TORTURE
Quarterly Journal on
Rehabilitation of Torture Victims
and Prevention of Torture.
Volume 1, Number 2 1991
FORTHCOMING CONFERENCES AND SEMINARS

**Berlin, Germany**
Marts 26-29, 1992
Berlin Institute for Comparative Social Research: European Conference on Migrants, Development, Metropolis

**Frankfurt, Germany**
April 6-8, 1992
Psychosoziales Zentrum für Ausländische Flüchtlinge: Workshop on the Care for Victims of Organised Violence

**Ontario, Canada**
April 23-25
Canadian Council on Multicultural Health: Towards Equity in Health

**Crete, Greece**
May 4-7, 1992
HURIDOCS, Conference: Information for Human Rights

**Bergen, Norway**
May 13-16, 1992
Children at Risk

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One of the streets of Budapest is called Wallenberg Utca. Although none of the participants at the IV Symposium on Torture and the Medical Profession in Budapest in October 1991 had time to visit this Wallenberg street, the name of Raoul Wallenberg was ringing inaudibly in their ears. This Swedish diplomat, who, in the final stages of the Second World War, courageously saved thousands of Jews from the Nazi extermination camps, was present invisibly.

The 80 doctors who took part in the symposium all had a deep knowledge of the terrible nature of torture, and were thus Wallenberg's spiritual heirs. He himself disappeared into Soviet imprisonment just there in Budapest and later in the Soviet Union's GULAG archipelago - that empire of evil and death - which has become something of the past during the last two years. It must be greeted with satisfaction that the International Rehabilitation Council for Torture Victims (IRCT) could hold a meeting in Budapest, in Eastern Europe, which until recently was behind the Iron Curtain of non-freedom, persecution, and torture. But Hungary of all countries was a horse's head in front with a peaceful and flexible transition from a dictatorial one-party system to a humane society. It was also the first of these countries to abolish torture and imprisonment for political reasons.

During their daylong meetings at the Academy of Sciences of Budapest, the many doctors, together with some psychologists and lawyers, wondered how they just happened to meet on the 35th anniversary of the 1956 Hungarian revolution - on 23 October when this day was celebrated for the first time as a national holiday in Hungary. But they also acknowledged with thanks that the symposium was held under the patronage of the Hungarian President Árpád Göncz, 69, who had himself been exposed to quite a lot of hardship. He was never a member of the communist party, but was active in the Small-holders Party. He later became the editor of an independent weekly, and was put through one of the numerous show trials of that period and sentenced to life imprisonment. He was set free in an amnesty after 5 years.

It was this very revolution in 1956 - the first massive resistance to the communist rule of force - that opened the eyes of the many communist sympathizers in the West who had not yet understood the evil in the communist society. It was also from Hungary that the first large wave of refugees came to the West. If Hungary has not yet made itself known in the fight against torture, it should now have surplus energy for it. There is room for very many motivated doctors and others working with problems of health.

Only few participants came from the Third World, where torture is particularly common, but it was important to see representatives from Uruguay, Chile, Nepal, Pakistan, and the Philippines - all countries which either still use torture, or did so until recently.

It also made a deep impression to hear about the new Islamabad-based Regional Asian Secretariat for Torture Victims. As such it represents the first regional office for coordination of clinics and centres for torture victims - in this case covering Pakistan, India, Bangladesh, Nepal, Sri Lanka, and the Philippines.

It is preferable to treat torture victims in their country of origin, or at least in their region of origin. But since many torture victims naturally are fleeing their own countries, many of them will be in the West. Even if various Third World countries get their own centres for torture victims, there will still be work for the centres in the West.

If houses could speak, many in Budapest would be able to tell horror stories. But the doctors participating in the meeting had no need for these stories - they had their own experiences, either directly on their own bodies, or through examining their numerous patients.

However, the main concern was still the many medical colleagues in different countries who had previously participated passively or actively in torture, and those colleagues who are still at risk because they refuse to take part in torture. The former because it is difficult to get hold of them, the latter because it is very complex to give them protection by international legislation.

Doctors in the Third World are continuously threatened if they agree to treat opponents of the system and others who are not direct supporters of the people in power. Here the medical profession can only appeal to governments and the international organizations to adhere to the laws of humanity. But let us be honest - these appeals may not help much if they are not followed by economic pressure.

Few governments decrease their policy of suppression for reasons of conscience. States have no feelings, only interests. Consequently, it is difficult to make progress in the question of excluding from medical practice those doctors who themselves took part in torture. This question has for many years occupied doctors who are conscious of human rights.

But human rights and humanity would never have made progress had it not been for those individuals who conceived these ideas and for the small brave groups who followed them at the beginning. Just think of Henry Dunant, the father of the Red Cross, or Amnesty International's Peter Benenson. Ideas can sometimes shake the world - in the fullness of time! So will also the demand of abolishing torture, repeated with strength in Budapest!
Torture and the Medical Profession

Report on the IV Symposium held in Budapest, 24 - 26 October 1991

By Gudrun Boysen, MD, DMSc* and Troels Kardel, MD, DMSc**.

The Hungarian Minister of Health, Dr. Lázló Surján, welcomed the participants, coming from 33 different countries. He described torture as the worst weapon against democracy. The meeting, chaired by the chairman of IRCT, Professor Ole Espersen, MP, and by Professor Erik Holst, Chairman of RCT, was sponsored by the United Nations' Fund for Torture Victims and by the Danish Foreign Ministry.

Inge Genefke, Medical Director of RCT, stressed that almost the same torture methods and similar sequelae are registered all over the world, and that therefore the same rehabilitation methods are applicable. This is obvious from studies in several countries scattered around the globe. The purpose of torture is above all to break down the personality of political and religious opponents, and in so doing to terrorize and paralyse the general population. It is a matter for concern that medical doctors assist at torture in many places. Among other things, their assistance may consist of an evaluation of whether the victim, who is not supposed to die, can stand more torture, or, should the victim die, it may be a question of issuing a false death certificate. The Stephen Biko case in South Africa is a sad example insofar as the prison doctor concerned has now come out in the press to repent such actions. Since torture takes place secretly and its existence is denied by the responsible people in power, it is difficult to fight it. It is important, therefore, in the fight against torture, that the attention of the medical profession is directed towards this problem.

In many places torture is planned in such a way that visible traces are as few as possible. However, studies from Sweden, Denmark, and Turkey have produced scientific evidence of several forms of torture, allowing for documentation where there was previously doubt. Turkey, where torture still takes place, has created several treatment centres on the model of Copenhagen's RCT (please see page 12).

There were reports from Argentina about the thousands of disappeared persons from the time of the junta, about how, despite the present democratic rule, there is still silence, from fear of the reactions of the military, about the violations to which the population was exposed. The fact that the torturers from the junta era are unpunished has an almost psychologically paralysing effect on the relatives of the victims, and an extremely negative influence on society as a whole.

Personal accounts from Russia and Estonia described life in the GULAG prison camps, how one way to survive involved a form of mental anaesthesia or depersonalization, a state which was difficult to overcome after liberation, and therefore often needing treatment. The working camps in Siberia often led to death; a doctor from Estonia said that, of his group of 140 people, only 11 survived. A small group of doctors and psychologists in Moscow has established a rehabilitation/treatment programme for political prisoners from the Stalin period. Many of the survivors have never, in all these years, spoken to anybody about the traumatic happenings which still persecute them like nightmares.

A report has just been prepared in Czechoslovakia about the number of political prisoners, the tortured, and the murdered during the communist era. The situation was described as worse than expected. The establishment of rehabilitation centres is now in progress. The Czech Minister of Health, Martin Bojar, who is a doctor, took part in the meeting. Several countries in the previous eastern block have not yet taken a stand on the existence of torture, and the extent of its use, under the communist regime.

In the Philippines, despite democratic rule, there are still many violations of the population by military or paramilitary groups. Many children become victims of violence, either as eye witnesses of torture or murder of family members, or as victims of torture themselves.

The rehabilitation centre, Children in Crisis, uses theatre, games, playing, and drawing to loosen and open up these children's traumas.

It was reported from Nepal that torture is commonplace in almost all the prisons, and that the conditions are terrible, for instance for refugees from Bhutan. From both Nepal and Pakistan, where RCT in Copenhagen has assisted with the establishment of treatment centres, it was expressed that neither cultural nor religious norms should be accepted as excuses for the use of torture.

Torture is an important tool of totalitarian regimes to create fear and thus consolidate the position of those in power. Torture is incompatible with democracy and respect for human rights. Doctors can help to prevent torture through their personal work and through the pressure of national medical associations on international institutions, as has happened in countries like Greece and Spain. This fact was stressed by representatives from the Danish and British

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Interpretation as Part of Rehabilitation, part II

In the last issue of TORTURE we wrote about interpretation in general in connection with rehabilitation. This time we continue with interpretation during psychotherapy.

By
Vibeke Pentz-Møller* and
Anders Hermansen**

For clarity he is used for the client, and she for the interpreter in this article.

We have already stressed how important it is in rehabilitation work for the interpreter to possess the necessary human qualities, in addition to her linguistic and professional skills; all this is even more important for interpretation during psychotherapy.

Everything we have said about the importance of the interpreter in addition to her linguistic and professional skills possessing the human qualities which are necessary in rehabilitation of torture victims is even more important during psychotherapy. In many cases a torture victim will not be treated until several years after his torture, since when he has been trying very hard to repress the experience. The aim of psychotherapy is through depth interviews with the client to remove the repression by having the client relate the physical and mental experiences of torture so that these can be analysed and relived more consciously, thereby restoring the former torture victim's feelings of self-respect and confidence.

These interviews demand more of the interpreter than good interpreting techniques and ethics. The first interview will often be marked by the client's insecurity and caution in relation both to the therapist and to the interpreter. The interpreter does not have the therapist's knowledge of how to handle such a situation and she must therefore use her sense of empathy to help create the relationship of mutual trust and confidence between all three parties that is a prerequisite for any successful therapy. It is absolutely vital here that the interpreter does not merely translate forwards and backwards but is attentive and watchful also of non-verbal signals. Because of the difference in cultural background, humour and irony may be perceived differently and a word-for-word translation may give what is said a meaning other than intended.

A separate chapter deals with the interpreter's function and responsibility as the link between cultural differences, but in psychotherapy the interpreter's participation in this particular area is of even greater importance than in any other treatment provided at the RCT: Lack of attention or perception may trigger unintentional responses which can hinder or delay the results of therapy.

In principle, the guidelines for interpreters during psychotherapy are more or less the same as for interpretation in general. The only difference is that in psychotherapy the interpreter must pass on everything the client says, also when he speaks incoherently, does not complete his sentences, gives different dates for the same events, etc. After his traumatic experiences, possibly with long periods of solitary confinement, his sense of time, his memory and his ability to concentrate may be impaired to such an extent that he cannot express himself clearly and coherently or remember the correct sequence of events. The very way in which the client tells his story may be of significance to the therapist in his evaluation of the client's condition, and in her translation the interpreter should therefore not give a coherent or logical account of what has been said.

The interpreter must never through personal comment or utterance intervene in the therapist's work or the client's answers or story. And in no circumstances may the interpreter correct the client if he says anything which does not harmonise with what he has said earlier. If what the client says, and consequently the interpreter's reproduction, is not clear the therapist may ask a further question to elaborate on the unclear points. If the interpreter thinks that she may have misunderstood something, she should of course take this up with the therapist immediately.

In psychotherapy, as in all other situations, the interpreter's primary task is to enable two or more people to communicate using as many nuances as possible so that the "tone" is reproduced accurately.

The fact that the interpreter must not intervene in the treatment does not mean that she is just an empty vessel translating forwards and backwards. Only if the interpreter is deeply committed can her interpretation be good.

