

**REPORT TO**  
**THE TOM LANTOS HUMAN RIGHTS COMMISSION**  
**UNITED STATES HOUSE OF REPRESENTATIVES**

**AN ASSESSMENT AND RECOMMENDATIONS**

**The Effects of Incarceration**  
**On the Mental and Physical Health of**  
**Former President CHEN SHUI-BIAN of Taiwan**

**BY**

**U. S. CITIZEN MEDICAL TEAM**

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**July 12, 2012**

## **ACKNOWLEDGEMENT and PURPOSE**

We, as members of the medical team, are associated with the University of California at Davis (UCD), but are not representing UCD in any capacity and have embarked on this humanitarian mission to visit former President CHEN SHUI-BIAN (CSB) in prison as private citizens on our own time and at our own expense, with contributions from private citizens. Furthermore, we do not represent any other institutions, organizations, political parties or special interest groups. Our sole purpose is to make a reasonable assessment of the former President's physical and mental condition and to inquire into reports of inhumane living conditions and confinement.

We are grateful to the Taipei prison authorities in Taiwan for making possible our visit to see the former president, even though the physicians on our team officially were not authorized to physically examine him. We would have preferred more time with him, but nevertheless were able to inquire and assess his mental and physical condition and his living conditions through detailed questioning and observation.

We thank Daniel Turnbull, Chief of Political Policy, American Institute in Taiwan (AIT) for answering our questions and for allowing us to brief him on our visit and for his helpful suggestions. We will forward an electronic copy of this report to AIT as requested.

And to all those in Taiwan, some past and present members of the Legislative Yuan and common citizens, we express our thanks for the informative sessions and hospitality. In particular, visits to the 228 Museum, in memory of the February 28, 1947 massacre by the Chinese Nationalist Army under the direct order of Generalissimo Chiang Kai-Shek reminded us of the atrocities of the murder of the well over twenty thousand Taiwanese who dared to stand up against oppression. Some were simply victims because they were educated or Taiwanese with stature in society. We also were taken to the Nylon Cheng Museum memorializing the self-immolation of the leader who propelled the movement that led to the lifting of 38 years of martial law and white terror. These convinced us that the sacrifice of these Taiwanese patriots was not in vain as is now evident in this fledgling democracy as Taiwan struggles with painfully slow advances in human rights and due process.

The purpose of this mission is to make an assessment by meeting with CSB in prison to observe and to interview him and to review all available medical records and consult with the Taiwan Medical Panel familiar with CSB's medical history. Should the medical team determine that the mental and physical health of former President CHEN SHUI-

BIAN are seriously affected by conditions of incarceration, it is our hope that by presenting this report to the Tom Lantos Human Rights Commission, a hearing will be convened and at the same time the Commission will strongly urge President Ma Ying-jeou of Taiwan to grant medical parole to his predecessor on humanitarian grounds.

We thank David C. Chou for providing helpful factual data pertaining to the various legal proceedings and timeline for our reference, and special gratitude is extended to Coen Blaauw for his insightful and wise counsel and enthusiastic support throughout this mission.

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### **INTRODUCTION**

Former President CHEN SHUI-BIAN (CSB) has been in and out of detention since November 12, 2008 and incarcerated in Taipei Prison, Taoyuan County, since Dec. 2, 2010. He is serving a 19 year sentence for conviction on various charges from different venues the details and the arguably questionable legal validity of which are beyond of scope of this report.

Our decision to embark on this humanitarian mission was prompted by the widespread and persistent reports since the beginning of 2012 of the inhumane conditions of incarceration and the failing health of CSB, and by the request by Congressman Dan Lungren (R-CA) to the Tom Lantos Human Rights Commission to investigate human rights violations of CSB by the Taiwan authorities. A copy of the original request by Congressman Lungren is attached (Exhibit 1).

### **MEDICAL TEAM**

The medical team is comprised of three private U.S. citizens, not representing or funded by any special interest groups, political parties, private or public organizations or institutions in the U.S. or in Taiwan. The cost of this trip was funded by donations from U.S. citizens concerned with the health and human rights of former President CHEN SHUI-BIAN (CSB).

The team leader, organizer and interpreter, Joseph Lin, Ph.D., is a naturalized U.S. citizen born in Taiwan. He is a biologist who earned his Ph.D. from the University of California, Davis and has served on the faculty, teaching and conducting research in

plant cell biology, developmental biology and histochemistry. He is a retired businessman with experience in Taiwan and the U.S. and currently serves in an advisory capacity in the College of Biological Sciences and as a Trustee of the U.C. Davis Foundation.

Ken Yomer Yoneda, M.D. was born in the U.S. and received his medical degree from Northwestern University School of Medicine in Chicago, Illinois. He is a Professor of Clinical Internal Medicine at the University of California, Davis and has a medical staff appointment in the Veterans Affairs Northern California Health Care System. He is board certified in Internal Medicine with subspecialty board certifications in Pulmonary and Critical Care Medicine.

