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IRCT ANNUAL REPORT 2000



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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 world-wide. The vision of the IRCT is a world that values and accepts shared responsibility for the eradication of torture.

Introduction

by the IRCT President



*Maria Piniou-Kalli, MD
President*

In the age of the Internet, the individual is too often overlooked. As rapid advancements in communications technology continue to influence our lives and the way we communicate with each other, we face the increased danger of losing sight of the individual. As we engage in the virtual world, we must remember that we are communicating with human beings. And, in the work against torture, we must also remember that those we are committed to serving – the victims of torture – are also human beings, individuals with an identity, a history, and a future.

The rehabilitation of torture victims requires us to define pain and suffering in the context of the individual experience. Pain and suffering are deeply personal feelings; they take on different dimensions in the context of each individual life. Desmond Tutu once said, "Pain and suffering are remarkable things. Our universe is very odd. Pain gives a quality to what is happening that nothing else seems able to give." Suffering is an experience that we each carry

with us, an experience from our past that has the ability to define, enrich, or impede our future. Whatever their effects on our daily lives, it is not easy to relate to another person's experience of pain and suffering.

Torture continues to be used by authoritarian regimes. They maintain power by exposing their people to the presence and threat of torture. The threat of torture makes political dissent a brave, if not foolhardy, move. It raises the cost of fighting for justice, democracy, and political change. Torture continues to be perpetrated behind the closed doors of prisons and detention centres in many parts of the world. In conflict situations, torture is used against populations, including women and ethnic minorities. Torture continues to be a part of the world in which we live, but it is rarely visible.

The 2000 Annual Report documents the developments, achievements, and challenges experienced by the International Rehabilitation Council for Torture Victims (IRCT) during the past year. Together, they reflect one of the greatest strengths of the IRCT: the ability to adapt to the changing needs, demands, and opportunities we face in the work against torture. Moreover, it requires the extraordinary commitment, dedication, and professionalism of many individuals.

In response to the need to increase support for, and collaboration with, rehabilitation centres worldwide, the IRCT Executive Committee appointed a new Secretary-General, Dr Jens Modvig, in June 2000. Under his leadership, the IRCT continued to strengthen its global impact and reach. As the former IRCT Medical Director, Dr Jens Modvig's experience

and vision are guiding the IRCT in addressing rehabilitation and prevention needs in every region of the world.

International advocacy and fundraising continued to require increased attention by the IRCT. To this end, in June 2000, the IRCT Executive Committee promoted the former IRCT Secretary-General, Dr Inge Genefke, to the position of Honorary Secretary-General. Since assuming this position, Dr Inge Genefke has dedicated herself to international advocacy and fundraising initiatives. Dr Inge Genefke is recognized worldwide for her achievements in the work against torture, spanning more than 25 years. We must also recognize that the achievements of the IRCT are a result of the staff, of both the General Secretariat based in Copenhagen and of rehabilitation centres worldwide.

The IRCT is committed to respecting and alleviating the pain and suffering of individuals who have been subjected to torture. We continue to pressure governments to provide for the rehabilitation of torture victims and to bring an end to impunity for the perpetrators. For many years now, we have witnessed the inability or unwillingness of governments to act against torture. Occasional condemnations by public officials are too rarely reinforced with the necessary political and legislative measures to eradicate torture. We have a social responsibility to bring these issues to the attention of the world, and to inform and educate citizens of the global community about the prevalence of torture. We ask you to join us as we work towards making our vision of a world without torture a reality.

Report by the IRCT Secretary



Jens Modvig, MD, PhD
Secretary-General

The global environment in which the IRCT operates is one of constant change. The IRCT must monitor and respond to changes in governmental, institutional, and donor policies that may either impact on the rehabilitation of torture victims or impede initiatives aimed at the prevention of torture. And, the IRCT must constantly monitor and document torture at all levels to better identify the actual needs of torture victims. During the year 2000, the IRCT succeeded in strengthening the work against torture by adapting to such opportunities and challenges.

Increasing the capacity of rehabilitation centres worldwide, and strengthening measures aimed at the prevention of torture, is ultimately dependent on one thing – the political will of governments to implement the necessary legislative and judicial measures and to allocate the necessary funding for rehabilitation and prevention activities. Securing this political will requires intensive efforts by the IRCT at the national and international level, and is reflected in our advocacy, project development, and funding strategies in support of torture victims worldwide.

Securing the political will and funding support

In 2000, the IRCT responded to a funding crisis following administrative and funding policy changes within the European Commission by conducting an intensive campaign, resulting in the increased awareness of, and support for, the rehabilitation needs of torture victims by Members of the European Parliament. In September 2000, the IRCT organized a 'Special Hearing on the Rehabilitation of Torture Victims' in Brussels to report on

the achievements realized through the European Union's (EU) support, and to identify solutions to the funding situation, which threatened to close the doors of many rehabilitation centres.

Through the efforts of the IRCT, and many other organizations involved in this field, the EU took the unprecedented step of creating a new budget line of EUR 6 million for rehabilitation centres within the EU, with a further EUR 6 million for rehabilitation centres outside the EU. As a result, the EU remains one of the most important supporters of the rehabilitation of torture victims.

The IRCT continued to monitor and bring pressure to bear on governments' contributions to the UN Voluntary Fund for Victims of Torture (UNVFVT). In addition, the IRCT welcomed the increased support of the United States through the Torture Victims Relief Act, and the IRCT is committed to entering into dialogue with other governments for the adoption of similar legislation which may increase support for victims of torture.

A key focus of the IRCT is to monitor the status of ratification of the UN Convention against Torture and to assist governments in ensuring their compliance with their international obligations.

Increasing centre support

Through the *Regional Strengthening Programme*, supported by the EU, the UNVFVT, and the Oak Foundation, the IRCT continued to strengthen its support to rehabilitation centres. Together with local partners, the IRCT established 15 new centres and programmes in areas where no such treatment for torture victims previously

-General

existed. The IRCT strengthened the institutional capacity and cross-centre collaboration through the development of seven (sub)regional networks and the implementation of eight regional training seminars in Asia; Sub Saharan Africa; Latin America and the Caribbean; the Middle East and North Africa; and Central & Eastern Europe and New Independent States.

The IRCT is committed to continuing to respond to the needs of local partners by providing increased institutional capacity building, improving the quality and scope of rehabilitation services, and promoting sustainability at the project and centre levels. The potential for rehabilitation centres exceeds that of providing rehabilitation treatment and services. Through awareness, reporting, advocacy, local community development, documentation, training, and education, centres can play a key role in the promotion of human rights, democracy, and coexistence.

Rapid response and protection

The protection of health professionals and other caregivers at risk who are working in rehabilitation centres associated with the IRCT remains a high priority. In 2000, the IRCT continued to work closely with human rights organizations and medical associations around the world to:

- raise awareness and mobilize support in the international community to secure increased protection for health professionals and other caregivers
- establish informal protection networks for health professionals and other caregivers at risk
- educate and train health professionals, especially those at risk,

including forensic doctors and doctors working in prisons and police stations.

The IRCT implemented several urgent action missions and campaigns in 2000 as health professionals and other caregivers in Indonesia (Aceh), Zimbabwe, and Turkey faced increased harassment and insecurity. The torture and extra-judicial killing of three field staff from the Rehabilitation Action for Torture Victims in Aceh (RATA) centre resulted in the IRCT conducting an urgent mission and the mobilization of the international community to ensure the protection of those working in support of victims of torture and other human rights violations. In Zimbabwe, the IRCT conducted an urgent action mission to monitor, document, and report on cases of torture committed during the lead-up to the elections, and called for increased protection of those providing treatment for victims of torture. In Turkey, the IRCT conducted several missions and mobilized international attention to the ongoing harassment and trials against doctors in Turkey.

Monitoring and documenting torture

In 2000, the IRCT initiated one of its most ambitious and important projects, the Global Torture Victims Information System (GTIS). The GTIS represents the first comprehensive monitoring and documenting system of its kind, with the capacity to document individual cases of torture, methods of torture, and the effects of rehabilitation. The GTIS will enable the IRCT, in collaboration with rehabilitation centres worldwide, to globally report on the prevalence of torture, the actual rehabilitation needs of torture victims, and the measures required to strengthen prevention activities. The GTIS has already received praise from the UN Office of the High Commissioner for Human Rights (OHCHR) and the UN Special Rapporteur on Torture for the contribution it promises to make to the work against torture.

(Below) Members of the Danish Finance Committee, together with Dr Jens Modvig and staff from the Kosovo Rehabilitation Centre for Torture Victims (KRCT), in Podujeva, Kosovo, November 2000.





(Top) Staff of the Rehabilitation Action for Torture Victims in Aceh (RATA) centre in Aceh, Indonesia.



(Bottom) Representatives of Kosovo civil society and the international community, together with Dr Feride Rushiti, Medical Director of the KRCT, and Dr Jens Modvig, commemorate the UN International Day in Support of Victims of Torture with a minute's silence, 26 June 2000, Kosovo.

Research and prevention

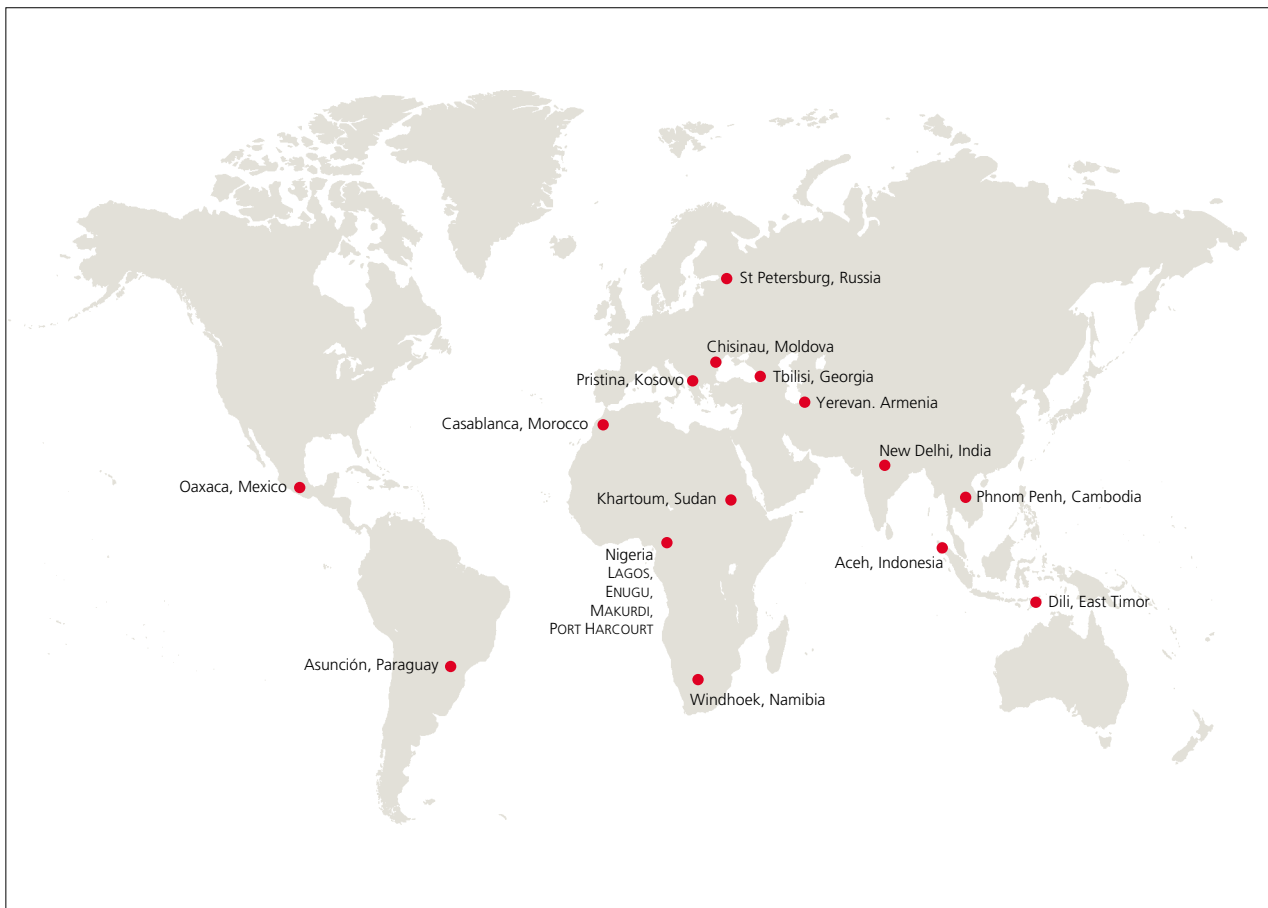
The IRCT continued to strengthen its impact in the field of research and prevention of torture.

