

Sickle Cell Disease and The Government Crackdown in Bahrain



BAHRAIN CENTER FOR HUMAN RIGHTS

Defending and promoting human rights in Bahrain

About Us

The Bahrain Center for Human Rights (BCHR) is a nonprofit, non-governmental organization, registered with the Bahraini Ministry of Labor and Social Services since July 2002. Despite an order by the authorities in November 2004 to close it, the BCHR is still functioning after gaining wide internal and external support for its struggle to promote human rights in Bahrain.

The co-founder and former President of the BCHR is Abdulhadi Al-Khawaja, who is currently serving a life sentence in prison for charges related to freedom of speech. The current President is Nabeel Rajab, who is serving a two year prison sentence for his work as a human rights defender. The Acting President is Maryam Al-Khawaja.

Note:

The cases outline below represent only a portion of the total number of medical cases relating to sickle cell disease. Limitation on the BCHR's capacity, and attacks from the government against those who wish to report on these cases, determine this report to be a sampling of the total number of incidents.

For more information, please visit our website:

www.bahrainrights.org



BAHRAIN CENTER FOR HUMAN RIGHTS

Defending and promoting human rights in Bahrain

Table of Contents

I.	Introduction.....	5
	Patient Rights in the Local Legislation.....	5
	Medical Background on Sickle Cell Disease.....	6
II.	The Effect of the Crackdown on Sickle Cell Disease.....	8
	A) Denial of Medical Access for Political Prisoners with Sickle Cell	8
	B) Inadequate Medical Care, Ill-Treatment of Detained Patients.....	9
	C) Sickle Cell and the Tear Gas Effect.....	12
	D) Updated Protocol on Sickle Cell Treatment.....	13
	E) Targeting of Medics Working with Sickle Cell Patients.....	15
	F) Targeting/Defamation of Sickle Cell Patients as Addicts.....	16
III.	Conclusion and Recommendations.....	17

“Everyone has 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, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

The Universal Declaration of Human Rights, Article 25

Introduction

Despite variations in local legislation and administration of patients' rights, it is important in all cases of medical intervention that patients receive treatment consistent with the dignity and respect they are owed as human beings. This means providing, at minimum, equitable access to quality medical care, ensuring a patients' privacy and the confidentiality of their medical information, informing patients and obtaining their consent before employing a medical intervention, and providing a safe clinical environment (see: <http://www.who.int/genomics/public/patientrights/en>).

Patient Rights in the Local Legislation

The Ministry of Health has published a charter for patient rights, in which it states:

As a patient in primary care, you have many rights that we are committed to protecting and promoting.

Your rights include the following:

1. You have the right to personal privacy, to receive care in a safe setting, and to be free from all forms of abuse or harassment. You have the right to refuse to talk with or see any one not officially connected with the health center, including visitors or persons officially connected with the health center but not directly involved in your care.
2. You have the right to confidentiality of your clinical records, so that your medical record to be read only by individuals directly involved in your treatment or in the monitoring of quality. Other individuals can only read your medical record on your written authorization or that of your legally authorized representative.

The Bahraini regime has been using a carrot-and-stick policy in dealing with its own citizens in regards to the given rights and services provided. One of these instances is the right to health. As the majority of sickle cell patients in Bahrain belong to Shiite sect, they have always been affected with the reduction in the medical care provided. For years there have been calls for better care in order to reduce the increasing rates of mortality among this group. Bahrain lacks specialists and experts in dealing with this illness and its complications, specialized centers to provide care to them, and the absence of multidisciplinary team to take care of sickle cell patients. Since the Bahrain uprising in 2011, sickle cell patients have been among the groups affected by the regime's crackdown, and patients suffered the consequences of the unfair changes to the healthcare policies from the Ministry of Health.

This report will highlight the compromises made to the right to adequate healthcare for sickle cell disease patients, especially those who are detained or serving their sentence in jail, and how they are treated differently from other citizens or patients.

