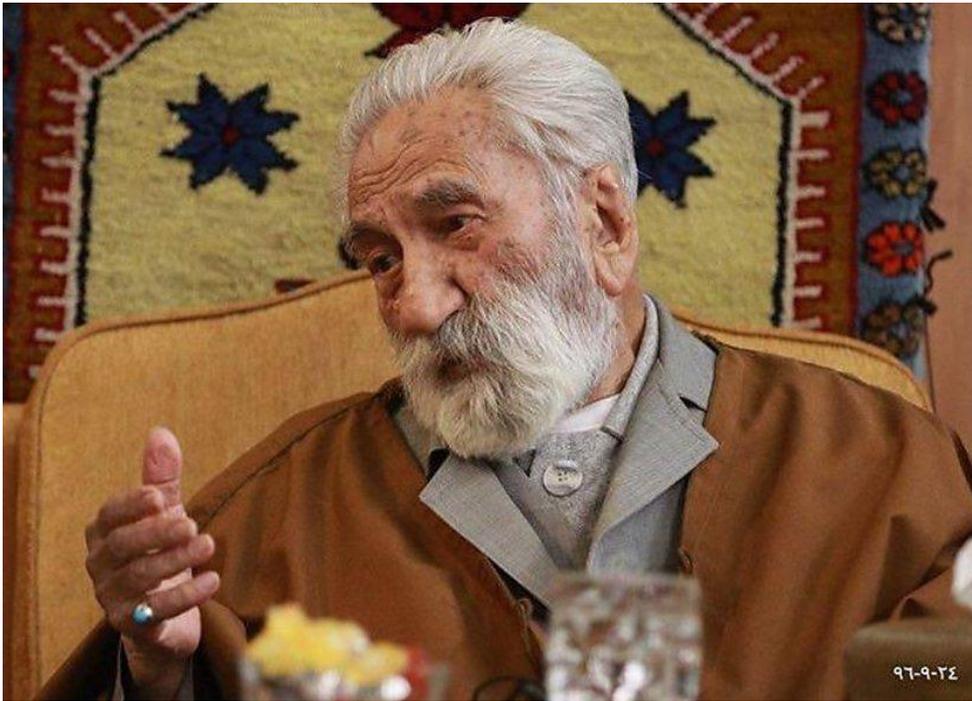


Report on the Medical Condition of Dr Noor Ali Tabandeh

by the Team of Physicians of the Committee to find the Truth behind Dr Noor Ali Tabandeh's passing

Background

On December 24th 2019, Dr Noor Ali Tabandeh passed away unexpectedly in Mehr Hospital, in Tehran, Iran. The circumstances surrounding his death and his prior house arrest leading up to his death has left many questions unanswered. Consequently, people worldwide are now demanding to know what happened to Dr Tabandeh, a renowned defender of human rights, a respected lawyer and judge in Iran, the spiritual leader of the Gonabadi Sufi order. These suspicious circumstances have raised questions not only among his followers but among the legal community and medical profession both in Iran and Internationally. Medical doctors have reached out to Mehr hospital and his medical team at the ICU ward, where Dr Tabandeh received treatment during the last days of his life, however in doing so, they have only encountered additional suspicious facts emerging in relation to his death. For instance, it is now a well known fact, that his overall responsible physician during house arrest, Dr Mosavarali, is in fact a specialist in plastic surgery (see website of Dr Mosavarali in references). It is unclear, why a cosmetic surgeon was appointed responsible for Dr Tabandeh's general health care, when this was clearly not a plastic surgery case.



A team of medical doctors from several countries have assembled all details relevant to Dr Tabandeh's general health prior to his house arrest, his rapid clinical deterioration during his house arrest, and his inexplicable and sudden death.

