



Campaign to Free Political Prisoners in Iran (CFPPI)

Letter of Concern Regarding Systematic Violations of the Right to Health and Life of Political and Conscience Prisoners in Iran

Dear Esteemed Representatives,

We would like to begin by extending our respectful greetings and by sharing the following concerns with you. We, the undersigned, express our deep concern over the situation of political and conscience prisoners in Iran and the systematic violation of their right to health and life. We wish to draw your attention to an aspect of repression that has so far received little focus: the role of certain members of the medical staff, as well as institutions affiliated with the Prison Organization and the Legal Medicine Organization, in perpetuating torture, concealing the truth, and enabling the gradual death of prisoners.

According to official documents and multiple reports, the healthcare staff in Iranian prisons operate under the authority of the Prison Organization, which functions directly under the Judiciary. These medical workers are either formally employed by the Prison Organization or contracted through joint agreements between the Prison Organization, the Ministry of Health, and medical universities. Consequently, the responsibility for prisoners' medical care is distributed within a closed, unaccountable system, one in which the duty of treatment has effectively become an instrument of control and repression.

Reports from Amnesty International, Human Rights Watch, and independent Iranian sources show that in numerous cases, some prison doctors and nurses, due to institutional dependence or security pressure, have refused to document signs of torture or medical abuse, issued falsified medical certificates, or unjustly certified detainees as physically "fit" for continued detention. These acts constitute clear examples of "white torture" and deliberate medical deprivation. The systematic and deliberate efforts of this system have, in many instances, led to the aggravation of physical and mental illnesses, severe psychological pressure, or even the death of prisoners, cases that amount to state-sanctioned killings. Documented examples include Ahmadreza Djalali, Baktash Abtin, Vahid Sayyadi Nasiri, Somayeh Rashidi, Javad Rouhi, Shahrokh Zamani, Behnam Mahjoubi, Fatemeh Sepehri, Raheleh Rahimi-Pour, Zeinab Jalalian, Matloub Ahmadian, Mahvash Sabet, Parvin Mirasan, Masoumeh Asgari, Poursan Nazemi, Kazem Alinejad, Hossein Ronaghi, and others.

In effect, this system has turned prison medical staff into an extension of the state's machinery of repression. Meanwhile, access to medical care and the prohibition of any restrictions in its provision are guaranteed both under international law, including the UN Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules), and under Iran's own domestic regulations. Any violation of these rights constitutes a crime against humanity.

At the same time, we acknowledge that among prison healthcare personnel, there are also honorable physicians and nurses who, within their limited capacity, have defended the principles of medical ethics—sometimes even at the risk of their own lives. Distinguishing between these two groups is essential for preserving the integrity of the medical profession.

The moral responsibility of the global medical community requires that it does not remain silent in the face of those doctors, nurses, and forensic experts who have participated in "white torture" and "slow execution." Indifference toward these violations not only constitutes a betrayal of the Hippocratic Oath but also threatens the collective conscience and the public's trust in the medical profession worldwide.

Attached to this letter is a documented and detailed report containing testimonies, field accounts, and verified data from credible international sources. This report clearly illustrates the structure of Iran's prison healthcare system and the role of certain medical personnel in the ongoing repression.

As stated above, we call upon international medical and human rights organizations, including the World Medical Association (WMA), The UN Special Rapporteur on Iran, Office of the United Nations High Commissioner for Human Rights (OHCHR), UN General Assembly Third Committee, United Nations Human Rights Council (UNHRC), Médecins Sans Frontières (MSF), the International Federation for Human Rights (FIDH), and Physicians for Human Rights (PHR), to take immediate and serious action. The right to health and medical care, recognized as a fundamental human right under the United Nations Charter, obligates governments to promote and ensure access to healthcare. This is explicitly stated in Article 55(b) of the UN

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Charter, which calls upon states to promote solutions to health and related problems; Article 25(1) of the Universal Declaration of Human Rights, which affirms everyone's right to adequate medical care and social services; and the 1946 Constitution of the World Health Organization, which defines health in its broadest and most inclusive sense.

