



## **Medical Assessment of Mr. Fathi el-Jahmi**

**March 21, 2005**

## Introduction

In February 2005, Physicians for Human Rights and the International Federation of Health and Human Rights Organisations (PHR/IFHHRO) sent a physician and prison health expert to conduct a four-day medical assessment in the Libyan Arab Jamahiriya. The primary objective of the visit was to interview in private and examine prominent Libyan political prisoner, Fathi el-Jahmi, in response to numerous reports of his failing health resulting from hypertension, heart disease and diabetes. PHR/IFHHRO's delegate also had an opportunity to visit briefly with other prisoners and with the five Bulgarian nurses sentenced to death in May 2004 on charges of infecting over 400 children with HIV at Benghazi hospital. PHR has vehemently protested these convictions on numerous occasions as well as that of the Palestinian physician also convicted in this case; an in-depth review of this case is available on the Colleagues at Risk page of PHR's website (<http://www.phrusa.org/campaigns/colleagues>).

PHR/IFHHRO welcomes recent steps taken by the Libyan Government to open the door to monitoring of the country's human rights conditions. The groups appreciate the broad access the physician received on short notice once he was in Libya. They are grateful for the pre-assessment assistance and cooperation of the Gaddafi International Foundation for Charitable Associations, without which this visit would not have been possible. PHR/IFHHRO looks forward to accepting the government's offer to return for a more in-depth assessment in the near future.

This briefing deals exclusively with Mr. el-Jahmi's serious health condition and his need for urgent medical attention. It reflects the medical evaluation PHR/IFHHRO's independent physician conducted during the February 2005 visit, as Mr. el-Jahmi has given his explicit approval to publicize details of his medical condition.

## Assessment Methods

In November 2004, PHR/IFHHRO initiated its request to have a physician visit Libya. The delegate initially planned to join a Human Rights Watch team scheduled to visit Libya in late November and early December. At the last minute, Libyan authorities refused their team and informed PHR that they would allow the physician into the country, traveling independently of the other delegation.

In early February, following negotiations over the terms of the visit, Libyan authorities approved the PHR/IFHHRO visit. For PHR/IFHHRO, these conditions also represented limitations, as they required that the delegate travel with and report his findings to Mr. el-Jahmi's government-appointed physicians. PHR/IFHHRO did insist on and receive time for a private interview, during which only the delegate, PHR/IFHHRO's recruited interpreter and Mr. el-Jahmi were present.

PHR/IFHHRO sent Dutch physician Dr. Joost Jan Den Otter to Libya. Dr. Den Otter's primary assessment was based on standard methods of clinical evaluation, including review of available medical records, eliciting a medical history from Mr. el-Jahmi and a physical examination. In addition, Dr. Den Otter used the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* to assess Mr. el-Jahmi's mental state, the United Nations Standard Minimum Rules for the Treatment of Prisoners to assess prison conditions, and the United Nations' *Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*.<sup>1</sup>

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<sup>1</sup> The Istanbul Protocol serves "as international guidelines for the assessment of persons who allege torture and ill-treatment, for investigating cases of alleged torture and for reporting findings to the judiciary or any other investigative body." The manual "includes principles for effective investigation and documentation of torture, and other cruel, inhuman and degrading treatment or punishment." PHR served as the principal organizer of the Istanbul Protocol Project.

Dr. Den Otter used the Istanbul Protocol not because PHR/IFHHRO speculated that Mr. el-Jahmi was the victim of torture, but rather because his conditions of confinement and limited access to medical care appeared on the surface to represent cruel, inhuman and degrading treatment or punishment. The DSM IV assessment was particularly helpful in evaluating the Libyan government's repeated assertions that Mr. el-Jahmi is mentally ill, as was stated during Dr. Den Otter's discussion with Libya's Chief of Public Relations for Security. The Chief of Public Relations also informed Dr. Den Otter that the government "detains only terrorists or criminals."

