to the Iraqi forces July 2009 attacks when they used sonic grenades and water cannons against the residents. 75 patients are in need of hearing aid and have not received any to this day.
- 4) 145 patients with eye problems are in line to be checked by a medical specialist or to undergo surgery. Eleven of these individuals are on the verge of losing their eyesight. However, during the past 7 months only on 3 instances has an optician come to Ashraf.
- 5) 12 residents are in need of caliper, but it is nearly two years since the last technician of artificial limbs came to Ashraf.
- 6) 89 patients are in need of para-clinic cardiac treatment. Fifty residents are suffering from heart problems or previous heart attacks and are in need of balloon, angiography, or treadmill and echography, or highly specialized heart experts. However, the committee to

suppress Ashraf does not allow us to bring these specialists and the Diyala Health Directorate lacks these types of medical specialists.

- 7) Over 245 orthopedic patients are in line and must be checked by physicians or undergo surgery. While an orthopedic specialist was scheduled to come to Ashraf twice a month, he comes only once a month at most and the patients' needs are left unresolved.
- 8) 30 patients are waiting for gastroscopy and colonoscopy surgery. Since the camp's hospital lacks such equipment, the patients must be transferred to Baquba. However, due to the various restrictions imposed on their transfer, they are still waiting to be sent to Baquba.
- 9) During the past two years, due to increasing pressures enforced by the suppressive committee against Ashraf residents, and the continuous psychological torture through 180 loudspeakers installed near the residents' homes, dormitories and hospital, the number of patients with brain problems, migraines, epilepsy, brain anemia, MS, Parkinson and  $\Delta$  have especially increased causing many neurotic symptoms in individuals, which in turn brings about illnesses such as tensions and serious headaches, disturbances and daily anxiety. This is while the main requirement for hospitals is silence and a quiet environment for patients.

### **Disastrous impact of delays in treatment of patients**

12. It is a common policy of Dr. Omar and Ashraf Suppression Committee to delay the treatment of patients which has caused irrecoverable damages.

- In one case, this policy led to the death of a cancer patient by the name of Mehdi Fathi. If free access to medical services were available, he would have most definitely been alive today.
- A cancer patient by the name of Akbar Shafaghat , whose chemotherapy and radiotherapy process has been delayed for months, is now in a critical condition.
- ParvinMalekMohammadi, one of the most serious patients in the hospital, was urgently transferred to the camp hospital on September 27, 2010. Despite the hospital director was aware that she was suffering from DVT and might face embolism and there was a possibility of the blood clot reaching the heart, he refused to transfer her to the hospital, so the patient died the next morning.
- ElhamFardipour, diagnosed with thyroid cancer and awaiting iodine therapy for the past 13 months after undergoing surgery, has had at least 7 iodine therapy appointments cancelled by the hospital director for absurd reasons.

### **Failure to issue death certificate**

13. According to the laws in Iraq and other countries, a death certificate is issued for each individual who dies. However, under orders from the Ashraf Suppression Committee the hospital director

in Ashraf prevents death certificates from being issued for the deceased. All individuals who died in 2010 in Ashraf were registered patients at the New Iraq Hospital, who passed away either in the New Iraq Hospital, in the Baquba Hospital or in their own homes. They were transferred to the hospital yet the hospital director unfortunately sends them to Baquba and files a case for them with the police. He refrained from issuing death certificates under the pretext that the deceased do not have credible identification documents. This is while all Ashraf residents have ID cards issued by the US government. These ID cards have also been registered by the Iraqi Ministry of Interior, and according to explicit remarks by the Khalis investigative judge, these ID cards represent the identity of each individual and are credible. This has also been formally announced to the police chief in Ashraf.

