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International Rehabilitation  
Council for Torture Victims

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## Report from the IRCT President

By Dr Bhogendra Sharma, President

The year 2004 has been a challenging year for the IRCT and the movement against torture. Many of the results that we have achieved with regard to human rights and better treatment for victims of torture through many years' hard work have been challenged in a way that we would not have imagined just a few years ago. As a response to this development, the Council of the IRCT at its annual meeting in Turkey in October agreed to the Antalya Declaration. This declaration condemns the use of any kind of state and non state terrorist act for any purpose whatsoever, since these acts constitute a gross violation of human rights, mostly against innocent civilians. But the threat of terrorism does not allow states to lower the standards for human rights as contained in international human rights and humanitarian law that have been laboriously developed since the Second World War.

The IRCT Council shares the views of UN Secretary-General Kofi Annan, who emphasised in his opening speech at the UN General Assembly this year, that the world was facing shameless attempts, even by certain states, to destroy universal human rights values. Unfortunately, there is ample evidence to suggest that medical doctors have been directly or indirectly involved in these inhuman practises, thereby acting in clear contradiction to the World Medical Association's Declaration of Tokyo of 1975 and the United Nations Principles of Medical Ethics adopted in 1982. As a minimum, these doctors must be held accountable by their professional disciplinary bodies. Steps should also be taken by professional bodies to ensure that the legal framework and individual contracts of employment protect doctors and other health personnel at risk of being obliged to act in contradiction to established medical ethics, especially regarding the non-involvement in torture.

In the extensive media coverage of the Abu Ghraib scandal, very little was said about the needs of the victims for appropriate reparation, including physical, psychological, social, legal and moral rehabilitation. Unfortunately this is a general trend, as confirmed by the constant shortage

of funds for assistance to victims of torture and by the few instances of appropriate reparation being granted to victims – despite the clear obligations in this respect contained in international instruments, specifically the United Nations Convention against Torture.

On behalf of the IRCT Executive Committee, special thanks to Vice President Dr Camelia Doru who was especially assigned in the period of change on behalf of the Executive Committee to shape up the Secretariat which had to undergo significant but necessary changes during 2004. The IRCT Council has agreed upon a new strategy for the organisation and for the international work supporting victims of torture which will be the guiding principle for the Secretariat and member organisations for the next five years. A new Secretary-General, Brita Sydhoff, is now heading the Secretariat in Copenhagen and her task is to implement the strategy, and her past experience gives strong indications that she will lead the Secretariat to achieve the goals set by the IRCT Council.

First of all, I would like to thank Denmark for its substantial and continuous support to our work not only financially but through a range of anti-torture initiatives in support of organisations that are helping victims of torture worldwide. I would also like to use this opportunity to thank the Dutch government for new support to the IRCT. The Dutch government is well known among all of us for its very important contribution to support the victims by generously and continuously contributing to the UN Voluntary Fund of Torture Victims (UNVFTV) in the past years. Furthermore, I also wish to thank the other Nordic countries and all our private donors for support, in particular the OAK Foundation, which again in 2004 stepped in and helped the rehabilitation centres through the crisis that followed the delay in the UNVFTV grant to the organisations providing support to victims of torture. Additionally, a special thanks to the Hilton Foundation for the Conrad N. Hilton Humanitarian Prize in 2003. This has been an important acknowledgement and a significant contribution to our work.



## Report from the IRCT Vice President

By Camelia Doru, Vice President

The first nine months of the year were hectic for the IRCT. The presidency continued to undertake a number of executive tasks in the absence of a Secretary-General. In this period, the process of drafting a new strategy took place – a process that was completed at the Council meeting in October.

In this period three more centres have been accredited by the IRCT: Association Parcours, Paris, France, Independent Medico Legal Unit, Nairobi, Kenya, and Foundation for Society and Legal Studies (TOHAV), Istanbul, Turkey, bringing the number of centres accredited by the IRCT to a total of 97.

After having brought the financial situation under control, a priority task for the Executive Committee was of course the launching of the search for a new Secretary-General in accordance with the criteria agreed upon in December 2003. The position for Secretary-General was internationally advertised in April through a recruiting agency and in June a candidate was selected among the 138 applicants by the Executive Committee. On September 27, Brita Sydhoff, who came from a position as Head of the International Law and Refugees Department of the Swedish Red Cross, took over the position.

### Lobbying the EU

In January 2004 the President of the Executive Committee and I had meetings in Brussels with the European Commission and members of the European Parliament to follow up on the IRCT's campaign launched in 2003 to restore the financial support from the EU to rehabilitation centres for victims of torture. The continued advocacy efforts co-ordinated by the liaison office of the IRCT in Brussels finally led to two new EU Calls for Proposal under the European Initiative for Democracy and Human Rights announced in August 2004. A total of EUR 10 Million was made available

under the first call for rehabilitation centres and programmes worldwide, while EUR 6 Million was allocated for projects in the field of torture prevention.

In February 2004, I had the opportunity to plead for increased state contributions to the United Nations Voluntary Fund for Victims of Torture (UNVFTV) in meetings between the Office of the High Commissioner for Human Rights, the Board of Trustees of the UNVFTV and representatives of the permanent missions to Geneva of countries in both the Western and the Eastern Group. This was later followed up by similar meetings with representatives of the African, Asian and Latin-American groups. Discussions were also held with the new Secretary and the staff of the UNVFTV. However, the failure to appoint/reappoint members of the Board of Trustees in time for the normal annual review session in May created an unprecedented delay in the 2004 allocation of funds from the UNVFTV to centres providing assistance to victims of torture.

In this context, the IRCT General Secretariat initiated several urgent actions. Appeals were launched to the UN Secretary-General, Kofi Annan and the UN High Commissioner for Human Rights, Louise Arbour urging them to ensure that the funds to rehabilitation centres for torture victims be approved as soon as possible.

### Direct support to rehabilitation centres

The IRCT Secretariat directly supported the rehabilitation centres and programmes in 2004. The Executive Committee decided to dedicate one half of the Hilton Humanitarian Prize as direct grants to rehabilitation centres in severe financial difficulties. The amount available was USD 500,000 and a total of 20 rehabilitation centres benefited from the Prize money, which also provided funds for a number of centres' participation in regional meetings in Latin America, Asia and Africa. As in previous years, in 2004 a grant of USD 400,000



Members of the IRCT Executive Committee, Ms. Nomfundo Walaza, South Africa, Dr. Bhogendra Sharma, Nepal, Secretary-General Brita Sydhoff, Dr. Camelia Doru, Romania, and Mr. Niels Krustup.

was made available by the OAK Foundation and distributed as direct grants to 33 different rehabilitation centres and programmes. Furthermore, the OAK Foundation in August agreed to provide an advance of 200,000 USD from the expected centre grants for 2005 in order to avoid the temporary or permanent closing of centres as a consequence of the 2004 UNVFVT grants delay.

To the extent possible, the IRCT tries to co-ordinate regional meetings with the Centre for Victims of Torture (CVT), the United States and the Rehabilitation and Research Centre for Victims of Torture (RCT), Denmark, which also fund some regional activities, in order to avoid duplication of tasks but use the scarce funds as constructively as possible.

A more flexible interpretation of regions may be appropriate based on a concrete assessment of the situation. In 2004 Sudan and Egypt were invited as observers in the Sub Saharan African Region even though they are members of the Middle Eastern and North African network.

Together with the President of the Executive Committee, I also attended the 60th session of the United Nations Commission on Human Rights in March/April and took the floor for an oral statement on behalf of the IRCT. The IRCT for the first time made an oral statement jointly with Physicians for Human Rights (USA) and the World Medical Association (WMA). During the session of the Human Rights Commission the IRCT held a parallel meeting on "The role of rehabilitation centres in prevention of torture" in which the UN Special Rapporteur on Torture took part.

In May 2004, the IRCT General Secretariat was invited by the Danish Ministry of Foreign Affairs to submit a project proposal to facilitate the establishment of reha-

ilitation services for torture victims in Iraq. Upon the Ministry's request, an initial proposal was submitted. The project framework was approved and funding of 1 million USD was tentatively committed by the Ministry. A planning meeting with participation of colleagues from Iraq and representatives from that regional network of rehabilitation centres as well as from the Association for the Prevention of Torture (APT) and Redress took place in Cairo in August 2004.

The IRCT Brussels Liaison Officer participated on 26 June 2004 in a joint CINAT (Coalition of International NGO's Against Torture) event organised by the APT in Geneva to discuss obstacles and best practices for ratification and implementation of the Optional Protocol to the United Nations Convention against Torture.

Additionally, I participated on behalf of the IRCT in informal consultations in Geneva on the proposed UN Principles for reparations to victims of serious human rights violations.