Medical Background on Sickle Cell Disease

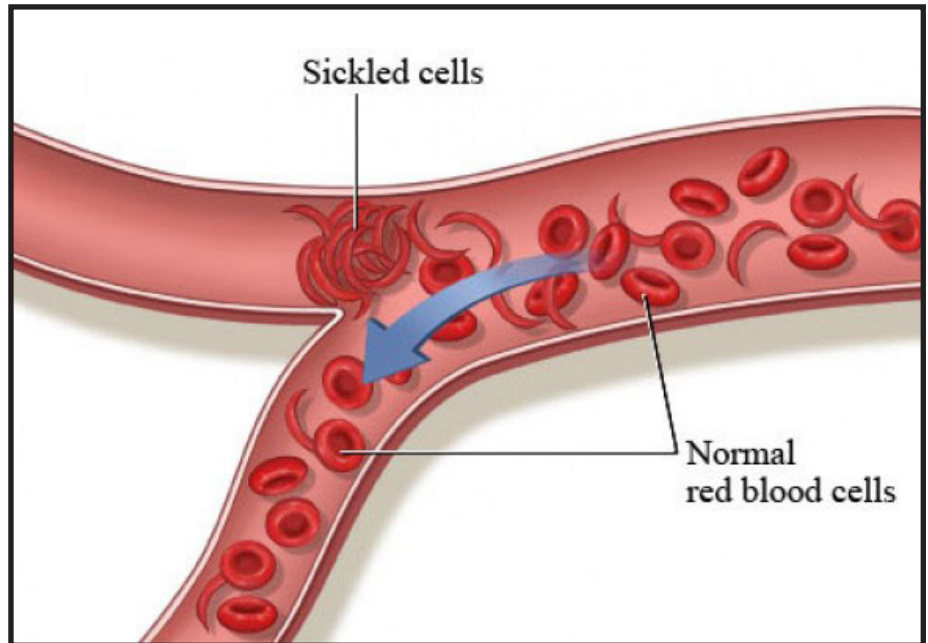
Sickle cell disease (SCD) is the name given to a group of lifelong inherited conditions of hemoglobin formation. Sickle cell disease can have a significant impact on mortality.

Healthy red blood cells are round, and they move through small blood vessels to carry oxygen to all parts of the body. In someone who has SCD, the red blood cells become hard and sticky and look like a C-shaped farm tool called a “sickle”. The sickle cells die early, which causes a constant shortage of red blood cells. Also, when they travel through small blood vessels, they get stuck and clog the blood flow. This can cause pain and other serious problems such as infection, acute chest syndrome and stroke.

SCD is diagnosed with a simple blood test. It most often is found at birth during routine newborn screening tests at the hospital.

People with SCD start to have signs of the disease during the first year of life, usually around 5 months of age. Symptoms and complications of SCD are different for each person and can range from mild to severe.

To better understand the complications of the sickle cell disease and its symptoms, please read the following information: <http://www.cdc.gov/ncbddd/sicklecell/treatments.html>



Sickle Cell Disease in Bahrain

In 1990, it was found that hereditary anemias were the third most frequent diagnosis at the Salmaniya Medical Centre (SMC), which is the main hospital in the country.

According to the 2012 Ministry of Health statistics, SCD is the 9th cause of death in Bahrain, and 18,000 sickle cell patients receive treatment at SMC. However, unofficial reports indicate that the number of carriers of the disease, excluding those being treated, is about 65,000.

Due to the fact that the sickle-cell disease (SCD) drains the country's health resources and dramatically affects family and personal life, consultants in genetics at Salmaniya did a study on the sickle-cell disease among Bahrainis.

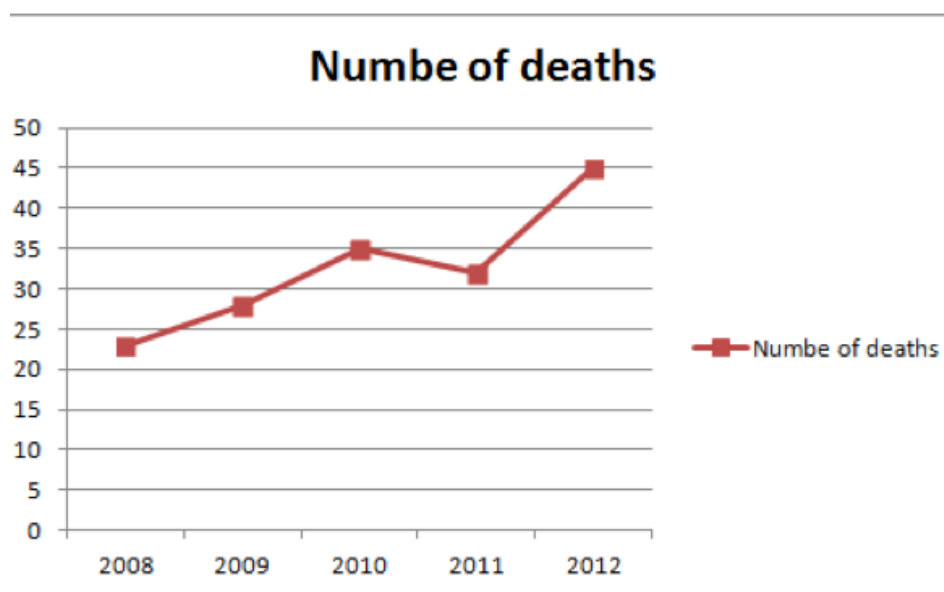
Blood samples of 56,198 Bahraini nationals were analyzed over a six-year period (1982-1987). The study concluded that 24.2% of the neonatal cases screened were α -thalassaemia cases, 18.1% showed sickle-cell trait (SCT) and 2.1% had SCD. In the non-neonatal cases, the overall frequency of SCD was found to be 10.44%. http://applications.emro.who.int/emhj/0101/emhj_1995_1_1_112_119.pdf

