



IN DEATH'S WAITING ROOM

DEATHS IN CUSTODY FOLLOWING DELIBERATE DENIAL OF MEDICAL CARE IN IRAN'S PRISONS

RESEARCH BRIEFING

AMNESTY
INTERNATIONAL



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Cover Photo: Still image taken from surveillance footage leaked from Tehran's Evin prison in August 2021. The image depicts a motionless prisoner left unassisted on the floor as guards stand nearby ignoring his plight. The footage preceding this still image showed the visibly frail prisoner fainting in the prison courtyard. Guards initially neglect him and then drag him semi-conscious along the ground, through the prison and up a staircase. Multiple staff members are also seen ignoring the sick man as they walked past him.

This research briefing documents how Iranian officials are committing shocking violations of the right to life by deliberately denying ailing prisoners lifesaving healthcare and refusing to investigate and ensure accountability for unlawful deaths in custody. The briefing details the circumstances surrounding the death in custody of 92 men and four women in 30 prisons in 18 provinces across Iran since 2010.

1. EXECUTIVE SUMMARY

Iranian authorities are committing shocking violations to the right to life by deliberately denying vital healthcare to ailing prisoners and refusing to investigate deaths in custody. This fatal cruelty has involved both denying or delaying hospital emergency transfers for prisoners in critical condition and denying prisoners access to adequate healthcare throughout their imprisonment, which leads to worsening health problems, inflicts additional pain and suffering on sick prisoners, and ultimately results in preventable loss of life.

These violations of the right to life stem from an institutional culture in Iran's prisons, which has little regard for sanctity of human life and the inherent dignity of prisoners and are facilitated by unchecked powers granted to prison officials, amid a culture of impunity for torture and other ill-treatment and other violations against prisoners. In the case of prisoners held for politically motivated reasons, Amnesty International's long-term findings show that deliberate denial of access to adequate medical care is also experienced by prisoners and their families as well as the broader civil society as an intentional act of cruelty intended to break their spirit of resistance, punish them for their dissent or even bring about or hasten their demise.

The lack of respect for prisoners' lives and wellbeing is reflected and facilitated by deeply flawed provisions in Iran's Prisons Regulations, which have, among other things, resulted in extremely inadequate and unqualified staffing levels and severe skills gaps in Iran's prison clinics. The regulations have also given prison directors and prosecution officials the power to ignore or overrule medical advice and make healthcare decisions concerning the transfer of prisoners.

Consistent with entrenched patterns of systematic impunity in Iran, to date, the Iranian authorities have refused to conduct any effective, prompt, thorough, transparent and independent investigations into deaths in custody following reports of deliberate and unlawful denial of medical care, let alone ensure that those responsible are prosecuted and punished. In response to public outcries over deaths in custody, the authorities have consistently denied any responsibility and promoted narratives praising the quality of medical services offered to prisoners as "exemplary" or "unparalleled" throughout the world, which effectively indicates that they have no intent to change course.

Amnesty International has examined the circumstances surrounding the death in custody of 92 men and four women across the country since January 2010. The organization researched and documented seven illustrative cases of death in custody, including by speaking to primary sources directly affected, and reviewing available documentary evidence such as medical records, official notes from the Legal Medicine Organization of Iran (the state forensic institute), and letters written by the cellmates of deceased prisoners. The remaining cases recorded are primarily based on the reporting of 10 trusted human rights groups, which are consistent with the organization's long-term findings on the patterns around deliberate denial of medical care in Iran's prisons.

The organization's analysis, which covered 30 prisons in 18 provinces, showed that the main prison in Urumieh, West Azerbaijan province was the most severely impacted with 22 of the recorded deaths in custody. The facility is populated overwhelmingly by Iran's oppressed Kurdish and Azerbaijani Turkic minorities. The next worst affected prison was in the city of Zahedan, Sistan and Baluchestan province, with 13 recorded deceased prisoners. In this facility, prisoners mostly belong to Iran's oppressed Baluchi minority.

In the vast majority of cases, prisoners who died were young or middle aged - 23 were between the ages of 19 and 39, and 26 between the ages of 40 and 59 – raising further concerns that lives are being cut short by denial of healthcare.

Most of the recorded deaths (65 individuals) took place over the past five years, that is, since January 2017. While this may be due to greater access to information in recent years, it serves as an alarming indication that serious violations of the right to life and health across Iran's prisons continue unabated and are facilitated by the prevailing climate of impunity.

The cases of 20 prisoners were of a political nature. The remainder had been convicted of or charged with non-political offences.

Amnesty International stresses that the list of the 96 cases compiled and reviewed for this research is not exhaustive and the real number of deaths in custody involving denial of medical care is likely far higher. Human rights violations in Iran frequently go unreported due to well-founded fears of reprisals and the authorities' unrelenting repression of civil society and independent media. The list of cases examined also excludes deaths in custody involving credible reports of physical torture or the lethal use of firearms, which Amnesty International addressed in a separate output in September 2021.

The organization wrote to the head of the judiciary, Gholamhossein Mohseni Ejei, on 23 March 2022, detailing its concerns and seeking comments and clarifications. No response had been received by the time of publication.

AILING PRISONERS LEFT TO DIE

In Iran, medical services offered in prison clinics are generally limited to basic forms of healthcare such as checking prisoners' blood pressure or heart rhythm. Prison clinics are not equipped with the facilities and equipment required for diagnosing or treating complex health problems. Nor are they staffed by an adequate number of qualified general practitioners, let alone medical specialists, who are only required to visit for one or several hours during the week "as needed". According to Iran's Prisons Regulations, the presence of a single general practitioner is only required around the clock for prison facilities holding over 3,000 prisoners. Smaller facilities are even less adequately staffed, with prisoners in facilities holding under 500 people forced to rely on nurses or medical assistants, with limited medical knowledge, for their health needs.

These serious limitations, in terms of both equipment and staffing levels, mean that prisoners who experience medical emergencies and/or need specialized medical care must always be immediately transferred to outside medical facilities.

Sadly, Iranian prison officials have consistently refused to acknowledge this reality and respect the right to health and life of prisoners through timely transfers to outside medical facilities. They routinely subject prisoners to prolonged lack of access to adequate healthcare, including diagnostic tests, regular check-ups, and post-operative follow-up care throughout their imprisonment. This is the case even for prisoners diagnosed with or displaying signs and symptoms of what may be serious medical conditions or illnesses such as heart disease, cancer, lung and other respiratory problems, infectious diseases, and gastrointestinal complications. They also deny or delay hospital transfers for critically ill prisoners experiencing medical emergencies.

The patterns emerging from the comprehensive review of the 96 cases of deaths in custody compiled for this research illustrate these long-standing and well-documented violations. NGO reporting shows that 64 (70%) of the 96 prisoners died in prison. Many (at least 17) died in their prison cells which means they were not given basic medical supervision in their final hours. Some (at least 16) died while held in poorly equipped and staffed prison clinics.

In at least six recorded cases, critically ill prisoners were moved to solitary confinement, punishment wards, or quarantine sections; four of them died alone in prison, while the remaining two were eventually authorized to be transferred to a hospital, but it proved too late, and they died during transfer or shortly after admission to hospital.

In many cases, both prison clinic medical staff and prison officials ignored repeated pleas from critically ill prisoners and/or their distressed cellmates that they are transferred to a hospital and accused them of "faking" or "exaggerating" their symptoms. However, in at least six of the cases, prison doctors are reported as having warned that the prisoners concerned were at risk of serious harm or death and must be immediately transferred to a hospital, but prison officials ignored their medical advice.

In order to prevent further avoidable loss of life as a result of denial of vital medical care, Amnesty International is urging the Iranian authorities to require, in law and practice, that, pending structural improvements in prison clinics, prisoners experiencing medical emergencies are immediately transferred to medical facilities outside prison. Prisoners diagnosed with serious pre-existing illness or displaying signs and symptoms of what may be serious health problems must similarly be promptly transferred to medical facilities outside prison for adequate medical care.

The organization is further urging the authorities to amend the Prisons Regulations to ensure that medical decisions pertaining to prisoners' healthcare, including transfer to medical facilities outside prison, are made independently by healthcare professionals, implemented by prison officials and security and intelligence bodies, and upheld by prosecutors and other judicial authorities.

Impunity

There is no legislation in Iran providing for mandatory investigations of deaths in custody. Under the Prisons Regulations, the body of the deceased is transferred to the Legal Medicine Organization of Iran, the state forensic institute, to determine cause of death following an autopsy, with no further action required.

Deaths in custody resulting from the deliberate denial of healthcare amount to arbitrary deprivation of life, which is a serious violation under international human rights law. They would also constitute murder, if the authorities foresaw with a significant degree of certainty that death would be the consequence of their unlawful actions and they nevertheless persisted.

The duty to conduct effective, thorough, transparent, impartial and independent investigations to determine the causes and circumstances surrounding deaths in custody and the responsibility of those involved in the deaths is an essential part of upholding the right to life. A failure to respect the duty to investigate is a violation of the right to life in and of itself.

Given the crisis of systemic impunity in Iran, Amnesty International is reiterating its calls on the UN Human Rights Council to establish an investigative and accountability mechanism to collect, analyse and preserve evidence of the most serious crimes under international law committed in Iran to facilitate fair criminal proceedings in the future.

2. METHODOLOGY AND SCOPE

As part of its ongoing investigation into the patterns around the deliberate denial of access to adequate medical care in Iran's prisons, Amnesty International conducted extensive desk searches between August 2021 and March 2022 to identify and compile a thorough collection of reports published since January 2010 on cases of suspicious deaths in custody in Iran involving allegations of denial of adequate medical care.

The organization identified the cases of 92 men and 4 women prisoners who died in Iran since 1 January 2010 amid credible reports of being denied vital medical care. The cases of these 96 recorded prisoners and the circumstances surrounding their deaths are summarized in two annexes accompanying this briefing. Amnesty International researched and documented seven illustrative cases of deaths in custody¹, including by speaking to primary sources directly affected, and reviewing available documentary evidence such as medical records, official notes from the Legal Medicine Organization of Iran (the state forensic institute), and letters written by the cellmates of deceased prisoners. The remaining cases recorded are primarily based on the reporting of 10 trusted human rights groups (for their names, see Annex 2 below), whose sources typically included relatives, acquaintances and former cellmates of deceased prisoners as well as other informed contacts in Iran's

¹ These concerned the deaths in custody of Shokrollah Jebeli in 2022 (No. 96 in Annex 2), Mehdi Kazemi (known publicly as Baktash Abtin) in 2022 (No. 37), Behnam Mahjoubi in 2021 (No. 63), Parviz Ghahremani in 2020 (No. 27), Shahrokh Zamani in 2015 (No. 7), Hoda Saber in 2011 (No. 2), and Hassan Nahid in 2011 (No. 56).

prisons. In some cases, this was complemented by reporting by independent media outlets (for their names, see Annex 2 below). Findings presented in this briefing are also based on the organization's long-standing and ongoing investigations into the provision of healthcare in prisons across Iran, which included obtaining the testimonies of dozens of current and former prisoners, as well as the relatives, close friends and lawyers of dozens of other prisoners and reviewing available documentary evidence.

In each recorded case of death in custody, Amnesty International applied a rigorous process of cross-checking open-source information, including reports, articles, and blogposts published online. The organization also reviewed state media reports to determine whether state officials or institutions commented publicly on the circumstances of the deaths in custody.

Compiling a list of recorded deaths in custody across the country spanning for over a decade presented challenges for independent verification, particularly as the Iranian authorities have barred Amnesty International and other independent international human rights organizations from visiting the country since 1979 and have severely repressed reporting by independent NGOs and media outlets. The inclusion of deaths in custody recorded from as early as January 2010 also meant that in many cases, the human rights groups that had originally reported the deaths in custody had lost contact with their sources.

About two-thirds (76) of those recorded as having died in custody had been charged with or convicted of offences of a non-political nature, presenting an additional research limitation for Amnesty International, which, traditionally, has experienced more difficulty in directly accessing primary sources in such cases compared to cases of individuals held for politically motivated reasons, including because of the reluctance of families as well as fellow cellmates similarly charged with or convicted of non-political crimes to publicly speak out and/or to communicate remotely with international organizations based outside Iran. These challenges were exacerbated in cases where families dwell in marginalized or remote areas and lack the means to communicate via instant messaging applications or to secure the services of lawyers to act on behalf of their imprisoned relatives.

While Amnesty International was not in a position to independently verify the details of the reported circumstances surrounding each of the deaths in custody included in the annexes accompanying this briefing, the reported circumstances are consistent with the organization's long-term findings on the patterns around deliberate denial of access to adequate healthcare in Iran's prisons, as documented in a 2016 report, entitled, *Health taken hostage: cruel denial of medical care in Iran's prisons*², as well as in multiple Urgent Actions issued by the organization over the years about denial of health care to prisoners leading to irreparable harm and other serious health complications.³

The level of detail provided in each of the 96 case summaries listed in Annex 2 reflects the amount and quality of information that Amnesty International was able to gather about the age and medical

² Amnesty International, *Health taken hostage: cruel denial of medical care in Iran's prisons* (Index: MDE 13/4196/2016), 18 July 2016, [amnesty.org/en/documents/mde13/4196/2016/en](https://www.amnesty.org/en/documents/mde13/4196/2016/en)

³ Amnesty International, "Tortured older prisoner's life at risk: Shokrollah Jebeli" (Index: MDE 13/5342/2022), 14 March 2022, [amnesty.org/en/documents/mde13/5342/2022/en](https://www.amnesty.org/en/documents/mde13/5342/2022/en); Amnesty International, "Activist's health turns dire in solitary cell: Abbas Vahedian" (Index: MDE 13/5301/2022), 5 March 2022, [amnesty.org/en/documents/mde13/5301/2022/en](https://www.amnesty.org/en/documents/mde13/5301/2022/en); Amnesty International, "Ill prisoner denied healthcare for years: Kamal Sharifi" (Index: MDE 13/5185/2022), 26 January 2022, [amnesty.org/en/documents/mde13/5185/2022/en](https://www.amnesty.org/en/documents/mde13/5185/2022/en); Amnesty International, "Defender beaten and denied health care: Alireza Farshi DizajYekan" (Index: MDE 13/4484/2021), 20 July 2021, [amnesty.org/en/documents/mde13/4484/2021/en](https://www.amnesty.org/en/documents/mde13/4484/2021/en); Amnesty International, "Prisoner of conscience's health at risk: Hamed Gharehghlani" (Index: MDE 13/3641/2021), 8 February 2021, [amnesty.org/en/documents/mde13/3641/2021/en](https://www.amnesty.org/en/documents/mde13/3641/2021/en); Amnesty International, "Jailed lawyer's health at serious risk: Nasrin Sotoudeh" (Index: MDE 13/3118/2020), [amnesty.org/en/documents/mde13/3118/2020/en](https://www.amnesty.org/en/documents/mde13/3118/2020/en); Amnesty International, "Human rights defender's life at risk of COVID-19: Narges Mohammadi" (Index: MDE 13/2710/2020), 13 July 2020, [amnesty.org/en/documents/mde13/2710/2020/en](https://www.amnesty.org/en/documents/mde13/2710/2020/en); Amnesty International, "Jailed Dual National Denied Dental Care: Anoosheh Ashoori" (Index: MDE 13/2475/2020), 11 June 2020, [amnesty.org/en/documents/mde13/2475/2020/en](https://www.amnesty.org/en/documents/mde13/2475/2020/en); Amnesty International, "Ill-Treated Prisoner Risks Total Paralysis: Hossein Sepanta" (Index: MDE 13/2275/2020), 6 May 2020, [amnesty.org/en/documents/mde13/2275/2020/en](https://www.amnesty.org/en/documents/mde13/2275/2020/en); Amnesty International, "Tortured Prisoners In Need Of Medical Care" (Index: MDE 13/2237/2020), 30 April 2020, [amnesty.org/en/documents/mde13/2237/2020/en](https://www.amnesty.org/en/documents/mde13/2237/2020/en); Amnesty International, "Kurdish Activist Needs Urgent Medical Care: Bakhtiar Rahimi" (Index: MDE 13/1605/2019), 19 December 2019, [amnesty.org/en/documents/mde13/1605/2019/en](https://www.amnesty.org/en/documents/mde13/1605/2019/en); Amnesty International, "Tortured Prisoner Needs Medical Care: Kamran Ghaderi" (Index: MDE 13/1021/2019), 16 September 2019, [amnesty.org/en/documents/mde13/1021/2019/en](https://www.amnesty.org/en/documents/mde13/1021/2019/en); Amnesty International, "Jailed cancer patient tortured in prison: Arash Sadeghi" (Index: MDE 13/0876/2019), 13 August 2019, [amnesty.org/en/documents/mde13/0876/2019/en](https://www.amnesty.org/en/documents/mde13/0876/2019/en); Amnesty International, "Jailed Academic Needs Urgent Medical Care: Ahmadreza Djalali" (Index: MDE 13/0359/2019), 16 May 2019, [amnesty.org/fr/documents/mde13/0359/2019/en](https://www.amnesty.org/fr/documents/mde13/0359/2019/en)

conditions of the prisoner concerned and the causes and circumstances leading to his/her death, and as a result there are some gaps.

Most of the NGO reports and media articles reviewed by Amnesty International did not identify the exact official bodies involved in denying medical care to prisoners. Throughout the case summaries, Amnesty International has used the phrase “prison officials” to refer to those involved in blocking the transfer of ailing prisoners to hospitals, interrupting their treatment prematurely or otherwise denying them adequate medical care. This should be understood to include not only administrators, guards, and other staff employed at a particular prison facility, but also prosecution authorities who, as per Iran’s Prisons Regulations, are directly involved in the decision-making processes regarding the transfer of prisoners to a medical facility outside prison for medical care. The involvement of security and intelligence bodies must also not be overlooked, particularly in cases of prisoners held for politically motivated reasons, given well-documented patterns of their complicity in blocking access to adequate medical care in such cases.

Amnesty International stresses that the compiled list of deaths in custody is not exhaustive, but rather illustrative of the striking consistency with which Iran’s authorities have endangered the health and life of prisoners in Iran and committed serious violations of the right to life through depriving prisoners of access to adequate medical care. The organization believes that the real number of deaths in custody in Iran linked to denial of medical care is likely far higher given that human rights violations go unreported due to well-founded fears of reprisals and the Iranian authorities’ unrelenting repression of civil society and independent media. In fact, there are dozens of prisons and detention centers across Iran from which little or no information generally leaks.⁴

For the purposes of this research, Amnesty International focused on compiling cases of deaths where some information pertaining to denial of medical care to the prisoners prior to their death was available. As such, the list compiled excludes prisoners who were reported as dying of illness, but sufficient details were not available publicly indicating that denial of medical care possibly caused or contributed to their deaths.⁵ Nor did Amnesty International include reports of deaths in custody which did not refer to the names of the prisoners concerned and simply announced one or several deaths in custody on a specific day or during a certain time-period.

The list also excludes deaths in custody involving credible reports of physical torture or other ill-treatment or the lethal use of firearms. Amnesty International recorded and analyzed 72 such deaths in a separate output issued in September 2021.⁶ Since the publication of the output, Amnesty International has recorded 16 additional cases of prisoners who died in custody in suspicious circumstances involving allegations of physical torture or other ill-treatment.

On 23 March 2022, Amnesty International wrote to the head of the judiciary, Gholamhossein Mohseni Ejei, detailing its concerns about serious violations of the right to life committed by the Iranian authorities through the deliberate denial of vital healthcare to ailing prisoners and their refusal to investigate suspicious deaths in custody, and seeking comments and clarifications, including on any measures taken to address them. No response had been received by the time of publication. Amnesty International will continue to seek opportunities to discuss its concerns and recommendations with the Iranian authorities.

⁴ According to information available on state media outlets in Iran, Iran’s Prisons Organization manages over 200 prisons and detention centres across Iran. In addition, the number of informal detention facilities run by intelligence and security bodies across the country is unknown.

⁵ The organization came across at least 13 such reports concerning, namely, Khabat Ahmadi, Shirzad Khezri, Sedigheh Jafarzadeh, Reza Hossein Alizadeh, Abdolhossein Shokri, Nasir Zoraghi, Farigh Mohammadi, Anvar Ghorbanzadeh, Rostam Ghorbani, Jaber Irandoust, Shouresh Khezrzadeh, Iraj Alizadeh, and Amin Poustdar.

⁶ Amnesty International, “Iran: A decade of deaths in custody unpunished amid systemic impunity for torture”, 15 September 2021, [amnesty.org/en/latest/news/2021/09/iran-a-decade-of-deaths-in-custody-unpunished-amid-systemic-impunity-for-torture/](https://www.amnesty.org/en/latest/news/2021/09/iran-a-decade-of-deaths-in-custody-unpunished-amid-systemic-impunity-for-torture/); Amnesty International, “Iran: Details of 72 deaths in custody since 2010”, 15 September 2021, [amnesty.org/en/documents/mde13/4669/2021/en](https://www.amnesty.org/en/documents/mde13/4669/2021/en)

3. THE RIGHT TO LIFE IN INTERNATIONAL LAW

The right not to be arbitrarily deprived of life is a fundamental and universally recognized right. In its General Comment 36, the UN Human Rights Committee, which monitors the implementation by states parties of the International Covenant on Civil and Political Rights (ICCPR) states: “The duty to protect the life of all detained individuals includes providing them with the necessary medical care and appropriately regular monitoring of their health”.⁷ According to the same general comment, “loss of life occurring in custody, in unnatural circumstances, creates a presumption of arbitrary deprivation of life by State authorities, which can only be rebutted on the basis of a proper investigation which establishes the State’s compliance with its obligations under article 6 [of the ICCPR].”⁸ Iran is a state party to the ICCPR.