I wish to thank all partners, the Executive Committee and the staff for support during this very intensive year, and to welcome Brita Sydhoff as Secretary-General of the IRCT. Personally I will now again be able to concentrate on the tasks of the ICAR Foundation in Romania and on the work at the political level as a member of the Executive Committee.

*Dr. Camelia Doru from the ICAR Foundation in Romania headed the Secretariat in the months January-September 2004 awaiting the new Secretary-General.*



## Report from the IRCT Secretary-General

By Brita Sydhoff, Secretary-General

The Netherlands Ministry of Foreign Affairs in October 2004 decided to support the IRCT with EUR one million each year over the next four years. This generous grant has given the Secretariat the security it needs to restore its capacity to function well and to be able to deliver services to the centres and programmes around the world. This funding secures the core activities of the Secretariat. We now concentrate on developing new programme opportunities and to secure funding for the rehabilitation of torture victims in specific regions in the developing world.

In October 2004 the IRCT Council met in Antalya, Turkey, and adapted a new strategic plan for 2005 through 2009. The strategy re-affirms the mission of the IRCT, to promote and support the rehabilitation of torture victims and work for the prevention of torture.

The strategic plan further gives a clear direction in terms of priorities for the future work of the Secretariat. We are going to:

- Increase funds available for the rehabilitation for victims of torture.
- Strengthen existing rehabilitation centres, regions and networks to improve the quality and increase the quantity of service.
- Keep rehabilitation of torture victims and prevention of torture on the political agenda of governmental and intergovernmental bodies.
- Secure integration of rehabilitation in national health systems.
- Advance knowledge in the field, improving both the knowledge level of practitioners and the scientific body of knowledge in the field of rehabilitation of victims of torture and the prevention of torture.
- Develop and support new initiatives for torture victims.

The IRCT is in a unique position as an international, health professional NGO working with rehabilitation of torture victims through our global network of rehabilitation centres. The Secretariat will strengthen its role as a service provider for this network. The victims of torture must be identified and supported wherever they are and with whatever means we have available. Our work targets the individual victims of this man-made disaster.

Efforts to prevent and stop torture are also at the forefront of our efforts. Human rights standards must also be upheld in times when society has to address terrorism. Our credibility of being able to succeed in building peaceful societies depends on how we address perpetrators; they must be brought to justice.

In order to fulfil our objectives, the Secretariat will further facilitate the collaboration between rehabilitation centres for torture victims in the industrialised world and rehabilitation centres and programmes in the developing world. The global network will be strengthened through collaboration built on our common will and know-how.

Our vision, that victim's rights and needs be addressed all over the world, stands firm.

## The Global Network of Rehabilitation Centres and Programmes

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The Secretariat of the IRCT maintains an ongoing dialogue with centres, programmes and networks and offers them technical assistance, ranging from requests for information, input to research projects, provision of training and financial support.

### Uganda submitted the first report to the UN Committee against Torture

Of the 134 States Parties to the UN Convention against Torture, 38 are overdue in submitting their initial reports to the UN Committee against Torture. Until 2004, Uganda was the country most in arrears, as the country's initial report was due on 25 June 1988.

However, a USD 50,000 grant from the Royal Danish Embassy in Kampala made it possible for the IRCT to implement the project "State Party Reporting by Uganda to the UN CAT", which facilitated the submission of the initial report by Uganda to the CAT.

The project equipped the Ugandan Government with the knowledge and resources necessary to prepare the report. Members of a Ugandan Inter-Ministerial Group participated in a five-day seminar from January 12-16, 2004, where leading government officials and NGO representatives working in the field of torture prevention participated.

Increasing the communication, collaboration and exchange of know-how between centres and programmes are among the core activities of the Secretariat. Experience has shown that staff at different centres can learn from each other, especially when they come from the same region and share some of the same cultural and socio-economic traditions. In 2003, there were five regional meetings:

### Europe

The European Network of Torture Treatment Centres, which is an informal regional network in which a range of European centres and the IRCT participates, met in Romania in April, where different working groups discussed treatment, research, advocacy, documentation and fundraising as well as different matters regarding the mobilisation of international donors, the EU legislation on asylum, etc.

### The Middle East and North Africa

The AMAN network of rehabilitation centres for victims of torture in the Middle East met in Cairo, Egypt, in August 2004. The network meeting addressed the future governance, structure and activities of the network and elections were held. Dr Nagib Nagmeldin of the Amel Centre in Khartoum, Sudan, was elected as the new focal person of the network.

### Asia

In Cochin, India, the Asia network met in August for a regional training seminar. 39 participants, including representatives from 12 Asian rehabilitation centres benefited from the training which utilised regional trainers and local resources. The seminar was funded by the EU with some additional support from the OAK Foundation to the TOP centre, India. Topics included: criteria for diagnosis as torture victims, treatment models, medical documentation, the Istanbul Protocol, supervision and legal proceedings. Representatives from two new centre initiatives were present: Korean Rehabilitation Centre for Torture Victims (KRCT) from South Korea and Trauma Rehabilitation Centre (TRC) from Sri Lanka.

### Sub Saharan Africa

The Sub Saharan Africa Regional meeting took place in Addis Ababa, Ethiopia in September. Participants from 11 centres in 8 countries took part in the meeting, where agreement was reached on the need for a focal point for the continent, to be placed in Addis Ababa. The network will increase the search for funding and is considering an accreditation system for African centres. Finally, the participants signed a communiqué condemning the events taking place in Darfur, Sudan, and sent it to the EU, the UN, the Sudanese government, the African Union and a number of human rights organisations. Efforts to assist in the Darfur region was agreed upon at the meeting.

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### Research awarded

Lucila Edelman, Director of Argentine Team of Psycho-Social Work and Research (EATIP) and member of the IRCT Council, and Diana Kordon, Co-ordinator at EATIP, were recognised for their research project "Multigenerational psychological effects of dictatorial repression".

They were awarded the John Simon Guggenheim Memorial Foundation Fellowship after working in this special field for 25 years.

The John Simon Guggenheim Memorial Foundation has awarded thirty-six Fellowships, with a total grant allocation of \$1,188,000, to advanced professionals in all fields (natural sciences, humanities, creative arts) from Latin America and the Caribbean. There were 819 applicants.

*Diana Kordon  
is Co-ordinator  
at EATIP*



*Lucila Edelman  
is Director of  
EATIP and  
member of the  
IRCT Council.*





The Council of the IRCT and staff members present at the Council Meeting, which was hosted by the Human Rights Foundation of Turkey (HRFT) in Antalya, Turkey.

### Latin America

The Latin America Regional Network Meeting in Buenos Aires, Argentina, was held on October 1-2. Representatives from 15 centres in 13 countries participated in the meeting, where it was decided to launch a joint publication as of 26 June 2005 and to issue more joint statements.



### Support to torture victims in Iraq

In the Spring of 2004, the Danish Prime Minister, Mr Anders Fogh Rasmussen, expressed the Danish Government's wish to support torture victims in post-war Iraq with a grant of USD 1 million, as a part of the effort to re-build the Iraqi society. In this context, the IRCT was asked to present a project for the establishment of a rehabilitation programme in Iraq.

This was a highly welcome opportunity for the IRCT to assist the thousands and thousands of Iraqi citizens who have been tortured during decades of dictatorship and war. The first assessment of appropriate intervention strategies took place at a seminar in Cairo, Egypt, on August 7-9, 2004. Medical experts from Iraq and its neighbouring countries met with international and Iraqi expatriate resource persons, all of whom provided input to the project and discussed ways in which effective rehabilitation activities in Iraq could be developed and implemented. The programme is developing fast.

### IRCT Training Activities

The Secretariat of the IRCT has in addition to the project activities and network support provided training about the medical aspect of torture. A total of 320 persons from 58 different countries have participated in 11 teaching sessions about the medical aspect of torture and the two conventions against torture. The participants included judges, prosecutors, police and prison officers and human rights defenders. NGO as well as government staff has participated. Training sessions have taken place at the domicile of the secretariat in Copenhagen as well as in Kenya (where 100 persons participated), and Zimbabwe (training for 50 lawyers).

## The Rule of Law and Development: Less Torture and more Development Programmes for a Safer World

The Indian economist and Nobel laureate Amartya Sen saw development as a process of expanding human freedom in which assessment should take into consideration basic capabilities like being able to avoid starvation, political participation or uncensored speech. Thus, development depends on the ability of States to create choices and opportunities, without excluding minorities, while respecting human rights and rule of law.

This philosophy was followed by the 1993 Vienna Human Rights Declaration, which established the interrelation and the interdependency of human rights and development. In this sense, for example, breaches of civil and political rights will immediately have a negative repercussion on social and economic rights as well as on the development of a country.

