Centre de Soins de L’A.V.R.E. * – A Concerted Effort to Deal with the Ravages of Torture

by Helene Jaffé **

The resort to torture in numerous countries around the world has created a festering wound in the human community. The toll exacted by this practice has been heavy: individual lives broken, the stability of families undermined, the psychic equilibrium of the children of torture victims disrupted, the human potential for socially productive work reduced. For some years, there has been a growing awareness of the existence, and the acuteness, of this complex of problems. The liberation of political prisoners on the downfall of a number of dictatorial regimes, and the attention accorded by organizations such as Amnesty International to the medical dimension of repressive government policies have been important factors in opening the way to increased sensitivity to the ravages of torture.

Salient background facts

In this context, associations have been established in several countries in order to cope specifically with the multifaceted sequelae of torture and to enhance understanding of the problems encountered and the ways of dealing with them.

AVRE, which has been in operation since 1985 as an independent association housed on the premises of the Hôpital de la Croix-Saint-Simon in Paris, brings together an interdisciplinary team of salaried staff and volunteer workers comprising general practitioners, psychiatrists, psychologists, physical therapists, social workers, and legal counsel.

By January 1988, the Paris Centre had treated some 400 patients (persons applying for or having received political refugee status) from Guinea and other African countries, Turkey, Iran, Chile, Sri Lanka, southeast Asia, and Eastern Europe. This activity has been associated, when necessary, with care given to the families of the torture victims.

In addition to the work carried out at its Paris centre, AVRE has undertaken a number of missions abroad, e.g. on-the-spot care for torture victims in Guinea in the changed political conditions following the death of President Sekou Touré in 1984, as well as a visit to the Philippines in 1986 to evaluate the need for psychomedical assistance to prisoners released after the downfall of President Ferdinand Marcos. It has also frequently participated in international fora, organized, for instance, by the World Health Organization and the World Psychiatric Association, in order to share knowledge and experience with physicians, psychiatrists and others concerned with different aspects of torture-related trauma.

Key lesson drawn from our experience

The learning process integral to the ongoing work of AVRE, in close contact with the other groups active in this area, has made it possible to identify several principles basic to the achievement of our objectives.

One of these is the imperative need to combat the silence that engulfs the whole universe of torture. Torture reduces its victims to silence by means of the iron vice with which it clamps their psyches, as well as through the injunctions issued by the torturer: “If you talk afterwards, we’ll begin all over again…”. In order to dispel this silence, the therapist must, first of all, learn how to listen to the patient – to understand not only the words the latter is capable of uttering but also his vocabulary of gesture, the signs of distress made by his body beyond strictly verbal communication. Only thus can the often lengthy process begin that permits the patient to acquire confidence in the therapist and renewed confidence in himself.

* Association pour les victimes de la répression en exil
** Medical Director
Centre de Soins de l’A.V.R.E.
125, rue d’Avron
75020 Paris XXe
France

Continued on page 9
Editorial

In the Service of Repression

More than 2000 years ago medical ethics came into existence with the Hippocratic oath. In spite of this, doctors in the Middle Ages served the State in order to inflict damage on the individual, that is as representatives of authority they monitored the torture provided for in both ecclesiastical and criminal law. With the decline and outlawing of torture the doctor's role was far from finished. During the Second World War, the killing/healing paradox was absurdly perfected, and during later wars of freedom in the colonies, doctors were again acting on behalf of the State in the various interrogation teams.

Even today this deplorable dimension of medicine continues. When this Newsletter was planned, testimonies and actions by medical bodies on the topic were requested, and the number of responses that came in was so overwhelming that we had to make two issues instead of one as planned.

In this number of the Newsletter, articles describing doctors' involvement in the torture process in several countries are outlined. Their observations agree with the findings at the RCT that most of our clients at some point during the psychotherapy mention that doctors did indeed participate, but the survivors often relate this as a minor part of the general description of the torture process. A recently completed study at the RCT demonstrated that in more than half the cases in which people were detained and tortured, medical personnel (most often doctors) had at some point been involved.

Articles printed in this and the next RCT Newsletter, and the above-mentioned study, all point in one direction, viz. doctors do serve repression even today, in spite of all available declarations and developments in medical ethics.

The problems that face doctors who live under an oppressive regime have been epitomised by the Chilean medical association, for instance in its setting up of four conditions beyond which no medical care can take place, such as the simple requirement that doctors must identify themselves, that no examinations can take place in any secret detention centres, and that prisoners should not be examined while blindfold or handcuffed. These latter provisions demonstrate practical applications of medical ethics in an absurd reality.

Before the early seventies, very little has been written in the medical press about this form of participation in repression and the abuse of medical skills and knowledge, but during the last two decades increasing amounts of evidence and reports have been presented. There is no longer any doubt that it is a real problem and that repressive regimes will unscrupulously use any means available in their repression and that, regrettabley, medical doctors seem to acquiesce for a number of reasons.

