



Geneva, 10 September 2024
1/5- 8009 (an)

The Permanent Mission of the Kingdom of Bahrain to the United Nations Office and other international organizations in Vienna presents its compliments to the Secretariat of the Office of the High Commissioner for Human rights (Special Procedures Branch), and with reference to the Joint communication, Ref: AL BHR 3/ 2024, dated 11 July 2024, regarding allegations received on continued arbitrary detention of human rights defenders and opposition leaders who were excluded from the Royal Pardon issued by King Hamad bin Isa AI Khalifa on 8 April 2024.

In this regard, the Mission has the honour to attach herewith an explanatory note in reply to the above-mentioned letter.

The Permanent Mission of the Kingdom of Bahrain avails itself of this opportunity to renew to the Secretariat of the Office of the High Commissioner for Human rights (Special Procedures Branch), the assurance of its highest consideration.



Office of the High Commissioner for Human rights (Special Procedures Branch)
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Explanatory Note

With reference to the Joint Communication received from the Independent Expert on human rights and international solidarity, the Special Rapporteur on the promotion and protection of the right to freedom of opinion, the Special Rapporteur on the rights to freedom of peaceful assembly and of association, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and the Special Rapporteur on the independence of judges and lawyers (AL BHR 3/2024) concerning cases of alleged arbitrary detention, we would like to firstly reaffirm our commitment to protecting, promoting, and enhancing human rights, both within our borders in internationally. That being said, and without prejudice to all the information that was put forward earlier through our past communications, kindly find hereinafter our response to the said allegations.

Initially, it is crucial to clarify that there are no political prisoners within our system, as individuals who are imprisoned have been found guilty of committing crimes that pose a threat to public safety, and not for their political beliefs or affiliations. Thus, they are serving their sentences accordingly, as no one shall be imprisoned as a reason for his/her political orientation or peaceful expression thereof. Furthermore, the principles of fair trial are implemented within our judicial system whereby the rule of law prevails, and due process is followed to ensure fairness and transparency in all judicial proceedings such as the initial presumption of innocence, publicity of trial proceedings, independence of the judiciary, different degrees of litigation, as well as the compulsoriness of having legal representation and access to lawyers in all criminal offenses. Also, it is important to note that discrimination in terms of religious belief is not a phenomenon in the Kingdom, whereas it's a country that is based on the principles of peaceful coexistence and acceptance of all regardless of their belief or orientation, as well as the fact of having a very dynamic society where our people come from different backgrounds.

In regard to the allegations related to the cutting off of water, electricity, and meals, we strongly refute these allegations as we are committed to upholding human rights and fundamental freedoms to each and every individual, and in this context, we believe that prisoners regardless of the crimes they may have committed, are entitled to be treated with respect and dignity, as their humanity remains intact. We are committed to ensuring that they are safeguarded from abuse, inhumane conditions, and any form of degradation. Moreover, if any alleged violations of these standards are to occur, they are taken very seriously, and thoroughly investigated. That being said, we would like to clarify the following:

Allegations of cutting of electricity (air-conditioning and water) and deprivation of meals:

In this regard, the Ombudsman's investigators visited the Center to find that with regard to air conditioners, they work in all the buildings visited, including those where inmates rebellion, but it was noticed that a number of inmates in some buildings had vandalized and broken windows in a form of rebellious actions, which resulted in a de facto decrease in air conditioning efficiency, with the outside air coming into the wards. Note that the relevant wards were under rebellion by the inmates themselves and thus the repair of the windows and defects in a timely manner was hindered by the inmate's rebellious acts. Investigators from the Ombudsman office also asked the inmates about the availability of water, and the majority stated that there were no issues at all, however in some wards inmates mention occasional interruptions, and by investigating the matter, it was found that this interruptions were related to the interruption of electricity from the pumps due to the electrical shortage, and the defect was fixed in a timely matter.

