

Ms. Tlaleng Mofokeng, Special Rapporteur on the Right to Health
c/o Office of the United Nations High Commissioner for Human Rights
Palais des Nations
CH-1211 Geneva 10, Switzerland
email: urgent-action@ohchr.org

March 1, 2021

Re: Allegation Letter regarding Dr. G.N. Saibaba (India)

Dear Ms. Mofokeng,

We write to you regarding the denial of necessary medical care to G.N. Saibaba by the Republic of India (“India”), where Dr. Saibaba is currently serving a life sentence related to his civil rights activism. Dr. Saibaba was previously the subject of three Special Procedures communications in June 2018, December 2018, and April 2019.¹ There is also a petition pending before the UN Working Group on Arbitrary Detention regarding his case.²

Dr. Saibaba contracted polio as a child and was left 90 percent physically handicapped and wheelchair-bound due to post-polio paralysis. As a result, Dr. Saibaba suffers from a myriad of health conditions which have been exacerbated during his time in prison. On February 12, 2021, Dr. Saibaba tested positive for COVID-19. Due to Dr. Saibaba’s pre-existing medical conditions, which include kidney disease and a heart condition, he has a significantly higher risk of suffering from severe complications due to COVID-19, including death. The Indian prison authorities have transferred Dr. Saibaba to a local hospital for further testing. However, the facility is reportedly overcrowded and is not appropriate for Dr. Saibaba to receive adequate treatment for his various conditions, including COVID-19.

The facts set out below engage your mandate, as will be described. In summary, Dr. Saibaba was apprehended and convicted by the Indian government due to his civil rights activism. The harsh conditions in which Dr. Saibaba is confined have had deleterious effects on his health. Dr. Saibaba currently suffers from, among other conditions, an untreated brain cyst, hypertrophic cardiomyopathy, hypertension, paraplegia, spinal kyphoscoliosis, anterior horn cell disease, acute pancreatitis, gall-bladder stones, sleep apnea, and a rotator cuff injury. Given the medical limitations of the prison in which Dr. Saibaba is being held, he has been unable to obtain effective treatment for his conditions. We respectfully request that your office enquire into this matter and take the appropriate steps to urge India to urgently provide the needed medical care.

We would welcome the opportunity to provide your offices with further information or to clarify any issues in relation to this matter.

Sincerely,



Karl Horberg
Senior Program Officer
Freedom Now

¹ *Communication IND 15/2018* (June 27, 2018), available at <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=23930>; *Communication IND 30/2018* (Dec. 21, 2018), available at <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=24252>; *Communication IND 10/2019* (April 8, 2019), available at <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=24517>.

² *Petition to the UN Working Group on Arbitrary Detention on behalf of G.N. Saibaba* (June 12, 2020), available at <https://www.freedom-now.org/wp-content/uploads/Petition-to-the-UN-Working-Group-on-Arbitrary-Detention-6-12-20.pdf>

I. Identity of the Person Subjected to Violation of Right to Health

| | |
|----------------|--|
| A. Family Name | Saibaba |
| B. First Name | Gokarakonda Naga (G.N.) |
| C. Sex | Male |
| D. Occupation | Former Professor of English Literature |
| E. Activities | Human rights defender |

II. Circumstances Surrounding Violation of Right to Health

Dr. G.N. Saibaba is a former professor of English Literature at the University of Delhi³ and a human rights activist. Dr. Saibaba has spent much of his life fighting for the rights of the disadvantaged, including the Dalits (members of the lowest social group in India) and the Adivasi (indigenous tribes). The National Confederation of Human Rights Organizations awarded Dr. Saibaba the 2019 Mukundan Menon Award in recognition of his services for the protection of human and civil rights, in particular the Adivasi.⁴ At the time of his incarceration, he was the Deputy Secretary of the Revolutionary Democratic Front (RDF), a federation of organizations in India, which work among different classes and sections of society including workers, peasants, youth, students, women, and cultural groups.⁵ While Dr. Saibaba was Deputy Secretary, the RDF published several statements condemning alleged government violence against the Adivasi and Dalit peoples.⁶

Dr. Saibaba was arrested on May 9, 2014, following the interrogation by authorities of his former student, Hem Mishra, and a subsequent investigation.⁷ Dr. Saibaba, along with five other individuals, were subsequently charged under India's broad anti-terrorism laws for engaging in conspiracy to commit terrorist acts. Dr. Saibaba was imprisoned at the Nagpur Central Jail prior to his trial.