#### PHR/IFHHRO's Delegate

Dr. Den Otter completed his advanced medical training at Leiden University in 1991. He also received a degree in clinical epidemiology from Erasmus University Medical School in 1995 and his public health degree from the Netherlands School of Public and Occupational Health in 2004. Dr. Den Otter was registered as a qualified general practitioner until 2003 and is currently registered as a specialist in public health medicine with the Royal Dutch Medical Association. In 2004, he participated in a summer human rights academy organized by IFHHRO and Utrecht University.

Dr. Den Otter currently works as a medical adviser with the National Agency of Correctional Services, a senior consultant with the Pharos Expert Center for Refugees and Health, and as a forensic medical doctor with a municipal health service. From 1997 to 2002, he was the general practitioner and medical department head of a Ministry of Justice correctional institute. From 1995 to 2003, he served as a general practitioner and then medical doctor within a reception center for asylum seekers. Dr. Den Otter also practiced as a senior house officer or resident in an academic psychiatric hospital.

#### Background

Born on April 4, 1941, Mr. el-Jahmi, a Libyan citizen, graduated from Tripoli University in 1968 with a degree in civil engineering. After graduation, Mr. el-Jahmi ran a large construction company. In 1970, he was appointed Governor of the Gulf Province, Libya's largest province and the location of most of the country's oil resources. He left his post in 1971 and became head of the National Planning Committee in Tripoli. In late 1972, Mr. el-Jahmi resigned to start his own engineering and architectural business. In 1978, the government confiscated his business. Shortly thereafter, he began speaking out against the Libyan government both nationally and internationally, through letters to prominent political figures, including former President Ronald Reagan. In 1989, Mr. el-Jahmi increased the frequency of his speeches calling for freedom, justice and democracy. Over the years, he continued pushing for political reforms, during which time he reported that his home was attacked, and that he and his family were repeatedly harassed, and on at least one occasion, attacked and held hostage in their home. In 2000, Mr. el-Jahmi reportedly conducted a 13-day fast protesting the government's harassment of his family.

In October 2002, Mr. el-Jahmi was arrested for delivering a speech at the Basic People's Conference in Tripoli at which he reports having called for democracy, national reconciliation, the release of all political prisoners, a free press and a free civil society. At the time, he was charged with "defaming the Leader of the Revolution." On March 12, 2004, Libyan authorities released Mr. el-Jahmi, following United States Senator Joseph Biden's meeting in Libya with Colonel Gaddafi during which he advocated on Mr. el-Jahmi's behalf. Two weeks later and shortly after Mr. el-Jahmi called for democratic reforms in interviews with the Arabic news channels *al-Hurrah* and *al-'Arabiya*, Libyan security officials forcibly removed him from his home, detaining him along with his wife and eldest son. Since late 2004, when Libyan authorities released his son in September and then his wife in November, Mr. el-Jahmi has been held in isolated confinement with minimal outside contact at an undisclosed location. He is essentially under house arrest at a secret Libyan security barrack, and his conditions of confinement are

close to incommunicado detention; his own house in Tripoli was confiscated at the time of his March 2004 detention.

Access to Mr. el-Jahmi by international human rights groups has met challenges. In February 2004, Libya permitted an Amnesty International delegation to visit the country for two weeks, the country's first international human rights investigation in 15 years. The government initially agreed to allow Amnesty's team to visit Mr. el-Jahmi. Reports indicate that the day before the delegation's visit to Abu Salim prison, where Mr. el-Jahmi had been held since June 2003, he was clandestinely transferred to Ain Zara prison, despite being under medical observation at Abu Salim's prison clinic at the time he was moved. When Amnesty's team arrived the next day at Abu Salim prison, they were told that there was no record of a prisoner named Fathi el-Jahmi.<sup>2</sup>

Mr. el-Jahmi is currently isolated from the outside world and unable to communicate his ideas. Despite spending several years in detention, Mr. el-Jahmi remains dedicated to pursuing democratic reforms in Libya. He reaffirmed this commitment during his interview with Dr. Den Otter, as demonstrated by the following statement, "I am struggling for human rights, for democracy, and for this country." Later, he stated that if released, he "will call for democracy and transparency in Libya." During the interview, Mr. el-Jahmi repeatedly expressed his lack of trust for and opposition to Colonel Gaddafi's regime. He also spoke of his concern for prisoners and prison conditions, calling several times for "the release of prisoners" and mentioning that he saw cases of young men being killed in Abu Salim prison. Mr. el-Jahmi expressed his gratitude for the international community's support, though he commented on his frustration that certain leaders had participated in diplomatic visits to Libya. He also stated that "the international community, because of money, they can overlook anything."

