

A photograph of a brick building with a pigeon in a window and another pigeon in flight. The building is made of reddish-brown bricks. A pigeon is perched on the sill of a window on the left. Another pigeon is in flight on the right, with its wings blurred. The text "IRCT ANNUAL REPORT 2001" is overlaid in a black box in the center.

IRCT ANNUAL REPORT 2001

Contents

1	Introduction by the IRCT President
2	Report from the IRCT Secretary-General
6	Establishing accountability for torture
11	Report from the 2001 IRCT Council meeting
12	Torture and terror
	IRCT'S PROGRAMMES
14	Centre support and development
26	Advocacy and information
32	Documentation and research
	ANNUAL ACCOUNTS
38	Statement of financial position
39	Statement of activities
40	The people behind the IRCT

The International Rehabilitation Council for Torture Victims (IRCT) is an independent, international health professional organization, which promotes and supports the rehabilitation of torture victims and works for the prevention of torture worldwide. The vision of the IRCT is a world that values and accepts shared responsibility for the eradication of torture.



Introduction

■ MARIA PINIOU-KALLI, MD, PHD

BY THE IRCT PRESIDENT



The world events of 2001 made clear the link between torture, trauma, and conflict, demonstrating the devastating global impact of human rights violations. With increasing concern, we have observed a growing contradiction between international values and political action, which threatens to undermine international treaty and customary law.

There exists today a body of internationally accepted norms and values in the field of human rights. The Universal Declaration of Human Rights, the Charter of the United Nations, the UN Convention against Torture, and others establish what is acceptable state practice, placing accountability on the state for peace, security, and respect for human rights, including freedom from torture.

No society can exist in peace when its population is suffering the psychological and physical effects of torture or severe trauma caused by repression, intolerance, and political violence. Societies in which human rights are violated are frequently the most conducive to the creation of groups whose only apparent recourse for change is violence.

In the climate of uncertainty and fear created by the terrorist attacks in the United States of America on 11 September 2001, and the resulting "war against terrorism", we must recall that the world before 11 September was one in which acts of torture and other human rights violations were regularly perpetrated in every region of the world. Repressive regimes were suppressing human rights groups working for peaceful and democratic change. Many governments failed to use the political sanctions available to them to put pressure on perpetrating states.

The "war against terrorism" inadvertently created an environment in which some governments are acting with relative impunity in committing vio-

lence against their civilian population. This has included governments justifying the use of torture in the war against terrorism – yet the prohibition of torture is absolute, and there can never be justification.

The international community now has an opportunity to effectively combat terrorism, and this requires a renewed commitment to the defence of human rights. The world needs a civil, non-violent human rights platform to fight torture and terror, and to adopt a new world agenda promoting a global culture of human rights values, including freedom from torture.

The International Rehabilitation Council for Torture Victims (IRCT) represents dedicated health professionals from every region of the world, from every religion of the world, and from different national, ethnic, and cultural backgrounds – all with a common goal of working against torture. Rehabilitation centres have a clear role to play in promoting – at the national and regional level – that the most effective tool against terror and violence is the empowerment of civil society. We have a responsibility to utilize our expertise to identify and speak out against acts of torture being committed by governments and institutions, be it in times of peace or war.

Governments must increase their commitment to ratify and comply with major international human rights treaties and conventions. Governments must support and implement training and education programmes in human rights. In prioritizing the social and economic development of new and emerging democracies, and strengthening the role of local human rights and pro-democracy organizations and institutions around the world, there is hope for a world that lives in peace instead of fear.



Report

■ JENS MODVIG, MD, PHD

FROM THE IRCT SECRETARY-GENERAL

Throughout 2001, the IRCT responded to the challenge of providing continued and increased support to both new and existing rehabilitation centres and programmes worldwide. The work of the IRCT for the past year is documented in the *IRCT Annual Report 2001* under the three major programme areas of the IRCT: Centre Support and Development; Advocacy and Information; and Documentation and Research. The following are some of the key achievements in these three programme areas during 2001.

CAMPAIGNING AGAINST TORTURE

The global movement against torture joined 'Together against Torture' as part of the IRCT's fourth consecutive global campaign to commemorate the UN International Day in Support of Victims of Torture in 2001. The unprecedented level of participation, more than 255 organizations in 97 countries, reflected the increased collaboration between rehabilitation centres, human rights organizations, student organizations, health organizations, the media, government agencies, and other sectors of civil society in working against torture. The IRCT-supported events, which were held worldwide on 26 June 2001, promoted not just the rehabilitation needs of victims of torture, but also the shared responsibility we hold in eradicating torture, promoting democracy, and building peace.

In 2001, the IRCT also conducted a Global Ratification Campaign, on behalf of the Coalition of International NGOs Against Torture (CINAT), to promote the universal ratification and implementation of the UN Convention against Torture. The IRCT and partner centres collaborated at the national and international level in bringing pressure to bear on governments not complying with the UN Convention's minimum standards for the prevention of torture, standards to which every state party is accountable. The UN Convention remains

the least ratified of the core human rights treaties in the world, and it requires nothing more than the political will of the world's governments.

The work against torture requires a concerted effort among many partners. To this end, the IRCT increased its partnerships at the formal and informal levels with organizations such as the UN Office of the High Commissioner for Human Rights (OHCHR), the Organization for Security and Co-operation in Europe (OSCE), the Council of Europe, the Carter Center, and individual governments. The IRCT's work against torture entails a range of approaches – rehabilitation, prevention, political collaboration, advocacy, training, research, and education.

Regrettably, the IRCT is all too often required to initiate urgent action campaigns in support of health professionals at risk. Throughout 2001, the IRCT mobilized the global network and the international community in response to arbitrary detentions, threats, and raids, and harassment of treatment centres, by police and other agents of the state in countries such as Mexico, Sudan, Turkey, and Zimbabwe.

Commentators around the world advocated, rightly, that the world would no longer be the same after the tragic terrorist attacks on 11 September 2001. With increased concern, the IRCT monitored many countries in which governments misused the "war against terrorism" to enact repressive laws and measures in order to obstruct, intimidate, and threaten human rights defenders. At the same time, the IRCT, whose partners represent every world religion, joined together to call upon the international community to ensure respect for human rights, to work together to address the causes of terrorism, and to promote cultural and religious tolerance.

STRENGTHENING CENTRES AND NETWORKS

One of the most ambitious initiatives culminated in a framework for the development of minimum treatment standards to reflect the current level of expertise and knowledge of holistic treatment appropriate to the needs of victims of torture. As a result, in 2002 the IRCT will launch a major project to further strengthen rehabilitation centres around the world, through the support of the European Union. The 'Regional Strengthening Programme II' builds on the achievements of the first Regional Strengthening Programme (RSP I), conducted during 1999-2000, which was also supported by the European Union.

The RSP I resulted in the establishment of 15 new centres and programmes in areas where no such treatment existed for torture victims, the formation of regional networks – thereby promoting regional collaboration and cooperation – and the

development of strategic approaches to combat torture at the regional and national level.

Whereas the RSP I included the quantitative strengthening of services available for torture victims, a review of the needs of torture victims by the IRCT and an evaluation by the European Human Rights Foundation identified the need to prioritize the qualitative strengthening of treatment centres. This will be achieved through strengthening the institutional capacity of individual centres, through training programmes, and through the implementation of minimum treatment standards in collaboration with our partner centres and networks.

The formation and development of regional IRCT networks – including three new regional networks in 2001 – and the initiation of formal IRCT accreditation procedures for centres, reflects the IRCT's commitment to strengthening the formal recognition and quality development of rehabilitation centres working for victims of torture.



At the prison site on Yaros Island, IRCT President Dr Maria Piniou-Kalli presented to the Prime Minister of Greece, Mr Costas Simitis, two bullets symbolizing the island's violent past. Dr Piniou-Kalli urged for the island and its history to be preserved and to cease all military exercises on the island. The island was subsequently declared a monumental island for peace and democracy. Dr Maria Piniou-Kalli was formerly a prisoner of conscience at Yaros Prison. June 2001

As part of the Ukraine prevention project, a Problem Analysis Workshop was held in Kiev. From left: Mr Vasily Ivanenko (Ombudsman Office), Mr Anatoliy Kolodiy (National Police Academy), Mr Olexandr Betsa (Soros Office), and Mr Grigoriy Marianovski (Ukrainian-American Human Rights Bureau). June 2001



The IRCT carried out an urgent action mission, including a press conference, in support of human rights defenders at risk in Mexico. From left: Ambassador of Denmark to Mexico, Mr Søren Haslund, together with IRCT Secretary-General Dr Jens Modvig and Programme Coordinator Jane Werngreen. November 2001



In Owerri, Nigeria, a participant from the 26 June street march organized by the Centre for Care of Torture and Trauma Victims (CCTV) discussed torture prevention with staff at the headquarters of the Nigerian Police Force. June 2001

The IRCT Executive Committee, Mr Anthony P. Reeler (second from left), Dr Jørgen Nystrup (third from left), President, Dr Maria Piniou-Kalli (fourth from left), Kirsten Stallknecht (fourth from right), Dr Christian Pross (second from right), and Dr Bhogendra Sharma (far right), together with Secretary-General, Dr Jens Modvig (far left), and Director, Advocacy and Information, Suzi Clark (third from right). October 2001

The question of funding was a priority issue for rehabilitation centres worldwide, many of which remain under threat of closure due to inadequate funding. The IRCT continued to work throughout 2001 to promote sustainability and independence by supporting network formation, facilitating collaboration between centres, networks, and donors, and lobbying internationally for increased and more targeted funding for the work against torture. Another critical area for the IRCT was to strengthen centres at the national or regional level to increase the impact of emergency interventions in order to enable immediate assistance to be provided to victims of torture at the earliest possible phase.

The prevention of torture remained a critical aspect of the work of the IRCT, reflected in innovative projects in both Mexico and Ukraine, in collaboration with governments as well as inter-governmental and non-governmental organizations. The projects demonstrate the potential of governments and civil society to work together in preventing torture through documentation, monitoring, training, and education.

DOCUMENTING AND REPORTING TORTURE

A unique feature of the IRCT is the knowledge of torture contained within the international network of centres and programmes. Throughout 2001, the IRCT worked closely with its partners to develop a more systematic approach to documenting, analysing, reporting, and disseminating knowledge of torture. The Global Torture Victims Information System (GTIS) project aims to gather information on acts of torture, methods of torture, perpetrators of torture, and the physical and psychosocial effects of torture. The GTIS has the potential to provide the most comprehensive factual response to torture. In parallel, the IRCT developed the first step towards its global reports on torture incidence based on available primary and secondary sources. The IRCT's global report will enable the IRCT to submit reliable reporting on torture to relevant organizations, such as the European Union, the United Nations, the Council of Europe, and the Organization for Security and Co-operation in Europe (OSCE).

The IRCT also furthered its work in analysing the impact of treatment of torture victims. Through a grant provided by the Oak Foundation, the IRCT initiated the Impact Assessment Study, a comprehensive approach to documenting the impact and results of the treatment of torture victims. To complement the Impact Assessment Study, the IRCT implemented a Centre Survey to better identify and streamline the areas of support required by individual centres from the IRCT. The results will enable the IRCT to advance the treatment and rehabilitation of torture victims and to strengthen the role of centres in promoting human rights at the social level.