### **Expenditures**

14. The facilities and equipment that were allocated to the Diyala Health Directorate by Ashraf residents for the New Iraqi Hospital, which were at the expense of the residents, along with part of the expenses that Ashraf residents have paid from 2009 till 2010 add to the sum of \$1,679,752 (1,982,107,360 Dinars). According to this list, the expense of all accommodation facilities, medical and service equipment and facilities provided to New Iraq hospital is \$585,371 (690,737,780 Dinars), purchased medicine and medical equipment is \$816,605 (963,593,900 Dinars), and expenses that have been paid to Iraqi hospitals for treatment are \$277,776(327,775,680 Dinars). (Enclosure 2)

Dear Minister,

Depriving a civilian population of medical services and supplies is a blatant example of Geneva Conventions and Medical Law and many other international conventions. According to the writ of Spain's National Court and based on the Rome Statute of the International Criminal Court, it constitutes war crime and war against international community which its perpetrators and masterminds are liable to prosecution. Article 12 of the International Covenant on Economic, Social and Cultural Rights recognizes the right of access to the highest standards of possible physical and psychological health for all individuals. The Iraqi government not only takes no action for Ashraf residents to have access to such standards, in fact it prevents the residents from providing even a portion of these standards they are capable of. This situation has attracted many attentions in the world community including in the US Senate and Congress, the European Parliament, the UK Parliament and so on. (Enclosure 3)

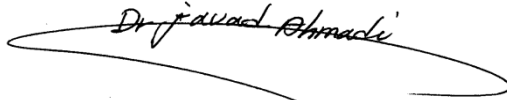
In light of above issues, our request is that you announce there will be no medical restrictions against the residents of Ashraf, order to completely end the two-year-long medical siege on Ashraf so the Ashraf residents could have free access to medical services all over Iraq and the blocked medicines of Ashraf residents be released. The Ashraf residents, as they have already announced time and again, will pay for all expenses.

*Hippocratic Oath Betrayed*

Respectfully,

Signatures:


Dr. Javad Ahmadi  
Urologist surgeon and Senior Doctor in Camp Ashraf




Dr. Nahid Bahrami  
General Practitioner




Dr. Hassan Jazayeri  
General Practitioner



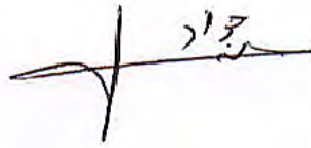
Behzad Saffari  
Legal advisor of Ashraf residents



Rahim Tabari  
Legal Advisor of Ashraf residents



Ahmad Tabatabaei  
Ashraf Senior Civil Engineer



CC:

IRAQ

- Hon. Osama al-Nujaiifi, Speaker of the Parliament

- Dr. Saleh al-Mutlaq, Deputy Prime Minister in Services Affairs
- Dr. Tareq al-Hashemi, Vice-President
- Dr. Saleem Abdullah al-Jabouri, president of the Human Rights Commission of the Parliament
- Dr. Abdul-Nasser al-Mahdawi, Governor of Diyala
- Taleb Muhammad Hassan, President of Diyala Province Council
- Dr. Ali al-Tamimi, General Director of Diyala Health Directorate

UN

- Hon. Navanethem Pillay, UN High Commissioner for Human Rights
- Hon. Ad Melkert, The United Nations Secretary General's Special Representative for Iraq
- Mr. Tahar Boumedra, special advisor to SRSG, UNAMI
- Mr. Anand Grover, the UN special rapporteur on the right to health

US

- Hon. James Jeffrey, US Ambassador to Iraq
- General Lloyd Austin, Commander, USF-I

OTHER

- Amnesty International

*(the enclosures mentioned in the letter have already been included in different chapters of this book)*

**Various chapters of this book illustrate that transforming the hospital into practically a torture center, leaves Ashraf residents with no incentive to refer to this hospital for medical care.**

**As far as Ashraf residents are concerned, at no point in time, have they ever requested for such a hospital from the Iraqi government; therefore, it suffices that the Iraqi government and its suppressive committee just do not obstruct free access of Ashraf residents to medical care.**

**It is the demand of Ashraf residents that their hospital and its equipment are returned to them and that the Iraqi government and its suppressive committee move out of the way to allow Ashraf residents to take care of their own medical needs at their own expense as was the case in the past.**