Charles Whitcomb, M.D. was born in the U.S. and received his medical degree from the University of California Davis Medical School. He is a Professor of Medicine at the University of California, Davis and is board certified in Internal Medicine with subspecialty board certifications in Cardiology and Interventional Cardiology.

The clinical observations, evaluation, conclusion and recommendations in this report are strictly those of the two medical professionals. All non-clinical matters are reported by all three members of the medical team. The medical team may amend and update this report as needed for further presentation to the Commission.

## SUMMARY

Former President CHEN SHUI-BIAN (CSB) has been in and out of detention since November 12, 2008 and incarcerated in Taipei Prison, Taoyuan County since Dec. 2, 2010. On Monday June 11, 2012 a team of three private United States citizens (a Ph.D. team leader, and two medical doctors) evaluated CSB in Taipei Prison with the purpose of assessing his medical health and the conditions of his confinement amidst reports of his failing health and potential human rights violations. They were allowed to interview and examine him for approximately fifty-five minutes, had access to much of his medical records, and interviewed three independent Taiwanese physicians who had seen him as visitors to the prison but who were not a part of his prison appointed medical team. The visit was followed by detailed discussions with the Taiwan Medical Panel which included the three physicians mentioned above.

CSB has been imprisoned for over four years; sometime in late 2011 or early 2012 he began experiencing increasingly more severe and debilitating symptoms, which culminated in his transport to two different hospitals for medical evaluation. He described ongoing episodes of severe paroxysms of dyspnea (difficulty breathing) with no apparent triggers, accompanied by a sensation of choking and feelings of great dread, as if he was going to die. These episodes were at times accompanied by chest tightness, a feeling of congestion not allowing him to take either a deep breath in or out. While the episodes have become perhaps less frequent and less severe since he regularly started taking esomeprazole around mid-May, 2012 for gastro-esophageal reflux disease (GERD), esophagitis (inflammation of the esophagus), duodenitis (inflammation of the duodenum) and gastritis (inflammation of the stomach), they continued to be quite debilitating in nature. Even at rest he continued to have a sensation of congestion and the feeling that he could not get a good breath in or out. It is notable that he had never experienced similar episodes prior to his incarceration. As well, he described progressive dyspnea on exertion over the prior 6 months. Previously he could jog approximately 1.5 miles but now he could not walk at a normal pace without getting dyspneic.

Chen is confined to a small cell, approximately 58 square feet that he shares with another inmate, and is allowed to be outside his cell for only one hour a day. Until recently he had been permitted to be outside his cell for only 30 minutes a day. Around May of 20, 2012, it was increased to 60 minutes a day. In contrast, other prisoners are allowed outside of their cells for eight hours a day to work and interact with other

prisoners. He stated that his cell is at times cold and damp and at other times hot, humid and damp, having inadequate ventilation and no air conditioning. He sleeps on the floor, which can be cold and damp, and experiences chills despite blankets. He feels depressed, experiencing anger and tearfulness, worries a great deal, has frequent nightmares and feelings of hopelessness that have all worsened with the ailing health of his wife and mother. He denied suicidal ideation, stating the he must fight on for the sake of his family and country. While confined to his cell, he must kneel on the ground to write and consequently suffers from chronic pain in his knees.

Despite good cooperation from the prison officials, extensive consultation with other local physicians, and a thorough review of the available medical records, the three-person team concluded that adequate assessment of CSB's medical condition and his conditions of confinement required further evaluation. They had grave concerns regarding CSB's health and believe that it will continue to deteriorate, should he remain in his present prison confines. Although his evaluations at Taoyuan General Hospital and Chang Gung Memorial Hospital together appear comprehensive and of high quality, his recent hospitalization at Chang Gung Memorial Hospital was limited to around 6 hours and his symptoms remain incompletely explained. His medical evaluation thus remains incomplete. Stress, without a doubt was believed to be a major contributor, if not the major cause of his symptoms, but his symptoms in conjunction with the spirometry (breathing tests) that he was not able to complete satisfactorily, but displayed severely reduced inspiratory and expiratory flows, suggest he may have vocal cord dysfunction (VCD) with severe intermittent vocal cord spasm. This disorder can be very difficult to diagnose and treat and often requires very specialized expertise to accomplish. This problem will likely continue in the presence of his present stressors and will worsen with additional and ongoing stressors. Certainly gastro-esophageal reflux can precipitate and worsen VCD and in his case treatment appeared to have ameliorated, but had not satisfactorily controlled his symptoms. In addition, the bronchiectasis seen on his chest CT, suggests that he may have been chronically aspirating gastric acid into and damaging his airways. Coronary artery disease and structural cardiac disease did not appear to be the cause of his ongoing symptoms, but conditions such as stress cardiomyopathy, evolving pulmonary arterial hypertension and thromboembolic disease are considerations. His chest x-rays reportedly revealed atelectasis and his bronchoscopy revealed a lesion in his bronchus. Unfortunately, the medical team was unable to personally review his radiographs, bronchoscopy pictures, cardiac catheterization films and echocardiogram to help complete their evaluation.