TOGETHER AGAINST TORTURE

The achievements of the IRCT throughout 2001 are overshadowed by the fact that torture continues to be committed in every region of the world. We must respond not only to the needs of past victims of torture, but also to those whose lives are torn apart today.

The IRCT's work in 2001 was made possible through the support of the Royal Danish Ministry of Foreign Affairs, the European Union, the UN Voluntary Fund for Victims of Torture, the Oak Foundation, the Norwegian Agency for Development Cooperation (NORAD), and private foundations and individuals. The work of 2001 was achieved through the tireless commitment and dedication of the staff of the IRCT, the IRCT Council Members, and the many hundreds of people working in rehabilitation centres worldwide – all of whom share one common goal, a world without torture.

A major challenge for the IRCT remains the question of funding. The IRCT is faced with increased difficulty in securing its own funding needs, due to the increasing trend of major donors funding specific projects without consideration for the funding needs for general operations of the organization. The IRCT continues to find itself in a precarious situation in which long-term commitments cannot be firmly made.

There remains an insidious and widespread scourge in our world. Torture, one of the most horrific of any human experiences, continues to devastate the lives of the individual victims and their families. Torture continues to paralyse entire populations living in fear and repression. In 2001, there were renewed calls by several governments to justify the unjustifiable: using or sanctioning torture to fight terrorism.

Major international efforts in recent decades have contributed widely to bringing an end to torture. The most significant of these is the internationally supported framework for the standards necessary to eradicate torture, the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. At the same time, an analysis of the major sources of torture reveals a number of countries which continue to practise widespread and systematic state-sanctioned torture.

How, then, do we increase the impact, improve the strategy, and utilize the existing resources in our collective efforts to prevent torture?

ESTABLISHING ACCOUNTABILITY

Who is responsible for the practice of torture and should therefore be held accountable for the atrocities? In general terms, perpetrators are frequently identified as belonging to armed forces, police, prison officials, or non-state forces. It is clear, however, that many actors at many levels share the responsibility for torture. Whether such acts are acts of commission or omission, the responsibility far exceeds that of the person(s) acting in a public capacity, directly or deliberately inflicting severe pain or suffering for a specific purpose.

The causes of torture are multi-faceted and exist on many levels; attempts to map the spectrum of possible entry points to preventive efforts have resulted in large-scale, complicated diagrams. To strategically and effectively prioritize efforts and resources in the prevention of torture, it is necessary to structure the complex reality into manageable strategies for action, by identifying and establishing targeted preventive mechanisms. The following, inspired by HURIDOCS, provides a useful distinction between the levels of responsibility, allowing for the identification and establishment of targeted preventive mechanisms:

- *Implementing perpetrators* who directly inflict severe pain or suffering on the victim.
- *Participating perpetrators* who participate by escorting the victim to the place of torture, restraining the victim during torture, monitoring the health of the victim during torture to support the intent of the act of torture, or otherwise supporting the context in which torture takes place through exploitation, discrimination, or other direct forms of violence.
- *Ordering perpetrators* who give the order to inflict severe pain on the victims, or who authorize the implementation of violative law or policy (here authorizing implementation is the next step to authorizing legislation itself).
- *Managing perpetrators* who are responsible for the context in which torture takes place, who authorize, support the passage of, or implement violative law or policy, or who fail to exercise authority over subordinates, to take action upon knowledge of subordinates' unlawful behaviour, or to promote human rights norms or values.
- *Governing perpetrators* who, as political or military members of the torturing state, use fear and terror in order to maintain their political power and interests, and who have the final responsibility for the rule of law and compliance with international agreements and standards.

Effective strategies to prevent torture must address each of these levels of perpetrators to ensure that, at all levels, the prohibition of torture is respected and that those who violate this norm are held accountable and are punished for their crimes.

ENDING IMPUNITY

The problem of torture is intimately related to the question of impunity. The prevalence of impunity, where perpetrators are not punished for their crimes, is a very basic and multi-level structural cause of torture; impunity implicitly condones torture. Basic behavioural concepts of reward and punishment may apply: torture will continue if rewards for practising torture exceed the punishment for committing torture. Acts of torture will diminish if threats of punishment overrule the rewards of continuing the torture practice.

To fight continued torture and impunity, it is necessary to establish 'punity' or accountability. While punishment is a narrow concept, accountability more broadly implies that a body is held responsible for its actions and that consequences will occur according to behaviour, measured against clearly defined standards. Subsequently, the establishment of effective accountability mechanisms is an overall objective for torture prevention efforts to force the perpetrator – at the relevant level – to change his or her behaviour through the existence of visible consequences for this behaviour.

Prevention strategies in specific settings should be based on an analysis of the relative importance of each of the perpetrator levels. In some settings, the main causes are found at the political level, where repression is actively promoted from the highest levels of government. At the bottom level, perpetrators may lack knowledge of human rights, the prohibition and consequences of practising torture, or the resources required to change such practices.

The prevention of torture requires explicit support from the highest levels of power to secure the effective conveyance of orders and implementation, together with a strong civil society, in which, for example, rehabilitation centres can monitor, document, and report on acts of torture to promote accountability. Even so, if e.g. a head of state publicly supports the practice of torture and refuses to adhere to international principles of prohibiting and preventing torture, any effort to establish accountability on the implementing perpetrator level is bound to fail.

Thus, the priorities of prevention efforts in a specific setting depend on the degree of compliance to which the country in question will commit itself. If formal adherence to internationally agreed principles exists, primarily through the ratification of the UN Convention against Torture, then there exist the basis and framework for adopting prevention strategies relevant for each level of perpetrators. The next step requires the establishment of functional accountability mechanisms.

Accountability mechanisms comprise a number of negative sanctions, such as the perpetrator being:

- brought to trial and sentenced for having committed torture
- disgraced and humiliated in the eyes of important social groups (family, peers, superiors, the public) because of the betrayal of basic values
- suspended or expelled from key organizations or affiliations
- subjected to economic sanctions.



Drawing by Cihat Aral

In principle, such negative sanctions could be applied to all levels of perpetrators.

International accountability mechanisms may include:

- an international civil society including empowered human rights organizations and a free and independent international media
- international tribunals and courts, e.g. the International Criminal Tribunals for the former Yugoslavia and Rwanda, the International Criminal Court
- effective political, diplomatic, and economic sanctions in response to violations of international human rights standards
- monitoring and reporting treaty bodies, e.g. the Committee against Torture, the Committee for the Prevention of Torture
- independent and international experts, e.g. UN Special Rapporteurs.

National accountability mechanisms may include:

- a civil society effectively promoting, monitoring, and reporting human rights practices, together with a free and independent media
- an independent judiciary, essential in sanctioning perpetrators and offering remedies
- national human rights institutions and truth and justice commissions analysing past and present violations of human rights and preparing legal sanctions accordingly
- public awareness of torture and desire to comply with international standards
- independent professional associations (e.g. medical, legal), ensuring members' compliance with ethical and legal standards of practice.

The most sustainable tool in the prevention of torture is the establishment of national accountability mechanisms as an inherent part of public accountability, a basic principle of democracy. International mechanisms, however, are critical as long as effective national mechanisms have not been or cannot be established, or when domestic authorities are unable or unwilling to act.

UN STANDARDS

One of the most important international mechanisms in the prevention of torture is the UN

Convention against Torture. States parties must take action in, and be held accountable to, compliance with the UN Convention's standards for preventing torture, including the abolition of impunity for perpetrators at all levels, the education and training of relevant professions, and the legislation to prohibit torture in any context.

The most important standards contained in the UN Convention against Torture are:

- the absolute prohibition of torture
- the responsibility to indict and punish perpetrators
- the responsibility for ensuring the right to reparation for torture victims
- the training of persons at risk of committing torture.

After ratification, the state must then take the necessary action to comply with the standards contained in the UN Convention, such as enacting domestic legislation to prohibit torture.

Perpetrators must be indicted and sanctioned.

Those most at risk of committing torture must be educated and trained in the prohibition of torture. Those at risk of torture must know their right to freedom from torture. Moreover, effective, independent mechanisms to monitor, document, and investigate settings in which torture takes place, such as prisons or police stations, must be established. Most importantly, the state is responsible for promoting respect for, and the realization of, basic human rights standards.

Additional UN standards, provided in the Principles of the 'Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment', comprise guidelines for the proper investigation of cases of alleged torture. The Istanbul Protocol sets the standard for the forensic documentation of cases of torture. In order to promote the implementation of these UN standards, governments must be held accountable. The establishment of accountability requires:

- documenting the violation of standards (torture is practised, perpetrators go free)
- reporting to appropriate bodies
- mobilizing sanctions.

The UN Convention, together with other international instruments, also provides mechanisms through which such reporting can take place, including the responsibility of states parties to submit reports on their compliance with such standards. In the long term, the implementation of these internationally agreed standards (no torture, no impunity), and the establishment of other effective mechanisms of accountability – international as well as national – are needed to make full use of the available framework for the prevention of torture.

TOGETHER AGAINST TORTURE

The theme used to commemorate the IRCT's global campaign for the UN International Day in Support of Victims of Torture, 'Together against Torture', stresses the strategic priority of collaborating and coordinating efforts among actors across all levels – nationally and internationally – vertically and horizontally – governments and civil society. The Coalition of International NGOs Against Torture (CINAT), comprising Amnesty International, the Association for the Prevention of Torture (APT), the International Federation of Action by Christians for the Abolition of Torture (FIACAT), the Redress Trust, the World Organisation Against Torture (OMCT), and the IRCT, is, at the international level, one example of a cross-cutting NGO collaboration, where different approaches and comparative strengths are brought together in the fight against torture.

The commitment of the IRCT to contribute to, and support the role of rehabilitation centres in, the prevention of torture is not new. The IRCT has, for many years, provided training to law-enforcement personnel and health professionals, documented torture and its consequences in public reports, undertaken visits to prisons and detention centres, helped bring perpetrators to trial, and created a public understanding of the right to freedom from torture.

It is a priority for the IRCT to upgrade the prevention of torture, while maintaining a clear platform to support those who personally suffered the horror of being subjected to torture. It is recognized that a rehabilitation centre for torture victims is

not just a treatment facility, but equally as much a human rights institution – in some countries even the most prominent human rights institution. In several projects aiming at eradicating the practice of torture, we have built partnerships with local rehabilitation centres, together with the Danish Centre for Human Rights, to ensure the strength of a combined health and legal expert approach to the challenges met in the prevention of torture. These positive experiences serve as an inspiration for us and for others in future strategic prioritizing and establish new paradigms for collective efforts to prevent torture.

In situations where health professionals are under threat because of their work against torture, international monitoring, collaboration, and protection is necessary to uphold the fight against torture. Hopefully and likely, immediate and strong reactions from the international community in cases of the detention of health professionals working for torture victims have prevented torture and executions from taking place.

CONCLUSION

The UN Convention against Torture is perhaps the most important tool in the prevention of torture because it provides a framework of standards with which all states parties – governments – must comply. With ratification, governments must ensure that the provisions of the UN Convention are enacted in domestic law and in the establishment of independent mechanisms and procedures to ensure the prevention of torture. Until such national accountability mechanisms are established, rehabilitation centres, the international NGO community, and independent, international mechanisms are critical in monitoring and documenting the prevalence of torture in order to bring those offending states to account for their non-compliance.

