On March 24, 1978 the most brutal dictatorship in our history was introduced in Argentina; this dictatorship employed repressive torture so as to crush any and every kind of opposition in the population. Thus tens of thousands of leaders of popular movements, workers, peasants, academics, and students were murdered; others were imprisoned for years and more than 30,000 people, including children and old people, were kidnapped and placed in concentration camps and they are still missing today without any knowledge having been able to be obtained regarding their fate. They have all been exposed to the most bestial torture. Parallel with the torture the dictatorship led an intense psychological campaign with the purpose of obtaining support and changing the values and ideals of society.

Apart from the torture which the many thousands of missing persons have been exposed to and which we know about through testimony from the few who have regained their freedom, the relatives have been subjected to a massive mental torture. Thus there is a terrible mental torture in the situation: “presence-absence, existence-non-existence”, which is inflicted on the relatives by the systematic disappearances and the long-standing effect of the dictatorship.

Right from the establishment of the Plaza de Mayo Mothers in the first year of the dictatorship our co-operation with them took on a character of solidarity work and gradually the need for specific professional help arose. This professional help takes place in several fields.

1. Treatment

We give treatment to all victims of repression who want it. Those who seek our help are first of all relatives of ones who have been arrested/are missing. In our treatment the following is taken into regard: it concerns the relatives of arrested/missing persons, who have for a long time been exposed to the mental torture of not knowing where their closest relatives are; it concerns people who have been victims of numerous injustices, such as seeing all property of the missing persons being confiscated and who have been exposed to threats of all kinds if they try to find the missing persons; it is our opinion that the relatives have found a way to tackle the problems: they support each other and take up an active attitude to the traumatic situation, they take part in the search for their missing relatives and they have claimed justice.

They have developed a way of responding socially to the repression. These people have lived through an extremely serious social emergency which has required complex readjustments in their lives. Therefore, it is not a question of people who define themselves as sick, neither do we define them as such, neither do we claim that they should all in this situation agree to a psychotherapeutic treatment.

From a treatment point of view we have two main activities; one is the guidance groups, which we basically consider as being autonomous, in which the group gives themselves an assignment and we as psychotherapists, being professionally educated, make our contributions. They are not therapeutical groups in the traditional sense and the members are not patients. Our starting point is to work in the place where things are happening, therefore we work in the Mothers’ house and not in the private consultations; at the same time this gives us quick and immediate access, i.e. we do not have to go and seek “patients”, on the contrary that is the task of the actual institution. From this moment our professional participation is one part of the assignment and the other part consists of the institutional frames and participation of this institution’s staff or by those who come to the institution after having heard about our treatment group.

The other kind of treatment is the individual kind or in some cases in couples and families and here the treatment takes place as psychotherapy. It concerns people who spontaneously or at the request of the Mothers—who function as actual health intermediaries—ask for some kind of treatment. In many cases it is the Mothers themselves who notice the need for psychological help in a relative, whereafter they give us a résumé of the background of the person in question and what caused the present crisis.
Editorial

The abolition of torture is surely one the most crucial human rights issues today. It is therefore profoundly encouraging that the campaign against torture of a number of human rights movements, and first among them Amnesty International, has led to the adoption of the UN Declaration on Torture and to important international initiatives aiming at the eradication of torture as an instrument of government.

However, as long as people are still being tortured, another type of action is needed too, and that is direct assistance to those victims of torture who are in need of rehabilitation and treatment.

This assistance may take various forms: medical treatment, psychological support, physiotherapy, to mention only the major ones. To do these well it is necessary to combine the work of rehabilitation and treatment with research into the methods of torture and their physical, psychological and social effects as well as the effect and usefulness of various therapeutic and supportive measures.

It also must be emphasized that the rehabilitation of torture victims and the related research have an important preventive function serving as an eyeopener to health professionals and thus hindering the main objective of torture: to destroy the personality of those who are being subjected to torture.

Mutual exchange of experience and discussion of research is a normal requirement for health professionals. In this case however, the requirement becomes an urgent necessity since those involved are working in a new field and since even small mistakes may have very painful and even disastrous consequences for the clients.