#### Visit and Interview with Mr. el-Jahmi at Secret Detention Location

Dr. Den Otter, in the company of an Egyptian interpreter selected by PHR, interviewed and examined Mr. el-Jahmi on February 19<sup>th</sup> and 20<sup>th</sup>, both privately and in the presence of his three recently appointed Libyan physicians. The physicians included a senior house officer who began treating Mr. el-Jahmi around two months prior, a general practitioner who was more recently assigned to his case, and a consultant cardiac surgeon who had previously reviewed Mr. el-Jahmi's records, but had otherwise only met the patient on the first day Dr. Den Otter interviewed him.

During the February 19<sup>th</sup> interview, Dr. Den Otter and the interpreter spent four and one half hours speaking with Mr. el-Jahmi in the presence of his physicians, and one hour speaking with him privately. PHR/IFHHRO had stipulated a private examination and interview with the prisoner as a condition of its visit. During the interview, Mr. el-Jahmi stated that his care had improved over the last six months, since he is now receiving regular medical treatment and a more constant supply of medications, as opposed to the previous situation in which he received little or none. Prior to this period, Mr. el-Jahmi reported being denied access to the hospital for four or five months.

Although Mr. el-Jahmi periodically measures his own blood pressure and indicated that it has been about 110/70, the medical records indicated the following blood pressure results: 180/84 (2/16/05), 170/80 and 150/100. He reports suffering from regular headaches, severe dizziness, nausea, and disrupted sleep patterns. For nearly a year, he has been experiencing continuous ringing in his ears, of varying intensity. The ringing and dizziness have led to rotational sensations that make his head feel like it is spinning (vertigo). According to Mr. el-Jahmi and Dr. Den Otter's medical chart review, these symptoms have not been evaluated. In addition, Mr. el-Jahmi's appetite decreased two months ago; he now eats only one meal a day in parts, not a

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<sup>2</sup> Amnesty International, "Libya: Time to make human rights a reality." April 2004. Available on-line at <http://web.amnesty.org/library/index/ENGMD190022004>.

special diabetic diet. He perceives himself to have lost weight, though his physicians have yet to verify this loss by using a scale. Mr. el-Jahmi also suffers from occasional fevers, which are most likely the result of urinary tract infections. At times, he has received antibiotics for this condition.

Mr. el-Jahmi was not notified in advance of Dr. Den Otter's visit. At the beginning of the interview with Dr. Den Otter, he was emotional, expressed frustration with his prolonged isolation and confinement, and indicated that he was extremely distressed by his inability to see his daughters. Dr. Den Otter found Mr. el-Jahmi's response to be entirely normal, especially considering that Mr. el-Jahmi received an unexpected visit from an international physician and that the conditions of his confinement extremely limit his contact with family members. In fact, within 15 minutes of commencing the interview, Mr. el-Jahmi began expressing his continued determination to be reunited with his family and to return to his previous life and activities, thereby demonstrating that he remains mentally strong and that his will is unbroken.

Mr. el-Jahmi's physical appearance has drastically changed from that of the picture appearing in various newspaper articles about him over the past couple of years. He now looks old and tired, wears a long grey beard and walks hunched forward as if with the aid of a cane. Mr. el-Jahmi has reportedly asked the security guards to provide him with supplies for shaving his beard, but they have repeatedly denied this request. When he visits the hospital, the staff no longer recognizes him.

Mr. el-Jahmi's physical space was relatively clean and well equipped, including a private bathroom and kitchen, numerous mattresses that served as chairs, a television, and an outdoor walking area. Reportedly, Libyan security officials allow Mr. el-Jahmi's eldest son to visit, but not his daughters and only on one occasion his wife and youngest son. His eldest son is allegedly strip-searched before and after each visit. Other than these sporadic visits, Mr. el-Jahmi speaks to no one. He spends every hour of every day under the constant surveillance of Libyan security guards. They do not permit him to receive mail or to read books or newspapers. Such conditions do not constitute torture, but do reinforce allegations of ill-treatment.