“We are almost on the verge of a crisis in Bahrain, [in 2011] we had an average of about 2.5 deaths per month but this year [2012] the number has almost doubled.”

Up to 500 patients visit government facilities due to SCD per day in Bahrain.

A BHD 2.5 million (6.6 million USD) 90-bed facility to treat all patients with blood diseases is due to be operational at SMC in 2013, and is expected to have an accident and emergency department, an out-patient department and a ward for both male and female children.

Escalation in Deaths After Mass Pro-Democracy Protests in 2011



Forty-five sickle cell anemia patients died in the year 2012, compared to 32 last year, 35 in 2010, 28 in 2009 and 23 in 2008. Thirteen deaths have been recorded in 2013 through to the end of May.

In an interview in 2012 in the Gulf Daily News, Bahrain Society for Sickle Cell Anemia Patient Care chairman Zakareya Ebrahim Al Kadhemi stated: “We are almost on the verge of a crisis in Bahrain, [in 2011] we had an average of about 2.5 deaths per month but this year [2012] the number has almost doubled.”

The Effect of the Crackdown on Sickle Cell Disease

A) Denial of Medical Access for Political Prisoners with Sickle Cell

Mohammed Mushaima was a 22-year-old prisoner; he died on the 2nd of October 2012 at Salmaniya hospital. He was arrested from the hospital on April 10th, 2011 when the military took over. He was sentenced by a military court to 7 years imprisonment despite his lawyers presenting documents proving that he was in the hospital at the time of his alleged crime. He was convicted on several made-up



charges including “illegal gathering near the financial harbor”. Mushaima suffered from severe sickle cell disease, and his lawyers had made several requests that he be released due to the severity of his condition. In private phone calls, Mohammed told his lawyer that he was going to die if he was not released to receive the health care he needed for his condition. Four months after Mohammed’s death, on the 23rd of January 2013, the higher appeal court judge sentenced him to three years (read more: <http://bahrainrights.hopto.org/en/node/5449>).

Sadeq Al Haiki (18), was allegedly beaten violently by riot police and left on the streets of Manama during the peaceful protest held on the 12th of October 2012, demanding self-determination and democracy. He was found severely fatigued and was provided with first aid by those who found him. On his way out of Manama,



he was again arrested along with five others at a checkpoint. According to his family, he was taken to Al Qudaiya police station where he was subjected to severe torture and beating, causing him to faint. Sadeq was then transferred to the emergency unit in the Salmaniya Hospital under very tight security. He was reportedly further beaten and cursed in the hospital; an intelligence officer visited him in the middle of the night and accused him of pretending to be sick. Sadeq has a severe case of sickle cell disease. His family was not allowed any visitation. Sadeq’s mother went to the hospital to see him, and was met by five security officers. She was threatened by the officers guarding her son and was told to leave. They also told her that she is not allowed to see her son or bring him food. She reported that Sadeq was in a serious pain that he was not able to move or talk. His family is very concerned over his well-being. Also, the head of BCHR documentation and monitoring, Said Yousif, visited Sadeq and reported that he is very ill and needs to be transferred to Kanoo hospital for a better medical care (read more: <http://bahrainrights.hopto.org/ar/node/5478>).

B) Inadequate Medical Care, Ill-Treatment of Detained Patients

Ali Salman Hubail (19), a patient with a severe form of SCD who is sentenced to one year imprisonment was arrested on the 14th of March, 2013, when he was on his way home after an exam at university. He was not allowed to enter his village because the riot police were attacking demonstrations at the time. Instead, he parked outside near a gas station and walked around. He suffocated as a result of the excessive amounts of teargas fired by the police and was arrested while trying to walk back to the car. Hubail complained to his family of being subjected to torture following his arrest. He has been frequently taken to hospital while handcuffed. On the 2nd of July 2013, his mother went to visit him at the hospital, however, the police officer refused to allow her visitation rights, and threatened that if she ever tried visiting him again, they will deny him access to medical treatment and will take him back to Jaw prison. His family has expressed concerns that he might not be getting adequate medical care.