Report

FROM THE 2001 IRCT COUNCIL MEETING

The IRCT President, Dr Maria Piniou-Kalli, welcomed the 24 participating Council and co-opted Members, the IRCT Secretary-General, Dr Jens Modvig, and the observers to the meeting. The Council meeting was presided by Chair, Victor Madrigal-Borloz. The President highlighted the developments of 2001, which included the extensive work towards finalizing the IRCT Statutes and By-laws, the appointment of Dr Inge Genefke to the position of Honorary Secretary-General, and the permanent appointment of Dr Jens Modvig as Secretary-General of the IRCT.

The Secretary-General, Dr Jens Modvig, reported on the activities of the IRCT during 2001, which included: continued regional strengthening of both new and existing centres and the securing of funding from the European Union for regional support in 2002-2003; increased centre support through network meetings, training seminars, and the development of an accreditation process; the implementation of two key prevention projects in Ukraine and in Mexico; strengthened care for caregivers through a number of urgent actions; the implementation of research studies to assess both the impact of treatment and the capacity of centres; and strengthened advocacy and fundraising results for the IRCT.

The IRCT Council adopted the revised IRCT Statutes and By-laws, which included a new accreditation process for all rehabilitation centres and programmes associated with the IRCT. A key challenge for the IRCT has been to review the procedures and criteria applicable to rehabilitation centres and programmes affiliated with the IRCT. The formulation of such procedures and criteria represented a major development in the IRCT global movement.

The IRCT Council adopted the 'Syros Declaration on Torture, Terrorism, and War' following discussions on the deterioration of human rights around the world since the terrorist attacks of 11 September 2001. Of particular concern to the



IRCT Council was the special responsibility of governments to protect the most vulnerable, such as refugees and asylum seekers, many of whom are themselves victims of torture.

The IRCT Council approved the following networks: the ASIANET, the East Africa and Great Lakes Network, and the US Consortium of Treatment Programs for Victims of Torture.

The current Council Members were re-elected for a term of one year, due to the finalization of the IRCT Statutes and By-laws. The IRCT Council welcomed four network representatives to the Council: Khalida Salimi, Director, SACH – Struggle for Change, Pakistan; Ling Merete Kituyi, Medical Director, Independent Medico-Legal Unit (IMLU), Kenya; Douglas Johnson, Executive Director, Center for Victims of Torture (CVT), USA; and Maria Beatriz de Sá Leitão, Grupo Tortura Nunca Mais/Rio de Janeiro (GTNM/RJ), Brazil. The Council also elected Keith Carmichael, Executive Director of the Redress Trust, United Kingdom, as an independent expert. Dr Ole Vedel Rasmussen, member of the CPT and CAT, was co-opted to the Council for a one-year term. The IRCT Council expressed its deep appreciation to Jim Jaranson, USA, who had served on the IRCT Council for many years.

The IRCT Council's annual meeting was held in Syros, Greece, on 31 October – 3 November 2001.

Torture

AND TERROR

The 'Syros Declaration on Torture, Terrorism, and War' (www.irct.org) calls on the international community – governments, organizations, and individuals – to:

...

- work towards the elimination of the root causes of torture, terrorism, and war
- work towards promoting a culture of human rights, peace, and an end to war and armed conflict
- share the responsibility of providing protection of refugees and of supporting countries which receive refugees to keep their borders open
- include mental health care as part of relief activities
- use international organizations and conventions to resolve conflicts and to ensure the protection of human rights for all the peoples of the world
- respect the absolute prohibition of the use of torture and extra-judicial killings in all circumstances.

In October 2001, the IRCT Council, representing health professionals caring for survivors of torture worldwide, issued the 'Syros Declaration on Torture, Terrorism, and War' at the annual Council meeting, in response to the growing concern over the impact of the "war against terror" on human rights.

The IRCT noted with increasing concern the trend of many governments using the "war against terror" to justify legislation and other measures to erode respect for human rights, including the absolute prohibition of torture. The plight of refugees and asylum seekers – many of whom are themselves victims of torture or trauma – was compounded by governments, such as Australia, violating international refugee law and closing down their borders. In many countries, those working with the monitoring, documentation, and treatment of torture victims were harassed and persecuted by government agents. In Zimba-

bwe, the AMANI trust, an IRCT partner which continued to monitor, document, and treat cases of torture, was condemned as being a "terrorist organization". The right of the Palestinian people to self-determination, and the renewed Israeli-Palestinian conflict, became an issue of anti-terrorism rather than one of seeking to restore peace and resolve differences. In many Western countries, governments enacted legislation which violated civil liberties and, in some cases, international law regarding the investigation and detention of suspects.

The IRCT condemns acts of terrorism in the strongest possible terms. The IRCT recognizes, however, that there is no possibility of ending terrorism without the renewed commitment of the world's governments to human rights for all – economic, social, cultural, civil, and political. To this end, the IRCT recommends the following steps to be taken:



IRCT Council Members Dr Eyad El Sarraj, Gaza, (far left), and Dr Abdallah Mansour, Egypt, (far right) together with IRCT Secretary-General, Dr Jens Modvig, held a press conference in Copenhagen to advocate for a new platform on which terror and torture could be combatted by strengthening human rights organizations in all regions of the world. Copenhagen, October 2001

- All governments must actively support human rights and justice, and bring an end to impunity by ratifying international conventions such as the Rome Statute for the International Criminal Court, in which future acts of terrorism and other grave human rights violations may be prosecuted
- Governments must not politicize the plight of refugees and asylum seekers by holding such people accountable for the actions of national governments or terrorist agents
- Governments must adhere to the international norm that the prohibition of torture is absolute – there is no justification in any circumstance
- Increased efforts must be made to empower civil society, particularly human rights organizations, in unstable or emerging democracies
- Governments must be held accountable for their responsibility both in committing and preventing human rights violations.

In 2001, the IRCT promoted these recommendations through articles, press conferences, and other media activities, as well as through other international advocacy forums. In doing so, the IRCT recognizes that rehabilitation centres play a critical role in both treating victims of torture and trauma and in promoting human rights norms and values in their respective societies. Through the Centre Support and Development Programme, the main focus for the IRCT in 2001 was to identify the specific ways in which the advocacy and prevention capacity of rehabilitation centres could be further strengthened in securing respect for human rights on the public agenda.

Centre

SUPPORT AND DEVELOPMENT



Participants at the regional "Care for Caregivers" seminar in Islamabad, Pakistan. April 2001

The IRCT's Centre Support and Development Programme promotes collaboration within the global network of rehabilitation centres and programmes. The work carried out by health professionals at these centres is of paramount importance to facilitating the recovery of victims of torture and their families.

Rehabilitation centres stand as powerful symbols of the victims' right to rehabilitation, empowering them to regain control of their lives, and placing torture on the public agenda, thereby encouraging public authorities to assume responsibility for the prevention of torture.

A major challenge for the IRCT is the question of how to meet the rehabilitation needs of torture victims worldwide, given that in many countries and regions, treatment for victims of torture is either inadequate or non-existent, due to lack of resources and political support. Securing increased funding and sustainability for centres, developing and strengthening the treatment methods and capacities of centres, and promoting the prevention and advocacy role of centres remain overriding priorities for the IRCT.

CAPACITY-BUILDING: CENTRES AND NETWORKS

In 2001, the IRCT completed the comprehensive Regional Strengthening Programme (RSP I), initiated in 1999, which focused on strengthening the capacity of rehabilitation centres and programmes in five developing regions: Asia; Latin America and the Caribbean; Sub Saharan Africa; the Middle East and North Africa; and Central and Eastern Europe and New Independent States. The RSP I was funded by the European Union, the UN Voluntary Fund for Victims of Torture, and the Oak Foundation.

The main achievements of the RSP I included the establishment of 15 centres or programmes in the five developing regions, the formation of five regional networks, as well as the implementation of a number of regional seminars, local training programmes, and pre-investigation missions. Upon the completion of the RSP I, the IRCT conducted an extensive evaluation of the organizational and professional development needs of rehabilitation centres, including the development of minimum treatment standards, in the five developing regions.

A training needs assessment questionnaire, distributed to the centres in all five regions both bilaterally and through the network forums, revealed specific needs for technical assistance and training. The areas identified included project management, human resource management, fundraising, advocacy, medical documentation of torture, organization of treatment services, treatment approaches, and monitoring and evaluating the impact of such treatment.

During the year, regional network meetings provided an inspiring and constructive forum in which centres could share their experiences regarding standards for the treatment of torture victims. Issues such as available resources, cultural norms and values, and the impact of various approaches highlighted the advantages and challenges in identifying minimum standards for the treatment of torture victims at the national, regional, and global level.

Based on the results, experiences, and evaluation of the RSP I, the IRCT developed a strategic framework for the five regions. In 2001, the IRCT

secured funding from the European Union to launch a project in 2002, 'Institutional Strengthening and Capacity Building in the Rehabilitation of Torture Victims', focusing on the capacity-building of existing centres in the global network of rehabilitation centres in the areas of institutional sustainability, quality of treatment services, monitoring and documentation, and advocacy.

Asia

In April 2001, the members of the Asian network (ASIANET) conducted a regional 'Care for Caregivers' seminar in Islamabad, Pakistan, which led to the creation of a caregivers e-mail forum to promote the exchange of ideas, information, and support. The collaboration within the network also resulted in the analysis of training needs in areas such as medical treatment, alternative report writing, and reporting mechanisms in the field of prevention, in order to further strengthen the rehabilitation and prevention capacities in the region.



The Director of the Bangladesh Rehabilitation Centre for Trauma Victims (BRCT), Dr Akram Chowdhury (fourth from right), talking to the IRCT President, Dr Maria Piniou-Kalli (fourth from left), in connection with members of the ASIANET paying a visit to the BRCT during the ASIANET network meeting. December 2001

Relatives of the disappeared at the cemetery of Parral, Chile, together with IRCT staff, Dr Magriet Blaauw (far left) and Jane Werngreen (second from left). The memorial was a result of many years' efforts to win the right to honour the disappeared. October 2001



IRCT Honorary Secretary-General Dr Inge Genefke (far right) made an opening speech for the plenary session at "Consequences of Torture and the Health of the Chilean Population: Present Challenges". Also attending was Head of Division in the Ministry of Health, Ms Carmen Lopez (left), and Danish Ambassador to Chile, Mr Bent Kiellerich. June 2001

The inaugural formal network meeting of ASIANET was held in Dhaka, Bangladesh, in December 2001, with the participation of the IRCT President, Dr Maria Piniou-Kalli. ASIANET is comprised of seven rehabilitation centres or programmes in Bangladesh, Cambodia, Indonesia, Nepal, Pakistan, and Sri Lanka. The network members adopted guidelines regarding the question of minimum standards of treatment, including the implementation of IRCT accreditation criteria for the consideration of new applicants to the network. Other key achievements for the IRCT included the review of the Centre for Rehabilitation of Torture Survivors (CRTS.B) in Bangladesh to support the institutional capacity-building of the centre, and a review and evaluation of the IRCT's East Timor project, which resulted in the development of a second project funded by the European Commission's Humanitarian Office (ECHO).

In December 2001, Khalida Salimi, IRCT Council Member and Director of the SACH – Struggle for Change rehabilitation centre, Pakistan, joined Dr Jens Modvig in launching the framework for a joint project to provide psychosocial support to Afghani torture victims in Pakistan and Afghanistan.

Maria* is a twelve-year-old East Timorese girl who fled to West Timor with her family during the violence of September 1999. Her brother witnessed the killings and now sleeps with a machete in his hand. Maria and her brother are two of the 5,000 East Timorese children participating in an IRCT play therapy project to help children move forward into an environment of peace and security.