That being said, we refute the allegations of the conduct of such actions as a form of pressure or punishment on inmates, and we reaffirm our stance that no matter the circumstances or the behavior of inmates, cutting off water and electricity will never be used as a form of punishment. We are committed to ensuring that all inmates, regardless of their actions, are treated with dignity and respect. Any disciplinary measures taken will always comply with legal and ethical standards that prioritize the well-being and human rights of individuals in custody.

Meals are distributed to inmates in all buildings at the specific timings and with no delays or skipping of any meals whatsoever, from the responsible personnel in the Center, and in no way have any prisoners been prevented, whether directly or indirectly, from receiving his meal on time, which is of course his basic human right. However, it is worth noting that there are unfortunate incidents where the inmates themselves refuse receiving their meals or refrain from such act. Investigators from the Ombudsman office have also conducted visits and examined the meals provided to the inmates during the process of distribution and made sure of the quantity and variety of food provided, and it was found that the quantity is sufficient, and the meals are diverse and contain all nutritional elements such as carbohydrates and protein in addition to vegetables and fruits.

Judicial procedures and safeguards:

Furthermore, the criminal justice system in is designed to uphold the principles of fairness, due process, and the protection of individual rights. Arrests can only be made upon the presence of warrants, and existence of credible evidence and reasonable suspicion, unless they were caught in the act itself, otherwise an arrest warrant is a must. Once arrested, detainees are promptly informed of the charges against them and are granted access to legal representation and fair trial procedures.

Moreover, we strongly acknowledge the importance of accountability and the rule of law. If any violation of the law, including arbitrary detention, were to occur, the responsible individuals would be subject to legal consequences and held accountable for their actions. The judicial system ensures that complaints and allegations of misconduct are thoroughly investigated and addressed. In addition, our human rights oversight bodies have the mandate of which have the mandate of ensuring the protection of human rights, and are tasked with monitoring prison conditions, investigating complaints, and ensuring adherence to international human rights standards. Their presence guarantees that any misconduct or violation is promptly addressed, and appropriate action is taken. These oversight bodies play a crucial role in maintaining transparency and accountability within our criminal justice system. They provide an avenue for individuals to voice their concerns and seek redress when necessary.

Health Care:

Regarding the allegations of denial of urgent medical health care to inmates, the well-being and medical care of prisoners is of utmost importance to all relevant entities in the Kingdom, and our policies and practices reflect this commitment. It is important to note that the medical files of all inmates are under the authority of the Ministry of Health itself, being the competent authority that coordinates with the detention centers and prison in all medical matters. Medical professionals are available at all times to address the healthcare needs of inmates, ensuring that they receive appropriate treatment, medications, and access to specialized care when necessary. Any allegations of denial or inadequate medical treatment are taken seriously and thoroughly investigated by the oversight bodies mentioned above, as well as internally by the Center itself.

We will hereinafter demonstrate the services that are periodically provided to inmates by government hospitals, some of the challenges and observations monitored by the medical and nursing staff with some inmates after the start of disobedience and rebellion, in addition to the measures taken in this regard:

- Services provided periodically:

1. Providing health services to each inmate according to the schedule prepared for his periodic visits to clinics and hospitals.

2. Receive all non-emergency medical service request forms, and they are presented to the outpatient clinic and scheduled to be presented to the outpatient doctor within a week.
3. Follow-up medical appointments for inmates at consulting clinics inside and outside the center.
4. Follow-up of special examinations for each inmate such as blood tests, medical tests, follow-up radiology and operations that have been coordinated with public hospitals, inter alia
5. Scheduling sessions in the mental health clinic with consultant doctors
6. Providing all medicines from the main pharmacy after presenting the inmate to the specialist doctor and delivering them to the nursing staff to all inmates on time and without interruption.
7. Presenting inmates to the dental clinic on a regular basis, and making referrals to other clinics, in case the service is not available at the Correction and Rehabilitation Center
8. Opening of clinics inside buildings for medical examination of inmates, examination and evaluation of their health status periodically, for easier access
9. Continuing to follow up on chronic disease inmates and providing clinic services two days a week.
10. The Infectious Diseases Clinic provides its services periodically and regularly.
11. Providing social and psychological services continuously inside the buildings with regular evaluations
12. Distribution of daily medications in a professional and organized manner, whereby the nurse is present for an hour in each building waiting for inmates to hand over the medicines, make sure they take the medicines, and then leave the building until the time of the second dose.
13. Access to necessary vaccinations according to the pathological and preventive need.