It is more difficult in psychotherapy than in other interpreting sessions to maintain a balance between the neutral attitude which the interpreter has to have and the personal involvement which here must be deeper and have more awareness. Her attitude must convey understanding, empathy and respect, but never pity or sentimentality. Most of our clients knew what they were risking and they nevertheless fought for what they believed in.
This must always be remembered if the reliving of their experiences results in a strong emotional response, in weeping or aggression. The interpreter should strive to remain calm but understanding, in close contact with the therapist to observe the client's reaction. Sometimes the client wishes to be in personal contact with the interpreter because "nobody else understands him", and this wish may become more pronounced if the client and the interpreter come from the same country, making it very difficult for the interpreter to maintain her neutral attitude without the client perceiving it as dissociation on her part. Here the relationship between therapist and interpreter, the use of the first person in the translation, and the therapist and the client listening to and looking at each other, even when they do not understand what is said, are of tremendous importance if the interpreter is to act as a catalyst and maintain her loyalty to both parties.

Guidelines Before and After Interpretation

Before an interview the interpreter should be briefed on the client's background and current situation: nationality, age, education, family, arrest/imprisonment/torture, when and how the client came to the country of exile, under which circumstances he lives here, etc. A pre-interview discussion is extremely important for the interpretation to be successful. The interpreter is relaxed and able to appreciate what the client is telling her, and to identify herself with his situation, thus avoiding any breach of continuity in the interview by having to ask questions. In connection with interpretation of therapy it is not only necessary for the interpreter and the client to exchange a few words before the interview to tune in to each other's language use and temperament, but the therapist and the interpreter should spend time also on a pre-interview discussion. If the interpreter is inexperienced in this type of work, she should be briefed on the main principles of psychotherapy and possibly on the form/methods applied by the therapist. If the therapist has not previously worked with an interpreter, the principles and methods of interpretation should be explained and clarified.

After therapy the interpreter and the client should leave the room together. If the interpreter stays with the therapist it may, at least until the client's confidence is established, be perceived negatively. The interpreter should never discuss the interview with the client.

Interpreting a psychotherapy interview is more demanding and exacting than most other interpreting jobs, and the interpreter should be given the opportunity to have a talk with the therapist afterwards, even if only a few words, so that the therapist is not left on her own to cope with the strong emotional response to reactions which she does not have the professional background to understand.

The Interpreter's Needs

In addition to what we have said previously about the interpreter's needs in concrete situations, it is essential for the creation of a positive atmosphere that interpreters meet other colleagues and staff groups to exchange views and discuss possible problems. This will help them to tackle their mentally and emotionally taxing job successfully.

At the RCT we have seen that, especially for interpreters, there is a need for training in aspects of ethics, loyalty, cultural differences, and special circumstances relating to psychotherapy interviews, etc. Such training should be arranged by the interpreters and professionals involved, possibly in the form of study groups or seminars headed by experienced interpreters.

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Forty-nine torture survivors undergoing treatment between 1 March 1988 and 28 February 1989 at the Rehabilitation and Research Centre for Torture Victims (RCT) in Copenhagen entered a study to assess whether medical doctors had been involved in aspects of their torture. It became clear that the majority had indeed experienced this dimension of medicine. The participation of doctors in torture appears to be real and extensive and raises extremely serious questions as to medical accountability and responsibility.


The United Nations Convention against Torture came into force on June 1987 and the European Convention for the Prevention of Torture on 1 February 1989. The two Conventions are complementary and do not overlap in any respect, including their relevance to training of health personnel. The United Nations Convention calls for education of all doctors and other health personnel. Education should therefore be at the undergraduate level and should provide an insight into torture methods, the goal and objectives of torture and the sequelae of torture so that doctors can identify victims of torture. Refugee victims of torture should not be sent back to countries where they are at risk of torture. The main principles of treatment must also be taught. The European Convention makes no demands for education of doctors in general and thereby no demands for undergraduate training. However, the activities of the Committee necessitate special postgraduate training of a limited number of persons: members of the committee, experts and interpreters.


283 torture victims (135 examined by the Amnesty International (AI) Danish Medical Group, and 148 by the International Rehabilitation and Research Center for Torture Victims (RCT)) were questioned about methods of torture and subsequent sexual difficulties. Overall, the prevalence of sexual torture was 61% (women 80%, men 56%), but this was higher in the RCT than in the AI group. More Latin Americans than Europeans had been sexually tortured in the AI group. Prevalence of sexual difficulties was 32%, the RCT recording a significantly higher prevalence than the AI (43% vs 20%). Sexually tortured victims were more likely to have sexual difficulties (40%) than were non-sexually tortured victims (19%). Overall, there were more cases of sexual difficulties in victims from Africa and from Turkey/Middle East/Far East than in victims from Latin America and from Europe. In the RCT subsample, prevalence of sexual difficulties and anxiety was significantly higher in sexually tortured victims than in non-sexually tortured victims; the two groups were broadly similar with respect to depression and low self-esteem. Depressed victims and victims with low self-esteem were more likely to have sexual difficulties. In the RCT group, but not overall, prevalence of sexual difficulties was significantly associated with age but was independent of low self-esteem and of depression.


An analysis was made over a period of 6 months of the incidents involving deliberate violence as registered in 'Vicaría', the clinic for out-patients within the Cathedral of Santiago de Chile. A total of 236 victims of deliberate violence were observed. Men aged 15-24 years were found to be victims of deliberate violence most frequently. 'Under education' was the most frequently registered occupation for both sexes, and a large group of male victims were 'Unemployed'. 82% of the victims were men and 14% women, 1.5% were boys and 1.5% girls less than or equal to 14 years of age. None of the victims were alcohol intoxicated when arriving in the clinic. The incidents took place in streets for 81% of the male victims and 79% of the female victims, and in the majority of the cases the aggressor(s) was one (or several) police officer(s). Six percent of the female victims had been injured at home. There was no reporting of the aggressor being a relative or acquaintance. The most frequent type of violence was blunt violence from baton(s) (44%), while blunt violence without the use of instruments was reported less frequently (33%). The use of firearms was registered in 18% of the cases, and of sharp instruments, combustion, electro-shock and chain in 1.4%, 1.4%, 1.1% and 0.4% of the cases respectively. A total of 517 primary and secondary diagnoses were applied to the patients. Most of the victims (99%) had moderate or less serious lesions according to the Abbreviated Injury Scale (AIS) (score less than or equal to 2). Twenty-four percent of the victims had more than 4 lesions, and 7% more than 10 lesions. The head/neck region and the trunk were affected with equal frequency, the frequency of injuries of the head/neck region being comparable with that observed among torture victims and in contrast to the pronounced predominance of injuries of the head/neck region observed in a Danish emergency ward study of deliberate violence.

Authors.


Political violence is distressingly widespread in many parts of the world. This paper reviews the forms and effects of political violence and devotes particular attention to experiences from central America and Southern Africa. The forms of violence vary from those which are extensive such as civil unrest and war, to those which are intensive, such as assassinations, disappearances and torture. The effects of violence on health may be direct, such as deaths, disabilities, psychological stress and the destruction of health services, or indirect such as the erosion of innovative health policies in favour of increased military expenditure. Health workers have a role to play in opposing political violence, providing care for those affected by violence, and documenting and analysing its impact on health. Research needs include documenting the impact of different forms of violence on health, and analysing the social and political factors, which promote and support political violence. It is hoped that increasing recognition of political violence and man-made violence as being of major public health concern will play a part in promoting a more peaceful world.


Authors.
RAHAT: An Introduction

Voice against Torture runs a Rehabilitation Centre in Islamabad, Pakistan

By
Dr. Naseer Akhter, MBBS, DPsych

The word rahat in urdu means «comfort», but as an acronym in Pakistan it stands for the Rehabilitation And Health Aid Centre for Torture Victims. The Centre was established in October 1989 in Islamabad. It is a project run by Voice against Torture, an interdisciplinary forum for research and struggle against torture.

I shall restrict myself to the psychosocial aspects of our work with Pakistani torture victims only. I do not deal with physical ailments and therapies; nor does it deal with the torture victims of foreign origin, a considerable number of whom are in our treatment programme.

The aim is to acquaint the readers with the peculiar problems we face, the pattern and presentation of the psychosocial complaints of our Pakistani clients, not compounded by the additional trauma of exile and consequent problems of readjustment and acculturation, and the approach we use in solving these problems.

In this presentation, the terms torture victim, torture survivor, and client are used interchangeably.

Gathering Input
When we established RAHAT, we had to contend with the reality that our target population was scattered throughout the length and breadth of the country. We announced our presence through the press and by means of various meetings and seminars. But what helped us most was contacting the torture victims directly. This we did by writing letters to them individually. We found their addresses through our parent organization the Voice Against Torture which had done considerable spadework in this regard. By means of postal contact, we informed the torture survivors, mostly ex-political prisoners, about RAHAT, its objectives and its team of workers. We also gave them information about the multiple problems torture may give rise to. Thus it was an effort at contact as well as education. Our efforts were successful. We got responses. A small number of torture survivors started trickling in. With time, it grew into a steady stream.

Presentation of Problems
Most of our clients came to us with somatic problems. This is not to say that they presented their psychological problems in somatic terms or as physical ailments. I do not subscribe to the popular view that people in the Third World are unable to feel or express emotions. I do not believe that our people do not experience anxiety or depression in the same way as people elsewhere in the world.

What is specific here is that, by and large, our people do not regard the doctor as the proper person to whom they should divulge their inner feelings of sadness, fear, anxiety, guilt, or shame. This attitude can be explained, not so much by the cultural norms of the population, as by the state of medical practice in Pakistan where doctors prefer to be regarded as authority figures rather than as friends and counsellors.

Confidence and Trust gaining
One of our most important tasks at RAHAT, has been to demonstrate to our clients that, here, they will see, not the run-of-the-mill cold-blooded practitioners of commercial medicine, but humane and understanding persons with a genuine interest in all their problems.

Our clients came to us for the treatment of their somatic problems, for example, the common cold, skin rashes, hemorrhoids, hernia, and for the ailments of their children, spouses, parents, and others in the family. We took them in. We treated them and their families. We got to know them better. This was the first step in establishing trust and rapport, which are the cornerstones of our treatment programme.

After we had gained their trust, we were able to look closer at the torture survivors. We took detailed histories. We sought psychological and social problems. And we got an overwhelming response. This is the second most important feature of our encounter with our clients. We do not wait for them to disclose their psychosocial problems or conflicts spontaneously. We go ahead and seek the relevant information.

Here I would like to highlight the observation that hardly any of our clients exhibited any resistance or reluctance to share with us the recollections of their traumatic experiences. We had hardly any difficulty in getting the ‘testimony’ of torture from our clients. Of course, the prior establishment of trust and confidence was instrumental in facilitating communication.

Symptomatology
The most common psychological symptoms reported by the torture survivors were, in decreasing order of frequency: anxiety, low self-esteem, loss of concentration, poor memory, apathy, sexual inadequacy, and drug-abuse.
Symptoms and Trauma

We found that, in the majority of cases, these symptoms originated after their release from detention. And for the most part, these symptoms were not only related to the trauma of torture but also to the socio-economic void the survivors had to face on their release.

One of the torture survivors told me:

'While in detention, we were beaten, humiliated and treated like animals. It hurt. And it hurt badly. But we had not expected any better from them. We were able to take all this in our stride. What really hurts is the situation now. We see a changed and indifferent world around us. We do not know how to cope with this world'.

Another survivor said to me:

'While I was in jail, I worried about my children and my family, but I did not worry excessively, because I knew I was a prisoner and could not do anything to help or support them. Now, after my release, I have to assume my responsibilities towards my family but I am completely destitute and no help is forthcoming from any quarter'.