According to the UN Special Rapporteur on extrajudicial, summary or arbitrary executions, “violations of the right to life stem not only from an intentional act of deprivation of life (murder) by the State..., but also from State’s negligence in providing basic conditions and services that guarantee life, such as access to food, water, health services and housing.”⁹

Violations of the right to life also derive from the State’s deliberate denial of services. The UN Special Rapporteur on extrajudicial, summary or arbitrary executions has emphasized, “deliberate intent’ on the part of the State is not required for a killing or a deprivation of life to be deemed ‘arbitrary’ ... the level of *mens rea* required ... is not only criminal intent but also negligence through acts of omission or commission, that is, a situation where the State ‘knew or should have known’ but failed to take actions that could have prevented deaths.”¹⁰

In addition to constituting arbitrary deprivations of life incurring state responsibility under international human rights law, deaths in custody resulting from the deliberate and unlawful denial of medical care would constitute an extrajudicial execution where there is intent to kill. As well as being a crime under international law, this is often reflected domestically through charges for the crime of murder if it is established that those responsible either intended to cause the prisoner’s death or knew with a sufficient degree of certainty that death would be the necessary consequence of their intentional and unlawful actions or omissions in the circumstances concerned, yet persisted with their conduct

Unlawful deaths in custody that do not meet the level of intent required to be extrajudicial executions under international law are still violations of the right to life. The UN Human Rights Committee is clear that states are under an obligation to criminalize both intentional and negligent homicide.¹¹ Criminal negligence generally refers to circumstances where a person through actions or omissions, when the law imposes a duty to act, shows wanton or reckless disregard for the lives or safety of other persons.

4. DEADLY DENIAL OF MEDICAL CARE

4.1 DENIAL OF TIMELY TRANSFER TO OUTSIDE HOSPITALS

In Iran, medical services offered in prison clinics are generally limited to basic forms of health care such as taking blood pressure, checking prisoners’ heart rhythm, and administering routine injections.¹² Prison clinics are not equipped with the facilities and equipment required for diagnosing

⁷ UN Human Rights Committee, General comment 36: The Right to Life (Article 6), 3 September 2019, UN Doc. CCPR/C/GC/35, para. 25.

⁸ HRC, General comment 36 (previously cited), para. 29.

⁹ UN Special Rapporteur on extrajudicial, summary or arbitrary executions, Report: *A gender-sensitive approach to arbitrary killings*, 6 June 2017, UN Doc. A/HRC/35/23, para. 88.

¹⁰ Special Rapporteur on extrajudicial, summary or arbitrary executions, Report: *A gender-sensitive approach to arbitrary killings* (previously cited), para. 97(c).

¹¹ UN Human Rights Committee, General comment 36: The Right to Life (previously cited), para. 20.

¹² Amnesty International, *Health taken hostage: cruel denial of medical care in Iran’s prisons* (previously cited)

or treating complex health problems. Nor are they staffed by an adequate number of qualified general practitioners, let alone medical specialists.

Further concerns include the failure of health personnel, particularly physicians, charged with the medical care of prisoners, to observe principles of medical ethics relevant to protecting prisoners against torture and other ill-treatment, including through denial of medical care.¹³

STAFFING ARRANGEMENTS

Iran's Prisons Regulations¹⁴ mandate the following flawed staffing arrangements for Iran's prisons:

- For prison facilities holding less than 500 prisoners, there is no requirement for even one doctor to be present for 24 hours a day. It is deemed sufficient for a nurse or medical assistant (*behyar*), with highly limited medical knowledge, to be present 24 hours a day, and for a general practitioner to visit the facility, as necessary, for several hours every week.¹⁵
- For prison facilities holding between 500 and 3,000 prisoners, the presence of one general practitioner is only required during normal business hours. The regulations do not clarify if that means that in the evenings and overnight clinics must be staffed by a nurse or a medical assistant, as provided in the abovementioned provision for prison facilities with less than 500 prisoners, but that appears to be the practice.¹⁶
- For prison facilities holding over 3,000 prisoners, the presence of only one general practitioner is required around the clock.¹⁷

The Prisons Regulations add that in all prison facilities, as per the results of needs assessments conducted, relevant medical specialists shall visit the facilities for one or several hours during the week.¹⁸ The regulations specify that the needs assessments must be conducted by the prison clinic every six months, in accordance with the standards and protocols of the ministry of health and plans issued by the Prisons Organization.

The abovementioned severe limitations, in terms of equipment and staffing levels, skill gaps and ethical misconduct, expose ailing prisoners to a serious risk of harm or death and make transfers to outside medical facilities essential for ensuring that ailing prisoners enjoy standards of health care equivalent to those available for individuals who are not imprisoned or detained.

The Iranian authorities, however, consistently refuse or delay transfers of prisoners who are in critical condition and/or need specialized medical care to outside hospitals for potentially-life saving treatment. Such denials and delays have had fatal consequences.

Available information about the circumstances surrounding the deaths in custody of the 96 prisoners included in Annex 2 highlights how the authorities have consistently denied or delayed emergency hospital transfers during the prisoners' last days or hours of life and caused or contributed to the deaths of both prisoners with pre-existing health conditions and prisoners in need of emergency care as a result of injury or sudden illness.

¹³ Amnesty International, *Health taken hostage: cruel denial of medical care in Iran's prisons* (previously cited). See UN General Assembly, Resolution 37/94: Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted on 18 December 1982.

¹⁴ آیین نامه اجرایی سازمان زندان ها و اقدامات تأمینی و تربیتی کشور، 10 May 2021, bit.ly/2SDAztA, Article 139.

¹⁵ آیین نامه اجرایی سازمان زندان ها و اقدامات تأمینی و تربیتی کشور (previously cited), Explanatory Note 1 to Article 139.

¹⁶ آیین نامه اجرایی سازمان زندان ها و اقدامات تأمینی و تربیتی کشور (previously cited), Explanatory Note 2 to Article 139.

¹⁷ آیین نامه اجرایی سازمان زندان ها و اقدامات تأمینی و تربیتی کشور (previously cited), Explanatory Note 2 to Article 139.

¹⁸ آیین نامه اجرایی سازمان زندان ها و اقدامات تأمینی و تربیتی کشور (previously cited), Explanatory Note 3 to Article 139.

Of the 96 ailing prisoners recorded as having died in custody since January 2010, at least 64 (71%) are reported as having died in prison and at least 26¹⁹ (29%) during transfer or shortly after admission to hospital. Even for the 26 people who were transferred to hospital, the delay proved fatal.²⁰ In some cases, reporting by NGOs shows that the families of deceased prisoners were explicitly told by hospital staff that their loved ones were brought in with little to no signs of life, and that they could have been saved had they been brought to hospital earlier.

At least 11 prisoners died in custody in the aftermath of specific incidents which had occurred at the time of their arrest or during their imprisonment, leading to acute symptoms or traumatic injuries. In these cases, denying or delaying emergency hospital transfers were consistently identified as leading or contributing to deaths from preventable or treatable causes. These included incidents involving drug overdose,²¹ hunger strikes,²² attempted suicides,²³ physical fighting among inmates,²⁴ beatings or gunshot wounds sustained at the time of arrest,²⁵ and accidents during arrest or in prison.²⁶

Other prisoners died after experiencing serious medical emergencies involving, among other things, heart attacks and strokes,²⁷ gastrointestinal complications,²⁸ respiratory complications,²⁹ neurological complications,³⁰ kidney problems,³¹ Covid-19³² or other infectious diseases³³, which either emerged suddenly or related to illnesses or conditions with which they had been previously diagnosed, either before or during their imprisonment. In the latter context, denial of timely access to emergency care in a hospital outside prison in the prisoner's final days or hours of life was consistently preceded by prolonged lack of access to adequate medical care throughout the imprisonment period, including denial of routine screening tests and check-ups and deprivation of regular access to appropriate medications (see section 4.3 below). Common illnesses in such cases included, among others, high blood pressure, diabetes, asthma, heart disease, liver disease, colon disease, lung disease and kidney problems.

In the case of at least 11 recorded prisoners, reported circumstances surrounding their deaths indicates that in response to their life-threatening medical emergencies, prison officials and/or prison clinic staff simply gave them painkillers, tranquilizers and/or other irrelevant medications, instead of ensuring their prompt transfer to outside hospitals.³⁴

The above findings are consistent with long-standing concerns, as documented by Amnesty International and other human rights groups as well as the UN Special Rapporteur on the situation of human rights in Iran,³⁵ that Iranian prison officials routinely refuse to ensure prompt transfer of prisoners in need of emergency or regular specialized medical care to a hospital outside prison.



AUTHORIZATION OF HOSPITAL TRANSFERS

Iran's Prisons Regulations³⁶ allow prosecution and prison authorities with no medical expertise whatsoever to make healthcare decisions and overrule or ignore the recommendations of healthcare professionals.

Articles 8(h) and 137 of the Prisons Regulations condition the transfer of prisoners to a medical facility outside prison for medical care and treatment not only on approval from the head of the prison clinic but also on authorization from both the head of the prison and a prosecution official known as the Judge for the Implementation of Sentences (*Qazi-e Ejray-e Ahkam*), who operates under the supervision of the office of the prosecutor general, which in turn falls under the judiciary.

According to the Prisons Regulations, in "emergency" cases, prison officials may transfer sick prisoners to a hospital outside prison with the permission of the head of the prison, without obtaining prior approval from the Judge for the Implementation of Sentences. In such cases, Prisons Regulations provide that the transfer must be promptly reported to the Judge for the Implementation of Sentences.³⁷ The regulations do not specify what constitutes a medical "emergency" or who has the authority to make that determination.

A structural bias against hospital transfers is further built into the Prisons Regulations which state that, "the medical and health needs of sick prisoners shall be met to the extent possible by the

Health and Medical Treatment Unit inside prison [the prison clinic] to remove the need for transfer to a medical facility outside prison”.³⁸ There is no acknowledgement within the Prisons Regulations or elsewhere that Iran’s prison clinics are severally ill-equipped and improperly staffed and ought not to be relied upon to address the essential needs of ill prisoners who experience medical emergencies or display signs and symptoms of what may be serious illnesses, and, therefore, require prompt specialized screening and diagnostic tests and treatments.

4.2 LEFT TO DIE INSIDE PRISON WITHOUT ADEQUATE EMERGENCY CARE

At least 64 prisoners (70%) of the 96 prisoners recorded as having died in custody spent their final hours in prison after prison clinic medical staff and/or prison officials dismissed or downplayed the seriousness of their medical emergencies and failed to transfer them to outside hospitals. Of these, at least 16³⁹ are reported as having died while held in the prison clinic, where the specialist medical care they required was not available, and at least 17⁴⁰ in their wards, which suggests they did not even

¹⁹ See the cases of Arash Arkan from 2011 (No. 71), Mohsen Doghmehchi from 2011 (No. 55), Hassan Nahid from 2011 (No. 56), Hoda Saber from 2011 (No. 2), Mohammad Mehdi Zaleh Naghsbandian from 2012 (No. 59), Alireza Karami Kheirabadi from 2013 (No. 38), Anvar Lajevard from 2015 (No. 6), Hossein Afrasiabi from 2016 (No. 65), Aziz Anvarian from 2016 (No. 9), Akbar Kamali from 2017 (No. 13), Sajad Jamalifard from 2018 (No. 86), Vahid Sayad Nasiri from 2018 (No. 52), Omar Rasouli from 2019 (No. 20), Mehrdad Barideh from 2019 (No. 21), Ali Batrani from 2020 (No. 61), Esmail Toutazehi from 2020 (No. 74), Esmail Mostakhdem from 2020 (No. 57), Sadegh Maleki from 2020 (No. 66), Parviz Ghahremani from 2021 (No. 27), Abdolvahid Rahmani from 2020 (No. 34), Behnam Mahjoubi from 2021 (No. 63), Mehdi Narimani from 2021 (No. 94), Hossein Pahandipour from 2021 (No. 75), Agha Shahbakhsh from 2021 (No. 58), Mehdi Kazemi (publicly known as Baktash Abtin) from 2022 (No. 37), and Shokrollah Jebeli in 2022 (No. 96).

²⁰ In four cases, there was no information available publicly on where the prisoner died. See the cases of Habibollah Naderi from 11 (No. 1), Gholam Rabani Barahouei from 2015 (No. 88), Omar Badalipour from 2019 (No. 19), and Maraan Khamou from 2019 (No. 92). In two remaining cases, independent sources and official statements provided different accounts on whether the prisoner died in prison or following admission to hospital. See the cases of Afshin Osanlou from 2013 (No. 5) and Sasan Niknafas from 2021 (No. 64).

²¹ See, for example, the cases of Hossein Afrasiabi from 2016 (No. 65), Sadegh Maleki from 2020 (No. 66), and Rouhollah Maleki from 2021 (No. 67).

²² See, for example, the cases of Hoda Saber from 2011 (No. 2) and Vahid Sayad Nasiri from 2018 (No. 52).

²³ See, for example, the case of Iman Rashidi Yeganeh from 2016 (No. 76).

²⁴ See, for example, the case of Mohammad Talebi from 2018 (No. 73).

²⁵ See, for example, the case of Abdolvahed Gomshadzehi from 2020 (No. 34) and Esmail Toutazehi from 2020 (No. 74).

²⁶ See, for example, the cases of Morteza Kargar from 2020 (No. 69) and Hossein Pahandipour from 2021 (No. 75).

²⁷ See section 8.1 “Heart attacks and strokes” in Annex 2.

²⁸ See section 8.4 “Gastrointestinal complications” in Annex 2.

²⁹ See section 8.6 “Respiratory complications” in Annex 2.

³⁰ See section 8.7 “Neurological complications in Annex 2.

³¹ See section 8.11 “Kidney problem” in Annex 2.

³² See section 8.2 “Covid-19” in Annex 2.

³³ See section 8.3 “Other infectious diseases” in Annex 2.

³⁴ See the cases of Mohsen Doghmehchi from 2011 (No. 55), Aziz Anvarian from 2016 (No. 9), Mousa Mir from 2016 (No. 8), Akbar Kamali from 2017 (No. 13), Saeed Nouhi from 2017 (No. 11), Nader Alizehi from 2017 (No. 17), Mohammad Javad Khoshnevisan from 2019 (No. 60), Farhad Rahimi from 2020 (No. 28), Behnam Mahjoubi from 2021 (No. 63), Parviz Ghahremani from 2021 (No. 27), and Mehdi Kazemi (publicly known as Baktash Abtin) from 2022 (No. 37).

³⁵ UN Special Rapporteur on the situation of human rights in Iran, Report, 16 July 2021, UN Doc. A/76/160, undocs.org/en/A/76/160, paras 17, 21-22, 33-44; UN Special Rapporteur on the situation of human rights in Iran, Report, 11 January 2021, UN Doc. A/HRC/46/50, undocs.org/en/A/hrc/46/50, paras 13, 23, 38; UN Special Rapporteur on the situation of human rights in Iran, Report, 21 July 2020, UN Doc. A/75/213, undocs.org/A/75/213, paras 19, 32, 41; UN Special Rapporteur on the situation of human rights in Iran, Report, 30 January 2019, UN Doc. A/HRC/40/67, undocs.org/en/A/HRC/40/67, paras 15, 20, 29, 70; UN Special Rapporteur on the situation of human rights in Iran, Report, 12 March 2018, UN Doc. A/HRC/37/68, undocs.org/en/A/HRC/37/68, paras 27-28, 88.

³⁶ آیین نامه اجرایی سازمان زندان ها و اقدامات تأمینی و تربیتی کشور, 10 May 2021, bit.ly/2SDAztA

³⁷ اقدامات تأمینی و تربیتی کشور (previously cited), Article 137.

³⁸ اقدامات تأمینی و تربیتی کشور (previously cited), Article 136.

³⁹ See the cases of Alborz Ghassemi-Shall from 2010 (No. 54), Naser Khanizadeh from 2011 (No. 47), Eshagh Hemati Janikanlou from 2012 (No. 78), Saeed Nouhi from 2017 (No. 11), Fardin Faramarzi from 2017 (No. 16), Qolam Nabi Rigi from 2018 (No. 62), Mohammad Talebi from 2018 (No. 73), Hossein Atri from 2018 (No. 90), Ahmad Amoukhteh from 2019 (No. 91), Amir Najivash from 2019 (No. 46), Ali Paya from 2019 (No. 23), Nobakht (also reported as Nobat) Sahrayer from 2019 (No. 22), Seyfoddin Bamoradi from 2020 (No. 31), Shahab Daroonparvar from 2021 (No. 53), Shamsoddin Tatari from 2021 (No. 29), and Rouhollah from 2021 (No. 67).

⁴⁰ See the cases of Mansour Radpour from 2012 (No. 4), Jalalvand (first name unknown) from 2015 (No. 80), Shahrokh Zamani from 2015 (No. 7), Shiva Fekri from 2017 (No. 12), Abdolnour Sharafnahal from 2017 (No. 14), Parviz Moradi from 2017 (No. 83), Dariush Mansouri from 2017 (No. 15),

receive a basic form of medical supervision at the prison clinic in their final hours. In at least four⁴¹ other recorded deaths in custody, prisoners were moved from their usual place of imprisonment in a general ward to solitary confinement, punishment wards, or the quarantine section of the prison where they died in prison alone without any treatment.⁴²

LEFT TO DIE AT SUBSTANDARD PRISON CLINICS

Amnesty International's long-term findings and credible reporting by other human rights groups indicate that prison clinic medical staff and prison officials have often ignored repeated pleas from critically ill prisoners and/or their cellmates to be transferred to a hospital and instead kept them at the prison clinic where they eventually died.⁴³

However, in at least six of the cases reviewed for this research, prison doctors are reported as having warned that the prisoners concerned were at risk of serious harm or death and must be immediately transferred to a hospital, but prison officials ignored their medical advice and either left them to die in prison or delayed hospital transfer authorizations until it was too late.⁴⁴

Information available indicates that prison officials sometimes also refused to transfer prisoners experiencing medical emergencies to outside medical facilities, even though no doctor was present at the prison clinic to examine them.⁴⁵

LEFT TO DIE IN PRISON WARDS

Regarding the 17 prisoners who died in their wards, some are known to have reported to the prison clinic on one or several occasions before their death, complaining of various alarming health problems, including severe pain in their chest or heart, breathing difficulties or recurrent episodes of nausea and vomiting. Again, information reviewed by Amnesty International indicates that prison clinic staff frequently dismissed or trivialized these medical emergencies, gave some prisoners medications such as painkillers, gastrointestinal medications, methadone injections or supplemental oxygen, and then returned them to their wards, and they died shortly afterwards.⁴⁶ Sometimes, a staff member at the prison clinic told the prisoner to wait for the next time a specialist doctor visits, which proved too late.⁴⁷ Other prisoners died in their wards amid the refusal of prison officials to even take them to the prison clinic. According to reporting by human rights groups, this deliberate denial by prison officials occurred for various reasons including punishment,⁴⁸ an instruction to guards to keep the gates of certain wards closed due to an ongoing official visit,⁴⁹ or unfounded accusations by prison officials that the prisoners concerned were "faking" their illnesses.⁵⁰ In the case of one 22-year-old prisoner, who struggled with drug addiction and experienced severe withdrawal symptoms following his arrest, prison officials ignored his deteriorating condition and warnings from his cellmates that unassisted drug withdrawal can be deadly. He died in his ward having been left for days without access to adequate medication.⁵¹ Sometimes, prison guards did not even come to remove the bodies of

Reza Pour-Ramezan from 2017 (No. 49), Adel Naghizadeh from 2017 (No. 50), Ramin Dokaleh from 2018 (No. 72), Ghorbanali Miresmaili from 2018 (No. 84), Abdolnabi Saresi from 2018 (No. 85), Abouzar Ghodsi from 2018 (No. 89), Mohammad Javad Khoshnevisan from 2019 (No. 60), Asghar Samani from 2019 (No. 45), Farhad Rahimi from 2020 (No. 28), and Ebrahim Johari from 2022 (No. 95).

⁴¹ See the cases of Khabat Moradi from 2013 (No. 70), Mohammad Esalati from 2016 (No. 10), Fatemeh Alizadeh from 2020 (No. 30), and Giti Hajrahimi from 2021 (No. 36).

⁴² In 27 cases, there was no information available publicly on whether the prisoner died at the prison clinic or in another area of the prison.

⁴³ Amnesty International, *Health taken hostage: cruel denial of medical care in Iran's prisons* (previously cited)

⁴⁴ See the cases of Abdolvahed Gomshadzehi from 2020 (No. 34), Qolam Nabi Rigi from 2018 (No. 62), Mohammad Talebi from 2018 (No. 73), Abdolnabi Saresi from 2018 (No. 85), Omar Badalipour from 2019 (No. 19) and Omar Rasouli from 2019 (No. 20).

⁴⁵ See, for example, the cases of Eskandar Badrlou from 2018 (No. 44), Mousa Mir from 2016 (No. 8), and Hossein Atri from 2018 (No. 90).

⁴⁶ See, for example, the cases of Mansour Radpour from 2012 (No. 4), Nader Alizehi from 2017 (No. 17), Fardin Faramarzi from 2017 (No. 16), Dariush Mansouri from 2017 (No. 15), Mohammad Javad Khoshnevisan from 2019 (No. 60), and Farhad Rahimi from 2020 (No. 28).

⁴⁷ See, for example, the case of Shahrokh Zamani from 2015 (No. 7).

⁴⁸ See, for example, the case of Mohammad Esalati from 2016 (No. 10).

⁴⁹ See, for example, the case of Ghorbanali Miresmaili from 2018 (No. 84).

⁵⁰ See, for example, the cases of Alborz Ghassemi-Shall from 2010 (No. 54), Nader Alizehi from 2017 (No. 17), and Fatemeh Alizadeh from 2020 (No. 30).

⁵¹ See the case of Ramin Dokaleh from 2018 (No. 72).

prisoners who died in their wards for several hours after they learned of their deaths, reflecting the appalling extent to which deaths in custody have become normalized for Iranian prison officials.⁵² In at least one case reviewed for this research, prison doctors are reported as having said that the authorities' delay in transferring the prisoner to the prison clinic caused or contributed to his death and that the prisoner's death could have been avoided had he been brought to the clinic earlier.⁵³

LEFT TO DIE IN ISOLATION

Six of the cases recorded and reviewed for this research also illustrate long-standing concerns that prison officials sometimes not only refuse to take prisoners in critical condition to a medical facility outside prison or at the very minimum to the prison clinic, but also move them to solitary confinement, punishment wards, or the quarantine section of the prison. Four of them died in prison alone without any treatment.⁵⁴ In the remaining two cases, prison officials eventually authorized their transfers to a hospital, but it proved too late, and they died during transfer or shortly after admission to hospital.⁵⁵

According to reporting by human rights groups, prison officials denied a 20-year-old prisoner⁵⁶ who suffered from type 1 diabetes insulin on which he was dependent for survival. He was left to die on the floor of the prison's quarantine section, in a grim illustration of the authorities' well-documented practice of withholding or withdrawing essential medication, putting prisoners at a serious risk of harm or death.⁵⁷ In three of the other recorded cases, the prisoners concerned are reported as having died of suspected or confirmed Covid-19⁵⁸ and in the remaining two cases of heart problems⁵⁹ and overdose toxicity⁶⁰, respectively.