The medical profession cannot stand by in silence while innocent people, whether they be a national treasure of a country or not, all human beings, regardless of their religious, political or ethnic background are entitled to medical care. No human being can be allowed to be held under house arrest, or in any form of incarceration, without proper attention to their medical healthcare, and suddenly pass away without reasonable explanations. The lack of a death certificate stating the diagnosis leading to his death is unacceptable and a serious violation of all medical and legal obligations ^(ref 1,2,4).

Legal aspects

In accordance with WHO's guidelines ^(ref 3) regarding the protection of prisoner's health, the state has a special duty of care for those kept in places of detention, which includes safety, basic needs and recognition of human rights, including the right to health.

Moreover, torture defined as a) severe pain or suffering, physical or mental b) inflicted intentionally c) with a specific purpose such as to obtain a confession or to punish d) by a person acting in a public capacity, is prohibited according to international law and there are no circumstances that justify an exception of this prohibition according to United Nations Convention against torture and other cruel, inhuman, or degrading treatment ^(ref 3).

There are many unclarities regarding the legal validity of Dr Tabandeh's 2-yearlong house arrest leading to his death in December 2019. Furthermore, the withholding of proper medical care, dental care and keeping Dr Tabandeh in strict isolation from his family and friends during the entire period, is defined as both physical and mental torture. In addition, there are clear indications of poisoning in Dr Tabandeh's case and his responsible physician is suspected of severe medical malpractice and serious violations of medical ethics, if he has in any way assisted or facilitated the provision of substances to poison Dr Tabandeh.

Dr Tabandeh's Medical Condition during two years of House Arrest

Dr Tabandeh's Health before going into House Arrest according to his former physician.

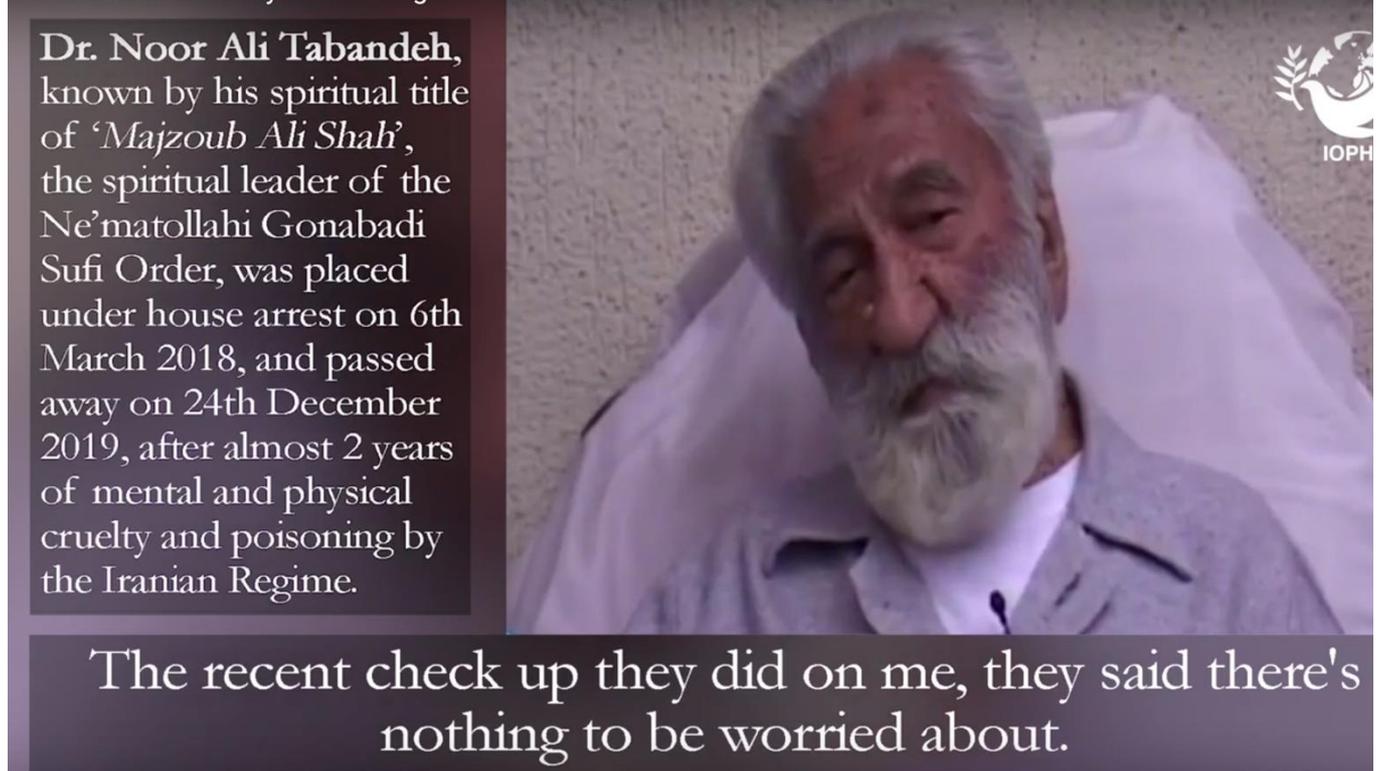
Dr Tabandeh was in general good health according to his physician since many years. In addition, Dr Tabandeh had received a recent annual check-up confirming his good medical condition before the house arrest. As many have implied that he must have passed due to old age, we can disclose that Dr Tabandeh had less ailments than the average 90-year old patient.