In 2000, the IRCT joined with the Ombudsman for Human Rights and the International Medical Rehabilitation Centre for the Victims of War and Totalitarian Regimes (IRC) in the Ukraine to undertake a prevention project that is providing training to police and NGOs that monitor human rights. The project aims to improve the Ukraine's adherence to UN principles of human rights and appropriate measures to eradicate the practice of torture.

The IRCT's annual research seminar, held in June 2000, focused on research in the Balkans, particularly in Kosovo. The results included the drafting of a research protocol addressing essential research questions, involving many centres in the preparation and implementation of multi-centre research projects.

As a continuation of the IRCT's emergency intervention in East Timor in 1999, the IRCT completed a National Psychosocial Needs Assessment on behalf of the UN Transitional Administration in East Timor (UNTAET). The results of the study formed the basis of a programme in which the IRCT, together with local partners, is providing psychosocial support to traumatized children in cooperation with local school teachers and community organizations.

The IRCT's experience in conflict intervention in support of torture victims now provides a strong foundation for establishing a strong framework to secure the psychosocial support needed by populations in both conflict and post-conflict situations.



Raising awareness

In 2000, the IRCT mobilized more than 155 organizations, including many rehabilitation centres, to commemorate the UN International Day in Support of Victims of Torture – 26 June. The global campaign is just one of the many advocacy and information activities conducted by the IRCT as part of our commitment to raising awareness of, and support for, the rehabilitation of torture victims and the prevention of torture. Through media activities, publications, and the IRCT website, the IRCT continued to promote understanding of the work against torture. The IRCT undertook several letter-writing campaigns

targeting the EU, the UN, and government and embassy representatives on issues impacting on the needs of torture victims and health professionals at risk.

Consolidating and strengthening the IRCT

The priorities for the IRCT for the year 2001 reflect the necessary response to the changing needs and demands faced by rehabilitation centres worldwide, and they support the consolidation and strengthening of the work of the IRCT. The IRCT is now well positioned to increase the capacity of rehabilitation centres and networks, and to strengthen prevention activities

(Above) Under the Regional Strengthening Programme, the IRCT supported the establishment of 15 new rehabilitation centres or programmes during 1999-2000.

through documentation, advocacy, and education. The IRCT General Secretariat will continue to strengthen its technical capacity, to improve access to and utilization of funds, and to increase the protection of health professionals and other caregivers at risk.

Support for health professionals and other human rights



*Inge Genefke, MD, DMSc hc
Honorary Secretary-General*

For many years we have advocated that torture is the most shocking of all human rights offences. It goes to the heart of a person's physical and psychological integrity, and it has long-term effects, not only for the victim but also for the victim's family and the whole community.

In this context, the persecution of health professionals working to alleviate and heal the wounds of torture is a matter of serious and ongoing concern. In a number of countries, health professionals are increasingly targeted simply because they take seriously their obligation under the Hippocratic oath: to offer treatment to all those in need, irrespective of a person's ethnic origin, or religious or political beliefs. Health professionals working against torture have particular expertise in identifying and documenting cases of torture. This can put such health professionals at

risk, because in identifying and documenting torture, the veil of impunity is lifted and perpetrators can be exposed.

The support and protection of health and other professionals affiliated with the IRCT remains a high priority. To this end, the IRCT recognizes the support of, and collaboration with, Dr Delon Human, Secretary-General of the World Medical Association (WMA). In October 1998, at the 151st session of the WMA in Ottawa, Canada, the WMA Council voted to admit the IRCT into cooperative relations with the WMA. The WMA's support for the work against torture dates back to the Declaration of Tokyo (1975), which established clear guidelines for medical doctors concerning torture in relation to detention and imprisonment.

In the Declaration of Hamburg, adopted by the WMA at the instigation of the Danish Medical Association (DMA) at its 49th General Assembly in 1997, WMA delegates made a commitment to support and protect doctors working to treat torture victims, in particular the right of these doctors to maintain principles of medical confidentiality.

The IRCT continues to work closely with the International Council of Nurses (ICN) and the World Confederation for Physical Therapy (WCPT). Both organizations have made strong statements in support of health professionals working against torture.

The IRCT also continues to collaborate with many national medical associations, including the United Kingdom, Pakistan, India, Nepal, Nigeria, Chile, Uruguay, Indonesia, and Malaysia, though none more closely than the DMA. The DMA was one of the first medical associations to actively

promote the needs of health professionals at risk. Under the President, Dr Jesper Poulsen, and the Director, Dr Jørgen Funder, the DMA has been unceasing in its support for Turkish doctors facing state-sanctioned harassment for their work in documenting torture and treating torture victims.

In June 2000, the IRCT conducted an Urgent Action Mission in Zimbabwe immediately prior to the elections. Together with the IRCT President, Dr Maria Piniou-Kalli, and the IRCT Programme Coordinator for Sub-Saharan Africa, Soraya Martinez, we investigated allegations that health workers were targeted for violence and torture, that health services for victims of violence were disrupted, and that health workers were prevented from treating victims. The mission was undertaken at the request of the AMANI Trust, which provides rehabilitation services for victims of torture and organized violence throughout Zimbabwe.

The evidence indicated that large-scale physical and psychological intimidation was taking place in Zimbabwe. Of even greater concern, reliable reports revealed that health workers were prevented from assisting victims of violence, and that doctors and other health professionals had themselves been intimidated and attacked. Some of the torture victims we examined said they had been tortured in a medical clinic operated by Dr Chenjerai Hunzvi, the leader of the Zimbabwe National Liberation War Veterans Association.

The findings of our mission, supported by a letter from the WMA, were presented to the diplomatic community and to the media in Harare. The report, released in con-

onals and an rights defenders

junction with simultaneous press conferences in Africa and Europe, received national and international coverage. Importantly, the report placed pressure on the Zimbabwean Government to address human rights violations in the period leading up to national elections.

The IRCT continues to work with the DMA, the WMA, and a number of other national medical associations to provide support for Turkish doctors at risk. The fact that Turkish doctors are capable of diagnosing and documenting torture presents a constant threat to those elements within the police force in Turkey who continue to practise torture as part of their modus operandi.

Doctors who have dedicated their lives to the treatment of torture victims are now being tortured or imprisoned themselves. In a number of cases, questionable charges have been brought against doctors as part of an apparent attempt to obstruct their critical work. In one case, a rehabilitation centre was ordered to hand over confidential medical records to the police, on the spurious basis that access to personal details of torture victims and their families would assist the police in investigating and prosecuting those responsible

for human rights violations. This type of state-sanctioned harassment of health professionals is completely unacceptable, and it is in precisely these circumstances that health professional colleagues around the world must act.

Together with the WMA, the DMA, and many other representatives from medical and human rights organizations and the diplomatic community, the IRCT continues to send observers to trials brought against doctors in Turkey. In doing so, the IRCT draws the attention of the international community to the ongoing situation, and maintains close contact with doctors from the Turkish Medical Association and the Human Rights Foundation of Turkey. These measures provide support for those at risk, and place sustained pressure on the Turkish authorities to fulfil their international obligations to eradicate torture and to provide support for the rehabilitation of all victims of torture.

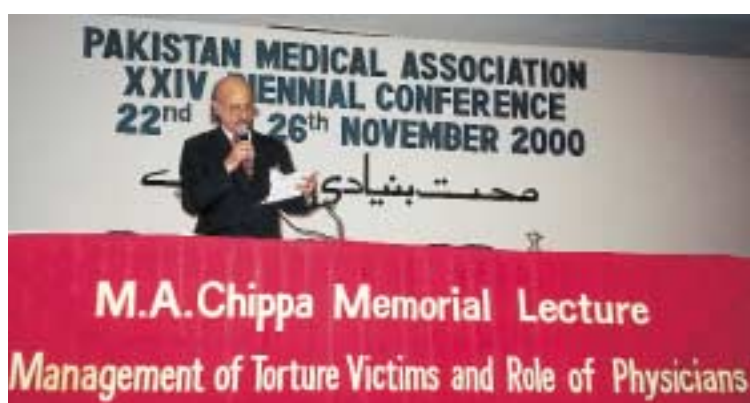
Doctors and other health professionals engaged in rehabilitation work worldwide must be free to provide treatment without fear of harassment or prosecution. Doctors must never be forced into performing procedures, disclosing client details, or engaging



(Above) In April 2000, Dr Genefke (far right), together with Dr Jørgen Funder (fourth from left), Director of the Danish Medical Association, and Dr Delon Human (third from left), Secretary-General of the World Medical Association, attended the trials against Turkish doctors Professor Veli Lök (far left) and Dr Zeki Uzun (second from left) in Izmir, Turkey.

in any other practices that contravene principles of medical ethics.

Doctors, psychiatrists, and others working in rehabilitation programmes possess the skills and knowledge needed to treat even the most deep-seated physical and mental wounds. In so doing, they play a vital role in healing the victims of torture and extreme trauma, and in helping to strengthen the familial and social relationships that form the basis of a strong and fully functioning civil society. Indeed they deserve our support.