The individual members (admitted non-experts on international human rights of prisoners) of the medical team all felt that the prison conditions as described to them were unacceptable for the general prison population and they raised concerns regarding the human rights of all prisoners in Taiwan. Furthermore, the team found it deeply disturbing that any prisoner who was this ill, would continually be subjected to these severe conditions. For a former President of Taiwan to be confined under such conditions was considered unimaginable.

The consensus recommendations of the team were that former President CHEN SHUI-BIAN be evaluated at a comprehensive tertiary care center and that the doctors be allowed to fully evaluate him, to review his records in their entirety, to speak to his previous treating physicians and to have access to directly view any and all of his radiographs, spirometry, bronchoscopy pictures, cardiac catheterization films and echocardiogram. In addition, it was concluded that the harsh conditions of his confinement were an ongoing source of great emotional and physical stress and must be significantly improved otherwise his symptoms and his health will continue to deteriorate. As physicians without specific expertise in psychiatry or psychology they could not determine whether CSB met the criteria for an adjustment disorder, major depression or post-traumatic stress disorder (PTSD), but voiced concern that he could develop such problems if his conditions of confinement remained unchanged. They could not offer an expert opinion as to how much his conditions needed to be improved to avoid psychological damage or whether at this point it was at all preventable.

#### **PRE-VISIT MEDICAL EVALUATION WITH DR. C. D. KUO**

On June 11, 2012, the medical team met with Cheng-Deng Kuo, M.D., Ph.D., (Principal Investigator and Director, Division of Medical Research, Department of Medical Research and Education, Taipei Veterans General Hospital and Professor, Institute of Emergency and Critical Care Medicine, National Yang-Ming University, Taipei, Taiwan) who had visited CSB in prison, but was not a member of the team of physicians who had performed the medical evaluations at either Taoyuan General or Chang Gung Memorial Hospitals. With the permission of CSB and his family, he shared a copy of CSB's medical records from Taoyuan General Hospital. Based on CSB's symptoms, Dr. Kuo believed that he suffered from gastro-esophageal reflux disease (GERD), a condition in which acid from the stomach refluxes in a backwards direction into the esophagus. He thought it

likely that he was refluxing acid onto his vocal cords and lower airway, causing episodes of severe episodic dyspnea (difficulty breathing). Dr. Kuo felt that stress, compounded with CSB's prison cell conditions which forced him to sleep on flat ground and in order to write, to kneel and lean over or to lie on his stomach, were precipitating or exacerbating his GERD. His conclusions were corroborated by an endoscopic evaluation performed at Taoyuan General Hospital revealing reflux esophagitis (inflammation of the esophagus), superficial gastritis (inflammation of the stomach and duodenitis (inflammation of the small intestine). Dr. Kuo was also concerned about CSB's dark skin color and cold, sweaty and clammy skin over both hands and trunk believed he might be suffering from an endocrine disorder and a circulatory dysfunction resembling a cold shock like state.

Review of the available medical records revealed that CSB had undergone a fairly comprehensive evaluation during a hospitalization precipitated by worsening chest tightness, dyspnea and a sensation of suffocation. In addition to the aforementioned endoscopic evaluation he had an echocardiogram that was unremarkable, a low-dose chest CT revealing mild segmental bronchiectasis of the right lower lobe and a bulla in the left upper lobe, a cardiac catheterization revealing approximately 40% stenosis of his left main coronary artery, a normal myocardial perfusion study, a bronchoscopy with bronchoalveolar lavage remarkable for a benign appearing lesion in the left lower lobe, elevated cholesterol and Hepatitis B surface antibody positivity. Spirometry was attempted, but CSB was unable to adequately perform them. Nevertheless repeated attempts displayed very depressed inspiratory and expiratory flows and suggested both a restrictive and obstructive ventilatory impairment.

#### **PRISON EVALUATION OF CHEN SHUI-BIAN (CSB)**

On June 11, 2012, the three-person medical team, accompanied by Legislator Kao Chih-Peng were allowed to visit with CSB in a conference room in the presence of a prison guard. Legislator Kao spoke to CSB for approximately 10 minutes then excused himself to attend to other business. The medical team then conducted its evaluation, which lasted for approximately fifty-five minutes and proceeded unimpeded by the prison officials. Dr. Lin served as the facilitator and interpreter for the team and Drs. Yoneda and Whitcomb conducted most of the interview related to his mental and physical state.

A significant portion of the interview focused on the conditions of his confinement cell and his physical and mental symptoms especially during the last seven months.