He was initially diagnosed with mild benign prostate enlargement (BPE), which is a common condition in men over 50 years of age, and as the name implies, it is benign and usually does not lead to complications. However, if ill-treated even a benign condition can lead to complications including urinary tract infections, urinary retention, bladder stones, pyelonephritis (kidney infection) and renal failure.

Picture of Dr Tabandeh at the beginning of his house arrest (details on house arrest^(ref 5)).

In a video recording, we find Dr Tabandeh in his house stating that he is in good health according to his physician. He is well oriented and states clearly what date and weekday it is. He seems to be well nourished, well hydrated and in good general health, which he himself verify several times during the video.

Dr. Tabandeh officially announcing his house arrest on 6th March 2018



Picture of Dr Tabandeh verifying to his followers that he is in good health. He also says clearly that he is not allowed to leave the house, verifying that he is in effective house arrest.

Phase 2 of Dr Tabandeh's House Arrest

In these pictures we find a completely different appearance of Dr Tabandeh. It is clear that he has lost a considerable amount of weight. According to reports, he has trouble eating partly due to ill-fitted dental implants affecting his masticatory ability, for which he is not allowed to see his dentist. Before his house arrest Dr Tabandeh was reported to have dentures in good quality. During the house arrest and limited dental resources and lack of dentures, Dr. Tabandeh's oral health is clearly shown to be impaired and as a result his malnutrition increases rapidly. As Dr. Tabandeh reduces in weight due to malnutrition his dentures do not fit his mouth any longer and he is not shown to be treated with new ones. Due to the reduced masticatory ability, Dr. Tabandeh's diet is reported to have changed with regards to dietary selection with inadequate nutrition. Moreover it is observed that Dr Tabandeh's speech is affected due to inadequate and limited oral health care. We can also observe from his pictures and videos, that he is holding an unnatural head posture, also known as torticollis. Torticollis is a painful twisted and tilted neck posture, often seen as an adverse reaction to antipsychotic medications such as phenothiazines (see details below). At this point in time, there is a video of Dr Tabandeh, where he expresses clearly that he is being poisoned. He continues to explain that he feels good and energetic when he gets up in the morning but shortly after taking his medications, he passes out, something that he is not used to.

He demonstrates clear impaired speech as a result from his head-neck posture and torticollis, the condition also resulting in breathing and swallowing difficulties. When Dr. Tabandeh's physiotherapist is no longer allowed, at the start of the house arrest to help him with his exercise regime to strengthen the muscles in the head and neck region his posture is shown to weaken and his head tilted towards his shoulder causing a range of symptoms mentioned above.