*Name changed for anonymity

Latin America and the Caribbean

The Latin American and Caribbean Network of Health Institutions against Torture, Impunity and other Human Rights Violations met in Santiago, Chile, in October 2001. The Latin American and Caribbean Network is comprised of 16 rehabilitation programmes from 13 different Latin American and Caribbean countries. The focus of the meeting was the strengthening of coordination mechanisms to improve the support for centres in crisis, both politically and financially. A major outcome of the meeting was the adoption of a three-year strategy and activity plan, which includes the launch of a network website (www.redsalud-ddhh.org) and a common database. The social, political, and human rights situation in the host country, Chile, was also studied, with a special emphasis on the situation for families of disappeared persons during the Pinochet regime.

The majority of the centres in the network have existed for more than 10 years, representing extensive experience in the medical and psychosocial rehabilitation of torture victims. In 2001, the Latin American and Caribbean Network identified, through participation in the needs assessment conducted by the IRCT, a need for further training in institutional development strengthening and the documentation of torture.

The IRCT carried out two review missions in 2001 to facilitate an evaluation of a common project implemented by four centres from the Southern Cone, in Argentina, Brazil, Chile, and Uruguay. As part of the review mission, the IRCT visited Centro de Salud Mental y Derechos Humanos (CINTRAS) in Chile and Grupo Tortura Nunca Mais/Rio de Janeiro (GTNM/RJ) in Brazil, focusing on the psychosocial work being conducted in Santiago and Parral, Chile, and Rio de Janeiro, Brazil.

Sub Saharan Africa

In February 2001, the IRCT conducted a review mission of the Victims of Torture Rehabilitation (VICTOR) project of the Peace Trust centre in Namibia. The project involved medical, psychological, and social interventions for victims of torture and organized violence. The review team made a series of recommendations to the centre for a planning phase regarding the organizational development of the centre and its support to victims of torture.

In a meeting held in Pretoria, South Africa, in July 2001, the IRCT succeeded in further strengthening collaboration with partners in the Southern African region. Rehabilitation centres from Namibia, South Africa, and Zimbabwe met and agreed to coordinate their activities at the regional level.

In August 2001, the IRCT's partner in Zimbabwe, the AMANI Trust, was a co-organizer of the conference 'Crisis in Zimbabwe – A Time to Act' in Harare, which more than 200 organizations attended. The IRCT participated as international observer in the conference, which was hosted by

Transparency International. In the *IRCT Report on Torture in Zimbabwe*, published in June 2001, the IRCT had earlier recommended the establishment of an independent judicial commission to investigate alleged gross human rights violations in the country. The delegates at the Harare conference reiterated this recommendation as one of 15 resolutions, all of which were presented to the Government of Zimbabwe.

A pre-investigation mission to Zambia was undertaken in December 2001 to assess rehabilitation needs and the possibilities of establishing a rehabilitation centre in the country. The mission team met with human rights NGOs and local donors in Zambia, who expressed a keen interest in supporting a new centre. The IRCT anticipates the pilot phase of a new rehabilitation centre in Lusaka, Zambia, to begin in 2002.

The Middle East and North Africa

In January 2001, an IRCT team conducted a pre-investigation mission in Iraqi Kurdistan in cooperation with Behandlungszentrum für Folteropfer e.V. (BZFO), Berlin, Germany, to assess the viability of establishing a psychosocial assistance proj-

Dr Nageeb Nigm El Din (far left), Medical Director, and staff of the Amal Centre in Khartoum, together with IRCT Council Member, Abdallah Mansour (second from right), and IRCT Medical Officer, Dr Margriet Blaauw (far right), in Khartoum, Sudan. February 2001



ect for vulnerable populations in the Kurdish areas. The IRCT also conducted centre visits to the Organization for Defending Victims of Violence (ODVV) in Tehran, Iran, and the Amal Rehabilitation Centre for Rehabilitation of Victims of Physical and Mental Trauma, in Khartoum, Sudan. The environment in which these centres operate typified some of the most severe challenges facing the region in 2001.

Raids by authorities, together with instances of harassment and arrest of staff, impaired the functioning of several rehabilitation centres, warranting grave concern for the security of those working against torture in countries such as Iran and Sudan. Although the Middle East and North Africa network did not meet during 2001, the IRCT conducted a training needs assessment for the region via e-mail, providing the basis for a targeted training programme for 2002.

Central and Eastern Europe and New Independent States

There are three networks within this region. The Central and Eastern European Network (CENENET) comprises centres from Estonia, Finland,

Hungary, Latvia, and Poland. The Balkan Network (BAN) comprises centres from Albania, Bosnia-Herzegovina, Bulgaria, Croatia, Greece, Kosovo, and Federal Republic of Yugoslavia, and the New Independent States Network (NISNET) comprises centres from Armenia, Georgia, Moldova, Russia, and Ukraine.

The CENENET network meeting was held in Tallin, Estonia, in October 2001. In addition to addressing the issue of minimum standards and associated training needs, a prominent issue was the sustainability of centres in the region. Several centres continued to face critical funding situations, threatening the continuity of rehabilitation services for torture victims in the region. The BAN network meeting was held in Tirana, Albania, in November 2001. Reconciliation and collaboration on data registration were priority discussion issues. The members of NISNET met twice during the year, first in St Petersburg, Russia, in January 2001, and then in Yerevan, Armenia, in November 2001. In addition to the identification of training needs, the network addressed collaboration on expanding centre activities in the region, including the prevention of torture. The network



Mr Stefan Vritu (right), Chairman of the National Helsinki Committee for Human Rights, explains the monitoring of human rights violations in Moldova. Chisinau, Moldova. October 2001

benefited from the experiences and lessons learned from the ongoing IRCT Ukrainian prevention project (see page 22), involving the International Medical Rehabilitation Centre for the Victims of Wars and Totalitarian Regimes (IRC) in Kiev, Ukraine.

EMERGENCY INTERVENTIONS

In 2001, the IRCT received a grant from the Norwegian Agency for Development Cooperation (NORAD) to carry out emergency interventions for the protection of rehabilitation centre staff and for the provision of urgent assistance to recent victims of torture, fields in which the IRCT continued to strengthen its expertise and experience. Emergency interventions may vary considerably, depending on the nature of the crisis, and range from the provision of immediate medical and psychosocial support for recent torture victims in conflict situations, to the protection of centre staff or other human rights defenders at risk due to their work against torture. Through the support of NORAD, the IRCT conducted emergency interventions in 2001 for Indonesia, Sudan, Mexico, and Zimbabwe, and planned emergency interventions for Afghanistan and Pakistan.

Indonesia

The IRCT continued to closely monitor the situation in Aceh, Indonesia, following the torture and execution of three field staff of the Rehabilitation Action for Torture Victims in Aceh (RATA) centre by Indonesian security forces in December 2000. Through the grant made available by NORAD, the IRCT was able to provide means to improve security measures for the staff at the RATA centre.

Sudan

Staff at the Amal Rehabilitation Centre for Rehabilitation of Victims of Physical and Mental Trauma, in Khartoum, Sudan, continued to face harassment by the authorities in 2001. The Medical Director of the Amal Centre, Dr Nageeb Nigm El Din, was arrested and detained without charges being filed, and confidential client files

and computers were confiscated. The situation seriously jeopardized the ability of the centre to continue its work. Through consultation with the Sudanese Victims of Torture Group (SVTG), based in London, United Kingdom, the IRCT conducted two missions to London to urgently support the Amal Centre by holding meetings with the SVTG and the United Nations Special Rapporteur on the Human Rights Situation in Sudan, Mr Gerhard Baum.

Mexico

On 19 October 2001, the human rights lawyer Digna Ochoa y Plácido, who formerly worked with a Mexican NGO, the Miguel Agustín Pro Juárez Human Rights Center (ProDH), was murdered in her office in Mexico City. On 29 October, five prominent human rights defenders received death threats similar to those received by Digna Ochoa prior to her murder. Among the human rights defenders was the former Director of Acción de los Cristianos para la Abolición de la Tortura (ACAT) in Mexico, Juan Antonio Vega Baez. In response, the IRCT carried out an urgent action mission to Mexico to express its deep concern over the deteriorating human rights situation and to call for the additional protection of human rights defenders at risk. The IRCT delegation, headed by Secretary-General Dr Jens Modvig, met with various NGO representatives, high-ranking government and judicial representatives, and the media, to improve the safety of human rights defenders in Mexico.

Afghanistan and Pakistan

The framework for an emergency intervention in Afghanistan and Pakistan was developed in late 2001, culminating in an initial three-phase project to provide relief to victims of torture. The project seeks to provide psychosocial support for Afghani refugee populations in Pakistan, as well as displaced and vulnerable groups in Afghanistan itself. The rebuilding of the health system in Afghanistan is a critical part of the post-conflict reconstruction, with only an estimated eight psychiatrists available to provide support to the traumatized population.

The first phase of the emergency intervention comprises a needs assessment survey among

Afghani refugee populations in Pakistan, the training of staff at the SACH – Struggle for Change centre, Islamabad, and the creation of an outreach programme to target refugee camps in the Hari Pur district. The second phase targets the identification of and collaboration with implementing partners, with the long-term objective of establishing a rehabilitation centre in Afghanistan.

Ali*, a journalist, is one of many people tortured by the Taleban during their rule in Afghanistan. His left eye was removed with a knife and his body bears the scars of burning by acid. Although the physical scars remain, Ali regained the strength to continue to live his life through the support and treatment provided by the SACH – Struggle for Change rehabilitation centre, Pakistan. According to the World Health Organization (WHO), the nation of Afghanistan, with 24 million people, has less than three psychiatric hospitals and only eight psychiatrists. The IRCT strongly advocates the provision of psychosocial support to the people of Afghanistan.

*Name changed for anonymity

of torture, including severe beatings to the body, mock executions, and witnessing the torture of others.

In addition, Dr Inge Genefke and the Director of the AMANI Trust, Anthony Reeler, held an international media conference to draw focused attention to torture in Zimbabwe, reporting that doctors have been involved in or condoned torture, that health workers have been targets for organized violence and torture, and that health services to victims of organized violence have been disrupted and health workers prevented from rendering assistance to victims.

In August 2001, Dr Inge Genefke returned to Zimbabwe together with the Secretary-General of the World Medical Association (WMA), Dr Delon Human. Dr Inge Genefke participated in the Zimbabwe Medical Association (ZIMA) Annual Assembly, drawing specific focus to the issue of torture.

"Such torture must be condemned in the strongest possible terms, and the government and political parties must make every effort to put an end to this outrageous human rights violation," Dr Inge Genefke said to media covering the case at the Zimbabwean High Court, in May 2001.

Zimbabwe

The human rights situation continued to deteriorate in Zimbabwe during 2001. In May 2001, the IRCT Honorary Secretary-General, Dr Inge Genefke, undertook an urgent action mission to Zimbabwe, meeting with both clients and staff of the AMANI Trust, as well as with other human rights NGOs and diplomats. Dr Inge Genefke testified at the Zimbabwean High Court in the election petition for Marondera East, providing evidence of the prevalence of torture in Zimbabwe, following her participation in an IRCT investigation mission to Zimbabwe in June 2000. The mission resulted in the documentation of five cases

PREVENTING TORTURE

In working towards its vision of a world without torture, the IRCT complements its rehabilitation work with activities focusing on the prevention of torture. In fact, all three of the IRCT's programmes comprise prevention aspects ranging from advocacy, to documentation and research, and training and education. The prevention work of the

IRCT, in collaboration with rehabilitation centres, seeks to change attitudes, legislation, and practice pertaining to torture.