In order to promote the exchange of experience and research between professionals and centres working with torture victims, the RCT in Copenhagen has for some time been planning to publish an international newsletter on rehabilitation and treatment of torture victims and on related research, mostly concerning the psychological and physical sequelae of torture.

The newsletter is not intended to deal primarily with the occurrence of torture nor the human rights aspects since these matters are covered by a number of publications from the human rights organizations, especially Amnesty International.

The publication will be quarterly and the first issue is scheduled to appear in August 88.

After a year the future of the newsletter will be considered on the basis of the experience and reactions of the readers and cooperating centres.

Each issue is planned to contain a feature article of professional interest, other presentations of relevant work, a presentation of a treatment and rehabilitation centre, a section with news from treatment and rehabilitation centres in the world, as well as other news, a review of a major relevant work, and an annotated list of new articles and reports on the subject.

It is encouraging that a number of centres have already expressed their approval of the project and willingness to contribute regularly to the publication.

The preliminary editorial staff includes the following:

Chief editor:
Michael Cotta-Schønberg
Chief Librarian
Consultant to the RCT

Editor responsible under the Press Law
Svend Bitsch Christensen
Librarian
RCT

Editorial board
Ole Vedel Rasmussen, M.D.
Consultant to the RCT
Member of the IRCT-Board

Henrik Marcussen, M.D.
Consultant to the RCT
Member of the IRCT-Board

Marianne Kastrup, M.D.
Consultant to the RCT

Inge Bloch
Chief Physiotherapist
RCT

The RCT feels that the editorial board should reflect its international scope and will take steps to ensure this as soon as possible and appropriate.

Michael Cotta-Schønberg
Continued from page 1

During the dictatorship we almost only treated mothers of arrested/missing persons. At the end of 1983 there was the presidential election and at the beginning of 1984 a lawfully elected government came into power. In spite of the fact that society demanded prosecution and punishment of the ones responsible for the repression and their henchmen, this government has, at first secretly but today openly, lead a policy of impunity after the adoption of the so-called laws of final full stop and due submission.

After the lawful government came into power the need for treatment rose tremendously. Many children, sisters and brothers, and other relatives of missing persons seek help, also previously arrested persons, arrested/missing persons, persons home from exile etc; when the fear which the previous situation created has been overcome the demand for treatment rises.

Many people come to us spontaneously, others are referred to us by colleagues who work in other institutions where psychological treatment is given. This is due to the fact that we have become quite known for our work.

In many cases a person comes and asks for help for another member of the family who is against psychotherapy. Very often there is also a need for therapy for various members of the family at various stages.

As agents of repression still avoid punishment and the problem of the missing persons has consequently not been solved the already existing personal situations of conflict are strengthened. Therefore the treatment level is maintained.

2. Research

We have carried out research concerning:

a. the psychological effect which the dictatorship tried to exercise on society in general.
b. the aims of the dictatorship country as regards the health and sickness model (the passive submission to an unrestricted, dictatorian authority was considered normal).
c. the various forms of structuring in the social representation systems and their effect on the traumatic mental situations. (is in some cases dependent on the state's conduct and in other cases on the activity of humanitarian organizations).
d. the adaption of the traumatic situation.
e. social alienation.
f. the effect of the traumatic situation on the excessive mortality of the indirect victims (particularly parents of arrested/missing persons).
g. the use of treatment in groups in social emergencies.
h. the effect of the disappearance situation on the family and the partner.
i. the various personal ways of reaction towards torture.
j. the effect of the traumatic situation on children (learning problems, identity problems etc. in children of missing persons).
3. Education
At the university, especially at the Faculty of Psychology at the University of Buenos Aires, we have held and still hold seminars for students and candidates about these subjects. We are also invited to teach at various institutes.

4. Participation in professional organizations
Professional organizations of doctors, psychiatrists, psychologists ask us to contribute to the discussion and handling of these subjects which we have worked with during the last 10 years.
This has meant presentation of work at the most important congresses which have been held during the last couple of years by:
- Argentina's Psychiatric Association
- The Association of Psychologists in Buenos Aires
- The Union of Psychologists in Argentina
- The Argentinian Society for Psychology and Group Psychotherapy
- The Argentinian Psychoanalytical Society
- WPA
- The International Association for Group Psychotherapy (IAGP).