#### Physical Examination of Mr. el-Jahmi

On February 20<sup>th</sup>, Dr. Den Otter conducted a one and a half hour physical examination of Mr. el-Jahmi in the emergency department of 1,400-bed Tripoli-based hospital, where he was previously scheduled for an echocardiogram (ultrasound of the heart). The exam was completed in the presence of two Libyan nurses, with one of Mr. el-Jahmi's physicians and another Libyan physician nearby, but not fully involved. The examination was not as private as Dr. Den Otter would have liked it to be. At one point, Dr. Den Otter attempted to take Mr. el-Jahmi's photograph, but as he was preparing to do so, Libyan security officials rushed into the room and stopped him. After that incident, which was near the end of the exam, the security official remained in the room.<sup>3</sup>

Dr. Den Otter conducted a complete physical examination of Mr. el-Jahmi. His examination was notable for poorly controlled hypertension (180/100 mmHg) and decreased sensation (position, vibratory and temperature) in his lower extremities, consistent with the longstanding effects of diabetes mellitus (peripheral neuropathy). The remainder of the evaluation was within normal limits. Fundoscopy (visualization of the retinal blood vessels of the eye with an ophthalmoscope) could not be performed to assess the possibility of diabetic retinopathy.

Dr. Den Otter completed an extensive psychiatric history of Mr. el-Jahmi. Based on the five and one half hour interview and the exam, Dr. Den Otter concluded that Mr. el-Jahmi did not meet any of the diagnostic criteria covered in the DSM-IV's Axis I (Clinical Disorders) or Axis II

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<sup>3</sup> The Istanbul Protocol requires noting the presence of security officials in the exam room.

(Personality Disorders and Mental Retardation). Mr. el-Jahmi's medical records also show no indication whatsoever of mental illness. Dr. Den Otter's assessment shows the Mr. el-Jahmi does not suffer from psychiatric disorders or mental instability, and any claims to the contrary are medically inaccurate.

#### Review of Medical Records

Mr el-Jahmi's medical records appear to have been started in December 2004, shortly after the initial PHR/IFHHRO request for access to Mr. el-Jahmi, though a few of the records are slightly older. It is difficult to assess the full range of medical care and treatment that Mr. el-Jahmi received before the period covered in the file and because the records provided to Dr. Den Otter were not complete. Despite repeated requests to review all of Mr. el-Jahmi's medical records, Dr. Den Otter received only part of the records, mainly copies of prescriptions. At one point, Dr. Den Otter was allowed to photocopy the medical records, but security officials interrupted the photocopying, claiming that the hospital had not given its permission, even though Mr. el-Jahmi had consented to the release and review of his records. Less than half of the medical chart, therefore, was available for review. The available medical records indicate that Mr. el-Jahmi regularly takes nine different medications, several for hypertension, one for diabetes and several for ischemic heart disease, hypercholesterolemia and arrhythmias.

Mr. el-Jahmi's medical records indicated that he is suffering from diabetic retinopathy (a disease affecting the eye's small blood vessels that can eventually cause blindness), proteinuria (protein in urine) and glucosuria (glucose in urine). He also suffers from recurrent urinary tract infections, which could be the result of an obstructive anatomical problem, such as an enlarged prostate. Despite these conditions and the need to monitor blood sugar levels on a routine basis, the medical records available for review did not indicate adequate monitoring of blood glucose levels. The records included one blood sugar reading performed at about 14:00hr that was elevated (305mg/dl), over two times more than the upper limit for what is called a two-hour postprandial blood sugar (two-hour pc sugar), for which the upper limit is 150 mg/dl. There was one other blood sugar noted (148mg/dl) in the chart, but the patient identification information listed a 59 year-old female. In addition, a complete blood count, several lab tests (sodium, potassium and blood urea nitrogen) and a urine analysis were obtained on 12/19/04, but there were virtually no other diagnostic tests available for review.