Although there are some voices which maintain that democracy and respect for human rights jeopardise economic growth, the relationship between exclusion, poverty, violation of human rights and terrorism is well established. This has been clearly stated by the United Nations Secretary General High Level Panel in their Report on Threats, Challenges and Changes. In its



Breaches of civil and political rights have a negative impact on the development of a country.

report "A More Secure World: Our Shared Responsibility" an important part is dedicated to the relationship between development and terrorism. The authors state that development is instrumental for a collective security system that takes prevention seriously. In this interpretation, the index of human development is relevant to the global security and the threat of terrorism.

#### Commitment to good governance

Prevention obviously seems the best cure when terrorism is the subject. In the United Nations Millennium Declaration, States committed themselves inter alia to spare no effort to promote democratic rule of law and respect for human rights.

Human development, justice and States that respect the law are instrumental aspects in prevention. In this light,

the United Nations Millennium Development Goals require a commitment to good governance, which includes the promotion of human rights, particularly civil liberties and political freedom.

The human rights approach to development and poverty eradication is based on moral and legal obligations and emphasising the significance of accountability, transparency and rule of law.

However, development seen as an enhancement of freedom inherently addresses the deprivation of freedom.

During the first years of the 21st century and after the events of September 11 2001 there has been a feeling of failure of the existing security institutions on the one

hand, and fear of a powerful potential global threat on the other. The potential threat was confirmed on March 11, 2004, by the Madrid bombing.

These factors, first, the failure of the security institutions and second, the existence of a potential international threat from which no country could claim to be safe; have induced some States to take security measures that imply a limitation or suspension of civil rights and fundamental liberties.

#### Role model countries

International terrorism and security threats are not new in history. Unfortunately, attempts of justifying human rights violations, repression and the use of torture and ill treatment to protect national security is not new either. In fact, in spite of the absolute prohibition established by the Convention against Torture, the use of torture and ill treatment is still widespread. It has been calculated that around three billion people live in countries where torture is practiced or condoned. But even worse, countries, which traditionally played a leading role in the promotion of human rights, are now using torture as an interrogation method, and information gathered under torture is admitted as evidence in judicial proceedings. This has had an especially dramatic impact on human rights since these countries act as role models for other countries. Countries with notorious human rights records see their own actions now justified. Furthermore, there is a question of whether any of these countries could retain the credibility and the legitimacy to reproach others for violating human rights.

As already mentioned, very often countries that use torture as a method of repression, (or interrogation as they call it) attempt to justify it by making a case for national security and antiterrorism. The case is also often made for justifying individual pain for national

gain, protecting the majority from a hostile minority. Yet, the social and collective repercussion of individual human rights violations are well recognised. There is no individual pain without national grief.

Moreover, extreme measures of repression, torture and ill-treatment depict a scenario where the States place themselves above the rule of law. Society lives in a cloud of fear and mistrusts the national institutions because of their arbitrary decisions. There is a perception of injustice, which becomes more acute when all of this is accompanied by poverty, exclusion and lack of choices. In this scenario, it is more likely that certain groups find a cause to begin "fighting" against what they might consider the source of oppression. The number of followers will increase in direct relation to the social exclusion and the general desperation. In conclusion, repression, exclusion and lack of choices are more likely to generate terrorist groups. Desperate and extremely poor people are ready to take incredible risks, or die terrible deaths, according to Amartya Sen.

While the proposal here is that the international community should dedicate more resources and attention to development, promotion of human rights and rule of law implementation to prevent the proliferation of terrorist groups; we are far from suggesting that these development policies should be a payment by the developed world to buy security from the third world. The success criteria of these policies would be the increase of opportunities and choices for ordinary citizens. As the former Philippine president Fidel Ramos said, "the political challenge for people around the world today is not just to replace authoritarian regimes by democratic ones. Beyond this, it is to make democracy work for ordinary people".

*By Nieves Molina Clemente, IRCT legal advisor*

*Prevention is the best cure when terrorism is the subject.*



Professor Veli Lök, IRCT Ambassador  
Dr Inge Genefke and former Danish  
Prime Minister Poul Nyrup Rasmussen

## Turkish Human Rights Defender Received the first Inge Genefke Anti-Torture Award

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Every other year, the Inge Genefke Award of USD 10,000 will be awarded to a person who has carried out particularly commendable work against torture. The Turkish professor, medical doctor and human rights defender, Veli Lök received the first Inge Genefke Award. The award honours Dr Inge Genefke, Ambassador of the IRCT and the founder of the world's first rehabilitation centre for torture victims in Copenhagen, The Rehabilitation and Research Centre for Torture Victims (RCT).

The award is conferred by the Inge Genefke and Bent Sørensen Anti-Torture Support Foundation, which was established with the generous assistance of Alan and Jette Parker, the OAK Foundation.

"The deep ethical commitment, the respect for human life and human dignity, and the compassion for those who suffer the most in this world, the victims of torture, has always been, and still is, the landmark of Inge," Jette Parker said when the award was announced. A former client of Inge Genefke, Archana Guha Jensen, was present at the award ceremony and read a text by Isabel Allende. The ceremony also included a poetry recital by actress Susse Wold, and musicians Palle Mikkelsen and Helen Davies played Palle Mikkelsen's composition "In Spite of", which is dedicated to torture victims. Poul Nyrup Rasmussen, Member of the European Parliament and former Danish Prime Minister, presented the award to Professor Lök.

*A former client of Inge Genefke, Archana Guha Jensen, was present at the award ceremony and read a text by Isabel Allende.*



Photo by Jacob Boserup

Professor Veli Lök's main priority has been to improve the documentation of torture in Turkey. Several times, he and his colleagues have been taken to court on the



Photo by Jacob Boserup

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basis of absurd allegations. Dr Inge Genefke has monitored more than 25 such court hearings in cases against health professionals who are or have been harassed and even tortured by the Turkish authorities because they treat torture victims.

The harassment of human rights defenders in Turkey is an ongoing and a very serious problem. The IRCT is deeply concerned about the sentencing on 13 February 2004 of staff members of the Turkish rehabilitation centre for torture victims, Human Rights Foundation of Turkey (HRFT). The psychiatrist, Dr Alp Ayan, was sentenced to 18 months and one day in prison. Another staff member of the HRFT, Mrs Günseli Kaya, was, together with the another 28 defendants, sentenced to 18 months in prison. Another defendant, Mr Adnan Akin was sentenced to three years in prison. The defendants were charged with "attacking the gendarmes with stones and bottles" and "resisting and opposing through violent means." According to testimonies, the police had set up barricades at the village entrance and violently attacked the group to prevent them from attending the funeral. The court failed to examine video footage documenting that the defendants did not attack the police.

In 2004 Dr Inge Genefke monitored one of the cases against Dr Alp Ayan and the case against nine executive board members of the HRFT. The General Directorate of Foundations charged the nine with "cooperating with international organisations without permission." The organisations they were accused of cooperating with included the UN Special Rapporteur for Extrajudicial, Summary And Arbitrary Executions, the rapporteur for Turkey of the European Parliament and the Council of Europe's Commissioner for Human Rights. The organisation and its activities would most likely have been shut down if the nine board members had been convicted.

*The ceremony also included a poetry recital by actress Susse Wold, and musicians Palle Mikkelsen and Helen Davies played Palle Mikkelsen's composition "In Spite of", which is dedicated to torture victims.*

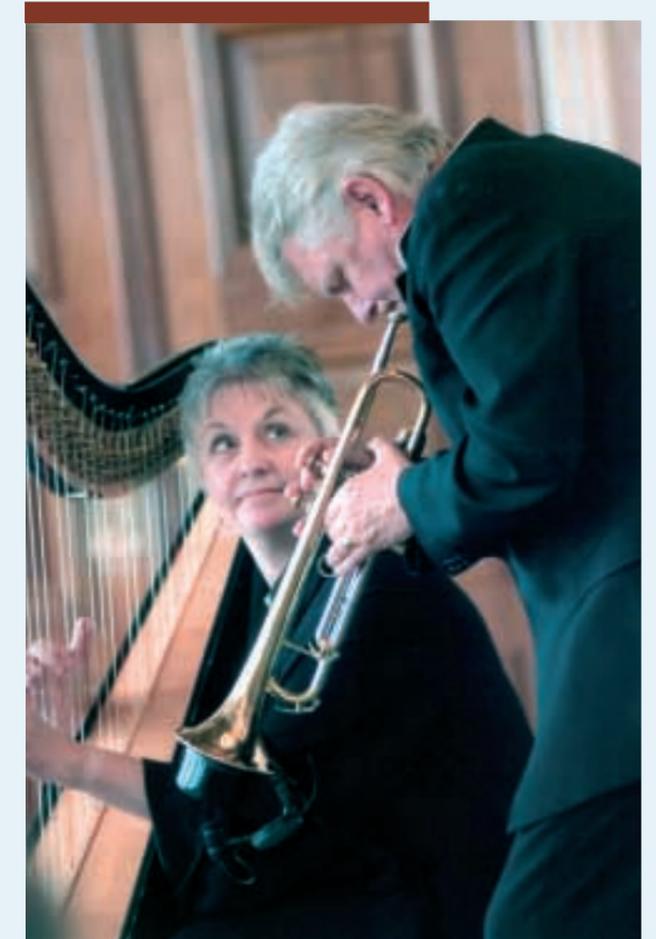


Photo by Jacob Boserup

The participants in the training seminar held in Sri Lanka.