It is true that getting doctors out of the torture chambers will not abolish the torture, but it is equally true that the function of the doctors is to provide the torturers with a smooth setting and also to legitimise the torture process itself. Their knowledge in the torture process is needed because of the changed purpose of torture. The present day purpose of torture is to bereave an individual his future chances for a fulfilling life, and for this doctors are needed in order to avoid killing the body. – But this is medicine for the torturers, not for the victims.

It is our hope that the following papers will highlight some of the problems of today and further strengthen the awareness of medical ethics as a means of guidance.

Peter Vesti
Medical Doctors, Their Connection with Torture and the Impunity of the Guilty Persons

by Gregorio Martirena, M.D. *

History teaches us that it is impossible to imagine the evolution of man without a struggle for power and the submission of the weakest or the deprived. This struggle brings with it the cruel instrument of power – torture. With objectives clearly defined at all times and in all places.

Think of the grotesque methods of torture and murder that flourished in the Middle Ages, with the conquest of the New World, or of slavery, which exists even in the 20th century and for which new applications are being defined; of the perpetual ideological persecution of man by man, of which it suffices to mention the sufferings of the Christians at the beginning of this era and the Holocaust of the Jewish people at the monstrous hands of the Nazis in this century. Finally, we come to the torture of our times, carried out by those who with a good conscience get the support of the people. The aim is not necessarily the death of the victim, but rather his physical and psychological destruction.

This macabre development inevitably leads to the participation of doctors in torturing and in perfecting the methods. Today, when universal juridical values have some impact through tribunals, law courts, and organisations such as the United Nations, torture must not leave any traces. In this way its denunciation loses its legal value, for the denunciation is entirely based on the evidence of the victims against the cynical denials of those responsible for the national security system.

In Third World countries, particularly in Latin America, the past decades have seen many military dictatorships which came into power through violence in the name of national security. In the constitutions of their repressive systems, the military doctor acquired a predominant role, with regard both to quantity and quality. Those of us who have access to the evidence of the victims frequently meet in the descriptions of scenes of torture a person in white, with a stethoscope around his neck, together with those who carry out the physical acts of torture.

Further, those affirmations are endorsed by indestructible facts which in the case of Uruguay are 1) the number of doctors who have taken up a military career since 1973; 2) the passive attitude that they have maintained in order to become civil doctors again during the past four years of apparent democracy in Uruguay, during which period the medical profession, through the Medical Association of Uruguay, has determined as fundamental the right freely to practise medicine; 3) their silence even today about the systematic violations of human rights committed by many doctors during the twelve years of military dictatorship; 4) their resistance to submitting their ethical conduct as medical doctors to the Tribunal for Medical Ethics in Uruguay, and 5) the political pressure which their position allowed them to put on the government, to the extent of almost provoking state intervention against the Medical Association of Uruguay, in itself an abuse.

Despite the ethical rules and declarations that apply to the medical profession, comprising the Hippocratic Oath, the Declaration of Geneva (1948), the Declaration of Tokyo (1975), the International Code of Medical Ethics of the United Nations (1982), and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment of the United Nations (1984) – despite these the world witnesses today the impunity of those who are guilty of violating human rights. Very few trials concerning ethics have been carried out since 1984, the historical moment at which the Medical Association of Uruguay passed judgement on and expelled from its ranks Dr. Eduardo Saiz Pedrini because of his involvement in the torture that caused the death of Dr. Vladimir Roslik on 16 April 1984.

The Danish Medical Bulletin recently published an article by Dr. Peter Vesti. Its title – “Why are torturers never punished?” (1) is one of the great questions that face the World Medical Association, and it leads us to the absolute and inevitable necessity of finding a way to re-establish the dignity of the medical profession, as well as to obtain the universal approval of a body of standards that bind the doctor during the exercise of his or her profession, in his relationship with the community in which he lives, and with the government of that community.

Evidently, in spite of the clarity and the universal character of the codes of ethics, our failure to take the proper precautions is directly related to the current failures of the structure of the universal medical organisation. The World Medical Association, pioneer in safeguarding the ethical values of the profession since 1975, has been transformed into a mere bureaucratic organisation that avoids facing up to a thorough analysis of these problems, with a consequent loss of members and of public support. But it is also quite clear that we are fighting against political systems that maintain a world divided into powerful rich countries and poor countries with little influence. The rich create social injustice by pretending to be the champions of universal justice, disguised in extraordinary organisations such as the United Nations, where they maintain in their hands the right to veto resolutions which do not favour their ambitions of power.