- Challenges and obstacles faced by the medical staff with some inmates who started the process of disobedience and rebellion:

1. Since the inmates in some buildings began the disobedience, some have refused to receive their medicines, and this has been documented.
2. The inmate in charge of each building refuses to call on sick inmates to collect medicines, but insists that he receive medicines for all inmates, even though the correct procedure for receiving medicines is for the inmate to come in person to collect his medications.
3. Inmates disrupt the work of the medical staff in providing their medical services.
4. Inmates refuse to attend medical appointments whether to the internal clinics or outpatient hospitals

- Actions taken:

1. Reminders and explanations are made of the danger of not taking medicines on time as instructed by the treating doctor.
2. The relevant committee of the NIHR is involved in the counseling process, so that meetings are held with inmates to convince them to reverse their decisions of not to take medications and not consenting to go to their medical appointments and checkups.
3. The danger of peer pressuring is portrayed through counseling sessions and clarifications of the dangers of preventing other inmates from speaking to medical personnel and taking their medications
4. Consultants in the mental health clinic engage with inmates and explain the risks associated with their behavior
5. Risks of malnutrition from refusing to receive their meals and refusing to take medications on time are constantly being reminded to inmates with an aim of redressing such behavior and mitigating any associated risks
6. Regular checkups for vitals are conducted in the cases where there is a risk of refraining from food/medication in order to follow up closely the health conditions of those involved and monitor it

- Detailed information from the medical practitioners regarding the persons mentioned in the communication:

1. **Abduljalil Abdulla Alsankis (620120932)**

He is a 68-year-old Bahraini patient, known case of poliomyelitis and benign prostatic hyperplasia, who was admitted to Ebrahim Kanoo Medical Centre on the 30 of July 2021, and is currently in stable condition under the doctors care, along with being managed closely by a full team of specialized physicians and nurses.

He was assessed for the effects of his voluntary hunger strike. Although not eating any solid items, he is well hydrated and consumes Ensure powder and liquid that provides him with sufficient calories and proteins.

On admission, and throughout his current stay, he has been well built with no signs of weight loss or cachexia. The latest routine blood test including complete blood count, renal, liver function and electrolytes were done early this month with no significant abnormalities.

He underwent a 5-month physiotherapy course in the center for bilateral shoulder pain which completed January 2024 and he received a home exercise program and instructions to continue with independently.

He is residing in a single room at the center to maintain is privacy and for his comfort. He is also on several medications that require purchasing from external pharmacies because he does not prefer the available trade names at the center. He is reviewed by the primary team on a daily basis and is well looked after by physicians and nurses alike.

In addition, to his primary treating team, the patient has received visits and consultations from other specialties including:

He was seen multiple times by orthopedic surgery since January 2023 for shoulder pain where he received steroid injections and advised to continue with physiotherapy and exercises. Images for previous MRI shoulder done in KHUH have been requested.

He was seen by neurology on for lower limb anesthesia and paresthesia. He was reviewed by a neurologist and is planned for nerve conduction studies. He was also seen by ophthalmology for blurred vision where he was prescribed eyeglasses that were given to him and were provided by his family. He follows up with urology on a routine basis and his symptoms are currently well controlled on medical treatment. We also recommended daily walking exercises and sun exposure within the hospital premises and a request was previously made to the responsible authority which is pending approval.

In conclusion, the patient is currently stable, his mental capacity is well preserved, and his affective status is normal. From a clinical point of view, the patient does not require active in-patient treatment in a medical center and can be managed as an outpatient.

2. **Hasan Ali Hussain Mushaima (480107491)**

The above-named patient is a Bahraini man admitted on the 18th of July 2021 in Ebrahim Kanoo Medical Center. He has a background history of diabetes mellitus, hypertension, chronic renal failure, benign prostatic hyperplasia, osteoarthritis, mild hearing impairment in the left ear, and is currently in remission post lymphoma.