Our experience with torture survivors has taught us that their socio-economic problems are much more significant than the psychological symptoms per se. It is pertinent to recall that the majority of our clients belong to the most deprived strata of our society.

Psychotherapeutic Work

Now, having acquainted ourselves with the range of problems faced by our clients, what do we do about them? We use a holistic and eclectic approach. For psychotherapy and rehabilitation work, the first prerequisite is to get to know the client in the totality of his/her situation. This cannot be done in one sitting. It takes time, patience and perseverance. Once we understand the situation, we get down to the brass tacks of the therapeutic work. This work is not something occult or esoteric. Nor is it a one-way affair wherein the therapist directs the show and the client is a passive recipient. Our therapy calls for the active involvement of the client.

We explain to the client the relationship of his symptoms with the objective situation and with the trauma to which he had been exposed; so that he can figure out for himself why he feels the way he does. This explanatory work and its subsequent acceptance by the client is the most important aspect of psychological rehabilitation.

While this process is going on, medicines are also prescribed for the clients. And not only analgesics, anxiolytics or anti-depressants (as the case may be), but sometimes placebos, such as vitamins, too. Experience has taught us that most of our people are not ready to accept any intervention as a therapeutic measure unless it is accompanied by a drug-prescription.

Social Rehabilitation

Simultaneously, our social workers are busy addressing the socio-economic problems of the clients. This is quite an onerous, and, at times, a frustrating job. As has been pointed out earlier, RAHAT has the unfortunate distinction of working in a void. We do not have any other agencies which can share with us the burden of socio-economic rehabilitation.

Diverse as the problems are, so are the ways of tackling them. We encourage the torture survivor to prepare an inventory, not necessarily a written one, of his most pressing difficulties. Where possible, the family of the client is also involved in this. Working jointly, we help them to fix their priorities. Thus, out of a long list, the most urgent problem or area of conflict is identified and strategies are evolved accordingly, within the limits of our resources.

Therapeutic Goals

All along, we define the goals of our Rehabilitation programme in clear and unambiguous terms. We do not raise false expectations. Our efforts are directed to making the torture survivors hopeful and realistic: hopeful about the future, and realistic about the present limitations.

We also take pains to make our clients realize that they are useful and valuable members of society. This we do, not by empty words, but by involving them in a thousand little things at our centre. When the torture survivor reaches the stage at which he shares this belief with us, we feel we are on the road to success.

In other words, when we can not change the external situation, we have to equip ourselves with greater resolve and endurance to face it. And we will keep on trying to change the situation, however heavy the odds.
The Stasi Prosecution Syndrome
Need for a Documentation Centre to help torture victims from the former German Democratic Republic

By
Sepp Graessner, MD*

Dr. Sepp Graessner from the Centre for the Treatment of Torture Victims in Berlin states that ideas of security and justice can only be produced and defended in open social interrelations.

The difference between an egg and an East German is that you can break an egg only once.
(Joke from Leipzig, 1991, showing the self-esteem of the East Germans.)

A considerable number of people in the former German Democratic Republic (GDR) were regarded as second class citizens for years after their imprisonment in concentration camps and jails. Suspected enemies of the regime were dealt with by a daily picture of arbitrary acts, illegality and brutality, especially in the early years of the GDR (the 1950s).

About 100,000 people are thought to have lost their lives during the Soviet occupation and the first years of the German Democratic Republic (GDR). 65,000 died in camps and jails of the Soviet army or during transport. The psychiatrist Peters from Cologne estimates that nearly 60% of the inmates of early concentration camps survived and are now suffering from the so-called stasi-prosecution-syndrome. (Stasi = Staatssicherheitsdienst, e.g. the security police of GDR). This syndrome contains all the symptoms of extreme traumatization.

In my country we have to deal with situations that are different from those in other east European countries. In Germany the public opinion of the western part defines the form and the contents of dealing with, or denying and ignoring, the past oppression and torture.

The unification of the two parts of Germany was regulated in various aspects through a treaty. Only the people did not exist in this treaty. It is a convention that does not allow an orientation for its people, but it allows a change of material, institutions and property. It seems as if things and structures were more important than people. One of the laws of the last GDR-government, that was regulating reparation and rehabilitation of political prisoners, has been cancelled by the unification treaty!

Pledge to Rehabilitate
The present German government and the parliament, according to the unification treaty, should recognize, compensate and rehabilitate those who suffered under Stasi prosecution. So far almost nothing has happened. Instead they refer to a prisoner's support law that makes it difficult to evaluate the psychological and social injuries of former Stasi victims. East-German parliamentarians criticize a recent bill because it did not have a good definition of the group under consideration. In addition it takes a lot of patience to wade through the jungle of regulations and necessary requests. It appears as if the politicians hope that the short life expectancy for the 60-70 year old victims of the early GDR is the best solution.

In this very complex situation we have learnt some details about the Human Rights in the former GDR:

Documents have been found in the city of Dresden which show that executions took place in the early 1950s. The death certificates were falsified. Physicians must have taken part in these falsifications.

Victims see no Reckoning with the Past
The Institute of Psychology in Potsdam, in cooperation with the Stasi, worked out personality test standards to recognize potential opponents.

Members of the Stasi were active in all areas of daily life, especially in the Citizens' Rights Movement.

Citizens who were involved against the regime and who withstood its oppression cannot see any reliable signs of society dealing with its past. These citizens have become passive and depressed or have committed suicide.

After the Second World War former Nazi concentration camps were filled with opponents of the regime. Several persons, their numbers not precisely known, died of hunger, cold, torture, and maltreatment.

Parts of the GDR-psychiatry installed clinical GULAG's where, similar to the Soviet system, opponents were imprisoned and subjected to drug treatments. During prison questioning and detention, humiliating treatment became part of daily life.

The legislative body created the legal framework and the official education created a certain anaesthesia so that political opponents could disappear in prisons. People who tried to escape from socialism were shot or captured, and their relatives were endangered.

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"Imprisoned" Stasi Documents

Stasi victims demand rehabilitation in one way or another: financially, medically, and in questions of property; above all they are interested for the truth to become public. Their individual histories form a questionable historical documentary in the reports of the Stasi. Through inspection of those reports prosecuted men and women would like to know which of their "friends" and "colleagues" were involved in their prosecution and detention. Who among their intimate contacts has collaborated with the Stasi? Whom can you trust in the future?

Many victims of Human Rights' violations have no documents which prove their detention and prosecution. Now their documents are "imprisoned" in reports and files. They don't find a sufficient public and access to the reports is being delayed. The legal safeguards of individual data become a protection for the perpetrators, something we know from the handlings of Nazi archives.

The "archeological" work necessary to reveal the truth cannot do without the miles of files. They have to be made accessible to the victims. But above all, a social communication is necessary; otherwise the detection of the truth would be limited by administrative interest, and that means mistrust. The victims of Stasi oppression have to prove the distress they suffered without the necessary documents.

Those prosecuted feel that there is a certain alliance between the investigative administration and the members of the past institutions which produced the oppression. Unconscious self-righteousness in the hierarchy of institutions, the avoidance of dealing with the past after 1945, especially in the institutions, and a general inability to express grief may be invisible walls against those who demand reparation. In our present situation such errors can only be avoided when consultations outside institutions and rehabilitation are offered to those who are searching for their personal history. The truth cannot be brought to light by judicial means because the law is concentrated on individual violations. Without a social component the truth remains mutilated.

Co-existence with Former Torturers

In the centre of social communications we have to put the 'memory'. A person mutilated by State terror combines two parts of remembrance at the same time: the remembrance of the past and of the future, i.e. ideas of security and justice which can only be produced and defended in social interrelations (Von Wyl).

Therefore the opportunities for social communication should be established beyond official authorities. But there are difficulties: social communication and a sensitive treatment are complicated by the fact that the victims of State terror live together with their former tormentors, as we find throughout Eastern Europe. They know each other, they meet in public, mistrust and denunciation flourish. Shall we succeed in making a clear separation between perpetrators, followers, profiteers, and victims? Detection and disclosure - are they adequate instruments for revealing the truth? It is a first step for the people who resisted the oppression of the former regime and who are now without political and economic power.

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Martin Ennals

Martin Ennals, a former Secretary General of Amnesty International (AI), died on 5 October 1991, aged 64. He was an indefatigable fighter for human rights, or let us say for justice for the individual in general, being a servant of international organizations almost all his life. He was strongly instrumental when Amnesty engaged in a worldwide campaign against torture in 1973.

As a political scientist (London School of Economics), he first worked with UNESCO, and then as Secretary General for the British National Council for Civil Liberties (NCCL) and the National Committee for Commonwealth Immigrants. He joined Amnesty International in 1968.

AI only had a staff of nine people at the London headquarters at that time: when he left in 1980, 150 worked there. Torture came on the agenda in December 1973 when AI held an international conference in Paris with the single clear purpose of drawing up a practical programme for eradicating torture in all its forms. It was agreed that the medical profession should henceforth be involved in the fight against torture. The first medical group within AI was formed in Denmark already in 1974.

After he left Amnesty, he worked as chairman at the International

Continued on page 12
Advisory Council of the Human Rights International Documentation and Information System (HURIDOCS) and founded the organization International Alert.

Martin Ennals supported the idea that legal and medical experts should be available to investigate allegations of torture on the spot. He foresaw the setting up of a code of conduct that prohibited torture in any circumstance, hoping that police, military, prison, and medical personnel all over the world would respect it. Pressure has since mounted to have training programs for the treatment, relief, and rehabilitation of torture victims put on the curriculum for the various professional groups involved.

I had the pleasure of working with Ennals as the first medical advisor to Amnesty International in London. He was very highly respected and liked by his staff, and often left the office late in the evening. On such occasions his humour and warm and caring personality flourished. When AI was awarded the Nobel Peace Prize in 1977, Martin Ennals made sure that it was a released political prisoner who received it. It is certain that many thousands of political prisoners owe their freedom to his efforts.

He ended his career as Secretary General of International Alert, an organization which tries to bring solutions to countries and peoples that are torn apart by internal conflicts, and to alert international opinion to danger areas.

A modest man, but a strong fighter for human rights, has left us. He will be missed.

Ole Vedel Rasmussen

Will there ever be an End to Torture in Turkey?

The IRCT President's comments on recent developments in the EC-country in spe

By Professor Ole Espersen, MP, LLD
President of the IRCT Council

In cooperation with the International Rehabilitation Council for Torture Victims (IRCT), Turkey has established three centres for the treatment of torture victims, the last two, in Izmir and Istanbul, in the autumn of 1991. It might be thought paradoxical that Turkey, which still practises torture, has as many as three centres.

The government that Suleyman Demirel formed in December 1991 is based on a previous conservative party, Party of the true path (DYP), and, with the social democratic, populist party led by Erdal İnönü, it has clearly stated that human rights will now be taken much more seriously.

A special paragraph about torture mentions that conditions will be normalized in such a way that no one will find reasons for presenting justified complaints of exposure to torture. Furthermore, the government has appointed a special minister for human rights, Mehmet Kahraman, thus raising hopes for a farewell to torture, the justification for which was claimed to be fear of the communist threat from the Soviet neighbour - now a thing of the past.

For several years Turkey has been a traumatic experience for the members of the Council of Europe, which now numbers 26 member states. It must be the only member of both the European Council and NATO where a visitor feels spontaneously that something is seriously wrong with the issue of human rights and with the way the police and the armed forces control the public.

Visitors may see some of this for themselves. If a meeting is planned or a lecture is to be given (perhaps especially if the lecturer is a foreigner), police permission has to be obtained beforehand. Even when it is strictly a question of business arrangements. The police will demand to see the lecture beforehand, and if they don't succeed, they must at least see it after the event.

