Turkey: The First Rehabilitation Centre for the Survivors of Torture to be Established

by Nevzat Helvaci, President *

Insan Haklari Dernegi (IHD), the Human Rights Association in Turkey, has decided to inform all persons and private and official institutions who protect human rights about a project to create a Rehabilitation Centre for Torture Victims in Turkey. The appeal is to all the persons and institutions within and outside Turkey.

Our aim is to create widespread and effective public opinion against torture, which we believe is a crime against humanity. We also wish to create a strong and constant reaction against the torturer in our own country. However, our aim is to cure the health of the people who are tortured.

In order to bring this project into fruition, it is necessary to establish a foundation. This is because of the legal procedures which exist in Turkey. All preparations to establish a “Human Rights Foundation” are completed. As soon as funds for the project are provided, an official application will be made to the authorities for the establishment of the foundation.

The Human Rights Foundation, whose main aim is the founding and management of this rehabilitation centre, will be responsible for the procedure necessary to establish the centre.

We ask all persons and institutions for contributions and solidarity so that we can found the Rehabilitation Centre for Torture Victims. We plan to organize meetings in Turkey and abroad so that we can give information about the project and how the contributions and solidarity can help us. We wish to emphasize the fact that we are especially ready to talk about the organization abroad.

Our hope is that we can together—nationally and internationally—bring this project into being, and that it will be a continuing symbol of human dignity.

CONTENTS

Turkey: The first rehabilitation centre for the survivors of torture to be established
by Nevzat Helvaci .......................... p. 1

Editorial .......................... p. 2

The German Medical Profession begins to face its Nazi past
by Christian Pross .......................... p. 3

Afghan torture doctors to be excluded
by Mohammed Azam Dadfar .......................... p. 5

Doctors in Pakistan realize that torture is a “problem”
by Mahboob Mehdi .......................... p. 6

Book reviews .......................... p. 7

* Insan Haklari Dernegi
Mesrutiyet Caddesi 17/17
Yenisehir, Ankara
Turkey
New Knowledge, New Understanding and New Concepts

As illustrated in the previous as well as the present issue of the RCT Newsletter, medical doctors appear to be involved in torture all over the world even nowadays.

This information has only slowly come to light, and whereas the doctor torturers from the Second World War were punished as individuals, it only gradually dawned on the profession, and perhaps even on the public in general, that this problem is apparently a world-wide phenomenon.

It is now beyond doubt that a huge number of doctors worldwide participate in repression. This is also brought about by the increasing sophistication of torture. Whereas it was formerly of less importance what eventually happened to the victim, torture today centers around the destruction of the personality, and for this doctors are needed.

It has also been realized that not all doctors are equally prone to participation in torture and that, whereas it was formerly believed that a personal defect in the individual was responsible, it is understood today that it may be a professional hazard. Doctors at risk are doctors who work for a Government in one of its services, and they appear to be easily coerced into participation in repression.

A new independent ethical issue has arisen. But even today doctors are requested to participate in punishments meted out by a Government, and this not only under shariat law. According to the Standard Minimum Rules for the Treatment of Prisoners, doctors are even in this UN Convention requested to evaluate “fitness for punishment”.

What was formerly an accepted practice, or seen as a moral defect in certain individuals, is understood today as the individual’s splitting of moral and technical aspects of his acting. This can never be justified, and history has shown that we are responsible for all aspects of our acts, as well as for the acts we permit.