FAILURE TO TREAT PRISONERS WITH COVID-19 AND OTHER INFECTIOUS DISEASES

In the cases of eight recorded prisoners⁶¹ who died of suspected or confirmed Covid-19, information available indicates that prison officials frequently neglected them for days, even when they had serious pre-existing conditions such as heart and lung problems or diabetes, which put them at increased risk of severe illness or death. When prisoners' conditions worsened, many were merely quarantined in a separate section in the prison or placed in solitary confinement where they died without access to adequate health care. According to information available, only two⁶² were eventually transferred to outside hospitals on an emergency basis, but it proved late, and they died soon afterwards.

Similar patterns were observed with respect to the cases of nine recorded prisoners⁶³ who died of other suspected or confirmed infectious diseases including swine flu, influenza, tuberculosis, malaria, and intestinal infectious diseases. Information available confirms concerns that prison officials have routinely failed to ensure that prisoners with suspected infections receive timely treatment and medications, and that adequate measures are undertaken to control the spread of infections in prison. According to information available, only one⁶⁴ of these ailing prisoners was eventually transferred to

⁵² See, for example, the cases of Jalalvand (first name unknown) from 2015 (No. 80) and Abouzar Ghodsi from 2018 (No. 89).

⁵³ See the case of Seyfoddin Bamoradi from 2020 (No. 31).

⁵⁴ See the cases of Abdolvahed Gomshadzehi from 2020 (No. 34), Qolam Nabi Rigi from 2018 (No. 62), Mohammad Talebi from 2018 (No. 73), Abdolnabi Saresi from 2018 (No. 85), Omar Badalipour from 2019 (No. 19) and Omar Rasouli from 2019 (No. 20).

⁵⁵ See the cases of Sadegh Maleki from 2020 (No. 66) and Abdolvahid Rahmani from 2020 (No. 34).

⁵⁶ See the case of Khabat Moradi from 2013 (No. 70).

⁵⁷ Amnesty International, *Health taken hostage: cruel denial of medical care in Iran's prisons* (previously cited). See also Amnesty International, "Tortured older prisoner's life at risk: Shokrollah Jebeli" (previously cited); Amnesty International, "Activist's health turns dire in solitary cell: Abbas Vahedian" (previously cited); Amnesty International, "Ill prisoner denied healthcare for years: Kamal Sharifi" (previously cited)

⁵⁸ See the cases of Fatemeh Alizadeh from 2020 (No. 30), Abdolvahid Rahmani from 2020 (No. 34), and Giti Hajrahimi from 2021 (No. 36).

⁵⁹ See the case Mohammad Esalati from 2016 (No. 10).

⁶⁰ See the case of Sadegh Maleki from 2020 (No. 66).

⁶¹ See section 8.2 in Annex 2.

⁶² See the cases of Mehdi Kazemi (publicly known as Baktash Abtin) from 2022 (No. 37) and Abdolvahid Rahmani from 2020 (No. 34).

⁶³ See section 8.3 in Annex 2.

⁶⁴ See the case of Alireza Karami Kheirabadi from 2013 (No. 38).

hospital, in critical condition, where he died shortly afterwards, and the remainder spent their final days and hours in prison, where the specialized medical care they required was not available.

4.3 PROLONGED DENIAL OR INTERRUPTION OF SPECIALIZED TREATMENT THROUGHOUT IMPRISONMENT

According to the information available on the 96 prisoners recorded as having died in custody since January 2010, denial of adequate access to specialized health care for prisoners with serious health conditions throughout their imprisonment period has led to worsening health problems, inflicted additional pain and suffering on sick prisoners, and ultimately caused or contributed to their untimely deaths. These findings are consistent with long-standing concerns, as documented by Amnesty International, that, for the duration of their incarceration, prisoners are routinely denied access to specialists for examination and diagnostic tests, appropriate treatment including medication, regular check-ups, and post-operative follow-up care.⁶⁵

Analysis of the reported circumstances leading to the 96 recorded deaths in custody shows that in most cases, sick prisoners in need of specialized treatment died in custody without having been ever taken to a medical facility outside prison for their health problems.

However, in at least 15 cases, which mostly involved long-term illnesses⁶⁶ accompanied by recurrent emergencies, prisoners who eventually died in custody had been granted medical leave or taken, often on an emergency basis, to outside hospitals for surgeries or other medical procedures, but prison officials had interrupted their treatment and returned them to prison prematurely and against medical advice. According to information available, such interruption or discontinuation of treatment not only impeded prisoners' recoveries, but ultimately caused their health to deteriorate further and resulted in various post-operative and other complications which were left untreated or inadequately treated, including bleeding, blood clots, infections, excessive loss of weight, chronic respiratory problems, constant pain, and inability to eat or walk without assistance. In the case of five them, prison officials never returned them to hospital again, and kept them in prison, where they eventually died.⁶⁷ In the 10 remaining cases of deaths in custody, following ill prisoners' premature return to prison, they were denied access to specialized treatment for days, weeks, months or even years. Eventually, prison officials authorized their transfers to hospital again, but it proved too late, and they died either before arriving at the hospital or shortly afterwards.⁶⁸

FAILURE TO TREAT PRISONERS WITH CANCER

In the case of five prisoners recorded in the annex⁶⁹ who died of cancer, abusive practices, which are suspected of having caused their cancer to worsen and spread, included the following: failing to

⁶⁵ Amnesty International, *Health taken hostage: cruel denial of medical care in Iran's prisons* (previously cited); Amnesty International, "Tortured older prisoner's life at risk: Shokrollah Jebeli" (previously cited); Amnesty International, "Activist's health turns dire in solitary cell: Abbas Vahedian" (previously cited); Amnesty International, "Ill prisoner denied healthcare for years: Kamal Sharifi" (previously cited); Amnesty International, "Defender beaten and denied health care: Alireza Farshi DizajYekan" (previously cited); Amnesty International, "Jailed lawyer's health at serious risk: Nasrin Sotoudeh" (previously cited); Amnesty International, "Human rights defender's life at risk of COVID-19: Narges Mohammadi" (previously cited); Amnesty International, "Jailed Dual National Denied Dental Care: Anoosheh Ashoori" (previously cited); Amnesty International, "Ill-Treated Prisoner Risks Total Paralysis: Hossein Sepanta" (previously cited); Amnesty International, "Tortured Prisoners In Need Of Medical Care" (previously cited); Amnesty International, "Kurdish Activist Needs Urgent Medical Care: Bakhtiar Rahimi" (previously cited); Amnesty International, "Tortured Prisoner Needs Medical Care: Kamran Ghaderi" (previously cited); Amnesty International, "Jailed cancer patient tortured in prison: Arash Sadeghi" (previously cited); Amnesty International, "Jailed Academic Needs Urgent Medical Care: Ahmadreza Djalali" (previously cited).

⁶⁶ The 15 recorded prisoners suffered from various health problems including infections (3), cancer (2), neurological complications (2), gastrointestinal complications (2), respiratory complications (1), kidney problems (1) and Covid-19 (1). In three cases, there was no information publicly available on the complications leading to death.

⁶⁷ See the cases of Alborz Ghassemi-Shall from 2010 (No. 54), Iman Rashidi Yeganeh from 2016 (No. 76), Reza Pour-Ramezan from 2017 (No. 49), Akram Rahimi from 2021 (No. 35), and Ebrahim Johari from 2022 (No. 95).

⁶⁸ See the cases of Mohsen Doghmechi from 2011 (No. 55), Arash Arkan from 2011 (No. 71), Mohammad Mehdi Zaleh Naghsbandian from 2012 (No. 59), Alireza Karami Kheirabadi from 2013 (No. 38), Vahid Sayad Nasiri from 2018 (No. 52), Esmail Toutazehi from 2020 (No. 74), Behnam Mahjoubi from 2021 (No. 63), Sasan Niknafas from 2021 (No. 64), Hossein Pahandipour from 2021 (No. 75), and Shokrollah Jebeli (No. 96).

⁶⁹ See cases of Alborz Ghassemi-Shall from 2010 (No. 54), Mohsen Doghmechi from 2011 (No. 55), Hassan Nahid from 2011 (No. 56), Esmail Mostakhdem from 2020 (No. 57), and Agha Shahbakhsh from 2021 (No. 58).

transfer prisoners to a specialist medical facility for screening and diagnostic tests for months after they developed noticeable signs and symptoms; denying prisoners diagnosed with cancer prompt access to chemotherapy against medical advice; interruption of treatment; and ignoring explicit advice from doctors on granting prisoners leave on medical grounds to improve their mental health and boost their immunity system before starting chemotherapy.

According to information available, one of them spent his final days and hours at the prison and the remaining four were transferred to hospital, in critical conditions, where they died shortly afterwards.

5. CRISIS OF IMPUNITY

5.1 IRAN'S OBLIGATION TO INVESTIGATE

The duty to investigate potentially unlawful deaths is an essential part of upholding the right to life. The duty gives practical effect to obligations to respect and protect the right to life, and it promotes accountability and remedy where the substantive right may have been violated. Investigations to establish the truth concerning the causes and circumstances surrounding deaths in custody must be prompt, impartial, transparent, effective, and thorough and must be carried out by independent and competent authorities, which have no institutional relationship with the detaining authority.

A failure to respect the duty to investigate is a violation of the right to life in and of itself. Investigations and prosecutions are essential to deter future violations and to promote accountability, justice, the rights to effective remedies and to the truth, and the rule of law. In cases of prisoner deaths, there is a general presumption of state responsibility given the heightened control exercised by the state over the lives of those in custody. In order to overcome this presumption, the State must carry out prompt, impartial and effective investigations through competent authorities, independent of the detaining authority.⁷⁰

According to the UN Minnesota Protocol on the Investigation of Potentially Unlawful Death (Minnesota Protocol), “investigations must, at a minimum, take all reasonable steps to: a) identify the victims; b) recover and preserve all material probative of the cause of death, the identity of perpetrators and the circumstances surrounding death; c) identify possible witnesses and obtain their evidence in relation to the death and the circumstances surrounding the death; d) determine the cause, manner, place and time of death, and all of the surrounding circumstances; and e) determine who was involved in the death and their individual responsibility for the death”.⁷¹

The protocol provides that participation of the family members is an important element of an effective investigation: “The state must enable all close relatives to participate effectively in the investigation, though without compromising its integrity. The relatives of the deceased must be sought ... and informed of the progress of the investigation, during all its phases, in a timely manner... Family members should be protected from any ill-treatment, intimidation or sanction as a result of their participation in an investigation or their search for information concerning a deceased”.⁷²

5.2 DENIALS AND REFUSAL TO INVESTIGATE

Consistent with entrenched patterns of institutional impunity in Iran for unlawful killings and other serious human rights violations and as noted by the UN Special Rapporteur on the situation of human rights in Iran,⁷³ the Iranian authorities have systematically refused to conduct any independent and transparent investigations into cases of deaths in custody, despite credible reports that they have resulted from unlawful action, including deliberate denial of medical care.

⁷⁰ UN Human Rights Committee, General comment 36: The Right to Life (previously cited), para. 29.

⁷¹ UN Minnesota Protocol on the Investigation of Potentially Unlawful Deaths (Minnesota Protocol), 2017, para. 25(e).

⁷² Minnesota Protocol, 2017, para. 36.

⁷³ UN Special Rapporteur on the situation of human rights in the Islamic Republic of Iran, Report, 13 January 2022, UN Doc. A/HRC/49/75, undocs.org/en/A/HRC/49/75, para. 15.

Review of the reports available on the 96 recorded deaths in custody indicates that in most cases, the authorities have not publicly commented on the causes and circumstances surrounding the deaths in custody. However, in the case of at least 14 recorded prisoners, the authorities denied, either in public statements or directly to relatives, reports by human rights groups that denial of medical care caused or contributed to these deaths in custody, and instead blamed deaths in custody on illness (10)⁷⁴ or drug overdose (4)⁷⁵ in a rushed manner, often within hours of the prisoner's death, and without any independent, thorough, and transparent investigations. In some cases, the authorities listed the offences of which deceased prisoners had been convicted in what appeared to be a sinister attempt to dehumanize them and divert attention away from allegations of human rights violations causing or contributing to their deaths in custody.

There is no legislation in Iran providing for mandatory investigations of deaths in custody. As per Article 152 of the Prisons Regulations, prison officials are simply required to ensure, together with relevant judicial authorities, that the body of the deceased is transferred to the Legal Medicine Organization of Iran to determine the forensic cause of death following an autopsy.⁷⁶ The Legal Medicine Organization generally uses brief phrases consisting of a few words to outline the cause of death, which are then cited on the deceased prisoner's burial certificate and/or death certificate. The state forensic entity does not generally inform the families of the deceased about the autopsy in advance or allow them or their legal representatives to be present during the autopsy or to access relevant documents.

Even if the Legal Medicine Organization of Iran was required by law to conduct a more comprehensive analysis of the causes and circumstances leading to death, its investigation would not have fulfilled the requirements of independence because it works under the authority of the judiciary, which also controls the Prisons Organization.

Lack of transparency around the number of deaths in custody is another hallmark of the prevailing crisis of impunity for arbitrary deprivation of life in Iran.

As per Article 338 of the Prisons Regulations, the Prisons Organization is obliged to prepare a monthly report about various matters relating to the situation of prisons and detention facilities, including the number of deaths in custody, and submit it to the head of the judiciary and the country's chief prosecutor.⁷⁷ However, there is no law requiring the authorities to be transparent and make this information publicly accessible. Neither is there an obligation to share information about the investigative processes into deaths in custody, their outcome, and any relevant documentation with bereaved relatives of deceased prisoners.

5.3 NO INTENT TO CHANGE

The crisis of impunity prevailing in Iran for deadly denial of medical care to prisoners is characterized not only by the authorities' systematic refusal to investigate, but also by their promotion of narratives praising the quality of services offered to prisoners in Iran, including healthcare, as "exemplary" or

⁷⁴ See the cases of Hoda Saber in 2011 (No. 2), (Mansour Radpour from 2012 (No. 4), Afshin Osanlou from 2013 (No. 5), Shahrokh Zamani from 2015 (No. 7), Vahid Sayad Nasiri from 2018 (No. 52), Omar Badalipour from 2019 (No. 19), Mehrdad Barideh from 2019 (No. 21), Parviz Ghahremani from 2021 (No. 27), Fatemeh Alizadeh from 2020 (No. 30), and Mehdi Kazemi (publicly known as Baktash Abtin) from 2022 (No. 37). See also Alef, "نظر توضیحات مدیرکل زندان‌های استان تهران درباره فوت افشین", Iranian Students News Agency, "دادستان تهران درباره کالبدشکافی هدی صابر", 22 June 2013, bit.ly/3wkKjKM; Fars News Agency, "شاهرخ زمانی کیست/خبرسازی بیپرده برای مرگ طبیعی یک زندانی", 26 October 2015, bit.ly/34VFlmW; Mashregh News, "وحدید صیادی نصیری" که بود و چگونه درگذشت؟", 16 December 2018, bit.ly/3lmd9ga; Mizan News Agency, "توضیحات دادستان گچساران درباره فوت تکتنبیب اعتصاب", 22 July 2019, bit.ly/3MW094i; Mizan News Agency, "اطلاعیه اداره کل زندان‌های", 29 March 2020, bit.ly/3JnxT8j; Iranian Students News Agency, "تهران در پی درگذشت بکتاش آبتین", 8 January 2022, bit.ly/3N1yhLY; Iranian Students News Agency, "اطلاعیه دادستانی تهران درباره روند درمائی بکتاش آبتین", 9 January 2022, bit.ly/3CTKmyj

⁷⁵ See the cases of Akbar Kamali from 2017 (No. 13), Behnam Mahjoubi from 2021 (No. 63), Mehdi Narimani from 2021 (No. 94), and Sasan Niknafas from 2021 (No. 64). See also Tasnim News Agency, "توضیحات اداره کل زندان‌های تهران درباره مسمومیت بنام محجوبی", 16 February 2021, bit.ly/3imsByd; Iranian Students News Agency, "اطلاعیه اداره کل زندان‌های تهران درباره مرگ ساسان نیک نفس", 7 June 2021, bit.ly/3D0KIDh

⁷⁶ آیین نامه اجرایی سازمان زندان ها و اقدامات تأمینی و تربیتی کشور, 10 May 2021, bit.ly/2SDAZtA, Article 152.

⁷⁷ آیین نامه اجرایی سازمان زندان ها و اقدامات تأمینی و تربیتی کشور (previously cited), Article 338(p)(1).

“unparalleled” throughout the world, which effectively indicate that they have no intent to change course.⁷⁸

For example, on 23 February 2021, following the death in custody of prisoner of conscience Behnam Mahjoubi, which generated a public outcry, the then first deputy head of the judiciary and current head of judiciary, Gholamhossein Mohseni Ejei, said in a press event:

“Prison has its own unique limitations. Our prisoners, compared to prisoners around the world, have better conditions in various ways and the expenses made for healthcare, particularly in relation to Covid-19, are very high and considerable. Furthermore, in terms of leniencies shown to prisoners, our situation [in Iran] is unparalleled and nowhere else are leniencies afforded to prisoners to the extent seen in Iran.”⁷⁹

The senior judicial official did not clarify what he meant by “unique limitations” integral to imprisonment.

In a similar vein, on 8 January 2022, following the death in custody of writer Mehdi Kazemi (publicly known as Baktash Abtin)⁸⁰, who was unjustly imprisoned in Evin prison, Kazem Gharib Abadi, the deputy head of the judiciary in international affairs and the secretary general of Iran’s High Council for Human Rights,⁸¹ undertook a visit to Evin prison for the apparent purpose of a publicity stunt, and subsequently said in a media interview:

“It is unlikely for other countries to truly provide the services we offer to prisoners... Our style of prison warding is humane while welfare facilities available in our prisons are more extensive than that of other countries. Furthermore, no one would tolerate the ill-treatment of a prisoner and we do not accept any breach of their rights.”⁸²

Kazem Gharib Abadi then proceeded to say:

“Prisoners are under our care, and they should be provided with the services that they need, in accordance with regulations and particularly when they ask for them. Given the considerable services offered in [Iran’s] prisons, it would be a pity for us to get accused [of human rights violations] with the creation of some wrong tangential issues.”

The senior judicial official did not clarify what he meant by “tangential issues” or who had generated them, but the context of his statement suggested that he was referring to the public outcry both in Iran and globally following the death in custody of Baktash Abtin.

In another example, on 15 September 2020, the head of Iran’s Prisons Organizations, Mohammad Mehdi Haj Mohammadi described the services offered to prisoners in Iran to ensure their well-being and safety as “unparalleled” throughout the world and attributed allegations of human rights violations to the “enemies of the [Islamic Republic] system and revolution who are extensively trying to create a negative impression of [Iran’s] prisons.”⁸³ He added,

“The coronavirus crisis was well managed in prisons... We should promote to the world, in a diligent manner and while using media capacities, our accomplishments in prisons in terms of respecting civil rights and offering various services to prisoners.”

Official narratives praising the quality of healthcare in Iran’s prisons are often accompanied by official statements that attribute reports of human rights violations to the “enemies” of the Islamic Republic system and characterize them as “fabricated”.⁸⁴ For example, most recently, in their 9 March 2022

⁷⁸ Iran’s Metropolitan News Agency, “معاون قوه قضاییه: خدمات رفاهی زندان‌های ایران فراتر از دیگر کشورها است”, 11 January 2022, bit.ly/3Hlzvrl

⁷⁹ Hamshahri Online, “واکنش محسنی‌اژه‌ای به شایعات مطرح شده در مورد خانواده‌اش و حواشی پیرامون فوت بهنام محجوبی”, 23 February 2021, bit.ly/3pBXjr8

⁸⁰ Refer to the entry 37 in Annex 2 for more information on the case of Mehdi Kazemi (publicly known as Baktash Abtin).

⁸¹ Iran’s High Council for Human Rights is the state human rights institution, which operates under the judiciary.

⁸² Iran’s Metropolitan News Agency, “معاون قوه قضاییه: خدمات رفاهی زندان‌های ایران فراتر از دیگر کشورها است”, 11 January 2022, bit.ly/3Hlzvrl

⁸³ Mashregh News, “رئیس سازمان زندان‌ها: خدمات زندانبانی ما در دنیا کم‌نظیر است”, 15 September 2020, bit.ly/3KfmyY9

⁸⁴ Iranian Students News Agency, “معاندین درباره وضع زندان‌های ما سیاه نمایی می‌کنند”, 15 March 2022, bit.ly/3qiWdRh; Islamic Republic News Agency, “محیط «اینجا زندان است»؛ روایت یک خبرنگار از حضور ۲۰۰ زندان‌های تهران بویژه بازداشتگاه اوین کلون فضاسازی دشمن است”, 8 February 2022, bit.ly/3teqQ6; Fars News Agency, “روایت یک خبرنگار از حضور ۲۰۰ زندان‌های تهران بویژه بازداشتگاه اوین کلون فضاسازی دشمن است”, 15 September 2021, bit.ly/3tloUio

reply to a communication of the UN Special Procedures, dated 24 January 2022,⁸⁵ the Iranian government stated:

“The recent media hype using the code name of ‘deaths in State custody’ comes from unsubstantiated and groundless fabrications made by certain media outlets affiliated to governments hostile to the Islamic Republic of Iran. Allegations suggesting the deaths of prisoners in State custody due to torture, mistreatment or denial of medical care come from the propaganda campaign and media hype against the Islamic Republic of Iran, in order to distract the international community’s attention away from the undeniable facts on the ground in the Guantanamo Bay detention camp, the Abu Ghraib prison, and dozens of notorious assassination and torture camps belonging to the United States and its allies.”⁸⁶

In response to concerns raised specifically about denial of access to adequate healthcare in Iran’s prisons, the official reply denied “allegations suggesting hygiene deficiencies in prisons” and claimed “convicts, irrespective of the nature of the charges and category thereof, enjoy unhindered, quick and round-the-clock access to healthcare facility.” The official reply added that “in case of insufficient specialized equipment and facilities for treatment of patients in prison, he may be moved out of prison at any time of day and night” and cited Article 137 of the Prisons Regulations in this relation (see section 4.1 above).