In 2001, the IRCT worked closely with two centres to strengthen and support their roles in their respective civil societies to monitor and counteract human rights violations committed by their governments: Acción de los Cristianos para la Abolición de la Tortura (ACAT) in Mexico and the International Medical Rehabilitation Centre for the Victims of Wars and Totalitarian Regimes (IRC) in Ukraine. In both cases, specific prevention projects addressing government-sanctioned torture were developed and implemented. In addition to the impact of the projects at the national level, the work undertaken significantly contributed to the development of a global approach to combating torture.

Preventing torture in Ukraine

In 2001, the prevention project 'Preventing Torture in Ukraine: Implementing International Standards in Treatment of Persons Deprived of Their Liberty' was officially launched in Ukraine at the beginning of April.

The project is carried out in close collaboration between the IRCT, the Danish Centre for Human Rights – which has expertise in developing training materials for police, the International Medical Rehabilitation Centre for the Victims of Wars and Totalitarian Regimes (IRC) in Kiev, the Royal Danish Ministry of Foreign Affairs, and the Organization for Security and Co-operation in Europe (OSCE). The project's implementing partners, comprising both government and non-government organizations, are the Office of the Human Rights Ombudsman of Ukraine, the Ukrainian Ministry of Interior, the International Renaissance Foundation, and the Ukrainian-American Human Rights Bureau.

After a comprehensive preparation phase in 2000, the first project team – comprising four Ukrainian representatives, four advisory members from the IRCT, and one from the Danish Centre for Human Rights – met in Copenhagen in April 2001. A second series of 'Problem Analysis Workshops for Law Enforcement Personnel and

Human Rights Monitoring' was conducted in Kiev in June 2001. The workshops included the development of questionnaires to gather baseline information on training needs, in terms of knowledge and attitude, and problem analysis working group sessions for both law-enforcement personnel and human rights groups.

On the suspicion of theft, forty-seven-year-old Oleg* was taken to a police station in Ukraine, where he was severely beaten and kicked. He was handcuffed and heavy objects were thrown at him. The torture caused severe damage to Oleg's internal organs, and a few days later he died. Through the project 'Preventing Torture in Ukraine', the IRCT, in collaboration with governmental institutions and local NGOs, is initiating a comprehensive prevention programme to reduce incidences of torture in Ukraine.

*Name changed for anonymity

Through the project, a comprehensive prevention programme was initiated in Ukraine comprising complementary prevention strategies: normative-educative (training of law-enforcement personnel) and accountability-building (training of NGOs in documenting, reporting, and monitoring instances of torture), in order to reduce incidences of torture in the law-enforcement sector of Ukraine. Through the implementation of complementary prevention strategies, thereby combining technical assistance and capacity-building in a holistic approach, the project provides training to law-enforcement agencies in international standards for the treatment of persons deprived of their liberty, while training local human rights organizations in documenting, reporting, and monitoring incidences of torture.



Mr Anatolij Kolodiy, National Academy of Internal Affairs (left) with a police representative during the Ukraine prevention project's Problem Analysis Workshop, Kiev, Ukraine. June 2001

Health professionals from the Mexican Government, NGOs, and the National Human Rights Commission doing group work at the Mexico Training Seminar. Mexico City, July 2001



Minister for Human Rights and Democracy, Mariclaire Acosta, (second from right) receives the Model Procedure for Investigating Allegations of Torture from IRCT Secretary-General Dr Jens Modvig (centre). From left: IRCT Programme Coordinator Jane Werngreen, Victor Madrigal-Borloz (DCHR), and (far right) OHCHR Programme Officer, Antonio Cisneros. Mexico City, June 2001

Technical cooperation programme in Mexico

In 2001, the IRCT was commissioned by the UN Office of the High Commissioner for Human Rights (OHCHR) to be a partner in a technical cooperation programme between the OHCHR and the Government of Mexico. The first phase of the technical cooperation programme focused on an initial evaluation and the implementation of training in areas such as the administration of justice, national human rights initiatives, and indigenous rights with governmental, non-governmental, and human rights institutions.

The IRCT was appointed by the OHCHR to provide expert knowledge for one of the components of the first phase, 'Medical training in the examination of torture victims', in the development of a standard procedure for the examination of torture allegations in Mexico based on UN standards; and to provide training to health professionals in the examination of alleged victims of torture according to the standard procedure.

In May 2001, after extensive research by IRCT staff and external consultants in collaboration with the Mexican authorities, the OHCHR, and Mexican NGOs, the IRCT proposed a Standard Procedure on medical examinations of alleged victims of torture or other cruel, inhuman or degrading treatment or punishment.

The Standard Procedure builds on the UN Convention against Torture and the UN document, the 'Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment', and takes into account a procedure developed by the Mexican General Prosecutor's Office. The Standard Procedure, which was well received by the OHCHR and the Mexican Government, describes medical examination procedures as well as the procedural mechanisms necessary to secure the correct reporting of medical findings. The Standard Procedure contains a general and a specialist format for the medical examination, documentation, and reporting of alleged cases of torture in Mexico.

In July 2001, the IRCT conducted a training seminar for 40 health professionals and 10 non-health professionals in Mexico City. The training modules included the Standard Procedure, prohibition of torture, physical and mental sequelae of torture, and torture methods applied.

The first phase of the programme ended in 2001 with an evaluation of the phase and recommendations for a second phase, carried out by both stakeholders and an external consultant in July 2001. The IRCT provided input to the OHCHR for the second phase of this project, which is expected to take place in early 2002.

Advocacy

AND INFORMATION

26

The IRCT's Advocacy and Information Programme aims to promote shared responsibility for the eradication of torture, to increase understanding of the impact of torture, and to support the right to rehabilitation for victims of torture. This is achieved through three key campaign areas: the Global 26 June Campaign, the Global Ratification Campaign, and urgent action campaigns. A range of media activities and publications support both the campaigns and the overall work of the IRCT.

GLOBAL 26 JUNE CAMPAIGN

On 26 June 2001, special events were held in more than 97 countries worldwide to commemorate the UN International Day in Support of Victims of Torture, bringing thousands of individuals together against torture. The 26 June 2001 global campaign 'Together against Torture' comprised the IRCT's fourth consecutive annual 26 June Campaign to empower victims of torture and strengthen support worldwide for the work against torture.

The IRCT directly supported more than 255 participating organizations, including rehabilitation centres as well as human rights, student, and

health organizations. The IRCT provided campaign materials, including press kits, essay competition kits, campaign kits, T-shirts, and posters. Most of the written materials were available in English, French, Spanish, and Russian and could be globally accessed via the IRCT website. The IRCT provided regular website updates of planned campaign activities worldwide to enable participants to share their plans and to inspire each other.

Events held worldwide on 26 June 2001 included public seminars, award ceremonies, music and theatre performances, art exhibitions, poetry readings, 'Run for Life' events, tree-planting ceremonies, petition signings, radio and television debates, candlelight processions, and peaceful street marches. Many events involved the participation of local government officials.

IRCT global launch

The IRCT held two global events on 26 June 2001. In New York, USA, the UN High Commissioner for Human Rights, Mrs Mary Robinson, launched the Global Campaign for the Universal Ratification of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The IRCT Secretary-General, Dr Jens Modvig, and the Danish Ambassador, Ruben Madsen, also spoke at the event, which was attended by representatives of the diplomatic and NGO community in New York.

In London, United Kingdom, the IRCT President, Dr Maria Piniou-Kalli, participated in a press conference together with Kate Gilmore, Executive Secretary-General of Amnesty International, and Keith Carmichael, Executive Director of the Redress Trust. The IRCT President held a second press conference focusing on the deteriorating human rights situation in Sudan. A brochure, *Together against Torture*, presenting the work of the individual members of the Coalition of

The purpose of the UN International Day in Support of Victims of Torture is to promote "... the total eradication of torture and the effective functioning of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ..."
(UNGA Res. 52/149, 1997).

International NGOs Against Torture (CINAT), was also launched at both press conferences. CINAT comprises Amnesty International, Association for the Prevention of Torture (APT), International Federation of Action by Christians for the Abolition of Torture (FiACAT), IRCT, Redress Trust, and World Organisation Against Torture (OMCT).

In Santiago, Chile, the IRCT Honorary Secretary-General, Dr Inge Genefke, joined Centro de Salud Mental y Derechos Humanos (CINTRAS) as part of an NGO delegation to present a petition to the President of Chile, calling for the establishment of a Chilean Truth Commission. Dr Inge Genefke also addressed the international conference 'Consequences of Torture and the Health of the Chilean Population: Present Challenges', organized by the Chilean Ministry of Health in collaboration with CINTRAS, Corporacion de Promocion y Defensa de los Derechos del Pueblo (CODEPU), and Fundación de Ayuda Social de las Iglesias Cristianas (FASIC).

The IRCT gratefully acknowledges the Royal Danish Ministry of Foreign Affairs, the UN Office of the High Commissioner for Human Rights, the European Commission, the Office for Democratic Institutions and Human Rights (ODIHR) of the Organization for Security and Co-operation in Europe (OSCE), and the Oak Foundation for their support for the 26 June 2001 Global Campaign.

GLOBAL RATIFICATION CAMPAIGN

Governments bear the primary responsibility for preventing torture and providing redress for victims of torture. Under the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, governments are legally obliged under international law to prevent torture, to prosecute the perpetrators, and to ensure adequate redress and rehabilitation for victims of torture. Today the UN Convention

against Torture remains the least ratified of the six main UN human rights treaties.

Urging governments worldwide

Throughout 2001, the IRCT conducted a global letter-writing campaign on behalf of CINAT for the universal ratification of the UN Convention against Torture. A total of 69 governments received calls for ratification from the IRCT, encouraging them to make a declaration on 26 June 2001 stating their intent or their progress in ratifying the UN Convention against Torture. The IRCT approached a further 86 governments which, although having ratified the UN Convention, do not recognize the full competence of the Committee against Torture to receive and consider communications from both states parties and individuals (Arts. 21 and 22). The IRCT conducted a second global letter-writing campaign in November 2001.

Encouraging response

By December 2001, 14 governments had responded to the IRCT, several of which informed the IRCT that they had taken, or are currently taking, steps to ratify the UN Convention against Torture or to accept the individual communications procedure. They included Bahamas, Estonia, Germany, Guyana, India, Ireland, Lesotho, Mexico, Mongolia, Thailand, Tonga, Uganda, Ukraine, and United Kingdom. The IRCT will continue to coordinate the Global Ratification Campaign on behalf of CINAT in 2002, which marks the 15th anniversary of the UN Convention's entry into force in 1987.

In addition to the Ratification Campaign, the IRCT, as a member of the NGO Coalition for the International Criminal Court, supports the adoption of the Rome Statute of the International Criminal Court and of other relevant international instruments combating impunity.

URGENT ACTION CAMPAIGNS

In a number of countries worldwide, health professionals continued to be targeted or subjected to harassment due to their ability to identify and document cases of torture. During 2001, members of partner rehabilitation centres faced immediate risk, resulting in the IRCT conducting urgent action campaigns for health professionals in Indonesia, Mexico, Sudan, Turkey, and Zimbabwe. The IRCT is committed to securing the effective protection of all those working in support of victims of torture. The urgent action cases in Indonesia, Mexico, Sudan, and Zimbabwe were conducted as part of the IRCT's emergency interventions, which are supported by a grant from the Norwegian Agency for Development Cooperation (NORAD). The urgent action campaign in Turkey focused on the ongoing trials against doctors and other human rights defenders in Turkey and included the deployment of international observers to attend the hearings.