Peter Vesti
The German Medical Profession Begins to Face Its Nazi Past

by Christian Pross, M.D. *

For over forty years the official representatives of the German medical profession have denied the involvement of German doctors in the Nazi genocide. Why did the postwar conspiracy of silence last so long? During the Nuremberg Doctors' Trial in 1946/1947, 23 doctors and health officials were tried for fatal experiments on prisoners in concentration camps, for mass killings of the mentally ill and the handicapped, and other crimes. Alexander Mitscherlich and Fred Mielke, the official observers of the West German Chambers of Physicians at the trial, suggested that about 350 doctors had been directly involved in unethical experiments and killing of patients. However, it is now well known that it was not only the very small number of 350 'black sheep' among the German medical profession who were involved in medical crimes: many more were involved directly or indirectly, among them the cream of German medicine, university professors, outstanding scientists and researchers. As Mitscherlich and Mielke noted in 1947, "only the secret consent of the practice of science and politics can explain, why the names of high-ranking scientists are constantly dropped during this trial, of men who perhaps did not directly commit any crime but took advantage of the cruel fate of defenceless individuals" (1). Mitscherlich and Mielke had the courage to break the esprit de corps of their profession by publishing trial documents, which charged Germany's most renowned surgeon, Ferdinand Sauerbruch, and Wolfgang Heubner, director of the Pharmacological Institute of Berlin University, with being accessories to medical crimes by participating in a conference on the extremely cruel and sometimes fatal sulphonamide experiments in Ravensbrück (2). Mitscherlich had to pay a high price for it. Sauerbruch and Heubner sued him and forced him to remove this paragraph from the trial report. At the same time the leading Göttingen physiologist and specialist on aviation medicine, Friedrich Rein, accused Mitscherlich of irresponsibly attacking the fundament of scientific research and spoiling the honour of the German medical profession (3).

10 000 copies of the final version of Mitscherlich's documentation of the Nuremberg Doctors Trial (4) were printed in 1949 exclusively for the members of the West German Chambers of Physicians. Yet the book did not become known to the public, there were no reviews, no letters to the editor. "It was as if the book had never been written", Mitscherlich recalled. One must assume that the 10 000 copies disappeared in the basements of the West German Chambers of Physicians without a single German doctor ever having read the book. However, the World Medical Association received a copy and took it as proof that the German medical profession had distanced itself from the medical crimes committed under the Nazis and thus was qualified for renewed membership (5). In return, Mitscherlich, who had helped to save the international reputation of the German medical profession, faced a campaign of slander by his colleagues, who labelled him a traitor to his country and were successful in damaging his career. In 1956 the medical faculty of Frankfurt University refused to give him the chair of an institute of psychoanalysis and psychosomatic medicine that the State government had offered him. In his autobiography Mitscherlich notes bitterly that he had virtually snatched the chestnuts out of the fire for his profession but had been stabbed in the back for it (6).

There was a big silence in the following three decades after the represssion of Mitscherlich's documentation. The tide turned during a national conference of physicians and health workers called the "Gesundheitstag" in West Berlin in May 1980. It was a deliberate counterconference to the simultaneous annual meeting of the Deutsche Ärztetag, the physicians' parliament, whose host, the president of the Berlin Chamber of Physicians, was a former Nazi physician. As an attempt to recapture destroyed alternative models of health care from the Weimar period, the organizers of the Gesundheitstag had invited five Jewish refugee physicians from abroad, most of them former members of the Socialist Doctors' Association (Verein Sozialistischer Ärzte). "Medicine under National Socialism. Repressed past—unbroken tradition?" was the title of the conference, which for the first time presented the work of a small group of outsiders (7). The Gesundheitstag sparked off a wave of research on the history of hospitals, medical schools, research institutions, and professional organizations during the Nazi period.