Those of us who live in the Third World, and particularly in Latin America, are quite familiar with the phenomenon of military governments apparently becoming democratic governments. Those in power maintain the structures and forces and find ways and means ( e. g. the Acts on Impunity, on the Expiration of the State’s Punitive Authority, on Obedience Owed), so that none of the social or economic changes take place that are indispensable for equality, freedom and social justice. At the same time, those of us who
fight for such changes are made to look as if we are undermining democracy and the society.

In view of all this, the World Medical Association is obviously obliged to act as a pioneer in eradicating injustice and torture, following a course that is both political, organisational, and juridical.

Political, in view of the necessity to fight for the unfailing observation by all nations of the standards imposed by the United Nations, so that these standards cease definitively to appear merely as a universal declaration of good intentions.

Organisational, in view of the obligation to confront the members of the medical associations that are not today members of the World Medical Association, in order to find a way to let this association assume again full responsibility, or, failing this, to take upon ourselves the challenge of creating an organisation that meets the ethical, mandatory, and juridical requirements for which we fight every day.

Doctors and Repression in Argentina

by Diana Kordon, M.D., Lucila Edelman, M.D., and Dario Lagos, M.D. *

It is well known that the bloodiest dictatorship of our times reigned in Argentina between 1976 and 1984. This dictatorship implemented state terrorism with persecutions, imprisonments, torture, and assassinations; but first and foremost it implemented the abduction, followed by disappearance, of more than 30,000 workers, students, politicians, men, women, and old people, extending even to the abduction and disappearance of hundreds of children, many of whom had been born in captivity and who were deprived of everything down to their very identity.

In order to give an idea of the extent of the repression, let us affirm that in the health sector we have evidence of the disappearance from the city and province of Buenos Aires, that is from one region only, of at least 164 doctors, 35 nurses, 56 psychologists, 9 dentists, and 150 medical students. In other words, the fate of more than 400 persons working in the medical sector remains, to this date, unaccounted for.

Of those who were responsible for and participated in this criminal scheme, which was a perfection of the methods of Nazi Germany, only a handful are to be found in prison, and they have hopes that they will benefit from an imminent bill of amnesty. The majority, however, remain at liberty.

Thus, after the sanction of the so-called Acts of “Punto Final y Obediencia Debita”, the lawful Government of Argentina has guaranteed the impunity of the large majority of those responsible for and participating in the repression.

Juridical, because today more than ever the medical associations and the organisations that fight for human rights, such as Amnesty International and RCT in Copenhagen, must fight together for the introduction and operation of laws which, like the Project of the Lawyers’ Association of Uruguay, seek to define crimes of torture, abductions, and political homicides as crimes against humanity. This would undoubtedly constitute a praiseworthy step forward in the process of raising the conscience of our community about the importance of reasserting human rights and the punishment of those who dare to violate those rights in a bloody and systematic way. This project was presented in December 1987 at a seminar of the Medical Association of Uruguay, and it will permit us to create a juridical milestone in order not only to avoid the repetition of such deeds, but also to make those who commit them know the attitude of the community to them.


To be implemented, the methods of repression required the participation of doctors, who among other tasks evaluated the prisoners’ power of resistance against torture, and who by their control and intervention made it possible to prolong the sufferings of the victims in order to extract the maximum amount of information.

Those doctors also participated in clandestine deliveries under inhuman conditions of the babies born to detained and disappeared women. In most cases the children were submitted to illegal adoptions. The children who were abducted as spoils of war and those who were born in captivity amount to more than 400. Up to now, only 45 have been returned to their families. Those doctors also issued false birth certificates that endorsed the illegal adoptions. On the other hand, they denied psychiatric assistance to the prisoners, who applied for it.

Let us quote the names of some of them:

- Colonel Dr. Julio Ricardo Estevez, head of the Centro Clandestino de Detención, Hospital Pasadas.
- Police surgeon Dr. Jorge Antonio Berges, who served at the Centros Clandestinos de Detención at Pozo de Banfield, Pozo de Quilmes, and at the Brigada de Investigaciones in La Plata.
- Forensic surgeon Dr. Hector Vidal, who served at the Hospital Materna Infantil de Laferriere and at the Brigada de San Justo.
- Colonel Dr. Norbeto A. Bianco, Head of the Hospital Militar at the Campo de Mayo. At present he is living in Paraguay and has in his power two children, whose parents have disappeared.
- Colonel Dr. Lorenzo Eqiois, who served in the Hospital Militar in Campo de Mayo.
- Police officer Dr. Jorge Linares, who served in San Rafael, Mendoza.
- Colonel Dr. Ramon Posse, of the Centro Clandestino de Detención in Campo de Mayo.
- Dr. Vicente Ernesto Moreno Recalde, head of the Criminal Investigation Department in San Luis.
Captain Dr. Jorge Guillermo Streich, to whom 65 cases of participation in torture are attributed.