5.4 HARASSMENT OF FAMILIES

Years of documentation and monitoring by Amnesty International shows that family members of people who die in custody in suspicious circumstances or otherwise unlawfully killed by state agents are routinely subjected to various forms of harassment and intimidation by intelligence and security officers, particularly when publicly disputing the authorities’ claims about the circumstances surrounding the deaths of their loved ones or seeking legal redress.⁸⁷ Lawyers acting on behalf of bereaved families have also received threats for pursuing legal action or even faced persecution and imprisonment. Iranian authorities also have a documented track-record of pressuring families to forgo the right to complain to collect the body of their loved ones or accept to bury their loved ones immediately. Seeking an independent autopsy by a forensic institute other than the Legal Medicine Organization of Iran is generally not a possibility for families either.

In several cases concerning the 96 prisoners recorded as having died in custody, the reports reviewed mentioned various forms of ill-treatment against family members consistent with Amnesty International’s long-term findings.⁸⁸

6. CONCLUSION AND RECOMMENDATIONS

The staggering number of deaths in custody in Iran that have gone unaddressed and unpunished, despite credible reports of deliberate and unlawful denial of medical care demonstrates the Iranian authorities’ disregard for the lives and safety of prisoners.

⁸⁵ UN Special Rapporteur on the situation of human rights in the Islamic Republic of Iran; UN Working Group on Arbitrary Detention; UN Working Group on Enforced or Involuntary Disappearances; UN Special Rapporteur on extrajudicial, summary or arbitrary executions; UN Special Rapporteur on the independence of judges and lawyers; UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Joint Communication to Iran AL IRN 36/2021, 24 January 2022, <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gld=26927>

⁸⁶ Islamic Republic of Iran, reply to Joint Communication AL IRN 36/2021, 9 March 2022, <https://spcommreports.ohchr.org/TMResultsBase/DownloadFile?gld=36846>

⁸⁷ Amnesty International, “End persecution of families seeking truth and justice for detainees who have died in detention” (Index: MDE 13/8049/2018), 13 March 2018, [amnesty.org/en/documents/mde13/8049/2018/en](https://www.amnesty.org/en/documents/mde13/8049/2018/en); Amnesty International, “They shot our children: Killings of minors in Iran’s November 2019 protests” (Index: MDE 13/1894/2020), 4 March 2020, [amnesty.org/en/documents/mde13/1894/2020/en](https://www.amnesty.org/en/documents/mde13/1894/2020/en); Amnesty International, “Iran: Authorities violating absolute prohibition of torture through harassment of witnesses involved in Iran Atrocities Tribunal” (Index: MDE 13/5441/2022), 7 April 2022, [amnesty.org/en/documents/mde13/5441/2022/en](https://www.amnesty.org/en/documents/mde13/5441/2022/en)

⁸⁸ See, for example, the cases of Parviz Ghahremani from 2021 (No. 27) and Gholam Rabani Barahouei from 2015 (No. 88).

Amnesty International believes that the crisis of systemic impunity prevailing in Iran has emboldened prison officials and prosecution authorities in the country to continue to commit shocking violations of the right to life through routinely denying ailing prisoner's vital medical care. The organization warns that the long shadow of death will continue to cast over Iran's ailing prisoners until officials suspected of deliberately and lethally disregarding the medical needs of prisoners are investigated, and if there is relevant admissible evidence, prosecuted.

In its annual resolutions on the situation of human rights in Iran since 2012, the UN General Assembly has repeatedly raised concerns about the "the denial of access to adequate medical treatment" in Iran's prisons, warned about "the consequent risk of death faced by prisoners", and called on the authorities "to end the practice" and "to establish credible and independent prison oversight authorities to investigate complaints of abuse".⁸⁹

Despite these repeated international appeals, the Iranian authorities have refused to end the cruel pattern of denying prisoners access to adequate medical care. Instead, they have resorted to issuing blanket denials and making self-congratulatory statements.

Given the gravity of the violations concerned and the deepening crisis of impunity⁹⁰ in the country, particularly since the deadly crackdown and use of unlawful intentional lethal force to disperse the nationwide protests of 2019, which included a spate of unlawful killings, mass arbitrary arrests, torture and enforced disappearances,⁹¹ Amnesty International reiterates the dire need for the UN Human Rights Council to set up an independent investigative and accountability mechanism to break the chain of impunity and deter further loss of life.

6.1 RECOMMENDATIONS TO IRANIAN AUTHORITIES

TIMELY ACCESS TO ADEQUATE MEDICAL CARE

- Acknowledge that medical services available in Iran's prisons are extremely limited and wholly inadequate for meeting the needs of prisoners who are in critical condition and/or need specialized medical treatment, and it is, therefore, essential to require, in law and practice, that, pending evidence of long-range fundamental improvements, prisoners experiencing medical emergencies are immediately transferred to medical facilities outside prison for emergency care, and that prisoners diagnosed with serious pre-existing illness or displaying signs and symptoms of what may be serious health problems are transferred, without undue delay, to medical facilities outside prison for medical care, including screening and diagnostic

⁸⁹ UN General Assembly, Resolution 67/182: Situation of human rights in the Islamic Republic of Iran, adopted on 20 December 2012, UN Doc. A/RES/67/182, para. 2(n); UN General Assembly, Resolution 67/184: Situation of human rights in the Islamic Republic of Iran, adopted on 18 December 2013, UN Doc. A/RES/68/184, para. 5(m); UN General Assembly, Resolution 69/190: Situation of human rights in the Islamic Republic of Iran, adopted on 18 December 2014, UN Doc. A/RES/69/190, para. 5(m); UN General Assembly, Resolution 70/173: Situation of human rights in the Islamic Republic of Iran, adopted on 17 December 2015, UN Doc. A/RES/70/173, para. 10; UN General Assembly, Resolution 71/204: Situation of human rights in the Islamic Republic of Iran, adopted on 19 December 2016, UN Doc. A/RES/71/204, para.12; UN General Assembly, Resolution 72/189: Situation of human rights in the Islamic Republic of Iran, adopted on 19 December 2017, UN Doc. A/RES/72/189, para. 12; UN General Assembly, Resolution 73/181: Situation of human rights in the Islamic Republic of Iran, adopted on 17 December 2018, UN Doc. A/RES/73/181, para. 14; UN General Assembly, Resolution 74/167: Situation of human rights in the Islamic Republic of Iran, adopted on 18 December 2019, UN Doc. A/RES/74/167, para. 15; UN General Assembly, Resolution 75/191: Situation of human rights in the Islamic Republic of Iran, adopted on 28 December 2020, UN Doc. A/RES/75/191, para. 18; UN General Assembly, Resolution 76/178: Situation of human rights in the Islamic Republic of Iran, adopted on 16 December 2021, UN Doc. A/RES/76/178, para. 19.

⁹⁰ Amnesty International, *Presidency of Ebrahim Raisi a grim reminder of the crisis of impunity* (Index: MDE 13/4314/2021), 19 June 2021, [amnesty.org/en/documents/mde13/4314/2021/en](https://www.amnesty.org/en/documents/mde13/4314/2021/en)

⁹¹ Amnesty International, *Trampling Humanity – Mass arrests, disappearances and torture since Iran's 2019 November protests* (Index: MDE 13/2891/2020), 2 September 2020, [amnesty.org/en/documents/mde13/2891/2020/en](https://www.amnesty.org/en/documents/mde13/2891/2020/en); Amnesty International, *Details of 324 deaths in crackdown on November 2019 protests (updated as of November 2021 with new information)* (Index: MDE 13/2308/2020), 16 November 2021, [amnesty.org/en/documents/mde13/2308/2020/en](https://www.amnesty.org/en/documents/mde13/2308/2020/en); Amnesty International, *A web of impunity: The killings Iran's internet shutdown hit*, [iran-shutdown.amnesty.org](https://www.amnesty.org)

tests, appropriate treatment including medication, regular check-ups, and post-operative follow-up care.

- Amend Iranian laws and regulations including Articles 8(h) and 137 of the Prisons Regulations to ensure that medical decisions pertaining to prisoners' health care or transfer to medical facilities outside prison are made independently by health care professionals and respected by prison officials, prosecution and other judicial authorities, and security and intelligence bodies;
- Urgently address extremely inappropriate staffing levels and severe skills gaps, including by amending Article 139 of the Prisons Regulations and allocating the financial and other resources necessary, to ensure that prisoners receive adequate physical and mental health care in prisons, free of charge, without discrimination on any grounds, on par with health care available in the general population;
- Ensure that health care is provided by qualified medical personnel acting in full clinical independence and that health care professionals in prisons and hospitals used by the state to treat prisoners comply with medical standards and ethics in their treatment and engagement with prisoners.

INVESTIGATIONS AND PROSECUTIONS

- Amend Article 152 of the Prisons Regulations and adopt other legislative measures as necessary to mandate thorough, impartial, transparent and effective investigations of the causes and circumstances surrounding deaths in custody by an independent and competent authority, in line with the requirements of the UN Minnesota Protocol on the Investigation of Potentially Unlawful Death and other international standards;
- Criminally investigate and, if there is relevant admissible evidence, prosecute in proceedings that meet international standards for fair trial and without recourse to the death penalty those suspected of ordering, instigating, committing, aiding or abetting, or otherwise assisting or facilitating the commission of unlawful acts in custody causing or contributing to deaths in custody as well as superiors who knew or should have known that a subordinate was committing or about to commit a crime but did not take all the reasonable and necessary measures within their power to prevent and punish the crime;
- Regularly release data on the total number of convicted prisoners or others held in pretrial detention who have died in custody, their identities and ages, and the date, location, causes and circumstances of their death.

INSPECTIONS

- Allow regular, unannounced, independent and unrestricted inspections by national and international independent expert bodies to all places where people are or may be deprived of their liberty;
- Extend invitations to and accept requests for visits from the Special Procedures of the UN Human Rights Council, including the Special Rapporteur on the situation of human rights in Iran, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, the Special Rapporteur on extrajudicial, summary or arbitrary executions, and the UN Working Group on Arbitrary Detention, and allow them unrestricted access to prisons and other detention centres, victims and their families, civil society activists and human rights defenders, ensuring that no individuals face reprisals for communicating with UN human rights mechanisms.

6.2 RECOMMENDATIONS TO THE UN HUMAN RIGHTS COUNCIL

- Establish an investigative and accountability mechanism to collect, analyse and preserve evidence of the most serious crimes under international law committed in Iran to facilitate fair criminal proceedings in the future.

7. ANNEX 1 - MAPPING OF 96 RECORDED DEATHS IN CUSTODY AND PROFILE OF DECEASED PRISONERS

7.1 GEOGRAPHICAL AND TEMPORAL SPREAD OF DEATHS IN CUSTODY

The 96 recorded deaths in custody cover 30 prisons in 18 provinces across the country namely Alborz, East Azerbaijan, Esfahan, Hormozgan, Ilam, Kerman, Kermanshah, Khorasan-e Razavi, Khuzestan, Kohgiluyeh and Boyer-Ahmad, Kurdistan, Lorestan, Mazandaran, Qom, Sistan and Baluchestan, Southern Khorasan, Tehran, and West Azerbaijan. The prisons covered are all managed by Iran's Prisons Organization, which works under the judiciary. The four provinces of West Azerbaijan, Tehran, Sistan and Baluchestan and Alborz account for most of the recorded deaths, with 28, 16, 15 and 12 recorded deaths, respectively.

Of the cases examined, 22 deaths in custody took place in the main prison in Urumieh, West Azerbaijan province. The next worst affected prison is the main prison in Zahedan, Sistan and Baluchestan province, with 13 recorded deaths in custody

These findings are consistent with long-standing concerns relayed by human rights defenders and former prisoners to Amnesty International about the particularly dire conditions of the two abovementioned prisons, which are predominantly populated by individuals belonging to Iran's oppressed ethnic minorities.⁹² Urumieh prison is overwhelmingly populated by prisoners belonging to Iran's Kurdish and Azerbaijani Turkic minorities and Zahedan prison predominantly by prisoners belonging to Iran's Baluchi minority.

Amnesty International believes the extent of human rights violations being committed in many prisons across the country remains largely hidden from public view. Therefore, greater access to information about some prisons compared to others poses serious limitations to conducting effective comparative analysis.

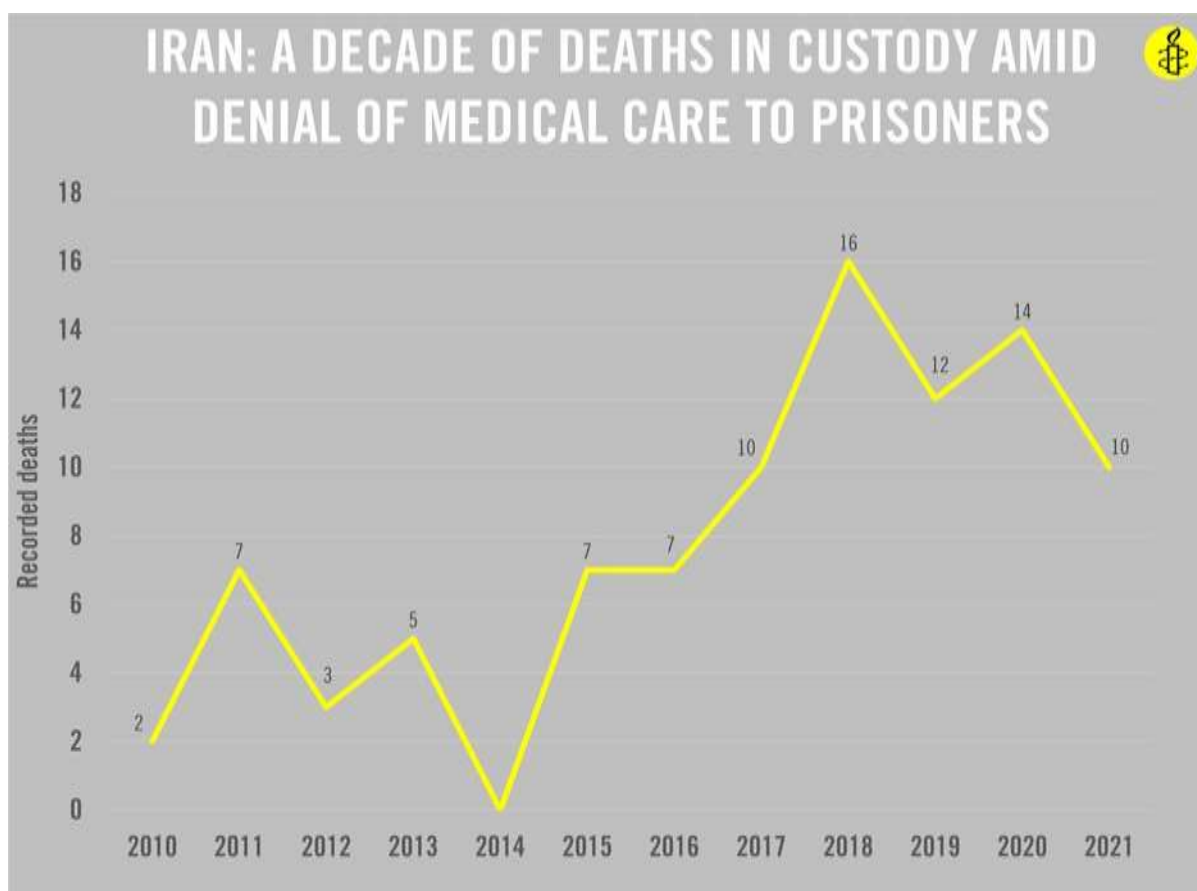
Below is a table indicating the number of deaths in custody recorded for each province:

Province	Recorded deaths with suspected links to denial of adequate medical care
West Azerbaijan	28
Tehran	16
Sistan and Baluchestan	15
Alborz	12
Kurdistan	4
Mazandaran	3
Ilam	3

⁹² See, for example, Kurdistan Human Rights Network, "Dozens of woman prisoners contract Omicron in Iran's Orumiye", 22 February 2022, kurdistanhumanrights.org/en/dozens-of-woman-prisoners-contract-omicron-in-irans-orumiye/; Kurdistan Human Rights Network, "Iran: Prisoners of conscience refuse prison meals, demand treatment for ill prisoners", 22 September 2021, kurdistanhumanrights.org/en/iran-prisoners-of-conscience-refuse-prison-meals-demand-treatment-for-ill-prisoners/; Human Rights Activists News Agency, "بحران کرونا: گزارش جامع از وضعیت زندان ارومیه", 8 July 2020, www.hra-news.org/2020/hranews/a-25573/; Baloch Activists Campaign, "گزارشی از آخرین وضعیت زندان زاهدان در شرایط کرونا", 10 July 2021, bit.ly/3prd9Vh; ANF News, "زندانیان زندان مرکزی زاهدان از دسترسی کافی به آب محرومند", 11 July 2017, bit.ly/3hriBDI; Iran Prison Atlas, Zahedan Prison's Profile, ipa.united4iran.org/en/prison/29/; Abdorrahman Boroumand Center for Human Rights in Iran, *COVID-19 Fear in Iran's Prisons: Iran Must Do More to Protect Prisoners*, 2 September 2020, pp. 22-23, iranrights.org/library/document/3764; Abdorrahman Boroumand Center for Human Rights in Iran, *COVID-19 Fear in Iran's Prisons: Iran Must Do More to Protect Prisoners*, 21 April 2020, pp. 13-16, iranrights.org/library/document/3720

Khuzestan	3
East Azerbaijan	2
Lorestan	2
Qom	1
Hormozgan	1
Esfahan	1
Kermanshah	1
Kerman	1
Khorasan-e Razavi	1
Southern Khorasan	1
Kohgiluyeh and Boyer-Ahmad	1

Of the 96 deaths in custody recorded, the vast majority (65) took place over the past five years, that is, since January 2017. While this may be due to greater access to information in recent years, including due to the rise of online communication, it serves as an alarming indication that serious violations of the right to life and health across Iran's prisons continue unabated, and are facilitated by the prevailing climate of impunity.



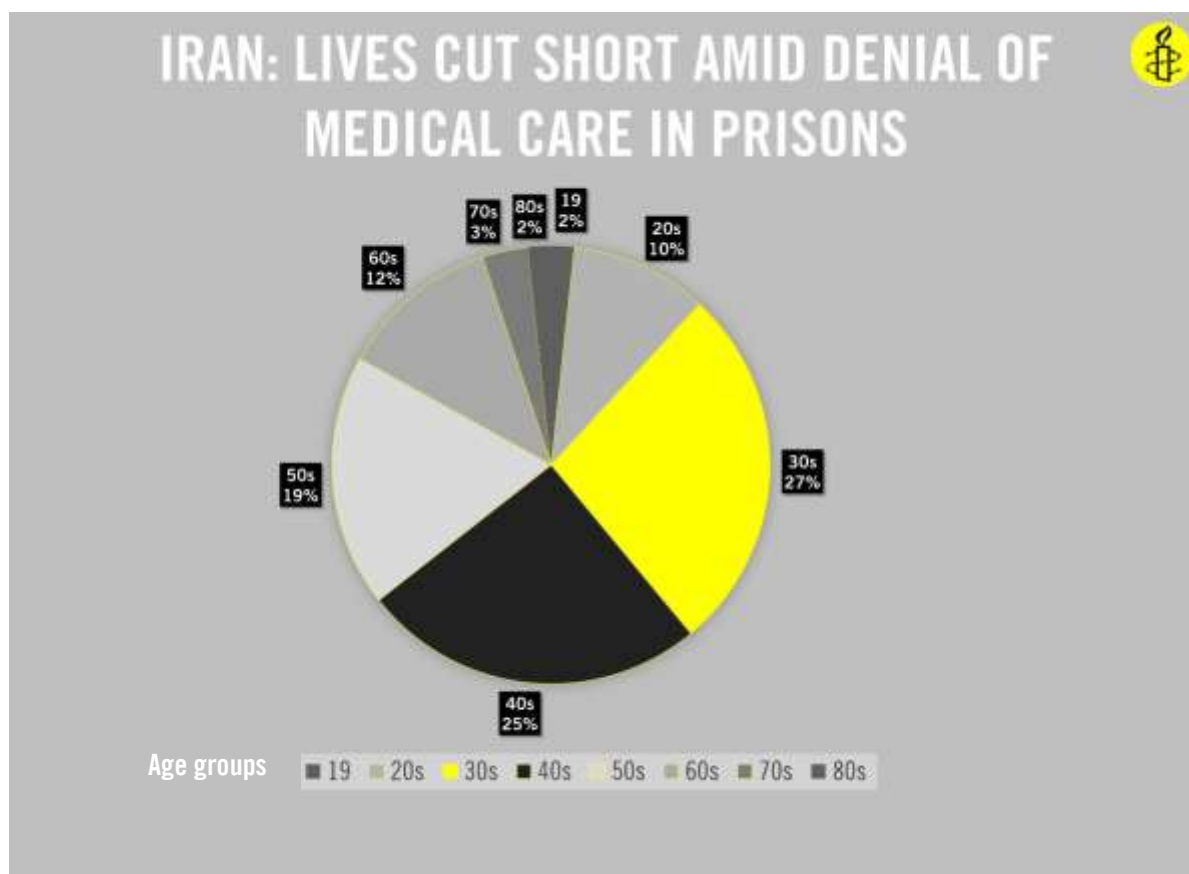
7.2 AGE

For 59 of the 96 prisoners recorded as having died in custody, information about their exact or approximate age was available. According to this information, younger people constitute 40% of the deceased, with one in his teens, six (10%) in their twenties and 16 (28%) in their thirties, and middle-aged people constitute 45% of the deceased, with 15 (26%) in their forties and 11 (19%) in their fifties.

This means that, based on known age, younger and middle-aged people constitute 84% of the deceased, raising further concerns that lives are being cut short by denial of healthcare.

Older people account for 17% of the deceased, with seven (12%) in their sixties and only two (3%) in their seventies and one in his eighties (2%).