(Left) Dr Kaleem Butt, former President of the Pakistan Medical Association, introduces Dr Genefke to present the 'M.A. Chippa Memorial Lecture' at the XXIV Biennial Conference of the Pakistan Medical Association, November 2000.

Commemorating 26 June

In 2000, the IRCT coordinated its third consecutive global campaign to commemorate the UN International Day in Support of Victims of Torture – 26 June. The first global campaign was conducted by the IRCT in 1998, following the official proclamation made in December 1997 by the United Nations General Assembly that 26 June would become the UN International Day in Support of Victims of Torture. The purpose of the UN International Day 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).

The 2000 campaign focused on *Reparation*. Article 14 of the UN Convention against Torture obliges States Parties to "... ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible ...". The right to reparation includes the right to restitution, compensation, and rehabilitation. Reparation is a

fundamental prerequisite for the rehabilitation of individual torture victims and for the promotion of peace and reconciliation in broken societies.

The IRCT campaign

Through the support of the Danish Ministry of Foreign Affairs, the European Union, the Oak Foundation, the Organization for Security and Cooperation in Europe (OSCE), and the United Nations Voluntary Fund for Victims of Torture (UNVFVT), the IRCT again produced a wide range of campaign materials, which were made available at no cost to participants worldwide. The materials included press kits, campaign kits, t-shirts, posters, and essay competition kits. Many of the written materials were produced in English, French, Russian, and Spanish, and were published on the IRCT website. A special CD, *Breaking the Silence*, was produced, featuring music written and performed by torture victims from Namibia.

The IRCT promoted the formation of local groups in each region of the world to strengthen the impact of their campaign events. The 2000 campaign enjoyed unprecedented

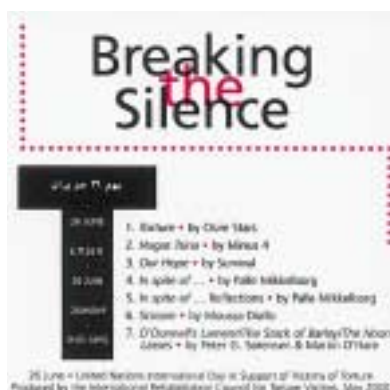
participation with more than 155 organizations – including rehabilitation centres, human rights organizations, and student organizations – staging events in 84 countries worldwide. The IRCT website listed regular updates on planned activities around the world to inform and inspire the global participants. Events held in 2000 included media events, public seminars, award ceremonies, music and theatre performances, art exhibitions, poetry readings, tree-planting ceremonies, candlelight processions, and peaceful street marches. Many events involved the participation of local government officials.

The global launch

The global launch of the 26 June 2000 campaign took place in Pristina, the first time this special UN International Day has been commemorated in Kosovo. The event was attended by more

(Below) Mr Pajazit Nushi (Head of the Council for the Defence of Human Rights and Freedoms) signing the "Pristina Declaration on National Psychosocial Rehabilitation, Peaceful Co-existence and Prevention of Torture", Pristina, Kosovo, 26 June 2000.

(Below) The CD "Breaking the Silence", released in connection with 26 June 2000, included music by Namibian torture survivors.



than 200 international and local representatives, and was covered in the international and local media. The event included commemorative speeches by representatives from Kosovo civil society, some of whom are themselves torture survivors, as well as representatives from the international community, including the UN Interim Administration Mission in Kosovo (UNMIK), OSCE, and UNHCR. The IRCT was represented by the Secretary-General, Dr Jens Modvig, who was joined by the Medical Director of the Kosovo Rehabilitation Centre for Torture Victims (KRCT), Dr Feride Rushiti.

The recognition of rehabilitation needs of victims of torture and trauma is vital to achieving reconciliation in a post-conflict society. A prominent Kosovo torture survivor asked the people of Kosovo to “think with your heart, and not your head, because your heart is closer to your soul, and through your heart you can forgive.” Pauline Dempers, a Namibian torture survivor and artist featured on the *Breaking the Silence* CD, shared her experiences in words and song.

The event culminated in the

adoption of the *Pristina Declaration on National Psychosocial Rehabilitation, Peaceful Co-existence and Prevention of Torture*, signed by leading members of Kosovo civil society and representatives of the international community. The Declaration establishes a framework in a post-conflict society for responding to the needs of victims of torture and extreme trauma. The Declaration reaffirms the shared responsibility to prevent acts of torture and other gross human rights violations, and identifies the measures required to promote tolerance and peaceful coexistence.

In Copenhagen, the IRCT hosted a concert in the Trinitatis Church with the participation of some of Denmark’s best-known classical and jazz musicians. Musical performances to commemorate the UN International Day ranged from Gregorian chants and baroque choral music to modern gospel and world music. The overriding theme of the event, a musical reflection on the subject of torture, was reinforced in a special printed programme with a selection of verse and prose on the subject of torture.



(Above) Students at the Airlangga University in Surabaya, Indonesia, coordinated a “Say It With a Rose” campaign to commemorate 26 June. Posters informing the public about the UN International Day were put up at various sites throughout the city, and more than a thousand roses were handed out to passers-by in the streets. The students chose roses for the event as symbols of love, care, sympathy, and peace. Local public and media responses to the students’ initiative were very positive, and both local and national newspapers featured articles and photographs of the campaign activities.



(Left) In Chile, CINTRAS (Centro de Salud Mental y Derechos Humanos) organized a range of activities to commemorate 26 June together with the Chilean section of Amnesty International. A letter was delivered to the President of Chile, calling on him to proclaim 26 June a National Day in Support of Torture Victims. A peaceful street march proceeded from the Santiago city centre to the site of a former torture centre under the Pinochet dictatorship. Participants wore white masks with red tears painted on them and carried lit candles to commemorate the fate of the victims.

Report from the 2000 IRCT Council meeting

The IRCT Council's annual meeting was held in Copenhagen, Denmark, in October 2000.

The year in review

The IRCT President, Dr Maria Piniou-Kalli, welcomed the 26 participating Council members, as well as Dr Jens Modvig and Dr Inge Genefke in their new capacities as Secretary-General and Honorary Secretary-General. The President highlighted the achievements of 2000: the extensive efforts in working for financial sustainability, including the Special Hearing on the Rehabilitation of Torture Victims, held in Brussels in September; the revised IRCT Statutes and By-laws; and the strengthening of relations with health and human rights NGOs. Special attention was drawn to the increased need for the protection of health professionals in many parts of the world, including Gaza, Turkey, and Zimbabwe.

The Secretary-General, Dr Jens Modvig, reported on the activities of the IRCT during 2000. Major achievements included the strategic development of priorities and recommendations to the Council, guiding the IRCT's work into the year 2001 and beyond. In the field of research, a draft research protocol addressing essential research questions and proposals for multi-centre research projects was developed. Under the *Regional Strengthening Programme*, the IRCT had established 15 new centres and programmes in areas of need. The IRCT's increasingly important role in advocacy was highlighted, such as the trials against doctors in Turkey, urgent action missions in Zimbabwe, and the UN International Day in Support of Victims of Torture campaign.

Good governance and democracy

The IRCT Council adopted the revised IRCT Statutes and By-laws, together with a new IRCT Mission Statement, Vision, and Values. The new Statutes and By-laws followed a decision at the 1999 Council meeting held in Agra, India, at which a *Working Group on the Future of the IRCT* was established. The new Statutes provide a strengthened framework to meet the IRCT's present and future aims, aspirations, and challenges.

Cross-cultural respect

The IRCT Council adopted the *Copenhagen Declaration on Cross-Cultural Respect and Collaboration in the Global Work against Torture* in recognition of the need to respect differences relating to language, culture, customs, and experiences. In doing so, the IRCT Council reaffirmed its commitment to promoting cross-cultural understanding and to promoting international collaboration.

Future directions

The Council discussed a number of important strategic papers submitted by the Secretary-General and Council members. The combined strategic papers provide a strong foundation for the work of the IRCT. In addition, five pre-Council workshops were conducted, and their recommendations will be incorporated into the future work of the IRCT. They included workshops on *Sustainability*, *IRCT Documentation of Torture Globally*, *Code of Conduct*, *IRCT Prison Work*, and *Accreditation of Centres and Networks*.

Approval of new networks

The IRCT Council approved the following networks: the Danish Network of

Rehabilitation Centres, the Latin American Network – Red Latino Americana, the Western and Central Africa Network, the Eastern Africa and Great Lakes Network, the Central Eastern Northern European Network, and the New Independent States Network. The IRCT Council further welcomed the application from the US Consortium of Treatment Programs for Victims of Torture.

Election to the IRCT Council

The IRCT Council acknowledged the contributions of Council members Hélène Jaffé and June Pagaduan-Lopez, who resigned from their seats on the Council. The following Council members were re-elected for a term of one year: Diane Kordon, Juan Almenares, Aldo Martin, Vivienne Nathanson, Arno Adamsoo, Okan Akhan, Semyon Gluzman, Abdallah Mansour, Bhogendra Sharma, and Samuel Nsamba. The following Council members and network representatives were co-opted to the Council for a one-year term: Maria Beatriz de Sá Leitão, Marianne Kastrop, James M. Jaranson, Uju Agomoh, and Ling Merete Kituyi. The Council further elected two Council members, Bhogendra Sharma and Anthony P. Reeler, to the Executive Committee of the IRCT. Ole Vedel Rasmussen was co-opted to the Council for a one-year term as a member of CPT and CAT.

Next meeting

The 2001 annual meeting of the IRCT Council will be held in Kathmandu, Nepal.

Centre support and development

Although it is difficult to estimate with accuracy the prevalence of torture, it is recognized that the existing rehabilitation services fall far short of the needs of past and present torture victims worldwide. Moreover, the majority of existing rehabilitation centres are currently in need of institutional strengthening and professional capacity building.

Building on the experience gained over more than 15 years, the IRCT determined to further strengthen the impact and reach of its support to rehabilitation centres through the adoption of a comprehensive regional and global strategy. The *Regional Strengthening Programme* (RSP) was launched in 1999 through the support of the European Union (EU), the UN Voluntary Fund for Victims of Torture (UNVFVT), and the Oak Foundation. The two-year programme aimed to strengthen the capacity of existing rehabilitation centres and programmes, and to establish new centres and programmes in areas where no such treatment existed for torture victims. By the end of 2000, the IRCT had fulfilled many of the programme's objectives and considerably strengthened the capacity of rehabilitation services in each of five regions: Asia; Sub Saharan Africa; Latin America and the Caribbean; the Middle East and North Africa; and Central & Eastern Europe and New Independent States.

New initiatives

Under the RSP, the IRCT supported the establishment of 15 new rehabilitation centres or programmes by the end of 2000. In a number of newly established projects – such as in East Timor and Namibia – community-based approaches enabled local part-

ners to reach large numbers of torture victims. These projects promote training, including the training of trainers, of both health professionals and other human rights and humanitarian workers.