Is torture then such an ingrown habit of Turkey's culture that it is impossible to stop it? This is what we were told about Greece when the Nordic countries brought an action against the military junta for extensive use of torture. But when democracy was definitively introduced in Greece, the torture stopped! And that happened in a country which is quite similar to Turkey with respect to culture. Torture can only take place in a country which is not free - and if
torture is practised to a certain degree, a country is not really free — unless we, as we did in Greece, make a really strong and coordinated effort. And, of essential importance, there is the treatment of those who survive the torture, and the optimism that is subsequently created in them and in their surroundings.

But political action is just as important. It is therefore a regrettable minus in our efforts to protect human rights that some years ago the Danish government together with Sweden, Norway, Holland, and France stopped pursuing a case at the European Human Rights’ Commission in Strasbourg against Turkey’s extensive use of torture. In 1985, Turkey obtained a friendly settlement after having promised to abolish torture. We must therefore not fail in the same way when it comes to other ways of exerting pressure on Turkey, e.g. economic measures, and in the question of Turkey’s keen interest in becoming a member of the European Community.

It cannot be excluded that the Turkish authorities feel, little by little, that we mean it seriously. A special parliamentary commission for human rights has recently reported, both directly and indirectly, that torture and other forms of maltreatment are actually taking place at Turkish police stations. From the report I quote the following:

The commission established that the length of the cells hardly allows for a mattress, and that they are only one meter wide and two meters high, and with a small ventilation hole. [...] The commission assisted at an interrogation of a detainee and found that the room was completely dark; the walls and windows were covered with black tissue, the detainee was forced to sit on a chair in the middle of the room during the interrogation, and to look at a lamp with bright light which was directed straight into his eyes. The policemen who conducted the interrogation stood behind the detainee.[...].

The commission talked with two detainees in the presence of the police.

One of them said that he had been blindfold continuously since he was detained 8 days before. But he got sufficient to eat and drink. When asked whether he had been mishandled, he said yes. He was suspended on a wall by his arms, which were pulled apart. He was drenched with water under pressure from a fire-hose. He did not remember how long he was suspended.

The other detainee told the same story, but furthermore he had been exposed to sexual torture by having his testicles squeezed by the policemen. The policemen maintained that the detainees were slandering them. The following is also from the report:

They said that they had limited facilities to accommodate detainees, and this, together with poor working conditions, apparatuses, and buildings, gave the detainees a feeling of being under psychological pressure. [...] They also said that they lacked understanding about interrogation methods and techniques, that they carried out the interrogations by outdated methods, and that they did not know how interrogations were carried out in democratic and developed countries. In order to compare their methods and improve them, they wanted to have the chance to do research and make observations on interrogation methods in democratic countries.

The conclusion from the statements of the policemen must be in reality that they admit that it is common practice to use torture.

I do not know how the Turkish government and parliament have reacted to this rather sensational report, but I have asked the Danish Foreign Minister to find out.

The following story proves that these slightly ‘old-fashioned’ interrogation methods are also used in non-political cases. At the opening of the centre in Izmir, I was introduced to an extraordinarily thin, middle-aged woman who had been a maid in a rich household in a suburb of the town.

One day the mistress of the house could not find her jewels. She hurried to an oracle, who told her that the jewels had been stolen by the maid. The police were called, and the maid was arrested and beaten up almost beyond recognition, as well as being humiliated in other ways. Now, many months later, she is still being treated. They tried of course to frighten her out of taking treatment and of complaining to the authorities. But she was, and still is, stronger than she looks. She stubbornly continues her fight against the higher police authorities for having accepted or perhaps ordered the torture. Threats against her or her husband do not make any difference, and the support from the centre is naturally of great importance. I asked her why on earth she had been tortured - it could not be on political or other serious grounds.

The answer was that the police were under pressure to solve a high percentage of cases, especially cases of theft from rich quarters. They therefore felt forced to use such severe methods! As a rider to the story, it later turned out that her mistress happened to have misplaced the jewels. There is no doubt that the maid’s morale was kept high and her health was much improved because of the efforts of the rehabilitation centre.

Turkey’s new government is the first since the military coup to be made up of politicians with experience from and participation in earlier fully democratic governments. It is inevitable that it will focus on human rights and increase the chances for people in both Turkey and abroad to make demands and receive attention in these matters. But it remains a disgrace that so many efforts, so many personal and economic resources, are needed in a country that belongs both to NATO and to the Council of Europe at a time when so many Third World countries are crying out for support to create centres for torture victims, to train health personnel, to care for torture survivors, etc.
Health Services for Torture Survivors in South Africa

Reappraisal of how to help torture survivors during the process towards democracy

By Terence Dowdall, MD*

The Emergency Services Group in South Africa, which has made an important input to health service nationally over the past 6 years, is playing a central role in dealing with the present needs for torture victims and the planning of future services.

Violence at the hands of the police, particularly towards blacks, has a long history in South Africa. However, systematic torture by the security police really dates from the 1950s, when (subsequent to the electoral victories of the Nationalist Party) apartheid was formally implemented as State policy. The enormous structural violence inherent in this system, which separated the races and systematically disadvantaged blacks in education, health care, housing, employment and practically every other sphere of life, generated deep resentment and resistance within the country. The State contained this resistance by the use of police and troops and the development of an increasingly powerful secret police apparatus.

The Biko Effect

Largely freed from accountability for their actions and virtually unchallenged by the judiciary, the security police increasingly abused their powers. Legislation which permitted people to be held indefinitely incommunicado and without recourse to the law provided the fertile soil in which torture could develop and flourish. Months and sometimes years of solitary confinement were routine in security police cells, and by the 60s and 70s disquieting reports began to surface of brutal tortures. After the deaths in custody of prominent activists such as Biko and Aggett, a series of investigations confirmed the picture of widespread and systematic torture of security prisoners held for interrogation.

The initial attempts to provide medical and psychological help came from individual doctors and psychologists who offered their services, often via progressive lawyers, in a spirit of political solidarity and human conscience. Subsequent to the Biko affair, with the disgraceful establishment cover-up of medical complicity in Biko's torture and death, an alternative medical association - the National Medical and Dental Association (NAMDA) - was formed with the aim of providing more systematic medical services to ex-detainees. In 1984, a small group of concerned psychologists made contacts with Dr. Genefke of RCT in Denmark, and over the following years RCT provided training and input in work with torture survivors which was taken back to South Africa, disseminated in training courses and adapted to South African conditions. The contact with RCT and their support helped to crystallise small working groups in different parts of the country.

Demonstrators and Children Killed

The situation in the country changed radically however with the declaration of the States of Emergency from 1984 onwards. Under the blanket legal immunity offered by State of Emergency legislation, there was very little other than conscience to restrain the security forces from unchecked abuse. Secure in their sense of impunity, police and troops shot and killed hundreds of demonstrators, including large numbers of children; terrorised black neighbourhoods; and detained without trial tens of thousands of people - again including large numbers of children. It rapidly became clear that torture and violent abuse was the order of the day, and the scale was horrific. It was this situation that forced a response in the major cities from health professionals.

In Cape Town the Detainee Treatment Team gave such assistance as it could, and the Child Guidance Clinic of the University of Cape Town reorganised its operation to make support for besieged black communities a priority. Very quickly the Clinic went beyond its own staff and students and drew in other concerned psychologists and health workers, going on to form the Cape Town branch of OASSA - the Organization for Appropriate Social Services in South Africa, which linked with the original organization of that name in Johannesburg. This organization was formed in three centres initially - also including Durban; and was concerned, along with other progressive service organizations such as Rape Crisis organization, to offer some therapeutic services within the violent repression around us. The number of professionals actually involved in this work, however, was always very small.

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A House against Torture

An architect's ideas on the "ideal rehabilitation centre" for torture survivors in exile

By
Vibeke Pedersen, MA
Editorial Assistant

The importance of fighting torture and helping its victims is dawning on more and more people these days. Many countries, fortunately, are setting up rehabilitation centres for torture victims - both so-called democratic countries and countries in which the torture has taken place, and perhaps still takes place. The Rehabilitation and Research Centre for Torture Victims (RCT) has existed in Copenhagen, Denmark's capital, since 1982. From the beginning the centre was housed in rooms which were provided by the University of Copenhagen. The Centre is situated next to departments of the medical faculty of the University of Copenhagen in some old buildings near the University Hospital.

The Centre would like more up-to-date premises for its important ongoing and steadily increasing work. After much research and many contacts with RCT, the young Danish architect, Gert Harup, MAA, has drawn up plans for what he considers would be the ideal framework for the research and treatment activities of RCT.

The Chairman of RCT's board, and member of the International Rehabilitation Council for Torture Victims (IRCT), Professor Erik Holst, says: "Today RCT needs more space to carry out all its activities. Our present buildings are meant for other purposes, and sooner or later we will have to move".

"The boards of RCT and IRCT are very positive towards the ideas and visions of Gert Harup's project, but must accept that his excellent and inventive project is outside the economic scope of the RCT at present", adds Professor Holst. "Fortunately, there has been a promise that rooms will be put at our disposal by the University of Copenhagen".

The buildings' heavy appearance from the outside gives a private and closed appearance which signals: to here and no further; but the contrast is seen immediately inside the foyer.
The entrance is welcoming, but at the same time it says: To here and no further.

The architect's starting point

"A rehabilitation centre must be able to cope with new complex methods of treatment, and strong visual and psychological impressions", says Gert Hamp. "Therefore, he who takes on the creation of its physical framework must approach the task with humility and interest, with understanding of the various forms of treatment and the aims of such a special building."

"It is of decisive importance for the centre to be situated near existing hospital, university, and research centres in order to use existing expertise and possibilities for more complex forms of treatment than those for which the centre is equipped. This will mean a situation in a “public area”, and therefore the approach to the centre must be made with due respect to its sensitive clients."

The ideal place would be in a park nearby the Danish National Library of Science and Medicine. For the time being there is a parking place on the spot.

Both private and public:
The centre wants to avoid prying eyes and it should not be possible to look in directly from outside. The ground level has therefore been raised, and the approach steps, leading to a single small entrance door, give a private appearance. A possible “intruder” would immediately be observed by the administrative staff.

PLANNING
The building is designed on the basis of an analysis of the functions of RCT:
  i) treatment
  ii) documentation, auditorium
  iii) administration
These functions are connected by:

The Foyer:
The foyer is a reception room and meeting place for the various activities of the building. It should welcome personnel, clients, and visitors alike: the professional relationship between therapists and clients does not exist there. All enjoy the same status: there are no signs of the actual functions of the building.

"The foyer is both an outdoor and an indoor area; an approach to the public area, and in direct visual contact with the park outside. The atmosphere of an institution does not exist and all are free to take a walk in the surrounding park (life)”, Gert Hamp points out.

The foyer connects the building complexes and functions as a neutral area between them. The building complexes are independent of each other. Walkways connect them because the buildings are necessary for and dependent on each other. A light “floating” roof is suspended above the independently placed building complexes.

"This allows lots of light to penetrate between and inside the various functions of the centre are distinctly marked by its partition into three independent, but still connected buildings.

Treatment room and inner balcony.
buildings. Light is a symbol of life; buildings are a symbol of safety”, says Gert Harup.

\section*{i) The treatment wing}

The treatment rooms are the innermost heart and most important area of the centre. The main body of the building is therefore a massive lump, forming the backbone for and embracing the other “movable” buildings. Canteen, workshop and waiting room are placed in the gables, thus embracing and keeping between them the treatment rooms. The building can also contain the storerooms and areas for printing, training, engineering, etc.