CSB appeared calm, his hands warm and dry and his skin dark in appearance. He freely gave permission for the medical team to view any and all of his medical records and to share all aspects of his story with the public as the team saw fit. He spoke at length as to how his confinement in his cell twenty-three hours a day and his relative isolation were intolerable. He stated that he had feelings of depression, worried a great deal, suffered frequent anxiety, had episodes of tearfulness and had recurring nightmares. Although he admitted at times to having thoughts of dying he denied suicidal ideation stating that he needed to stay alive and live for the sake of his ailing wife and mother, his family and country. He described his present state as if he had “fallen from heaven to hell”. He complained that his appetite was not good and that he had lost seven kilograms in the past months. He described his jail cell as being at times cold and wet and other times as being hot and humid with poor ventilation. He often felt cold and had chills despite the blankets provided. Despite the damp conditions, he had not noticed obvious mold growth in his cell. In consultation with the prison guard, it was determined that he was taking only three medications, aspirin, esomeprazole and atorvastatin prescribed by the physicians of Chang Gung Memorial Hospital.

CSB described at length his frustration in getting the prison officials to provide him with a table and chair with which to write. He stated that for quite a while, the officials would pay him lip service, only recently complying with his meager requests and occasionally allowing him the use of a small desk to write but only for a limited and insufficient amount of time. He complained that he suffered from knee pain causing him difficulty walking and said that he had developed the pain from having to kneel on the hard floor in order to write. He pointed to his right knee which was especially painful in movement as well as to touch. He described that he limps and his knees are painful most of the time. He also described the very restricted space in which he sleeps barely 2 feet in width and when lying down, his head is up against the toilet wall and tilted forward and his feet would touch the opposite wall of the cell. It is assumed that his cell mate sleeps alongside him in the remaining approximately 2 feet width of floor space.

When asked about his dark skin he did not think it abnormal given that for the one hour he was allowed outside of his cell, he was in direct sunlight. After asking him to expose

his abdomen for skin color, it was confirmed that the dark skin was on areas of sun exposure.

CSB related that he had begun having difficulty breathing sometime in late 2011 or early 2012 with gradually worsening dyspnea on exertion and chest tightness to the point that he could no longer walk at a normal pace. In contrast, approximately one and one-half years prior he could jog up to 1.5 miles. At times he suffered paroxysms of dyspnea accompanied by feelings of dread and a choking sensation so severe that he feared that he would die. These episodes were often associated with feelings of anxiety. These symptoms often occurred while he was bending over or lying prone, face down, to write. He had been prescribed esomeprazole for this condition in March of 2012, but he had stopped all of his medications at some point on suspicion of being drugged. His suspicion was raised when he realized he had been medicated with lorazepam without being aware of its hypnotic, sedative, anxiolytic and addictive properties. However, he resumed the esomeprazole several weeks prior to the team's visit. Overall he felt that while the esomeprazole had ameliorated his GERD and perhaps the severity and frequency of the episodes of dyspnea and choking, the symptoms remained severe. In addition, he continued to feel chest congestion even at rest. He noted that prior to his hospitalization he had never suffered such episodes and not ever had breathing difficulties.

While CSB believed that there were prisoners who may have had tuberculosis, he did not know of a direct personal exposure. The team did not determine whether or not he was tested for TB. He further denied having a chronic cough, hemoptysis, wheezing, paroxysmal nocturnal dyspnea, orthopnea, anginal chest pain, palpitations, significant edema, fevers or night sweats. He stated that his appetite was not good given the prison food and that he had lost 7 kilograms over the past six months. Overall he felt that treatment by the prison guards was acceptable and denied having been subjected to physical or verbal abuse or witnessed any torture or physical abuse of other inmates. He did admit to having heard stories of abuse from some of the other prisoners but he did not go into detail and the team did not question further on the subject.

CSB expressed a great desire to seek further medical evaluation at a comprehensive medical center. Because during his Presidency he had received medical care at the National Taiwan University Hospital, he requested that any further medical evaluations be performed there.

The team was allowed a brief moment to examine CSB before the meeting was terminated. CSB's skin under his shirt was pigmented but markedly less so than his face and arms. His thyroid and neck appeared normal. His lungs were clear to auscultation without wheezes, rhonchi or rales. His heart was regular without murmur and his ankles were without edema.