Institutional strengthening and capacity building

In 2000, the IRCT continued to provide professional and technical support to rehabilitation centres and networks. These activities supported the strengthening of the financial, administrative, and human resources management of centres and contributed to identifying long-term efforts aimed at securing sustainability. During the year, the IRCT implemented 15 local and eight regional training seminars on rehabilitation and prevention issues. The IRCT further strengthened its focus on protection and care of caregivers at risk.

Support for networks

Under the RSP, the IRCT supported the establishment of seven (sub)regional networks to promote professional development and sustainability within and between collaborating rehabilitation centres. Elected representatives of these networks are eligible for seats on the IRCT Council. The representation of all regions of the world serves to provide new opportunities and challenges to strengthen the global fight against torture.

Strategic priorities for 2001

The achievements realized under the RSP enable the IRCT to continue to consolidate and strengthen the capacity of rehabilitation centres at the local, national, and regional level. The priority now is to address more comprehensively issues of transpar-

ency, accountability, sustainability, and professionalism. As a result, the immediate priorities for the IRCT in the field of centre and project development are:

- ensuring institutional and financial sustainability of existing rehabilitation centres, including the newly established pilot projects
- ensuring continuous health professional and institutional development of rehabilitation centres to improve the quality of services offered to torture victims
- ensuring that the existing knowledge on rehabilitation is effectively utilized in the prevention of torture
- extending (in a limited and targeted way) rehabilitation services based on comprehensive needs assessment
- measuring the impact of rehabilitation programmes
- reinforcing regional collaboration by establishing local secretariats in each of the five development regions in order to support the institutional capacity building of centres and networks
- conducting emergency interventions, protecting centre staff in conflict areas, and facilitating care for caregivers.

The ultimate challenge for the IRCT is to deepen and broaden dialogue with our partner organizations in the regions. This requires the constant review of our efforts to ensure that we are able to adapt and respond to the needs and opportunities faced by rehabilitation centres worldwide.

Asia

Throughout the year, serious human rights problems continued to plague the Asian region. Some were linked to separatist or nationalist movements, or to the abuse of internal security laws by national governments to detain, torture, or kill suspected political opponents. Some were classic examples of the refusal of authoritarian governments to tolerate peaceful political opposition.

Torture and ill treatment in police custody is commonplace in many Asian

countries. Many governments in the region have failed to take the most basic steps to investigate complaints or to work towards the prevention of torture. Corruption, official acquiescence, and a lack of adequate human rights training for law enforcement officials are the main obstacles to addressing the problem.

Those most at risk of torture are frequently poor or marginalized, or those who already suffer other forms of discrimination in society – members

of ethnic minorities, drug users and petty criminals, street children, and women.

In ongoing conflicts, including those in Sri Lanka, India (Kashmir, Manipur), Indonesia (Aceh, Moluccas, and Irian Jaya), and the Solomon Islands, civilian populations are at risk of torture from both state agents and opposition forces. Serious human rights violations, including rape and other forms of sexual torture, continue to be carried out by the security forces as a form of intimidation and as punishment for suspected support for opposition groups.

In East Timor, there is a pressing need to rebuild health care infrastructure seriously damaged during the period of conflict.

The challenges

At a seminar in November 2000, organized by the Asian Human Rights Commission in Bangkok, Thailand, delegates unanimously adopted a declaration on the elimination of torture in Asia. The declaration calls on all Asian communities to take a more active role in lobbying national governments to review the operation of the criminal justice system in their country.

The human rights situation in the Indonesian province of Aceh, which deteriorated further in 2000, is a serious and ongoing cause for concern. Human rights abuses directed towards the civilian population have been regularly committed by both the Indonesian security forces and the separatist Free Aceh Movement



(Top) Designing the strategy. Dili, East Timor.

(Bottom) Groupwork during the Regional Training and Network Meeting in Nepal, October 2000.

(GAM). Humanitarian workers and human rights defenders in Aceh face particular dangers in carrying out their work. In addition to the 'everyday' risks associated with working in a conflict zone, there is increasing evidence that they are becoming targets themselves. Amnesty International has recorded 60 cases of human rights violations against human rights defenders in Aceh over the past two years, including killings, disappearances, and other cases of arbitrary detention, torture, and ill treatment.

The IRCT's response

In January 2000, the Project Against Torture (PAT) was established as a pilot project by the Cambodian League for the Promotion and Defence of Human Rights (Licadho). The project provides rehabilitation and investigation/advocacy services to victims of torture and organized violence. The project is unprecedented in Cambodia. It draws on Licadho's reputation as an independent and professional human rights organization; one that is able to work with many torture victims who do not trust government hospitals or other NGOs. A local training seminar was organized in March 2000 and a mid-term review undertaken in November 2000.

In April 2000, the Shubhodaya Centre for Rehabilitation of Victims of Torture and Violence (SCRVTV) was established in New Delhi. The main client group of the centre is Afghani refugees who have been subjected to torture and ill treatment prior to fleeing their homeland. Several workshops were held to raise awareness among doctors of the needs of this group. In addition, the centre collaborates with counsellors trained through a correspondence course

developed by the Indian Medical Association. The programme was reviewed in September 2000, resulting in some adaptations in the rehabilitation strategy being employed, which should lead to increased collaboration with UNHCR and with local human rights NGOs.

In June-July 2000, the IRCT conducted a National Psychosocial Needs Assessment in East Timor, at the request of the UN Transitional Administration in East Timor (UNTAET). The survey results revealed a highly traumatized population, with an overwhelming 97% of respondents having experienced at least one type of trauma event in the past 25 years. In discussions with UN agencies, and with international and local NGOs, it was agreed that the traumatization of vulnerable groups, such as children, should be addressed as a priority, and that existing social structures, such as schools and the church, should be utilized in the psychosocial recovery process. A programme targeting primary school children and their teachers commenced in Covalima, one of the worst-affected districts, with financial support from the European Commission Humanitarian Aid Office (ECHO). The programme aims to facilitate the psychosocial recovery process of children, using a variety of methodologies in counselling and primary mental health care.

In September 2000, a combined training and network meeting took place in Nagarkot, Nepal, attended by representatives from 14 organizations in nine Asian countries. Several working groups on thematic topics were established during the meeting. Following the meeting, six participants from Cambodia, Indonesia, and Pa-

kistan attended a training session at the Centre for Victims of Torture (CVICT) in Kathmandu.

Following a positive evaluation in February 2000, the Danish Embassy in Jakarta agreed to provide financial support for Rehabilitation Action for Torture Victims in Aceh (RATA) for a period of three years. RATA provides treatment to victims of torture and organized violence in Aceh, covering four districts in an extensive outreach programme.

On 6 December 2000, three RATA field workers were tortured and killed while carrying out their daily work of transporting torture victims to and from their homes to a hospital providing rehabilitation treatment in North Aceh province. One field worker escaped, enabling him to report the atrocities to the Indonesian police and subsequently to the international community. A security review of the RATA project was scheduled for early January 2001. The IRCT is committed to providing protection and support for RATA staff and their families, and will continue to monitor the Indonesian Government's investigation into the murders to ensure that those responsible are brought to justice.

Future challenges for the region include the formalization of the Asia network of rehabilitation centres and programmes and the continued monitoring of torture and other human rights abuses. The torture and murder of RATA staff demonstrates the need to develop enhanced measures for the protection of caregivers and to ensure that the IRCT is in a position to react promptly in emergency situations.

Sub Saharan Africa

During 2000, the prevailing conflicts in 21 of the 48 Sub Saharan African countries continued unabated. In addition, there were significant deteriorations in the human rights situation in Zimbabwe, the Democratic Republic of the Congo (DRC), and Burundi, while conditions also remained volatile in Nigeria. In South Africa, the incidence of torture in detention is continuing to increase. Conflicts in the Great Lakes region are creating many casualties among the civilian population, including significant numbers of new torture victims. These conflicts are also posing dangers for rehabilitation centre staff.

The challenges

The international response to needs in the Sub Saharan region continues to be inadequate in view of the number of people – including refugees, internally displaced persons, and other victims of conflict – who are yet to receive treatment. Centres in the region have had to face these problems, as well as the pandemics, AIDS, poverty, and various natural disasters that are currently raging in Sub Saharan Africa, without any increase to current levels of funding and resources.

The IRCT's response

In spite of the difficulties outlined above, 2000 has been a very productive year for the IRCT in the Sub Saharan African region. The Africa Network of rehabilitation centres and programmes was formed in February 2000 in Harare, Zimbabwe, as a result of a regional seminar involving 23 centres from 13 countries in the region. The Network was subsequently renamed the Sub Saharan African Network Against Torture and Organised

Violence (SSANTOV) at a meeting in Johannesburg, South Africa, in December 2000.

In addition to the SSANTOV network, two subregional networks were formed: the Western and Central Africa network, and the Eastern Africa, Great Lakes and Horn of Africa network. Taking into account the Southern African Trauma Coalition (SATC), formed during 1999, there are now three subregional networks operating in the region. Representatives from the two new subregional networks attended the IRCT Council Meeting in October 2000 in Copenhagen as observers.

The new regional and subregional networks were the result of two regional seminars, held in Harare in February and in Kampala, Uganda, in September, both funded by the EU.

The main tasks of the regional network, as agreed upon in the Harare meeting, are the following: documentation of torture, provision of care for caregivers, coordinating urgent actions, ratification of the United Nations Convention against Torture, and exchange of resources and skills between centres in the network. A rotating secretariat has also been established for the network, to be based at the Centre for the Study of Violence and Reconciliation (CSVR) in Johannesburg during 2000 and in Ghana during 2001. The secretariats for the Eastern, Western, and Southern African networks are located at the Independent Medico-Legal Unit in Kenya, CAPREC in Senegal, and CSVR in Johannesburg, respectively.

In March 2000, the IRCT carried out a pre-investigation mission to Zambia due to the possibility of donor funds being available to support a new rehabilitation initiative. The result of

the mission was to lay the groundwork for carrying out a training workshop in Lusaka in 2001.

The two pilot projects in Nigeria and Namibia, which had been initiated at the end of 1999, were further developed during 2000. In Nigeria, the project, which is comprised of four centres, provided treatment for 250 victims of torture. In Namibia, 50 victims of torture had received treatment by the end of the pilot project period in December 2000. Both centres carried out local training seminars with the participation of centre staff, Ministry of Health representatives, and local NGOs.

With the assistance of the Oak Foundation, emergency funding was made available during the year to support struggling centres in Ethiopia, the DRC, and Rwanda.

In February 2000, the IRCT participated in a World Health Organization (WHO) meeting in Harare on community-based psychosocial rehabilitation in post-conflict countries. The meeting brought together representatives from government and non-government organizations in ten post-conflict African nations. IRCT delegates included representatives from Rwanda, Ethiopia, Uganda, and the DRC. One of the results of the meeting was the revision and adoption of a *Draft Declaration of Cooperation on Mental Health of Refugees and Internally Displaced Populations in Conflict and Post-Conflict Situations*. Addressing the psychosocial needs of victims of torture and other acts of violence in post-conflict regions is an IRCT priority, and ongoing collaboration is foreseen between the IRCT and WHO Afro in this area.