The treatment rooms are all designed in the same way so that the therapists can create their own atmosphere in their individual rooms. Thus the impression of the various rooms should reflect the personality and taste of the occupying therapist. It is a priority for RCT treatment that the treatment rooms should not in any way resemble the clinical atmosphere of a hospital, not to mention a prison cell.

\section*{The treatment and sitting rooms:}

The treatment rooms are the most important in the whole building complex. It is of utmost importance for the treatment that the client feels safe in the room and has confidence in the therapist. Therefore each room has a vaulted ceiling, which somehow embraces the whole room, and a large window to prevent any prison cell effect.

Some of the treatment rooms have inbuilt cupboards for storage of various measuring apparatus so that the client cannot see them. The sitting and waiting rooms have the same architectural shape as the treatment rooms, thus creating an equally relaxed atmosphere. There is, however, more daylight in them.

\section*{ii) The documentation centre and auditorium}

Of extreme importance, and among the centre’s declared aims, is the collection of knowledge and the results of relevant research, their systematization and classification, and the spread of information about the results and experiences that are obtained.

Since the documentation centre will have many visitors from outside, and since direct contact between it and the treatment and administrative buildings is not always desirable, the documentation centre and the auditorium are placed together, but separate from the other buildings.

“I did this so that interested visitors can obtain information without interfering in the daily treatment routine”, says Gert Harup. “The clients can see the guests without being embarrassed by them. The building functions independently and therefore has the least contact with the foyer.”

\section*{iii) The administrative wing}

Another important part of the dai-
The roof is "floating/flying" above the building complex, allowing for maximum variation in incoming light.

ly function of the centre is the administration, where the work is coordinated and planned. It is also responsible for the reception of clients and visitors. Meeting and teaching rooms are placed here so that the building is not isolated from daily work but plays an integrated part. Easy approach to it and visibility from the point of view of the clients have been stressed so that the administrative personnel are not considered remote and rarely seen. On the contrary, the first contact with the clients is made by the administrative personnel and not by the therapists.

Each room contains three zones for use according to the mental state of the client:

Zone 1: A table or an examination couch is placed near the door and far away from the window (the light). More intimate conversations can take place here since the client may feel unsafe/insecure at the start of the treatment course.

Zone 2: The working table of the therapist is placed near the window (the light). This placing for consultations is well known and classical.

Zone 3: A couple of chairs and possibly a small table are placed informally in the bay window. More free conversations can take place here while looking at the surroundings (the life/the park). The bay window has a low brick wall to create a feeling of security and to function as a balustrade.
**Coded Clinical Records**

The pressure of events made it clear that a centralised and co-ordinated service was needed. NAMDA, the National Medical and Dental Association, was rendering medical service to victims of security force violence, and they joined with the OASSSA and the other progressive service organisations to constitute a coordinated group of medical and psychotherapeutic practitioners called Emergency Services Group (ESG) in 1985/6. ESG set up clinics for ex-detainees in the major centres, each with a fulltime coordinator and volunteer medical and therapeutic workers. In order to be able to work effectively under the conditions of harsh repression in South Africa, a policy decision was taken to keep a low visibility and political profile. Clinical records were coded to disguise the patients’ identities, and attempts were made to avoid writing down incriminating information. As it was, ESG offices were raided from time to time by the security police, and staff subjected to harassment.

**Training Members of the Black Community**

Work has tended to take the form of immediate treatment of injury or training members of black communities in first aid by NAMDA members, and brief psychotherapeutic services by the psychologists/counsellors. A large proportion of the work with State of Emergency ex-detainees was single intensive interviews without follow-up, although a certain percentage of follow-up therapeutic work took place. Longer-term work was often carried out separately from the ESG clinics, at therapists’ homes or other venues, given the security issues. Therapeutic work along the lines of European rehabilitation and torture centres was seldom possible, given the ongoing danger to activists; stress and crisis management was the safest approach, since activists needed to have their defences intact to survive. The State turned increasingly to the use of hit-squads and proxies to eliminate its enemies.

During 1990, with the initiatives of the current State President, Fr. W. de Klerk, the picture changed once again. Political prisoners were released during 1990/91, and since a high proportion of them had been tortured before imprisonment and reintegration was also difficult for many, ESG’s work moved primarily into this area. The Cape Town ESG group, being close to Robben Island and other prisons, took the lead and set up counselling and medical services for ex-prisoners and their families as they were released. Self-help booklets were written in collaboration with ex-political prisoners, and follow-up services planned for the rest of the country.

**Local Counselling Personnel**

At this stage, as the political change process advances, our approach is being reconsidered. A Unity in Health approach is being developed which will eventually see the dissolving of NAMDA, OASSSA, ESG, and other service organizations and the formation of a single body. There is likely to be a special interest section of this body which is concerned with trauma and stress, which will enable the country to draw on the experience of those who have worked for many years with ex-detainees and torture survivors. Political killings and violence are widespread and ongoing, and their effects will be with us for a long time. We are actively considering the future possibility of setting up trauma centres which may have many of the features of European rehabilitation centres for torture survivors. These are likely to have small permanent staff and draw upon local medical and counselling personnel with experience in this area, and facilitate training of members of local communities.

A previous medical officer of South Africa’s prison department, Benjamin Tucker, has confessed to not doing enough to save the life of the black South African anti-apartheid activist, Steve Biko, while he was in police custody. Biko has since become one of the martyrs of the South African anti-apartheid movement. According to the South African daily newspaper, the *Johannesburg Star*, Tucker lost his position on the South African Medical Doctors Council (SAMDC) in 1985 after being found guilty of not interfering to prevent the badly wounded Steve Biko being transported 1200 kms in the back of a landrover. Tucker had been present at the torture of Steve Biko and had noticed that he was hyperventilating, apathetic, collapsed, and non-responsive when he was put into the vehicle.

Steve Biko, who created the Black Conscience Movement, and whose life was depicted in the film “A Cry for Freedom”, died in September 1977 after 26 days in the custody of the South African police.
Nepal on the Road to Democracy

On the new Centre for the Victims of Torture (CVICT) in Kathmandu

By Bhogendra Sharma, CVICT-coordinator

Until recently the people of Nepal lived under a highly autocratic regime in which power was effectively in the hands of the King and a small circle of advisors. Introduced in 1962, this “partyless panchayat system” ruled by fear. Political parties were banned and any attempt to bring about peaceful change were suppressed by the baton or the bullet. The Public Security and Treason Acts were used to hold political opponents without trial.

Despite this oppression, Nepal has a long history of struggle against tyranny. This culminated in 1990 with the Movement for the Restoration of Democracy (MRD). For the first time, the Nepali Congress joined with the United Left Front and mounted a unified campaign for a return to multi-party democracy. After 50 days of bloody struggle, the Palace was forced to lift the ban on political parties and initiate radical constitutional reform. In May 1991, Nepal held its first multi-party elections for over 30 years and began the long process of consolidating democracy against a backdrop of profound underdevelopment and deepening economic crisis.

32 Years of Suppression

The democratic gains since the MRD are considerable. The new constitution guarantees most basic human rights and places sovereignty in the hands of the people rather than the Palace. The King has been reduced to the status of a constitutional monarch. The elections were relatively free, fair, and peaceful. The Nepali Congress forms the new government. The Communist Party of Nepal (United Marxist and Leninist) is a strong opposition committed to supporting those government policies which benefit the poor.

It is against this history of institutionalized violence that the Centre for the Victims of Torture (CVICT) was set up in December 1990. The legacy of the past 32 brutal years is grim. The total number of people arrested, imprisoned, tortured or killed for their political activity is incalculable. During the recent MRD alone, an estimated 500 died at the hands of the security forces. Approximately 25,000 people were imprisoned in harsh and primitive conditions and at least 5,000 were severely tortured. There are continuing reports of routine torture in police custody.

The Tasks of CVICT

Although the martyrs who died for democracy are remembered and honoured, the countless thousands who are mentally and physically scarred by their experiences are largely forgotten. Yet every day they live with the memory of pain and humiliation. CVICT is working with these forgotten martyrs. Some carry fragments of bullets in their bodies. Others still suffer, disabled by the psychological damage. Many are depressed and lethargic. Some talk of suicide. In a society where mental illness is highly stigmatized, they have few opportunities to share their trauma. Although martyrs’ families received some financial compensation for their loss, many are still trying to come to terms with their bereavement and also need family counselling or psychotherapy.

Nepal is ill-equipped to deal with the pain of the many who are suffering physically from the beatings or electric shocks, and those who are still in a constant state of anxiety. Because of the severe constraints on resources, medical provision is limited, and almost non-existent in rural areas. Although on average there is one doctor per 20,000 population, most doctors are concentrated in urban areas, 60% in the Kathmandu Valley alone. There are only a handful of psychiatrists in the whole country and no one with any experience of dealing with the psychological consequences of torture.

The Work of CVICT

Despite these problems, CVICT is determined to establish a haven where the survivors of torture and other forms of organized violence can receive treatment to enable them to participate fully in society once again. Members of the group include lawyers, journalists, social workers, doctors, physiotherapists, nurses, and a psychiatrist. We have made contact with other organiza-
tions around the world that are involved in similar work to try to learn from their experience. At present CVICT is surviving on small donations, and medical staff work on a voluntary basis. Already people are coming forward for treatment as they hear about the centre by word of mouth. Poor peasants who were imprisoned and tortured during the MRD are making their way to Kathmandu in the hope of some relief from their nightmare. We are sure they are only the tip of a huge iceberg. We are the only South Asian organization offering support to Tibetan and Bhutanese refugees who have been tortured.

**Many Peasants among Torture Victims**

The CVICT centre will combine treatment with action, research, and training. The treatment will be holistic in nature, dealing with the medical, psychological, and social needs of the patients. Many of our patients are poor peasant farmers from remote villages. They are usually accompanied by a relative. Few can afford to stay in Kathmandu during treatment and pay for admission into hospital or for their medication, so they may need financial support during treatment.

Torture affects not only the victim. It can also have a damaging effect on whole families. CVICT will also give support to families to help them to understand the nature of post-torture stress disorders. Nepal is a country where family and community ties are still strong. We want to develop working methods which draw on these strengths to enhance patient recovery and facilitate full integration back into the community.

There are many refugees from neighbouring countries in Nepal. Most of them are from Bhutan and Tibet. Others come from Myanmar (Burma), Sri Lanka, Afghanistan, Iran and Iraq. Recently there has been a new influx of refugees from Bhutan into the eastern part of Nepal. Numbers have increased every day since the “Movement for the Restoration of Democracy” which began in Bhutan last year. By October 1991 there were more than 4000 refugees in Jhapa district refugee camp alone. However, there are an estimated 3000 refugees in other parts of Nepal as well. Those refugees range from small children to elderly persons. In the Jhapa camp alone, there are 1800 children under the age of 15 years. They are now suffering from diseases such as malaria, gastroenteritis, and cholera, as well as other child-related diseases. Food is scarce and living conditions are fast deteriorating.

Refugees from Bhutan and Tibet are tortured in their home countries. There are recent torture cases of Bhutanese who have been examined by CVICT staff. The Nepalese government does not have clear-cut rules and regulations regarding such refugees and no government funds are allocated for their health and for the improvement of their living conditions.

**No Women seek Rehabilitation**

We know that women have been tortured during the MRD but so far none have presented themselves to CVICT. We are not sure why this is so. One woman aborted following torture. Women who have been arrested and/or tortured are often assumed to have been raped; they can suffer social stigma and may have difficulty in getting married. Many wives of men killed during the MRD or tortured to death are having psychological and social problems. For cultural reasons women generally do not like to travel to the Centre. CVICT needs to develop an outreach programme to meet their needs.