Amnesty International was unable to find detailed updated information on age breakdown of the prison population, but according to a state media article from May 2017, 70% of Iran's prisoners were under the age of 40.⁹³ According to another article published in state media in October 2016, the overwhelming majority of prisoners across Iran were between the ages of 26 and 32.⁹⁴ Provided that these trends have continued, the number of middle-aged people who have died in custody appears to be disproportionately high.



7.3 GENDER

Of the 96 prisoners recorded, 92 (96%) were men and four (4%) were women. This gender distribution approximately corresponds to the percentage of women prisoners across the country who

⁹³ Tasnim News Agency, "هفتاد درصد زندانیان در ۱۰ سال اول ازدواج هستند/رشد ۳۳ درصدی زندانیان در ۲۲ سال", 22 May 2017, bit.ly/35cZUkr

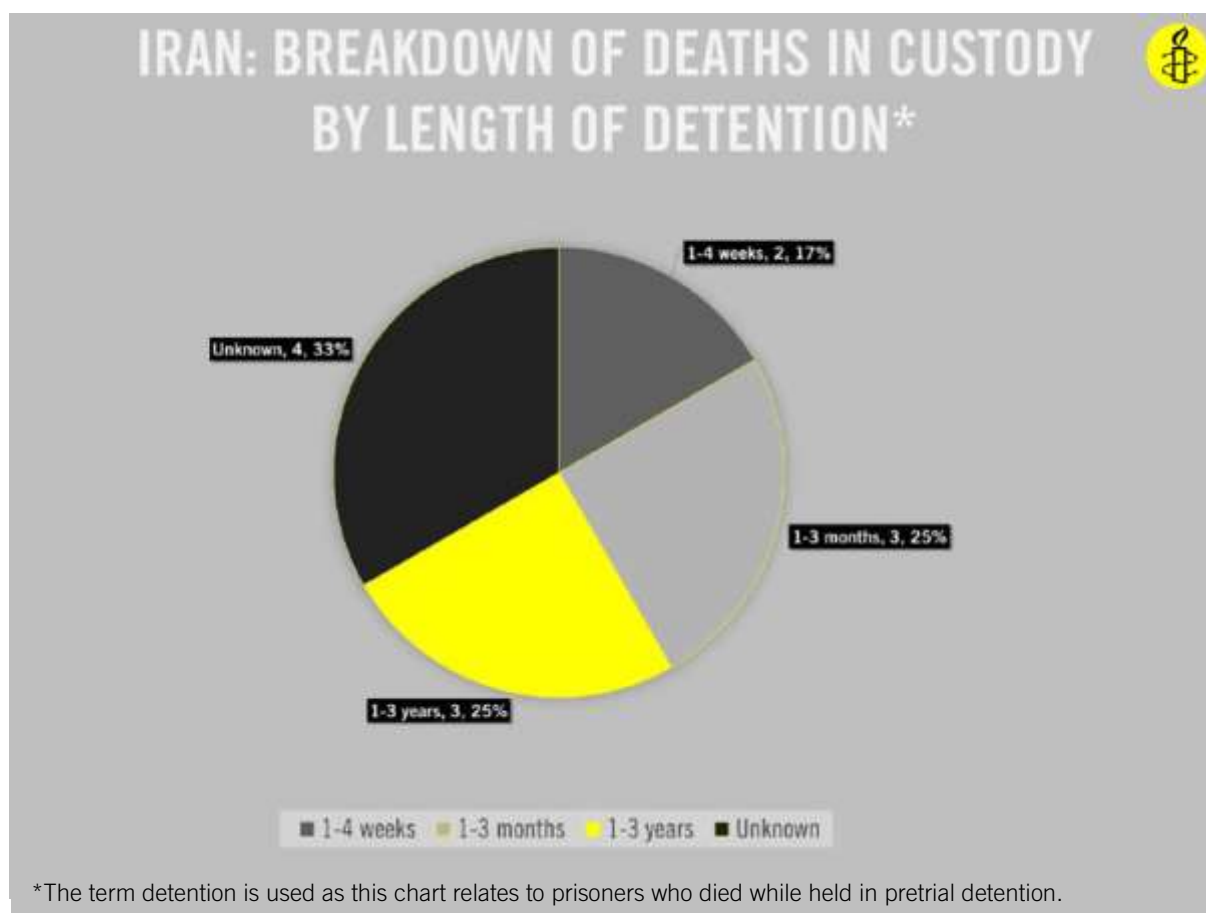
⁹⁴ Mehr News Agency, "۲۶ تا ۳۲ سال بیشترین رده سنی زندانیان/ کاهش ۷۰ هزار نفری جمعیت زندانها", 28 June 2016, bit.ly/3ptSX5

have over the years comprised about 3% of the prison population, according to official sources.⁹⁵ However, as noted in the Methodology chapter above, the sample of recorded deaths in custody reviewed for this research is illustrative rather than exhaustive, and Amnesty International believes that the real number of prisoners who have died in custody, including women prisoners, is far higher.

7.4 LENGTH OF CUSTODY

For 69 of the 96 prisoners recorded, information about their legal status was available. Of these 69 individuals, at least 57 had been convicted and sentenced and 12 were at the pretrial stage.

Of the 12 detainees recorded as having died at the pretrial stage, two⁹⁶ died within a few weeks of their arrest, three⁹⁷ within three months of their arrest, and another three⁹⁸ following a lengthy pretrial detention period of between one and three years.⁹⁹



Information on the length of imprisonment was available for 50 of the 57 convicted prisoners who died in custody. Of these, 12 prisoners (21%) had spent less than a year in prison, consisting of nine prisoners (16%) who had spent between six months and a year in prison and three prisoners (5%) who had spent between one and three months in prison. Most deceased prisoners (19 equivalent to 33%) had spent between one and five years in prison followed in number by those who had spent

⁹⁵ Iranian Students News Agency, "فراخوان رییس سازمان زندان‌ها برای مشارکت در کاهش جمعیت زنان زندان", 11 June 2021, bit.ly/3419mXr; Mehr News Agency, "تا ۶ هزار نفری جمعیت زندانها ۳۲ سال بیشترین رده سنی زندانیان/ کاهش ۷۰ هزار نفری جمعیت زندانها", 28 June 2016, bit.ly/3lvMoqd;

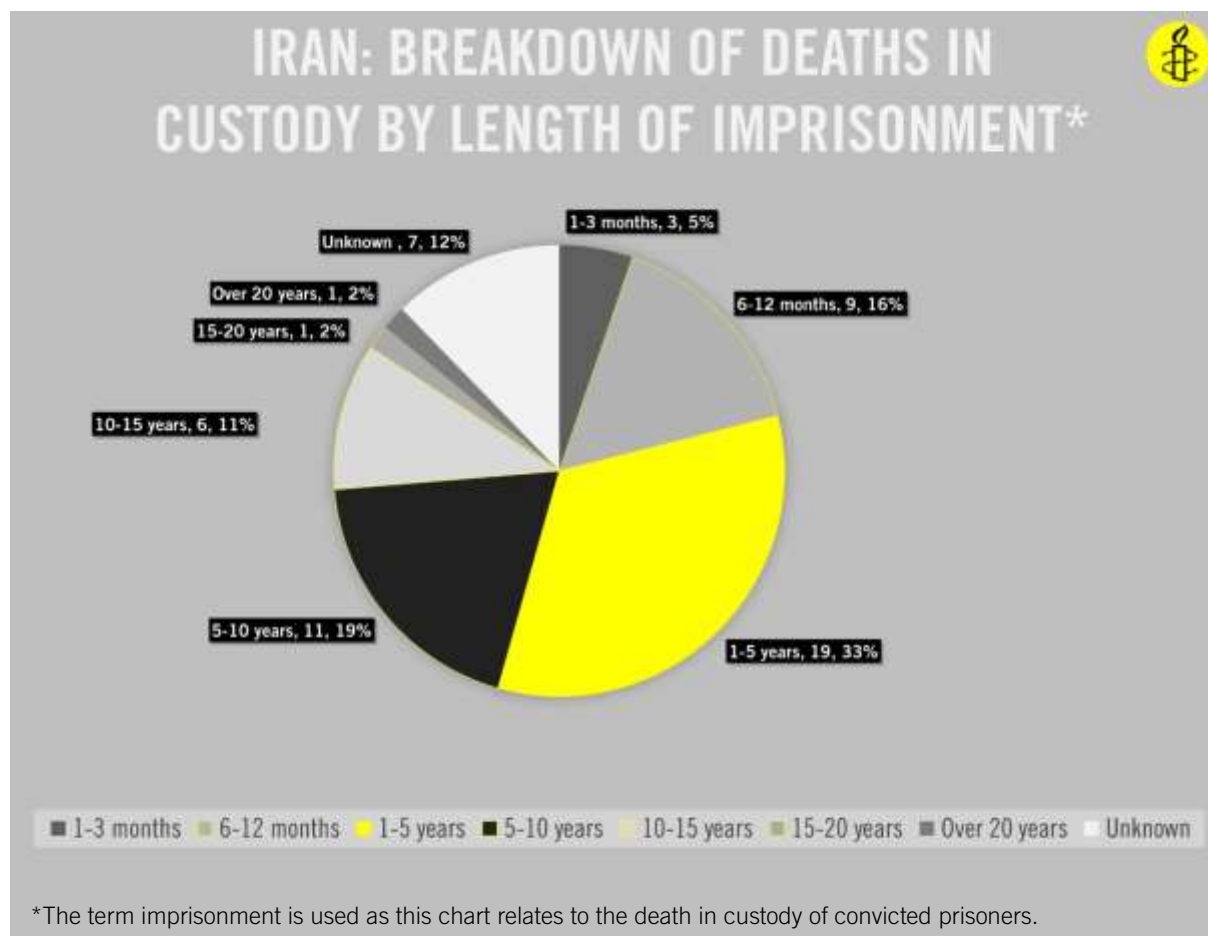
⁹⁶ See the cases of Esmail Toutazehi from 2020 (No. 74) and Ramin Dokaleh from 2018 (No. 72).

⁹⁷ See the cases of Shahab Daroonparvar from 2021 (No. 53), Hossein Pahandipour from 2021 (No. 75), and Iman Rashidi Yeganeh from 2016 (No. 76).

⁹⁸ See the cases of Saeed Heidary from 2020 (No. 32), Abdolnabi Saresi from 2018 (No. 85), and Nader Alizehi from 2017 (No. 17).

⁹⁹ For the remaining four detainees, no information was available on the length of time spent in pretrial detention.

between five and 10 years in prison (11 equivalent to 19%). Six prisoners (11%) died in custody after between 10 and 15 years in prison followed by two prisoners (4%) who were in prison, respectively, for over 15 years and over 20 years.



7.5 NATURE OF CHARGES

Of the 96 recorded prisoners, the cases of 20¹⁰⁰ (27.8%) were of a political nature involving national security charges, which are frequently brought in Iran against civil society activists, human rights defenders, writers, political dissidents and members of ethnic minorities.¹⁰¹ The cases of the remaining 76 deceased prisoners were of a non-political nature.

For 52 of the 76 prisoners whose cases were of a non-political nature, information about the type of charges of which they had been accused or convicted was available. These included possessing or trafficking drugs (25 equivalent to 34.7%), financial debt or fraudulent financial activities (12 equivalent to 16.7%), murder (9 equivalent to 12.5%), theft or robbery (3 equivalent to 4.2%), assault (1 equivalent to 1.4%), possessing or consuming alcoholic drinks (1 equivalent to 1.4%), and illegally possessing or carrying arms (1 equivalent to 1.4%).

¹⁰⁰ See the cases of Alborz Ghassemi-Shall from 2010 (No. 54), Zaher Mostafaiee from 2010 (No.77), Arash Arkan from 2011 (No. 71), Habibollah Naderi from 11 (No. 1), Mohsen Doghmehchi from 2011 (No. 55), Hassan Nahid from 2011 (No. 56), Hoda Saber from 2011 (No. 2), Naser Khanizadeh from 2011 (No. 47), Mohammad Mehdi Zaleh Naghshbandian from 2012 (No. 59), Mansour Radpour from 2012 (No. 4), Afshin Osanlou from 2013 (No. 5), Alireza Karami Kheirabadi from 2013 (No. 38), Anvar Lajevard from 2015 (No. 6), Shahrokh Zamani from 2015 (No. 7), Abdolnour Sharafnahal from 2017 (No. 14), Vahid Sayad Nasiri from 2018 (No. 52), Abdolvahid Rahmani from 2020 (No. 34), Behnam Mahjoubi in 2021 (No. 63), Sasan Niknafas from 2021 (No. 64), and Mehdi Kazemi (publicly known as Baktash Abtin) from 2022 (No. 37).

¹⁰¹ Amnesty International, *Caught in a web of repression: Iran's human rights defenders under attack* (Index: MDE 13/6446/2017), 2 August 2017, [amnesty.org/en/documents/mde13/6446/2017/en](https://www.amnesty.org/en/documents/mde13/6446/2017/en)

8. ANNEX 2 - DETAILS OF REPORTED CIRCUMSTANCES SURROUNDING THE DEATH OF 96 PRISONERS

This annex lists details related to the death in custody of 92 men and four women since January 2010, with suspected links to denial of adequate medical care (See Chapter 2 “Methodology” for information on how the cases were identified and compiled).

Most of the deaths are grouped by the type of untreated or inadequately treated health problems reported as having led to the prisoners’ death and accordingly placed under the following headings: heart attacks and strokes (29), Covid-19 (8), other infectious diseases (9), gastrointestinal complications (7), cancer (5), respiratory complications (3), neurological complications (3), overdose toxicity (3), two traumatic brain injuries resulting, respectively, from beatings at the time of arrest and an accidental fall in prison (2), diabetes (1), kidney problems (1), drug withdrawal symptoms (1), bleeding resulting from injuries sustained during a physical fight with another inmate (1), infected gunshot wounds sustained during arrest (1), lung and back injuries sustained during arrest in a car crash after a police chase (1), health complications associated with a suicide attempt (1). For the remaining 20 deaths, information on the type of illness or health condition leading to the prisoner’s death was not publicly available. These cases are placed under the heading “medical condition unknown” at the end of the list. Under each of the abovementioned headings, the deaths in custody are featured in a chronological order sorted from latest to earliest.

The human rights groups whose reports are cited with respect to the cases recorded include: Baloch Activists Campaign; Centre for Human Rights in Iran (CHRI); Centre for Supporters of Human Rights (CSHR); Hengaw Organization for Human Rights (Hengaw); Human Rights Activists News Agency (HRANA); Human Rights and Democracy Activists in Iran (HRDAI); Human Rights in Iran (HRI); Human Rights Watch (HRW); Kurdistan Human Rights Network (KHRN); and Kurdistan Human Rights Association (KMMK).

Independent media outlets whose reports are likewise cited include: Al Arabiya; Iran Wire; Kurdpa; Khabar Online; Mukrian News Agency; Radio Farda; Radio Zamaneh; Rooz Online; Roji Kurd; Haalvsh; and Voice of America (VOA).

Several state media outlets are also cited; namely, Iranian Labour News Agency (ILNA), Mashregh News, and Mizan News Agency.

8.1 HEART ATTACKS AND STROKES

1. HABIBOLLAH NADERI



Habibollah Naderi, aged around 53, died on 11 February 2011 after he suffered a heart attack in the main prison in Sanandaj, Kurdistan province. No detailed information is available on the circumstances surrounding his death, but according to reporting to human rights groups, his death followed the failure of prison officials to ensure his prompt access to emergency medical care.

Source: [CSHR](#)

2. HODA SABER



Hoda Saber died on 11 June 2011 at the age of 52, shortly after he suffered a heart attack in Evin prison while on hunger strike for 10 days. In an open letter written from inside prison and reviewed by Amnesty International, his cellmates described how prison officials caused or contributed to his death by denying him adequate medical care after his health declined as a result of his hunger strike.

According to his cellmates, at around 4:30am on 10 June 2011, prison officials transferred him to the prison medical clinic after he experienced digestive complications and severe pain in his chest and near his heart. Less than an hour later, he was returned to his ward while still moaning from severe pain in his chest. He told his cellmates that a staff member at the prison clinic claimed that no concerns were detected after conducting an electrocardiogram test and sent him back to his ward. He further reported that several prison officials who worked at the prison clinic had struck him in the head and subjected him to beatings and insults.

Upon his return to the ward, Hoda Saber experienced worsening chest pain as well as severe vomiting and diarrhoea. He urged prison officials to transfer him to a hospital and expressed concern that he may be subjected to further ill-treatment if he is returned to the prison clinic. Prison officials refused to authorize his transfer to a hospital and took him again to the prison clinic. This time, the prison clinic staff assessed that he had suffered a heart attack and advised that he is transferred to a hospital. He died of cardiac arrest shortly after he arrived at the hospital.

Source: [Amnesty International](#), [CSHR](#), [Khabar Online](#)

3. ALI ASHKAN



Ashkan Ali died on 7 August 2011 at the age of 65 after he suffered a heart attack in the main prison in Mahabad, West Azerbaijan province. No detailed information is available on the circumstances surrounding his death, but according to reporting by human rights groups, his death followed prolonged denial of access to adequate medical care for high blood pressure and heart problems. Human rights groups also expressed concern that

prison officials caused or contributed to his death by failing to urgently transfer him to a hospital after he suffered a heart attack.

Source: [Mukrian News Agency](#)

4. MANSOUR RADPOUR



Mansour Radpour died in Raja'i Shahr prison in Karaj, Alborz province on 22 June 2012 at the age of 41. Detailed information on the circumstance surrounding his death is not available. According to reporting by human rights groups, his death followed prolonged denial of access to adequate medical care for various health problems including fluctuations in blood pressure, lung complications, kidney problems and heart disease. In the weeks leading to his

death, he attended the prison clinic several times after experiencing recurrent episodes of nausea and vomiting, but prison clinic personnel dismissed his concerns each time and returned him to his cell. The authorities told Mansour Radpour's family that he died from a brain stroke, but his family was left without answers around the exact causes and circumstances leading to his death, particularly because they said his body bore marks of torture including cuts and bruises.

Source: [CSHR](#), [Radio Zamaneh](#)

5. AFSHIN OSANLOU



Afshin Osanlou died on 21 June 2013 shortly after he suffered a heart attack in Raja'i Shahr prison in Karaj, Alborz province. The head of the prison system in Tehran province claimed in a media interview on 22 June that after Afshin Osanlou reported to the prison clinic on 20 June 2013 with chest pain, he was immediately given an electrocardiogram test at the prison clinic and then transferred to a hospital where he died several hours later. According to reporting by media

outlets and human rights groups, Afshin Osanlou's family disputed the authorities' narrative. They said they were told by nurses at the hospital that Afshin Osanlou was brought in dead and resuscitation efforts by doctors, which lasted for about 45 minutes, failed. His family believes that his death could have been avoided if prison officials had provided him with adequate emergency care at a hospital immediately after he suffered a heart attack in prison.

Source: [HRW](#), [Radio Farda](#), [CHRI](#)

6. ANVAR LAJEVARD



Anvar Lajevard was aged around 45 when he died on 18 June 2015, two days after he was transferred from the main prison in Salmas, West Azerbaijan province, to a hospital. According to human rights groups, his family said that his death followed the failure of prison officials to promptly provide him with emergency medical care after he experienced heart problems in prison.

According to his family, Anvar Lajevard first fainted in prison on 16 June 2015, but for several hours, prison officials dismissed the severity of his condition and failed to attend to him. They then transferred him to a medical facility in Khoy, also in West Azerbaijan province, but the specialist care he required was not available there. After several hours, prison officials moved him to a hospital in Tabriz in East Azerbaijan province, which was about 160km away from Khoy. He died there two days later.

Source: [HRANA](#)

7. SHAHROKH ZAMANI



Shahrokh Zamani died at the age of 51 in Raja'i Shahr prison in Karaj, Alborz province, on 13 September 2015. According to information obtained by Amnesty International and reporting by human rights groups, during the last three or four days leading to his death, he experienced pain in his chest and other parts of his body, but the general prison doctor at the prison clinic said that no specialist was on call to examine him. He asked several times to be transferred to a

specialist facility outside prison for diagnosis and treatment, but prison officials declined his requests. In the morning of 13 September 2015, his cellmates found him lying lifeless in his bed with marks of nosebleed. They transferred his body to the prison clinic, where they were told that he had died of a brain stroke while asleep.

Source: [Amnesty International](#), [CHRI](#)

8. MOUSA MIR



Mousa Mir died at the age of 40 while imprisoned in the main prison in Zahedan in Sistan and Baluchestan on 29 June 2016. According to reporting by human rights groups, he suffered from long-standing heart problems for which he had not received adequate medical care in prison. During the last month before his death, there was no doctor at the prison clinic to assess his condition, and whenever he reported to the clinic with health problems, he was simply given some

painkillers and returned to his ward.

Source: [HRDAI](#)

9. AZIZ ANVARIAN



Aziz Anvarian died at the age of 32 on 2 October 2016 shortly after he was transferred from the main prison in Zahedan, Sistan and Baluchestan province, to a hospital. According to reporting by human rights groups, his death followed prolonged denial of access to medical care for heart disease. Before his death, he repeatedly went to the prison clinic and asked to be transferred to a specialist medical facility outside prison. The prison clinic staff had dismissed his concerns and

only prescribed him painkillers. On the day of his death, he was rushed to the prison clinic in critical condition. The prison clinic initially ignored the severity of his condition and only gave him some pills. As his condition further deteriorated, prison officials authorized his transfer to a hospital, but it proved too late; he died less than an hour after his arrival at the hospital.

Source: [Baloch Activist Campaign](#)

10. MOHAMMAD ESALATI



Mohammad Esalati died in the main prison in Tabriz, East Azerbaijan province, in December 2016. According to reporting by human rights groups, in the hours before his death, he told prison officials that he was experiencing severe pain around his heart and pleaded for them to urgently provide him with access to medical care. Prison officials dismissed his concerns, accused him of “faking” his illness and threatened to transfer him to a certain ward where prisoners are held in particularly harsh and isolating conditions for punitive purposes. Prison officials carried out their threat upon further insistence from

Mohammad Esalati that he required medical care. He died later that night in the prison’s punishment ward.

