

**BEFORE THE TRIAL CHAMBER
EXTRAORDINARY CHAMBERS IN THE COURTS OF CAMBODIA**

FILING DETAILS

Case No: 002/19-09-2007/ECCC/TC

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**FOLLOW UP GERIATRIC REPORT CONCERNING MR. NUON CHEA
IN ACCORDANCE TO TRIAL CHAMBER'S EXPERTISE ORDER E62/3,
DATED 4 APRIL 2011**

Filed By:

Prof. A. John CAMPBELL
Professor of Geriatric Medicine
University of Otago
New Zealand

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Introduction

1. I, Prof. A. John CAMPBELL, Professor of Geriatric Medicine, University of Otago, New Zealand, swear to assist the Chambers honestly, confidentially and to the best of my ability.
2. I provide this report in accordance to the Trial Chamber's Order Assigning Expert¹ and as a supplement to my initial report, titled "Geriatric Expert Report – Mr. NUON Chea"².
3. The purpose of the follow up assessment was to determine if there had been any change in NUON Chea's physical or cognitive function which would affect his fitness to stand trial as defined by paragraph 5 and 6 of the Order Assigning Expert.

Documents Reviewed

4. Report titled "Rapport Medical"³ (copy of the report attached).
5. Report titled "Examen neurologique" prepared by Calmette Hospital, dated 22 February 2011 and provided to me by the Medical Clinic staff for review (copy of the report attached).

Evaluation

6. In my evaluation, I:
 - (a) reviewed NUON Chea's medical condition with the Calmette Hospital doctors who had been responsible for his medical care since I last saw him.
 - (b) reviewed the laboratory tests, documents titled "Biochimie Sanguine", "Hemostase", "Hematologie", "Bacteriologie", "Serologie" dated 26th July 2011 (copy of the documents attached).
 - (c) reviewed the CT scan and corresponding report titled "Compte-Rendu Scanographique/IRM" prepared by Calmette Hospital, dated 22 February 2011

¹ Document Number E62/3, ERN 00656122-00656126, dated 4 April 2011

² Document Number E62/3/4, ERN 00704904 - 00704911, dated 13 June 2011

³ Document Number E62/3/4.2, ERN 00726456 - 00726457



and provided to me by the Medical Clinic staff for review (copy of the report attached).

- (d) reviewed the reports cited in paragraph 4 and 5 above.
- (e) interviewed NUON Chea in the presence of Mr Seng Phally, interpreter, ECCC on Thursday, 25 August 2011.

Cardiovascular disease

- 7. There has been no change in NUON Chea's cardiovascular disease since my assessment on the 9th of May 2011. Blood pressure has remained well controlled. He has no symptoms of angina. He has occasional episodes of shortness of breath which do not indicate heart failure. On walking to the assessment room he had a feeling of breathlessness but this was not accompanied by any tachypnoea. He says he does tire easily and his cardiovascular disease may contribute to this.

Cerebrovascular disease and cognitive function

- 8. NUON Chea has not developed any new neurological symptoms since my first assessment.

He does complain that his "brain is not normal", that he sometimes has difficulty concentrating and that he can only read for short periods. He also feels his mood fluctuates and that he can become worried and anxious.

These symptoms have been present for at least four years and are documented in the "Urgent Application for Appointment of Fitness Expert" filed by the NUON Chea Defence Team⁴. His Defence Team note that since 2007 NUON Chea has commented that his "brain (was) not normal", his "head is heavy and I cannot hear clearly", and that his thinking is generally unclear.

At both my initial interview and this review NUON Chea was able to give a clear history of his physical conditions, to review the past accurately and to

⁴ Document Number E30, ERN 00641421 – 00641435, dated 2 February 2011

answer questions appropriately. In a formal test of memory and cognition carried out by a neurologist this year⁵ NUON Chea's Mini Mental State Examination score was 30/30. NUON Chea's CT head scan, done on the 22nd of February 2011, showed changes consistent with his age and his previous stroke. There was no evidence of any other underlying brain disorder.


If NUON Chea had an underlying neurological disease, such as a dementing illness, to account for his symptoms of four years, this would have been evident on clinical assessment and cognitive function testing. His difficulty concentrating, his mood changes and his feeling that his brain is not normal are most probably due to fatigue from his physical health problems, the effort required for his daily living activities and psychosocial factors.

Recommendations

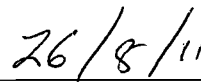
9. There has been no significant change in NUON Chea's physical and cognitive function since my initial assessment.

He does have a number of chronic health problems in addition to his age which do affect his ability to sit and concentrate for long periods. He says that the maximum time he can manage to concentrate without a rest period is an hour and a half. The length of time he can concentrate does vary and can be shorter than the hour and a half. This will need to be considered when determining the Court sitting times.

Signed



Prof. A. John CAMPBELL



Date

⁵ Refer Paragraph 5 of this report; document attached