AWARENESS-RAISING BY THE IRCT

The IRCT noted with increasing concern the deterioration in respect for human rights shown by governments following the terrorist attacks in the USA on 11 September 2001. Although the war against terrorism was based on the basic principles of democracy and human rights, the world witnessed a growing intolerance between different ethnic, religious, and racial groups. One of the most devastating consequences was the ill-treatment of refugees and asylum seekers in the Western world. Through media releases and press conferences, the IRCT expressed its growing concern and urged governments to support human rights and justice for all.

A major milestone in the fight against impunity in 2001 was the indictment of the former President of the Federal Republic of Yugoslavia, Slobodan Milosevic. However, the international community has far to go in fulfilling its obligation to bring perpetrators to justice. One of the most contentious cases on the question of impunity in 2001 was the appointment by Israel of Carmi Gillon to the position of Israeli Ambassador to

"We know that many refugees and asylum seekers are themselves torture victims – the way in which they are being treated promotes severe re-traumatization and violates all international principles of the rights of refugees. The closing of borders and the long-term detention of such people places their right to rehabilitation at stake." IRCT Secretary-General, Dr Jens Modvig, on 10 December 2001, the UN International Human Rights Day.

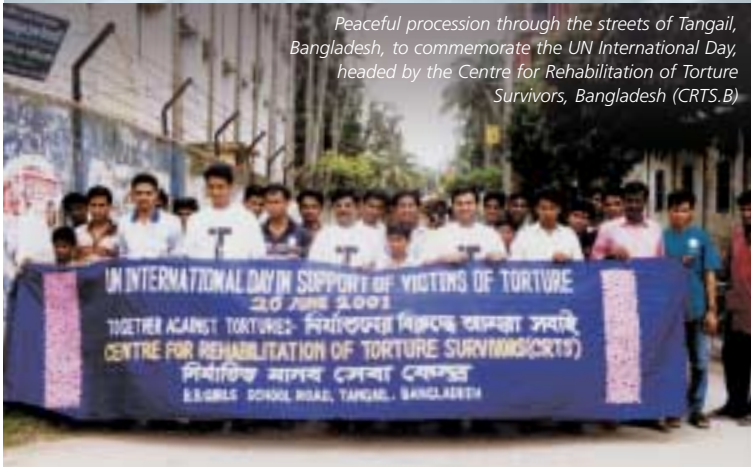
Denmark. As former head of Israel's General Security Service (GSS), Mr Gillon publicly admitted to having authorized the use of torture against Palestinian detainees. Under Articles 5, 6, and 7 of the UN Convention against Torture, governments have a responsibility to investigate and prosecute alleged perpetrators. The IRCT maintained that this is an absolute obligation which overrides the right of governments to claim diplomatic immunity. The IRCT, in collaboration with the Rehabilitation and Research Centre for Torture Victims (RCT) and other Danish NGOs, as well as the members of CINAT, pursued the issue of impunity through a series of articles, media releases, and press conferences. In view of the principles of diplomatic immunity in the Vienna Convention on Diplomatic Relations, the Danish Minister for Justice decided that Mr Gillon could not be prosecuted in Denmark.

In 2001, IRCT Honorary Secretary-General, Dr Inge Genefke, received the following awards for her outstanding work in support of torture victims:

- Commemorative Figurine, National Association of Concentration Camp Prisoners from Neuengamme, Germany (Danish)
- Honorary Award from Sct. Georgs Gilderne (Danish)
- Medaille d'Or, Société d'Encouragement au Progres (French).



Dr Alp Ayan (right) and Ms Günseli Kaya outside Aliaga Penal Court after the 8th hearing of the ongoing trials against doctors in Turkey. Izmir, Turkey, 2001



Peaceful procession through the streets of Tangail, Bangladesh, to commemorate the UN International Day, headed by the Centre for Rehabilitation of Torture Survivors, Bangladesh (CRTS.B)



On 26 June 2001, the UN High Commissioner for Human Rights, Mrs Mary Robinson, launched a Global Appeal urging all governments to ratify the UN Convention against Torture. New York, June 2001



IRCT exhibit at the ICN's 22nd Quadrennial Congress, Copenhagen, Denmark. June 2001

IRCT PUBLICATIONS

To promote greater awareness and knowledge of torture and its consequences, the IRCT produces a range of information, research, and education materials in both printed and electronic formats. The *IRCT Annual Report 2000*, published in May 2001, was distributed to readers in more than 100 countries. *Together against Torture*, the IRCT's Global Report on the commemoration of 26 June 2001, was published in December 2001. Two new brochures were also produced in 2001: *A world without torture ...*, introducing the work of the IRCT, in English, French, Spanish, and Danish; and a Bequest Brochure in Danish. In 2001, the book *Why suffer from grief*, originally published in Danish and subsequently in English, was published in Tamil and Sinhala with the support of the IRCT by the Sri Lankan Gender Resource Centre and the Participatory Institute for Development Alternatives (PIDA).

The TORTURE journal

TORTURE is a quarterly journal produced by the IRCT, specializing in the medical aspects of the rehabilitation of torture victims and the prevention of torture. In 2001, a total of 50 articles were published, covering issues such as the after-effects of torture, studies on organized violence, the examination of refugee populations, and the protection of human rights. Notable articles published included 'Principles of documenting psychological evidence of torture', 'Custodial deaths – a two-year study', and 'A nation-wide screening survey of refugee children from Kosovo'. The four issues produced in 2001 each had a circulation of 7,300 copies, of which 6,200 were sent to TORTURE subscribers in 168 countries worldwide. A supplement to TORTURE entitled *Approaches to torture rehabilitation: a desk study covering effects, cost-effectiveness, participation, and sustainability* was published in March 2001.

News from the IRCT

In August 2001, the IRCT launched a new monthly newsletter in English and Danish entitled *News from the IRCT*, which was sent to more than 400 readers worldwide, including rehabilitation centres, other human rights organizations,

governments, embassies, and intergovernmental organizations. The objective of the newsletter is to provide regular updates on major developments in the work of the IRCT.

IRCT International Instruments Manual

In 2001, the IRCT produced a new manual entitled *International Instruments and Mechanisms for the Fight against Torture*. The manual includes material on international mechanisms, instruments, declarations, and other documents specific to the work against torture. The publication includes the 'Guidelines to EU policy towards third countries on torture and other cruel, inhuman or degrading treatment or punishment', adopted by the Council of the European Union in April 2001, and excerpts from the Rome Statute of the International Criminal Court. The IRCT plans to produce the manual in English, French, and Spanish.

INTERNATIONAL FORUMS

The IRCT actively participates in a range of intergovernmental and non-governmental forums to increase international awareness of, and support for, the responsibility of governments in preventing torture. The IRCT enjoys consultative status with the UN Economic and Social Council, UN Department of Public Information, OSCE, and Council of Europe.

UN Commission on Human Rights

In March – April 2001, during the 57th session of the UN Commission on Human Rights in Geneva, Switzerland, IRCT Secretary-General Dr Jens Modvig addressed the UN Commission under Item 11, 'Civil and Political Rights (Torture and Detention)', urging all member states to recognize, respect, and support the mandate of the Special Rapporteur on Torture. The IRCT also made an oral intervention on Item 17, 'Promotion and Protection of Human Rights', drawing the attention of the UN Commission to the IRCT-led campaign for the universal ratification of the UN Convention against Torture, and highlighting the personal risks faced by a number of rehabilitation centre staff. The IRCT also partici-

parted in parallel sessions organized by CINAT on 'Prevention of Torture – The Value of International and National Efforts', and by OMCT on 'Torture and other Forms of Organised Violence in the Turkish Prison System'.

European Union (EU)

During 2001, the IRCT, through its Brussels liaison office, continued to carry out advocacy and fundraising activities at the EU level, and to facilitate relations between rehabilitation centres and programmes and EU institutions. The IRCT provided assistance to more than 40 rehabilitation centres and programmes in response to the European Commission Call for proposals in February 2001 to support rehabilitation centres for torture victims both inside and outside the EU.

In May 2001, the IRCT attended the seminar 'The Role of Human Rights in Conflict Prevention and Resolution', hosted by the Swedish Presidency of the EU, as well as the EU Discussion Forum on Human Rights, organized under the Belgian Presidency. Throughout the year, the IRCT took part in informal human rights contact groups in various bodies of the EU. The IRCT provided input to various reports and resolutions of the European Parliament in the field of human rights during 2001, including the Commission Programming Document for 2002-2004.

Organization for Security and Co-operation in Europe (OSCE)

The annual OSCE Office for Democratic Institutions and Human Rights (ODIHR) Human Dimension Implementation Meeting is one of the largest human rights forums in Europe, attended by delegations and NGOs from the 55 participating states in the OSCE region. The IRCT attended the September 2001 meeting in Warsaw, Poland, together with representatives from network centres in Latvia, Greece, and Kosovo, from the Central and Eastern Europe and Balkan Area Networks, respectively. The participation of the representatives from the Balkan Area Network was made possible due to a grant from the Royal Danish Ministry of Foreign Affairs. The IRCT hosted a visit in Copenhagen by the President of the OSCE Parliamentary Assembly, Mr Adrian Severin,

on 6 September 2001, and participated in the OSCE-organized 'Seminar on Conflict Prevention', held in Kiev, Ukraine, in October 2001.

Council of Europe

On 14 May 2001, the President of the Parliamentary Assembly of the Council of Europe, Lord Russell-Johnston, visited the IRCT Secretariat in Copenhagen, Denmark. As a result, the IRCT Secretary-General, Dr Jens Modvig, was invited to address the Parliamentary Assembly's Committee on Legal Affairs and Human Rights in 2002.

Draft Optional Protocol

The IRCT participated in the 9th Meeting of the Working Group on a Draft Optional Protocol to the UN Convention against Torture, held in Geneva, Switzerland, in February 2001. The IRCT was encouraged by signs of progress in the Working Group in 2001, in particular the presentation of new text proposals by Mexico and the EU. The IRCT recognizes the importance of efforts towards the prevention of torture being undertaken at both national and international levels. It is important, however, that the text of the Optional Protocol retains the full powers of the international body as envisaged in the text presented by the Costa Rican delegation in 1991. This is critical for the Protocol to have real added value.

NGO forums

The IRCT collaborated with its CINAT partners (Amnesty International, APT, FiACAT, Redress Trust, and OMCT) on various issues throughout 2001. The IRCT was represented at the 'International Conference on Children, Torture and Other Forms of Violence', held in Tampere, Finland, in November 2001 and organized by OMCT. The Tampere Declaration, unanimously adopted by the 173 delegates from 73 countries, proposes a number of concrete measures to better address the issue of violence against children, including the need for a UN Special Rapporteur to address all aspects of violence against children.

Documentation AND RESEARCH

The IRCT's Documentation and Research Programme promotes and incorporates documentation, research, and prevention components in the work of the IRCT and the network of rehabilitation centres and programmes worldwide. In 2001, this was achieved through the continued provision of literature and information on torture and related subjects, through the analysis of available information on torture, and through the production and provision of more extensive knowledge of torture.