In the early phase of the house arrest of Dr Tabandeh, there is reportedly an exchange of the entire team of caretakers in charge of Dr Tabandeh at his private domicile. Due to Dr Tabandeh's condition of benign prostate enlargement (BPE), he is in need of regular catheterization and according to reports the new appointed team of caretakers are unable to handle Dr Tabandeh's urological treatment at home in regards to correct care and hygiene. Dr Tabandeh is according to reports subjected to recurrent bacterial cystitis with the need of multiple antibiotic treatments. The broad spectrum antibiotic treatments causing a chain of gastrointestinal infections with a deterioration in the general health.

Abdominal pain and mictional difficulties are also symptoms reported during this phase of Dr Tabandeh's house arrest with a resulting deterioration in the general health as well. Urinary retention due to maltreatment of the catheterization together with late reporting's of existing bacterial cystitis were reported to be the causes of diagnosed pyelonephritis and renal deficiency. There is an evaluation in favor to start the procedure of dialysis.

Dr Tabandeh is also reported to be subjected to recurrent pneumonia resulting in pulmonary insufficiency and a lower saturation of oxygen and the need of oxygen tube/mask. There are reports of mucous retention, resulting in speech and breathing difficulties.



Phase 3 of Dr Tabandeh's House Arrest.

At this point in time, there is no doubt that Dr Tabandeh's medical health has deteriorated due to unnatural causes. He has not been allowed to see his former physician since many years. In fact, he has been appointed a new physician, due to pressure from his followers demanding that he receives some form of medical attention. Subsequently, he was suddenly appointed a physician without prior experience in treating geriatric patients. As mentioned earlier, Dr Mosavarali is a cosmetic surgeon by training, he is specialized in performing plastic surgery including breast implants, liposuction, facial plastic surgery, as presented on his website (references). Dr Tabandeh is now showing symptoms of severe fatigue and somnolence. He describes it with his own words "It's like falling in and out of consciousness" and this occurs during daytime. Dr Tabandeh is now slowly losing his ability to speak due to drowsiness, the extremely painful neck posture, and his dental status. His voice is growing weaker and words cannot be pronounced as before. Nevertheless, he struggles and continues to speak to his followers.



Final days leading up to his death

Pictures from his hospital bed in an ICU ward are made public and we find Dr Tabandeh even weaker and now confined to a hospital bed. Several tubes including IV and nasal cannulas have been administered. A tracheostomy has been placed of unknown reason, as there are no reports of obstruction in the upper airways, and he is receiving dialysis treatment. Respiratory aid is required on several occasions and it is noted that the oxygen gas supply connected to the respiratory aid of Dr Tabandeh is not of the hospital's own gas supply and reportedly delivered by IIRCG cars directly to the hospital.

It is a known fact, that the whole medical team of Dr Tabandeh are outsiders, not belonging to the Mehr hospital. The nurses belonging to this team, are according to inside reports ordered to deliberately withhold Dr Tabandeh's intake of liquid and food supply, and Dr Tabandeh is reported to complain on several occasions about being dehydrated. It is also clearly demonstrated on several videos and photographs as evidence, that staff personal and visitors of Dr Tabandeh at the Mehr hospital did not wear any sanitary clothing near the ICU care of Dr Tabandeh. Above Dr Tabandeh's bed in the ICU room, it was marked "diabetic". This fact is still unclear as Dr Tabandeh was not diagnosed with diabetes mellitus prior to his house arrest.

There have been no official statements regarding his medical condition during this whole period of time. In the last month of his life he was rushed in and out of hospital at least on 3 occasions. The only explanation that was given, was that Dr Tabandeh was old and had lost his appetite, explaining the extreme weight loss. None of these statements add up to the facts. On several occasions his oldest son, medical doctor and fellow colleague is denied visits without any medical reason or any explanation what so ever.