Although CVICT’s immediate priority is to work with survivors of State violence, and their families, our overall aim is to offer support to all survivors of institutional violence, including battered wives and children abused at school and in the workplace.

An uncertainty we have about physical problems is whether bullet fragments lodged in the body can cause lead poisoning, especially in the synovium of the joint. Our surgeons have little experience of removing bullet fragments caused by dum-dum bullets. They only have general experience and would benefit from specific training on how to deal with injuries sustained during torture.

There is still a great deal of stigma and ignorance about mental illness, even amongst health professionals. Patients prefer to come to CVICT rather than the psychiatric department of the hospital because it carries no stigma. Most patients and their families face problems of poverty and need social support.

**CVICT Organization and Activities**

CVICT’s medical associates include two doctors with hospital experience, one psychiatrist working at the mental hospital, two nurses with experience of general and psychiatric hospitals, but no formal training in psychiatry, and two journalists for publicity and education. Other doctors, psychiatrists, and paramedics have expressed interest in learning how to work with torture survivors. Two other workers provide social support and help with administrative tasks. A journalist is responsible for coordinating publicity and raising support and help with administrative tasks. Another journalist is responsible for raising public awareness of human rights issues. At present all staff offer their services on a voluntary basis.

CVICT already publishes a bulletin in English which highlights human rights abuses. A monthly Nepali bulletin is planned. This will be distributed to political parties, law enforcement agencies, schools, teachers, and students unions, etc. We want to organize a series of regional seminars together with local human rights activists and law enforcement officers.

We feel that this kind of grassroots activity is essential to end the culture of organized violence that is so deep rooted in Nepali society.

CVICT organized a “Medical care camp” from 8-14 October 1991 for Bhutanese refugees in the Jhapa refugee camp. A detailed report on this work will be published later. The centre provides medical care regularly for Tibetan refugees, especially those in a “transit camp”. However, CVICT intends to expand its work further for the care of Tibetan refugees.

All services provided by the Centre are free of charge, since none of the torture survivors are
covered by medical insurance. At present the Centre is dependent for all its work on donations from all well-wishers. All our staff are working voluntarily and we are very short of resources. The only specialized practical reference material we have on working with torture survivors is the booklet about RCT’s work, *Torture Survivors - a New Group of Patients*. We have only basic medical equipment. We are trying to raise funds to set up a permanent centre, including a laboratory for routine tests and a physiotherapy room. We are submitting funding proposals to various non-governmental organizations and are optimistic about getting funding soon.

Amnesty International has provided us with invaluable moral and material support during the difficult early days of the project. It has undertaken to meet the medical costs of those who have been tortured in detention for an initial period of 18 months. However, such cases only constitute about 25% of the Centre’s case load.

To coordinate anti-torture work we need to have a network amongst ourselves in this region. Since many of the problems are similar we need to develop a “South Asian Convention Against Torture”, to make governments and people of South Asia aware of the problem of torture and to put pressure on governments to ratify the conventions.

**Case Study**

Mr. A is 37 and was a teacher and political activist who worked underground, organizing workers and peasants. His first experience of torture followed a short spell in prison in 1978. In 1980 he was re-arrested and badly tortured for one-and-a-half months. This included being trampled on his stomach and being beaten on the soles of his feet and then forced to jump up and down. He was kept confined in wooden stocks which held his legs spread-eagled, and beaten unconscious several times. He was also beaten with stinging nettles, had his fingers squeezed with pliers, and pins pushed under his fingernails. He was often kept naked, without food or water, and constantly threatened with death if he did not expose his political contacts. He was forced to hold his hands close to a stove, which resulted in severe burns. He was arrested and tortured once again during the MRD.

Mr. A is now constantly lethargic and anxious. He sleeps badly, has lost his appetite, and finds it difficult to concentrate or remember even small things. Life has no meaning. He often cries by himself. Until he began treatment at CVICT he had remained silent about his suffering. He is now receiving medication, counselling, and treatment for a stomach ulcer.

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**A Doctor’s Memory of Torture in Nepal**

The follies of power chauvinists lead to torture from both government and insurgents

*By Mathura P. Shrestha*

Torture in the Third World is so common and so varied that probably everyone living there, at least every medical professional or every intellectual, becomes a witness to or even experiences it. So am I also a witness to it. The torture is carried out in the name of “justice” or “finding out the truth” or “maintaining peace and national security”, or even “the development of human society”!

When I was a small boy about fifty years ago, I was once taken by a school teacher to watch an “interrogation” in my village, Bandipur, Nepal. The victim was said to be a “murderer”. I can not remember everything. But that experience continued to disturb me with the sense of unpleasant aversion. The memory frequently bothers me and my dreams. The victim, put in a knee-deep cesspool containing filthy water, was forced after each question to submerge himself in the water, groaning or yelling, because the ritual was always followed by severe beating to the shaved head with a stick and bundle of nettle grass.

**Forced to dig their own Graves**

In the winter of 1962 in Bharatpur, Nepal, insurgents captured the area and took away the hospital station wagon for their own use in spite of our protest. I was then the medical-officer-in-charge. One morning, the royal army recaptured the area. All the hospital staff were summoned to a place called the “guest house” in order to testify that we were not involved in the insurgency. Just at that time the hospital station wagon drove up and came to an abrupt halt. Obviously the occupants, seven in all, did not know that the area had been recaptured by the government’s forces.

They were promptly arrested and taken to a room. This was witnessed by about 200 government officials who were likewise summoned. They were all healthy. After a few days we heard over the radio that they were “killed in an encounter”. The rumour however was that they were forced to dig their own graves and were tortured brutally by beating and even dismembering their noses, ears, eyes, etc. and buried, some still alive. Many other suspects were likewise arrested and summarily executed without trial or even any short announcement or record.

In that hospital, the army personnel brought in many injured people, almost all bearing signs of indiscriminate firing or use of force. Naturally all such victims were civilians since all the insurgents vanished without firing a single shot.
shot, except for those who were arrested and silently disposed of. Even then we were not allowed to talk to them except for the symptom-related history. They were not allowed to be admitted to the hospital. They were invariably taken to the army barracks. In those days the medical professionals felt helpless and unprotected.

Tortured to Confess
The third shocking incident to which I was a witness occurred in Syangja in 1963. The badahakim (district governor) sent a police inspector and several officials to the health centre to force me not to certify, or to certify falsely as normal, in a medico-legal case where there was an evidence of torture with multiple bruises and contusions all over the body. The victim was tortured by the badahakim himself in order to make him confess to compliance in a political case. For some reason he released the victim, who filed a complaint in the court. When I refused to comply with the order of the badahakim, he sent many pressure groups (mandales) with police to threaten me. They even threatened that I would be shot and disposed of in the jungle, never to be found or recognized by anybody. I withstood the pressure and fulfilled my duty with pride.

That night the badahakim and his guards came to my quarter with the intention of assaulting me. When he saw many people and officials, including six home guards, assembled there to protect me, he made a quiet retreat. They were there in spite of the risk of being victimized by the all-powerful badahakim. After an hour or so he waylaid one guard of the revenue office, and arrested and tortured him for being a "traitor". He was bedridden for more than a month because of the injury he sustained. I myself was labelled as "anti-national" and transferred from one remote place to another after a short span of time.

Mother and Child Tortured
As a medical officer serving in nine different districts between 1963 and 1973, I found that the doctors and medical professionals are at constant risk of persecution from the law-enforcing agents, who often try to force them to provide false certificates on their victims. Few doctors could withstand their persecution, because they were either arrested and tortured themselves, or were attacked by mandales or thugs, or were suspended or dismissed from their services, or transferred to the most difficult or inconvenient places. I suspect that a few might have cooperated with the police, district chiefs, or zonal chiefs. Medical professionals are particularly vulnerable specially when they have to work away from their homes and outside urban centres.

Once, when I myself was arrested and detained without charge during the Movement for Democracy in Nepal, I was requested by a police officer to attend to a medical emergency because there was no vehicle to transport to hospital. It was actually a tortured victim - a 10-year-old boy who was severely battered and unconscious. He had been arrested along with his mother to provide answers to the questions as to how his father committed a murder. The mother too was tortured and groaning with pain. As the child was in acute shock, I told the officer that I could do nothing and the child needed emergency treatment in the hospital. There was no way of knowing what happened to the boy after that.

New Structures Needed
After the introduction of democracy in Nepal, and especially after the election of a new government in 1991, it was hoped that the human rights situation would improve. It was certainly a welcome step from the previous interim government, to provide a new democratic constitution and to ratify the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights and its Optional Protocol, the Convention Against Torture and other Cruel, Inhuman or Degrading Treatments or Punishments, etc.

The intent and spirit of the Nepalese constitution and conventions need to be enacted by the government and asserted by the people themselves. Unless old laws and legal structures are demolished, it would really be difficult for the government to be clean. The use of the same untrained police force, which is naturally habituated to the practice of torture, would continue to discredit the government. The government could at least refrain from using repressive laws and could exert strict control and supervision over the police and other law-enforcing agents so that they respected human rights and refrained from indulging in torture.

Quite a different facet of torture is provided by group, mob, or terrorist violence or torture. Although State terrorism and torture are still the greatest instrument of coercion against humanity, group or terrorist violence is increasing in quantity and brutality. Innocent people have to suffer in both ways. People in the world, particularly in the Third World, have to pay with their sufferings or life or property for the follies of power chauvinists.

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Soviet Soldiers Driven to Death in the Red Army

A report from Latvia by Physicians for Human Rights, Denmark

Ill-treatment and killing of soldiers has for years been a common phenomenon in the Soviet army, condoned by Soviet officers and by Soviet official authorities. This is the conclusion of a report by two Danish doctors, Olav M. Vedel, Aarhus, and Henrik Marcussen, Ringsted, members of Physicians for Human Rights Denmark. They visited Latvia and interviewed soldiers 14-18 June 1991.

Every year thousands of soldiers lose their lives while serving in the Soviet Army, not as a consequence of war but because they are killed by other members of their own army. The official causes of death are, among others, suicide and accidents.

According to information from an official committee of investigation in Moscow, 15,000 Soviet soldiers have died during the first five years of Perestroika. In 1989 4000 died. These figures have been published in the Soviet press. Those who died in Afghanistan and in warlike episodes elsewhere are not included in these figures.

On average about 20 Latvian conscripts have died every year while doing their compulsory military service in the Red Army. In 1990, 23 died. Their names and complete data were given to the two Danish doctors, who also received information concerning the official causes of death. It is very difficult, usually impossible, to disprove the officially given causes of death because internal organs often are missing from the dead bodies when they are returned to the families. (The nickname for shipment of dead bodies is "Cargo 200"). In several cases wrong bodies have been returned and case records of hospitals have been falsified. According to official Latvian information, 3-400 young Latvian men are more or less disabled each year as a consequence of ill-treatment during their military service. High-ranking Latvian authorities gave the delegation 9 written reports by Latvian deserters from the Soviet Army.

In spite of great difficulties, the delegation succeeded in interviewing and examining 8 Latvian men who gave comprehensive and detailed accounts of maltreatment during their military service in various parts of the Soviet Union. The reports were recorded on videofilms. The ex-soldiers did not know each other.

The alleged ill-treatment took place mainly during the first year and a half of the 2-year term of conscription. The commonest ill-treatments were beatings with fists and wooden sticks and kicks with boots. The maltreatment was mainly performed by senior soldiers (a phenomenon called dedowscheena) and by sergeants. None of the 8 interviewed men, had either witnessed or ever heard of officers taking an active part in maltreatment. However, they were all convinced that the officers knew very well what was going on. And that at least some officers condoned ill-treatment of younger soldiers and even encouraged senior soldiers to beat up newcomers "in order to make machines out of men", as one of the ex-soldiers put it.