The impact of this research has been powerful enough finally to force the German Federal Chamber of Physicians to change its attitude. On the 50th anniversary of the "Machtergreifung", the Nazi seizure of power, the Deutschen Ärzteblatt still maintained in an editorial that "the new masters had appeared overnight" and seized control of the reluctant professional organizations, denying the fact that the leaders of the professional organizations had enthusiastically supported the new regime (8). When the German paediatrician and peace activist Hartmut Hanauske-Abel published an article in the Lancet in 1986 about the medical profession's continuing denial of the truth (9), the chairman of the Federal Chamber of Physicians, Karsten Vilmar, angrily attacked him of distorting facts and of collectively slandering the profession (10). Vilmar's backward-looking attitude was covered by the leading German newspapers as a scandal. In May 1989 the Berlin Chamber of Physicians, which was now controlled by the organizers of the 1980 Gesundheitstag, used the opportunity of being host of the 1989 annual meeting of the Deutsche Ärztetag to force Karsten Vilmar to set medicine under the Nazis on the agenda. Against considerable resistance from the State physicians' chambers an exhibit was created, which was officially opened at the annual session...
in May 1989 in Berlin (11). Simultaneously an international scientific symposium under the umbrella of the Federal Chamber of Physicians was organized and a series of articles were published on medicine under the Nazis in Deutsches Ärzteblatt (12). During the opening of the exhibit Richard Toellner, medical historian at the University of Münster, stated in a widely-noted speech based on the notions of recent research that the German medical profession had to acknowledge the fact that the majority of physicians had actively or passively participated in medical crimes, and that the burden of the past had to be faced and no longer be repressed: "The whole spectre of normal representatives of the medical profession was involved and they all knew what they were doing... A medical profession which accepts mass murder of sick people as a normality, and to a large degree explicitly approves of it as a necessary, justified act for the sake of the community, has failed and betrayed its mission. Such a medical profession as a whole has become morally guilty, no matter how many members of the profession directly or indirectly participated in the killing of sick people in a legal sense". This clear statement was printed in the Deutsches Ärzteblatt and must be seen as a new interpretation of history, from which the Federal Chamber of Physicians can no longer retreat (13). Does this mean that the German medical profession has finally shown the remorse asked for in vain by Mitscherlich 42 years earlier? The attitude of the official representatives of the profession remains contradictory. The 1989 Deutsche Ärzteetag in Berlin certainly triggered a debate within the profession that was unthinkable before. The articles in the Deutsches Ärzteblatt have caused angry reactions among a number of readers, and some of the letters to the editor were full of antisemitic and German chauvinist resentment (14). The president of the Federal Chamber of Physicians, Karsten Vilmar, revised Professor Toellner's notions during a recent memorial rally for the victims of Nazism in Bremen by saying that the majority of German physicians had altruistically worked for their patients and never been involved in or approved of any atrocities (15). Vilmar's waver ing attitude shows the half-heartedness of the official representatives in confronting the past. However, the system of silence, lies, half-truths, excuses, and angry denials of the last four decades is on the retreat. The open debate about the Nazi past has raised the consciousness of many German doctors and of parts of the German public towards contemporary medical abuses. It has shaken the German doctors' self-image of infallibility, of a profession that stands neutrally above political and social forces and that presumably has always had a clean shirt and acted out of noble altruistic motives.

2) Ibid., p. 83–84.
12) The series of articles in the Deutsches Ärzteblatt were published as an anthology: Johanna Bleker, Norbert Jachertz (ed.), Medizin im Dritten Reich, Deutscher Ärzteverlag Köln 1989.
Afghan Torture Doctors to be Excluded

by Mohammad Azam Dadfar, M.D. *

After the coup of April 1978 and the Soviet invasion in Afghanistan, torture became part of Afghan daily life. All political prisoners, without discrimination, have suffered either physical or psychological torture, and some methods of torture have been developed and put into practice by doctors. Unfortunately there has been no organisation in Afghanistan to protest against violations of human rights and no chance to develop one because of total insecurity.

According to Professor Felix Ermacora, the recognized Austrian expert on international law and Amnesty International reports, “there has been no possibility to obtain correct information about detainees in Afghanistan”. Therefore we doctors can only talk about doctors involved in torture.

We received a lot of detailed information and testimonies from various witnesses, especially from 509 torture survivors from Afghan prisons who have been interviewed in the Psychiatry Center for Afghan Refugees in Peshawar over the last three years. According to these sources and our own experience, doctors who participated in torturing have been members or sympathizers of the Communist Party. Most of them were prepared psychologically to punish and practice torture, and because of their ideology they were made to believe that people who oppose the government are reactionaries, foreign agents, etc., who deserve to be punished.

In this article we list the high-ranking government doctors who participated in torture. First, Dr. Najibullah, the President of Afghanistan, and former head of Khad, the State intelligence service, participated in torture in prison. Three of the 509 torture survivors, interviewed in the Psychiatry Center, have been interrogated and tortured by Najibullah. One was humiliated and slapped. Another was kicked and punched by him, who later ordered the interrogators to continue the act of torturing while he himself left the torture cell. The third person, a girl called Saliha, according to one of the ex-prisoners who now lives in Peshawar, was badly injured and knocked unconscious by Najibullah who threw a desk stone at her head, thus causing a bleeding wound.

The second person is Dr. Mohammed Zaman Ghairatmal from Laghman province, the former head of a department in Pul-e-charkhy prison hospital and also secretary of the party within the prison. First, Dr. Zaman used to let the interrogators proceed with the interrogation procedures in the hospital, and secondly he often joined the interrogators and terrified the sick prisoners by denying them any medicine unless they gave the wanted information.