Prior to his conviction, Dr. Saibaba was held in detention for a total of approximately 1 year and 6 months. As a result of Dr. Saibaba's paralysis, the conditions of his imprisonment, and the lack of medical help and support available at Nagpur Central Jail, Dr. Saibaba's health deteriorated to a life-threatening level.⁸ Because the police were inexperienced in handling someone with such severe disabilities, their handling of Dr. Saibaba resulted in him sustaining a brachial plexus injury in his left shoulder.⁹ Further, Dr. Saibaba was prevented from receiving the medicines he required to treat his high blood pressure.¹⁰ After a protracted legal battle, the Supreme Court of India granted Dr. Saibaba bail on medical grounds on April 4, 2016, rejecting the prosecution's argument that Dr. Saibaba would be likely to engage in "anti-national activities" if granted bail.¹¹

³ *Order of the High Court of Judicature, Bombay Criminal Appellate Jurisdiction Suo Motu Criminal PIL (ST) No.4 of 2015*, June 30, 2015, at ¶ 1.

⁴ *Dr. G.N. Saibaba Receives 2019 Mukundan C Menon Award*, National Confederation of Human Rights Organizations (January 2, 2020), <https://www.nchro.org/index.php/2020/01/20/dr-g-n-saibaba-receives-2019-mukundan-c-menon-award/>.

⁵ *Revolutionary Democratic Front* (April 22, 2012), <https://revolutionaryfrontlines.wordpress.com/2012/04/22/revolutionary-democratic-front-rdf-the-first-all-indian-conference-the-first-day/>.

⁶ See RDF strongly Condemns the Dalit Massacre in Lakshimpeta in Srikakulam, Revolutionary Democratic Front (2012), available at <http://www.bannedthought.net/India/RDF/index.htm>; Condemn the massacre of 20 Adivasi villagers and their children in Dandakaranya, Revolutionary Democratic Front (2012), available at <http://www.bannedthought.net/India/RDF/index.htm>

⁷ Conversation with Nihalsingh Rathod, Attorney for Dr. Saibaba, on April 24, 2020.

⁸ *Letter from Dr. G.N. Saibaba to the Chief Medical Officer, Prison Hospital, Central Prison Nagpur, Maharashtra*, Jan. 4, 2018, at pp.1-2; *Note by G. Ramdevudu on Dr. Saibaba's medical condition*, May 11, 2019, at ¶ 1-3.

⁹ *Note by G. Ramdevudu on Dr. Saibaba's medical condition*, May 11, 2019, at ¶ 1-3.

¹⁰ *Id.*

¹¹ *SC Grants Bail to GN Saibaba in Naxalite Link Case*, THE WIRE, Apr. 4, 2016, available at <https://thewire.in/law/sc-grants-bail-to-gn-saibaba-in-naxalite-link-case>.

Dr. Saibaba's trial was held in March of 2017. At the trial, the prosecution relied on retracted confessions, illegally seized evidence, and evidence of a terrorist attack that occurred after Dr. Saibaba was arrested and charged.¹² On March 7, 2017, Dr. Saibaba was found guilty on all charges and sentenced to life imprisonment.¹³ Dr. Saibaba was subsequently re-imprisoned at the Nagpur Central Jail in Maharashtra. He has been held in detention continuously since his conviction.

Dr. Saibaba is being held in the *Anda* cells of the Nagpur Central Jail, which are meant for high-security prisoners. The *Anda* is an egg-shaped barracks (high-security blocks), comprised of units measuring 10 feet in length and width, and are so infamous for their poor living conditions that it led the Maharashtra State Human Rights Commission to issue a notice on these conditions.¹⁴ Several prisoners' testimonies and journalists' reports demonstrate the deplorable conditions in which the detainees live when they are imprisoned in the *Anda* block. In particular, prisoner Mirza Himayat Baig recently commented about his living conditions in an *Anda* cell in a letter, mentioning that "there is no space to move in this cell" and that he "developed several illnesses because of the tension of living here."¹⁵ Other journalists describe the *Anda* as a cell "designed to crush its captives' psyches"¹⁶ and to "make inmates crack,"¹⁷ with an entrance consisting of five heavy iron gates, which prevents the light to come into the cell.¹⁸ The cells have insufficient ventilation¹⁹ and no windows, therefore providing a very poor access to fresh air and no possibility to see the sky or any trees.²⁰