5. Publications
In 1986 we published a book:
The 1. edition was sold out and the 2. edition came in 1987. The book is recommended at various institutes under the University of Buenos Aires and at other institutes of education.
* Psychi atrist
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Capital Federal
Buenos Aires / Argentina

Stress-Tension Reduction Program for Torture Victims

by Helle Larsen *

Manual, non-verbal “relaxation treatment” of muscles has a 50 year old tradition in Denmark. It has been used to relieve muscle tension which might be a consequence of either physical or psychological factors. The treatment is divided into two phases:

Phase one: A series (4-6) of individual sessions where the therapist spends one to two hours with the patient in order to detect muscle areas, which are hypertonic and to make the person aware of his/her local tension. The method involves a type of deep pressure massage, heavy pulling and deep stretch, done slowly to allow the patient to follow and release the muscle or muscles being worked upon. Hence it is not a passive situation where the body is given away for treatment, but rather an intense cooperation during the session.

Phase two: During manual treatment sessions it has been noted which areas of the particular person will benefit from individually structured exercises that can be combined with some basic exercises. The latter are taught in group sessions and later on it is the individual participant's own responsibility to conduct the exercises at home twice a week.

During the spring of 1986, three women, who were all torture survivors and had been sexually molested during imprisonment, were taken through a program as outlined above. All had been undergoing psychotherapeutic treatment at the Medical Action Group Rehabilitation Center,
Manila, The Philippines, for some time. All had difficulties in sexual and social relationships and had a series of non-specific complaints such as headache, dizziness, irritability and aggressiveness towards their own children, etc.
Each subject underwent a pre-treatment interview and a medical and psychiatric evaluation which was repeated one week and twelve weeks, respectively, after the manual treatment period.

The prospective analysis of the response of these women showed a significant relief of both physical and psychological symptoms and the effects were immediate and still observable after three months. A full description of this exploratory study has been published elsewhere (1).

A second, larger group, 10 women and 5 men, was then taken into treatment during the summer of 1987 in Manila. The participants suffered varying degrees of physical and psychological torture during detention. All the males were subjected to severe physical torture, two of them sexually abused as well. Of the twelve females, five experienced sexual torture. Two were actually raped.

Dr. June Lopez made an evaluation of the patients before and after and states in her conclusion that it was quite easy to see that the treatment program as it was conducted is effective in minimizing, if not totally eliminating most of participants' physical and psychological complaints. As expected, pain, even of the chronic type, was readily responsive to the treatment. A more interesting observation, however, was the very positive effect of the program on participants who exhibited more marked psychological disturbance than the others. Insomnia, severe symptoms of anxiety and depression were completely relieved even in those patients who had been receiving psychiatric treatment prior to the program.

She finally concludes: “It is therefore our experience, likewise, strengthens our belief that it can also be used as a helpful adjunct to psychological treatment”.

Therapists in Manila have requested an educational course in stress-tension-reduction therapy to be able to perform STRT by themselves. An intensive three months' training course has therefore been developed and will take place during the fall in Copenhagen, attended by six therapists from the Philippines.


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Physicians in the Face of Ethics and Torture
by Ole Vedel Rasmussen

In Montevideo, Uruguay, from December 9–11, 1987 a meeting: “Physicians in the Face of Ethics and Torture” was held. This meeting was recommended August 1986 in an international meeting in Copenhagen (1) where doctors’ involvement in torture was discussed.

During the meeting in Montevideo participants from Argentina, Brazil, Chile, Denmark, Panama, Philippines, Turkey and Uruguay (2) confirmed the participation of military, police and civilian physicians in torture and its concealment.

In this respect the Uruguayan Medical Association presented its courageous pioneering work of investigating doctors who were alleged to have participated in torture during the military dictatorship. As a result of these investigations, seven doctors had been found guilty and consequently expelled from the Association. Other cases in Uruguay await a similar judgement (3).

Participants from Argentina, likewise informed the meeting that a “Permanent Tribunal” to try cases of alleged participation in torture of Argentinian health professionals had been created. The tribunal has already passed judgements on three medical doctors.

During the meeting it was recognized that those doctors who fought or currently fight in the defense of human rights and against torture frequently become victims themselves.