Another patient gave the following report. In the winter of 1983 Wazir Gul, a prisoner, was hospitalized and saw Dr. Zaman and some other interrogators coming to his room drunk. There were four patients in the room; one of them was Hayt Khan, who was suffering from a sharp pain in his chest and was asleep. Dr. Zaman slapped him in the face to awake him and afterwards started to beat him. Hayt Khan was bleeding from the mouth. Dr. Zaman ordered him to be taken back to his cell. The next night Wazir Gul heard a noise, and when he came out of the room he found Hayt Khan dead on the floor.

We also know about Gul Mohammad, a 17-year-old boy who suffered from epilepsy. Dr. Zaman was told about the boy’s problem and he ordered the boy to the hospital. Gul Mohammad came back to the cell an hour later with a puffy face. Instead of giving him medicine they had slapped him again and again in his face. Later, he was kept in the hospital for three days, but was given no medical treatment. He died in his bed during an epileptic attack.

According to many torture survivors, Dr. Zaman used to try to get the unconscious prisoners back on their feet, so that the interrogators could go on executing more punishment and torture, and Dr. Aqil Baz, from Nangarhar province, assisted him.

Dr. Zamir, a 35-year-old doctor from Kabul province, working as the director of Nangarhar province detention centre till 1987, is another example. If the interrogators could not get the wanted information from a prisoner, they informed Dr. Zamir, who used such harsh methods of torture that he became a symbol of fear and death. He was a very strong and athletic man and could suffocate people with his own hands.

Another is Dr. Manokei Mangal. He was a doctor in Pul-e-charkhi, later the head of Khad in Jalalabad province, and at present the governor of Jalalabad province. He was feared among the prisoners for various kinds of genital torture.

Most of the doctors who are party members participated in torturing the prisoners. Their involvement in politics and war, weakness of character, and fear about their personal existence, made them forget about medical ethics and responsibility. The Afghan society will not accept them as doctors in the future.

* Director
Psychiatry Center for Afghan Refugees
Shaheen Town, University Road
P. O. Box No. 641 G. P. O.
Peshawar—Pakistan
Doctors in Pakistan Realize That Torture Is a “Problem”

by Mahboob Mehdi, M.D. *

Torture has never been taken as a serious problem by the official medical circles in Pakistan. However, torture exists in Pakistan, with frequent participation of health professionals in its worst institutionalized form. Victims of torture requiring treatment and rehabilitation are numerous. But the training of health professionals in the various institutions of Pakistan does not bring into consideration the problem of torture and how health professionals should react to it. The code of medical ethics of the Pakistan Medical and Dental Council does not mention torture. Doctors who take part in torture do not face any disciplinary action by the Pakistan Medical and Dental Council. In Pakistan the participation of doctors in the process of torture is usually legal and has been made part of the duties of the doctor. The following main types of medical participation in the process of torture or cruel, inhuman or degrading punishment, exist in Pakistan:

1. Under the execution of the punishment of whipping ordinance of 1979, before the execution of the punishment commences, the convict shall be examined by the authorized medical officer so as to ensure that the execution of the punishment will not cause the death of the convict. If the convict is ill, the execution of the punishment shall be postponed until the convict is certified by the authorized medical officer to be physically fit to undergo the punishment. The punishment shall be executed in the presence of the authorized medical officer at such place as the provincial government may appoint for the purpose. If, after the execution of the punishment has commenced, the authorized medical officer is of the opinion that there is apprehension of the death of the convict, the execution of the punishment shall be postponed until the authorized medical officer certifies him physically fit to undergo the remainder of the punishment.

2. In many interrogation centres, the person to be interrogated is examined by the doctor and declared fit for interrogation.

3. The conduct of the prison medical officer in most cases is very unethical and falls far short of the United Nations declarations and codes of conduct. Instead of providing standard and the best available treatment for the prisoners, the prison medical officer usually behaves as part of the prison administration and takes part in the torture. At least in one case we have been told that a jail superintendent is a qualified doctor. He performs both the duties: ordering punishment and declaring fit for punishment.

4. Cover up activities by some doctors, such as providing false death certificates or false clinical records of the victims of torture are very common.

