

If you want, I can also deliver this as a clean file

If you tell me “DOCX” or “PDF”, I will format the English report as a submission-style document and include the Azerbaijani original as an annex—so nothing can be lost.

And if you upload the 3 PDFs you referenced (page 450 / page 423 / page 46) into this chat, I can add exact page citations for every factual sentence, which is what UN CAT submissions are usually strongest with.

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ChatGBT reporte PDF

REVISED ENGLISH REPORT

EU/ECHR and UN Treaty Mapping + Medical & Procedural Timeline (Based on the Provided PDFs)

Important note (scope): This report is a document-based analytical summary for human-rights framing. It is not legal advice and does not determine guilt or a final violation “verdict.” It identifies which EU/ECHR and UN instruments are plausibly engaged by the facts and procedural history visible in the file.

1) Sources reviewed (what is in the file)

The two uploaded PDFs contain:

- complaints/letters about detention events (including alleged ill-treatment),
- requests for medical records and responses by authorities,
- medical letters/certificates and hospital discharge information,
- correspondence with human-rights bodies (e.g., Amnesty),
- and German court documents (including decisions by Kammergericht and Landgericht Berlin) plus references to prosecution decisions.

2) Documented actors / institutions named in the file (who is “involved”)

Below is a consolidated list of the institutions and persons explicitly named in the documents (this addresses your point that an earlier summary did not show “who participated / which bodies are in the file”):

A) Detention / police / administrative bodies

- Abschiebungsgewahrsam Köpenick (deportation detention) and its administration/board (letters addressed to “Beirat” and management).
- Der Polizeipräsident in Berlin (incl. Direktion Zentrale Aufgaben / Gefangenwesen) – correspondence about access to medical records; later complaint correspondence.

- Landesamt für Bürger- und Ordnungsangelegenheiten (LABO),
Ausländerbehörde – referenced as the authority for immigration file inquiries.

B) Courts / prosecution / parliamentary remedies (explicitly named)

- Amtsgericht Tiergarten (Berlin) – referenced in connection with a decision later reviewed by Landgericht Berlin.
- Landgericht Berlin – multiple items, including a formal “Beschluss” and references to later proceedings.
- Kammergericht Berlin – formal “Beschluss” in an investigation regarding detention staff; also addressed in multiple later letters.
- Generalstaatsanwaltschaft Berlin – referenced as having issued a decision that was challenged.
- Bundesgerichtshof (Federal Court of Justice) – addressed in a “Widerspruch” letter with a file reference.
- Deutscher Bundestag – Petitionsausschuss (Petitions Committee) – “Widerspruch” letter with a petition number.

C) Human-rights bodies / NGOs explicitly mentioned

- Amnesty International – direct letter addressed to Amnesty International’s International Secretariat; Amnesty is also mentioned in clinical/social-work notes.
- European Court of Human Rights (ECtHR) – the file includes letters indicating an ECtHR application with a case number and ongoing procedure references.
- UN (“the UN”) – the file includes statements that copies of petitions/letters were sent “to the UN,” and that neutral UN/EU experts were requested.
- Red Cross (“Rotes Kreuz”) – mentioned as an organization contacted for help in clinical notes.
- European Parliament – mentioned in clinical notes (planned protest action).

D) Medical institutions named

- Vivantes (incl. Auguste-Viktoria-Klinikum / Klinik for Internal Medicine – Infectiology / Gastroenterology; doctor letter dated 04.07.2011).
- Franziskus-Krankenhaus – explicitly named as the transferring hospital in 2011.
- DRK Kliniken Berlin Köpenick – correspondence about not locating older records (2005).
- Krankenhaus der Berliner Vollzugsanstalten (prison hospital) – diagnostics/endoscopy/sonography records.
- Charité – referenced in several places, including past psychiatric treatment references.

3) Key medical point you raised: “schizophrenia diagnosis” vs fever/infection context

A crucial correction/clarification from the documents:

- In the Vivantes doctor letter dated 04.07.2011, the diagnosis list includes “V.a. paranoide Schizophrenie” (German “V.a.” = *Verdacht auf* = “suspected”, not necessarily a finalized diagnosis).