## Investigating and Documenting Torture: The Istanbul Protocol Implementation Project

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The UN Convention against Torture details in clear language that states should punish perpetrators of torture and ensure that victims are offered rehabilitation and redress. In spite of this legal requirement, torturers are seldom punished and torture victims rarely get any kind of redress as compensation for their suffering.

**The Istanbul Protocol** is the first set of international guidelines for the investigation and documentation of torture. The Protocol is endorsed by the United Nations and contains detailed procedures and practical advice for medical and legal experts on how to recognise and document symptoms of torture in order that the documentation may serve as valid evidence in court.

The Istanbul Protocol Implementation Project is an ambitious two-year project which aims to increase

awareness, national endorsement and tangible implementation of the Istanbul Protocol in five pilot countries, thereby developing a flexible framework for the step-by-step implementation of the Protocol on a global scale. The project was launched in 2003 by the IRCT in partnership with the World Medical Association (WMA) and is carried out in collaboration with the Human Rights Foundation of Turkey (HRFT), Redress Trust, Physicians for Human Rights USA (PHR USA), besides a wide range of national partners.



A poster was produced for the promotion of the Istanbul Protocol Implementation Project in Mexico.

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### Training seminars in five countries

In 2004, five training seminars were successfully implemented in Uganda, Georgia, Morocco, Mexico and Sri Lanka. The seminars form the core of the Istanbul Protocol Implementation Project, and they have successfully helped to increase awareness, national endorsement and concrete implementation of the Istanbul Protocol, reaching a total of 244 health professionals and 123 legal professionals.

In spite of the international standing of the Istanbul Protocol among legal, health and human rights experts, the awareness of the Protocol is still relatively limited. In many cases, medical and legal university curricula do not provide instruction on the examination and treatment of torture victims, or the consequences of torture. As a result, many health and legal professionals have little or no training in the investigation and documentation of torture, which requires specific technical skills and knowledge of both medical and legal procedures to be conducted effectively.

Both local partners and a majority of seminar participants have displayed great commitment as to a continuation of the activities. In the spring of 2005, a thorough analysis of results, recommendations and lessons learnt will be conducted in order to assess how activities may best be consolidated and strengthened in the current project countries as well as to examine the possible extension of the project to new countries. As part of this process, evaluation missions will be carried out to each of the five countries, during which a set of recommendations for the further and full implementation of the Protocol will be presented to the relevant national authorities.

### A move in the right direction

The training seminars have provided an essential first step towards the implementation of the standards in

the Protocol in the five project countries by raising awareness of the importance of effective investigation and documentation of torture, and by providing the relevant professional groups with the practical tools to undertake this task:

- 1 The seminars confirmed the need for dissemination of knowledge and training on the principles of the Istanbul Protocol
- 2 The relevance and importance of the target group was highlighted and participants were equipped with a better understanding of respective and complementary roles
- 3 Equally important was the informal networking among participants. In several cases the training constituted the first occasion for health and legal professionals, representing both governmental and non-governmental institutions, to come together to exchange ideas and experiences
- 4 Joint discussions on measures for future collaboration and follow-up resulted in concrete and detailed listings of obstacles and challenges to the prevention of torture as well as recommendations on how to overcome these.
- 5 The project has been subject to wide interest from both professionals and high-level government officials/ministers who have endorsed the project and participated in seminars as keynote speakers. The seminars did also attract good media attention and received press coverage in local TV, radio and newspapers.
- 6 While the project in its design focuses on the prevention of torture, it has the additional advantage of addressing and strengthening local efforts in the rehabilitation of victims of torture.

## Institutional Relations and Urgent Actions

### The European Union

In 2004, the IRCT inaugurated a new Brussels office. The IRCT has had a liaison office in "the capital of Europe" since 1999. The new office is located on 205 Rue Belliard. The inauguration was celebrated in connection with a meeting in the Sub-Committee on Human Rights at the European Parliament. The EU is one of the major donors in the field of rehabilitation of torture victims and politically important because of its efforts to promote human rights internally as well as among applicants for membership and in its guidelines towards third countries.

In January and February 2004, the IRCT President and Vice President had meetings in Brussels with the European Commission and members of the European Parliament to follow up on the campaign launched in 2003 to restore the financial support from the EU to rehabilitation centres for victims of torture. This was followed up in February when the concerns of the IRCT were presented at a meeting in the Contact Group between international NGO's and the European Parliament on EU policy. After the election of a new parliament in the summer of 2004, the IRCT has contacted key members of the new parliament to gain support for the work with rehabilitation of victims of torture.

### United Nations

During the 60th Session of the United Nations Human Rights Commission, held in Geneva, Switzerland, in March-April 2003, the IRCT submitted written statements to the Commission on item 11 (civil and political rights) and item 17 (protection of human rights defenders). The IRCT urged the Commission to support in particular the rehabilitation of torture victims in the developing world.

The IRCT President, Dr Bhogendra Sharma, Nepal, and Vice President, Dr Camelia Doru, Romania, urged the commission to renew its commitment to continued support for the UN Voluntary Fund for Victims of Torture (UNVFVT) and even consider proposing matching funds from the regular UN budget.

The IRCT organised a parallel meeting with the UN Special Rapporteur on Torture, Professor Theo van Boven, IRCT President, Dr Bhogendra Sharma and IRCT Vice President, Dr Camelia Doru as panellists, focusing on "The role of rehabilitation centres in the prevention of torture".

It was stressed at the meeting that the justification for establishing and maintaining rehabilitation centres for victims of torture is the ethical obligation to help victims in need of our services. However contributing to the prevention is also a concern for the rehabilitation centres, and very often the prevention is formally incorporated in the work of most centres. Further, the IRCT and the rehabilitation centres are collaborating with other organisations and professions in the field of prevention of torture. A new board of Trustees of the UNVFVT has been appointed chaired by the former United Nations Special Rapporteur on torture, Professor Theo van Boven. The IRCT has congratulated Professor Manfred Nowak, who has replaced Mr van Boven as Special Rapporteur on Torture.

### The Council of Europe

The IRCT has participated in NGO meetings at the Council of Europe. During the Parliamentary session in Strasbourg in late June, the IRCT further hosted an event titled "Torture in Europe – will it never end". The event was arranged in collaboration with the Danish MP Lars Kramer Mikkelsen, deputy of the Danish delegation at the Council of Europe and with participation of the Council of Europe's Commissioner for Human Rights, Mr Alvaro Gil-Robles. IRCT Ambassador Inge Genefke represented the IRCT in the panel.

The IRCT further pleaded to the members of the Parliamentary Assembly to continue to monitor the human rights situation in Turkey. The assembly followed the recommendations from two parliamentarians to stop monitoring Turkey. The finding in the report regarding torture is not consistent with the fact that more than 900 torture victims are in treatment, a substantial number are acute cases. Substantial improvements have been made



Professor Theo van Boven was in the panel at a parallel meeting during the 60th UN Commission on Human Rights in Geneva together with IRCT President, Dr Bhogendra Sharma.

in Turkish legislation, yet little improvement has been made in the prevention of torture.

### The OSCE

The IRCT participated in the OSCE Human Dimension Implementation Meeting in Warsaw, Poland, which focused on the prevention of torture. The IRCT stressed the importance of including health professionals in the national preventative mechanisms that will follow as a consequence of the implementation of the Optional Protocol. The participation of health professionals, who can undertake a medical examination and document incidents of torture or ill treatment, is an additional competency that must be added to that of professionals with other relevant backgrounds.