On July 22, 2019, doctors performed tests on Dr. Saibaba's nerve and muscle activity. On August 6, 2019, MRI scans were taken of his spine and the brachial plexus nerves in his left shoulder.²¹ On September 23, 2019, Dr. Saibaba was taken to the General Medical College Hospital ("GMCH") for examination. Doctors discovered further degeneration of the muscles and nerves in his left hand as well as involuntary vibrations in his left shoulder and internal swelling causing him acute pain.²² This muscular degeneration has been caused in part by the lack of physiotherapy or occupational therapy which, despite having been previously prescribed by his doctors, Dr. Saibaba has not received.²³ Doctors advised that he needs daily therapy at the GMCH to treat this condition, starting immediately, and tendon and nerve transfer surgery once the swelling has subsided.²⁴ The MRI scans revealed further spinal degeneration, which has made it difficult for Dr. Saibaba to lie down supine.²⁵ An ultrasound scan of his bladder was also taken as doctors suspected a thickening of the bladder walls.

Dr. Saibaba's doctors have recommended the use of a medically designed mattress, medically designed pillows, and the use of cold/hot packs to treat muscle and nerve pain, but none of these have been provided to him.²⁶ His wheelchair is in bad condition. Emergency medical care is not available in the jail and the nearby hospital does not have the equipment necessary to perform Dr. Saibaba's therapies, so he has not been receiving treatment for his

¹² Order for Sessions Case nos 13/2014 & 130/2015, Court of Sessions at Gadchiroli District Court, Mar. 7, 2017, at ¶ 4.

¹³ *Id.*

¹⁴ *Panel takes up issue of Yerwada jail overcrowding*, TIMES OF INDIA, February 17, 2003, available at <https://timesofindia.indiatimes.com/city/pune/Panel-takes-up-issue-of-Yerwada-jail-overcrowding/articleshow/37805994.cms?referral=PM>.

¹⁵ *Prisoner Mirza Himayat Baig recounts solitary confinement inside an anda cell*, THE CARAVAN, October 31, 2019, available at <https://caravanmagazine.in/law/himayat-baig-solitary-confinement-anda-cell>.

¹⁶ *The persecution of GN Saibaba and India's 'Annihilation' of the Resistance*, May 2, 2018, THE NATION, available at <https://www.thenation.com/article/the-persecution-of-gn-saibaba-and-indias-annihilation-of-the-resistance/>.

¹⁷ *Prison Diaries*, June 14, 2012, OPEN THE MAGAZINE, available at <https://openthemagazine.com/features/india/prison-diaries/>.

¹⁸ *Id.*

¹⁹ *Sanjay Dutt restless in tiny 'anda' cell*, May 17, 2013, REDIFF NEWS, available at <https://www.rediff.com/news/slide-show/slide-show-1-dutt-restless-in-tiny-anda-cell-meant-for-terrorists/20130517.htm>.

²⁰ *Prisoner Mirza Himayat Baig recounts solitary confinement inside an anda cell*, THE CARAVAN, October 31, 2019, available at <https://caravanmagazine.in/law/himayat-baig-solitary-confinement-anda-cell>.

²¹ *Letter from Dr. G.N. Saibaba to Senior Counsel, Supreme Court of India*, September 25, 2019, at p. 1.

²² *Id.*, at p. 1.

²³ *Id.*, at p. 1.

²⁴ *Id.*, at p. 1.

²⁵ *Health Update Chart*, Sept. 20, 2019, at p. 2.

²⁶ *Id.*

muscular and nerve degeneration.²⁷ When Dr. Saibaba complains of severe pain, he is given stronger painkillers, which he has been advised against taking due to his heart condition.²⁸ In May 2019, the prison authorities reportedly withdrew the physician-prescribed food that was previously provided to help manage his illnesses.²⁹ Since his imprisonment, Dr. Saibaba's health has deteriorated to the point where he cannot move from his bed to his wheelchair. His right hand no longer functions properly and his left hand was severely injured from police mishandling him. He is unable to perform basic daily functions like eating, fetching water and using the toilet.