Source: [HRANA](#)

11. SAEED NOUHI



Saeed Nouhi died in Tehran's Evin prison on 16 January 2017. According to reporting by human rights groups, at around 9am on the day of his death, Saeed Nouhi suffered a heart attack. His cellmates immediately took him to the prison clinic and urged the prison doctor to transfer him to a hospital. The prison doctor refused and only placed a pill under his tongue. At around 12:30pm, Saeed Nouhi's cellmates learned from a prison guard that he had died at the prison clinic.

Source: [HRANA](#)

12. SHIVA FEKRI



Shiva Fekri died in Shahr-e Rey prison in Varamin, Tehran province, in January 2017. According to reporting by human rights groups, authorities failed to provide her with access to emergency medical care for complications of high blood pressure, which caused or contributed to her death. According to reporting by human rights groups, when her health deteriorated, prison officials refused to unlock the doors of the ward where she was held and ensure that she is immediately seen by a prison

doctor. She died on the same day in her cell without having received any medical attention.

Source: [HRI](#)

13. AKBAR KAMALI



Akbar Kamali died at the age of 30 in the main prison in Saravan, Sistan and Baluchestan province, on 28 January 2017. According to reporting by human rights groups, in the days prior to his death, he had repeatedly complained of heart problems and pleaded for authorities to transfer him to a medical facility outside prison. Prison officials dismissed his requests and only gave him tranquilizers and painkillers. When prison officials finally granted his request, it proved too late, and

he died during the transfer. According to Baloch Activists Campaign, prison officials told his cellmates that he had died due to drug abuse and warned them against speaking to anyone about the circumstances surrounding his death.

Source: [Baloch Activists Campaign](#)

14. ABDOLNOUR SHARAFNAHAL



Abdolnour Sharafnahal died of cardiac arrest in the main prison in Ilam, Ilam province, on 29 February 2017. According to reporting by human rights groups, he and his family had repeatedly asked that he is transferred to a medical facility outside prison to receive specialist medical care for his heart problems, but prison officials had refused.

Source: [KMMK, Roji Kurd](#)

15. DARIUSH MANSOURI



Dariush Mansouri died of cardiac arrest in Ghezelhesar prison in Karaj, Alborz province, in April 2017. According to human rights groups, for several days before his death, Dariush Mansouri was not feeling well, and he sought assistance at the prison clinic reporting chest pain. The prison doctor had failed to prescribe any tests to determine the underlying causes. He suffered a cardiac arrest while taking a shower and died immediately.

Source: [HRANA](#)

16. FARDIN FARAMARZI



Fardin Faramarzi died in the main prison in Sanandaj, Kurdistan province, on 17 June 2017. According to reporting by human rights groups, the Legal Medicine Organization of Iran had confirmed that Fardin Faramarzi was unfit for imprisonment, but prison officials had blocked his release. The night before his death, he went to the prison clinic twice, reporting severe pain around his heart, first at around 7pm and then around 12am.

Both times, the prison clinic staff dismissed his concerns and returned him to his cell. According to an informed source interviewed by HRANA, at around 4am, Fardin Faramarzi lost consciousness and his cellmates carried him to the prison clinic. He died there shortly afterwards.

Source: [HENGAW](#), [HRANA](#)

17. NADER ALIZEHI



Nader Alizehi was only 22 years old when he died in the main prison in Zahedan, Sistan and Baluchestan province, on 20 November 2017. According to reporting by human rights groups, his death followed the refusal of prison authorities to provide him with specialist medical care for his heart disease. During the five days leading to his death, Nader Alizehi referred to the prison clinic several times, reporting the deterioration of his health and asking to be transferred to a medical facility outside

prison for specialist medical care. The prison clinic rejected his requests, attributing his unwellness to a minor digestive complication and prescribing him some gastrointestinal medication. According to human rights groups, the head of the prison clinic dismissed Nader Alizehi's repeated complaints about the ineffectiveness of the medication given to him and accused him of "faking" his illness.

Source: [Baloch Activists Campaign](#)

18. MOHSEN MORADI



Mohsen Moradi died at the age of 27 in Ghezelhesar prison in Karaj, Alborz province, on 8 August 2018. According to reporting by human rights groups, prison officials caused or contributed to his death by failing to promptly transfer him to a hospital after he suffered a cardiac arrest.

Source: [HENGAW](#)

19. OMAR BADALIPOUR



Omar Badalipour died at the age of 47 in the main prison in Urumieh, West Azerbaijan province, on 1 January 2019. According to reporting by human rights groups, he reported to the prison clinic the night before his death, complaining of severe pain in his chest. The prison doctor advised that he must be urgently transferred to a hospital, but prison authorities refused to authorize the transfer until the next morning. According to the Kurdistan Human Rights Network, he died

at the prison clinic, but prison officials told his family that he died from an asthma attack during transfer to hospital and refused to acknowledge that their delay in authorizing his transfer caused or contributed to his death.

Source: [KHRN](#), [HENGAW](#)

20. OMAR RASOULI



Omar Rasouli died on 1 January 2019 at the age of 45, shortly after he was transferred from the main prison in Urumieh in West Azerbaijan province to a hospital. According to reporting by human rights groups, in the evening before his death, he reported to a prison guard that he was experiencing an intense asthma attack accompanied by severe pain in his chest and near his heart. He asked the guard to take him to the prison clinic immediately, but the latter refused. After a while and

following repeated pleas from his cellmates, prison guards agreed to take him to the prison clinic where prison doctors said he must be urgently transferred to a hospital. Prison officials did not authorize the transfer until the next morning, which proved too late.

Source: [HRI](#), [HRANA](#)

21. MEHRDAD BARIDEH



Mehrdad Barideh died of a cardiac arrest on 19 July 2019 about an hour after he was transferred from a prison in the city of Gachsaran in Kohgiluyeh and Boyer-Ahmad Province to a hospital. According to reporting by human rights groups, a delay of several hours in his transfer to hospital caused or contributed to his death. The prosecutor of Gachsaran said in a media interview that Mehrdad Barideh first reported to the prison medical clinic around 6:30pm on 19 July 2020.

Information on the symptoms he was experiencing at that time is not publicly available, but authorities have acknowledged that he had a history of heart disease and respiratory complications. At the clinic, the prison doctor simply administered a methadone injection and sent him back to the prison ward. Several hours later, around 21:45pm, he reported to a prison guard that he was experiencing nausea and shortness of breath. Soon afterwards, prison officials authorized his transfer to a hospital, but instead of calling an ambulance, they used a regular car. He died about an hour after his admission to hospital.

Source: [Mizan News Agency](#), [HRANA](#)

22. NOBAKHT (NOBAT) SAHRAEI



Nobakht (also reported as Nobat) Sahrayee died on 22 August 2019 shortly after suffering a heart attack in the main prison in Urumieh, West Azerbaijan province. According to reporting by human rights groups, the prison doctor who was on-call failed to advise for Nobakht Sahrayee's immediate transfer to a hospital after he suffered a heart attack, even though the emergency specialist medical care he needed was unavailable in prison.

According to human rights groups, the Legal Medicine Organization of Iran had previously confirmed that Nobakht Sahrayee was unfit for imprisonment, but prison officials had refused to release him.

Source: [KHRN](#), [HRNA](#)

23. ALI PAYA



Source: [HENGAW](#)

Ali Paya died in the main prison in Urumieh in West Azerbaijan province on 18 September 2019. According to reporting by human rights groups, his death followed the refusal of prison officials to provide him with adequate medical care for a heart attack he had suffered in prison in late July 2019. Prison officials had refused to authorize his transfer to a medical facility even though the specialist medical care he required was not available at the prison clinic.

24. DARIUSH KANGARLOU



Source: [KHRN](#), [HENGAW](#)

Dariush Kangarlou died of a cardiac arrest at the age of 65 on 19 September 2019 in the main prison in Urumieh, West Azerbaijan province. According to reporting by human rights groups, the Legal Medicine Organization of Iran had previously confirmed that he was unfit for imprisonment and required access to ongoing specialist medical care outside prison for various health problems, including heart disease. Despite this, prison officials had refused to release him or provide him with adequate specialist medical care outside prison.

25. PAYAM KHALEDI



Source: [HRANA](#)

Payam Khaledi died of a cardiac arrest in Sepidar prison in Ahvaz, Khuzestan province, in November or December 2019. According to human rights groups, the failure of prison officials to provide him with timely specialist medical care contributed to his death, but no detailed information is publicly available on the circumstances surrounding his death.

26. HASSAN JAVADI



related to his heart disease. His requests were ignored.

Source: [KHRN](#)

Hassan Javadi died of a cardiac arrest at the age of 47 in the main prison in Urumieh, West Azerbaijan province, on 25 March 2020. According to the Kurdistan Human Rights Network, his death followed prolonged denial of access to specialist medical care for his heart condition. During the last three months before his death, he had repeatedly asked for medical leave or transfer to a medical facility outside prison, citing his weight loss, which he feared was

27. PARVIZ GHAHREMANI



Parviz Ghahremani died on 4 May 2020 at the age of 33 shortly after he was transferred from the main prison in the city of Miandoab in West Azerbaijan province to a hospital. According to an informed source interviewed by Amnesty International, about two days before his death, he suddenly experienced the symptoms of a stroke including numbness in his left hand and vision loss. His brother, who was also imprisoned, took him to the prison clinic, but there was no

doctor present. Despite this, prison officials refused to transfer him to a medical facility outside prison immediately. Instead, a nurse at the prison clinic gave Parviz Ghahremani some blood pressure medications and returned him to his ward.

In the following 48 hours, his conditions further deteriorated, affecting various vital functions including his breathing, speech, vision and muscle movement. Eventually, on 4 May 2020, prison officials transferred him in a critical state to a hospital outside prison, but it proved too late, and he died shortly afterwards. A doctor at the hospital told his family that he should have been brought to hospital within hours of having the stroke, and this would have allowed them to bust the clot, which had blocked the flow of blood to his brain, with clot-dissolving medication or through a medical procedure.

According to an informed source interviewed by Amnesty International, following his death, prosecution authorities put pressure on Parviz Ghahremani's family to sign a document stating that he had been transferred to a hospital a day before his death, but he had been discharged and returned to prison as his health was deemed stable. The family feared that they would be subjected to arbitrary arrest, torture or other ill-treatment if they resisted. In Parviz Ghahremani's death certificate, the cause of death is cited as "unknown".

Source: Amnesty International

28. FARHAD RAHIMI



Farhad Rahimi, aged 46, died in the main prison in Urumieh, West Azerbaijan province, on 1 September 2020 after he suffered a heart attack. According to reporting by human rights groups, he suffered from high blood pressure and heart complications, but each time he attended the prison clinic seeking treatment, he had been prescribed some tranquilizers and then returned to the general ward. Human rights groups have reported that the same pattern repeated

itself the night before his death. When he went to the prison clinic reporting chest pain and discomfort, medical personnel failed to refer him to a medical facility outside prison. Instead, they gave him a painkiller and told him to go back to his ward and sleep. The next morning, he was found dead. Prison officials said that he had suffered a fatal heart attack while asleep.

Source: HENGAW, HRANA

29. SHAMSODDIN TATARI



Shamsoddin Tatari died at the age of 50 in the main prison in Urumieh, West Azerbaijan province on 12 June 2021 following a heart attack he suffered the same day in prison. According to reports by human rights groups, after he suffered a heart attack, prison officials refused to authorize his emergency transfer to a hospital outside prison to receive the required specialist medical care, and instead kept him in the prison medical clinic.

Source: [HENGAW](#), [KMMK](#)

8.2 COVID-19

30. FATEMEH ALIZADEH



Fatemeh Alizadeh died in the central prison in Urumieh, West Azerbaijan province, on 21 March 2020. According to reports by human rights groups, a day before her death, she suffered a severe drop in her blood pressure and her cellmates carried her to where the prison officials overseeing their ward were stationed and urged them to transfer her to the prison clinic. The officials refused, accusing her of “faking” her illness, and instead locked her in a room alone for the night. She was found

dead the next morning. About 200 women imprisoned in Urumieh prison subsequently waged a hunger strike in protest, which received media attention from independent media outlets and human rights groups outside Iran. In response, the chief director of prisons in West Azerbaijan province publicly denied that women prisoners in Urumieh prison were on hunger strike, described reports linking the death in custody of Fatemeh Alizadeh to Covid-19 as “false rumours”, and claimed that she had died of heart disease while undergoing treatment at a hospital in Urumieh for about a week. Informed sources interviewed by the Kurdistan Human Rights Network rejected his narrative as deceitful.

Source: [KHRN](#)

31. SEYFODDFIN BAMORADI



Seyfoddin Bamoradi died of suspected Covid-19 at the age of 65 in the main prison in Urumieh, West Azerbaijan province, on 25 June 2020. According to reporting by human rights groups, he suffered from a heart disease, which, coupled with his older age, put him at increased risk of severe illness or death if he contracted Covid-19. Prison officials had initially granted him leave in late March 2020, when Covid-19 spread in Iran's prisons, but they refused to extend his

leave and forced him to return to prison in May or June 2020. After his return to prison, he became sick with suspected Covid-19 symptoms, which were left untreated. The night before his death, his condition severely deteriorated, but prison officials refused to transfer him even to the prison medical clinic and left him in his ward. He was eventually transferred to the prison clinic in the early hours of 25 June 2020 and died there shortly afterwards around 4am. According to informed sources interviewed by HRANA, prison clinic staff held that his life could have been saved had he been brought to the clinic earlier.

Source: [HENGAW](#), [HRANA](#)

32. SAEED HEIDARY



Saeed Heidary died of suspected Covid-19 at the age of 37 in Sepidar prison in Ahvaz, Khuzestan province, on 15 July 2020. According to reporting by human rights groups, he suffered from diabetes, which put him at increased risk of severe illness or death if he contracted Covid-19. According to human rights groups, prison officials failed to provide him with any medical care after he became sick with suspected Covid-19 symptoms, despite warnings from his cellmates that his situation was rapidly

deteriorating. It is not clear if he died in his cell or at the prison medical clinic.

Source: [HRANA](#)

33. ZOGH ALI ABBASI

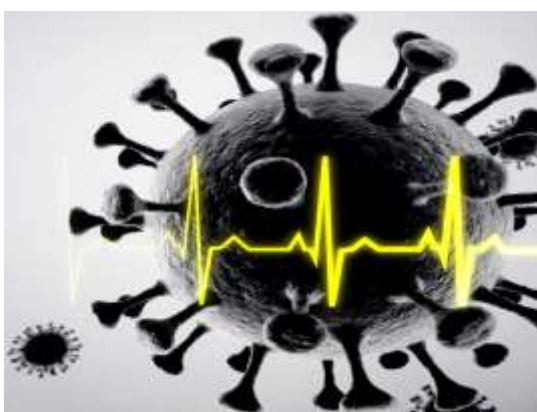


experiencing acute respiratory distress.

Source: [Radio Zamaneh](#), [HRANA](#)

Zogh Ali Abbasi, aged around 70, died of Covid-19 on 2 October 2020 in Raja'i Shahr prison near Karaj in Albroz province. He suffered from serious pre-existing medical conditions including heart disease and lung complications, which, coupled with his older age, put him at increased risk of severe illness or death from Covid-19. According to reporting by human rights groups, prison officials ignored his symptoms and failed to test him for Covid-19 prior to his death. He died after

34. ABDOLVAHID RAHMANI



officials failed to transfer him to a medical facility outside prison to receive the medical care he needed. Instead, they transferred him, together with six other prisoners suspected of Covid-19, to the quarantine ward of Raja'i Shahr prison, where he was kept in isolation, without access to any medical care. Even though this situation deteriorated, after several days, prison officials returned him to Ward 11 of Raja'i Shahr prison, where he had been previously held, prompting an outcry from his fellow cellmates. Eventually, on 12 October 2020, he was transferred on an emergency basis to the critical unit of a hospital outside prison, but it proved late, and he died the next day.

Source: [Radio Zamaneh](#), [HRANA](#)

Abdolvahid Rahmani died of Covid-19 on 13 October 2020, a day after he was transferred from Raja'i Shahr prison near Keraj in Albroz province to a hospital. According to reporting by human rights groups, he suffered from serious pre-existing medical conditions including heart disease and diabetes, which put him at increased risk of severe illness or death from Covid-19. Despite this, after he exhibited symptoms of Covid-19 in late September or early October 2020, prison

35. AKRAM RAHIMI



Akram Rahimi died aged 40 in the main prison in Amol, Mazandaran province, on 14 August 2021 shortly after she contracted Covid-19, for which she did not receive adequate medical care. According to the HRANA, despite her serious pre-existing conditions including heart disease and lung disease, prison officials had refused to temporarily release her on medical grounds following the spread of Covid-19 in Amol prison, citing her inability to post bail as the reason. After she fell

severely ill with Covid-19, HRANA says prison officials transferred her to a hospital in Amol several times, but each time, she was refused admission due to bed shortages and returned to prison after being given intravenous fluids and without receiving any other care.

Source: [HRANA](#)

36. GITI HAJRAHIMI



Giti Hajrahimi died of suspected or confirmed Covid-19 while held in solitary confinement in Gharchak prison in Varamin, Tehran province, on 22 September 2021. According to human rights groups, prison officials had transferred her to solitary confinement several days before her death when her symptoms had worsened. She was left untreated even though she suffered from diabetes, which put her at increased risk of severe illness or death from Covid-19.

Source: [HRANA](#)

37. MEHDI KAZEMI (PUBLICLY KNOWN AS BAKTASH ABTIN)



Mehdi Kazemi (publicly known as Baktash Abtin and referred to hereafter as such) died of Covid-19 at the age of 47 on 8 January 2022, about six weeks after he first displayed symptoms of Covid-19 in Tehran's Evin prison. According to information obtained by Amnesty International and interviews given by his wife, brother, lawyer, doctor, and former cellmates in a documentary, entitled "Intentional Crime", released on 17 February 2022,¹⁰² the authorities caused

or contributed to his death by deliberately denying him timely access to specialized medical treatment at a facility well-equipped to deal with cases of Covid-19 after he fell ill with Covid-19 in early December 2021. These unlawful actions, which proved deadly, followed the authorities' prolonged refusal to duly consider warnings from Baktash Abtin's lawyer, as supported by medical documents reviewed by Amnesty International, that he would be at risk of severe illness if he contracts Covid-19 due to a pre-existing illness, namely obstructive sleep apnea. They also ignored repeated requests to grant him medical leave on this basis and given the spread of Covid-19 in Iran's prisons.

Baktash Abtin reported to the prison clinic several times between 2 and 4 December 2021 with symptoms of Covid-19, including severe coughs and high temperature, but each time, the prison clinic staff told him he had a common cold, gave him some painkillers, and returned him to his ward. Amid this neglect, his fever and blood pressure increased to dangerously high levels. On the night of 6 December 2021, his cellmates took him to the prison medical clinic and urged the staff to transfer him to an outside hospital immediately. The staff contacted the relevant prosecution authorities for authorization, and subsequently informed Baktash Abtin's cellmates that authorization had not been granted. Shortly after, prison officials transferred Baktash Abtin to an unidentified location. The next morning, Baktash Abtin's cellmates informed his family of this development. In the 24 hours that followed, his family agonized over his fate and whereabouts as the authorities refused to provide them with any information. On 8 December 2021, his family finally learned from an official at Evin prison that he had been transferred to Taleghani hospital in Tehran.

Baktash Abtin was held at Taleghani hospital for the next five days while chained to his bed by his feet, which left scars. According to his family and a medical specialist interviewed in the abovementioned 22 February 2022 documentary, during this period, he was held in a room that was not equipped with the medical facilities, including ventilators, required for treating critically ill Covid-19 patients. His family also says hospital staff refused to provide them with any information about his health, and prison guards accompanying him said the family could not bring him food, fruit juice or warm herbal beverages without a letter of permission from prison officials. Concerned that he was not receiving the specialized medical care that he critically required, his family repeatedly urged the authorities to grant him medical leave so that they could transfer him to a hospital well-equipped to deal with Covid-19 cases. His relatives said that the request was

¹⁰² Iran International, *Intentional Crime*, 22 February 2022, [youtube.com/watch?v=DsfM_oJ4lrM](https://www.youtube.com/watch?v=DsfM_oJ4lrM). The documentary was made by renowned Iranian filmmaker Mohammad Rasoulof and aired by Iran International, a media outlet based outside in Iran.

granted on 13 December 2021 on condition that they sign a document which stated his condition was stable and listed a series of medications and treatments that the hospital claimed he had received. The family members were forced to sign the document against their will and without being able to independently ascertain the veracity of claims contained therein.

Upon arrival to Sasan hospital, Baktash Abtin's family were told that he must be immediately admitted to the hospital's critical care unit as over 70% of his lungs had been affected and his blood oxygen levels were dangerously low. This is while at Taleghani hospital, the family had been told that about 30% of his lungs had been affected. The medical staff also told the family that essential time had been lost and this had considerably lowered Baktash Abtin's chances of recovery. He was put into a medically induced coma on 1 January 2022 and died a week later, on 8 January 2022. In the abovementioned 22 February 2022 documentary, his specialist doctor at Sasan hospital vocally criticized the course of events since he first displayed symptoms of Covid-19 in early December 2021 and said his death could have been prevented had he received the specialized examinations and treatments that patients in his condition are ordinarily given.

Source: Amnesty International, *Intentional Crime* documentary

8.3 OTHER INFECTIOUS DISEASES

38. ALIREZA KARAMI KHEIRABADI



Alireza Karami Kheirabadi died on 7 May 2013 at the age of 61 of a viral infection in his brain. His death occurred about two weeks after he was transferred while unconscious and in critical condition from Raja'i Shahr prison in Karaj, Alborz province to a hospital. According to reporting by human rights groups and media outlets, his death followed medical neglect of alarming symptoms which included disorientation and problems with senses. A day before he lost consciousness

in prison, he was scheduled to be transferred to hospital, but prison officials cancelled the transfer at the last minute because he insisted that as a political dissident, he must be allowed to wear his own clothes rather than prison clothes.

During his prolonged imprisonment of about 14 years, prison authorities had also deprived Alireza Karami Kheirabadi of access to adequate medical care for his heart problems. He had undergone an angioplasty and stenting procedure while imprisoned but had received no follow-up care. On numerous occasions, he had reported to his family that prison officials were also refusing to give him his heart medication.