Captain of the corvettes Dr. Carlos O. Capdevilla, who attended pregnant prisoners in the ESMA.

All these doctors consciously violated all the ethical rules of the medical profession, including those originating from international conventions and those formulated by the medical institutions in Argentina, as well as the Hippocratic Oath.

They were perfectly familiar with the ethical rules that our medical profession ascribes to, and therefore they became the conscious instrument of the political power. They are all at liberty, have not been punished, and are still allowed to practice medicine, because they were granted impunity by the Argentine Government. Faced with this situation, various sectors of the medical profession established an ethical trial of the doctors who had participated in the torture, and this trial took place on 3 December 1987. The Ethical Tribunal thus formed was set up as a form of restoration of society and of the medical profession, in view of the impunity granted by the Government. The President of the Tribunal was the Attorney-General of Argentina, Dr. Ricardo Molinas, and the Tribunal set up a jury representative of the various sectors of society from both a professional and a social point of view; it comprised people from professional, cultural, religious, artistic, and trade union sectors. The trial took place in the Aula Magna of the faculty of Medicine at the University of Buenos Aires, where more than 1500 doctors and students of medicine were gathered. This event produced an ethical sanction, and the State and provincial universities, the academic community, the medical associations, and the health institutions were all solicited to exclude the above persons from all their activities, and the public in general were solicited not to consult any of those doctors and to repudiate their activities on behalf of the Argentinian community.

On the other hand, the situation that existed during the dictatorship has unfortunately created a demand for psychological and psychiatric attendance among the immediate victims of the repression, and, because of the effects of the repression, this was reflected on the entire community. The impunity granted after the dictatorship has multiplied the effects of the preceding period, and consequently the number of persons in the mental health sector who work in this field has increased. Thus it is the very impunity that constitutes the main risk in our field, whereas the political instability in our country and the prevailing risk of coups and contra-coups d'état multiply and enhance the risks that we are incurring. However, it is our opinion that our safety depends mainly on the support from the Argentinian people of the work we are doing, and on the support of international organizations, who, in view of the instability of the situation, provide a possibility of mutual insurance and solidarity, both of which are fundamental factors if we are to continue our work.

Turkish Doctors Act Against Their Torturer Colleagues –

Report Outlined by The Turkish Medical Association’s Human Rights Section

prepared by Veli Lök, M. D. *

The Turkish Medical Association and Medical Chambers have been dealing with human rights for a number of years. The Turkish Medical Association was always concerned about torture which destroys “living rights” and “health rights”, coming in the first place in “human rights”.

During the military government of 1971, a military physician had his license to practise withdrawn for six months because of his attitude toward the bad conditions in prisons, for the detained and arrested as well as for the condemned people. Because of insufficient sanctions in the Act of Turkish Medical Association, that physician continued to practice his profession and no effective measures could be taken.

During the military government of 1980, 650,000 persons were detained (this figure is given by the Human Rights Society). According to information given in newspapers and books, almost all of these people were tortured in one way or other. Of course it is impossible to prove all these affirmations **. 48 people were executed, and the files of 216 condemned to death are awaiting for the decision of the parliament. The assertions about the number of people who died through torture do not correspond with the official figures. These assertions presume 107 persons dead through torture. According to the information of the Ministry of Internal Affairs, 102 died in prisons during this period, 49 of them registered as suicide, 37 as death from sickness.

13 trials on torture were held and as a result 16 people were put in prison.

We do not have proof that any physician participated or helped in torture. Nevertheless, there are some cases of untrue medical reports that have been proved. Three physi-
cians had their licenses withdrawn for six months, and this decision was ratified by the Supreme Court of Honour of the Turkish Medical Association. But because these doctors applied to the court and their punishment was not made effective, we can not give their names here. This will only be possible after the completion of the procedure. On the other hand the lawyers of the tortured people applied to the Medical Chambers concerning 32 physicians who gave false certificates. Some of these physicians have been referred to the disciplinary councils but they have not yet been sentenced.

Those accused of torture are generally doctors who did not take part in the actual torture, but since they gave false certificates they committed a professional crime in ignoring the torture. Although there are some accusations against some doctors for taking part in torturing, they are very rare and difficult to prove. Two other doctors who did not perform the necessary medical assistance to a patient, hospitalized because of torture which occurred during the investigations, were each condemned by the Ankara Medical Chamber to six months of withdrawal of their licenses to practice and this decision was ratified by the Supreme Court of Honour of the Turkish Medical Association.

Some doctors claim that pressure was put on their colleagues who gave certificates about the tortured people or people who died because of torture. But as it is very difficult to prove this kind of pressure, it is impossible to punish those who practice it. Nevertheless most of our colleagues resist it under very difficult conditions and thus safeguard the honour of our profession. Dr. Cumhur Orhan, who gave medical certificates about prisoners on hunger strike in the prison of Gaziantep and undertook their treatment, was discharged and sent to the town of Yozgat in Central Anatolia.