Fatima Sayed Taqi Almousawi (27 years old), suffered from severe sickle cell and died on March 21st, 2011, after spending seven days in Salmaniya Hospital in an unacceptable atmosphere that did not meet the needs for her condition. She had contacted her family before her death and told them she was terrified by the presence of the security forces who had besieged the building and occupied the wards. Also, the security forces were searching for people in the hospital using police dogs. She was also denied family visits, adequate treatment, and even enough food and water. Read more: <http://bahrainrights.hopto.org/en/node/4043>

Ashwaq Al Maqabi, 19 years old, was one of 7 minors and 38 adult women arrested from the City Center shopping mall following a peaceful protest on the 23rd of September, 2011. She suffers from sickle cell disease with frequent severe attacks of vascular occlusive crises that requires constant hospitalization and specialist medical care. Her health condition was worsened due to prison conditions and ill-treatment and she was admitted to Salmaniya hospital more than once. On the 10th of November 2011, she was re-arrested from the hospital after the court sentenced her to 6 months' imprisonment. Ashwaq served 2 months before she was released awaiting the Court of Cassation's ruling. On June 3rd, 2013, the court upheld her sentence of 6 months' imprisonment. Ashwaq is facing detention once more and concerns regarding her health have been raised (read more: <http://bahrainrights.org/en/node/4830>).





Mohamed Jafar AlGhasra (18), a high school student and a patient of SCD, in detention since the 3rd of May 2013, has been reportedly subjected to torture following his arrest. According to his family, he was at home during the alleged committed crime. He left to visit the home of a relative when he was arrested. His family now fears that he might not have access to adequate health treatment.

Rabab Jassim Al-Aswad (29 years old), suffering from severe sickle cell disease, was at the hospital during the imposed national state of emergency in 2011. The military and security forces accompanied by armed masked men in civilian clothes besieged the Salmaniya Medical Complex, and no one was allowed to enter or leave the premises. When Rabab went to the help desk to use the phone to contact her family, a police officer pointed his gun at her back and forced her to go back to the room. She was denied proper food as all the food stock expired. Her condition has since worsened and her blood oxygen levels have dropped, which was partly due to the fact that she was moved from the intensive care unit at the time.

Even after the state of emergency in Bahrain, Rabab still faced serious violations to her rights as a patient. In November 2011, Rabab was admitted to the Emergency Room at the Salmaniya Hospital when Asmaa AlMurbati, who is in charge of nursing at this facility, denied her access to treatment. Rabab went to her in person to ask why she wouldn't allow the scheduled dose of morphine injection, Nurse Murbati replied "who said you

Rabab went to [the nurse] in person to ask why she wouldn't allow the scheduled dose of morphine injection, Nurse Murbati replied "Who said you have the right to treatment? You don't have rights at all!"

have the right to treatment? You don't have rights at all!". When Rabab tried to reason with her saying that her political opinion should not affect her right to treatment, Nurse Murbati started screaming and accused her of talking badly about the government and that she would call the police. Later, four civilians came to the Emergency room and started investigating Rabab. They asked her irrelevant questions about the number of protests she participated in and her opinion about some political societies. Later a police officer joined them and told her that if she didn't like how things are in Bahrain, she should go to Iran. They accused her of many things and threatened her that if she didn't cooperate with them, they would bring the female police officers whom will take her to police station where she be severely tortured. Rabab was then taken back to her room where the same individuals who investigated with her were present, and they told her not to move out of bed as per the given orders. Later, two police officers, male and female, woke her up and started another round of investigation. They used vulgar language and again accused her of many irrational things such as hiding weapons and attempting to overthrow the regime. When she told them that they can check her medical file which will prove that she was admitted during the whole time at the hospital and had not participated in any protests outside, they still accused her of lying and told her that she deserves to be imprisoned. Later, they forced her to sign papers without allowing her to read their content. Before they left, they took her mobile phone and returned it few hours later. Then the same police officer who investigated her previously, returned again with another officer and told her that he will help her with the investigation case under two conditions: 1) that she not return to the hospital when Nurse Asmaa AlMurbati would be present, and 2) pass by the police cabin outside whenever she visited the hospital so they could chat, drink tea, and smoke cigarettes. When she rejected, the officer told her that they will release her now, but the possibility of arrest will always be present.