Therefore a protest, concerning doctors currently held in prison in Chile because of their activities against torture, was sent to the Chilean Government from the participants in the meeting.

(Photo by the author)
Acknowledgement of these reports led to the proposal that consequently medical associations throughout the world should adopt specific ethical and legal provisions to deal with doctors' participation in torture. In the provisions should be incorporated the WMA Tokyo Declaration (1975), the UN Principles of Medical Ethics (1982) and the UN Convention on Violations of Human Rights (1984).

Medical education should include the teaching of medical ethics in relation to human rights and torture.

In view of serious violations of human rights and medical ethics currently reported in some countries ruled by authoritarian governments and in the light of other former military governments, who have adopted legislations preventing investigations, trial and sanction of those who had been involved in torture, it was decided to set up an International Committee with the following objectives:

a) To collect information and to conduct continuing surveillance and investigation of violations of professional ethics and human rights by physicians.

b) To set up tribunals to investigate, try and punish transgression committed by physicians in violation of medical ethics and human rights in those countries where the medical professional organisations are unable to do so or where there are no persons legally responsible for such procedures, applying in all cases the norms of the International Declarations previously mentioned.

c) Available information regarding those physicians who have participated in torture should be published worldwide, in order that they shall not be able to practice their professions in any part of the world.

d) To ensure adequate assistance and protection to those physicians who are engaged in their own country because of their activities on behalf of human rights and immediately to initiate appropriate action on these cases.

e) To draw up a proposal of a Universal Code of Medical Ethics, based on the documents already mentioned, which refer to violations of ethics and human rights, in order to create a clear policy for Medical Associations and their members. The code should serve as a guide for national legislation.

The establishment of this International Committee is viewed as a major contribution to bring to an end misuse of doctors in participation of torture and other unethical behavior violating basic human rights and international norms for medical conduct (4,5).


Reviews


reviewed by Ole Vedel Rasmussen

This report is one of a series about health professionals and human rights in Chile, the Philippines, South Africa and Uruguay. The report is published by the American Association for the Advancement of Science and part of the report has been published before (1). The findings are presented from a mission to Uruguay by Dr. Bloche in December 1985. According to the report: "It was the first time top officials of the Uruguayan Armed Forces permitted a visit to conduct a series of interviews with military physicians accused of complicity in torture."

After a historical background the allegations against Uruguay's military physicians are presented. The allegations against the doctors are being divided into the following six categories:

1. Performing clinical examinations on detainees and making the results available to military officers for use in planning torture.
2. Preparing medical and pathological reports that covered up acts of brutality.
3. Failing to provide adequate medical assistance.
4. Performing political interrogation.
5. Designing a prison regimen at Libertad intended to harm inmates' mental health.
6. Deliberately abusing neuroleptic drugs.

The mission did not obtain sufficient evidence to verify all the allegations but the investigation yielded sufficient evidence to support the conclusion that physicians' complicity in torture was systematic and widespread.

The importance of the response by the medical community is highlighted, especially the creating of an ethic commission to investigate charges against individual physicians.

The report is a major contribution to the literature on doctors participation in torture and is recommended to all who take an interest in this very important aspect of medical ethics.


reviewed by Henrik Marcussen

These two notable volumes intent to focus on one of the central weapons in the repressive armour of the South Africa—the particular practice of the security laws with its incorporation of detention and torture. Yet the expositions have different aims.

Mary Rayner's report associates to the outstanding series of reports on medicine and the prevention of torture published by the American Association for the Advancement of Science (AAAS). Here the spotlight is directed towards the involvement and accountability of the medical profession for the maintenance of torture in detention. Rayner concisely draws some headlines with excellent documentation focused on the Steve Biko case and the medical care for detainees in South Africa, 1982-1987.

Don Foster and his two coauthors give important knowledge about the infamous system of detention, expressed by the authors as almost synonymous with National Party rule. This book contains an excellent historical review and updating of this chapter in South African history and its legal considerations. The very original part of Foster is an examination and description of the physical and psychological torture during detention of 175 persons (126 African, 18 Coloured, 18 Indian, 13 White) under the Internal Security Act 1974-1984.

This examination yields another important material for the understanding of reactions of persons who have been tortured. As a consequence to the fact that this appreciated but sensitive kind of work was carried out and published in South Africa, it is excusable that the authors evade information on the treatment and prophylaxis involved with their examinations.