One of Mr. el-Jahmi's physicians reported ordering an HbA1c, a blood test that indicates diabetes control over the course of several months. The records did not however include any test results for the HbA1c, but rather the results of a test measuring red blood cell counts. When Dr. Den Otter requested to see the HbA1c results, the physician told him that such tests were sent abroad. The HbA1c is a basic test used to monitor diabetes control. While it is possible that this test is not available in Libya, it is also likely that the physician overstated the situation and that either the lab or the physician mistakenly ordered the wrong test. It is unclear if these shortfalls are the result of the Libyan physicians' competency levels or pressures from the government. In either case, this treatment is well below international standards.

Mr. el-Jahmi reported having undergone heart surgery in Jordan during the late 1990s, at which time his Jordanian physicians inserted at least one cardiac stent. Mr. el-Jahmi's medical records from this period are reportedly located in his confiscated Tripoli home. His Libyan physicians were still unaware of the exact number of stents and hoped the echocardiogram would provide this information. One of the physicians told Dr. Den Otter that coronary angiography had been performed some time ago and was normal, but this information was not present in the available medical records.

#### Preliminary Conclusions

Dr. Den Otter's assessment indicates that Mr. el-Jahmi is suffering from a number of serious conditions requiring long-term care, and that he needs major improvements in the quality of his care. The medical records available for review did not indicate adequate, routine monitoring of blood pressure or blood glucose levels that is required to effectively control his hypertension and diabetes respectively, nor was there any indication that his symptoms of headaches, ringing in the ears (tinnitus), vertigo, dizziness, weight loss or intermittent fevers were evaluated in any way. Such lapses in care should be considered negligence by any reasonable international standard and are likely to result in a further compromised health status. Monitoring of blood pressure and daily finger-stick blood sugars and adjustment of medications does not require special skill or technology. Given Mr. el-Jahmi's complaint of weight loss and intermittent fevers and his recent detention in Abu Salim prison, tuberculosis should be considered and evaluated, as well as a number of other serious and life-threatening conditions, including cancer.

Mr. el-Jahmi has chronic complications of diabetes mellitus including peripheral neuropathy, reported retinopathy and most likely nephropathy (kidney damage) as indicated by protein in his urine. Management of diabetes requires routine monitoring of blood sugar levels (usually on a daily basis when the blood sugar levels are high), corresponding adjustments in his oral hypoglycemic agent, and implementation of a diabetic diet. In the absence of effective monitoring and treatment of diabetes, Mr. el-Jahmi is likely to experience deterioration of his vision, kidney function and peripheral neuropathy. As mentioned above, the metabolic stress of infections can lead to myocardial infarctions (heart attacks) and death. In rare cases, uncontrolled diabetes mellitus can result in life-threatening metabolic complications, including ketoacidosis or hyperosmolar coma. In addition, periodic assessments of kidney function should be obtained, but there was only a single measurement of kidney function in the records, which is clearly inadequate. Mr. el-Jahmi's frequent urinary tract infections also need to be evaluated, apart from anything pertaining to management of his diabetes, as the possibility of an enlarged prostate could be indicative of life-threatening illnesses, such as cancer.

Although Mr. el-Jahmi reports blood pressure measurement to be in the normal range, it has been consistently and significantly elevated when measured by Libyan health personnel and Dr. Den Otter. It is essential that this matter receive proper and major attention as markedly elevated blood pressure can result in serious health consequences including stroke and as well as increased risk for heart and peripheral vascular disease.

Dr. Den Otter's assessment shows that Mr. el-Jahmi's physicians are not doing enough to reduce his diabetes-related complications. Given the co-morbidity of hypertension and ischemic heart disease, appropriate diabetes control is critical and should closely follow the recommended protocols of the International Diabetes Federation. In Mr. el-Jahmi's case, this treatment regimen would include patient education, dietary suggestions and weight control, regular exercise, and regular controls of his fasting blood sugar levels, including control of glycosolated hemoglobin (HbA1c). Improved diabetes control could possibly be reached through a change in current regimen and a shift to insulin treatment.