Source: HRANA

39. AYOUB RAEOUFPOUR



Source: [Kurdpa](#)

Ayoub Raeoufpour died at the age of 76 in the main prison in Urumieh, West Azerbaijan province in January 2015. According to reporting by human rights groups, he contracted swine flu and his death followed the failure of prison officials to control the spread of swine flu in Urumieh prison in late 2014 and early 2015 and provide those infected with adequate medical care.

40. SHAFI MOHAMMAD TANOUMAND



Source: [Baloch Activists Campaign](#)

Shafi Mohammad Tanoumand died in the main prison in Zahedan, Sistan and Baluchestan province, on 18 April 2015. According to the Baloch Activists Campaign, he had been diagnosed with cerebral malaria, a serious neurological complication of severe malaria which, if left untreated, is almost always fatal. Despite this, prison officials failed to provide him with adequate medical treatment, which eventually caused or contributed to his death in prison.

41. MEHDI NAROUIEE



Source: [HRDAI](#)

Mehdi Narouiee died in the main prison in Zahedan, Sistan and Baluchestan province, on 28 December 2015 at the age of 38. According to information available online, his death followed the failure of prison officials to control the spread of swine flu in Zahedan prison in late 2015 and early 2016 and provide those with suspected infections including Mehdi Narouiee with adequate medical care.

42. ABDOLRAOUF PAHANG



Source: [Baloch Activists Campaign](#)

Abdolraouf Pahang was 30 when he died of tuberculosis in the main prison in Saravan, Sistan and Baluchestan province, on 13 March 2018. According to reporting by human rights groups, despite his poor health, prison officials had kept him in an overcrowded ward, without access to adequate medical care, and ignored his and his cellmates repeated requests for his transfer to a medical facility outside prison. According to Baloch Activists Campaign, after Abdolraouf Pahang died, prison officials cut off all those held in Saravan prison from the outside world for several days including by disconnecting the phone and banning visits, in an apparent effort to suppress the flow of information about the circumstances surrounding his death.

43. GHOLAMREZA GOUL



Source: [Baloch Activists Campaign](#)

Gholamreza Goul died at the age of 52 in the main prison in Zahedan, Sistan and Baluchestan province, on 14 September 2018. According to reporting by human rights groups, his death followed the failure of authorities to provide him with adequate medical treatment and medication for an intestinal infection.

44. ESKANDAR BADRLOU



Source: [HRANA](#)

Eskandar Badrlou died at the age of 27 in the Greater Tehran Central Penitentiary on 13 December 2018 a week after he developed a severe lung infection. According to reporting by human rights groups, in the days before his death, prison officials had denied his requests to be transferred to a medical facility outside prison, even though there was no medical personnel present at the prison clinic. According to human rights groups, the medical staff at the prison clinic were not reporting to work during that period in protest at the non-payment of their wages.

45. ASGHAR SAMANI



Asghar Samani died in Vakilabad prison in Mashhad in Khorasan-e Razavi province, on 29 September 2019. According to human rights groups, prior to his death, he suffered from tuberculosis for which he had not received adequate medical treatment. He was kept in an overcrowded ward holding several hundred prisoners. HRANA reports that he lost consciousness and died in the prison bathroom during the night, but his death was not discovered until the next morning when prison officials were

performing their daily counts of prisoners.

Source: [HRANA](#)

46. AMIR NAJIVASH



Amir Najivash died at the age of 53 in the main prison in Urumieh in West Azerbaijan province, on 18 December 2019. According to reporting by human rights groups, shortly before his death, he was transferred to the prison medical clinic due to a severe respiratory illness likely caused by influenza. His death followed the refusal of prison officials to transfer him to a medical facility outside prison even though the specialist medical care he required was not available at the prison clinic.

Source: [HENGAW](#), [KHRN](#)

8.4 GASTROINTESTINAL COMPLICATIONS

47. NASER KHANIZADEH



medical care he required was not available at the prison clinic. He died at the prison clinic two days later.

Source: [CSHR](#)

Naser Khanizadeh died in the main prison in Urumieh, West Azerbaijan province, on 24 July 2011 at the age of 35. According to reporting by human rights groups, he suffered from serious gastrointestinal complications for which he had not received adequate medical care in prison. He was transferred to the prison clinic on 22 July 2011 in critical condition and after having lost a large amount of weight. Prison officials refused to transfer him to a medical facility outside prison even though the

48. MOHAMMAD ZINATI



Source: [CSHR](#), [Kurdpa](#)

Mohammad Zinati died on 15 February 2013 at the age of 31 in the main prison in Minab, Hormozgan province. According to reporting by human rights groups, he was left to die in prison from gastrointestinal bleeding by prison officials who refused to authorize his transfer to a medical facility outside prison.

49. REZA POUR-RAMEZAN



Reza Pour-Ramezan died in the main prison in Miandoab in West Azerbaijan province in late July 2017. According to reporting by human rights groups, during his 11-year imprisonment, he had suffered from various gastrointestinal problems for which he had not received adequate medical care. He had undergone a gastrointestinal surgical procedure, but prison officials interrupted his treatment and forcibly returned him to prison before he had recovered. His condition

subsequently deteriorated as he was provided with no follow-up care.

Source: [KHRN](#)

50. ADEL NAGHIZADEH



Adel Naghizadeh died in the main prison in Miandoab, West Azerbaijan province, in late July 2017. According to reporting by human rights groups, his death followed prolonged denial of access to critically needed specialist medical care for a liver disease.

Source: [KHRN](#)

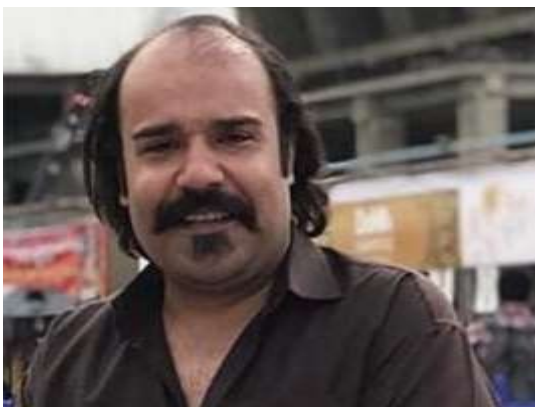
51. MOLOUD VANOUSHEH



Source: [KHRN](#), [HRANA](#)

Moloud Vanousheh died in the main prison in Urumieh, West Azerbaijan province, on 3 August 2018. According to reporting by human rights groups, prison officials had persistently refused to provide him with the specialist medical care that he required for a colon disease he suffered from.

52. VAHID SAYAD NASIRI



Vahid Sayad Nasiri died at the age of 38 on 12 December 2018 while on hunger strike since 13 October 2018. According to information obtained by Amnesty International and reporting by human rights groups, this followed the failure of authorities in Langroud prison in Qom, Qom province, to provide him with adequate medical care.

The prosecutor of Qom claimed on 13 December 2018 that Vahid Sayad Nasiri had died of "liver problems" seven days after he had been admitted to a hospital. Vahid Sayad Nasiri's family rejected the authorities' implied claim that he had been provided with adequate medical care. They told independent media outlets and human rights groups that for weeks after he started his hunger strike and up until shortly before his death, prison officials denied Vahid Sayad Nasiri access to adequate medical care even though he was suffering from internal bleeding and vomiting, and his body was no longer able to absorb liquid. According to his family, about a week before his death, he was transferred to a hospital for gastrointestinal bleeding but was prematurely returned to prison after several days even though specialist doctors there said he still required ongoing medical care. The night before his death, he was again transferred to a hospital on an emergency basis. Prison officials informed his family the next day that he had died. According to media reports, the Legal Medicine Organization of Iran later told his family that his death had resulted from the effects of his prolonged hunger strike including gastrointestinal bleeding and intestinal and liver failure.

Source: [HRW](#), [CHRI](#)

53. SHAHAB DAROONPARVAR



Source: [HENGAW](#)

Shahab Daroonparvar died of internal bleeding in a prison in the city of Islamabad, Kermanshah province, on 20 March 2021. According to HENGAW, prison officials refused to authorize his immediate emergency transfer to a hospital outside prison, and kept him in the prison medical clinic, where the critical medical care he required was not available.

8.5 CANCER

54. ALBORZ GHASSEMI-SHALL



Alborz Ghassemi-Shall died in Tehran's Evin prison at the age of 51 on or around 19 January 2010. According to reporting by human rights groups, several weeks before his death, on 2 January 2010, he was transferred from Evin prison to a detention centre run by the Islamic Republic of Iran Army (artesh). His family suspect that he suffered from a neurological attack upon arrival. While he was transferred on an emergency basis to a hospital, the

authorities interrupted his treatment after several days and returned him to the detention centre of the army on or around 7 January 2010 and shortly afterwards to Evin prison. Alborz Ghassemi-Shall told his family that the guards who accompanied him to the hospital subjected him to beatings, causing him visible head injuries. Following his return to prison, his health rapidly deteriorated; he suddenly lost his vision and experienced various other problems including slurred speech, numbness, muscle weakness and loss of bladder control.

Following repeated requests by his cellmates including his brother Hamid Ghassemi-Shall, who was also imprisoned, prison officials briefly transferred him to a hospital once where a specialist said he required chemotherapy for gastric cancer, which was also causing neurological symptoms. They also advised for prison leave to improve his mental health and boost his immunity system, before starting chemotherapy. Prison officials ignored this explicit medical advice and returned Alborz Ghassemi-Shall to prison. It is not clear from existing reports when Alborz Ghassemi-Shall had first been diagnosed with gastric cancer. Following his return to prison, his health further declined, but prison officials accused him of "faking" his illness and refused to even take him to the prison clinic. On 15 January 2010, after his situation became critical, his brother Hamid Ghassemi-Shall urged the head of the prison ward where they were held to call an ambulance, but the official refused. In an interview with a human rights group, Hamid Ghassemi-Shall is quoted describing how he then carried his severely ill brother on his shoulder to the front entrance of the building of their ward, and how his brother was taken in a van to the medical clinic of Evin prison, located in a building nearby. Four days later, on 19 January 2010, prison officials informed Hamid Ghassemi-Shall that his brother had died.

Source: [Amnesty International](#), [CSHR](#), [Rooz Online](#)

55. MOHSEN DOGHMEHCHI



Mohsen Doghmehchi, aged around 53, died of pancreatic cancer on 28 March 2011 shortly after he was transferred in critical condition from Raja'i Shahr prison in Karaj, Alborz province, to a hospital. According to reporting by human rights groups, he developed noticeable signs and symptoms of cancer about six months before his death when he was held in Evin prison, but for three or four months, prison officials refused to transfer him to a specialist medical facility for screening and

diagnosis. His family reported that during this period, the general doctor at Evin prison simply prescribed him painkillers.

In late 2010 or early 2011, after further worsening of his condition including excessive weight loss, prison officials finally allowed for him to be examined by a specialist outside prison. The specialist warned that he must immediately undergo chemotherapy. Prison officials, however, returned him to prison and left him without access to chemotherapy for a further two months. During this period, they transferred him from Evin prison to Raja'i Shahr prison. There is a documented record of Iranian authorities transferring prisoners of conscience and others imprisoned for politically motivated reasons from Evin prison to prisons outside Tehran where conditions are even more dire in an apparent effort to further punish them. In early March 2011, following repeated requests by his family, prison officials transferred Mohsen Doghmehchi from Raja'i Shahr prison to a hospital, but after he protested the unlawful use of restraints on his hands and feet while undergoing treatment, the authorities interrupted the treatment and returned him to prison. In the days that followed, his health further declined; he was unable to eat and was in constant pain. In mid-March 2011, prison officials transferred him once again to a hospital, this time in critical condition. He died shortly afterwards.

Source: [CSHR](#), [CHRI](#)

56. HASSAN NAHID



survived if he had been provided with adequate medical care sooner, but he was brought to hospital too late.

Source: [CSHR](#)

Hassan Nahid died of lung cancer on 19 April 2011 at the age of 55, several weeks after his transfer from Tehran's Evin prison to a hospital. According to reporting by human rights groups, his death followed prolonged denial of adequate cancer screening and treatment, which caused his cancer to worsen and spread. Prison officials had rejected his repeated requests for medical leave and refused to authorize his hospitalization. According to a cellmate, hospital doctors said that he could have

57. ESMAIL MOSTAKHDEM



Source: [HENGAW](#), [KHRN](#)

Esmail Mostakhdem died of lung cancer on 18 September 2020, a day after he was transferred on an emergency basis from the main prison in Tabriz, East Azerbaijan province, to a hospital. According to reporting by human rights groups, his death followed years of being denied access to adequate cancer screening and treatment, which caused his cancer to worsen and spread.

58. AGHA SHAHBAKHSH



Agha Shahbakhsh died of cancer at the age of 40 in the main prison in Esfahan, Esfahan province, on 25 December 2021. According to reporting by human rights groups, his death followed prolonged denial of access to cancer care and treatment. In his last months, Agha Shahbakhsh was in severe pain and entirely dependent on a wheelchair for mobility, but prison officials ignored his deteriorating situation. He was transferred on an emergency basis to a hospital after he lost consciousness in

prison and hardly showed any signs of life. He died in the hospital about three days later.

Source: [KHRN](#), [HRANA](#), [Haalvsh](#)

8.6 RESPIRATORY COMPLICATIONS

59. MOHAMMAD MEHDI ZALEH-NAGHSBANDIAN



Mohammad Mehdi Zaleh-Naghshbandian died on 5 June 2012 about two weeks after he was transferred while unconscious from Raja'i Shahr prison in Karaj, Alborz province, to a hospital. According to reporting by human rights groups, he suffered from severe kidney and lung complications because of exposure to chemical weapons during the Iran-Iraq of the 1980s, and these health problems had been exacerbated throughout his two-decade long imprisonment due to

prolonged lack of access to adequate medical care. During the last 18 months leading his death, his condition continuously deteriorated, but prison officials persisted in their refusal to transfer him to a hospital to receive specialist medical care. In late 2011, he was transferred at least once to a hospital on an emergency basis after he lost consciousness, but prison officials returned him to prison prematurely and before his treatment was complete. Medical neglect of Mohammad Mehdi Zaleh-Naghshbandian's conditions continued until around 23 May 2012 when he fell into a coma. Prison officials subsequently transferred him to a hospital where he remained in coma and eventually died after about two weeks.

Source: [CSHR](#), [HRANA](#)

60. MOHAMMAD JAVAD KHOSHNEVISAN



Mohammad Javad Khoshnevisan died at the age of 60 in Evin prison in Tehran on 1 July 2019. According to human rights groups, in the morning of the day he died, he was scheduled to be transferred to a hospital for various health problems including respiratory complications, but prison officials cancelled the transfer at the last minute on the basis that he was not able to pay for his medical expenses. Later in the evening, at around 8pm, he went to the prison clinic reporting breathing

difficulties. At the prison clinic, he was given supplemental oxygen for several minutes, and then returned to the prison ward. About two hours later, at around 10pm, his condition rapidly deteriorated again, and he lost his life.

Source: [HRANA](#)

61. ALI BATRANI



Ali Batrani died at the age of 30 on 15 November 2020 hours after he was transferred on an emergency basis from Sheiban prison in Ahvaz, Khuzestan province, to a hospital. Detailed information on the illness leading to his death is not publicly available, but according to reporting by human rights groups, deliberate refusal by prison officials to promptly transfer him to a hospital after he developed breathing difficulties caused or contributed to his death. The delay by

prison officials was particularly reckless as Ali Batrani suffered from asthma and diabetes.

Source: [HRANA](#)

8.7 NEUROLOGICAL COMPLICATIONS

62. QOLAM NABI RIGI



Qolam Nabi Rigi was in his forties when he died in the main prison in Zahedan, Sistan and Baluchestan province, on 29 May 2018. According to reporting by human rights groups, he was taken to the prison clinic at around 11am on 29 May after suffering a seizure. The prison clinic personnel warned that he was at risk of death and must be urgently transferred to a medical facility outside prison. The prison head and the prosecution official overseeing the prison dismissed the warning and refused to authorize the transfer. They claimed that Qolam Nabi Rigi was “faking” his illness and attributed his symptoms to drug withdrawal. Several hours later, at around 8pm, Qolam Nabi Rigi died at the prison clinic.

Source: [Baloch Activists Campaign](#)

63. BEHNAMEH MAHJOUBI



Behnam Mahjoubi died on 21 February 2021 at the age of 33 shortly after he was transferred from Tehran’s Evin prison to hospital. According to information obtained by Amnesty International, throughout the eight-month long incarceration leading to his death, prison officials ignored his repeated requests for specialized medical care; periodically denied him access to the daily medication he needed for pre-existing neurological condition; forced him to take tranquilizers and sleeping tablets that independent doctors deemed incompatible with his medical condition; carried out, without his free and informed consent, unjustified and harmful interventions; threatened to send him to a psychiatric hospital if he protested and acted on these threats twice.

According to informed sources with knowledge of his medical condition, Behnam Mahjoubi developed a panic disorder in the year prior to his arrest and imprisonment on 20 June 2020, after the death of a relative, which affected his sleep and, when he felt anxious and/or stressed, led to a slight feeling of numbness in one of his hands. Medical documents reviewed by Amnesty International show that his psychiatrist outside prison had confirmed in at least one written certificate, dated 15 June 2020, that he was unable to tolerate imprisonment because of his medical condition, but these were ignored by the authorities. According to his family, doctors with the Legal Medicine Organization had also issued three written opinions stating that he was unable to tolerate imprisonment. Despite

these warnings, prison officials repeatedly disregarded their advice and refused to grant Behnam Mahjoubi specialist medical care or medical leave, or to send his case back to court for a non-custodial sentence.

Following his detention on 20 June 2020, prison officials also periodically denied Behnam Mahjoubi access to the medication that he required for his panic disorder. On 31 July 2020, he went on hunger strike after being denied his medication. He ended this hunger strike three days later after prison officials promised to provide him with his medication.

On 27 August 2020, in an open letter written and read by Behnam Mahjoubi's wife, Saleheh Hosseini, and published online, she reported that one of the doctors in the medical clinic in Evin prison was forcing him to take 14 tranquilizers a day to make him sleep, threatening that if he failed to do so, he would be transferred to Aminabad Psychiatric Hospital. According to Saleheh Hosseini, upon consultation with Behnam Mahjoubi's psychiatrist outside prison regarding the tranquilizers, he stated that these pills were incompatible with his prescription medication and could seriously endanger him given his pre-existing neurological condition. Behnam Mahjoubi's wife warned that her husband's life was at risk and the responsibility for his life lied with the authorities.

Amnesty International understands that it was after Behnam Mahjoubi started being forced to take the tranquilizers in August 2020 that his health began to seriously decline.

During the last week of September 2020, following a seizure, his head was knocked to the ground. The prison authorities subsequently promised to take him to a regular hospital to have him examined, but on 27 September 2020, they instead forcibly transferred him, without advanced notice to him or his family, to Aminabad psychiatric hospital where he was subjected to torture and other ill-treatment including beatings. He went on hunger strike on 29 September 2020 in protest at his enforced detention in the psychiatric hospital. He was returned to prison after six days and ended his hunger strike two days later.

On 29 October 2020, he began another hunger strike. Two days later, on 31 October 2020, in an apparent reprisal for his hunger strike, prison officials again forcibly transferred him to Aminabad psychiatric hospital. He was returned to prison on 2 November 2020 and ended his hunger strike the next day. Following his return to prison, his health declined further; the left side of his body became further numb, his legs became swollen, and he was no longer able to walk without a walking aid.

In January 2021, a recording of Behnam Mahjoubi's voice leaked from inside prison which indicated his speech was extremely slow and slurred, and his words were barely intelligible. Despite the seriousness of his health condition, the authorities continued to deny him the specialized medical care that he required and was not available in prison.

On 13 February 2021, Behnam Mahjoubi was taken to the clinic in Evin prison around midnight after he suffered another seizure and completely lost his ability to speak. According to information available to Amnesty International, the clinic doctor dismissed the seriousness of his condition, gave him a sleeping tablet, and told him to go to sleep and come back the next day. Behnam Mahjoubi fell unconscious within an hour of taking the pill. Prison officials were immediately alerted to this by his cellmates, but it took them several hours before they transferred him to Loghman Hospital in Tehran where he was admitted to the intensive care unit. There, hospital doctors said that he was in a coma with

very little brain activity and placed him on a ventilator. He did not regain consciousness and was officially declared dead on 21 February 2021. In his final days at the hospital, Behnam Mahjoubi was chained to a bed even though he was in a coma and being kept alive through a ventilator.

On 16 February 2021, the Prisons Organization of Tehran province issued a statement, noting that Behnam Mahjoubi had a history of “illness”, without specifying the nature of the illness, and claiming that during his imprisonment he received “all the medical treatments required”.¹⁰³ The statement added that Behnam Mahjoubi had been transferred to hospital after being “poisoned”. The statement did not provide further information surrounding the alleged “poisoning”.

Source: Amnesty International

64. SASAN NIKNAFAS



Sasan Niknafas died at the age of 36 in the Greater Tehran Central Penitentiary, Tehran province, around 5 June 2021. According to media reports, throughout his 11-month imprisonment, the authorities denied him adequate healthcare for his multiple medical conditions including diabetes, fatty liver disease, gastritis, high blood pressure, as well as kidney, neurological and psychological problems. Despite the deterioration of his health during his

imprisonment, his requests for medical leave were rejected.

His lawyer, Ali Sharifzadeh, said in media interviews that doctors from the Legal Medicine Organization had examined him on one occasion and claimed that he was fit for imprisonment as long as he was under medical supervision. His lawyer and family had disputed this decision and complained that he was unable to receive the medical treatment he needed in prison, including a special diet for his diabetes and fatty liver disease. The authorities ignored requests by his lawyer and family for another review of his medical condition.

In a statement to reporters on 7 June 2021, Ali Sharifzadeh said that Sasan Niknafas had been taken to the prison clinic two days earlier, on the morning of 5 June 2021, after he was found bleeding from his nose and mouth. Despite his dire condition, the authorities kept him in the clinic for hours until he was finally transferred to a hospital in Tehran in the evening. His mother and lawyer were provided with no information about his condition while he was in hospital.