Medications:

Allupurinol 400 mg po od, Co-Diovan 160mg/12.5 mg po od, Nifedipine 60 mg po od, Multivitamin1 tablet po od, Bisoprolol 2.5 mg po od, Linagliptin 5mg po od, Avodart 0.5 mg po od, Insulin Toujeo 50 iu sc HS, Neurobione 1 tab po od, Thiotacid 600 mg po bd, Xatral xl 10 mg po hs, Telfast 180mg po hs, Solifenacin 5 mg po od, Ferrous sulphate 190 mg po of, Nexium 20 mg po od, Duspitalin retard 200 mg po pd, Simvastatin 20 mg po hs, vitamin D 50000 once monthly, sodium bicarbonate 1000 mg od, novorapid 7,9,9 iu sc, fluticasone 1 puff od, Zyrtec 10 mg hs x 3 months, parafain local bd x 6 months

Upon admission, his blood glucose and blood pressure demonstrated erratic readings but with the adjustment in diet and medications control was achieved. His blood glucose is currently well controlled. His vitals are also under control with no associated fever.

His latest blood tests were done this month. His complete blood count was normal. Renal function was stable as previous. Electrolytes were normal. He is due for blood tests next month.

His medical history in the past 6 months has been uneventful except for a flare up of gout in left metatarsophalangeal joint which was managed conservatively with medications. In addition to that he was complaining of left knee pain due to osteoarthritis which was also managed conservatively by orthopedic surgery. He is due for follow-up with ENT to reassess his hearing loss and possible

readjustment of his hearing aid.

In conclusion, the patient is currently stable, has not required any acute inpatient intervention in the past couple of years and can be discharged from hospital and managed as an outpatient.

3. **Abdulhadi Abdulla Hubail Alkhawaja (610420798)**

Clinic of Jaw Correction and Rehabilitation Center:

- 62 years old male known case of hyperlipidemia, benign prostatic hyperplasia, and normotension glaucoma on medications with follow ups in BDF Ophthalmology clinic.
- No recent C/O of medical importance.

Vitals were taken and within normal limits:

- Inmate was referred to BDF AE with palpitations day 11th Aug 2023, there the ECG showed narrow complex regular tachycardia (AVNRT). Reverted to sinus rhythm with single dose of iv adenosine. Repeated ECG was normal, inmate discharged on Bisoprolol 5mg od.
- Echo done day 28 Aug 2023 with normal finding and the estimated ejection fraction was 60%.

Impression was supraventricular tachycardia, which is a benign chronic condition as mentioned in BDF report.

- Inmate was referred to BDF again day 28 Aug 2023 complaining of palpitations which started same day and lasted for 15 minutes (regarding patient history), his ECG was normal in BDF and his vitals were: Bp: 99/68, mmHg, HR: 54b/per minute so he was advised to continue on concor 5mg and cardiology follow up after one month.
- Inmate has mandibular fracture repaired in 2011 in BDF hospital. In 2014 and 2015 metallic plating was done to fix the mandible.
- Inmate stopped his hunger strike in October 2023 as he was on hunger strike since 11th August 2023.
- No history of vomiting, no nausea, no loss of conscious, no convulsions, no fever, normal appetite, no abnormal symptoms regarding the hot or cold sensation, no nasal discharge, no hemoptysis, no history of melena, no fresh bleeding per rectum, no mucus, no change of bowel habits, no chest pain, no heart burn, no bleeding anywhere, no dyspnea, no orthopnea, no PND, no history of other symptoms of medical importance, even no history of suicidal attempt.
- O/E patient is vitally stable, fair oral and dental hygiene apparently, conscious and alert to time, place and person, normal equal bilat, pulse of no special ccc, no pallor, no cyanosis, no jaundice, no LNs enlargement, no LL edema, normal pharyngeal mucosa, no special decubitus, no congested neck veins, rt. Inguinal swelling occur on cough / chest: is clear, HVB by auscultation and equal air entry, no abnormalities by inspection and auscultation/ HT: S1 + S2, no adventitious heart sounds by auscultation, no abnormalities by inspection and auscultation / abdominal examination: lax, no rigidity, no tenderness nor rebound tenderness, no gardening, rt. Lower abdominal quadrant and inguinal swelling that appear with cough or staining but no other palpable masses by superficial and deep examination, audible intestinal sounds / Nervous system exam: NAD, normal peripheral pulsation, GCS is 15/15, no abnormal gait, no motor or sensory loss.
- Patient Diagnosed in surgery clinic in BDF hospital as Hernia for repair operation that has been done since Feb 2024.
- Inmate last routine visit was by Dr. Ahmed on 02-09-2024 for follow up and was clinically stable.
- Current medications include, Lipitor 20mg daily, Omnic 0.4mg daily, Advodart 0.5mg, Vesicare 5mg, Antiglaucoma medications, concor 5mg and Blink eye drops.
- Patient has regular follow-up appointments in ophthalmology, cardiology that are ongoing to be scheduled in BDF hospital.