### Others

The IRCT is a member of the Coalition of International NGOs against Torture (CINAT). The other member organisations are Amnesty International, Association for the Prevention of Torture (APT), International Commission of Jurists (ICJ), International Federation of ACAT (FIACAT), World Organisation Against Torture (OMCT) and Redress. The opportunity exists for the rehabilitation centres to strengthen their prevention activities through the establishment of professional relations with local and regional organisations and with other organisations who have expertise in torture related issues other than rehabilitation. For example, CINAT organisations like the Association for the Prevention of Torture (APT) works with prevention, and Redress works with reparation and the legal aspects of torture. On Monday 23 February Dr Inge Genefke testified before the Congressional Human Rights Caucus in the US Congress in Washington, D.C. talking about torture in Turkey. She testified before the Caucus again on 28 September 2004. On this occasion also IRCT Senior Medical Consultant and former member of the United Nations Committee against Torture and the Council of Europe's Committee for the Prevention of Torture, Professor Bent Sørensen, testified. The subject was impunity and the UN Convention against Torture. "The torturers are the outlaws of modern civilisation," Dr

Inge Genefke said. In her capacity as chair of the World Psychiatric Association (WPA) Permanent Section on Psychological Consequences of Torture and Persecution, Dr Genefke furthermore participated in anti-torture symposiums in Italy, Uruguay and the United States.

### Urgent actions

When people related to rehabilitation centres and programmes in the IRCT network are threatened or when it becomes difficult to continue the work for the rehabilitation of torture victims, the IRCT will follow certain safety procedures for the protection of partners at risk. In some cases publicity is the right measure, in other cases it is silent diplomacy.

On Saturday 17 April the IRCT President, Dr Bhogendra Sharma, was arrested in Kathmandu, the capital of his home country Nepal, together with thousands of demonstrators. The IRCT condemned the arrest by Nepalese police of Dr Sharma and other observers and participants in a peaceful non-violent demonstration in Kathmandu. Together with Dr Sharma, nine staff and executive committee members of the Rehabilitation Centre for Torture Victims in Nepal (CVICT) were arrested.

In 2004 the IRCT undertook an urgent action in support of the rehabilitation centre for torture victims in Honduras, CPTRT (Centro de Prevención, Tratamiento y Rehabilitación de las Víctimas de la Tortura y sus Familiares). The director and IRCT Council member, Juan Almendares, and the staff of the centre were subjected to death threats and the premises of the rehabilitation centre was vandalised during the night between Tuesday 26 and Wednesday 27 October. The death threats are considered particularly concerning in view of a similar incident in May 2003. The IRCT called on the Honduran government to investigate the assault, prosecute the perpetrators and assure the safety of the staff at the centre.

In Turkey, the IRCT monitored court hearings in cases against staff and board members of the Human Rights Foundation of Turkey (see p.12-13).



The journal *Torture* was published in a new graphic design in 2004.

## Communicating Torture

Communications and information activities are essential for the work of the IRCT. The Secretariat aims to increase the awareness of the problem of torture as well as to facilitate the exchange of information among the rehabilitation centres in the regions.

It is important to communicate why it is necessary to rehabilitate and give redress to victims of torture, and to explain that torture can be prevented.

### Global anti-torture campaign 26 June

On the UN International Day in Support of Victims of Torture – 26 June – many rehabilitation centres around the world manage to attract the attention of the media and the general public.

This was also the case in 2004, where the worldwide commemoration of the United Nations International Day included song and dance performances, drawing competitions, processions, seminars and petitions. In many cases, the events attracted hundreds of people and were covered by local and national media.

The IRCT facilitated the 26 June campaign 2004 by producing a series of fact sheets and other written information materials, by creating a discussion forum and an idea catalogue on the IRCT website, and by distributing 26 June campaign materials to accredited centres in developing countries.

On 26 June 2004, the IRCT participated in a joint event with other organisations working against torture – the Coalition of International NGOs against Torture (CINAT) in Geneva, Switzerland. It was a round table seminar on the implementation of the Optional Protocol to the UN Convention against Torture. Representatives from

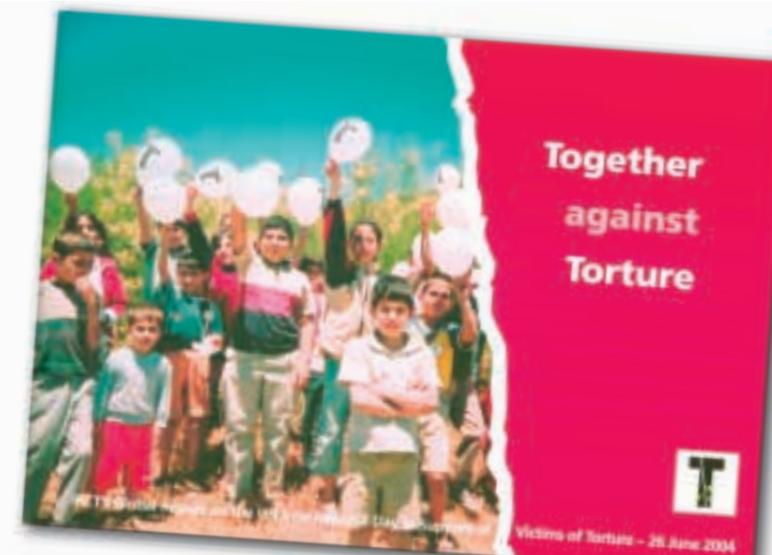
states which have signed the Optional Protocol participated and discussed obstacles and best practices for ratification and implementation of the Protocol.

Following the UN International Day in Support of Victims of Torture, the IRCT produced and published a report describing the worldwide 26 June events: *Together against Torture: IRCT Global Report on the UN International Day in Support of Victims of Torture – 2004*. We know from previous years that this report is a popular tool for rehabilitation centres when they fundraise for next year's 26 June activities.

### Approaching a wider public

Throughout 2004, the IRCT has produced a monthly newsletter, highlighting events and developments relevant to the work of the IRCT. With this newsletter we try to reach decision-makers, stakeholders, rehabilitation and human rights workers. All EU parliamentarians are on the mailing list as are a number of UN agencies and other international organisations.

The IRCT has further continued to raise awareness through a series of different media activities. The Secretariat has issued 32 international media releases, and staff and Executive Committee members have given interviews to international media. Press conferences have been held in all of the five countries that are part of the Istanbul Protocol Implementation Project (see p. 14-15).



Rehabilitation centres for torture victims around the world participated in this year's 26 June campaign.

Newsletter articles, press releases and other awareness raising activities have put focus on the following events:

- In Chile, the government invited people to testify incidences of torture and political detention during the 1973-1990 Pinochet dictatorship. More than 30,000 people came forward, and for the first time a government offered lifelong pensions to the victims of state torture.
- It was also a historic event when the IRCT ambassador and founder, Dr Inge Genefke, on 8 June 2004 was decorated as Commandor of the Order of Bernardo O'Higgins by the Chilean ambassador in Copenhagen for her support to Chilean victims of torture.
- In a case where two boys were killed by Peruvian police, the State of Peru was charged and found guilty of violating the right to life, the right to humane treatment, the right to personal liberty, the right to a fair trial and the right to judicial protection. Dr Genefke appeared as an expert witness in the Court. The Peruvian State was sentenced to undertake several means of reparation to and rehabilitation of the victims' family.

At the same time, 2004 will be remembered as the year when the Coalition Forces in Iraq tortured prisoners. The torture could not be hidden from the public because the soldiers themselves had taken photos of it. The long-term consequences of this torture are hard to evaluate. We have witnessed numerous trials against the torturers, and several soldiers have been sentenced. At the same time, many voices have been raised arguing that the blame needs to be placed at higher levels within the respective military and government structures.

### The IRCT website

A new feature on the IRCT website in 2004 was the "News from the World", which is a newsfeed that presents news stories relating to torture. The stories come from news websites from around the world, and the newsfeed is continuously updated so as to always show the latest developments. The IRCT expanded our presence on the Internet by also establishing a homepage on the site eupolitix.com. The objective of eupolitix.com is to provide EU policymakers with relevant information from a large number of civil society organisations, and the IRCT hopes that it will increase our visibility in the minds of EU parliamentarians and commissioners.

### The scientific approach: the journal TORTURE

Doctors, researchers, nurses, physiotherapists and a wide range of other professionals receive the IRCT scientific journal TORTURE. In 2004, the IRCT undertook a readers' survey in order to evaluate the possibility of using the web as a means of distribution of the journal, as printing and distribution of the hard copy is a significant expense for the IRCT. In the survey, the subscribers were offered to receive an e-mail notification when an issue of the journal is placed on the IRCT website in the future. This could be as an alternative to, or in addition to, the printed copy. As a result of the survey, the IRCT will be able to reduce printing and distribution costs significantly, and this will enable us to concentrate on improving the quality of the journal.

## Rehabilitation Centres and Programmes Accredited with the IRCT

20

Centres accredited during 2004 are marked in bold.