Mr. el-Jahmi's complaints of chronic dizziness and feelings of rotational sensations suggest the need for a complete neurological exam, though such symptoms may be the result of numerous conditions, including focal neuropathy or other forms of nerve damage, negative drug interactions, over-medication or incorrect treatment regimens. Considering that Mr. el-Jahmi has been experiencing the ringing for nearly a year, it is of great concern that he has yet to receive a complete neurological exam. Mr. el-Jahmi also requires a full laboratory examination to assess the possibility of vitamin deficiencies.

Dr. Den Otter concluded that Mr. el-Jahmi's patient confidentiality is extremely limited and is well below international standards that clearly stipulate that the attending physician not discuss the patient's condition or treatment with others and not perform examinations in the presence of

authorities. Being in detention, Mr. el-Jahmi cannot consult a physician of his own choosing nor determine his preferred treatment.

### Recommendations

In accordance with the United Nations Standard Minimum Rules for the Treatment of Prisoners, the Libyan government must abide fully by the requirements for personal hygiene, appropriate medical services, and retaining contact with the outside world through newspapers as well as through letters and visits from family members and reputable friends. Mr. el-Jahmi is held in protracted detention in a secret location with virtually no communication with the outside world.

PHR/IFHHRO finds that the combination of Mr. el-Jahmi's isolated confinement and his sporadic and inadequate medical treatment constitutes cruel, inhuman and degrading treatment. More significantly, under the International Covenant of Civil and Political Rights, which Libya ratified in 1970, Mr. el-Jahmi has the right to a fair and expedient trial. On the contrary, while in his most recent detention, Libyan authorities have not charged or tried Mr. el-Jahmi for his alleged crimes; instead, they subject him to near weekly interrogations without an attorney during secret hearings.

Dr. Den Otter's assessment confirms that Mr. el-Jahmi requires immediate medical attention to better evaluate and treat his life-threatening conditions. His findings show that Mr. el-Jahmi is suffering from several chronic and mutually adverse conditions (diabetes, hypertension, coronary artery disease) that are independently life threatening and difficult to control. In combination, these diseases could provide a lethal scenario that even the most advanced and well-equipped hospital could have difficulty treating. Mr. el-Jahmi's often haphazard treatment has placed him at a significantly increased danger of a critical or fatal cardiovascular incident and severe kidney failure, among other life-threatening illnesses. Based on these various chronic conditions, it is essential that he receive regular and continuous medical care. PHR/IFHHRO hereby calls for the Libyan government to release Mr. el-Jahmi on humanitarian grounds and to allow him to consult immediately with a physician of his own choosing in a location of his own choosing.

### **Physicians for Human Rights**

Physicians for Human Rights (PHR) promotes health by protecting human rights. PHR believes that respect for human rights is essential for the health and well-being of all people.

Since 1986, PHR members have worked to stop torture, disappearances, and political killings by governments and opposition groups and to investigate and expose violations, including: deaths, injuries, and trauma inflicted on civilians during conflicts; suffering and deprivation, including denial of access to health care, caused by ethnic and racial discrimination; mental and physical anguish inflicted on women by abuse; loss of life or limb from landmines and other indiscriminate weapons; harsh methods of incarceration in prisons and detention centers; and poor health stemming from vast inequalities in societies. As one of the original steering committee members of the International Campaign to Ban Landmines, PHR shared the 1997 Nobel Peace Prize.

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**International Federation of Health and Human Rights Organisations**

The International Federation of Health and Human Rights Organisations (IFHHRO) was established as a network of organizations with similar human right agendas, upon an initiative of the Johannes Wier Foundation (the Netherlands) and Physicians for Human Rights in 1989. IFHHRO works to achieve rights based strategies toward the right to health for all. IFHHRO and its affiliated organizations have developed expertise in issues related to the right to health, patient's right, health and human right in times of political violence, human rights, forensic medicine and hunger strikes.

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## **Addendum-March 22, 2005**

### Response from Mr. el-Jahmi's Physicians

On March 22, PHR received a response from Mr. el-Jahmi's government-appointed physicians confirming the seriousness of his condition. The letter, signed by all three of his physicians, indicates that PHR/IFHHRO's medical recommendations were being taken into consideration. The letter concludes by saying that Mr. el-Jahmi "is receiving reasonable medical service and adequate supply of medication, his medical treatment and his medical problems are going to be revised and further assessment and evaluation of his condition, and further adjustment of his treatment will be carried out pending the result of the investigations and medical assessment." (See Appendix 1 for the complete response from Mr. el-Jahmi's physicians.)