### **MEETING WITH TAIWAN MEDICAL PANEL**

The team met with the Taiwan Medical Panel on June 12, the day after the prison visit with CSB. Representing the panel were: Dr. C.D. Kuo, M.D., Ph.D., Dr. Wen-Je Ko, M.D. (Senior Staff, Surgical Intensive Care Unit, Chairman, Department of Traumatology, National Taiwan University Hospital, Taipei Taiwan), Chiao-Chicy Chen, M.D., PhD, (Professor and Staff Psychiatrist, Mackay Memorial Hospital, Taipei, Taiwan), Janice Chen (Pharmacist, former chairperson of Taiwan Society North, Taiwan), Yeh-Shen Chang, M.D. (Family physician, former chairperson of Taiwan Hakka Society, Taiwan), and Bryan Chen CSB's son. Dr. Kuo, Dr. Ko and Dr. Chen had visited CSB in prison. Bryan Chen shared a picture of his father's jail cell (Exhibit 2) that the prison officials had released allegedly to demonstrate that his conditions of confinement were commensurate with those of other prisoners and were in compliance with the laws of the Taiwan prison system. The dimensions of the cell were described as 1.5 m (W) x 3.6 m (L) or 4.4 sq. meters (approximately 58 sq. ft.). In the picture, bedding and mattresses were rolled up in the corner of the stone cell floor, and a puddle of water is seen in the far corner. Small windows near the ceiling served as ventilation. The team pointed out that CSB had stated that he slept in the shorter side of the cell with his head propped up against the wall of the squatting Asian style commode, as he could not fit his entire body in the length of floor space that was provided.

Bryan was quite concerned about his father's conditions of confinement as well as his health. He stated that his father was becoming increasingly more anxious and had difficulties in breathing but that his evaluations had been inconclusive. He was concerned that his father had been prescribed lorazepam, a potentially addictive sedative in the benzodiazepam class of medications that includes Valium. His father had apparently been unaware of the reason he was being given this medication and its potential addictive side effects and had therefore at some point discontinued taking all of his medications because he believed he was being drugged. Bryan agreed with his

father's wishes to share his medical records with the medical team and for the team to make public any records they saw fit. He concurred with his father's request for him to be evaluated at National Taiwan University Hospital. However, the panel expressed skepticism regarding the likelihood of such request being granted by the prison authorities.

There were discussions at length on CSB's examinations at Taoyuan General Hospital and at Chang Gung Memorial Hospital and evaluation of the comprehensive examination and test results from Taoyuan. Report from Chang Gung was pending.

Dr. Chen, a psychiatrist, corroborated the medical team's findings and added that he felt that CSB was depressed and was suffering from anxiety, but was not at the time certain if he suffered from an adjustment disorder of Post-Traumatic Stress Disorder (PTSD). He concluded that if CSB's present conditions of confinement were not improved, that he could over time develop these disorders. However, he could not predict to what extent the conditions would need to improve to prevent progression of his symptoms. Furthermore, even under the best of circumstances, given the years of constant stress, progression of his symptoms might not be avoidable.

There was agreement that there is uncertainty as to CSB's recovery from the current symptoms even if prison conditions were to improve significantly. The consensus of the meeting with the Taiwan Medical Panel was that CSB should be further evaluated and treated in a comprehensive tertiary medical center such as National Taiwan University Hospital which is CSB's preference due to the fact that he was a patient there during his Presidency. Many of his medical and mental symptoms require further evaluation by specialists in a comprehensive medical center with the necessary state of the art facilities, equipment and resources.

Subsequent reports by Dr. C. D. Kuo and Dr. Chiao-Chicy Chen entitled, Summary of illnesses of former President of Taiwan Chen Shui-Bian and Mental Disorders of Former President Chen are attached as Exhibits 3 and 4, respectively.

## **CONCLUSION**

The medical team concluded that former President CHEN SHUI-BIAN likely is suffering from stress from the severe conditions of his confinement and that the stress was inducing both physical and emotional problems. Specifically, they believed that the

stress had induced esophagitis, gastritis, duodenitis, and GERD, which in turn was causing vocal cord dysfunction and intermittent episodes of severe vocal cord spasm. They believed that he was likely chronically aspirating gastric acid contents into his airways, leading to the bronchiectasis seen on his chest CT. They also felt that he likely suffers from anxiety attacks which may be either the cause or the effect of some of his symptoms. Furthermore the team felt that although his medical evaluations at Taoyuan General Hospital and Chang Gung Memorial Hospital were quite good, his medical evaluation remained incomplete. They noted that it was unfortunate that he had not been allowed to stay longer than six hours for his evaluation at Chang Gung Memorial Hospital. The team believed that CSB's breathing difficulties had improved with treatment of his GERD; but they were concerned with its continued presence and severity. They were particularly concerned about his spirometry, which suggested vocal cord dysfunction but also both obstructive and restrictive disease and they felt that further evaluation of his respiratory symptoms was warranted. They considered that alternative or additional disorders such as pulmonary hypertension, thromboembolic disease and asthma should be considered as well. It is believed that his cardiac condition and dyslipidemia were controllable and appeared to be treated appropriately, but that careful review of his echocardiogram, coronary angiogram and EKG were needed.