In May-June 2000, the IRCT carried out an urgent mission to Zim-



(Top) IRCT Programme Coordinator, Soraya U. Martinez (far right), and IRCT Council member, Anthony P. Reeler (second from right), with participants at the Regional Seminar in Kampala, Uganda, September 2000.

(Bottom) Participants at the Regional Seminar in Harare, Zimbabwe, February 2000.



babwe at the request of the AMANI Trust, a member of the SSANTOV and SATC networks. The purpose was to investigate allegations that health workers had become targets for torture and violence, that health services for victims of violence had been disrupted, and that health workers had been prevented from treating victims. A report of the mission team's findings, *Organised Violence and Torture in Zimbabwe*, documents specific cases of torture and violence, includ-

ing violence targeting health professionals, and provides evidence that an organized campaign of psychological intimidation and violence was being conducted in Zimbabwe in the months leading up to the national elections. The findings were presented to the international community in Harare at the end of the mission, and the mission was successful in sensitizing decision-makers, donors, and health professional organizations to the dramatic deterioration in respect for human

rights in Zimbabwe, including the participation of some Zimbabwean health professionals in torture.

One of the main priorities addressed at the SSANTOV network meeting in Johannesburg in December 2000 was the need for a well-defined policy on urgent actions. A task force was established during the meeting to develop such a policy, in consultation with each of the participating centres and programmes. Another issue is the need for SSANTOV to undertake its own fundraising activities, so as to reduce the dependency of centres on the small number of existing donors and so as to identify new funding sources for the rehabilitation of torture victims from within the African region.

2000 was a year in which several new initiatives were launched, and a goal for the coming years will be to consolidate these initiatives, including the provision of support for new centres and programmes in the region. The SSANTOV network will also be aiming to expand its lobbying activities in 2001, with particular reference to the Organization of African Unity (OAU) and the Commonwealth. The Rehabilitation Center for Victims of Torture in Ethiopia (RCVTE) has already begun this task on behalf of SSANTOV as regards the OAU, aiming to sensitize the members of the African Commission on Human and People's Rights to the mass torture currently taking place in the DRC.

Latin America and the Caribbean



(Top) IRCT Programme Coordinator, Jane Werngreen (fourth from left), and IRCT Senior Medical Consultant, Dr Ole Vedel Rasmussen (third from left), visit a local community in connection with a pilot project implemented by ATYHA, Centro de Alternativas en Salud Mental, Asunción, Paraguay, February 2000.

(Bottom) "Regional Seminar on Violence, Impunity and Creation of Subjectivity" in Rio de Janeiro, Brazil, October 2000. From left: Dr Jens Modvig (IRCT), Dr Carlos Arestivo, and Dr Carlos Portillo (ATYHA, Paraguay).

The majority of the countries in the Latin American and the Caribbean region are now considered democracies with democratically elected governments and human rights guarantees incorporated into national legislation. Human rights organizations, including services in support of torture victims, can now operate freely in the region. Despite the move towards democracy, however, many countries are still experiencing instability and unrest.

There are a large number of victims of torture in Latin America, not only as a result of the region's historical legacy of brutal dictatorships, but also due to the ongoing 'remnant' practice of torture by many law enforcement personnel. The psychological effects of torture are ongoing, not least because very few of the perpetrators have been brought to justice. Impunity is perhaps the major obstacle to healing the wounds of the past, and as long as human rights violators continue to escape prosecution, the newly established democracies in the region will remain vulnerable ones.

The challenges

In some ways, Latin America is regarded as a pioneer region for the rehabilitation of torture victims. The countries of the Southern Cone in particular have more than 20 years of experience in the field, and rehabilitation programmes have also been operating in most other countries in the region for a number of years. Despite this, many centres and programmes are operating in an uncertain funding situation, and this can create a far from ideal treatment environment. There is also a great need for consolidation and for proper train-

ing programmes to be carried out for new and existing staff. Furthermore, current services are only meeting a fraction of the needs in the region – large numbers of torture victims are not receiving any kind of treatment at all. Public education in human rights and prevention is also needed throughout the region.

The IRCT's response

During 2000, the IRCT worked to address these challenges by promoting networking and exchange of information between centres in the region, by undertaking training activities, and by supporting new rehabilitation programmes in Paraguay, Mexico, and other countries.

The Latin American and Caribbean Network of Health Professional Institutions Against Torture, Impunity, and Other Human Rights Violations, which was created in 1999, continued to grow in 2000. The network is comprised of 16 institutions from 13 different countries, with centres from Brazil, Colombia, and Mexico joining the network during the year. Two network meetings were held, one in Guatemala in April 2000, and the second in Brazil in October 2000, where a regional strategy and plan of action were elaborated.

These meetings were held in conjunction with regional seminars attended by more than 25 organizations. Topics discussed included the treatment of torture victims, impunity, and prevention, as well as strategies for increasing collaboration, information exchange, and joint training initiatives among centres in the region. The IRCT provided financial and technical support for these meetings, and a network representative was elected to the IRCT Council in October 2000.

In 2000, the IRCT continued to provide support for the ATYHA, Centro de Alternativas en Salud Mental rehabilitation centre in Paraguay. The word *atyha* means 'place' in the Guaraní Indian language. The centre provided treatment for more than 150 victims during 2000, both in the capital, Asunción, and in rural communities in the south of the country. Paraguay's peasant population has long been repressed and was a target for organized violence during the years of the Stroessner regime, which ended in 1989. For this reason, the IRCT supported the establishment of community work and a local training programme. Target groups for the training programme are rehabilitation centre staff, medical and psychology students, as well as lawyers, journalists, and social workers.

In Mexico, the IRCT provided support for the Programa de Atención Integral a Sobrevivientes de la Tortura (PAIST), the newly established mental health team of Acción de los Cristianos para la Abolición de la Tortura (ACAT). There are an estimated 20,000 victims of torture in Mexico, mainly comprised of Zapotec Indians, community leaders in rural districts, and peasants. As a result of a pilot project initiated by the IRCT in collaboration with PAIST, about 100 torture victims and 250 family members have received treatment in Mexico City and in the state of Oaxaca.

Providing treatment for family members is a particularly pressing issue in Oaxaca. Starting in 1996, a number of men from the Loxicha community in Southern Mexico were arrested by the authorities and tortured. Throughout 2000, these men were held as political prisoners at four prisons located in Oaxaca.



The PAIST team is visiting these prisoners, while at the same time providing support for family members, mainly women and children, many of whom are living in front of the state parliament in protest against their husbands' continued detention. In December 2000, the IRCT visited a group of these prisoners in the Ixcotel prison. The reaction of the prisoners to the visit demonstrated the therapeutic effect that the knowledge of international support can have on prisoners' well-being. In December 2000, IRCT representatives were present in Mexico when a fully democratic government came into power for the first time since the 1920s. The IRCT participated in a press conference to mark this occasion.

Exploratory visits carried out in Bolivia during 1999 were followed up in 2000 by two training seminars, which were held in cooperation with local human rights groups. The second seminar, which was held in November 2000 in collaboration with regional professionals from Peru and Chile, focused on investigations and violence.

(Above) Press conference promoting the "Local Training Seminar on State Violence and Torture", Mexico City, Mexico, November 2000. From left: Dr Fernando Valadez (ACAT, Mexico), Jane Werngreen (IRCT), Dr Gabriela Martínez Iturribarria, and Juan Antonio Baez Vega (ACAT, Mexico).

As in many other Latin American countries, the victims of torture in Bolivia are typically indigenous people, student leaders, or peasants. The seminar included a forum during which victims of torture had the opportunity to give their testimonies, a powerful action in a country where the word 'torture' is rarely spoken in public. The IRCT decided to support the development of a national research project in Bolivia aimed at assessing rehabilitation needs among the population.

Two major challenges for the Latin American and Caribbean region in 2001 are to further develop institutional and financial sustainability and to continue the fight against impunity.

The Middle East and North Africa

If one had to name one constant in the Middle Eastern political environment, it would be volatility. Throughout the year, torture and other forms of cruel, inhuman, or degrading treatment or punishment continued to be regularly practised by many governments in the region.

In addition to human rights violations, another issue facing the region is widespread economic hardship, where access to resources – including education, technology, and possibilities for development – is limited to an elite few. Other issues include internal conflicts, the deleterious effects of numerous military and theocratic regimes in the region, the ethnic cleansing of minorities (as in Sudan and Iraq), the deepening crisis in Palestine, and continuing disagreements over power-sharing arrangements among neighbouring countries in Kurdistan.

Another common feature characterizing the region is the lack of clear strategy and fragmentation among human rights' organizations, exacerbated by the fact that most of the efforts of civil society are focused on social and economic, rather than human rights, activities.

Nevertheless, one should not underestimate the significance of several recent developments that give cause for some optimism. Israel withdrew its military forces from Southern Lebanon in May 2000, ending 18 years of military occupation. In Syria, President Bashar El Assad, who succeeded to power on his father's death in July, appears positive to modernizing his country, despite the potential effect this will have on his own power base. In Morocco and Iran, the process of reform continues, albeit not without some setbacks.

The challenges

In the IRCT's geographical breakdown of activities, the Middle East and North Africa region comprises 20 countries, stretching from Iran in the East to Morocco in the West. No country in this region can boast of its human rights record. In several countries, torture is practised regularly and with total impunity. Six countries in the region have not yet ratified the UN Convention against Torture: Iraq, Iran, Sudan, Syria, the United Arab Emirates, and Oman. One notable achievement during the year was Leb-

anon's ratification of the Convention in October 2000.

While it is not possible to calculate the exact number of torture victims in need of rehabilitation in each country, the IRCT estimates that the numbers range from the thousands (in Lebanon and Morocco) to the tens of thousands (in Egypt, Sudan, Iran, and Iraq).

The IRCT's response

The AMAN regional network, which was established in 1999, is comprised of 11 centres and programmes from eight countries. Three centres and programmes joined the network during 2000: a centre in Teheran, Iran, a newly established centre in Khartoum, Sudan, and a rehabilitation programme operating in Khiam in Southern Lebanon. The addition of these new centres helped to improve the geographical reach of the network.

A meeting of the network was held in Tripoli, Lebanon, in July 2000. An ambitious plan of action was elaborated at the meeting, and tasks for follow-up were allocated to network members. The network decided to establish its own website in order



(Left) Human rights training course at the Amal Rehabilitation Centre in Khartoum, Sudan, September 2000.

to promote rehabilitation work in the region, and to produce an electronic newsletter to facilitate the exchange of professional expertise and experience among rehabilitation centres. The first issue of the newsletter was published in December 2000.

Given that the amount of international funding for rehabilitation activities in the region is decreasing, advocacy and fundraising activities are a priority for the network. By working together, network members can lobby more effectively in regional and national forums and in approaching potential donors within the region.