One of the men had served in a special elite unit under the direct command of the Soviet Minister of the Interior, the so-called Dark Red Berets who for instance have been used to quench ethnic rebellions in the southern parts of the Soviet Union.

The delegation was told that in this elite unit dedowscheena did not exist (apart from the very first training period). The reason for this might be that, after all, the army commanders realize that modern warfare demands soldiers who are able to think for themselves and who can act on their own initiative.

The period of conscription is two years, and the soldiers are not usually allowed to go home on leave. They serve far away from their homes. For instance, Latvian soldiers may be sent to Asiatic Soviet republics.

Soldiers from the Baltic countries were exposed to ill-treatment because they are punished for their countries' wish to become independent.

According to a Latvian law, that Soviet soldiers killed civilians is a well-known fact. But even in the Soviet army soldiers were killed by their own.
which was passed a year ago, Latvian conscripts could choose to do an alternative service which was a labour service, lasting three years, one year more than the ordinary military service. However, this alternative service had not been recognized by the Soviet Union and consequently the Latvian Government could not guarantee the safety of the conscripts who choose the alternative service. In June 1991, 3000 Latvian men were doing this alternative labour service.

* The Dark Red Berets should not be confused with the Black Berets, also known as OMON (unit for special tasks), who on 20 January 1991 attacked the Latvian Ministry of the Interior, killing five civilian Latvians. The Black Berets were also the OMON responsible for burning down more than 20 Baltic customs buildings at the borders between the Baltic countries and neighbouring Soviet republics. In many cases the customs officers were beaten up, especially in Lithuania.

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**BOOK REVIEWS**

**Violations of Human Rights in developing countries**

*Human rights in Developing Countries, 488 pages, DM 48/ $ 28. Engel Publisher, Kehl (Germany), Strasbourg (France), Arlington (USA).*

The Third World is still rich in one-party states and military dictatorships. This is clear from the 1990 edition of the above book, which is published by the centres for human rights in Denmark, Norway, Sweden, Finland, Holland, and Great Britain. In contrast to the annual report from Amnesty International, not all countries are reviewed, but only very thorough studies of 14 selected developing countries. This also applies to the five previous annual editions in this series, since they were prepared by all the human rights centres as a whole.

A general and grave shortcoming of the legal systems in many developing countries is that the accused has no right to a defence lawyer. This, for instance, is the situation in Sudan, which is given a particularly long chapter on torture and maltreatment. Until 1985, at any rate, amputations of hands and legs were performed as part of the punishment. Torture is widespread in Sudan. In the capital Khartoum there are at least five centres for torture; and the majority of the torturers have received their "training" in Iran.

A trade unionist by the name of George Yustus was constantly beaten throughout one night. Cold water was then poured over his head. When he fell to the floor, the torturer stepped on him and fractured his ribs. He was often threatened with execution. For days he was not allowed any sleep. After six months he was set free without any explanation.

In China it is easy to be sentenced to 10 years in prison for expressing anti-government statements to foreign journalists. There was a large increase in the number of torture cases in 1989. An official announcement mentioned that 21,000 complaints of torture had been received by the public prosecutor, but there is no information about what these have led to. Some defence lawyers have themselves been put in the dock - to stand up for the accused is very risky, and all in all the legal system has very little to do with the concepts that are known in the western world.

The conditions in Guatemala are just as grim. Well-founded complaints of persecution, torture, and killings are not followed up by the authorities, and, as in other Latin-American countries (Argentina and Uruguay), amnesty has been given to people who have committed political crimes - here during 1982-86. Apart from this, "disappearances" and political killings continue - since 1966 about 100,000 people have been murdered, while 40,000 have "disappeared".

In Indonesia torture is also common, both of criminals and of political prisoners, and thousands of previous political prisoners and their families suffer from severe restrictions of movement and of chances of getting a job. In Peru the civilian population suffers from the continuous fighting between government troops and the resistance movement Sendero Luminoso (The Shining Path) - about 20,000 people have been killed in this struggle since 1980, half of them as victims of the government troops, the others as victims of the guerrilla movement. Most of the victims did not take part in the fighting.

In Sri Lanka the Supreme Court has granted compensation to some torture victims, but a lawyer for one of them was himself threatened with death.

The 488-page comprehensive report does not reach any conclusion. But it could have added that several countries, including Denmark and Norway, have cut their aid considerably, for instance to Kenya, because of its human rights record. As stated in the preface, the book does not aim to provide arguments for refusing aid to developing countries because of these violations, but rather to encourage the aid organizations to support institutions that work actively for introducing democracy in the developing countries. It is more than obvious that the road to this goal will be very, very long.

*Henrik Döcker*
BOOK REVIEWS

Turkish refugee writes novel based on own torture experiences

Abdal Kadir Konuk:
Çözülme (Turkish title)
Auflosung (German title)
Opløsning (Danish title)

The exiled Turk, Abdal Kadir Konuk, has described the horror of torture in a Danish/German/Turkish language novel. He knows his subject. He was himself a political prisoner for seven years in Turkey, was exposed to torture for one and a half months, was sentenced to death - but then rescued by friends when being transported to a hospital. Konuk has reflected a lot on his own terrible experiences, the political background of which has been completely omitted in the novel.

"It is the admission of one's own weakness that gives the deepest wounds", he writes. Wounds that only heal with great difficulty. But also that is possible with will-power. The 44-year-old Konuk, who trained as a teacher, has said that 90% of the political prisoners in Turkey must be assumed to have been tortured. It is almost the order of the day to beat prisoners in Turkish prisons, and electrical torture is given routinely to test a prisoner's reactions.

"There is a deeply rooted tradition of violence in Turkish society, parents beat their children, husbands their wives, teachers not only their young school-children, but even students in teachers' training colleges - I have tried it myself", Konuk records.

During a meeting I had with him, he seemed influenced by his previous torture, even though it happened 2-3 years ago. His thoughts on Turkey are pessimistic: the country is influenced by the Ottoman way of thinking. Violence and suppression are never far away.

His novel is about a man who is deeply humiliated from severe torture, and whose girlfriend is also drawn down into the hell of torture. It is a very intense description of a broken human being's feelings after maltreatment by torturers. The worst is that the main character in the novel has betrayed his friends and his ideals: he could not resist the torture.

But perhaps even worse is that all this is still real life in Turkey - despite the country's acceptance of the European Convention on the Prevention of Torture, and furthermore despite the creation of several centres for the treatment of torture victims in the country. Konuk has given his own literary contribution to the understanding of the nature of torture, which fills us with horror. A very strong book.

Henrik Döcker

NEWS IN BRIEF

TORTURE WORLDWIDE

Amnesty International (AI) is continuously reporting on torture in a large number of countries in the world. Here are some brief excerpts from reports published in 1991, and other sources:

AUSTRIA

No confidence in the procedures

In a new report from AI, Austrian police have been criticized for using violence against detainees, sometimes similar to torture. Already in 1990 Austria announced her intention of doing something about these violations, and in 1991 the European Council's Special Committee for the Prevention of Torture called for similar action. However, complaints are still coming in of these violations - in some cases in the form of torture such as being beaten, or burnt with cigarettes.

Amnesty calls for the use of tape recordings of all interrogations of suspects by the police.

At the same time AI is concerned that the Austrian people do not have confidence in the procedures that are in use when somebody complains of police behaviour. In particular, Austria is not adhering strictly to the rules laid down by the UN Convention against Torture.

MYANMAR (BURMA)

Human mine-detectors

Myanmar's army routinely murders and terrorises members of ethnic
minorities, who are often forced to work as coolies for the soldiers.

The army often uses civilians as human mine-detectors, inasmuch as it forces its victims to walk ahead in areas where partisans have laid mines. Indians are among the ethnic minorities against whom the Burmese soldiers have committed crimes, just as members of other groups such as the Karenians and the Moines are often brutally suppressed or murdered in the inaccessible jungle areas.

AI reports that since an election in May 1990 thousands of people who agitated for peace and free elections have been arrested. Political prisoners have been tortured and gaoled without trial, and arbitrary imprisonment is a daily routine. A Karenian woman described to AI how a Burmese soldier shot and killed one of her relatives when he refused to be a bearer for an army patrol. The bullet which killed him also hit his two-year-old child.

CHINA

Lawlessness in prisons

According to AI, hundreds of thousands, if not millions of Chinese, including many prisoners of conscience, have been detained administratively under a system which, even by Chinese legislation, is legally borderline.

People are seized in the street and put in prison, where they risk being held for years without coming before a court. Many are tortured. China's legislation and decrees for administrative detention are so vaguely formulated that one could in reality speak of a lawless state.

The police force is often directly responsible for the prison system, without involvement of a court or any other judicial authority. Broadly speaking, a proper court of appeal does not exist. Furthermore, several Chinese public authorities have admitted that "unjust" detention of citizens takes place.

Many detainees have been exposed to torture or have been kept under humiliating conditions or even completely cut off from contact with the surrounding world. The report gave a concrete example of 24 people being packed into a small cold room for days without food or toilet facilities, apart from a hole in the floor.

DJIBOUTI

Ethnic groups tortured

The security police in the small African state of Djibouti in the Horn of Africa tortured almost 300 people during 1990. Among other things they were exposed to burning cigarettes, blows, and electric shocks. "Police brutality" caused the death of 10 people in custody during 1991.

The security police has "systematically tortured" more than 200 members of one particular tribe from Somalia after a bombing attack on a cafe in Djibouti. But members of another ethnic group, the Afars, have also been tortured, AI reported.

EGYPT

Arbitrary arrest

Political activists and their families, and also people who are not politically active, are brutally mishandled by the security forces in Egypt. The government regards such incidents as the exception rather than the rule. But according to AI, the truth is that the number of torture victims rises year by year, and it is clear that mistreatment is completely systematic.

The frequent use of arbitrary arrest and weeklong isolation in prison means that practically all are at risk of being tortured, even though most belong to or sympathize with Islamic groups.

The most commonly used torture methods are blows, suspension in distorted positions, and electric shocks to the most sensitive parts of the body. The victims are usually blindfold and can not therefore point out their torturers.

Egypt's courts have in fact admitted that torture takes place by awarding compensation to the victims in several cases. But many of the victims refrain from going to the courts with their case because of fear of reprisal or mistrust of the system.

Among the cases that AI has handled are those of a 17-year-old girl and a 15-year-old boy who were tortured to obtain information on their alleged political activities for the opposition. Another case concerned a deaf-and-dumb man who was repeatedly beaten by his interrogators over a three-month period in an attempt to make him speak.

HAITI

Killings by armed forces and police

More than 1,500 people have been killed in Haiti since the end of September 1991 when a bloody coup on the island toppled the democratically elected president, Jean Bertrand Aristide. The Organization of American States' Interamerican Commission for Human Rights condemned what it described as "the systematic breach of human rights" and called for the reinstatement of a democratic government in the country. The Human Rights' Group has received reports of killings, maltreatment, torture, and persecution - all at the hands of the armed forces and the police.

HONDURAS

Police not held responsible

The security forces of Honduras continue to torture prisoners and to retain them without trial. Several dozens of such violations have taken place despite previous promises by the authorities of this Central American country to put an end to this practice. Police and military personnel are not held responsible.
for their actions. AI has therefore called on the Honduran President, Rafael Callejas, to protect human rights. However, AI accepts that the numbers of political killings and “disappearances”, carried out by death squads with connections to the military, have decreased considerably since the beginning of the 1980s.

MAURITANIA

Buried in sand

According to Amnesty International, 339 political prisoners were killed in Mauritania between November 1990 and March 1991. Eye witnesses can confirm at least 140 of these deaths, and AI has been informed that another 200 prisoners were tortured to death in the prisons of this West African country.