The team also concluded that the severe prison conditions were the major source of CSB's stress. While admittedly not experts on human rights or International Standards for the Humane Treatment of Prisoners, psychiatry or psychology, the team unanimously felt that CSB's conditions of confinement had violated his human rights. The team questions if the prison conditions imposed on CSB are in conformity with the Standard Minimum Rules of the Treatment of Prisoners adopted by the United Nations. As an example, Article 9 (1) states that "Where sleeping accommodation is in individual cells or rooms, each prisoner shall occupy by night a cell or room by himself.....it is not desirable to have two prisoners in a cell or room." Additionally, Article 10 states "All 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." They were deeply disturbed that for most of his confinement he was reportedly only allowed outside of his cell for 30 minutes a day. These conditions are contrary to principles established by Article 21 (1), which establishes that "every prisoner who is not employed in outdoor work shall have at least one hour of

suitable exercise in the open air daily if the weather permits.” Only recently had he been allowed to spend 60 minutes a day outside of his cell. Despite this small improvement in his conditions, the team concluded that the stress of his present conditions of confinement were continuing to have a profound detrimental effect on his physical and emotional health.

The detrimental effects of the prison conditions on the health of CSB aside, the team is appalled and considers it unconscionable that a former President of a democratic country should be incarcerated in this manner. Although non-experts in international prison standards and having only limited information on the prison conditions, the team found the conditions of the cells for the general prison population deeply concerning. The team found it disturbing that any individual prisoner could be confined to a cell for 23.5. Even 23 hours a day confinement was thought to be excessive except in unusual and perhaps limited circumstances. They found it inhumane that any ill prisoner would continue to be subjected to these conditions of confinement and deprived of the use of a proper bed or cot and a table and chair.

The team lacked specific expertise in psychiatric disorders, but nevertheless suspect that CSB suffers from anxiety and depression. There is deep concern that should his conditions of confinement continue that he could develop more serious conditions such as an adjustment disorder, major depression or PTSD if he had not in fact already developed one.

The team felt that CSB’s dark skin was not likely a sign of any serious medical condition but given Dr. Kuo’s concerns, believe it should be investigated. The team had no indication that CSB was in a shock like state, but again thought Dr Kuo’s concern should be addressed with a more thorough evaluation than they could render. They did not believe that CSB had active hepatitis, but again felt that a more thorough evaluation of this problem was warranted.

Because it is not easily predictable how much CSB’s incarceration conditions need to improve to prevent further serious physical and mental damage such as adjustment disorder or PTSD (Post Traumatic Stress Disorder), the team concluded that medical parole is the most appropriate effective treatment intervention.

## RECOMMENDATIONS

After careful consideration, the team makes the following recommendations:

1. That former President CHEN SHUI-BIAN (CSB) be transferred to a tertiary care medical facility where he could receive subspecialty evaluation care.
2. That consideration be given to the request by CSB and his family that he be evaluated at National Taiwan University Hospital given his familiarity with and trust in the facility where he had previously been evaluated during his Presidency.
3. That he be evaluated by a team of physicians consisting of at minimum the following:
  - a. A physician with specific expertise in vocal cord dysfunction.
  - b. A pulmonologist.
  - c. A cardiologist.
  - d. A psychiatrist.
  - e. A primary care physician or hospitalist
4. That full pulmonary function testing be conducted including lung volumes and DLCO with particular attention paid to the flow volume loops.
5. That there be a review of his echocardiogram specifically looking for Takotsubo's cardiomyopathy. That his cardiac catheterization film be reviewed.
6. That a review of his chest CT be performed.
7. That a cosyntropin stimulation test, thyroid function tests, ferritin, iron binding capacity and an evaluation of his hepatitis status be considered.
8. That further evaluation and testing would be at the discretion of the evaluating physicians.
9. That there be immediate improvement in his confinement conditions at the very least, in accordance with Standard Minimum Rules of the Treatment of Prisoners (Adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and

approved by the Economic and Social Council by its resolutions 663 C (XXIV) of 31 July, 1957 and 2076(LXII) of 13 May, 1977).

10. That a full investigation be conducted by independent third parties specifically human rights specialists to determine if the Taipei Prison authorities are in compliance with international standards of incarceration and if CSB's human rights are being violated.
11. That the Tom Lantos Human Rights Commission convene a hearing to determine the facts and extent of human rights violations concerning the incarceration of CSB.
12. That former President CHEN SHUI-BIAN be released from confinement on medical parole based on the above assessments, conclusion and recommendations and on compelling humanitarian grounds.

SUBMITTED BY:

JOSEPH LIN, PH.D

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April 20, 2012

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The Honorable Frank R. Wolf, Co-Chairman  
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Dear Chairman Wolf and Chairman McGovern:

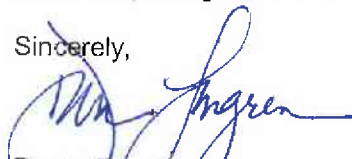
As a member of the Tom Lantos Human Rights Commission and an advocate of human rights, democracy, and the rule of law around the world, I write to bring to your attention some disturbing reports that have emerged in recent weeks about the deterioration in the health and physical condition of the former president of Taiwan, Chen Shui-bian, in detention.