During the military regime the Supreme Council of the Turkish Medical Association was accused because of its stance against the death penalty. The outcome of this, however, was "not guilty".

In January 1989 the Supreme Council of the Turkish Medical Association has put into effect an important initiative for protecting human rights and resisting torture. A human rights section of the Turkish Medical Association has now been founded; it met on January 14, 1989 and made the following decisions which were submitted to the Assembly of Representatives of the Turkish Medical Association. In summary:

1. The texts considered as a basis on human rights are the UN Declaration on Human Rights (1948), the European Convention on Human Rights (1950), and their annexes.
2. To deal with the rights to "health" and "living" within the tasks of physicians and the regulation of their legal organization, the Turkish Medical Organization.
3. The task of the physicians and the Turkish Medical Association is to follow the violations of right to "life", death sentence, torture, bad conditions in prison; the violation of the right to "health", pollution, malnutrition, bad housing, neglect of preventive medicine and irresponsible attitude in health services.
4. The medical rights should be protected in cases when physicians are asked to participate in violations of human rights, pressures on physicians in making out certificates, when there are obstacles to the medical profession's aim of helping mankind, and when doctors are asked to work without remuneration or with too little salary.
5. Principles of working programme:
5.1 The tasks of the Turkish Medical Association Human Rights Section:
   Determination of principles, planning, coordination. Implementation will be done by the Human Rights Section of Local Medical Chambers.
5.2 The Turkish Medical Association will found a central documentation service.
5.3 The information about the activities of the Human Rights Section within the Medical Chambers will be communicated periodically to the Association and circulated to all chambers.
5.4 Evaluation Meetings within the organization will take place in a predetermined programme.

** According to a statement from the Turkish government of February 1989 32 people have died after torture. According to Amnesty International this figure is twice the former figure given by the government. Amnesty International mentions 144 political prisoners unaccounted for, presumably dead (Editor's note)
The Effects of Total War on the Duty to Treat Anybody

by

Medical Action Group (MAG) – Education Committee

On 31 January 1989, following the breakdown of the peace talks between the Government and the National Democratic Front (NDF), President Corazon Aquino unleashed the sword of war against the insurgents led by the NDF.

As the civil war rages, civilians caught in the crossfire and those hors de combat (combatants incapacitated by war) do not get the necessary health services they deserve. This is because of the health providers' fear of harassment by elements of the Armed Forces of the Philippines and their paramilitary units (See Table I and II).

Table I. Cases of Human Rights Violations
January 1987—June 1988

<table>
<thead>
<tr>
<th>Types of Human Rights Violations</th>
<th>No. of Cases</th>
<th>No. of Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Massacre</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>2. Frustrated Massacre</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>3. Summary Execution/Salvaging</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>4. Illegal Arrest and Detention</td>
<td>13</td>
<td>35</td>
</tr>
<tr>
<td>5. Illegal Search &amp; Seizure/Raid</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>6. Harassment/Physical Injury</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>7. Divestment of Property/Burning</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>53</td>
<td>90</td>
</tr>
</tbody>
</table>

Table II. Effects on health programs and Health Workers

<table>
<thead>
<tr>
<th>EFFECTS</th>
<th>No. of Barangays or Individuals Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stoppage of Operations of Health programs</td>
<td>267</td>
</tr>
<tr>
<td>2. Disruption of Operations of health programs</td>
<td>205</td>
</tr>
<tr>
<td>3. Resignation of Health Workers</td>
<td>101</td>
</tr>
<tr>
<td>4. Inactive Health Workers</td>
<td>259</td>
</tr>
<tr>
<td>5. Drop-outs from Training for Health Workers</td>
<td>366</td>
</tr>
<tr>
<td>6. Inactive Trainees</td>
<td>46</td>
</tr>
</tbody>
</table>

The Medical Action Group, Inc. (MAG), has documented 53 cases of human rights violations, with a total of 90 victims. Seven children were killed in four cases of massacre. Four of them were children of community health workers. Of the 90 victims, 24 were killed (18 from massacre; one from frustrated massacre; and five more were salvaged or summarily executed, including one physician). Of the 22 cases of harassment, three suffered physical torture. Some of the community health workers were labelled as NPA medics or were carrying out allegedly illegal activities such as teach-ins and treating rebels. Others were threatened with death by the military and their para-military units, such as the CHDF and the now President-endorsed vigilantes.

Illegal search and seizures were done in three health programs: in Huntington Beach Clinic in Negros Oriental; Saint Michael's Health Training Center in Iligan City; and the office of Katilingbanon Nga Program Han Panlawas Han Samar-Center for Community Based Health Development, Inc. (KAPPS-CCBHD), in Calbayog City.