The book and this invaluable material, however, will be used in other connections in the rehabilitation and prevention of the world wide use of torture.


reviewed by Ole Vedel Rasmussen

The book is dedicated to Oluf Palme, Vladimir Roslik and the RCT. Gregorio Martirena writes the book in his capacity as chairman of the Medical Association in Uruguay. The book begins with a short description of the introduction of torture in Uruguay at the same time as the takeover of the military dictatorship in June of 1973.

The various types of torture and the consequences for the individual, the family and for society are then described.

The military physicians are held responsible for the torture. Previously the military used civilian doctors, but after the coup in 1973 the doctors were transferred to the military, which enabled participation in torture. Doctors in the Ministry of Defense are particularly made responsible for their silence and failure to investigate the accusations against colleagues who took part in torture.

In July of 1984 the Medical Association in Uruguay decided to set up a National Commission for Medical Ethics. The Commission began its work in October of 1984. The work of the Commission and the national and international conventions and declarations, which have supported the Commission’s work, are described. These declarations and conventions are reproduced in full length.

The accusations against 5 doctors who have been brought before the Commission are described in detail. The accusations are taken up count by count and in all five cases the Commission finds that the ethical rules have been violated to such a degree that they are excluded from the Medical Association in Uruguay.

Gregorio Martirena ends the book by asking what we can do and partly recommends that medical ethics be given a fundamental place in the education of medical students and partly that doctors should not come within the military but be independent.

The book is the most detailed and concrete collection of documented accusations against doctors as torturers in recent times. It gives a very specific insight into the areas in which medical ethics are broken. The description of the Medical Association's work is very interesting and will be extremely important to make an effort, so as to avoid similar things in one's own country.

The book should be studied closely by organizations who have possibility of making an international effort in this field.

The book can be warmly recommended and it can be mentioned that the book has recently been translated into English and is expected to be published later this year.

News

Centre for Rehabilitation of Victims of Torture and Trauma, New South Wales, Australia

In 1987, in response to the report by Dr. Janice Reid and Mr. Timothy Strong entitled Torture and Trauma: The Health Care Needs of Refugee Victims in NSW, the State Minister for Health allocated funding to establish a treatment and training centre. 1988 a Management Committee consisting of representatives of voluntary and government organisations and the health professions, was established. It is responsible for policy, the employment of staff and oversight of the service's administration, public relations and quality of care. The Chairperson is Dr. Janice Reid. The Committee's first major activities were a training seminar by Drs. Lunde and Ortmann of the RCT (Copenhagen) on May 4th at the NSW Institute of Psychiatry and a series of workshops (16th-18th May) conducted by Drs. Mollica and Lavelle of the Boston Indo-Chinese Psychiatry Centre. It is expected that the foundation Director, clinical psychotherapist and ethnic counsellors will be appointed by the middle of 1988.
Forthcoming Conferences and Seminars

Gothenburg, Sweden, 1988, August 26-27

Advisory Group on the Health Situation of Refugees and Victims of Organized Violence. Meeting sponsored by the Government of the Netherlands, the World Health Organization, Regional Office for Europe, Copenhagen, the International Rehabilitation and Research Centre for Torture Victims (RCT), Copenhagen, Denmark, and the Nordic School of Public Health, Gothenburg, Sweden to be held at the Nordic School of Public Health, Gothenburg, Sweden.

London, 1988, October 6-8

6th International Seminar on Rehabilitation of Torture Victims and Their Families. Seminar arranged by the Rehabilitation and Research Centre for Torture Victims (RCT) to be held at the Royal College of Physicians, 11, St. Andrews Place, Regents Park, London.

Geneva, 1988, October 24-28

ICHP Quadrennial Seminar: "Health and Human Rights". Seminar arranged by ICHP/CINPROS to be held at the World Health Organization Headquarters, Geneva.

Paris, 1989, January 19-21

"Medicine at risks: the doctor as abuser or victim". Seminar arranged by the Amnesty International. Section Francaise to be held at UNESCO, 7 place de Fontenoy, 75015 Paris.

Selected List of Documents Received at the RCT-International Documentation Centre.


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