Chen is currently serving a 19-year sentence on corruption charges that are widely believed by international observers and legal scholars to be politically motivated. He has been incarcerated for over 1,200 days thus far. On March 6, he was taken to a hospital and diagnosed with a prostate tumor, acute coronary syndrome and significantly reduced blood flow to the heart, the last of which is potentially fatal. During a comprehensive medical exam, it was also discovered that for the last 14 months, Chen had been ingesting an anti-anxiety medication with potential side effects such as depression and memory loss. The medicine was given to him without his knowledge or consent. He was returned to prison a few days after undergoing an urgent cardiac catheterization procedure in Taoyuan General Hospital.

Chen's doctors attribute his poor health to long-term deprivation of sunlight, lack of exercise and an inactive lifestyle inside a Taoyuan County prison, where he is confined with a cellmate to a damp, undersized cell measuring approximately 60 square feet virtually 24 hours a day. Unlike other inmates who are able to work eight hours a day in prison factories, the former president is only permitted 30 minutes of outdoor exercise each day and no interaction with other prisoners. These conditions are contrary to principles established by Article 21 (1) of the United Nations Standard Minimum Rules for the Treatment of Prisoners, which establishes that "every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits."

Section 2(c) of the Taiwan Relations Act states: "The preservation and enhancement of the human rights of all the people on Taiwan are hereby reaffirmed as objectives of the United States." I therefore respectfully request that you strongly urge the government of Taiwan to grant former president Chen medical parole in order to receive adequate medical care, and that you investigate the facts surrounding Chen's treatment to ensure that it has been in conformance at all times with internationally recognized standards of human rights.

Sincerely,



Daniel E. Lungren  
Member of Congress



Exhibit 2

## **Summary of illnesses of former President of Taiwan Chen Shui-Bian**

Cheng-Deng Kuo, MD, PhD, Professor of Internal Medicine and Critical Care

a member of Medical Team of Former President Chen Shui-Bian

1. The former President of Taiwan Chen Shui-Bian (CSB) has been suffering from chest pain, chest tightness, shortness of breath, and suffocation sensation for a long time. On March 7, 2012, CSB was found to have reflux esophagitis (gastroesophageal reflux disease, GERD), superficial gastritis and duodenitis by upper gastrointestinal scopy. The reflux esophagitis of CSB might be caused by his frequent assumption of prone position, because he was forced to lie on his stomach to write articles, read books, and sleep on the floor, etc. The gastric content got the chance to reflux into his lungs through esophagus and airway, leading to bronchitis and pneumonitis. His symptoms of episodic and positional dyspnea are compatible with GERD.
2. Pulmonary embolism? A very limited space for living and a very much restricted outdoor activity make CSB prone to have circulation dysfunction and emboli formation in the lower limbs. When the emboli are carried by the blood stream to the lungs, the result will be pulmonary embolism. A small amount of small emboli can cause discomfort such as shortness of breath and chest tightness; whereas a large amount of emboli or a big embolus may cause circulation collapse and even sudden death. CSB often complains of sudden onset of shortness of breath, chest tightness, and choking sensation which then come down gradually. These symptoms along with the fact that he was recently found to have mildly increased arterial stiffness of lower limbs found in the Chang-Gung Memorial Hospital on May 23, 2012 may lead us to suspect that CSB's shortness of breath and chest tightness might be caused by pulmonary embolism.
3. Upper airway obstruction, severely obstructed ventilatory impairments and mild segmental bronchiectasis. The spirometry examination of CSB at Taoyuan General Hospital on Jan 19, 2011 showed that CSB had moderately restricted and severely obstructed ventilator impairments. This abnormality explains in part why CSB has had shortness of breath and chest tightness. Low dose lung scan at Taoyuan General Hospital on Jan 19, 2011 showed that CSB had single bulla formation at left upper lobe and mild segmental bronchiectasis at right lower lobe. The major cause of

these abnormalities might be GERD, because the highly acidic gastric juice (pH=2) when frequently refluxed to lungs can damage the trachea, bronchi, and alveoli, resulting in upper airway inflammation and edema, pneumonitis, and segmental bronchiectasis.