21

### Asia

- Aksi Rehabilitasi Korban Tindak Kekerasan di Aceh (RATA), Banda Aceh, Indonesia
- Bangladesh Rehabilitation Centre for Trauma Victims (BRCT), Dhaka, Bangladesh
- Centre for Organisation, Research and Education – Community Programme for Young Survivors of Torture (CORE), Imphal, Manipur, India
- Centre for Rehabilitation of Torture Survivors (CRTS), Tangail, Bangladesh
- Sach – Struggle for Change, Islamabad, Pakistan
- Shubhodaya Center for Rehabilitation of Victims of Torture and Violence – SOSRAC (SCRVTV), New Delhi, India
- Tibetan Torture Survivors Program (TTSP), Dharamsala, India
- Torture Prevention Center India Trust (Top Center India Trust), Cochin, India
- Vasavya Mahila Mandali (VRCT), Vijayawada, Andhra Pradesh, India
- Yatana Pidot Sarokar Kendra (CVICT), Kathmandu, Nepal

### Country of Domicile of the General Secretariat

- OASIS – Behandling og Rådgivning for Flygtninge, Copenhagen, Denmark
- Rehabiliterings- og Forskningscentret for Torturofre (RCT), Copenhagen, Denmark
- Rehabiliteringscenter for Torturofre – Jylland (RCT-Jutland), Haderslev, Denmark

### Europe

- Albanian Rehabilitation Centre for Trauma and Torture Victims (ARCT), Tirana, Albania
- Ambulante en Dagbehandeling voor Asielzoekers en Vluchtelingen, GGZ's-Hertogenbosch e.o., Vught, Netherlands

- Ambulatorium dla Osób Prześladowanych ze Względów Politycznych Zakład Patologii Społecznej Katedra Psychiatrii Uniwersytet Jagielloński Collegium Medicum (CVPP), Kraków, Poland
- Assistance Centre for Torture Survivors (ACET), Sofia, Bulgaria
- **Association Parcours, France**
- Behandlungszentrum für Folteropfer – Über leben für Folteropfer (BZFO), Berlin, Germany
- Centre for the Care of Survivors of Torture (CCST), Dublin, Ireland
- Consultation pour victimes de torture et de violence organisée, Unité de Médecine des Voyages et des Migrations (UMVM), Geneva, Switzerland
- Cordelia Foundation for the Rehabilitation of Torture Victims, Budapest, Hungary
- EMPATHY, Psycho-Rehabilitation Centre for Victims of Torture, Violence and Pronounced Stress Impact (RCT/Georgia – EMPATHY), Tbilisi, Georgia
- Exilio Hilfe für Flüchtlinge und Folter-überlebende e.V., Lindau, Germany
- Fundatia ICAR – Centrul Medical de Reabilitare a Victimelor Torturii, Bucharest, Romania
- Fundatia ICAR – Centrul Medical de Reabilitare a Victimelor Torturii – Craiova, Romania
- Fundatia ICAR – Centrul Medical de Reabilitare a Victimelor Torturii – Iasi, Romania
- Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT), Tbilisi, Georgia
- HEMAYAT – Verein zur Betreuung von Folter- und Kriegsüberlebenden, Vienna, Austria
- IAN Centar za rehabilitaciju žrtava torture u Beogradu, Jugoslavija, Belgrade, Serbia and Montenegro
- International Medical Rehabilitation Center for the Victims of Wars and Totalitarian Regimes (MRC), Kiev, Ukraine

- International Rehabilitation Centre for Torture Victims – Zagreb (IRCT Zagreb), Zagreb, Croatia
- Kidutettujen kuntoutuskeskus (CTS), Helsinki, Finland
- Medical Rehabilitation Center for Torture Victims "Memoria" (RCTV – "Memoria"), Chisinau, Republic of Moldova
- Medical Rehabilitation Centre for Torture Victims – Athens (MRCT), Greece
- NAGA-HAR Centro Richiedenti Asilo, Rifugiati, Vittime della Tortura, Milan, Italy
- Qendra Kosovare për Rehabilitimin e të Mbijetuarëve të Torturës (KRCT), Prishtina, Kosovo
- Röda Korsets Center för torterade flyktingar, Stockholm, Sweden
- Spidzinato un vinu gimenes loceklu mediciniskas rehabilitācijas centrs (SMRC), Riga, Latvia
- **Toplum ve Hulcuk Arastirmalari Vakfi (TOHAV), Turkey**
- Türkiye İnsan Hakları Vakfı – Adana (TİHV/HRFT), Adana, Turkey
- Türkiye İnsan Hakları Vakfı – Ankara (TİHV/HRFT), Ankara, Turkey
- Türkiye İnsan Hakları Vakfı – Diyarbakır (TİHV/HRFT), Diyarbakır, Turkey
- Türkiye İnsan Hakları Vakfı – İstanbul (TİHV/HRFT), İstanbul, Turkey
- Türkiye İnsan Hakları Vakfı – İzmir (TİHV/HRFT), İzmir, Turkey
- Udruženje za Rehabilitaciju Žrtava Torture - Centar za Žrtve Torture (CTV), Sarajevo, Bosnia and Herzegovina
- VI.TO – Hospitality and Care for Victims of Torture, Consiglio Italiano per i Rifugiati (CIR), Rome, Italy
- Zentrum für Migration und Gesundheit SRK/Ambulatorium für Folter- und Kriegsopfer, Bern, Switzerland

### Latin America

- Acción de los Cristianos para la Abolición de la Tortura, Mexico (ACAT), México
- Centro de Alternativas en Salud Mental (ATYHA), Asunción, Paraguay
- Centro de Atención Psicosocial (CAPS) de la Coordinadora Nacional de Derechos Humanos (CNDDHH/CAPS), Lima, Peru
- Centro de Prevención, Tratamiento y Rehabilitación de las Víctimas de la Tortura y sus Familiares (CPTRT), Tegucigalpa, Honduras
- Centro de Salud Mental y Derechos Humanos (CINTRAS), Santiago, Chile
- Corporación AVRE – Apoyo a Víctimas de violencia sociopolítica pro Recuperación Emocional (AVRE), Bogotá, Colombia
- Equipo Argentino de Trabajo e Investigación Psicosocial (EATIP), Buenos Aires, Argentina
- Fundación para la Rehabilitación Integral de Víctimas Violencia (PRIVA), Quito, Ecuador
- Grupo Tortura Nunca Mais/Rio de Janeiro (GTNM/RJ), Rio de Janeiro, Brazil
- Instituto de Terapia e Investigación sobre las secuelas de la tortura y la violencia estatal (ITEI), La Paz, Bolivia
- Red de Apoyo por la Justicia y la Paz, Caracas, Venezuela
- SERSOC Servicio de Rehabilitación Social, Montevideo, Uruguay

### Middle East and North Africa

- Amel Center for Treatment and Rehabilitation of Victims of Torture (ACTRVT), Khartoum, Sudan
- Centre d'Accueil et d'Orientation des Victimes de la Torture (CAOVT), Casablanca, Morocco
- El Nadim Center for Psychological Management and Rehabilitation of Victims of Violence, Cairo, Egypt
- Gaza Community Mental Health Programme (GCMHP), Gaza City, Occupied Palestinian Territory

- Organization for Defending Victims of Violence (ODVV), Teheran, Islamic Republic of Iran
- Restart Centre for Rehabilitation of Victims of Violence and Torture – Lebanon, Tripoli, Lebanon
- Treatment and Rehabilitation Center for Victims of Torture (TRC), Ramallah, Occupied Palestinian Territory

### North America

- ACCESS – Psychosocial Rehabilitation Center for Victims of Torture, Dearborn, Michigan, USA
- Advocates for Survivors of Torture and Trauma (ASTT), Baltimore, Maryland, USA
- The Bellevue/NYU Program for Survivors of Torture, New York, New York, USA
- Canadian Centre for Victims of Torture (CCVT), Toronto, Ontario, Canada
- Center for Survivors of Torture (CST), Dallas, Texas, USA
- Center for Survivors of Torture (CST), San José, California, USA
- The Center for Victims of Torture (CVT), Minneapolis, Minnesota, USA
- ECSTT Program for Survivors of Torture and Trauma at the Edmonton Mennonite Centre for Newcomers, Edmonton, Alberta, Canada
- Florida Center for Survivors of Torture – A Program of Gulf Coast Jewish Family Services, Inc. (FCST), Clearwater, Florida, USA
- International Survivors Center at the International Institute of Boston (ISC), Boston, Massachusetts, USA
- The Program for Survivors of Torture and Severe Trauma at the Center for Multicultural Human Services, Falls Church, Virginia, USA
- Program for Torture Victims of Los Angeles (PTV), Los Angeles, California, USA
- Réseau d'intervention auprès des personnes ayant subi la violence organisée (RIVO), Montreal, Quebec, Canada