PHR/IFHHRO is pleased to have received this response and to see that some of its recommendations are being reviewed. In its initial response to the letter, however, PHR/IFHHRO asserts that despite whatever changes these physicians are willing and able to make with respect to Mr. el-Jahmi's treatment regimen, neither the record of care to date nor the content of this response or promises of further evaluation provide assurance that the continuity or quality of his long-term care will be adequate. Moreover, the Libyan physicians do not address the conditions of his isolation and confinement without charge or trial, which by their own assessment, could be exacerbating his hypertension. In addition, PHR/IFHHRO is still awaiting an official response from the Libyan Government. The groups reiterate their call for Mr. el-Jahmi to be released on medical and humanitarian grounds and for him to be allowed to consult immediately with a physician of his own choosing in a location of his own choosing, where he can be assured that his treatment will be in accordance with international standards.

### REGARDING THE WELFARE OF Mr. FATHI EL-JAHMI

We would like to draw your attention to the following points :

- 1) During his detention in Abusleem and Ain Zara detention centres , there was a polyclinic in each prison provided with all specialties for O.P examination , dental and X-ray facilities and all inmates can be examined on their own request , and he has seen there many times by a cardiologist and other physicians .
- 2) Since his transfer to the new detention place he has regular visits by doctors as well as regular checks in most of Tripoli hospitals including Tripoli medical centre , Tripoli central hospital and Tajora heart centre , he is also receiving regular supplies of medical treatment and constant supply of medications .
- 3) Regarding his medical problems he is obviously suffering from D.M , H.P.N , and Ischemic heart disease which are difficult to manage even in the best centers .

A) D.M : He is a known diabetic for 10 years and he is on regular treatment with oral hypoglycemic drugs , and he started to develop some expected complications of D.M like neuropathy and retinopathy , he was recently provided with a glucometer for regular check of his blood sugar , and further management of his diabetic condition will be arranged with the Diabetic centre where further investigation and evaluation will be carried out including HbA1c and his treatment will be revised according to this evaluation . It was unfortunately that a previous test for HbA1c was wrongly interpreted by the lab technician.

B) Blood Pressure: Mr. El-jahmi is suffering from high blood pressure for a long time; however it is difficult to control his BP due to his psychological and mental state of anxiety. He is on ACEI, calcium channel blockers and diuretics for that and he is having regular checks of his BP.

C) Diet : Regarding his diet Mr., El-jahmi is provided by meals on his own request and it is usually up to him to choose his diet , and further advice about his diet will be provided.

D) Fever: although he is complaining of low grade fever it was not one of his chief complaints and his routine blood test and his routine CXR was normal, however it could be due to his recurrent UTI and prostatitis . A urological consultation will be arranged regarding this problem.

E) Coronary artery disease: he is suffering from coronary artery disease and his previous Angioplasty and stenting carried out in Jordan since 1996, unfortunately his records were lost. However he is receiving anti anginal therapy, Aspirin and lipid lowering agents, his recent ECG and Cardiac Enzymes are within normal. He was advised to have C. Angiography but he declined to do so.

F)Dizziness, Tinnitus , and poor hearing .It IS a recent complaint and was not brought to the attention of his medical staff , and this complaint is under investigation and ENT and Neurological consultation will be arranged.

***In summary :***

**Mr. Fathi El- jahmi** is 64 years old man suffering from complex medical problems DM, HPN,IHD, for a long time before his detention , he is unfortunately suffering from some unavoidable complications of diabetes and HPN .

He is receiving reasonable medical service and adequate supply of medications, his medical treatment and his medical problems are going to be revised and further assessment and evaluation of his condition ,and further adjustment of his treatment will be carried out pending the result of the investigations and medical assessment .

***Dr: Abdul Rah man Elmahdi Elsaheri***

***Senior Registrar***

***Dr: Emhemed Sassi Yonis***

***Consultant Cardiac Surgeon***

***Dr: Osama Moh'd***

***Senior Registrar***