4. Hyperlipidemia and mild coronary artery disease. CSB has elevated serum levels of cholesterol and triglyceride. Coronary CT angiography at Taoyuan General Hospital on Jan 19, 2011 showed that CSB had mild coronary artery disease (CAD). There are calcified plaque with moderate stenosis at the proximal and middle left anterior descending coronary artery (LAD), and mild stenosis at proximal right coronary artery (RCA) and posterior descending coronary artery (PDA).
5. Hepatitis B with antibody and borderline serum bilirubin at upper limit. CSB had antibody against hepatitis B surface antigen (positive HBsAb) with serum bilirubin fluctuating around the upper limit of its normal range. The cause of nearly elevated bilirubin level is not known.
6. Benign prostate hypertrophy and 3 hematomas in the seminal vesicle. The cause of hematomas in his seminal vesicle is unknown. Anticoagulation therapy for his CAD might be one of the contributing factors.
7. Focal inflammation at both knee and early osteoarthritis of both knees. These abnormalities might be caused by CSB's forced lying on his stomach when he read and wrote.
8. Cold extremities and clammy skin indicated that CSB had circulation dysfunction. The increased arterial stiffness of lower limbs found in the Chang-Gung Memorial Hospital on May 23, 2012 may be one of the causes. Other causes might be his prolonged close contact to the floor, his enhanced sympathetic tone due to anxiety and confinement in a small cell for unusually long period of time.
9. Dark skin color. The cause is unclear. His serum level of ACTH is within normal ranges.
10. Autonomic nervous dysfunction and sympathetic over-activity. This abnormality might be caused by the inconveniences and discomforts due to prolonged confinement in a small cell without suitable space and equipment for normal daily activities such as desk, chair, bed etc.

11. Disuse atrophy of bilateral lower limbs due to limited living space and daily activity.
12. Psychological problems induced by humiliation, frustration and unforeseeable hope of release from the jail.

#### Suggestions

1. Many physical and mental abnormalities of former President CSB are caused by his unusually prolonged and intolerable confinement in a small cell without suitable equipment of living and his forced adoption of unusual body position, such as GERD, severe ventilatory impairment, possible pulmonary emboli, focal tendinitis and osteoarthritis of both knees, bilateral muscle disuse atrophy of lower limbs, autonomic dysfunction, etc. The change to a new environment with larger space, suitable furniture, and timely medical aids are necessary measure to stop the deterioration of his health.
2. The nature and causes of some of the physical and mental abnormalities of former President Chen are still unknown. Does he have pulmonary embolism? Why does he develop hematoma in his seminal vesicle? Why does he still have shortness of breath after the medication of GERD has been prescribed? So, it's necessary to move him to a medical center for further detailed examination and treatment so that he can regain his health.

## **Mental Disorders of Former President Chen**

Enlisted by the family to care for former President Chen, I was able to visit him twice in the prison. I found that President Chen has been suffering severe mental disorders and he is in need of immediate treatments. In particular, for the last four years, the prison authority has confined President Chen in a small cell 23.5 hours a day without letting him to work in a prison factory, citing safety reasons due to his status as a former president. This “protection by isolation” is in fact a solitary confinement, resulting in sensory deprivation. For some inmates, sensory deprivation could cause changes in their cognition and perception, leading to delusion and hallucination. For four years, President Chen has attempted to adjust to this solitary confinement against him and has been able to maintain his sanity. However, his various physical ailments reflect how much damage the mental disorders have inflicted upon his body.

After compiling the diagnosis results, I have concluded that President Chen is suffering two types of mental disorders: Post-Traumatic Stress Disorder and Major Depressive Disorder. The latter is due to the former being left untreated.

President Chen suffered an extreme psychological trauma, in particular when he was detained without bail after the inquisition by the Special Prosecution Bureau. The moment when he was handcuffed, a compounded emotion erupted inside him, mixing with anger, fear, horror, and despair. For the last four years, he has had non-stop nightmare, in which flashbacks and thoughts of being handcuffed, his character being assassinated, and his family being threatened and humiliated reappear endlessly. President Chen has had at least three suicide attempts, two of them as hunger strikes, to end his suffering. The psychological trauma causes him extreme agony every time he needs to appear in court and he almost wanted to give up the fight. He struggled with himself and finally came to this conclusion that he must not yield and he must not be beaten. This is how he is able to survive to this day.

A person suffering acute stress disorder caused by traumatic events, such as imprisonment, must receive psychotherapy, consultation, or even psychiatric drug treatment if the symptom does not improve within a month. Only through the treatments, the symptoms of emotional conflicts and distress can be relieved. Obviously, President Chen, for the last four years, has not received necessary assistance and treatments to relieve his severe psychological trauma, resulting in depression and sadness. President Chen no longer feels any joy in life and he suffers loss of appetite. He has no energy, sleeps lightly, is easily awoken, and wakes up early. Every day to him feels like a long, torturing year. He wonders if he has done something wrong to cause his family to suffer and he has disappointed his

supporters. The thought of committing suicide is still lingering in his mind. He has suffered this mental distress for two years without receiving any needed treatment.

We ought to treat an incarcerated former president with respect. We need to provide him an adequate environment and space to exercise, to heal, and to introspect. However, the current imprisonment condition of President Chen is an extreme solitary confinement, aiming to humiliate and to torture him. This is inhuman and unfair.

As a psychiatrist to provide mental care, I am obligated to demand that President Chen be given psychotherapy and psychiatric drug treatments due to his severe physical and mental conditions. President Chen must be allowed to leave the prison for a different living setting. This is the most effective treatment for his mental disorders and the minimal respect toward his basic human rights.

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