Dr. Saibaba continues to suffer from an untreated brain cyst, hypertrophic cardiomyopathy, hypertension, paraplegia, spinal kyphoscoliosis, anterior horn cell disease, acute pancreatitis, gall-bladder stones, sleep apnea, a rotator cuff injury, fatty degeneration of the rotator cuff muscles, and acute pain often resulting in loss of consciousness.³⁰ Because of these ailments, Dr. Saibaba suffers from chest pain, frequent fainting and blackouts, frequent vomiting, radiating pain in his left hand and leg, severe abdominal pain, frequent fever and coughs, muscle cramps and spasms, difficulty defecating, and a burning sensation during urination.³¹ Despite his medical condition, in March 2019 the Maharashtra High Court denied Dr. Saibaba's petition to be released on bail on medical grounds.³²

In November 2020, Dr. Saibaba observed a hunger-strike for a period of 10 days, which caused his already delicate health condition to worsen. In December, Dr. Saibaba offered to order fruits at his own expense, but the prison authorities denied him. Due to his weakening condition, Dr. Saibaba has needed IV fluids from time to time, but prison authorities have not provided adequate quantities of fluids. In the meantime, Dr. Saibaba's pain has continued to intensify.

On February 12, 2021, Dr. Saibaba tested positive for COVID-19, along with 9 other prisoners at the Nagpur Central Jail.³³ On February 13, Dr. Saibaba reported suffering from high fever with low oxygen levels, as well as severe headache, constant breathlessness, a blocked nose and throat with severe joint and muscle pains. Several of Dr. Saibaba's pre-existing medical conditions, especially his hypertrophic cardiomyopathy, hypertension, and kidney disease, are known to be COVID-19 co-morbidities. Because of these underlying conditions, he has a significantly higher risk of suffering from severe long-term complications due to COVID-19, including permanent lung damage, increased risk of stroke, and death. Moreover, Dr. Saibaba needs attendants to help him perform basic functions that are difficult for him due to his paralysis. Since his COVID-19 diagnosis, prison authorities have put Dr. Saibaba in isolation with no one to help him with his daily needs.

Prison authorities transferred Dr. Saibaba to the GMCH in Nagpur after his COVID-19 diagnosis to receive an X-Ray and CT-scan.³⁴ However, the GMCH is reportedly overflowing with patients, which puts Dr. Saibaba at further risk of harm due to a failure to receive adequate care for COVID-19 or to contract another illness while there.³⁵ Additionally, the GMCH is not adequately accessible for wheelchair-bound patients such as Dr. Saibaba. Dr. Saibaba's family has requested that the court in Maharashtra order he be transferred to a private hospital near the prison and is currently waiting for a response.

²⁷ Update on Prof. G.N. Saibaba's Health Deterioration in Anda Cell, Central Prison, Nagpur (November 2019); Dr. G.N. Saibaba, *My Health Condition: An Update* (October 29, 2019).

²⁸ Dr. G.N. Saibaba, *My Health Condition: An Update* (October 29, 2019).

²⁹ Note by G. Ramdev on Dr. Saibaba's medical condition, May 11, 2019, at ¶ 10.

³⁰ Letter from Dr. G.N. Saibaba to Senior Counsel, Supreme Court of India, September 25, 2019, at p.1.

³¹ Update on Prof. G.N. Saibaba's Health Deterioration in Anda Cell, Central Prison, Nagpur (November 2019).

³² Order of the High Court of Judicature at Bombay, Criminal Application No.222 of 2018 in Criminal Appeal No.137 of 2017, March 25, 2019, at ¶ 20-21, available at <https://indiankanoon.org/doc/22698323/>.

³³ Letter from A.S. Vasantha Kumari and Dr. G. Ramadevudu to the Honourable Chief Minister, State of Maharashtra, Mumbai, *Request to shift Prof. G.N. Saibaba (tested Covid positive) immediately to a good private Hospital having necessary medical facilities for proper treatment* (February 13, 2021).