DOCUMENTATION CENTRE

Established in 1987, the IRCT Documentation Centre maintains the world's largest collection of materials on torture, the rehabilitation of torture victims, and the prevention of torture. The Documentation Centre collects, records, and disseminates materials in both electronic and printed for-

Centre's databases to be accessible on the Internet, using WWW-ISIS software which had been designed specifically for the UNESCO CDS/ISIS database program used by the IRCT. This will enable the main bibliographic database containing 15,000 references to materials held by the Documentation Centre to be accessed through the IRCT's website, making this unique resource on torture and torture-related subjects freely available worldwide.

In April 2001, the Documentation Centre co-organized the 24th meeting of the European Co-ordination Committee for Human Rights Documentation (ECCHRD), held in St Petersburg, Russia. The meeting was hosted by the Harold and Selma Light Centre and Human Rights Watch, St Petersburg, and for the first time brought a large number of participants from the New Independent States and Russia into the ECCHRD framework. The ECCHRD special Thematic Task Force on Torture Documentation held a separate meeting during this event to discuss and plan future initiatives in this field. After many years of serving as the Secretariat of ECCHRD, the Documentation Centre handed over this role to the Netherlands Institute of Human Rights (SIM).

In connection with the ECCHRD meeting, Documentation Centre staff, together with the Secretariat of HURIDOCS, conducted a two-day training session on human rights documentation for participants from the New Independent States and Russia. Documentation Centre staff also provided training at the Danish Centre for Human Rights' two-week international course in human rights documentation, with participants from Benin, China, Malawi, Nepal, and Tanzania. The Documentation Centre continued to participate in the Psycho-trauma Documentation Network (PDN), an international network of libraries specializing in psycho-trauma, formed in Utrecht, the Netherlands, in November 1999.

mats, with a special focus on scientific literature relating to the medical aspects of torture. The collection comprises 39,000 items, including books, journals, articles, reports, conference papers, CD-ROMs, photographs, slides, and drawings, as well as an increasing number of subscriptions to electronic resources. The Documentation Centre offers its services free of charge to organizations and individuals worldwide.

A major development in 2001 was the identification of a partner to enable the Documentation

Loans from the IRCT Documentation Centre 1999-2001

Circulation	1999	2000	2001
Books	1,436	1,542	1,619
Articles	5,041	5,854	7,254
AV materials	1,497	2,345	1,065
Total	7,974	9,741	9,938



Director of AMANI Trust, Zimbabwe, Anthony P. Reeler (left) discusses the torture situation in Zimbabwe at a press conference, together with IRCT Honorary Secretary-General, Dr Inge Genefke, and IRCT Secretary-General, Dr Jens Modvig. Copenhagen, June 2001

GLOBAL TORTURE VICTIMS INFORMATION SYSTEM

The Global Torture Victims Information System (GTIS) project represents one of the most important developments in the work against torture. The objective of the GTIS is to create an information system that will enable the documentation, monitoring, analysis, and reporting of the incidence of torture, of rehabilitation needs, and of the impact of treatment currently being provided to victims of torture around the world.

The GTIS is being implemented by the IRCT in collaboration with the global network of rehabilitation centres. Through the GTIS, the IRCT will in effect create a comprehensive and continually updated source of information on the extent of

torture country-by-country. This will further strengthen the capacity in areas such as advocacy, treatment, and prevention, targeting those areas where the needs are greatest. Establishing the system, on a global scale, represents a major undertaking for the IRCT in terms of financial and human resources, including the establishment of a major new IT system, and the carrying out of an extensive training programme.

In February 2001, the IRCT organized an international workshop on the GTIS in Copenhagen, Denmark, in which representatives from every region participated to consolidate collaboration between the IRCT and rehabilitation centres throughout the first phase of the project, culminating in the finalized project framework of the GTIS.

Opening session of the first
open university course in China,
Hunan University, Changsha.
October 2001



Dr Delon Human, Secretary-General of the
World Medical Association, together with
IRCT Publications Coordinator Annette
Nordström during a visit to the IRCT. February
2001

GLOBAL TORTURE OVERVIEW FROM SECONDARY SOURCES

In 2001, the IRCT launched the Global Torture Overview from Secondary Sources (GloboToss). The GloboToss project is a compilation and analysis of information on torture worldwide, based on published sources and documentation. Upon the full implementation of the GTIS, the GloboToss will serve as one component of the information system managed by the IRCT.

The GloboToss project focuses on specific countries and regions on which consistent reports of torture exist. An initial version of the GloboToss was finalized in April 2001, and work to improve and refine the methodology used in source analysis continued throughout the year. The intention is to eventually develop this project into a full-scale IRCT Annual World Report on Torture, drawing not only on secondary sources, but adding first-hand information received from primary sources, including rehabilitation centres worldwide.

RESEARCH

Founded upon health science research and experience, the IRCT seeks to promote and support new and existing rehabilitation centres and programmes and to initiate, develop, and implement prevention and emergency intervention projects.

The study of the health consequences of traumatic events, including torture and other forms of organized violence, is a relatively new research field within medicine and psychology. Today most of the information published on the long-lasting physical and psychological after-effects of torture is descriptive, and only few questions about service provision are answered, generally based on reporting of case stories. The existing clinical studies have further limitations due to the lack of definitions of diagnostic criteria and lack of valid assessment instruments.

Impact Assessment Study

The monitoring and assessment of the impact of providing rehabilitation services to torture victims,

including the development of appropriate measuring tools, are prerequisites to quality development and implementation of evidence-based treatment methods. Conducting a substantial and scientifically valid impact assessment study is therefore a high priority within the field.

In 2001, the IRCT initiated the Impact Assessment Study, funded by the Oak Foundation. The aim is to conduct a prospective, base-line study, including a one-year follow-up, in order to assess not only the impact of the treatment, but also the sustainability of attained treatment results. Such a full-range assessment study is time-consuming and will require in-depth qualitative knowledge of the conceptualization of the impact of torture, rehabilitation processes, and successful treatment outcomes in different cultural settings, in order to identify the necessary culturally sensitive outcome indicators and to develop valid measuring instruments. The Impact Assessment Study has therefore been planned to be conducted in several steps.

A preliminary study reporting on the face value of rehabilitation services to torture victims in different cultural settings is to be conducted in 2002, in close collaboration with IRCT partners at selected centres worldwide. Apart from reporting on the face value of treatment, the obtained information is to be used in developing the later stages of the study.

Psychosocial assistance to refugees

During the Kosovo conflict in 1999, the IRCT undertook an emergency intervention to provide immediate psychosocial assistance to refugees in Albania, culminating in the establishment of the Kosova Rehabilitation Centre for Torture Victims (KRCT) in Prishtina. To assess the magnitude of psychological problems that occurred after the traumatic experiences of repression, violence, and war during the 1990s, the IRCT, in collaboration with the Albanian Rehabilitation Center for Torture Victims (ARCT) and the team of doctors that eventually formed the KRCT, conducted interviews with 167 Kosovo Albanian refugees. Throughout 2001, the questionnaires were the subject of an in-depth analysis, and the results will be used to further support the work of the

KRCT, the work of rehabilitation centres currently supporting Kosovar refugees and asylum seekers, and the future of emergency intervention work.

Torture of children

The torture of children is surrounded by silence, but many cases are in fact documented and reported worldwide. The IRCT's project in East Timor, the 'Psychosocial Emergency Recovery Program for Children and their Families', highlighted how children who are exposed to ethnic or political violence can develop a variety of difficulties, including mental health problems. Through literature studies and participation in the 'International Conference on Children, Torture and Other Forms of Violence', held in Tampere, Finland, in November 2001, the IRCT explored the impact of torture on children. Further research is essential to increase knowledge of this problem and to obtain expertise in rehabilitation and reintegration of child victims.

Centre Survey

As a part of the work against torture and the rehabilitation of torture victims, the Documentation and Research Programme also aims at institutional strengthening. A continuous expansion of the knowledge base through the gathering and analysis of current information, and the dissemination of such knowledge through training and education, ensures professional development and high professional standards within the field.

In 2001, the IRCT launched a Centre Survey, made possible through the support of the Oak Foundation. Self-administered questionnaires focusing on an evaluation of existing capacities and training needs were provided to all rehabilitation centres affiliated with the IRCT. The results from the Centre Survey will be analysed in order to assist the IRCT in reviewing and adapting the areas of technical support and training provided to the centres, the purpose being two-fold: ensuring appropriate capacity-building as well as a development in the quality of services provided by the IRCT.

TRAINING

Throughout 2001, the IRCT provided training on torture and its consequences to a range of professional groups from more than 60 countries. Participants included: members of parliament, human rights activists, lawyers, health professionals, prisoners, policemen, prosecutors, and immigration officers.

In China, the IRCT undertook two visits during the year. In April 2001, the IRCT, in collaboration with the Danish Centre for Human Rights, participated in the 'International Symposium on Human Rights Protection and Anti-Torture' in Beijing, contributing with lectures on 'Women and Torture' and on 'Torture, Torture Victims, and Rehabilitation after Torture'. In October 2001, a member of IRCT staff had the honour of being invited as guest lecturer at the inauguration of China's first open university in Changsha.

SELECTED PAPERS BY IRCT STAFF PUBLISHED DURING 2001

Arcel L, Genefke I, Kastrup M. **Psychiatric problems related to torture.** In: Henn F, Sartorius N, Helmchen H, Lauter H, editors. Contemporary Psychiatry vol 2. Psychiatry in special situations. Berlin: Springer Verlag, 2001:299-310.

Genefke I. **Prevention of torture.** In: Retterstøl N, Mortensen MS, editors.

Disasters and after effects: disaster psychiatry in a troubled world: a tribute to Lars Weisæth. Atlantic Psychiatry, no. 1/2001. Bærum: Atlantic Press, 2001.

IRCT. **IRCT Report on Torture in Zimbabwe.** Harare and Copenhagen: IRCT, 2001. [In-house publication]

Modvig J. **Treatment and rehabilitation of torture victims – a challenge to all medical doctors.** In: Kochen MM, Rebhandel E, Maier M, editors. Challenges to our professional attitudes – past and present. Proceedings of the Symposium at WONCA 2000 in Vienna. Wien: Pressestelle und Verlag der Österreichischen Ärztekammer, 2001:79-84.

Modvig J, Amris K. **Billed-diagnostik i udredning af torturofre.** [Image diagnostics in the examination of torture victims]. Ugeskrift for Læger, 2001;163(33):4328-4332.

Sørensen B. **CAT and articles 20 and 22.** In: Alfredsson G, Grimheden J, Ramcharan BG, de Zayas A. International human rights monitoring

mechanisms. Essays in honour of Jacob Th. Möller. The Hague: Martinus Nijhoff Publishers, 2001:167-183.

Sørensen B. **The process of writing a UN report – a positive outcome in Zambia.** Torture 2001;11(1):13-16.