On 7 June 2021, the Prisons Organization of Tehran province issued a statement announcing Sasan Niknafas’ death and attributing it to his wrongful use of medication prescribed to another prisoner. The Organization’s statement claimed that, upon being taken to the prison clinic on 5 June 2021, he told a prison doctor that he had ingested

¹⁰³ Islamic Republic News Agency, “توضیح اداره کل زندان‌های تهران درباره با مسمومیت یک محکوم”, 16 February 2021, bit.ly/3MZfh0K

several pills taken from another prisoner, which the authorities claim led to him experiencing seizures. The statement also alleged that he was transferred to Firouzabadi Hospital, which is located in the south of Tehran, on the same day, and that he died in the hospital, without providing an exact date and/or time of death. In response, 30 prisoners who were in the same section of the prison as Sasan Niknafas wrote an open letter refuting these official claims which they called “lies” and condemning the actions of the judiciary. They stated that, during his 11 months of imprisonment, he had been looked after by other inmates and that he died in the prison on the afternoon of 5 June 2021 “as a result of the deliberate negligence of the judiciary”. The letter continued: “One is amazed by the amount of cruelty with which people like Sasan Niknafas and Behnam Mahjoubi [See Case 63] are imprisoned despite suffering from several physical and mental illnesses in such a way that, not only are they [denied their right to release under] the law of intolerance of imprisonment, but they also die in prison due to lack of care.”

Source: [Iran Wire](#), [ILNA](#), [Mashregh News](#)

8.8 OVERDOSE TOXICITY

65. HOSSEIN AFRASIABI



Hossein Afrasiabi died at the age of 40 on 26 April 2016 while being transferred from Raja'i Shahr prison in Karaj, Alborz province, to a hospital. According to human rights groups, prison officials caused or contributed to his death of drug overdose by failing to transfer him promptly to a medical facility outside prison for emergency medical care.

Source: [HRANA](#)

66. SADEGH MALEKI



Sadegh Maleki died in custody on 11 November 2020 while being transferred from the main prison in Urumieh, West Azerbaijan province, to a hospital. According to reporting by human rights groups, four days prior to his death, he had swallowed large amounts of crystal meth to prevent them from being discovered by prison guards who were conducting a search and seizure operation within the prison. As a result, he developed severe gastrointestinal complications requiring

emergency gastric suction. For four days, prison officials refused to transfer Sadegh Maleki to a medical facility outside prison for emergency stomach pumping, despite repeated pleas from his cellmates. Instead, in an apparently punitive move, they transferred him to the quarantine ward of the prison, where he was left in isolation without access to the medical care he critically needed. By the time prison officials eventually agreed to call an ambulance, the harmful substance had left its fatal impact on his body, and he died on the way to hospital.

Source: [KHRN](#), [HENGAW](#)

67. ROUHOLLAH MALEKI



Rouhollah Maleki died at the age of 30 in the main prison in Ilam, Ilam province, on 1 December 2021. According to reporting by human rights groups, prison officials failed to provide him with adequate medical care after he attempted suicide by drug overdose on 30 November 2021. During the last four days on his life, Rouhollah Maleki was on hunger strike in protest at his prolonged placement on death row, which he said had caused him deep distress and mental anguish. According to

the Kurdistan Human Rights Network, after his suicidal drug overdose, prison officials took him to the prison clinic where his stomach was pumped, but they returned him to the general ward soon afterwards and provided him with no further care, even though his condition was dire. After several hours, as his condition worsened, he was taken to the prison clinic again and died there shortly afterwards.

Source: [HENGAW](#), [KHRN](#)

8.9 TRAUMATIC BRAIN INJURIES

68. ABDOLVAHED GOMSHADZEHI



Nineteen-year-old Abdolvahed Gomshadzehi died in the main prison in Zahedan, Sistan and Baluchestan province, on 16 May 2016. According to reporting by human rights groups, during his arrest and/or interrogations about two years earlier, he sustained serious head injuries as a result of being struck in his head with a heavy object. In the following years, prison officials consistently rejected his requests to be transferred to a facility outside prison to receive medical care,

despite warnings by prison doctors about the dangerous consequences of such denial. His health turned critical on 15 May 2016, but prison officials refused to urgently transfer him to a hospital. He died in prison the next day.

Source: [HRDAI](#)

69. MORTEZA KARGAR



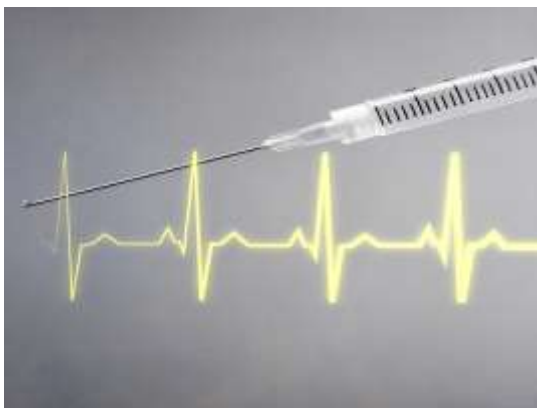
Morteza Kargar died in custody on 28 January 2020. According to reporting by human rights groups, two weeks before his death, while held in Evin prison in Tehran province, he fell from the third level of a bunk bed and sustained severe brain injuries leading to cognitive impairment, slurred speech, loss of balance and muscle coordination, and problems with walking. Despite his dire health, prison officials refused to transfer him to a medical facility

outside prison for treatment. On 25 January 2020, authorities transferred him from Evin prison to the Greater Tehran Central Penitentiary, where prisoners are held in overcrowded and unsanitary conditions. Three days later, he lost his life.

Source: [HRANA](#)

8.10 DIABETES

70. KHABAT MORADI



Khabat Moradi died at the age of 20 of diabetes-related complications on 5 August 2013 in the main prison in Sanandaj, Kurdistan province. According to reporting by human rights groups, he suffered from type 1 diabetes, which meant he was dependent on insulin for survival. Prison staff denied him insulin and left him to die on the floor of the quarantine section of Sanandaj's prison.

In Iran's prisons, the quarantine section refers to the place where newly arrived prisoners or prisoners with drug dependency problems are generally held for several days or weeks to control the spread of possible infectious diseases or suppress the prevalence of drug use.

Source: [CSHR](#)

8.11 KIDNEY PROBLEMS

71. ARASH ARKAN



Arash Arkan died at the age of 26 on 29 January 2011, three or four days after he was transferred on an emergency basis from Evin prison to a hospital. According to reporting by human rights groups and media outlets, his pre-existing serious kidney problems – a result of having only one functioning kidney - were exacerbated following his arrest and imprisonment in November 2009, during which he was subjected to repeated beatings which had left scars on his back and the soles of his

feet. Two weeks before his death and after suffering extreme weight loss, Arash Arkan was granted temporary medical leave, but the authorities refused to extend his leave and returned him to prison after six days. Subsequently, his health deteriorated further, but prison officials refused to authorize his transfer to a hospital until around 25 or 26 January 2011. He died in hospital several days later.

Source: [CSHR](#), [VOA](#), [Radio Farda](#)

8.12 DRUG WITHDRAWAL SYMPTOMS

72. RAMIN DOKALEH



Ramin Dokaleh died at the age of 21 in the main prison in Zahedan, Sistan and Baluchestan province, on 30 May 2018 about 21 days after he was arrested. According to reporting by human rights groups, following his arrest, Ramin Dokaleh, who struggled with drug addiction, experienced severe withdrawal symptoms including constant pain. Prison officials ignored his deteriorating condition and warnings from him and his cellmates that unassisted drug withdrawal can be deadly.

He died in his ward after having been left for days without access to adequate treatment or medication.

Source: [HRI](#), [HRANA](#)

8.13 BLEEDING RESULTING FROM INJURIES SUSTAINED IN PRISON

73. MOHAMMAD TALEBI



Mohammad Talebi died in Mati Kola prison in Babol, Mazandaran province, on 31 May 2018 from injuries sustained three days earlier at around 11pm on 28 May 2018 during a fight with another prisoner. According to reporting by HRANA, on the night the incident happened, the prison clinic medical personnel warned that he must be urgently transferred to a hospital, but the prison head refused to authorize the transfer. According to an informed source interviewed by HRANA, Mohammad Talebi

and the prison head had argued on multiple occasions in the past, and when Mohammad Talebi's fellow cellmates urged the prison head to authorize Mohammad Talebi's transfer to a hospital, he said, "I had long been waiting for this day." Between 28 and 31 May 2018, Mohammad Talebi's condition deteriorated due to internal bleeding, and he died at the prison clinic at around 2pm on 31 May. According to human rights groups, prison doctors said that his lack of access to emergency medical care caused or contributed to his death.

Source: [HRANA](#)

8.14 INFECTED GUNSHOT WOUNDS SUSTAINED DURING ARREST

74. ESMAIL TOUTAZEHI



Esmail Toutazehi died on 19 July 2020, less than two days after he was transferred on an emergency basis from the main prison in Zahedan, Sistan and Baluchestan province, to a hospital. According to reporting by human rights groups, his death was a result of medical neglect of gunshot wounds he sustained during his arrest earlier in June 2020 when security forces fired multiple rounds of live ammunition at him. Following his arrest, Esmail Toutazehi was hospitalized for about 10 days. After he

regained his consciousness, prison officials interrupted his treatment prematurely and forcibly returned him to prison where the follow-up care he required was not available. His wounds were subsequently infected, but they were left untreated. His eventual transfer to a hospital on 17 July 2020 proved late and he died shortly afterwards on 19 July 2020.

Source: [Baloch Activists Campaign](#)

8.15 INJURIES SUSTAINED DURING ARREST IN A CAR CRASH

75. HOSSEIN PAHANDIPOUR



Hossein Pahandipour died on 20 June 2021 shortly after he was transferred from a prison in the city of Ferdows in South Khorasan province to the critical care unit of a hospital. According to reporting by human rights groups, he suffered from severe complications from a lung injury which prison officials had neglected for months.

According to human rights groups, he had sustained severe injuries in his back and lungs during a car accident which occurred in late March 2021 when he was fleeing from police. Following his arrest, he was taken to a hospital, but law enforcement officials interrupted his medical care prematurely and forcibly transferred him to prison the next day before his treatment was complete. Human rights groups reported that his conditions subsequently deteriorated in prison to the degree that he could no longer walk without assistance. Despite this, prison officials refused to authorize his transfer to a medical facility outside prison to receive specialist medical care until shortly before his death which proved too late.

Source: [Baloch Activists Campaign](#)

8.16 INJURIES ASSOCIATED WITH SUICIDE ATTEMPS

76. IMAN RASHIDI YEGANEH



Iman Rashidi Yeganeh died on 10 June 2016 in Parsiloun prison in Khorramabad, Lorestan province. According to human rights groups, in the final weeks before his death, he had been transferred to hospital twice, but each time, prison officials had interrupted his treatment and returned him to prison against medical advice. The first time was after he attempted suicide in prison. He was hospitalized for about a week, and then returned to prison even though doctors had advised that he

required further specialist mental health care at a facility outside prison. Following his return to prison, his health rapidly deteriorated. According to an informed source interviewed by HRANA, he lost his appetite and only consumed small quantities of liquid with the assistance of his cellmates. At night, he regularly woke up from nightmares while screaming and panicking. He also experienced severe abdominal pain, for which he did not receive adequate treatment. During this period, his lawyer submitted at least two requests for his release on bail pending trial, warning that continued imprisonment was endangering his health and life. According to human rights groups, the judicial official overseeing the case not only rejected the requests but also told Iman Rashidi Yeganeh's lawyer aggressively that "even if this prisoner were to die in prison, he would not grant the request [to release him]." Less than two weeks before his death, Iman Rashidi Yeganeh was briefly transferred to a psychiatric hospital where he was given electroconvulsive therapy. Once again, prison officials interrupted his treatment and returned him to prison against the explicit warnings of two specialist doctors. He died within a week of his return to prison.

Source: [HRANA](#)

8.17 MEDICAL CONDITION UNKNOWN

77. ZAHER MOSTAFAIEE



Zaher Mostafaiee died in Raja'i Shahr prison in Karaj, Alborz province, in March or April 2010. No detailed information on the circumstances surrounding his death is available. His name was briefly mentioned in a letter written by a former cellmate, who said Zaher Mostafaiee was ill and died after 17 years in prison, during which he was consistently denied adequate medical care.

Source: [CHRI](#)

78. ESHAGH HEMATI JANIKANLOU



Eshagh Hemati Janikanlou died in the main prison in Makou, West Azerbaijan province, around March 2012. Detailed information on the circumstances surrounding his death is not available, but according to reporting by human rights groups, his cellmates said he died after a nurse at the prison medical clinic administered the wrong medication.

Source: [Kurdpa](#)

79. SAMAN AMINI



Saman Amini died in the main prison in Sanandaj, Kurdistan province on 10 May 2013. No detailed information is publicly available on the circumstances surrounding his death, but according to human rights groups, he had experienced severe neck pain in the last six months before his death. Prison officials had refused his repeated requests to be transferred to a specialist for diagnosis and treatment.

Source: [Mukrian News Agency](#)

80. JALALVAND (FIRST NAME UNKNOWN)



Jalalvand died in the main prison in Zahedan, Sistan and Baluchestan province, on 14 January 2015. No detailed information is publicly available on the circumstances surrounding his death, but according to human rights groups, his death followed the failure of authorities to provide him with medical care for his various health problems. His cellmates said they informed officials of his death at around 7am, but officials did not come to remove his body until three hours later.

Source: [HRANA](#)

81. GHOLAM RABANI BARAHOUEI



Gholam Rabani Barahouei died at the age of 45 in the main prison in Zahedan, Sistan and Baluchestan province on 29 December 2015. No detailed information is available about the circumstance surrounding his death, but according to the Baloch Activists Campaign, after his health turned critical, prison officials delayed his transfer to a hospital, and he died before arriving at the hospital. They quote a relative saying that the hospital refused to accept his body and told officials that they must take it to the

Legal Medicine Organization of Iran for forensic analysis. The relative added that officials returned the body to them after three days on the condition that they do not file a complaint.

Source: [Baloch Activists Campaign](#)

82. SAEED MOHAMMADI



Saeed Mohammadi died at the age of 33 in Parsiloun prison in Khorramabad, Lorestan province on 30 October 2016. No detailed information is publicly available on the circumstances surrounding his death, but according to reporting by human rights groups, his relatives said that his death followed denial of access to timely and adequate medical care.

Source: [HRI](#), [HRANA](#)

83. PARVIZ MORADI



Parviz Moradi died in the main prison in Khorein, Tehran province, on 17 March 2017. According to reporting by human rights groups, the night before his death, he experienced severe abdominal pains, but prison guards refused to transfer him to the prison clinic. He died the next day in his cell amid pleas from his cellmates in vain that he is provided with emergency medical care.

Source: [HRANA](#)

84. GHORBANALI MIRESMAILI



when his conditions had severely deteriorated, because the gates of his ward had been closed due to an official visit.

Ghorbanali Miresmaili died in the main prison in Urumieh, West Azerbaijan province, on 23 June 2018. According to reporting by human rights groups, the Legal Medicine Organization had confirmed that he suffered from an incurable disease and was unfit for imprisonment. Despite this, prison officials had refused to authorize his release. According to human rights groups, in the final hours before his death, the prison doctor was unable to attend to him and provide him with any medical care

Source: [HRANA](#)

85. ABDOLNABI SARESI



Abdolnabi Saresi, 52, died in the main prison in Zahedan, Sistan and Baluchestan province, on 28 September 2018. According to human rights groups, a day before his death, prison officials ignored warnings by personnel at the prison clinic that he needed to be urgently transferred to a hospital as his condition was critical; instead they returned him to the general ward where he died the next day. He suffered from diabetes, but the illness leading to his death is not known.

Source: [HRANA](#)

86. SAJAD JAMALIFAR

87. GHOLAMREZA TOUPRAGH (TOUBRAGH) GHALEH

88. REZA MALEKREZAIEE



Three men; namely, Sajad Jamalifar, Gholamreza Toupragh (also reported as Toubragh) Ghaleh, and Reza Malekrezaiee, died in the main prison in Urumieh, West Azerbaijan province, in early September 2018. Information available publicly does not indicate the type of illness(es) leading to their death, but according to reporting by Kurdish human rights groups and HRANA, the failure of prison authorities to promptly transfer them to a medical facility outside prison caused or contributed to their death.

Source: [HENGAW](#), [KHRN](#)

89. ABOUZAR GHODSI



Abouzar Ghodsi died in the main prison in Sari, Mazandaran province, on 21 May 2018. Information available publicly does not indicate illness(es) leading to his death, but according to human rights groups, his cellmates reported that his death followed the failure of authorities to provide him with the medical care that he required for several health problems. According to human rights groups, his cellmates informed prison officials of his death at around 7am, but until around 11am, prison officials ignored the issue and did not come to the ward where he was held to remove his dead body.

Source: [HRNA](#)

90. HOSSEIN ATRI



Source: [HENGAW](#), [HRI](#)

Hossein Atri died at the age of 62 in the main prison in Urumieh in West Azerbaijan province on 1 December 2018. According to reporting by human rights groups, in the evening of 1 December, he was taken to the prison clinic after his health suddenly deteriorated, but no doctor was present to examine him. Despite this situation, prison officials refused to urgently transfer him to a hospital outside prison. He died later at around 11pm without having received any medical care.

91. AHMAD AMOUKHTEH



Source: [KHRN](#)

Ahmad Amoukhteh died in the main prison in Urumieh in West Azerbaijan province on 31 August 2019. According to reporting by human rights groups, the Legal Medicine Organization of Iran had confirmed that he was unfit for imprisonment due to the long-term effects of a stroke he had suffered in prison around 2015, leading to partial paralysis. Despite this, prison officials had not authorized his release from prison. On the night of his death, he collapsed and lost consciousness, but instead of urgently transferring him to a hospital, prison officials kept him in the prison medical clinic, where the specialist medical care he critically required was not available.

92. MARAAN KHAMOU



Source: [KHRN](#), [HENGAW](#)

Maraan Khamou, held in the main prison in Urumieh, West Azerbaijan province, died on 10 November 2019. The Kurdistan Human Rights Network and HENGAW have provided different accounts on the circumstances surrounding his death, including where he died, but they concur that his death followed the failure of the authorities to provide him with adequate and timely specialized medical care at a medical facility outside prison, after his health sharply deteriorated on 8 November.

93. ABDOLAZIZ MA'REIEE



Abdolaziz Ma'reiee died in the main prison in Bam, Kerman province, on 9 February 2020. According to Baloch Activists Campaign, his death followed prolonged denial of access to adequate cancer treatment, which caused his blood cancer to worsen. He had repeatedly asked prison officials to grant him medical leave, but they had refused.

Source: [Baloch Activists Campaign](#)

94. MEHDI NARIMANI



Mehdi Narimani died at the age of 30 in the Greater Tehran Penitentiary on 6 March 2021, after spending four years in prison. According to a report by Iran Wire based on interviews with relatives and an unnamed prison personnel, he died after being given incorrect medication in prison. The report also states that his family had stressed he was healthy prior to his imprisonment and had no known medical conditions.

According to Iran Wire, other prisoners in his section stated that he became very ill on the morning of 6 March 2021 and was only taken to a hospital outside prison after repeated pleas and insistence by other inmates. It appears that the lack of advanced medical facilities, including resuscitation equipment in the clinic, meant that he could not be revived after he fell unconscious. He was transferred to Firouzabadi Hospital where medical staff said that he was unresponsive to resuscitation attempts including through the use of a defibrillator.

An informed source at the Greater Tehran Penitentiary told Iran Wire that the prison does not have access to many types of medicines and, therefore, has a policy called “equivalent medicine”, meaning that if a prisoner is sick, a nurse at the clinic will find a similar medicine to the one prescribed and will administer that to the prisoner instead. According to the informed source, Mehdi Narimani’s physical condition deteriorated after he was administered medication other than the one prescribed and he died as a result of a lack of resuscitation equipment.

The authorities have given conflicting information to Mehdi Narimani’s family about his cause of death. According to reporting by Iran Wire, the cause of death is recorded as

“unknown” on his death certificate, but the authorities have also told his family that he died from an “overdose” or “suicide”, both claims which his relatives has firmly rejected.

Source: [Iran Wire](#)

95. EBRAHIM JOHARI



Ebrahim Johari died on 11 February 2022 at the age of 55. Detailed information on the causes and circumstances surrounding his death is not available, but according to reporting by human rights groups, his death followed the refusal of prison officials in the main prison in Urumieh, West Azerbaijan province, to provide him with emergency medical care.

Information available indicates that at around 2am on 11 February 2022, he was transferred in dire condition to the prison clinic. He was held at the prison clinic for about two hours and then returned to his ward. At around 5am, his health further declined, and he died soon afterwards. According to human rights groups, he died during transfer for emergency medical care.

Source: [KHRN](#), [HENGAW](#)

96. SHOKROLLAH JEBELI



Shokrollah Jebeli, an 82-year-old dual Australian-Iranian national, died on 20 March 2022 after being subjected to more than two years of torture and other ill-treatment through the denial of access to adequate specialized medical care. His health deteriorated since his imprisonment in Tehran’s Evin prison on 31 January 2020. He had suffered from enlarged kidney stones, a history of strokes, sciatica in his legs, high blood pressure, and an umbilical hernia for which he needed surgery. Although he was taken to a hospital outside prison after he had a stroke in early 2021, the authorities

returned him to prison the same day against medical advice. Until January 2022, the authorities denied him all his medication; since then, they only allowed him access to some of his medications at his own expense.

In letters dated 17 January 2021 and addressed to the prosecutor’s office, the Evin prison director and the head of the prison clinic stated that his continued imprisonment was dangerous. Despite this, prosecution authorities continued to deny him specialized

healthcare and rejected his release on medical grounds unless he paid 70 billion rial (approximately USD 290,000), which neither he nor his family were able to afford.

He was held in conditions that violate the absolute prohibition of torture or other ill-treatment and which exacerbated his poor health. He shared an overcrowded and insect-infested cell with around 19 other prisoners and was deprived of adequate accommodation, forcing him to sleep on the floor on a mattress. He had difficulty walking unassisted and relied on other prisoners to perform basic daily tasks. He fell numerous times, chipping his teeth and resulting in cuts to his face and body.

On 8 March 2022, he was found unresponsive by other prisoners and had lost all control of his bladder and bowel movements, but the authorities failed to provide him with the specialized treatment he needed. His condition began to deteriorate further around 17 March 2022, and he was taken to the prison clinic where he was kept until his transfer to hospital on the afternoon of 19 March. He died early the next day.

Source: Amnesty International

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