³⁴ Jailed ex-DU professor GN Saibaba, four others test positive for COVID-19 (February 13, 2021) available at <https://www.freepressjournal.in/mumbai/jailed-ex-du-professor-gn-saibaba-four-others-test-positive-for-covid-19>

³⁵ Letter from A.S. Vasantha Kumari and Dr. G. Ramadevudu to the Honourable Chief Minister, State of Maharashtra, Mumbai, *Request to shift Prof. G.N. Saibaba (tested Covid positive) immediately to a good private Hospital having necessary medical facilities for proper treatment* (February 13, 2021).

As of February 25, 2021, Dr. Saibaba remains imprisoned at the Nagpur Central Jail. He had been taken to a government hospital for a series of tests but was subsequently sent back to his jail cell.

III. Action Requested

Under international law, India is obliged to protect its citizens' right to health, which obligation includes providing necessary medical care to those in state custody. Article 25 of the Universal Declaration of Human Rights to which India is bound, guarantees to each individual "the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services." India is also party to the International Covenant on Economic, Social and Cultural Rights ("ICESCR") in which Article 12(1) guarantees: "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."³⁶ Paragraph 34 of General Comment No. 14 to the ICESCR further specifies that with respect to State prisoners and detainees the State bears an obligation to refrain from denying or limiting access for such persons to preventative, curative, and palliative health services.³⁷

In its communications the UN Human Rights Committee has also confirmed that a State's obligations under the International Covenant on Civil and Political Rights include "the provision of adequate medical care during detention."³⁸ Moreover, the Committee against Torture has concluded that failure to provide medical care to detainees can amount to cruel and degrading treatment under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.³⁹

In addition to the aforementioned State treaty obligations, a number of international standards lay out the requirements for treatment of prisoners and detainees in State custody. The 1955 Standard Minimum Rules for the Treatment of Prisoners (the "Standard Minimum Rules") establish standards related to the availability and accessibility of prison health care as well as the underlying determinants of health, such as food, sanitation and hygiene. Article 22(2) of the Standard Minimum Rules specifically sets forth that: "(s)ick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be a staff of suitable trained officers."⁴⁰ Moreover, Articles 20, 21(1) and 24 of the Standard Minimum Rules require that prisoners have access to adequate amounts of nourishing food and clean water, that prisoners be allowed at least one hour daily of suitable outdoors exercise, and that medical officers continually examine and take all necessary measures with respect to sick prisoners.⁴¹

The 1990 Basic Principles for the Treatment of Prisoners and the 1988 Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (the "1988 Body of Principles") provide for free and non-discriminatory access of prisoners to the health services available outside the penitentiary system in the place of detention or imprisonment.⁴² The 1988 Body of Principles further specifies that access to the results of a prisoner's

³⁶ *International Covenant on Economic, Social and Cultural Rights*, Art. 12, (December 16, 1966), available at <http://www.refworld.org/docid/3ae6b36c0.html>.

³⁷ U.N. Committee on Economic, Social and Cultural Rights, *CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health* (Art. 12), ¶ 34, (August 11, 2000), E/C. 12/2000/4, available at <http://www.refworld.org/docid/4538838d0.html>.

³⁸ *Daniel Pinto v. Trinidad and Tobago*, Communication No. 232/1987, U. N. Doc. CCPR/C/39/D/232/1987, ¶ 12.7 (1990); *Paul Kelly v. Jamaica*, Communication No. 253/1987, U.N. Doc. CCPR/C/41/D/253/1987, ¶ 5.7, (April 8, 1991).

³⁹ Committee against Torture, *Report of Committee against Torture*, Supp. No. 44 (A/53/44), ¶ 175, (1998), available at <http://www.freedom-now.org/wp-content/uploads/2015/10/CAT-Report-Supp.-No.-44-A5344.pdf>.

⁴⁰ *Standard Minimum Rules for the Treatment of Prisoners*, U.N. Econ. & Soc. Council Res. 663 C (XXIV)(31 July 1957) and Res. 2076 (LVII)(13 May 1977), Art. 22(2), available at https://www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Treatment_of_Prisoners.pdf.

⁴¹ *Id.*, at Secs. 9-14; 21(1); and 24.