- The same letter clearly states the reason for admission was transfer from Franziskus-Krankenhaus with fever (Fieber), recurrent vomiting (rez. Erbrechen), and swallowing difficulties (Schluckbeschwerden), plus infectious-disease treatment and endoscopy findings (e.g., Soorösophagitis). This supports your point that the psychiatric label appears in a context of serious acute physical illness, not “purely psychiatric admission.”
 - A later psychiatric/social-work section in the same clinical material describes extensive legal/social conflict, notes the patient’s belief that many institutions failed to help, and explicitly mentions that he sought help from Amnesty International, political parties, and the Red Cross, and also notes statements like “he is NOT schizophrenic” appearing in that narrative context.
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4) Procedural timeline (courts/complaints/“why they did not examine”)

This section directly answers your criticism that earlier summaries did not mention court instances and reasons.

4.1. 1999 detention complaint content

The file contains a detailed written complaint describing alleged ill-treatment in detention (dated around 02.11.1999) and a request for information about health/illness and treatment.

4.2. Requests for medical records (2005)

- 06.04.2005: letters requesting copies of medical records from the detention administration and from DRK Klinikum Berlin-Köpenick.
- Police President Berlin letter: states documents cannot be sent by post; inspection possible by appointment; refers also to LABO/Ausländerbehörde for immigration file issues (note: the letter header shows a date “15.04.2004” while also referring to receipt of a 2005 letter—an internal inconsistency visible in the document).
- DRK Kliniken Berlin Köpenick (04.05.2005): states they cannot locate the “Erste Hilfe” / inpatient station data and asks for more details on the stay.

4.3. Complaint to Police President and named witnesses (2005)

- 22.06.2005: letter to Polizeipräsident von Berlin (z.Hd. Herr Dieter Glietsch) referencing a complaint/lawsuit (stated as “Meine Klage von 21.03.05”) regarding the “tragedy” of 02.11.1999, asking that witnesses be heard. Two witnesses are explicitly named: Faiq Hüseyinli and Svetlana Pozuk.

4.4. German criminal-procedure “why the court did not examine” (Kammergericht decision)

A key document is a Kammergericht Berlin “Beschluss” dated 11 December 2007 in an investigation against employees of the deportation detention for “Körperverletzung im Amt u.a.” (bodily injury in office, etc.).

What it decides (the “why not examined” reason):

The Kammergericht states that the applicant’s request for judicial review of a decision by the Generalstaatsanwaltschaft Berlin (16 Oct 2007) is rejected as inadmissible because:

1. it was not filed within the one-month deadline (Monatsfrist) under § 172 Abs. 2 Satz 1 StPO, and
2. it was not signed by a lawyer as required by § 172 Abs. 3 Satz 2 StPO.

This is a concrete, document-based procedural reason explaining why the court did not reach the merits of that specific remedy attempt.

4.5. Other documented courts / remedies in the file

- Landgericht Berlin “Beschluss” (17.12.2003) connected to an Amtsgericht Tiergarten decision, declaring a reopening (Wiederaufnahme) admissible in a criminal matter (Ausländergesetz context).
- Bundestag Petitions Committee (30.04.2008): “Widerspruch” with a petition number; the letter states copies are sent to the UN and the European Court of Human Rights (procedure no. 6859/08 referenced).
- Amnesty International letter (05.05.2008): direct complaint to Amnesty about human-rights violations, listing medical conditions and describing systemic abuse claims.
- ECtHR application reference (04.03.2008): letter to a lawyer (Jörg Heynemann) stating an application at the European Court of Human Rights filed on 15.02.2008, case no. 6859/08, requesting documents to continue the procedure.
- Bundesgerichtshof letter (18.08.2009): “Widerspruch,” file reference 2 ARS 346/09, challenging a response by the Federal Prosecutor (Bundesgeneralstaatsanwalt) and insisting on an investigation.

5) Which EU/ECHR and UN instruments are implicated (based on the file)

Below is a structured mapping. “Implicated/engaged” means arguable based on the documented allegations + procedural record.

5.1 Alleged ill-treatment in detention and state responsibility

European (ECHR / Council of Europe)

- ECHR Article 3 (Prohibition of torture / inhuman or degrading treatment): engaged by allegations of beatings, stripping, harsh treatment, and associated suffering while in custody.
- ECHR Article 3 (procedural limb): a duty to conduct an effective investigation into credible allegations of serious ill-treatment. The file shows attempts to trigger investigation/prosecution and a later procedural rejection by the Kammergericht.

UN instruments

- UN Convention Against Torture (CAT)
 - Art. 2 / 16 (prevention; cruel, inhuman or degrading treatment),
 - Art. 12 (prompt and impartial investigation),
 - Art. 13 (right to complain and have the case examined),
 - Art. 14 (redress).