Most of the victims had worked in the country's administration or in the army. Most were black, from ethnic groups in the south of the country. All were male. The government alleged that the men were involved in a coup attempt, but in reality they were being punished for their ethnic origins.

Most of the victims died as a direct result of the torture or from gross maltreatment in the extremely harsh prison conditions in this West African country. Previous inmates have related how they were subjected to the so-called “jaguar” torture, in which they were suspended head down and beaten on the soles of the feet. Others were given electric shocks on the sex organs or were burnt all over the body. Some were buried up to the neck in sand for hours.

MEXICO

Anti-torture law - but in vain

Amnesty International has received information during the last two years about several hundred instances of torture of prisoners in Mexico’s gaols. Many victims died as a result of the brutal treatment. The victims include persons imprisoned on political grounds or in connection with disputes over rights to land. Indians, human rights activists, trades union leaders, and lawyers are also among the victims.

The torture methods commonly used include beating and kicking, near drowning under water (submarino), suffocation in a plastic bag, and electric shocks. A particular Mexican variant is to force mineral water mixed with chilis into the victim's nostrils.

A number of legal and administrative initiatives have been taken in Mexico since 1986 to stop these violations, but they continue. The Mexican authorities have achieved little in the way of effective prevention of torture and maltreatment. Reports of torture are seldom followed up, and torturers are almost never brought to justice.

Mexico has signed nearly all the international human rights treaties, including the UN Convention against Torture. The authorities have set up a National Human Rights Commission, and the Mexican Congress has passed an anti-torture law, in which torture is defined as a crime for which those found guilty will be punished.

MOROCCO/WESTERN SAHARA

Secretly imprisoned freed

The Moroccan authorities have freed a number of secretly imprisoned persons from Western Sahara. According to AI, the prisoners had been kept for up to 15 years. For years Morocco has been criticized for violations of human rights. Since it annexed Western Sahara in 1975, several hundred people of Western Saharan origin have “disappeared”, and AI is still not sure whether the recent releases comprise all secretly imprisoned persons.

But despite these releases, AI is still criticizing this North African country. The general situation with respect to human rights is still unsatisfactory, and AI calls for the release of prisoners of conscience, an end to torture and maltreatment of prisoners, and abolition of the death penalty.

SRI LANKA

AI's first visit since 1982

Thousands of people have disappeared or been executed without trial in northeast Sri Lanka since the armed conflict between the security forces and the Tamil separatists blew up again in June 1990. AI was given permission to visit the country in June 1991, for the first time since 1982. It found repeated examples of misuse of power and infringement of the law, both by the government security forces and by the rebel group, the Tamil Tigers.

Srilankans suspected of having contacts with the Tamil rebels have been arrested, shot, stabbed to death, or burnt alive by government troops. It is thought that 3000 Tamils have either disappeared or been killed between July and October 1990 in Amparai district alone, in the northeast province. Further mass killings have since been reported to AI from every single district in northeast Sri Lanka.

By far the majority of victims are Tamils, in whose name the Tamil Tigers are fighting for an independent state. The Tigers themselves have been accused of the arbitrary execution of hundreds of civilians, including many Singhalese and Muslims, as well as Tamils who have been labelled as “traitors” by the Tigers.

TUNISIA

Fundamentalists rounded up

Hundreds of Islamic fundamentalists have been rounded up by police in Tunisia during the last
eight months of 1991. AI, quoting witnesses, alleges that some have been secretly held for weeks, while others have been tortured in the headquarters of the Ministry of the Interior.

At least 300 persons were arrested during the last two months of 1991 because they were suspected of belonging to an Islamic movement. Many have not been allowed visits from relatives or lawyers. AI has evidence of torture of political prisoners in some 100 cases.

UGANDA

10 years in prison for deserting

AI reports that Uganda's government army, the National Resistance Army (NRA), grossly violates human rights without interference from the government. Soldiers are only punished if they break the law when not in service.

There has been fighting since 1986 in northern Uganda between NRA and armed rebels who are resisting the government. There are also reports of serious violations during the same period against the civilian population, by both NRA and the rebels. 1,100 people have been sentenced to up to 10 years in prison for deserting, purely by administrative decisions.

EGYPT

Police accused of torture

The Egyptian Organization for Human Rights (EOHR) reported that sexual abuse had become routine at some police stations in Egypt, mentioning five cases of torture from Cairo and two other cities. Repeated appeals to the authorities went unheeded.

EOHR added that methods of torture in Egypt had expanded to include sexual abuse and rape, apart from electric shocks and other savage methods. The latest victims had no political inclinations. They included a grocer who had a personal feud with a police officer, and a university student who was opposed to the Middle East peace process.

In one case, the report quoted a State prisoner's memorandum as saying that a woman was beaten with telephone wires and sticks. It said that a police officer later inserted an iron rod into her anus. She had been tortured to try to force her to give a statement against a man who was accused of stealing a car.

The other four victims were said to have been treated similarly, or raped.

The group charged that repeated Interior Ministry denials of torture had encouraged some policemen to continue to violate human rights, and it called for a nationwide campaign against torture.

LEBANON

Torturers spirited away to Iran

The torturers of Western hostages in Lebanon have been spirited away to Iran and have had their identities changed. The British newspaper The Sunday Times, quoting Israeli intelligence, wrote in December 1991 that between 30 and 40 members of Hezbollah (a kind of umbrella group for the gangs of kidnappers in Lebanon) were brought to safety in Teheran.

The extent to which the hostages had been tortured began to emerge when all of them, except for two Germans, were set free. News of the torturers' move came as a by-product of the secret contacts between Israel and Iran, which, apart from solving the hostage crisis, led to Israel's import of oil from Iran.

The hostages were savagely treated by their capturers - beaten, kicked, threatened, and chained outdoors, resulting in frostbite in one victim. The torture of these hostages will be described in more detail in later issues of TORTURE.

CUBA

Still psychiatric methods against political prisoners

Cuban secret police still put political activists in psychiatric hospitals. According to the American organizations Freedom House and Human Rights, the misuse of psychiatry has been confirmed in 21 victims.

The political opponents were brought to the Villa Marista in Havana, given electric shock torture, and confined with insane criminals, especially in the sections called Carbó-Serviño and Castellanos.

Doctors were rarely present. The electric shock torture was performed by mentally sick criminals, who acted as nurses. The victims were sprayed with water so that the current would flow more easily. The electrodes were attached to the head or sexual organs.

A trade unionist by name Leyva, who was confined to hospital against his will 7 times from 1978 to 1988, was given electric shock torture 24 times.

According to the Frankfurter Allegemeine Zeitung, there is a difference between the Cuban and Soviet doctors' use of psychiatric torture against dissidents. In the old USSR, they thought it was possible to diagnose opinions against the regime as insanity. In Cuba, psychiatry is used simply as repression - the secret police uses its power to admit dissidents to the clinics, where policemen carry out the crimes.

The International World Psychiatric Association has not put Cuba on the agenda. The reason: Cuba withdrew from the organization in 1983.
Conceptualizing Anxiety in Torture Survivors

Research seminar held at the Rehabilitation and Research Centre for Torture Victims (RCT) in Copenhagen, Denmark, September 20 and 21, 1991

The most common “disorder” in torture survivors is anxiety. Even years after their release, the survivors suffer from anxiety and guilt, and constantly take on the role of the victim. One of the difficulties of treatment is that the survivors seldom talk about their anxiety. An exaggerated reaction to noises is typical because they bring to mind the torture situation. The purpose for the seminar was to discuss the existence of a “torture syndrome” or whether the diagnosis PTSD (post traumatic stress syndrome) can be applied to torture survivors, and to develop an evaluation method for psychotherapeutic treatment of torture survivors. Also the validation of qualitative methods in evaluation of anxiety was discussed. How the torture survivors can cope with their anxiety was another important subject.

Some of the participants and observers from the research seminar on “Conceptualizing Anxiety in Torture Survivors” on a sunny saturday of September at the RCT, Copenhagen.
Front line, from the left: Psychologist Julio Arenas, Denmark; Professor A. Jablensky, Bulgaria; Professor Leo Eittinger, Norway; Medical Director Inge Genefke, Denmark; Chief Psychiatrist Marianne Kastrup, Denmark; Professor Juan E. Mezzich, USA.
2nd line, from the left: Editorial Consultant Thomas E. Kennedy, Denmark; Chief Psychiatrist Søren Bejholm, Denmark; Psychotherapist Patricia Sohl, Denmark; Administrative Assistant Gunhild Nielsen, Denmark; Professor Susan Folkman, USA; Psychologist Sahika Yuksel, Turkey.
3rd line, from the left: Director Richard M. Mollica, USA; Professor Peter Elsass, Denmark; Clinical Psychologist Yvonne Krogh, Denmark; Morten Birket-Smith, MD Denmark; Psychologist Stuart Turner, England.
The international conventions against torture were surveyed by the Danish doctor, Bent Sørensen, who is a member of the UN and the European Council Committees against torture. Protection of health personnel who are treating torture victims in totalitarian countries is a problem which can only be solved by international supervision. Conversely, there is also a need for an international institution to which doctors at risk of being ordered to take part in torture can turn. One thinks particularly of prison and military doctors. In this connection, Jens Kr. Gøttrik, Chairman of The Danish Medical Association, expressed the view that this could best be done through the establishment of a World Medical Association organization for sanctions against doctors who take part in torture.

It was generally agreed that medical students should be taught the importance of the Tokyo and Madrid Declarations through training in medical ethics and through films and other forms of information. The participants also were informed about the ongoing initiatives on the establishment of an international tribunal to make rules for the examination and registration of doctors’ participation in torture and for sanctions to exclude them from medical work all over the world.

Accounts of the lectures given in Budapest will be dealt with in detail in TORTURE Volume 2, Number 1, 1992.

What to do

Information for authors writing articles to TORTURE

TORTURE is grateful for small news items as well as articles on everything connected to torture and the fight against it. However, it is advisable to contact the editor before writing the article.

Your manuscript should preferably be prepared in correspondence with the uniform requirements for manuscripts submitted to biochemical journals. These requirements - the Vancouver system - are in details described in Br Med J 1991; 302:338-41 or N Engl J Med 1991; 334:424-8.

Summary of requirements

Please type the manuscript on white bond paper, A4 (212 x 297 mm), with margins of at least 25 mm (1 in). Type only on one side of the paper. Use double-spacing throughout, including title page, abstract, text, acknowledgments, references, tables, and legends for illustrations. Please notice that we seldom publish more than two pages on the same subject, corresponding to approx. 6 pages of A4. Please think of illustrations - of yourself or your subject - to be sent with the text.

If the manuscript is written on pc with DOS compatibility, please send the disc (5 or 3.5 in) with the manuscript formatted in ASCII or DOS.

Submit the manuscript and figures in a heavy paper envelope. The manuscript should be accompanied by a covering letter with the name, the address, and telephone and/or fax number of the corresponding author. The letter should give any additional information that may be helpful to the editor.

Details of address of author, a single qualification such as MD or PhD, and full professorship are published as a footnote to papers, and this information should be provided on the title page of the manuscript. A full address should be provided for the corresponding author.

Examples of correct forms of references are given below:

Articles in journals

Standard journal article

List all authors, but if the number exceeds six give six followed by et al. 


Organization as author


No author given

Coffee drinking and cancer of the pancreas [editorial]. BMJ 1981; 283: 628

Books and other monographs

Personal author(s)


Editor(s), compiler as author


Organization as author and publisher


Chapters in a book


Other published material

Newspaper article


Audiovisual


Legal material


This article is based on a Danish original published in the bulletin of the Danish Medical Association: Ugeskrift for Læger, January 1992.

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