In another incident a few months later, she was again denied treatment because of orders given by Asmaa AlMurbati, who again told her “I won’t be at peace until I throw you in prison”. The same police officer returned and threatened to bring her case back and have her imprisoned at any time.

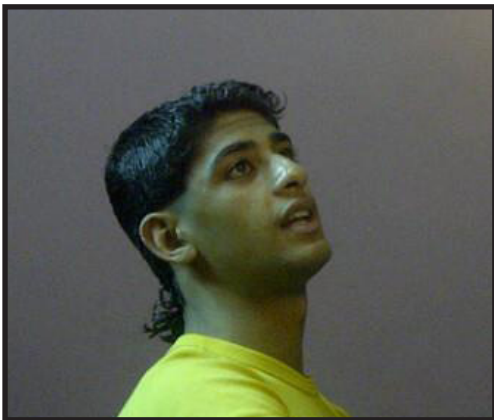
It is important to note that Nurse Asmaa Al Murbati had countless complaints filed against her in the Ministry of Health by a large number of patients for her interferences with the medical management planned by physicians; on many occasions she has denied the provision of certain medications to patients in a breach of the orders written by physicians. She is also known to verbally assaulting patients. Despite the large volume of complaints, no action has been taken against her.

Hussain Shamlo was a sickle cell patient in his 30s. He died on April 1st, 2013, which made him the seventh person to die from sickle cell disease this year. Hussain’s brother stated that on the 28th of March, 2013, Hussain suffered from back pain and was taken to Al Salmaniya Medical Complex. According to the family, hospital staff waited almost an hour and a half to provide him with a painkiller injection. His family stated that his condition was stable until the 31st of March, despite the severe pain. During the evenings, Hussain’s condition would deteriorate, and he repeatedly asked to see his doctor. However, the doctor reportedly only gave instructions for his treatment via telephone at these times, as some nurses confirmed to the brother.



At dawn on the 28th of March, his condition worsened, and his attending nurse called for ICU review, but the care that he needed arrived too late, and he passed away. Hussain was married and his wife was pregnant with their first child. Two Members of Parliament stated that the Ministry of Health is to be blamed for the death of Hussain and others for not providing proper medical care to such a large segment of Bahraini society.

(see: <http://www.alwasatnews.com/3859/news/read/760720/1/.html>)



Mohammed Ebrahim Yaqoob (18 years-old) was a sickle cell patient from Sitra, who was pronounced dead at Salmaniya Hospital a few hours after he was arrested on the 25th of January, 2012. The MOI stated that he died due to sickle cell complications. Three witnesses provided their testimony to the public prosecution stating that they saw Yaqoob being beaten in the street near the Sitra police station by a group of 15-20 policemen who kicked him in the stomach and chest. Medical sources suggested from a leaked medical report that the beating caused internal bleeding which was not diagnosed and treated immediately at Salmaniya hospital where Mohammed was transferred, which led to his death.

On the 10th of April 2011, during the national state of emergency, heavily armed forces attacked the Kanoo Health Center, which is primarily dedicated to the treatment of sickle cell patients, and intimidated everyone who was present at the time. Nurses were locked in one room, and men were taken to another corner where they were brutally beaten. The forces also prevented all patients from receiving treatment, entered all rooms, scattered medical tools and devices, confiscated phones, and stole some personal items. The security forces also insulted the religious beliefs of patients and staff. They asked the patients about their areas of pain and then beat them on the exact same area. The officers stayed at the Center for many hours, and then left after arresting ten sickle cell patients. These patients were illegally taken to a remote area where they were tortured, and then most of them were released (see: <http://alwefaq.net/cms/2012/10/02/7037/#sthash.nDggoLw3.dpuf>).

C) Sickle Cell and the Tear Gas Effect

Dr. David Rees is a consultant and senior lecturer in paediatric haematology at King's College Hospital (KCL), London. He is an expert in sickle cell disease, and other inherited red cell abnormalities. He told the BBC the jump in deaths should “set alarm bells ringing”. Pointing to figures that show the death rate rising he said: “I think the number of deaths doubling in four years is likely to be significant, particularly as the numbers of affected patients seem to be decreasing.” When Dr. Rees was asked about the likely impact of tear gas on a sickle cell patient, he told the BBC that because it restricts the supply of oxygen tear gas could trigger severe problems, including the serious complication of acute chest syndrome. This is a particular risk when canisters are fired into enclosed spaces, such as people's houses (see: <http://www.bbc.co.uk/news/world-middle-east-21601022>).