Furthermore, multiple international and regional instruments — both general and specific — have reaffirmed this right, including Article 12 of the International Covenant on Economic, Social and Cultural Rights and the UN Millennium Development Declaration. In addition, Article 7 of the International Covenant on Civil and Political Rights prohibits torture and cruel, inhuman, or degrading treatment. The International Convention on the Elimination of All Forms of Racial Discrimination also upholds the principles of non-discrimination and equality, emphasizing in Article 5(4) the right to access public health and medical care.

Most importantly, under Article 7(b) of the Rome Statute of the International Criminal Court, defining “crimes against humanity”, the deliberate imposition of living conditions, including deprivation of access to medicine, medical care, food, or other essentials, constitutes a crime against humanity. Article 8(x) of the same Statute, concerning war crimes, also defines as criminal any deliberate medical deprivation or harmful medical experimentation causing death or serious harm, when carried out against prisoners or civilians as part of a planned policy.

Therefore, we urgently call upon these international bodies to:

1.Document cases of medical ethics violations in Iranian prisons and initiate independent investigations into these abuses.

2.Use all available professional and international mechanisms to hold the Iranian Judiciary and government accountable, demand transparency, and pursue international prosecution of officials and members of the prison medical system involved in such violations.

3.Activate disciplinary and professional mechanisms to suspend or revoke the membership of medical professionals found complicit in these abuses.

The protection of human health and dignity is a fundamental right. We will not allow the Islamic Republic and its Judiciary to systematically abuse medical care as a tool of repression and “white torture” against individuals or groups of civilian prisoners, acts deliberately aimed at inflicting immense suffering or severe harm to the physical and mental health of detainees. Without a doubt, the medical and legal communities bear greater responsibility than any other group to shed light on these violations and to demand accountability.

Respectfully,



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Organizations;



**Campaign to Free
Political Prisoners in
Iran (CFPPI)**

**Global Network to Free
Political Prisoners in
Iran**

**International Independent
Physicians and Healthcare
Providers Association**

Annex 1

Documented Report on the State of Health and Medical Care in Iranian Prisons
Compiled and edited based on interviews, testimonies, and reports from Amnesty International and other independent sources.

1. General Situation of Health and Medical Care in Iranian Prisons

The condition of health and medical care in Iranian prisons is highly unequal and inconsistent. Only a very small number of prison wards are regularly maintained and have relatively adequate facilities. In these few showcase sections, prisoners may receive care from trained psychiatrists and enjoy access to medical services comparable to those available to ordinary citizens. These exceptional wards are often used as display units for visits by official inspectors or international delegations.

For example, in Vakilabad Prison in Mashhad, which houses between six and seven thousand inmates, only about 200 prisoners in Ward 3 (the so-called “consultation ward”) have access to relatively proper medical services.

In contrast, in most prisons across the country, including Evin, Raja’i Shahr, and Qarchak, prisoners are held in deplorable and inhumane conditions, and their lives are effectively treated as worthless. In these facilities, doctors and nurses have repeatedly refused to provide even the most basic medical care, especially to political prisoners.



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According to several political detainees, the situation of ordinary inmates is often even worse than that of well-known political prisoners, who at least attract some public or international attention. In many prisons, no separation of inmates by offense is practiced (except in financial cases), meaning that political prisoners are held alongside violent or dangerous offenders. This practice increases the level of violence, psychological stress, and threats to prisoners' health.

The deliberate denial of access to adequate and timely medical care is part of a systematic policy by the authorities to physically and mentally weaken prisoners, breaking their morale and resistance.

Within this environment, addiction and the widespread prescription of narcotics and sedatives are common.

Reports indicate that the denial of proper medical treatment is sometimes used intentionally to accelerate illness, cause lasting physical or mental damage, or even bring about death. Some physicians, under direct orders from prison officials, have falsified or altered medical records to conceal evidence of torture.

Amnesty International has reported that out of 91 documented prisoner deaths in Iranian detention centers, 62 individuals were under the age of 60, and many were under 40. These findings clearly demonstrate that systematic and effective medical care is virtually nonexistent in Iran's prisons.