In collaboration with the AMAN network, the IRCT organized one regional seminar on treatment methods used in rehabilitation work in July 2000, and one local training seminar in November 2000, both of which were held in Lebanon. The regional seminar, which was designed according to the needs of the centres and programmes, comprised representatives from all members of the network, whereas the local seminar was made up of participants from Lebanon, Syria, and Sudan. The IRCT also worked closely with the network in

planning and carrying out an explorative mission and training session in Syria in November 2000, and in providing emergency assistance to the rehabilitation centre in Casablanca, Morocco, which had been launched as a pilot project the previous year.

The establishment of a new centre is rarely problem-free, and it takes time for a new centre to develop professional and economic capacity. In this regard, the existence of a regional network can be a great source of assistance and support for newly established programmes.

Following a successful planning mission in September 2000, a pilot rehabilitation project was launched in Khartoum, Sudan, in November 2000. This was a major achievement for the IRCT. The programme is the first of its kind ever to be established in Sudan, which has one of the worst human rights records in the region and has previously been considered impenetrable. In collaboration with the AMAN regional network's human resources, the IRCT is providing continuous technical assistance to the Khartoum centre, including training of its medical and administrative team.



(Above) Representatives from Lebanon, Palestine, Egypt, Algeria, Morocco, Sudan, Iran, Iraqi Kurdistan, and the IRCT at the AMAN network meeting in Tripoli, Lebanon, July 2000.

In coming years, the IRCT will continue to work together with members of the AMAN network to support and strengthen existing centres and programmes and to pursue opportunities for the establishment of new projects, particularly in regions where rehabilitation services are not currently available.



(Right) Dr Abdallah Mansour (Director of the El Nadim Centre, Egypt) at the AMAN network meeting in Tripoli, Lebanon, July 2000.

Central & Eastern Europe and New

The region covering Central & Eastern Europe and New Independent States comprises 28 countries in the Balkans, Eastern Europe, the former Soviet Union, and the Baltic States. At the end of 2000, 22 rehabilitation centres were operating in the region in 16 countries. Three subregional networks have been established in the region in recent years. The oldest of these is the Balkan Network (BAN), consisting of ten centres from seven different countries or territories (Greece, Croatia, Bosnia-Herzegovina, Bulgaria, Kosovo, Albania, and Serbia). The Central & Eastern European Network (CENENET), which was established in July 1999, consists of five centres based in Hungary, Poland, Latvia, Estonia, and Finland. The New Independent States Network (NISNET), which was established in October 2000, is comprised of six centres in five countries (Ukraine, Russia, Armenia, Georgia, and Moldova).

The challenges

The problem of state-sanctioned torture in Central & Eastern Europe and

(Below) The 'Ukraine Prevention Project Team' in Kiev, Ukraine, October 2000. From left: Anton Petrenko (IRCT Programme Coordinator), Professor Bent Sorensen (IRCT Senior Medical Consultant), Olexandr Betsa, and Dr Semyon Gluzman (Director of the International Medical Rehabilitation Centre for the Victims of Wars and Totalitarian Regimes, Ukraine).



(Right) Inauguration of the St Petersburg Rehabilitation Centre for Victims of Repressions, St Petersburg, Russia, January 2000.



the New Independent States remains a formidable one. Firstly, the region has a history of authoritarian and repressive rule. Secondly, the post-Cold War geopolitical situation in the region is complex, and many of the legacies of the Cold War era are yet to be properly addressed. In the past, the region was home to repressive political regimes that committed large-scale human rights abuses against their own people. At present, the region is plagued by numerous armed conflicts of an ethnic or political nature.

Even in those countries where democratic institutions have been established, many of the elements of the former repressive state apparatus remain in place. Two factors in particular, the political and institutional legacy of the past and policies towards ethnic minorities being pursued by a number of governments in the region today, combine to perpetuate the practice of state-sanctioned torture in the region.

Torture victims in the region can be divided into three categories. The first are victims of the past authoritarian regimes, particularly in the countries of the former Soviet bloc and Eastern Europe. The number of victims is estimated to be in the vicinity

of 600,000 people, most of them former political prisoners.

The second group of victims are those who were tortured during recent and ongoing civil conflicts in the former Republic of Yugoslavia, Chechnya, Georgia, Armenia, Azerbaijan, south Kyrgyzstan, and Tajikistan. Studies of groups of refugees and internally displaced persons from these conflicts have found very high rates of torture victims among the civilian population. The total number of victims in this group is estimated at up to 900,000.

Members of the final group are the relatively recent victims of abusive practices by law enforcement agencies. Torture and other forms of ill treatment continue to be used to a greater or lesser extent by law enforcement personnel in most post-communist societies. This group is comprised of prisoners and detainees. It is very difficult to assess the exact number of victims.

It is clear from the above analysis that torture is and continues to be a major problem in the region.

The IRCT's response

The IRCT's activities during 2000 focused mainly on rehabilitation activities, and were divided into two

Independent States

(Below) Professor Libby Tata Arcel (IRCT Head of Research and Education) delivers the opening address at the inauguration of the Georgian Centre for Psychosocial and Medical Rehabilitation of Torture Victims, in Tbilisi, Georgia, October 2000.



categories: the initiation of new rehabilitation projects, and the establishment and consolidation of sub-regional networks.

The IRCT assisted in the establishment of four new rehabilitation centres in the region, the St Petersburg Rehabilitation Centre for Victims of Repressions (SPRC), the Medical Rehabilitation Center for Torture Victims (MEMORIA) in Chisinau, Moldova, the Georgian Centre for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT), and the Medical Psychological Rehabilitation Centre in Armenia.

Training seminars were organized during 2000 for the staff of the St Petersburg, Tbilisi, and Yerevan centres in the areas of diagnosis of torture victims, treatment, and administrative and financial management. These new centres were established as part of the IRCT's *Regional Strengthening*

Programme, which is funded by the EU, UNVFVT, and the Oak Foundation.

The SPRC was officially inaugurated on 30 January 2000, at a ceremony attended by local government and community representatives, and members of the international community based in St Petersburg. It was the first rehabilitation centre to be opened in Russia, with a mission to provide rehabilitation treatment and

services for victims of repression, including former political prisoners, refugees, and internally displaced persons, and to work for the prevention of torture in Russia.

Similar inauguration ceremonies were also held for the MEMORIA centre in Chisinau and the GCRT in Tbilisi, on 16 April 2000 and 16 November 2000, respectively. The GCRT's mandate is to provide psychosocial and rehabilitation treatment for victims of torture and trauma and their family members, focusing on three main groups identified as being in great need of assistance: people displaced as a result of civil conflict in Abkhazia and Northern Ossetia, refugees from Chechnya, and people tortured or abused by law enforcement agencies. In addition to providing treatment services, staff at the centre will be helping to train other medical professionals in the identification and treat-

ment of torture victims, and will work for the prevention of torture in Georgia and across the Caucasus.

As part of an ongoing policy to promote increased collaboration between centres in the region, the IRCT assisted in the establishment of the NISNET subregional network, which was formed in Kiev, Ukraine, in October 2000, and in the further consolidation of the BAN and CENENET networks. Network meetings were held for each of the three networks during the year, and problem analysis workshops were conducted to develop short- and long-term consolidation strategies. As part of this process, the IRCT developed several cluster funding applications, NIS 2000-2003 and BAN 2000, with a view to securing the short- and medium-term sustainability of centres in the region.

A major prevention project has been planned for the Ukraine during the years 2001-2003. The project will be carried out in cooperation with national law enforcement authorities, the Ukrainian Ombudsman, and national medical and human rights NGOs.

An immediate challenge is to provide ongoing support for the newly established centres and networks in the region and to establish new rehabilitation programmes in areas where no such treatment exists, such as Azerbaijan, Belarus, and the countries of Central Asia. An important aspect of this support will be technical assistance in organizational and professional development, and in developing national and regional prevention strategies. Another priority for the IRCT is to develop its emergency intervention in areas of ongoing conflict in the region.

Institutional relations



(Above) Ms Claudine Haenni (APT), Professor Cherif Bassiouni (UN Special Rapporteur on Reparation), and Dr Inge Genefke (IRCT) at the CINAT parallel session at the UN Commission on Human Rights, March 2000.

The IRCT promotes the rehabilitation of torture victims and the prevention of torture in a range of international forums. In April 2000, the IRCT made oral interventions during the 56th Session of the UN Commission on Human Rights under items 11, Civil and Political Rights, and 17, Human Rights Defenders. The safety of human rights defenders is of increasing concern for the IRCT.

During the 56th Session of the Commission, the IRCT participated in a parallel session on the issue of reparation, organized by the Coalition of International NGOs Against Torture (CINAT). The panel included representatives from CINAT, including the IRCT, as well as Professor Cherif Bassiouni, the UN Special Rapporteur on Reparation. The IRCT also met with Professor E.V.O. Dankwa, Chair of the African Commission on Human and People's Rights and UN Special Rapporteur on Prisons and Conditions of

Detention in Africa.

Throughout 2000, the IRCT continued to monitor the activities of various UN bodies and mechanisms, including the Working Group on the Draft Optional Protocol to the Convention against Torture, the Committee Against Torture, and the UN Special Rapporteur on Torture. The IRCT held meetings during the year with the UN Office of the High Commissioner for Human Rights (OHCHR) and the UN Voluntary Fund for Victims of Torture (UNVFVT), one of the principal international sources of funding for the rehabilitation of torture victims.

The IRCT continued to follow developments in the drafting of procedures for the establishment of the International Criminal Court (ICC). A priority for the IRCT is that the procedures properly address the psychosocial needs of witnesses both prior and subsequent to giving evidence.

The IRCT was actively involved in the formulation of the Draft Charter of Fundamental Rights of the European Union. The Draft Charter provides a new framework for the prohibition of torture and other forms of ill treatment within the EU, and places the issue of human rights firmly on the agenda in the development of relations between the EU and third countries. In 2000, the IRCT also participated in European Commission forums devoted specifically to human rights issues. This initiative provides an important platform for improved dialogue between institutions of the EU, Member States, and representatives of civil society.

The IRCT was granted consultative status to the Council of Europe in May 2000. A focus for the IRCT included input on rehabilitation and

prevention issues to reports of the Parliamentary Assembly, the work of intergovernmental committees on torture-related issues, and the adherence of Member States to the European Convention on Human Rights and the European Social Charter. The consultative status provides new opportunities for the IRCT to strengthen its cooperation with other human rights and health-issue NGOs.

In March and October 2000, the IRCT participated in the Organization for Security and Co-operation in Europe (OSCE) Supplementary Human Dimension Meeting on Human Rights and Inhuman Treatment or Punishment, in Vienna, and the annual OSCE Human Dimension Implementation Meeting in Warsaw. The IRCT participated in the official Danish delegation, and representatives from the IRCT and individual centres spoke during the session on Prevention of Torture and Other Inhuman Treatment or Punishment. The Human Dimension meeting is a valuable forum for the IRCT to encourage national delegations to address rehabilitation and prevention needs within their own countries.