“The number of deaths doubling in four years is likely to be significant, particularly as the numbers of affected patients seem to be decreasing.”



The most recent reported case of the death of a sickle cell disease patient alleged to be suffering from the effects of tear gas was the case of thirty year-old Sayed Omran Sayed Hameed on the 28th of May 2013. According to his family, he was targeted several times during his participation in the protest demonstrations against the current political situation in the country. A tear-gas canister was shot near him, and he inadvertently deeply inhaled the toxic gas. Hameed fell to the ground and was taken to safety by his friends. This incident took place 25 days before his death. His condition steadily deteriorated and he felt heaviness in his body, especially when he was moving parts of his body such as his hands and legs, his skin color turned to a yellow tone, with black pockets around his eyes. He went for treatment to Kanoo Centre in Roundabout 17 in Hamad Town without any success. Before his death he

went with the help of his uncle to Salmaniya hospital after he had felt severe pain in his body. He died two days after staying in Salmaniya hospital.

D) Updated Protocol on Sickle Cell Treatment

In order to understand the implications of the new protocol regarding the management of cases of sickle cell patients, and how the Ministry of Health is using this as one of the political tools, one should first understand the standardized international guidelines that should be implemented when treating painful crises, and how it differs in Bahrain.

International Guidelines:

Acute sickle cell pain has been described as more severe than post-operative pain, and as intense as cancer pain. It is unpredictable and may be provoked by temperature extremes, changes in altitude, physical and emotional stress, dehydration, menstruation, fatigue, or infections. It may have no apparent precipitating factor. Fewer than 50% of patients can identify a precipitant. The most common sites for pain are lower back, thigh, hip, knee, abdomen, and chest.

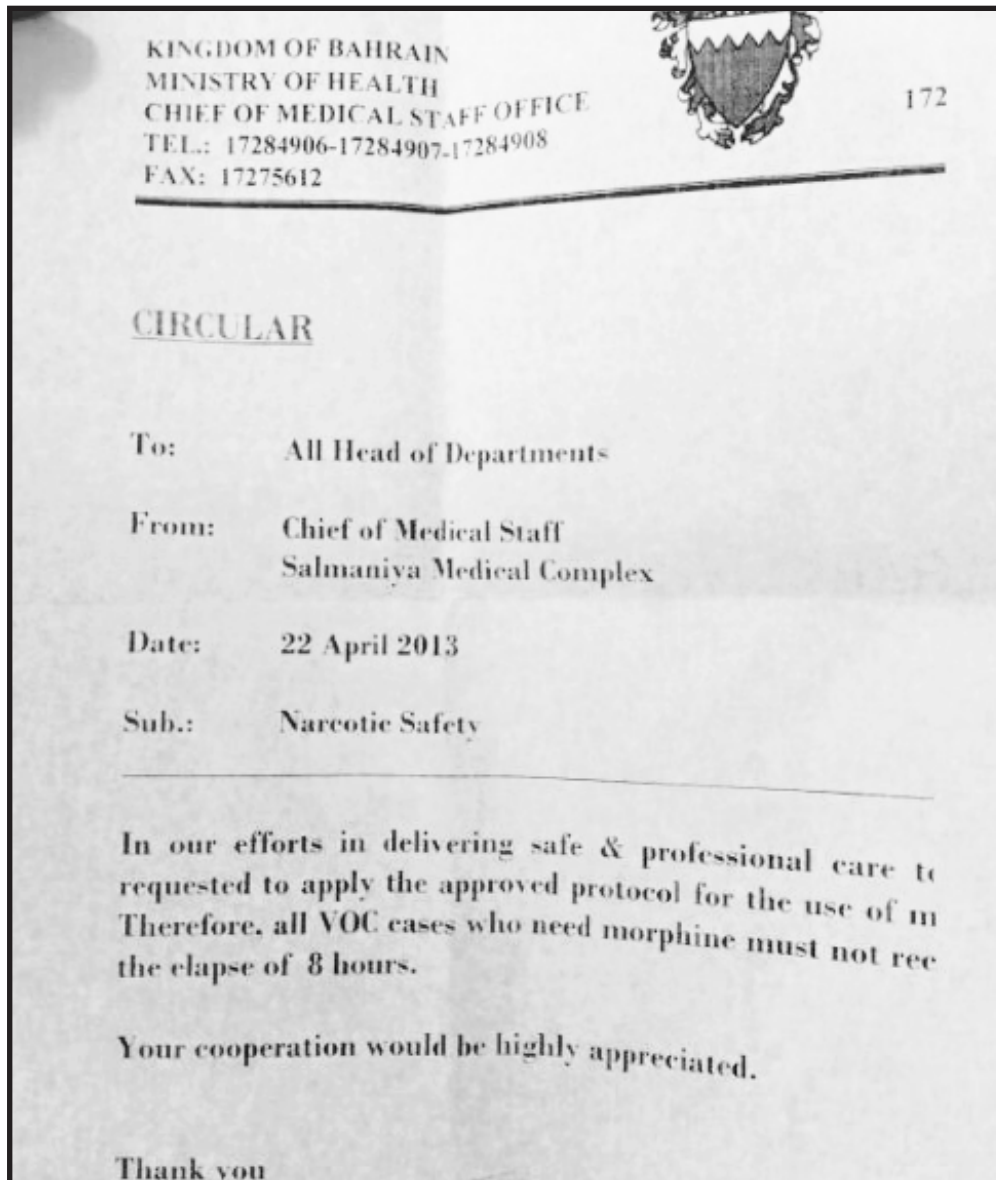
Several psychosocial factors influence the management of sickle cell pain. First, and possibly most common, is the care provider's fear that the patient will become addicted to the prescribed analgesic. A survey of health care workers treating patients with sickle cell pain as well as other pain found that physicians and nurses perceived a much higher percentage of addiction than actually existed. Under-treating pain because of fear of addiction predisposes patients to the development of pseudo addictive behavior. This behavior is characterized by seeking and hoarding drugs due to fear of pain and usually disappears when pain is adequately managed. Morphine is considered the drug of choice for treatment of acute sickle cell pain crisis (see: http://www.medscape.com/viewarticle/432395_3).

