



To: Health Professional Network
From: Health and Human Rights Team
Date: 28 April 2006

Health professional action

Tuberculosis in prison: case of Iskandar Khudaiberganov

Uzbekistan

Summary

Iskandar Khudaiberganov, held on death row in Tashkent prison, Uzbekistan, was diagnosed with tuberculosis (TB) in 2004 and reportedly is receiving inadequate treatment. A fellow death row prisoner, Aleksei Buryachek, died from tuberculosis on 1 March 2006. Amnesty International is concerned for the health of Iskandar Khudaiberganov, fellow inmates and prison staff at risk of tuberculosis, and calls for appropriate medical treatment and improved prison conditions. Furthermore, Amnesty International urges for Iskandar Khudaiberganov's death sentence to be commuted, as well as sentences of all other death row inmates.



Background information

Prison conditions & TB

According to the NGO *Mothers Against the Death Penalty and Torture* there are at least 25 people held on death row in Tashkent, of whom 20 are reportedly suffering from TB. A doctor is employed in the prison but reportedly few medicines, including appropriate treatment for TB, is available. Prisoners get a chest X-ray once a year.

Iskandar Khudaiberganov's sister told AI: "The police took away all photographs we had of my brother. The only photo that is left is his student ID photograph."
©Private

Cells on death row are reportedly located in the basement and consist of either four or six square metres, occupied by one or usually two death row prisoners. Wooden bunks can be lowered for sleeping. There is a pipe with drinking water and a pan or a hole under one of the bunks that serves as a toilet. The air is said to be stagnant and the ventilation system not working. Reportedly there is little to no natural light. Starting from 2005 and largely in response to international pressure, the authorities allowed prisoners indoor walks of 20-30 minutes daily in summer and twice or three times a week in winter. Family is allowed to meet with prisoners once a month.

The food is said to be of low quality and families are not allowed to deliver food to death row prisoners. The morning meal reportedly consists of bread and boiled water, lunch consists of soup or cabbage and the evening meal of porridge. Those suffering from TB may receive some additional food. Poor prison conditions including poor diet may lower the immune system, which in turn may contribute to making a prisoner more susceptible to developing active TB.

Treatment of TB and multi-drug-resistant TB (MDR-TB)

A commonly used (and WHO recommended) approach to the treatment of TB is DOTS (directly observed treatment short course) in which the drugs of choice -- the most common anti-TB drugs used are isoniazid, rifampicin, pyrazinamide, streptomycin, ethambutol and thioacetazone – are taken by the patient for six to eight months. During the first two months the clinician observes the patient taking the drugs to ensure effectiveness.

Multi-drug-resistant TB

MDR-TB – tuberculosis that is resistant to at least isoniazid and rifampicin – is caused by

- inconsistent or partial treatment
- patients not taking all their medicines regularly for the required period, often because they start to feel better
- doctors and health workers prescribing the wrong drugs or the wrong combination of drugs
- the drug supply being unreliable

Treatment by so-called second-line drugs to treat MDR-TB requires the use of a combination of drugs which costs some 100 times as much as treatment with DOTS.

Finally, the spread of TB does not only happen among prison populations but also among those who they are in touch with, including prison staff, visitors, medical staff and lawyers, who in turn may infect others in their communities.¹

The prison conditions on death row in Uzbekistan as described above do not meet international standards. For example, with regard to the accommodation of prisoners Rule 10 of the Standard Minimum Rules for Treatment of Prisoners stipulates that “[a]ll accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.” Such requirements include, for example, that the “sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner” (Rule 12).

Death sentence

Iskandar Khudaiberganov was arrested in August 2001 in Tajikistan and handed over to Uzbekistani law enforcement officers on 5 February 2002 on suspicion of involvement in bomb explosions in the Uzbekistani capital of Tashkent in February 1999. He reported in a letter smuggled to his family during the trial that he had been tortured and given drugs against his will while in pre-trial detention. Iskandar Khudaiberganov told his sister that he had been beaten and given electric shocks in the basement of the Interior Affairs Ministry.

¹ Reyes H. *Health and human rights in prisons* (2001). Extract from “HIV in Prisons: A reader with particular relevance to the newly independent states”, chapter 2, pp.9-18, World Health Organization-Europe “HIPPP” (Health in Prisons Project).

Iskandar Khudaiberganov was brought to trial in Tashkent city court in August 2002, charged with the capital offences of “terrorism”, “premeditated, aggravated murder”, “attempting to overthrow the constitutional order” and accused of receiving military training in Chechnya and Tajikistan aimed at overthrowing the Uzbekistani government. He was further charged with eight more articles of the Uzbekistani Criminal Code including “robbery with extreme violence”. During the trial, two witnesses retracted their testimony against Iskandar Khudaiberganov and stated that they were tortured and forced to write incriminating statements against him.

On 28 November 2002 Iskandar Khudaiberganov was sentenced to death. In November 2002 the (UN) Human Rights Committee intervened in his case and urged the Uzbekistani authorities to put the execution on hold. The Supreme Court of Uzbekistan informed the (UN) Human Rights Committee that Iskandar Khudaiberganov would not be executed while his case was under the (UN) Human Rights Committee’s consideration. However, Uzbekistan has executed at least 14 death row prisoners ignoring requests to stay the executions by the (UN) Human Rights Committee.

As vital information on the application of the death penalty is treated as a state secret in Uzbekistan, comprehensive official information on the numbers of death sentences passed and executions carried out is not publicly available. Several local human rights activists believe that dozens of people are executed in Uzbekistan every year. The Uzbekistani President Karimov decreed on 1 August 2005 that the death penalty would be abolished from 1 January 2008.

Recommended action

Please write to the authorities below:

- Expressing concern at reports of ill-health of Iskandar Khudaiberganov, who is suffering from tuberculosis, in Tashkent prison;
- Urging the authorities to provide Iskandar Khudaiberganov and other prisoners suffering from tuberculosis with appropriate medical treatment – DOTS (directly observed treatment short course) - for TB as recommended by the World Health Organization;
- Calling on the authorities to provide sufficient and nutritious food;
- Urging the authorities to commute the death sentence of Iskandar Khudaiberganov and fellow death row inmates in the spirit of the 1 August 2005 decree that the death penalty will be abolished.

Addresses

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Salutation: Dear President Karimov

Minister of Internal Affairs

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Salutation: Dear Minister Matliubov

Head of Tashkent prison administration

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Please also write to diplomatic representatives of Uzbekistan accredited to your country.

If you receive no reply within six weeks of sending your letter, please send a follow-up letter seeking a response. Please send copies of any letters you receive to the International Secretariat, attention of Health and Human Rights Team, 1 Easton Street, London WC1X 0DW or e-mail: health@amnesty.org