2. Structure and Functioning of Prison Healthcare and Systematic Practices

The infirmaries (medical units) of Iranian prisons are rudimentary and lack international standards of medical training and equipment. In the best cases, their capabilities are limited to measuring blood pressure or listening to a patient's heartbeat with a stethoscope. In smaller or provincial prisons, the situation is even worse, often with no functional diagnostic equipment at all.

The number of medical personnel is grossly inadequate. Many general practitioners are employed at low wages and without proper facilities. The presence of specialist physicians in prisons is extremely rare, sometimes only two to four hours per week for thousands of inmates. Consequently, the risk of death in cases of acute illness or emergency is extremely high.

Diseases that would be easily treatable under normal conditions, such as hypertension, asthma attacks, early-stage heart attacks, or severe infections, often lead to death due to delays or lack of medical attention. Such deaths constitute a form of state-induced homicide by neglect. Even in life-threatening situations, prisoners are often returned to their cells instead of being transferred to a clinic or hospital.

Inmates with pre-existing conditions or those returning from hospital treatment are routinely denied continuation of their therapy. Numerous political prisoners, including Arash Sadeghi, Mohammad-Ali Taheri, and Atena Daemi, have been deliberately deprived of appropriate medical treatment despite serious illness.

In practice, no consistent drug therapy, injections, or intravenous treatment is carried out in most prisons. There is no follow-up or monitoring of disease progression. Amnesty International reports repeatedly stress that the behavior of prison medical staff violates both medical ethics and Iran's international obligations, including the principle of non-discriminatory treatment.

In urgent cases, when a prisoner's condition becomes truly critical, it often takes hours before they are taken to the prison clinic. Authorities commonly dismiss prisoners' suffering as "malingering" or view medical transfers as a privilege rather than a necessity.

The process of accessing treatment is deliberately humiliating and obstructive. A prisoner must first inform the ward officer, who often ignores the request. Then they must obtain the guard's approval. The guard may perform a superficial, unprofessional examination, often accompanied by insults or violence. Only then might the prisoner be referred to the clinic, where they may or may not see a doctor, depending on availability.

Iranian law contains no requirement for post-mortem examinations of deaths in custody. Consequently, if a prisoner dies from neglect or lack of medical care, the case is not investigated. According to international standards, such deaths could constitute extrajudicial executions, yet under Iran's domestic law, they are not recognized as crimes.

Since 1979, Iranian authorities have systematically denied access to international organizations such as Amnesty International or other human rights monitors to inspect prisons. This has made independent documentation of prison healthcare conditions nearly impossible.

Amnesty International has repeatedly stated that denial of medical care in Iran's prisons is systematic and deliberate. The responsibility extends beyond intelligence and defense officials to include prison staff, nurses, and doctors who are complicit in this process.

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Doctors who have tried to assist prisoners have been threatened, interrogated, or transferred to other facilities. Many have admitted that they are forced to obey security directives to avoid losing their jobs.

3. Violations of Medical Ethics and Inhumane Conduct by Prison Healthcare Staff

Medical ethics are systematically violated in Iranian prisons by a large portion of the healthcare personnel, including doctors and nurses.

In many cases, prisoners have reported that during visits to prison clinics, doctors do not even perform physical examinations. Instead, they dismiss complaints without evaluation and merely prescribe painkillers.

In some instances, prisoners are forced to stand outside the clinic door while doctors issue prescriptions from a distance, without any examination at all.

The sanitary conditions in prisons, including in their medical units, fail to meet even the most basic hygiene standards. Treatment areas are frequently dirty, poorly ventilated, and lack proper disinfection supplies.

Prison staff, including nurses and physicians, often ignore or mock prisoners' medical complaints.

In many cases, prison guards have prevented the transfer of prisoners to hospitals outside the facility, even when the patients were in critical or emergency condition. These delays have repeatedly resulted in irreversible harm or death.