Thirteen community health workers were victims of illegal arrest and detention, and seven of them were tortured physically. Divestment of properties took place in three cases, and one house was burned.

Compounding this fear is the signing into law by President Aquino of Executive Order 212, which requires physicians promptly to report their patients with serious and less serious physical injuries to the nearest government health unit under pain of administrative sanction. This law was supposed to replace the repressive Presidential Decree No. 169 of former President Ferdinand Marcos. However, they only differ in where to report the above mentioned cases. Both of these laws violate the International Code of Medical Ethics on Confidentiality, which states that "...A Physician shall respect the rights of patients... and shall safeguard the patient's confidence.... A physician shall preserve absolute confidentiality on all he knows about his patient even after the patient has died." It also creates a "chilling effect" on health providers, thus forcing them to abandon the troubled countrysides where their services are badly needed.

In the Philippines the practice of medical neutrality is suppressed and violated. It is then necessary to:
1. Protect medical neutrality in times of conflict in the context of health as a basic human right of each individual and all people at all times.
2. Expose problems affecting the practice of medical neutrality at all times, and particularly in times of war, and enjoin health professionals and the public to engender broad support for collective action towards its resolution.

For the realization of these objectives we recommend the following:
1. Stop "Total War Strategy" and implement a program of social justice.
2. Educate health personnel and the public in the knowledge, skills and attitudes regarding their rights, and regarding their duties as health care providers and recipients in times of peace and armed conflict.

3. Educate health personnel in the knowledge of laws, policies, and practices that impede the observance of medical neutrality, and enjoin them to assert professional and ethical responsibilities, and deepen their commitment to health and human rights through organized collective action.

4. Educate the military, paramilitary and other armed groups in the duties and rights of health providers.

5. Repeal Executive Order 212 and enact a law that will give stiffer penalties to anyone who does not respect the rights of health providers.

European Torture Prevention Convention is Now in Force

by Henrik Døcker

The international fight against torture passed another important step when a Council of Europe convention aiming at preventing torture went into force on 1 February 1989. That happened after seven of the 22 West European countries that are members of the Council had ratified the convention.

The European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment – the full official name of the convention – does not offer any definition of “torture”. Consequently, the definition in article 1 of the UN Convention against torture (which came into force on 26 June 1987) may serve as a guide. Experts expect that depriving prisoners of necessary food and drink could be included in the notion of torture.

Each party to the convention is obliged to permit a new Torture Prevention Committee to visit any place where persons are deprived of their liberty by a public authority. The Committee is to consist of people “of high moral character, known for their competence in the field of human rights”, as the convention puts it. It is not only accepted but also desired by various countries that medical doctors join the committee, though such kind of activity is traditionally the domain of the legal profession.

Only in exceptional circumstances may a Party to the convention prevent visits by the Committee – for instance on grounds of national defence, public safety, serious disorder in places of detention, medical condition of a person or urgent interrogation. The Committee has the right to enter into consultations with governments that restrict visits, with a view to obtaining a satisfactory solution.

The findings of the Committee are included in a confidential report, which is only to be published if the Party in question requests it or if the Party refuses to improve situations that have been criticized, e.g. in a police station, detention centre or prison, or the treatment of one or more prisoners.

Continued from page 1

Torture also reduces societies to silence – the fear-ridden societies in which it is perpetrated, and our own societies as a result of the indifference it encounters. A major task is to make our societies aware of the need to cast off this indifference.

Our accumulating experience has served, moreover, to underline the necessity of a holistic approach. This means dealing in an integrated and coherent manner with the various dimensions of the therapeutic problem: the physical and the mental and emotional condition of the patient, as well as his adjustment to the new and, to him, often puzzling, sometimes even impenetrable, society in which he finds himself. It is of great importance, with respect to this last point, that difficulties of social reintegration should not represent a fresh source of stress that can jeopardize therapeutic progress. This highlights the significance of activities directed to social and administrative guidance and assistance. Such aid can sometimes be an absolute necessity – for instance, the repeated interventions by AVRE on behalf of numerous victims of repression from Guinea-Bissau (former Portuguese Guinea), whose inability to express themselves in the language of the host country, aggravated by severe physical and psychological distress, created serious obstacles to their acquisition of refugee status in France.

A primary requirement: continuing adaptability

In its three years of existence, AVRE has obtained solid recognition for the work it has accomplished. This is attested by the regular flow of patient referrals from the relevant public and private refugee reception and social service agencies. It may be added that these agencies have become increasingly sensitive to the specificity of AVRE’s role, as reflected in the more “finely tuned” process of screening cases for referral to our centre.

At the same time, AVRE has received generous encouragement from such internationally respected figures as Bruno Bettelheim, Simone Veil, and Robert Badinter.