The file’s detention ill-treatment allegations + attempts to obtain investigation map here.

- ICCPR Article 7 (no torture/ill-treatment) and Article 10 (humane treatment of detainees).

5.2 Effective remedy / access to justice (your main point about courts not examining)

European (ECHR / EU Charter)

- ECHR Article 13 (effective remedy): engaged where a person alleges serious ill-treatment and claims the domestic system did not provide an effective path to investigation/redress.
- ECHR Article 6 (access to a court / fair trial): can be relevant in civil rights/disability/guardianship type disputes and some criminal-procedure contexts, but does not guarantee a right to have someone prosecuted. In your file, at least one remedy attempt was rejected on formal grounds (deadline + lawyer signature). Whether that becomes an Article 6/13 issue depends on proportionality, legal-aid access, disability/health barriers, and overall effectiveness of remedies.
- EU Charter of Fundamental Rights Article 47 (right to an effective remedy and a fair trial): potentially relevant if the underlying matter falls within the scope of EU law (e.g., immigration/detention aspects under EU frameworks).

UN instruments

- ICCPR Article 2(3) (effective remedy) and Article 14 (fair trial).
- CRPD Article 13 (Access to justice) may be relevant if disability and lack of support/representation affected the ability to comply with procedural requirements (e.g., lawyer signature / deadlines).

5.3 Health / medical care / medical records

European (ECHR)

- ECHR Article 3 (minimum level of severity): inadequate medical care in detention or serious neglect may reach Article 3 depending on severity. The file contains extensive medical material and allegations of harmful treatment.
- ECHR Article 8 (private life; physical/psychological integrity; access to personal medical information): engaged by repeated attempts to obtain medical records and by medical/psychiatric labeling issues.

UN instruments

- ICESCR Article 12 (right to the highest attainable standard of health) – relevant as a framework when arguing systemic denial of appropriate care.

5.4 “Schizophrenia” label, and why the fever context matters legally

From the documents, the psychiatric item is recorded as “suspected” (V.a.) within a context of severe physical illness and HIV-related/infectious gastroenterological conditions. This is important because:

- If a psychiatric label influenced legal capacity, guardianship, credibility, or access to remedies, it can tie into Article 8 (private life/integrity) and CRPD protections;
- Any complaint that a psychiatric label was misused to block remedies would also link back to Article 13 (effective remedy) and CRPD Article 13 (access to justice).

6) What the file already proves vs what is still needed

6.1 Strongly document-supported points

- You contacted Amnesty International (direct letter in the file; also mentioned in clinical notes).
- You pursued multiple domestic routes, including petitions/complaints and court steps (Bundestag petition, Landgericht/Kammergericht, Bundesgerichtshof correspondence).
- A Kammergericht decision states why one judicial review attempt was not examined on merits (deadline + missing lawyer signature).
- The 2011 hospital letter explicitly records fever and serious physical symptoms as the admission reason while listing suspected paranoid schizophrenia in the diagnosis list.

6.2 Evidence still helpful for a stronger “violation” conclusion

To argue a definitive violation (especially under ECHR Art. 3/13 or CAT 12/13), typically needed:

- complete prosecutorial decisions (including the referenced decision of 16.10.2007) and the full investigation file context;
- final outcomes of ECtHR proceedings (admissibility/decision) and any UN communications (if any formal case number exists);
- evidence of legal-aid requests/denials and disability-support requests (to assess whether procedural requirements were realistically accessible);
- full medical records for the key detention dates and any forensic documentation of injuries.

7) Practical “how to use” this report (submission-ready framing)

If you will submit to an institution, the clearest structure is:

1. Facts & dates (detention event; medical consequences; record requests),
2. Remedy steps (what you filed, where, and what the response was),
3. Documented procedural barrier (Kammergericht inadmissibility reasons),
4. Treaty mapping (ECHR Art. 3 + procedural duty; Art. 13; CAT 12/13; ICCPR 2(3)/7/10; CRPD 13),
5. Requested relief (investigation, records, rehabilitation/compensation, safeguards).

Everything above is already aligned to that structure.