Suddenly, on Tuesday, December 24th, 2019, Dr Tabandeh passed away. There has been no medical records or a death certificate issued stating his diagnosis or cause of death. No one has seen or examined the body after death. A governmental flight was standing by the hospital ready to transport him directly to his burial. These rapid and instantaneous actions taking place after his death can only have been planned and executed of governmental action.





Conclusion

By reviewing and re-examining Dr Tabandeh's medical condition during the last 2 years of his life, there is absolutely no doubt that his death was induced. Until proven otherwise, this is a clear case of poisoning and by examining his rapid clinical deterioration, we conclude that the substance of use were phenothiazines, which are widely used for treating psychosis and agitated depression. Its toxic pharmacological effects are well known to the medical community worldwide and older pharmacological preparations have higher risk of intoxication. Furthermore, since the kidneys are the primary route of drug elimination, we can conclude that the drugs that were administered have accumulated to intoxicating and lethal levels. The effects of phenothiazines are primarily affecting the central nervous system, as well as the cardiovascular system, with effects including seizures, respiratory distress, extrapyramidal dystonia, explaining his torticollis, jaw muscle spasms, rigidity and in severe cases coma, all signs that Dr Tabandeh has presented.

Common reasons for admission/ hospitalization were lameness, general discomfort, shortness of breath, increasing lethargy, cramps or unconsciousness, symptoms that did not at all correlate to the current medical diagnosis.

A recurrent distressing fact of this case, is the absence of medical records and death certificate issued by his physician. Discussing this with the medical profession from different countries results in the same shocking reaction; "How is it possible to treat a patient with a life threatening disease at the level of an intensive care unit without a diagnosis or understanding of the cause of death?" To illustrate the extremity of the situation we have provided documents in how European medical doctors complete a medical certificate of the cause of death (MCCD). It is every medical doctor's responsibility to complete this form, which in essence is a legal record of the cause of death and moreover will enable the family to dispose of the body and to settle the deceased estate. Across all medical professions from different countries, it is a well known fact, that the cause of death cannot be stated as "cause of old age" or "natural causes". In cases where the medical doctor is unable to certify the cause of death an autopsy should be undertaken.

"Do not certify deaths as due to the failure of any organ without specifying the disease or condition that led to the organ failure. Failure of most organs can be due to unnatural causes, such as poisoning, injury or industrial disease. This means that the death will have to be referred to the coroner if no natural disease responsible for organ failure is specified." - Guidance for MCCD in England and Wales.

"The term "natural causes" alone, with no specification of any disease on a doctor's MCCD, is not sufficient to allow the death to be registered without referral to the coroner. If you do not have any idea what disease caused your patient's death, it is up to the coroner to decide what investigations may be needed." - Guidance for MCCD in England and Wales.

The medical community is now demanding answers and responses from Dr Tabandeh's medical team at Mehr Hospital in Iran who were responsible for his care during the last days of his life. In an ICU ward you will find the most sophisticated monitoring medical equipment, regardless of which country you are in, the equipment and staff of an ICU ward is highly specialized in intensive care. Therefore, there should be absolutely no difficulties in obtaining Dr Tabandeh's medical records and we should be able to find all details on his bodily functions and vital parameters until his last breath.

List of questions to the medical team in Iran;