- Safe Horizon/Solace, Jackson Heights, New York, USA
- Survivors International (SI), San Francisco, California, USA
- Survivors of Torture, International (SURVIVORS), San Diego, California, USA
- Vancouver Association for Survivors of Torture (VAST), Vancouver, British Columbia, Canada

### Pacific

- Association for Services to Torture and Trauma Survivors (ASeTTS), Perth, Western Australia, Australia
- Phoenix Centre – Support Service for Survivors of Torture and Trauma, Hobart, Tasmania, Australia
- Wellington Refugees as Survivors Trust (Wellington RAS Centre), Wellington, New Zealand

### Sub Saharan Africa

- AMANI Trust, Mashonaland Programme, Harare, Zimbabwe
- Consulting Centre for Constitutional Rights and Justice (C3RJ), Port Harcourt, Nigeria
- Forum des Activistes Contre la Torture (FACT), Kigali, Rwanda
- **Independent Medico Legal Unit (IMLU), Kenya**
- Mwatikho National Rehabilitation Centre for Victims of Torture (MNRVCT), Bungoma, Kenya
- Network for Youth Advancement and Peace Foundation (NEYOAP), Accra, Ghana
- Prisoners Rehabilitation And Welfare Action (PRAWA), Lagos, Nigeria
- Rehabilitation Center for Victims of Torture in Ethiopia (RCVTE), Addis Ababa, Ethiopia
- The Trauma Centre for Survivors of Violence and Torture (TCSVT), Cape Town, South Africa
- Victimes de Violences Réhabilitées, le Centre de Soins du CAPREC (VIVRE/CAPREC), Thies, Senegal

## STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER 2004 AND 2003

Assets	2004	2003
	(EUR)	(EUR)
Institutional receivables	3,007	67,982
Other receivables	72,609	66,619
Loans to centres	0	7,687
<b>Total receivables</b>	<b>75,616</b>	<b>142,288</b>
Liquid assets	636,905	1,052,258
<b>Total assets</b>	<b>712,521</b>	<b>1,194,546</b>
<b>Liabilities</b>		
Net capital as at 1 January	-186,300	238,220
Net result for the year	49,201	-424,520
<b>Net capital as at 31 December</b>	<b>-137,099</b>	<b>-186,300</b>
Prepaid projects	489,342	0
Payables projects	156,876	783,562
Payables	203,402	597,284
<b>Total payables</b>	<b>849,620</b>	<b>1,380,846</b>
<b>Total liabilities</b>	<b>712,521</b>	<b>1,194,546</b>

All data at exchange rate DKK 1 = EUR 0.1347

The financial data included in the Statement of Financial Position and in the Statement of Activities is identical to the data included in the official Annual Accounts of the IRCT for the year 2004, converted into EUR from DKK.

The accounts of the IRCT are audited by Deloitte, State-Authorised Public Accountants.

## STATEMENT OF ACTIVITIES

FOR YEARS ENDING 31 DECEMBER 2004 AND 2003

Income	2004	2003
	(EUR)	(EUR)
Royal Danish Ministry of Foreign Affairs	1,471,207	2,261,624
European Commission	667,866	705,190
ECHO - European Commission Humanitarian Aid Office	0	0
Conrad N. Hilton Humanitarian Prize	0	808,398
Oak Foundation	870,841	340,777
Support from other governments and institutions	135,772	55,513
Other grants	119,021	131,710
Sundry income	(590)	5,685
<b>Total income</b>	<b>3,264,117</b>	<b>4,308,897</b>
<b>Expenditures</b>		
Rehabilitation and external capacity-building	1,552,641	2,404,279
Advocacy and information	827,595	1,240,474
Documentation and analysis	193,039	373,971
International coordination	228,248	250,692
Secretariat support	413,393	276,627
Provision for terminated staff	0	187,374
<b>Total expenditures</b>	<b>3,214,916</b>	<b>4,733,417</b>
<b>Net profit of the year</b>	<b>49,201</b>	<b>- 424,520</b>

All data at exchange rate DKK 1 = EUR 0.1347

### 2004 Donor acknowledgements

Oak Foundation - **Public donors:** Royal Danish Ministry of Foreign Affairs – European Commission - Dutch Ministry of Foreign affairs – Swedish Ministry of Foreign Affairs – British High Commission, Colombo, Sri Lanka – Danish Public Lotto Funds – OSCE, Office for Democratic Institutions and Human Rights. **Other donors:** Elly Valborg og Niels Mikkelsens Fond – Augustinus Fonden – Lærerstandens Brandforsikring – Rockwool Fonden – Sonja and Boye Germundsen – W. Groot and M. Heinsius – Aase and Ejner Danielsens Fond – Mads Clausens Fond – Foreningen Roskilde Festival – Edward og Soona Brown in memory of David – Pedro Almódovar – and several hundred private donors.

## Financial Developments in the IRCT

The work against torture and the rehabilitation of the victims of torture is a priority area in Danish foreign and development policy. For many years, Denmark has been one of the international advocates behind the efforts to bring attention to the problem of torture. Therefore, the IRCT has enjoyed substantial political and financial support from the Ministry of Foreign Affairs of Denmark. The high political profile is related, among other things, to the know-how in the area of torture rehabilitation and torture prevention, which is gathered in the large number of IRCT supported rehabilitation centres located all over the world.

The extraordinary grant of EUR 0,6 million, which the IRCT received from the ministry in 2003 confirms the status of the organisation.

The following initiatives were carried out or became effective during 2004:

- Hiring of a Secretary-General,
- Implementation of personnel reductions (40% compared to 2003),
- Increased use of existing competence in the IRCT network,
- Strengthening of the fundraising capacity and enlargement of the donor circle,
- Transfer of the documentation activities from the IRCT to the RCT.

As regards the enlargement of the donor circle, a 4-year grant from the Dutch Ministry of Foreign Affairs – covering the period 2005-2008 – of EUR 1 million per year was remarkable as it marks a break-through for the IRCT as an internationally supported organisation.

Another thing worth noting was the invitation to the IRCT from the Ministry of Foreign Affairs of Denmark to draft an intervention plan with the aim of establishing rehabilitation centres in Iraq. The first pre-investigation and collaboration conference was carried out during the second half of 2004.

Throughout 2004 the IRCT kept its most important donors, i.e. the Ministry of Foreign Affairs of Denmark and the Oak Foundation, informed about the results achieved. Also, the interim and final project reports to the EU were approved without remarks.

Given that the net capital of the IRCT as of 1st January 2004 was negative EUR 186,300, the minimum financial objective for 2004 was to achieve break-even. In this regard it should be noted that almost no donors allow for accumulation of granted funds, i.e. building up capital. It is therefore a substantial challenge for the IRCT to re-establish a positive net capital.

At the beginning of 2004, the IRCT expected the Nordic countries to give substantial contributions, and it was hoped that considerable private funds could be raised for specific new activities.

The reality was that the expected contribution to the core- and capacity-building activities from the Nordic countries did not materialise except for one single contribution from Sweden. The reduction in the private contributions was compensated for to some extent by downgrading the activities.

Fortunately this uncertain situation was discussed with the Oak Foundation already at the beginning of 2004, and the IRCT received a core grant of EUR 400,000 (DKK 3 million) to cover the risk connected with some of the projected income items. Thus, the grant from the Oak Foundation became a key to the positive financial result of the IRCT.

A significant development was that the Oak Foundation made an extraordinary grant of USD 200,000 – in addition to the usual USD 400,000 – to the rehabilitation centres, which were in financial trouble because of the delayed processing of grants by the United Nations Voluntary Fund for Victims of Torture,

which is another direct contributor to the activities of the centres.

The result of 2004 was a surplus of EUR 49,201. The deficit of the net capital was thus reduced to EUR 139,099.

For the first time in the IRCT's history, the organisation has received a substantial, multi-annual contribution from a foreign donor. The Dutch grant will enable the IRCT to make a much more rational planning of its work and it will strengthen future IRCT applications to major international donors, incl. the other Nordic countries, which support the two core areas of the IRCT: treatment of victims worldwide and international prevention of torture through capacity-building of and collaboration among the partners of the IRCT at the global level.

Important new activities are under development and will be implemented as soon as funding is secured. These include interventions in Iraq, Darfur, and Uzbekistan, but the entire African continent will be a targeted and prioritised working area of the IRCT in the coming years.

The IRCT will continue to be cautious in its employment policy, and all new employments will be time-limited reflecting the period where funding is secured.

The re-establishment of a positive net capital is an important objective. The IRCT will prioritise negotiations with major donors regarding this in 2005.

A strengthening of the financial situation is also considered a prerequisite for strengthening the work and sustainable development of the centres in support of the objective of the IRCT, namely offering the greatest possible support to the victims and fighting torture worldwide.