The IRCT is a member of the Advisory Board for the European Master's Degree in Human Rights and Democratisation, and was one of the participating institutions in the first internship programme for students undertaking the degree, conducted during the first half of 2000.

Research and education

In 2000, the IRCT strengthened its efforts in the field of research, education, and prevention on torture-related issues in collaboration with IRCT-affiliated centres as well as inter-governmental organizations, universities, and other non-governmental organizations.

Research

In June 2000, 19 participants from 13 countries attended the second IRCT International Research Seminar, held at Porto Heli, Greece. The seminar addressed research needs and opportunities in the Balkans and was organized in collaboration with the Medical Rehabilitation Centre for Torture Victims (MRCT), Athens, and the IRCT Council Research Group. A key achievement of the research seminar was a draft research protocol addressing essential research questions, involving many centres in the preparation and implementation of the multi-centre study project. Research themes addressed in the proposal included instrument evaluation in connection with impact assessment, problems relating to waiting lists, treatment objectives as perceived by the torture victims themselves, and methods to assess the overall impact of treatment and rehabilitation.

Education

The IRCT participated in or attended many national and international conferences throughout the year. They included the participation of Dr Inge Genefke, IRCT Honorary Secretary-General, at the International Congress of Catholic Doctors in Rome in July 2000, and at the World Medical Association's Annual Conference in Edinburgh in October 2000.

During 2000, the IRCT continued

its participation in the Joint Informal Working Group on Police and Human Rights, operating under the auspices of the Council of Europe programme *Police and Human Rights 1997-2000*. The programme aimed to empower and strengthen policing standards in the field of human rights. In December 2000, the Working Group presented the guide "Policing in a Democratic Society" at the Council of Europe conference 'Police and Human Rights – beyond 2000' in Strasbourg. The publication outlines how to measure the extent to which police adhere to the standards and democratic values underlying the European Convention on Human Rights.

In 2000, the IRCT launched a 12-week training programme for IRCT project coordinators, external medical consultants, and other health professionals in the fields of research, training, and project development. Based on available IRCT training materials, the training programme provided the basic knowledge and skills required for health professional tasks within the IRCT. The experience gained through the implementation of this training course will be used to launch a more comprehensive training programme and to provide the basis for

a diploma course for health professionals.

Throughout 2000, the IRCT provided education to law enforcement personnel, health professionals, and school children, at the request of the Raoul Wallenberg Institute, the University of Lund, the Danish Centre for Human Rights, the Moroccan Embassy in Denmark, Amnesty International in Denmark, and Danish schools. In September and December 2000, the IRCT provided training to six prosecutors and 15 lawyers from the People's Republic of China as part of their visit to the Danish Centre for Human Rights in connection with the EU-China Legal And Judicial Cooperation Programme. The IRCT also provided training to law students and public health students as part of courses offered at the University of Copenhagen. During 2000, IRCT health consultants provided research and health expertise in countries such as Bosnia-Herzegovina, Croatia, Finland, Georgia, Palestine, Paraguay, Sweden, Turkey, Ukraine, and Zambia.

(Below) Participants at the 2nd IRCT International Research Seminar, Porto Heli, Greece, June 2000.



Documentation Centre

The IRCT Documentation Centre maintains the world's largest collection of materials on torture, the rehabilitation of torture victims, and the prevention of torture. Established in 1987, the Documentation Centre collects, records, and disseminates materials in both electronic and printed form. A special focus of the collection is scientific literature relating to the medical aspects of torture. The collection comprises 38,000 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.

Early in 2000, the IRCT Documentation Centre moved to the ground floor of the Domus Parker building, creating a light, spacious main library room. During 2000, the Documentation Centre responded to requests for information from users in 55 different countries. In addition to the main task of supporting organizations and individuals working with the rehabilitation of torture victims and prevention of torture, the Documentation Centre supported research

for television and radio programmes on torture, assisted lawyers working on asylum cases, retrieved materials for high school and university students, and provided background information for the portrayal of the trauma of torture in a fictional novel.

Throughout the year, the work and services of the Documentation Centre was presented on a number of occasions, including seminars at the Rehabilitation and Research Centre for Torture Victims (RCT) for teachers from the Danish Colleges of Nursing, for students of the Danish Royal School of Librarianship and Information Science, and for a delegation of legal professionals from China. In May 2000, the Documentation Centre presented the use of the Internet in the work with torture victims at a seminar at the Swedish Red Cross Center for Tortured Refugees. In June 2000, the Documentation Centre presented a course in the 'HURIDOCS Events Standard Formats', as part of the Danish Centre for Human Rights' international course in documentation, to participants from Albania, Cambodia, Gambia, Malawi, and Tanzania.

The IRCT Documentation Centre also serves as the Secretariat of the European Coordination Committee

on Human Rights Documentation (ECCHRD), a forum for European human rights librarians and documentalists. In March 2000, the IRCT organized the 24th meeting of the ECCHRD together with Institut de Drets Humans de Catalunya in Barcelona, Spain, and the office of Human Rights Information and Documentation Systems International (HURIDOCS) in Barcelona.

Global Torture Victims Information System

Towards the end of 1999, the IRCT identified as a priority the creation of a Global Torture Victims Information System (GTIS). The GTIS is an information system which will enable the scientific monitoring, documentation, analysis, and reporting of the prevalence of torture, rehabilitation needs, present treatment capacities, and the effects of treatment. The GTIS represents the first reporting system of its kind and has already received the support of the UN Office of the High Commissioner for Human Rights (OHCHR) and the UN Special Rapporteur on Torture. The GTIS is being developed and implemented in close collaboration with rehabilitation centres affiliated with the IRCT.



Loans from the IRCT Documentation Centre 1998-2000

Circulation:	1998	1999	2000
Books	1,192	1,436	1,542
Articles	2,278	5,041	5,854
AV materials (slides)	2,420	1,497	2,345
Total	5,890	7,974	9,741

Publications

As part of the IRCT's commitment to raising awareness and sharing knowledge on the work against torture, the IRCT produces a range of publications and other information materials.

The TORTURE journal

The IRCT's quarterly journal TORTURE specializes in medical aspects of the rehabilitation of torture victims and the prevention of torture. In 2000, four issues of TORTURE were distributed to more than 6,200 individuals and organizations in over 165 countries worldwide. Sixty-five scientific manuscripts were received for review, and a total of 56 scientific manuscripts were published in 2000.

In 2000, the Editor-in-Chief of TORTURE was invited by the Journal of the Indian Medical Association (JIMA) to participate as guest editor of a special JIMA issue on torture. Indexed in *Index Medicus* and with a monthly circulation of 91,000, JIMA is the largest circulated medical journal in India. The June 2000 issue of JIMA included speeches presented at the IRCT's VIII International Symposium *Torture as a Challenge to the Health, Legal and Other Professions*, held in India in September 1999.

Books

In September 2000, the IRCT published 2,500 copies of *Rehabilitation of Torture Victims: Centres and Programmes Worldwide*, with the support of the Danish Ministry of Foreign Affairs, the European Commission, and a private donor. *Centres and Programmes Worldwide* provides a global overview of rehabilitation services available to victims of torture, based on information received from centres and programmes worldwide. In addition to facilitating collaboration

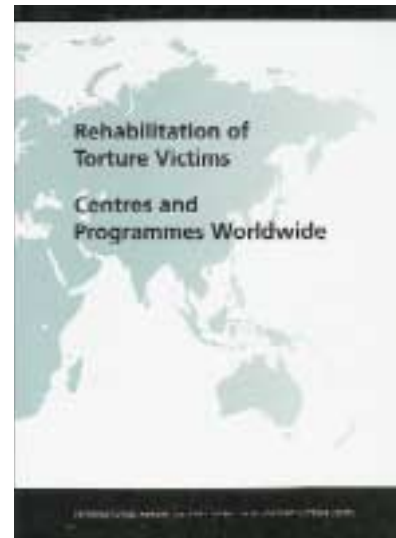
between existing centres and programmes, the book is a useful resource tool for providing an overview of available rehabilitation services worldwide. *Centres and Programmes Worldwide* is also available on the IRCT website (www.irct.org).

Where possible, the IRCT supports the publication of IRCT books in the six official UN languages: Arabic, Chinese, English, French, Russian, and Spanish. The IRCT may also give technical assistance to network partners for the publication of books. In December 2000, the Arab Institute for Human Rights in Tunisia published the Arabic translation of *Torture survivor – trauma and rehabilitation* by Lone Jacobsen and Knud Smidt-Nielsen. This book was originally published by the IRCT in Danish and has subsequently also been translated into English, French, Russian, and Spanish.

IRCT reports

In May 2000, the IRCT 1999 Annual Report was published in 6,000 copies, of which more than 1,700 copies were distributed immediately to recipients in 131 countries. A full-colour PDF-version of the Annual Report was also published on the IRCT website.

In connection with the Special Hearing in the European Parliament in September 2000, a small booklet *The rehabilitation of torture victims: Achievements and challenges*, comprising the presentations made at the hearing, was produced and widely distributed. The report *Organised Violence and Torture in Zimbabwe*, the result of an IRCT fact-finding mission on the prevalence of torture in Zimbabwe in May-June 2000, was also produced and distributed worldwide.



(Above) The IRCT publication *Rehabilitation of Torture Victims: Centres and Programmes Worldwide* presents information on rehabilitation services provided by 155 centres and programmes in 71 countries around the world.

Global distribution

In addition to the above distribution of IRCT materials, the IRCT responded to individual requests for information materials throughout the year. This included more than 7,500 items to 54 countries, including more than 680 copies of *Centres and Programmes Worldwide*, more than 1,000 copies of the IRCT information brochure, and more than 3,500 additional copies of the IRCT 1999 Annual Report.

The collection of IRCT publications (including TORTURE) and video films is listed in three booklets, which are available free of charge. Further information on IRCT publications can also be found on the IRCT website.

Media relations

The mass media is instrumental in raising awareness of the human rights to which we all are entitled, including freedom from torture.

Global coverage

In June 2000, simultaneous press conferences were held in Athens, Greece, and in Copenhagen, Denmark, to launch the IRCT report *Organised Violence and Torture in Zimbabwe*. The report followed an IRCT fact-finding mission on the prevalence of torture, at the request of the AMANI Trust in Zimbabwe. Released just prior to the Zimbabwean elections, the report attracted considerable national and international media attention and mobilized international pressure on the Government of Zimbabwe.

On 26 June 2000, the IRCT launched the global campaign for the UN International Day in Support of Victims of Torture in Kosovo. The event received regional and international media coverage, including interviews with IRCT Secretary-General Jens Modvig. In New York, IRCT Honorary Secretary-General Inge Genefke participated in a press briefing hosted

by the UN Office of the High Commissioner for Human Rights (OHCHR) and was interviewed on UN World Radio.

In November 2000, *The Lancet* published an IRCT article on the result of a national psychosocial needs assessment survey conducted in East Timor in June-July 2000. The survey generated positive media interest in a number of countries worldwide, including Denmark, Japan, and USA.