The primary method of providing morphine to the patient involves injecting 4 to 15 mg every 3 to 4 hours as needed. Provided very slowly over 4 to 5 minutes. Starting doses up to 15 mg every 4 hours have been used. Chest pain: 2 to 4 mg, repeat as necessary

Politicization of Sickle Cell Disease Cases:

Pain control and management was a debatable issue at the Salmaniya Medical Complex. This issue has existed for years, but different medical committees failed to reach a consensus on the best guidelines in managing these cases. After the militarization of the hospital, the administration distributed a circular on the 22nd of April, 2013, to all departments issuing a new guideline to control the prescription of narcotics for the sickle cell patients. The new policy of pain management involves the referral of sickle cell patients from the Emergency Room to a medical specialist; which previously was according to the medical condition of the patient and the assessment of the ER physician. Now, as per the new guidelines, patients are not to be referred to specialists before the 8 hours of giving them other pain killers than the ones recommended as per international guidelines. The new guidelines does not exempt critical cases or those who suffer severe painful crisis. This procedure takes away the patient right to get a the best available standard medical care by the specialized doctor

The second part of the guidelines as per the new protocol is that when a patient has already been admitted under the designated specialist; the specialist must reduce the frequency of the prescribed narcotics to every eight hours only, which again restricts doctors clinical judgment and transfers them to employee who obey orders



without the ability to individualize the medical care for the benefit of the patient. During a meeting with the medical department, the Assistant Under Secretary Dr. Amin Al-Saati and Chief of Medical Staff Dr. Mohammad Amin Al-Awadhi threatened doctors with reprisals, and made clear that anyone who does not comply with the new guidelines risks being referred to a disciplinary committee and having their medical license revoked. This is regardless of the severity of the pain of the patient and his clinical condition. This rule does not apply to other patients who suffer chronic pain or cancer cases and need palliative treatment.

These new guidelines announced in the protocol were decided without the consultation of specialists who are experts in the field of pain management, or the consultants who are treating sickle cell disease patients.

It is important to note here that while this is taking place, doctors who are known for being pro-government and have been reported for committing medical mistakes after February 2011 have yet to be subjected to any disciplinary action. One example of this is an ER doctor, Dr. Amjad Obeid, who was called before a disciplinary committee before the mass pro-democracy protests in February 2011, who found that he committed a medical mistake and directly caused the death of a sickle cell patient named Hani Mayouf. The disciplinary committee decided to suspend him from work for 6 months which later was reduced to three months. After the uprising in 2011, and due to his active role in targeting medics who were involved in treating protesters, he was fully compensated for the salaries of the suspension period and was sent for training in a neighboring country for the remaining time of the suspension. He was also rewarded with the position of the head of the Formula 1 physician team immediately after his disciplinary suspension.