We are nonetheless keenly aware of the constant need to deepen our knowledge and understanding of the individual and collective wounds inflicted by torture, and by the whole stressful context in which it is practiced, and to improve the therapeutic tools and approaches at our disposal. Our experience has also sensitised us to the necessity for remaining prepared to adapt to sometimes rather sudden changes, induced by the evolving world political situation, in the social and cultural characteristics of the cases brought to our attention – to take just one example, the first arrivals at AVRE of refugees from southeast Asia seriously in need of psychiatric aid.
RCT Appeals to Chile’s Supreme Court

The Rehabilitation and Research Centre for Torture Victims in Copenhagen, Denmark (RCT) has appealed to the Supreme Court of Chile after learning that a military prosecutor in Santiago has ordered the seizure of the medical files of the Vicaria de la Solidaridad—a highly respected human rights organization of the Catholic Church of Chile.

RCT, in a cable signed by the Chairman of its Board, Professor Bent Sørensen, strongly repudiates this action, as being a violation of medical ethics and a serious breach of doctor-patient confidentiality. The Centre also protests against the intrusion on privacy (of the files) which the seizure entails, in itself a contravention of the United Nations Convention on Civil and Political Rights.

“Physicians for Human Rights”, a US-based organization of health professionals, originally drew attention to the alarming situation in Chile, where abuses committed by the government constitute a major issue in the transition period, following General Augusto Pinochet’s defeat in the October 1988 plebiscite. A confrontation between Catholic humanitarian organizations, such as Vicaria, Cintras, Fasie, Pidee, and Codepu, is feared. The private medical work for torture victims in Chile would thereby be strongly endangered.

Uruguay, 16 April 1989 – Plebiscite: Act on Military Impunity

by Gregorio Martirena, M.D. *

On 22 December 1986, the Uruguayan Parliament passed the Act Declaring an Expiration of the State’s Punitive Authority by a majority vote. This act appeared untimely in the life of the Uruguayan people, since it did away with the promises that had been made to the people about investigating the violation of human rights during the dictatorship and bringing those responsible to justice. Today we all know that the main reasons for introducing this act were threats by the military forces of a new coup d’etat, and the right-wing conservative government’s fear of losing office, although the only explanation they offered was the necessity of maintaining the institutions.

The reaction of the Uruguayan was immediate, and by means of their constitutional right to a referendum they obtained in the course of one year the necessary signatures and were thus in a position to force a plebiscite, by means of which a direct vote may abolish the “Act of Impunity”.

The plebiscite will take place on Sunday, 16 April 1989, and the Uruguays are immersed in a struggle that we consider to be vital in the defence of democracy, dignity, and justice.

The Medical Association of Uruguay encouraged all the academic professions to support the popular rising for the abolishment of the Act. They responded generously and have formed a national committee in support of the abolishment and have published a declaration of which the core is given below:

“The academics signing this paper will vote for the abolishment of the Law Declaring an Expiration of the State’s Punitive Authority, in consequence of the principles laid down in our Constitution, which is the mainstay of a State governed by law, and the defence of which is the absolute duty of all academics, in accordance with the instructions received at our university which agrees with the definitions of the University Statute about “defending moral values, the principles of justice, freedom, social welfare, the rights of human beings and a democratic and republican government” (Article 20). The Law Declaring an Expiration of the State’s Punitive Authority would be detrimental to the fundamental principles of any democratic system, such as the equal rights of all citizens before the law and the independence of the judicial power.

The maintenance of the above Law constitutes an attack on the peaceful and democratic coexistence of our people and deepens the wounds of those who were persecuted for their points of view during the dictatorship. It also affects the entire social system by weakening the influence of the democratic institutions and subordinating them to a sector of the community, while conferring and intensifying the belief that there may exist privileged and powerful groups which are able to disregard the Constitution and the Law.

The Law Declaring an Expiration of the State’s Punitive Authority violated the promises given in CONAPRO by all the political parties and social organisations. This brought much disrepute, particularly the denial of that part of the Agreement which stated that “it constitutes a grave risk for the validity of the human rights in future to maintain the Uruguayan community in ignorance about the truth of the accusations made and to maintain unpunished the unlawful imprisonment.”

* Physician
Ituzaingo 471
Minas, La Valleja
Uruguay
Medicine at Risk
by Peter Vesti *

Medicine at Risk: The Health Professional as Abuser or Victim, January 19-21, 1989, arranged by Amnesty International French Section, held at the Unesco Building in Paris.

This seminar may be seen as a point along a line starting in Lysebu, Norway, in 1973. At that time only little was known of doctors’ involvement in torture, yet over the years our knowledge has grown and Amnesty International has been in the forefront, organising meetings and publishing its findings. For this Paris meeting, members of the health care professions from a large number of countries and continents were invited to participate. A large number of organisations were represented, including AAAS, BMA, National Academy of Sciences, Cimpros, CCFS, IAPUP, Johannes Wier Foundation for Help in Human Rights, RCT in Copenhagen, and SOS Torture, WMA, AVRE, and SMF. Individuals were also invited from several countries of diverse religious and political systems.