Regional coverage

Throughout the year, the IRCT supported the inaugurations of a number of rehabilitation centres, which attracted local and regional press coverage, including centres in St Petersburg, Russia, in Delhi, India, in Casablanca, Morocco, and in Tbilisi, Georgia.

In June 2000, the work of the IRCT was celebrated with the presentation by the American Medical Association (AMA) of the Dr Nathan Davis International Award for achievements of the highest standard in the medical field to the IRCT Honorary Secretary-General, Dr Inge Genefke. In August

(Below left) The "STOP Torture Bus", with former IRCT employee Niels Zeeberg and family, toured 50 countries through Western and Eastern Europe, the Middle East, Africa, and South and North America over a period of three years.

(Below right) Dr Inge Genefke receives the inaugural 'Dr Nathan Davis International Award' from the American Medical Association, Chicago, USA, June 2000.



2000, Dr Genefke received the AMA Virtual Mentor Award for being a beacon of virtue and professionalism to younger generations of physicians and medical students. The October 2000 issue of the international *Rotarian* magazine featured a profile of Dr Genefke and the work of the IRCT. In November 2000, the German television station ARTE produced a documentary on Dr Genefke as part of their series on people who have been awarded 'The Right Livelihood Honorary Award'. In December 2000, the Unit for Trans Cultural Psychiatry and Refugee Trauma (ETP) at Uppsala University and the National Association of Chileans in Sweden honoured Dr Genefke for her work.

National coverage

In June 2000, the IRCT held a public reception for the return to Denmark of the 'STOP Torture Bus', which had been on the road campaigning against torture since September 1997. Former IRCT employee Niels Zeeberg and his family visited 50 countries through Western and Eastern Europe, the Middle East, Africa, and South and

North America. A Danish television film crew accompanied the family on their journey, which was featured in several hundred television and radio broadcasts and newspaper articles worldwide.

In October 2000, the IRCT hosted a press conference to launch the book *Der findes ingen undskyldning for tortur* ("There is no excuse for torture"), written by Hüseyin Duygu, which describes the author's imprisonment and torture as a young man in Turkey. Mr Duygu is a former client at the Rehabilitation and Research Centre for Torture Victims (RCT) in Copenhagen. The IRCT supported the publication, which received positive reviews and media coverage in Denmark, and was profiled at the 2000 Copenhagen Annual Book Fair.

IRCT website

During 2000, the IRCT website was visited by a monthly average of 6,500 visitors from a total of 108 countries.

(Below left) In October 2000, the IRCT held a book launch for "There is no excuse for torture", written by Hüseyin Duygu (left), a former client at the Rehabilitation and Research Centre for Torture Victims (RCT). At the reception, the Turkish painter Cihat Aral (right) presented some of his paintings – one of which was used for the cover of the book.

(Below right) The launch of the global campaign for the UN International Day in Support of Victims of Torture, in Kosovo, June 2000, generated extensive media coverage.



Finding a sustainable balance

Despite increased international focus on the problem of torture, and increased awareness of the prohibition of torture under international law, the practice of torture remains widespread. The need for rehabilitation treatment and services is immense, and torture victims, both past and present, can be counted in the millions.

Funding needs

In such an environment, the absolute need for rehabilitation cannot be quantified in a meaningful way. Victims are inevitably met with limited access to treatment. In many parts of the world, such treatment does not even exist. It is a fact that the present capacity for rehabilitation is far short of the existing need. Conservative estimates are that less than 10% of the global need of torture victims is currently being met. Consequently, the IRCT has had to adopt a multi-functional funding strategy aimed at securing predictability and sustainability for rehabilitation centres and programmes in both the short and the longer term.

The IRCT's short-term strategy deals with the current capacity of existing or planned centres and programmes, with due consideration to identified sources of funds. The IRCT's long-term strategy deals with the objective of raising the global capacity to a level which will effectively bring rehabilitation treatment and services to those millions of victims who are presently excluded from necessary treatment due to unavailable or inadequate resources.

Sustainable development

The IRCT is responsible for supporting the sustainable development of

centres and programmes. This requires a tight and constant monitoring of the implementation of the short- and long-term strategies.

In the short term, the IRCT supports:

- further investment in local capacity building
- focus on sustainable high quality/ low cost solutions
- improving and optimizing treatment capacity at existing centres
- implementation of new activities when resources are freed up.

In the long term, the IRCT supports:

- securing diversified and significantly increased funding
- developing human resources and organizational support to secure the growth.

Achievements in 2000

Throughout 2000, the IRCT continued to receive direct support from the Danish Ministry of Foreign Affairs, the Oak Foundation, the United Nations Voluntary Fund for Victims of Torture (UNVFVT), and the European Union (EU). As a result of greater recognition of the need for assisting victims of torture, global funds available for rehabilitation are gradually increasing.

At the global level, the main donors in the field are the EU, the UNVFVT, The Oak Foundation, and the United States through the Torture Victims Relief Act (TVRA). The results of the TVRA are now becoming a reality for the work against torture, with USD 10 million allocated to rehabilitation centres within the United States and a further USD 10 million for bilateral assistance. Further, the TVRA resulted in an increase of USD 2 million to the UNVFVT; the total US grant now aggregates USD 5 million

of the total UNVFVT budget of USD 7 million.

The European Union remains one of the major donors in the field of rehabilitation of torture victims and prevention of torture. However, the year 2000 started with one of the most severe funding crises ever. The crisis was the unfortunate result of a combination of administrative and priority changes related to awarding of grants for human rights activities within the European Commission. From early 2000, the IRCT entered into constant dialogue with EU institutions to promote understanding of the critical need for continued EU support. Without EU funding, many centres faced certain closure.

In 2001, the IRCT will pursue partnership agreements with major donors, in order to enable the IRCT to act rapidly and effectively, utilizing the already built-up capacity both centrally and in the networks. Simultaneously, the IRCT will seek to extend bilateral agreements. The IRCT will also continue to make UN Member States aware of their obligation to contribute to the UNVFVT – or to increase their actual contribution to a level in line with the Netherlands, the Scandinavian countries, and the United States. The IRCT is also committed to increasing private funding support from well-reputed international corporations and foundations. The objective will be to have major and specific projects financed by a sponsoring organization.

New initiatives within the EU

A number of EU Parliamentarians supported the efforts of the IRCT to draw attention to the funding crisis facing rehabilitation centres. This was complemented by the welcome de-



cision of the European Commission to review the question of funding, which should strengthen the impact of fund allocation to the rehabilitation of torture victims.

On 20 September 2000, the IRCT organized a Special Hearing on Rehabilitation of Torture Victims, with the support of Ms Anna Karamanou, Member of the European Parliament. The Special Hearing served to increase the support of European Parliamentary Members for continued funding for rehabilitation services, both within and outside the territory of EU Member States. In December 2000, the European Parliament adopted an amendment for the creation of a new budget line of EUR 6 million.

The Oak Foundation

Traditional private fundraising is difficult to secure for the funding of rehabilitation and prevention activities. It is therefore with deep respect and gratitude that the IRCT acknowledges the continued support of the Oak Foundation. The Oak Foundation supports the institutional capacity

building of the IRCT and provides direct support to rehabilitation centres. Without this support, a number of centres would not have survived, and the organizational support provided by the IRCT to centres worldwide would have severely suffered. The close contact with the Oak Foundation further enabled the IRCT to draw on the Foundation's expertise and experience, which is of paramount importance for the development of the IRCT.

The immediate outlook

While the year 2000 presented a number of substantial achievements in the funding of rehabilitation, and the immediate future signals further improvement, the IRCT accepts that the need for rehabilitation by far exceeds the available treatment capacity. All organizational components within the IRCT share the responsibility of securing a broadened funding basis. This can be achieved through international institutions as well as through direct negotiations between centres and local donors or government agencies.

(Above) Panel at the Special Hearing on the Rehabilitation of Torture Victims, held in Brussels in September 2000: (left-right) Mr Angel Viñas, representing Commissioner Chris Patten, Mr Francesco De Angelis, Director of Europe Aid (European Commission), Dr Jens Modvig, IRCT, and Mr Daniel Prémont, Secretary of the UNVFVT.

To date, no organization has had the capacity to assess or quantify the exact funding needs required to provide rehabilitation treatment and services for all victims. However, we can all work to increase the existing capacity, bringing hope to those who remain in critical need, and to bring pressure to bear on institutions and governments for increased support. In fact, all 123 countries which are party to the UN Convention against Torture have a legal obligation to contribute to the rehabilitation of torture victims under Article 14. Reducing the gap between the global needs and the existing capacity depends on us all.

Statement of financial position

as at 31 December 2000 and 1999

	2000 USD	1999 USD
ASSETS		
Institutional receivables	644,119	243,844
Other receivables	32,180	389,004
Loans to centres	35,381	71,259
Total receivables	711,680	704,107
Liquid assets	942,446	784,208
Total assets	1,654,126	1,488,315
LIABILITIES		
Net capital as at 1 January	97,908	116,692
Net result of the year	37,159	(18,784)
Net capital as at 31 December	135,067	97,908
Payables	458,086	473,856
Oak Foundation – prepayment of:		
– 2001 core contribution	660,973	
– 2001 centre support	400,000	
Prepayment of EU grant to RSP		916,551
Total payables	1,519,059	1,390,407
Total liabilities	1,654,126	1,488,315

All data at exchange rate DKK 1 = USD 0.1247 (as at 31 December 2000)

DONOR ACKNOWLEDGEMENTS

Dronning Margrethe
og Prins Henriks Fond

The Oak Foundation

Public donors
Danish Ministry of Foreign Affairs
European Union
United Nations Voluntary Fund for
Victims of Torture
Tips- og lottomidler

Other donors
Augustinusfonden
Christianshavns KFUM
Coloplast A/S
Det Obelske Familiefond
Elly Valborg og Niels Mikkelsens Fond
Fabrikant Mads Clausens Fond
Frihedskampens Veteraner

Statement of activities

as at 31 December 2000 and 1999

	2000 USD	1999 USD
INCOME		
The Danish Ministry of Foreign Affairs	895,145	810,679
European Commission	1,290,652	1,265,750
ECHO – European Commission Humanitarian Aid Office	238,419	75,512
UNVFVT – United Nations Voluntary Fund for Victims of Torture	137,170	158,475
Oak Foundation	1,735,157	1,699,923
Other grants	244,634	104,777
Other income	111,144	67,648
Total income	<u>4,652,321</u>	<u>4,182,764</u>
EXPENDITURES		
Rehabilitation and external capacity building	2,616,134	2,056,807
Advocacy and information	1,163,442	1,386,943
Documentation and analysis	259,133	258,262
International coordination	119,461	66,605
Secretariat support	456,992	432,931
Total expenditures	<u>4,615,162</u>	<u>4,201,548</u>
Net result of the year	<u>37,159</u>	<u>(18,784)</u>

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