See: http://news.bbc.co.uk/2/hi/middle_east/8013037.stm

E) Targeting of Medics Working with Sickle Cell Patients

On the 15th of May 2013, an article was published in the Gulf Daily News Stating:

“A ‘morphine mafia’ involving doctors and other officials including ‘well-known personalities’ may be operating in Bahrain. As a result, police are stepping up investigations into the misuse of painkillers and sedatives. (...) It was revealed that 300,000 morphine injections had been given at Salmaniya Medical Complex, compared to only 3,000 at the BDF Hospital.”

It should be noted that the majority, if not all, sickle cell disease patients are civilians and the BDF hospital does not receive these patients for treatment.

On the basis of what was stated in this article, the Ministry of Interior launched an investigation committee, headed by Colonel Mubarak bin Huwail (a person who is currently on trial for torturing medical professionals, and whose name was also mentioned by other torture victims). The MOI agents have been sent to the Salmaniya Medical Complex and are granted full access to all medical records of all patients, in a violation of the Ministry’s own laws on the protection of confidentiality of patient’s clinical records which states that: “You have the right to confidentiality of your clinical records, so that your medical record to be read only by individuals directly involved in your treatment or in the monitoring of quality. Other individuals can only read your medical record on your written authorization or that of your legally authorized representative”. These agents register the medication prescribed to SCD patients, the doses and the frequency. Additionally, a daily per shift audit is run for the narcotics prescribed to all patients.

On June 2nd, the Speaker of the Representatives Council, Khalifa bin Ahmed Al-Dhahrani, said that the Council’s Bureau has discussed a request submitted by some MPs to form a committee to probe the violations committed by some of the Health Ministry’s doctors and officials by giving of morphine injections to sickle cell patients.

F) Targeting/Defamation of Sickle Cell Patients as Addicts

Hassan Ahmed Hussain Al-Banaa (31 years old) was suffering from a severe case of sickle cell disease until he died on the 3rd of September 2011. The Ministry of Health claimed that his death was the result of a drug overdose, and that he was dead before reaching the hospital. However, the family has denounced these claims saying that the government is attempting to sabotage his reputation by spreading the false information that he was a drug addict. His family stated that he was alive when admitted to the hospital and that he died because of the complications of the sickle cell disease, and not because of a drug overdose. The head of the Bahrain Sickle Cell Society, Zakariya Alkadhim, has stated in an article that Hassan was alive when admitted to the hospital and was accompanied by his sister, and that hospital staff took samples from him for testing; this information was also stated in his medical reports. Alkadhim questioned "If the Ministry of Health was telling the truth, how were they able to take a urine sample from a dead patient?" According to the death certificate, Hassan died at the hospital and the death was caused by a sharp decline in his blood circulation (see: <http://www.akhbar-alkhaleej.com/12220/article/460981.html>).

Health Ministry officials earlier accused sickle cell patients of causing chaos at Ebrahim Khalil Kanoo Community Centre, saying they had been caught trafficking drugs and sleeping pills, indulging in inappropriate behavior with women and injecting themselves with illegally procured painkillers. Some were also accused of damaging property, refusing to adhere to hospital rules, going missing from the facility only to return at will and endangering themselves and the lives of others.

Not only have SCD patients been accused of being addicts, but local media is claiming that according to a secret source, SCD patients being used by "opposition doctors" who are allegedly turning these patients into addicts to use them in "terrorist" acts on the streets; such as burning tires and throwing Molotov cocktails.

Conclusion and Recommendations

Conclusion

The Government of Bahrain is using access to healthcare as a method of punishment, and actively breaching the principle of medical neutrality as a political tool to target citizens. Sickle cell disease patients are forced to endure severe pain because of reckless government decisions which could even endanger their lives. The BCHR is also concerned that the “investigation committee” mentioned above violates patients’ rights to privacy and confidentiality in accordance to local and international laws. Furthermore, it’s feared that this investigation committee will be used to target doctors who the government regards as being critical of the government.

Recommendations

Local recommendations:

- 1) Stop the militarization of the health services
- 2) Stop politicizing medical care, especially that of sickle cell patients
- 3) Allow full and adequate medical access to all patients and prisoners
- 4) Protect patient confidentiality and medical neutrality
- 5) Stop targeting and prosecuting medics in retaliation against them for treating patients

Recommendations for UN:

- 1) Arrange a visit for Special Rapporteur on Health
- 2) Designate a Special Rapporteur on Medical Neutrality
- 3) Pass an international law to protect medical neutrality and consider physicians in conflict areas as human rights defenders