1) ChatGBT reporte PDF 02.11.1999

ChatGPT Report (English)

Subject: Review of possible European (ECHR/EU) and UN human-rights violations, plus dates & documented illnesses (based only on the provided files)

Sources reviewed:

- Scanned medical/legal file “Oca 21, Belge 734.pdf”
- Scanned medical/legal file “Oca 21, Belge 752.pdf”

Important note: This is not a court finding and not legal advice. It is a structured mapping: *what is alleged/documented in the files → which international/European rights instruments are typically relevant.*

1) Key incident(s) and dates (from the documents)

A) Alleged ill-treatment and medical emergency in detention

02.11.1999 – Abschiebungsgewahrsam Köpenick (Berlin)

A written complaint describes an acute medical episode (severe breathing difficulty, vomiting, cramps, bluish fingernails, inability to move), followed by alleged degrading and violent treatment by police/guards, including:

- being locked alone despite fear of another attack;
- lack of response when knocking for help;
- self-injury to attract attention;
- a degrading gesture interpreted as “lick the vomit”;
- being dragged by hair into solitary, stripped naked, threatened;
- approximately 14 days in solitary confinement;
- medical examinations where the person says he was not informed of diagnosis/results and no interpreter was present; he says communication was almost impossible.

B) Detention / migration history (medical statement)

22.05.2002 – Medical statement (Berlin)

A medical statement connected to the *Behandlungszentrum für Folteropfer Berlin* describes: entry in Aug 1998; arrest and transfer to Köpenick; ~3–3.5 months in deportation custody; complaints of blood in stool and severe psychological distress; medication given without knowing names; later another ~3.5 months detention; participation in hunger strike; “Duldung” dated 29.06.2001, extended to 24.07.2002; at that time no asylum application filed.

C) Access to medical records / information

06.04.2005 – requests for medical file copies/results

Letters show repeated attempts to obtain copies of detention/hospital medical files (1998–1999) and to learn *which injections/medications were administered and why.*

04.05.2005 – hospital reply

A hospital reply states they could not find him in emergency/inpatient records and asks for more details.

15.04.2005 (document date appears) – police/authority reply about medical documents

A letter states no documents will be sent by post; the person may inspect medical documents in person by appointment.

22.06.2005 – follow-up complaint

A follow-up letter complains about not receiving his own documents and again requests medical records and details of injections/medications.

2) Dates and documented illnesses (medical timeline)

Below are examples of clear, dated diagnoses visible in the files (non-exhaustive):

1998–1999 (early detention/prison medical records)

- 16.09.1998: Erosive proctitis (rectal inflammation); treatment recommended.
- 03.11.1998: EEG performed for therapy-resistant right-sided headaches (cephalalgia); EEG described as without clear pathological findings.
- 24.11.1999: Prison hospital form: kidney/bladder sonography “unremarkable”; rectoscopy “unremarkable.”

2001–2003 (chronic multi-system illness documented)

- 06.01.2001: Medical attestation: chronic gastritis, bronchial asthma, constipation due to GI dysfunction, hemorrhoids, depression; requires ongoing medical supervision.
- 11.01.2001: Attestation: acute influenza-like infection, acute bronchopneumonia, acute depressive syndrome; in treatment since 02.01.2001.
- 27.03.2001: Attestation: chronic asthmatic bronchitis, hiatal hernia with reflux disease, erosive gastritis, hemorrhoidal disease; reduced performance despite treatment.
- 28.03.2001: Attestation lists ulcerus ventriculi (gastric ulcer) and Hepatitis A infection, plus anxiety/depressive symptoms.
- 31.05.2002: Endoscopy: reflux esophagitis (grade II), axial hiatal hernia, erosive pangastritis; proton-pump inhibitor therapy recommended.
- 16.09.2002: Attestation references chronic recurrent prostatitis (stated duration ~3 years).
- 11.09.2003: Attestation references heart inflammation/myocarditis-related findings (wording indicates cardiac involvement).

2006–2012 (HIV and advanced medical/psychiatric diagnoses appear clearly)

- 22.06.2006: English medical certificate lists: depression (F32.2), chronic prostatitis, chronic gastritis, chronic HIV infection, vitamin B12 deficiency/anemia, myocarditis, and history of syphilis (Lues II).
- 2007–2008: Hospital documents refer to known HIV infection (including earlier periods without antiretroviral therapy) and other chronic diagnoses.
- 04.07.2011: Hospital letter lists: ulcerative esophagitis (grade III), paranoid schizophrenia, HIV CDC C3, with extensive testing.
- 13.09.2012: Medical attestation lists multiple chronic conditions including depression, chronic HIV, reflux esophagitis, B12 deficiency/anemia, and psychosis, among others.

3) Which European (ECHR/EU) and UN conventions may be violated

Again: “may be violated” = the allegations/evidence in the file *match* the type of conduct these instruments prohibit. A violation requires legal determination.