⁴² *1990 Basic Principles for the Treatment of Prisoners*, G.A. Res. 45/111, ¶ 9, (14 November 1990), available at <http://www.ohchr.org/EN/ProfessionalInterest/Pages/BasicPrinciplesTreatmentOfPrisoners.aspx>; *1988 Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment*, G.A. Res. 43/173, U.N. Doc A/RES/43/173, sec. 24, (9 December 1988), (*hereinafter*, 1998 Body of Principles).

medical examination must be provided to the individual.⁴³ The 1982 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 set forth that health workers in prisons have a duty to provide prisoners with treatment of the same quality and standard that is afforded to those who are not imprisoned or detained.⁴⁴

India is also a party to the Convention on the Rights of Persons with Disabilities (CRPD). Under Article 4 of the CRPD, India has an obligation to “take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes.”⁴⁵ Under Article 13, India has an obligation to “promote appropriate training for those working in the field of administration of justice, including police and prison staff.”⁴⁶

Finally, 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 the Right to Health”) has confirmed in several reports that the State must ensure the right of access to health goods, facilities, and services for prisoners, as well as the underlying determinants of health;⁴⁷ that every prisoner has the right to consult a doctor of his own choice,⁴⁸ and that every prisoner has the right to be examined in a fully equipped hospital.⁴⁹ The Special Rapporteur on the Right to Health has also criticized States for refusing to allow prisoners to obtain transfers to external health facilities in order to obtain specialized treatment,⁵⁰ and for keeping prisoners in overcrowded and unhygienic prisons that endanger the prisoners’ health.⁵¹

As a prisoner in State custody, Dr. Saibaba is entitled to respect for his right to health, which places affirmative obligations on Indian authorities to provide medical care. India’s obligations under international law, as set forth in the relevant declarations and treaties and as authoritatively interpreted by the General Comments, regulations and Special Rapporteur reports cited above require that the government provide Dr. Saibaba with access to the medical facilities and services needed to appropriately diagnose and treat his ailments as well as conditions of incarceration that do not serve to exacerbate his ill-health. In refusing to provide Dr. Saibaba with such medical care and in keeping Dr. Saibaba in a harsh prison environment, India has violated its obligations under international law.

Based on the above, we request that your office enquire into this matter and take the appropriate steps to urge India to ensure that a full and independent investigation is opened immediately so that the urgently needed medical care can be obtained as soon as possible. Specifically, we seek the following action from the Government of India:

- That authorities permit Dr. Saibaba’s relocation to an appropriate hospital or other facility where such medical treatment is available, including but not limited to his recent COVID-19 diagnosis; and
- That authorities ensure that the prison conditions in which Dr. Saibaba and his fellow detainees are being held comply in all respects with India’s obligations under international law regarding the treatment of

⁴³ 1988 Body of Principles, *supra* note 42, at sec. 26.

⁴⁴ *The 1982 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*, G.A. 37/194, principle 1, (18 December 1982), available at <http://www.ohchr.org/EN/ProfessionalInterest/Pages/MedicalEthics.aspx>.

⁴⁵ *Convention on the Rights of Persons with Disabilities*, Art. 4, (December 13, 2006), available at

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

⁴⁶ *Id.* at Art. 13.

⁴⁷ U.N. Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Visit to Malaysia (19 November – 2 December, 2014)*, A/HRC/29/33/Add.1, (1 May 2015), ¶ 81, available at <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G15/087/06/PDF/G1508706.pdf?OpenElement>; U.N. Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Mission to the Syrian Arab Republic*, A/HRC/17/25/Add.3, ¶ 73, (21 March 2001).

⁴⁸ U.N. Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Addendum: Mission to Azerbaijan (16-23 May 2012)*, A/HRC/23/41/Add.1, ¶ 42, (3 May 2013), available at <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G13/135/32/PDF/G1313532.pdf?OpenElement>.

⁴⁹ *Id.*

⁵⁰ *Id.*, at ¶ 50.

⁵¹ *Id.*, at ¶¶ 52, 53.

prisoners, including those standards that regulate access to nutritious food, clean water, hygienic living conditions, outdoor recreation and treatment of persons with disabilities.

IV. Information concerning Authors of Present Letter of Allegation

Freedom Now is a non-profit, non-governmental organization that works to free individual prisoners of conscience through focused legal, political and public relations advocacy efforts. Freedom Now has been retained by Dr. Saibaba as his international counsel.

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