Last scheduled appointments during this year:

- Cardiology: 04/07/2024

- Ophthalmology: 26/06/2024
- Dermatology: 28/04/2024
- Urology: 08/04/2024
- Surgery: 04/04/2024
- Medical: 05/02/2024, 13/02/2024

4. **Abdulla Isa Almahroos (650911652)**

Clinic of Jaw Correction and Rehabilitation Center:

- Post medical history: chronic male patient 59 years old of IDDM, HTN, IHD, old PILES, surgical repaired anal fissure, old lumbar disc and Chronic U.C – pancolitis (on Pantassa sachets and Azathioprine from BDF hospital) dyslipidemia, lumbago and sciatica
- No recent C/O of medical importance.

Vitals were taken and within normal limits:

- Temperature: 36,9
- Heart rate: 78 per min
- BP: 130/80 mmHg
- Oxygen Saturation: 98%

Patient admitted in BDF hospital since 14/06/2024 and discharged on 24/06/2024 because of passing fresh bleeding per rectum d.t flare of ulcerative colitis (not internal bleeding) as the pat. Was c/o of passing fresh blood per rectum 3-4 times per day without odor of small amount for one day before and referred to the accident and emergency dep in BDF hospital and diagnosed are flaring of ulcerative colitis and full lab.

Scheduled medical appointments for the inmate:

- Surgery Clinic - August 2024
- Appointments will be scheduled for the inmate in the endocrinology, neurology, ophthalmology, orthopedics clinics at the military hospital.

Last medical appointments for the inmate

- Endocrinology Clinic-2/4/2024
- Diabetes Clinic-2/4/2024, 2/7/2024
- Cardiology Clinic - 2 and 3 April 2024, and the inmate refused to go to his appointment on 11/7/2024
- Orthopedic Clinic-18/4/2024
- Internal Medicine Clinic- 30/4/2024. 9/6/2024. 14/6/2024, 14/7/2024
- Ophthalmology-2/7/2024
- Surgery Clinic- 10/3/2024

Conclusion:

In conclusion, as a responsible member of the global community, we would like to reaffirm our commitment to continue protecting and promoting human rights, both on a regional and international level. Once again, we would like to denote that we refute any allegations suggesting otherwise and wish to assure that perpetrators involved in violations, whether related to arbitrary detention or any other misconduct concerning detainees and detention facilities, will be held fully accountable. Respecting human dignity and upholding international standards are core elements of our criminal justice system. At the time of arrest, strict protocols are followed to ensure the protection of human dignity, such as stating the reasons for arrest, the right to legal representation, inter alia.

As for during the investigation process, fair and transparent procedures are followed to gather evidence, and individuals are given the opportunity to present their case and defend themselves against the accusations. After imprisonment, effective measures are put in place to ensure the well-being and dignity of inmates. Detention facilities are regularly monitored to ensure compliance with international standards, including access to medical care, adequate living conditions, and the prevention of any form of mistreatment or torture.