## IRCT Annual Report 2004

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### IRCT

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**Front cover illustration:** Painting by Zehra Aral by kind permission of the artist.

The illustrations on page 1, 7, 11, 21 and the back cover are details of other paintings of Zehra Aral.

**Layout and Production:** Peter Fallesen/MS-Grafisk

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The IRCT is in special consultative status with the United Nations Economic and Social Council and the United Nations Department of Public Information and in participatory status with the Council of Europe.

## The People behind the IRCT

### IRCT COUNCIL

#### Executive Committee

##### Bhogendra Sharma, MD

IRCT President, Medical Director of *Yatana Pudit Sarokar Kendra* (CVICT), Nepal  
Elected Council Member representing the Asia Region

##### Camelia Doru, MD

IRCT Vice-President, Medical Director of *Fundatia ICAR – Central Medical de Reabilitare a Victimelor Torturii*, Romania  
Elected Council Member representing the Europe Region

**Abdel Hamid Afana**, MA Community Mental Health, PhD  
Director of Training and Education, *Gaza Community Mental Health Programme* (GCMHP), Occupied Palestinian Territory  
Elected Council Member representing the Middle East and North Africa Region

##### Niels Krstrup

Director of *Rehabiliteringscenter for Torturofre – Jylland* (RCT-Jutland), Denmark  
Elected Council Member representing the Country of Domicile of the IRCT General Secretariat

##### Nomfundo Walaza, Clinical Psychologist

Director of *The Trauma Centre for Survivors of Violence and Torture* (TCSVT), South Africa  
Elected Council Member representing the Sub Saharan Africa Region

##### Vivienne Nathanson, MD, Professor

Chair of British Medical Association Steering Group on Human Rights, United Kingdom  
Elected to the Council as an Independent Expert (nominated by the World Medical Association)

### Council Members

#### Elected by the Asia Region

##### Akram H. Chowdhury, LL.M., M.S.S.

General Secretary and Executive Director of the *Bangladesh Rehabilitation Centre for Trauma Victims* (BRCT), Bangladesh

##### Khalida Salimi, Social Worker

Director of *SACH – Struggle for Change*, Pakistan

##### S. D. Singh, MD

Secretary of the *Torture Prevention Center India Trust* (Top Center India Trust), India

##### Bhogendra Sharma, MD (see Executive Committee)

#### Elected by the Europe Region

##### Okan Akhan, MD, Professor

*TIHV – Human Rights Foundation Turkey* (HRFT) – Ankara, Turkey

##### Camelia Doru, MD (see Executive Committee)

##### Maria Piniou-Kalli, MD

Medical Director of the *Medical Rehabilitation Centre for Torture Victims* (MRCT), Greece

##### Ludmila Popovici, MD

Executive Director of the *Medical Rehabilitation Center for Torture Victims “Memoria”* (RCTV – “Memoria”), Moldova

##### Christian Pross, MD

Board Member of *Behandlungszentrum für Folteropfer – Überleben für Folteropfer* (BZFO), Germany

##### Asko Rauta, MD

Director of *Kidutettujen kuntoutuskeskus* (CTS), Finland

##### Laurent Subilia, MD

Chef de Clinique of *Consultation pour victimes de torture et de violence organisée, Unité de Médecine des Voyages et des Migrations* (UMVM), Switzerland

##### Rudi Firnhaber, Psychiatrist

*Röda Korsets Center för torterade flyktingar*, Sweden

#### Elected by centres representing the Country of Domicile

##### Niels Krstrup (see Executive Committee)

#### Elected by the Latin America and the Caribbean Region

##### Alfredo Ruiz, MSc Education, Professor

Director of *Red de Apoyo por la Justicia y la Paz*, Venezuela

##### Lucila Edelman, MD

Director of *Equipo Argentino de Trabajo e Investigación Psicosocial* (EATIP), Argentina

##### Marcela Salazar Posada, MA Political Science

Director of *Corporación AVRE – Apoyo a Víctimas de violencia sociopolítica pro Recuperación Emociona* (AVRE), Columbia

##### Juan Almdares Bonilla, MD

Director of *Centro de Prevención, Tratamiento y Rehabilitación de las Víctimas de la Torture y sus Familiares* (CPTRT), Honduras

#### Elected by the Middle East and North Africa Region

##### Abdel Hamid Afana, MA, PhD (see Executive Committee)

##### Sana Hamzeh, Psychotherapist

*Restart Centre for Rehabilitation of Victims of Violence and Torture – Lebanon*

##### Abdallah Mansour, MD

Director of the *El Nadim Center for Psychological Management and Rehabilitation of Victims of Violence*, Egypt

#### Elected by the North America Region

##### Donald Payne, MD

*Canadian Centre for Victims of Torture* (CCVT), Canada

##### José Quiroga, MD

Medical Director of the *Program for Torture Victims of Los Angeles* (PTV), USA

#### Elected by the Pacific Region

##### Norma Josephs, MA Social Work

Director of the *Association for Services to Torture and Trauma Survivors* (ASeTTS), Australia

#### Elected by the Sub Sahara Africa Region

##### Abraham Asnake, MD

Chairman of the Board of the *Rehabilitation Center for Victims of Torture in Ethiopia* (RCVTE), Ethiopia

##### Ibeneche Churchill, Barrister

Executive Director of the *Consulting Centre for Constitutional Rights and Justice* (C3RJ), Nigeria

##### Kashaka Karegeya Davis, MD

President/Secretary-General of *Forum des Activistes Contre la Torture* (FACT), Rwanda

##### Nomfundo Walaza, Clinical Psychologist (see Executive Committee)

#### Representatives in their capacity of Independent Experts

##### Veli Lök, MD, Professor

Nominated by the International Federation for Human Rights (FIDH)

##### Vivienne Nathanson, MD, Professor

(see Executive Committee)

### IRCT SECRETARIAT

Staff are listed in the following order: a) Unit, b) Unit Head, c) Unit staff in alphabetical order after family name – status as per 2<sup>nd</sup> quarter 2005

#### Office of the Secretary-General:

**Brita Sydhoff**, Secretary-General

**Nieves Molina Clemente** (LLM), Legal Advisor (also works in the Communications Unit)

**Kenja Dora Henriksen** (MA), Special Advisor (also works in the Programme Unit)

**Gitte Sørensen** (BA), Executive Assistant

#### Communications Unit:

**Tomas Kristiansen**, Head of Unit

**Lone Curtis** (MSc), Communications and Fundraising Co-ordinator

**Joseph Edmonson** (BA), Assistant

**Dea Kopp Jensen** (MA), Communications Co-ordinator (on maternity leave)

**Henrik Marcussen** (MD, DMSc), Torture Journal Editor (part-time)

**Margareth Evangelista Marmorì** (MSc), Webmaster

**Poul Struve Nielsen** (Journalist), Media Co-ordinator

**Kristine Olsen** (BA), Information and Publications Officer

**Anne Wedege**, Assistant Torture Journal (part-time)

**Inge Genefke** (MD DM Sc.hc. mult.), IRCT Ambassador (part-time)

#### Programme Unit:

Head of Unit – *open position*

**Charlotte Dam** (BA), Assistant

**Ola Farrag** (BA), Assistant Iraq Project (part-time)

**Susanne Kjær** (MSc), Programme Co-ordinator

**Jens K. Nielsen** (MA), Programme Co-ordinator

**Sune Segal** (MA), Programme Co-ordinator Iraq Project

**Alice Verghese** (MA), Programme Co-ordinator

**Ole Vedel Rasmussen** (MD, DMSc), Senior Medical Consultant (part-time)

**Bent Sørensen** (Professor, MD, DMSc), Senior Medical Consultant (part-time)

**Dr. Suad Al-Saffar** (Psychologist), Senior Medical Consultant, Iraq Project

**Dr. Suad Al-Saffar** (Psychologist), Senior Medical Consultant, Iraq Project

#### Administration and Finance:

**Erik Lauritzen** (BSc, HA) Head of Unit

**Eva Barfod** (Diploma, Specialised Business Studies), Chief Accountant

**Elsebeth Jeppesen**, Assistant (part-time)

**Henrik Kragelund** (MA), Financial Officer

**Annette Nordstrøm** (MA), Accreditation Co-ordinator and Resource Documentalist

#### Bruxelles Liaison Office:

**Caroline Pincemin** (LLM), Head of Bruxelles Liaison Office (on maternity leave)

**Sandra Jensen** (MSc, EMA), Liaison Officer

(covering maternity leave of Caroline Pincemin)

**Nga Tang**, Administrative Assistant

#### Student Assistants:

(all part-time)

**Marie Andersen**

**Anne Dorothea Bruun**

**Emilie Bruun**

**Susanne Hodges**

**Johan Reventlow**

**Lise Smith**