IRCT Consultant Libby T. Arcel in Beijing, China, at the "International Symposium on Human Rights Protection and Anti-Torture in the 21st Century". The symposium was organized by the Chinese Academy of Social Sciences and the Danish Centre for Human Rights. April 2001

In connection with a visit by the World Confederation for Physical Therapy (WCPT) and the Association of Danish Physiotherapists, Sven-Erik Baun, Head of the IRCT Documentation Centre (far left), gave an introduction to the services provided by the Centre. Copenhagen, Denmark. April 2001



STATEMENT OF

financial

POSITION

as at 31 December 2001 and 2000

ASSETS	2001 (USD)	2000 (USD)
Institutional receivables	175,596	614,160
Other receivables	118,739	30,683
Loans to centres	6,785	33,735
Total receivables	301,120	678,578
Liquid assets	614,352	898,612
Total assets	915,472	1,577,190
LIABILITIES		
Net capital as at 1 January	128,785	93,354
Net result of the year	78,574	35,431
Net capital as at 31 December	207,359	128,785
Payables	708,113	436,780
Oak Foundation – prepayment of:		
2001 core contribution	0	630,170
2001 centre support	0	381,455
Total payables	708,113	1,448,405
Total liabilities	915,472	1,577,190

All data at exchange rate DKK 1 = USD 0.1189 (as at 31 December 2001)

The financial data included in the 'Statement of financial position' and in the 'Statement of activities' are identical to the data included in the official Annual Accounts of the IRCT for the year 2001, converted into USD from DKK.

The accounts of the IRCT are audited by Deloitte & Touche, state-authorized public accountants.

STATEMENT OF

activities

as at 31 December 2001 and 2000

INCOME	2001 (USD)	2000 (USD)
The Royal Danish Ministry of Foreign Affairs	1,254,395	853,510
European Commission	382,188	1,230,621
ECHO – European Commission Humanitarian Aid Office	469,081	227,330
UNVFVT – United Nations Voluntary Fund for Victims of Torture	39,849	130,790
Oak Foundation	1,695,055	1,654,452
NORAD/The Royal Norwegian Ministry of Foreign Affairs	65,016	0
Other grants	303,403	233,256
Other income	98,195	105,975
Total income	4,307,182	4,435,934
EXPENDITURES		
Rehabilitation and external capacity-building	2,069,620	2,494,453
Advocacy and information	1,262,509	1,109,328
Documentation and analysis	275,326	247,081
International coordination	219,690	113,904
Secretariat support	401,463	435,737
Total expenditures	4,228,608	4,400,503
Net result of the year	78,574	35,431

DONOR ACKNOWLEDGEMENTS ■ The Oak Foundation **PUBLIC DONORS:** ■ Royal Danish Ministry of Foreign Affairs ■ Danish Public Lotto Funds ■ European Commission ■ European Commission, Humanitarian Aid Office (ECHO) ■ OSCE Office for Democratic Institutions and Human Rights ■ Royal Norwegian Ministry of Foreign Affairs ■ United Nations Voluntary Fund for Victims of Torture ■ United Nations High Commissioner for Human Rights **OTHER DONORS:** ■ Coloplast A/S ■ Conrad N. Hilton Foundation ■ Danske Fysioterapeuter ■ Eduard and Soona Brown ■ Fabrikant Mads Clausens Fond ■ Ferdinand og Ellen Hindsgaals Almennyttige Fond ■ Frihedskampens Veteraner ■ Gerda Laustens Fond ■ HK ■ KFUM ■ Knud Højgaards Fond ■ Lippmann Fonden ■ Lærerstandens Brandforsikring ■ Ole Kirk's Fond ■ Politiken Fonden ■ Rockwool Fonden ■ Sootimisterne ■ Sct. Georgsgilderne ■ War Trauma Foundation ■ Sonja and Boye Germundsen ■ and several hundred other private donors ...

THE people

BEHIND THE IRCT

IRCT COUNCIL

EXECUTIVE COMMITTEE

- Maria Piniou-Kalli, MD, PhD
Medical Director of MRCT, Greece
President
- Jørgen Nystrup, MD, Psychiatrist
Chairman of RCT, Denmark
Vice-President
- Christian Pross, MD
Medical Director of BZFO, Germany
- Anthony P. Reeler, Psychologist
Clinical Director of AMANI, Zimbabwe
- Bhogendra Sharma, MD
Medical Director of CVICT, Nepal
- Kirsten Stalknecht, RN
President of ICN, Denmark

COUNCIL MEMBERS

- Arno Aadamsoo, MD, Psychiatrist
Executive Director of MRT, Estonia
- Okan Akhan, MD, Professor
Former Secretary-General of HRFT, Turkey
- Juan Almdares, MD
Executive Director of CPTRT, Honduras
- Anita Apsite, MD
Medical Director of SMRC, Latvia
- Keith Carmichael
Executive Director, The Redress Trust,
London, UK
- Camelia Doru, MD
Medical Director of ICAR, Bucharest,
Romania
- Semyon Gluzman, MD, Psychiatrist
Director of IRC, Ukraine
- Douglas A. Johnson
Executive Director of CVT, USA
- Ling Merete Kituyi, MD
Medical Director, Independent Medico-Legal
Unit, Kenya
- Diana Kordon, MD, Psychiatrist
Coordinator of EATIP, Argentina
- Carlos Madariaga, MD, Psychiatrist
Medical Director of CINTRAS, Chile

- Abdallah Mansour, MD
Director of El Nadim Centre, Egypt
- Aldo Martin, MD, Psychiatrist
Executive Coordinator of SERSOC, Uruguay
- Vivienne Nathanson, MD, Professor
Chair of BMA Steering Group on
Human Rights, UK
- Samuel Nsamba, MD
Medical Director of ACTV, Uganda
- Maria Beatriz de Sá Leitão, Psychologist
Grupo Tortura Nunca Mais/RJ, Brazil
- Khalida Salimi
Director of SACH - Struggle for Change,
Pakistan
- Dimocritos Sarantidis, MD, PhD,
Psychiatrist
President of MRCT, Greece
- Eyad El Sarraj, MD, Psychiatrist
Director of GCMHP, Palestine
- Joan Simalchik, MA
Canadian Network for Health and Human
Rights of Survivors of Torture and Organized
Violence, Canada
- Jagdish C. Sobti, MD
India
- Nomfundo Walaza, Clinical Psychologist
Director of TCSVT, South Africa

CO-OPTED TO THE IRCT COUNCIL

- Ole Vedel Rasmussen, MD, DMSc
Member of CPT and CAT
Consultant at IRCT, Denmark

IRCT GENERAL SECRETARIAT

OFFICE OF THE SECRETARY-GENERAL

- Jens Modvig, MD, PhD
Secretary-General
- Inge Genefke, MD, DMSc hc
Honorary Secretary-General
- Susan Studsgaard

- Executive Assistant to the Secretary-General
- Lene Helmer Nielsen
Assistant
- Caroline Pincemin, LLM
Liaison Officer, Brussels (on leave)
- Irene Milleiro Diaz, LLM, EMA
Liaison Officer, Brussels
- Nga Tang
Liaison Assistant, Brussels

CENTRE SUPPORT AND DEVELOPMENT

- Anton Petrenko, MA, MPA
Head of Centre Support and Development
- Alice Verghese, MA
Programme Coordinator, Asia
- Christina Papadopoulou, MA
Programme Coordinator, the Middle East
and North Africa
- Jens Kjærgaard Nielsen, MA
Programme Coordinator, Sub Saharan Africa
- Jane Werngreen Rosales, MA
Programme Coordinator, Latin America and
the Caribbean
- Kenja Dora Henriksen, MA
Programme Coordinator, Central & Eastern
Europe and NIS
- Anders Buhelt, LLM, EMA
Programme Coordinator, Centre Support and
Development
- Amany Turk Hansen, BA Hons
Programme Assistant
- Stefanie Jäke, MA
Programme Assistant
- Nils Rune Christensen (part-time)
Project Assistant

ADVOCACY AND INFORMATION

- Suzi Clark, BA, MLegSt
Director, Advocacy and Information
- Nina Holtum
Executive Assistant to the Director of
Advocacy and Information

■ Paul Dalton, BA, LLB
Programme Coordinator,
Institutional Relations

■ Poul Struve Nielsen
Media Coordinator

■ Annette Nordstrøm, MA
Publications Coordinator

■ Lars Thaysen
Information Assistant

■ Kristine Olsen, BA
Information Officer

■ Dea Kopp Jensen, MA
Information Officer

■ Anja Zuschlag, BA
Campaign Officer

■ Britt Keson, MA
Publications Officer

■ Eva Ryge Deibjerg, MA
Publications Officer (part-time)

■ Lone Curtis, BA Hons
Publications Officer (part-time) (on leave)

Student Assistants (part-time):

■ Mette Møllgård
■ Julie Reventlow

RESEARCH AND EDUCATION

■ Kirstine Amris, MD
Head of Research and Education
(from 7 January 2002)

■ Janet Rodenburg, MA, PhD
Research Coordinator (until 31 January 2002)

■ Margriet Blaauw, MD,
Master of International Health
Medical Officer

■ Libby Tata Arcel, Associated Professor of
Clinical Psychology
Senior Health Consultant (part-time)

■ Ole Vedel Rasmussen, MD, DMSc
Senior Medical Consultant (part-time)
Member of CPT and CAT

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

Former member of CPT and CAT

■ Henrik Marcussen, MD, DMSc
Senior Medical Consultant (part-time)

Editor-in-Chief, TORTURE

■ Charlott Skogøy, MA
Research Assistant

■ Ida Raun-Petersen
Research Assistant

DOCUMENTATION CENTRE

■ Sven-Erik Baun, MLISc
Head of Documentation

■ Ion Iacos, BSc
Programme Coordinator

■ Johanne Cummings
Librarian, RSL (part-time)

■ Kirsten Reimer, Librarian, RSL

Student Assistants (part-time):

■ Tom Larsen
■ Jeppe Guilford Manuel
■ Ene Rammer Nielsen

INTERNAL RESOURCES

■ Erik Lauritzen
Head of Internal Resources

■ Eva Barfod, Diploma, Specialized Business
Studies
Chief Accountant

■ Birgitte Clarke
Assistant (part-time)

■ Gitte Sørensen, BA
Personnel Officer

■ Adam Sudziarski
Information Technology Specialist

■ Christian Krone Jørgensen
Finance Coordinator

■ Jørgen Melchior
Consultant (part-time)

Student Assistants:

■ Anne Dorothea Bruun (full-time)
■ Johan Reventlow (part-time)

Annual Report 2001

© International
Rehabilitation Council
for Torture Victims, IRCT

IRCT

Borgergade 13
P.O. Box 9049
DK-1022 Copenhagen K
Denmark

Tel: +45 33 76 06 00
Fax: +45 33 76 05 00
E-mail: irct@irct.org
<http://www.irct.org>

ISBN: 87-88882-78-0
ISSN: 1398-2400

2002

Layout:

PZ Design a/s
Copenhagen, Denmark

Printed by:

Dansk Erhvervstryk a/s
Kastrup, Denmark

Paper:

Cover: Zanders Mega
Matt, 250 g/m²
Contents: Zanders Mega
Matt, 115 g/m²

Published with financial
support from the Royal
Danish Ministry of
Foreign Affairs and the
European Commission

This document has been
produced with the
financial assistance of
the European Union.
The views expressed
herein are those of the
IRCT and can therefore
in no way be taken to
reflect the official
opinion of the European
Commission.



**INTERNATIONAL
REHABILITATION COUNCIL FOR
TORTURE VICTIMS**

NGO in special consultative status
with the Economic and Social Council
of the United Nations

Borgergade 13
P.O. Box 9049
DK-1022 Copenhagen K
Denmark

Tel.: +45 33 76 06 00
Fax: +45 33 76 05 00
E-mail: irct@irct.org
<http://www.irct.org>

ISBN: 87-88882-78-0
ISSN: 1398-2400