A) European Convention on Human Rights (ECHR) – Council of Europe

Likely relevant articles based on the 02.11.1999 detention complaint and follow-up documents:

1. ECHR Article 3 – Prohibition of torture / inhuman or degrading treatment
The allegations of humiliation (vomit-lick gesture), forced nudity, hair-pulling, threats/violence, and prolonged solitary confinement following a medical emergency are the kinds of facts that can fall under Article 3 when they occur in custody.
2. ECHR Article 3 (procedural duty) – duty to investigate credible ill-treatment allegations
The documents show the person filed a complaint and asked authorities to investigate and hold responsible persons accountable. If authorities failed to conduct a prompt, independent and effective investigation, that can engage the procedural aspect of Article 3.
3. ECHR Article 2 – Right to life (positive obligation to protect life in custody)
If a detainee has a potentially life-threatening medical crisis (severe breathing problems/collapse) and help is delayed/withheld, Article 2 can be implicated in serious cases. The complaint describes such a crisis and fear of being left alone without help.
4. ECHR Article 8 – Private life (bodily integrity + medical information/records)
The files show repeated claims of (a) not being informed of diagnoses/results, (b) lack of interpreter during medical interactions, and (c) difficulty accessing personal medical records and information about injections/medications. These issues can fall within Article 8’s protection of physical integrity and personal data/medical privacy.
5. ECHR Article 13 – Effective remedy
If there was no practical and effective remedy to complain about ill-treatment or denial of medical information/records, Article 13 may be relevant. The correspondence shows repeated attempts to obtain records and pursue a complaint.

B) EU fundamental rights (EU Charter) – conditional applicability

Note: The EU Charter binds Member States only when implementing EU law. Because key events include 1998–1999, EU-law applicability is fact-specific. Still, if EU migration/return rules were involved, the same core rights are mirrored:

- EU Charter Article 1 (Human dignity) and Article 4 (Prohibition of torture and inhuman or degrading treatment) – relevant to the alleged degrading/violent treatment in custody.
- EU Charter Article 3 (Right to integrity of the person) – relevant to alleged injections/medications without clear explanation/consent and forced undressing.
- EU Charter Article 35 (Health care) – relevant to access to necessary medical care in detention.
- EU Charter Article 41 (Good administration) and Article 47 (Effective remedy) – relevant to access to one’s file/records and effective complaint handling.

C) UN Convention against Torture (CAT)

Based on alleged custody abuse and the need for investigation/remedy:

- CAT Article 16 – obligation to prevent cruel, inhuman, or degrading treatment (CIDT). The alleged humiliation/threats/violence in detention matches the category of conduct covered by Article 16.
- CAT Articles 12–13 – duty to investigate and ensure the right to complain about torture/CIDT. The documents show a written complaint and requests for investigation.
- CAT Article 14 – right to redress/rehabilitation if torture/CIDT is established. References to torture-victim support services may be relevant to rehabilitation needs.

D) International Covenant on Civil and Political Rights (ICCPR)

- ICCPR Article 7 – prohibition of torture/CIDT.
- ICCPR Article 10(1) – detainees must be treated with humanity and respect for dignity.
- ICCPR Article 2(3) – right to an effective remedy (relevant if complaints/requests were not effectively handled).
- ICCPR Article 17 – privacy (can relate to control over personal medical data and access to one's records).

E) International Covenant on Economic, Social and Cultural Rights (ICESCR)

- ICESCR Article 12 – Right to health
Detention authorities must ensure timely, appropriate health care without discrimination. The files include extensive chronic illness and requests for medical information/care.

F) Non-refoulement conventions (only if deportation risk is proven)

If deportation/removal would expose the person to torture/persecution or real risk of serious harm:

- Refugee Convention (1951) Article 33 (non-refoulement) and CAT Article 3 (non-refoulement to torture) could become relevant. The provided files mention deportation custody and severe health issues, but they do not contain a full country-risk assessment in themselves.

4) What evidence is still missing for a “strong” legal conclusion

To argue a violation conclusively (especially under ECHR Art. 3 / CAT), usually needed are:

- official incident logs and medical notes for 02.11.1999;
- witness statements from the mentioned detainees;
- records of any internal investigation/prosecutorial decision;
- documentation showing refusal/delay in providing medical records and the final decisions.

If you want, I can rewrite this into a formal “Annex” style (numbered paragraphs, suitable for submission), keeping it strictly to what is in the documents and the related ECHR/UN articles.