The meeting was a very well organised international seminar and the participants went into four different groups to discuss the following topics:

1. A universal and unequivocal definition of the principles of medical ethics
2. Finding an international cure for medicine at risk
3. Finding a cure for medicine at risk at the national level
4. Ethics, education, information

After the meetings in the smaller groups, the meeting ended with a large plenary discussion.

A thorough review of the status of medicine at risk and the current available declarations of medical ethics led to the conclusion that the ethical declarations available today cover all areas necessary and that no further declarations are immediately needed. From now on the area of discussion and concern will be the implementation of the declarations.

Obviously this is an area of troubled water and it was suggested that a number of indirect ways of directing attention to misuse in prisons and detention areas may be developed.

Such indicators of potential areas of concern may be:
- if unexpected deaths occur in prisons
- if prisoners have no access to doctors of their own choice
- if prisoners cannot identify the doctors
- if doctors do not know the identity of patient/prisoner
- if the standard of medical care in the prisons is below the overall standard in the society

The proceedings of the seminar, including a review of the discussions, will be published shortly.

The seminar was also an opportunity for individuals and organisations in the field to interchange ideas. Considering the previous Amnesty meetings, this seminar may be seen as a turning point where the impact moves from collecting information and proof to ways of implementing available declarations.

* Psychiatrist
RCT
Juliane Maries Vej 34
DK-2100 Copenhagen Ø
Denmark

In the book “Journey into Madness” by Gordon Thomas, a most deplorable dimension of medicine is explored, i.e. the involvement of medical doctors in torture throughout the ages and in various parts of the world.

Where such participation was formerly an accepted part of the doctor’s duty vis-a-vis the government, torture gradually became illegal and involvement became unethical. During the Second World War, however, medical expertise was used in medicalized killings and pseudo-scientific experiments in both the Far East and Europe, leading not only to persecution of individual doctors but also to a change of more than 2000 years of medical ethics, viz. the adoption of the Geneva Declaration by the WMA in 1948.

In this book doctors’ participation in torture, and its many euphemisms, e.g. brainwashing and mind bending, is reviewed. Whereas it was previously known that doctors participated in “brainwashing” in East Block countries, the centre piece of the book concerns attempts at behaviour and mind control in the Western world. The Central Intelligence Agency (CIA) appears to have been heavily involved throughout the fifties and sixties in a whole series of experiments conducted in the States as well as abroad and affecting a large number of innocent people. Because of the Freedom of Information Act a number of documents from the time have been released, but the vast majority of experiment descriptions and outcome seem to have been destroyed, giving only glimpses of the methods used.

Unfortunately the somewhat popular style of the book, obviously meant for the larger public, may lessen its impact. At the end of the book there is an excellent review of the current documents available, as well as the affidavits of the eight persons now suing the United States’ government for their sufferings. The book is without question very important and it is most certainly going to open the eyes of an unsuspecting public. We will never be able to get the full story, but the evidence presented in this and similar books, e.g. The Search for the Manchurian Candidate by John March (McGraw-Hill Book Company, 1980), certainly illustrates how even democratic governments will use all available means in their struggle against perceived enemies. Strangely enough some of the doctors involved were of high standing in the international community and this is of importance when furthering arguments for more extensive education in medical ethics.

All acts carry technical and ethical aspects. Journey into Madness describes how doctors in the service of the State have used their technical skills with a total disregard for the morals involved.

For the public the book may be entertaining, for people in the field well worth reading as a supplement to more specific texts.
Forthcoming Conferences and Seminars

**Haikko, Finland, 1989, June 16-18**


**Copenhagen, 1989, September 4-7**

International Medical Congress on “Detection and Examination of Human Rights Violations” arranged by the Danish Medical Group of Amnesty International, Committee of Concerned Forensic Scientists and The Danish Center of Human Rights.


The conference fee is $ 130 and includes meals, social events and proceedings.

Abstracts and registration: For further information, please contact:

Medical Congress on Human Rights
c/o Amnesty International
Jette Christensen, Medical Group
Frederiksbergade 1
DK-1360 Copenhagen K, Denmark

**San Jose, Costa Rica, 1989, November 26–December 2**

Health, Political Repression and Human Rights. Second International Conference of Centres, Institutions and Individual Professionals concerned with Care of Victims of Organized Violence.

Selected Documents Received at the RCT-International Documentation Centre


Appendix I: Reports of interviews and medical examinations of torture victims from Somalia.


In Turkish. Includes a “black list” of doctors who have participated in torture.