According to one report by Amnesty International concerning 96 suspicious deaths in custody, over 60 of those individuals (more than 70%) either did not receive proper medical treatment or were never transferred to a hospital.

Many of these prisoners spent their final hours inside prison because the medical staff or prison authorities refused to take their condition seriously, effectively denying them life-saving treatment.

Even when a specialist prescribes medication, delivering that medicine to the prisoner is often extremely difficult. In such cases, the prisoner's family, if contact is allowed, must procure and deliver the medicine to the prison.

However, numerous reports indicate that some medications disappear during the delivery process or are only partially given to prisoners, sometimes with tampered packaging.

In addition, there are documented reports of sexual harassment and assault within prison medical facilities.

Several female prisoners have reported sexual abuse by doctors or clinic staff. Male prisoners have also described instances where medical personnel and even physicians in the infirmary were complicit in or directly involved with sexual assaults against detainees.

Due to cultural stigmas and fear of retaliation, most victims remain silent, unable or unwilling to speak about their experiences.

Such methods are deliberately used as psychological torture, designed to humiliate and break the spirit of prisoners, especially political and civil rights activists.

The conduct of prison medical staff not only violates professional standards and the Hippocratic Oath but also meets the international definitions of torture or cruel, inhuman, and degrading treatment.

The restriction or denial of medical care in Iranian prisons is carried out in a systematic and organized manner. This pattern involves not only agents of the Intelligence Ministry and Defense Ministry but also the prison staff, doctors, and nurses who participate in enforcing it.

The ultimate goal of these practices is to physically and mentally debilitate prisoners, destroy their morale, and erode their human dignity.

Many doctors and medical workers who have served in prison environments for years have effectively become integral parts of this machinery of repression, participating directly in the ongoing violations of prisoners' rights.

4. Consequences, Data, and the Legal Responsibility of the Iranian Government

A significant portion of deaths in Iranian prisons result from a lack of medical care, delays in transferring sick prisoners, and deliberate negligence by officials.

In numerous cases, detainees suffering from treatable illnesses have died simply because of the intentional denial of medication or medical attention.

According to human rights organizations, including Amnesty International, dozens of prisoners have died in recent years due to medical neglect or inadequate care.

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These reports emphasize that the Iranian government consistently refuses to conduct independent or transparent investigations into prison deaths.

In violation of its international obligations, Iranian authorities have not only blocked access for organizations such as Amnesty International and the UN Office of the High Commissioner for Human Rights, but also lack any internal accountability mechanisms.

Since 1979, the Islamic Republic has never allowed independent international inspection of its prisons. This policy has made it nearly impossible to obtain verified documentation about prison health conditions.

As a result, the families of victims and former prisoners have become the primary, often the only, sources of information. However, these individuals are also subjected to threats and intimidation to prevent them from sharing documents, testimonies, or interviews.

In many cases, families of deceased prisoners have been forced to sign false statements, such as coerced confessions, “repentance letters,” or falsified medical reports, declaring the cause of death as “natural.” Such actions amount to official cover-ups of deaths resulting from torture or medical neglect.

Iran is a signatory to the International Covenant on Civil and Political Rights (ICCPR), which obligates states under Article 6 to protect the right to life and the dignity of all individuals, including prisoners.

The deliberate deprivation of medical care and the unsanitary living conditions in Iran’s prisons represent a clear and ongoing violation of these commitments.

From the standpoint of international law, the Iranian government’s treatment of prisoners constitutes cruel, inhuman, and degrading treatment, and, in many instances, physical and psychological torture.

Under the UN Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules), governments are obliged to provide medical care, nutrition, and hygiene consistent with human dignity and without discrimination.

The repeated violation of these principles by Iranian authorities represents not merely administrative incompetence but a deliberate and systematic policy aimed at weakening political opponents and eroding resistance.

Extensive testimonies and evidence from prisoners and their families confirm that the denial of medical treatment, intentional neglect, humiliation of patients, and active participation of medical staff in these abuses are all part of a coordinated security and judicial strategy to break and gradually eliminate prisoners.

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Campaign to Free Political Prisoners in Iran (CFPPI)

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