- 1)What was the reason for replacing Dr Tabandeh's physician of many years with the plastic surgeon Dr Mosavarali?
- 2)Dr Mosavarali, how can a plastic surgeon be appointed to be in the medical charge of a patient with urological and pneumological conditions?
- 3)Dr Mosavarali, why was the entire medical staff, including the caretakers at the private domicile of Dr Tabandeh exchanged in the early phase of his house arrest?
- 4)Dr Mosavarali, state your qualifications and prior experience in treating complex geriatric conditions?
- 5)Dr Mosavarali, did you at any point question your own experience and skills in treating Dr Tabandeh?
- 6)Dr Mosavarali, what measures did you take in treating the serious weight loss of Dr Tabandeh?
- 7)Dr Mosavarali, what measures did you undertake in treating Dr Tabandeh's severe dehydration?
- 8)Dr Mosavarali, it is a clear criminal act to withhold fluid and food supply from a patient. How is it that this occurred on several occasions in the case of Dr Tabandeh?
- 9)Why was Dr Tabandeh's dental status neglected?
- 10)Why did Dr Tabandeh not receive new dentures?
- 11)Why were there no dietist appointed to look after Dr Tabandeh's nutritional status? and why was parental nutrition not administered?
- 12)What was the cause of his apparent torticollis? Why was no physiotherapist appointed to take care of Dr. Tabandeh's head and neck posture / torticollis?
- 13)Dr Mosavarali, what actions did you take following the announcement of Dr Tabandeh stating that he was being poisoned? Please provide the documentation and medical investigations you initiated at this point.
- 14)What was the real cause of Dr Tabandeh's reported symptoms? Lameness, general discomfort, increasing lethargy, cramps or unconsciousness, symptoms that did not at all correlate to the current medical diagnosis in the medical reports.
- 15)How did you approach Dr Tabandeh's unmistakably induced drowsiness and somnolence?
- 16)Please disclose all medications that were administered during your care of Dr Tabandeh.
- 17)What was the reason for Dr Tabandeh's sudden admission to the ICU ward in Mehr Hospital December 2019?
- 18)Dr Mosavarali, why were visitors and staff personal not correctly dressed in sanitary clothing in the ICU room of Dr Tabandeh?
- 19)Dr Mosavarali, why was Dr Tabandeh's medical charts marked with diabetes mellitus as he was not diagnosed with diabetes mellitus prior to his house arrest?
- 20)Out of 110 hospitals in Tehran, why did you decide to treat Dr Tabandeh at Mehr Hospital, the same hospital you Dr Mosavarali are still serving at?
- 21)What were the indications for placing a tracheostomy in a patient with free upper airways? Before initiating another invasive procedure, did you consider your patient's prognosis and the burden of discomfort?
- 22)What were Dr Tabandeh's own wishes for prolonged invasive care?
- 23)Why was Dr Tabandeh receiving dialysis treatment? He had never been receiving dialysis before, what was the cause of his renal failure?
- 24)Dr Mosavarali, where did you and your colleagues focus your ethical responsibilities? Towards Dr Tabandeh or others?
- 25)Dr Mosavarali, what was the cause of death of Dr Noor Ali Tabandeh? Why have you not issued a death certificate? At exactly what time did death occur?
- 26)Why have you not provided the appropriate medical records in this case?
- 27)With all these uncertainties involved in Dr Tabandeh's case, do you not think a post-mortem examination by a pathologist to determine the cause of death would be appropriate? Who examined the body after death?

As a team of physicians, we now request that the Iranian medical team provide us with all the details of Dr Tabandeh's medical condition, his medical records, his death certificate and all treatments provided. In failing to do so, we will interpret their silence as evidence of murder by the Iranian regime.

References

- 1) <https://www.wma.net/what-we-do/human-rights/right-to-health/>
- 2) Guidance for doctors completing Medical Certificates of Cause of Death in England and Wales. Office for National Statistics.
- 3) Prisons and Health-WHO, regional office for Europe, 2014.
- 4) U.S Department of Health and Human Services, instructions for completing the cause of death section of the death certificate.
- 5) <https://english.shabtabnews.com/category/dervishes-humanrights/>
- 6) <http://dr-mosavarali.ir/33-%D8%AF%D8%B1%D8%A8%D8%A7%D8%B1%D9%87-%D8%AF%DA%A9%D8%AA%D8%B1-%D9%85%D8%B5%D9%88%D8%B1%D8%B9%D9%84%DB%8C.html>

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