5. If the court orders the amputation of a hand or foot as punishment, then according to law it must be carried out in person by an authorized medical officer.

6. In Pakistan severe and cruel punishments can be given on charges of drinking, so-called illicit sexual relations, and pregnancy out of wedlock. And these punishments are given after confirmation of the ‘offence’ by the doctor. We are of the opinion that doctors should refuse to examine such persons for confirmation of the ‘offence’, so that they would not become part of cruel, inhuman or degrading punishments.

7. I have interviewed men and women who were tortured in different torture chambers and prisons of Pakistan. These victims have given evidence about the participation of doctors in the process of torture. One of the victims interviewed is a doctor and he faced his own classmate doctor in the torture chamber. The doctors who facilitate torture in Pakistan usually:

   a) advise the torturers about the actual condition of the victim’s health.

   b) revive the victims sufficiently to undergo further torture.

   Because of the institutionalization of torture, a change of government does not necessarily affect the process of torture. Thus, even after the death of President Zia-ul-Haq in 1988 and the coming to power of the new government, the process of torture and cruel, inhuman and degrading punishments continues. For example, the public flogging of Rateh Mohammad took place in Haroonabad on 31 January 1989. The flogging was witnessed by thousands of people, including the Superintendent of Bahawalgarh jail, Syed Ziaul Haq Shah, the Deputy Superintendent of Police in Haroonabad, Malik Mohammad Khan, and Dr. Azhar and Dr. Mohammad Bashir, both medical officers. Fateh Mohammad’s condition deteriorated after receiving 15 lashes. The remaining 15 lashes were administered after he was revived by the doctors. On the completion of the flogging, Fateh Mohammad was taken away unconscious by the police. In a second case, a sentence of amputation of the right hand and the left foot has been given to Mumtaz Ahmed and Agha Khan by the Additional Session Judge of Sargodha, Riaz Hussain Alvi. The sentence has not yet been carried out. Voice Against Torture (VAT) has strongly appealed to all doctors to refuse to carry out the amputations.

   For the first time in the history of Pakistan, we in VAT have systematically raised the issue of medical ethics in relation to torture. In a three day seminar held from 26 to 28 September 1988 in Islamabad by the VAT, one full session was devoted to medical ethics in relation to torture and cruel, inhuman and degrading punishments. We appealed to the Pakistan Medical and Dental Council to incorporate in its code of medical ethics a clause against torture in line with the Declaration of Tokyo (WMA, 1975). After the intervention of VAT in the medical scene of Pakistan, a section of the medical community has responded in the struggle against torture. VAT has promised these doctors full support if they are victimized by the authorities because of their refusal to take part in torture.

* Voice Against Torture (VAT)
P. O. Box 2428
Islamabad
Pakistan
Children suffer during war. War takes children’s lives or turns them into orphans. War damages children, can permanently disfigure their bodies, leaves them without hope and trust for the future.

Adults start the wars, but children take part, partly as passive victims receiving the injuries, partly as active participants in the actions of that war they never wanted. Both roles leave them physically and psychologically handicapped.

Uganda is a part of the world with bitter experience of unrest, terror, and open war. The rule of Idi Amin created enormous suffering. Tens of thousands were killed by the agents of this dictator, tens of thousands disappeared. But his downfall in 1979 did not bring peace, and up to 1985 another half million people have probably been killed.

Children were also killed, and many had to witness the torture and murder of family and friends. Children were displaced and separated from their parents and family surroundings. They also fought with weapon in hand.

These events and their consequences for the children—their reflections on what happened to them, on their lives and their futures—are described in this book. The editors are Cole P. Dodge, social anthropologist, for many years on the staff of UNICEF in Uganda, and Magne Raundalen, Norwegian research psychologist, UNICEF staff member. The contributors to the book come from Uganda, Norway, and the United States. They all took part in a comprehensive research project in which Ugandan children themselves gave written or oral accounts of what happened. Health workers concerned with these children were also interviewed.

The book gives a short account of the situation of children in wars in several parts of the world. A special chapter reviews the literature and research on children in crisis situations, particularly war. A description is given of children’s reactions to stress, of the difficult situation of the parents, of the conditions which made survival possible or particularly difficult. A good description is given of the role of different cultures and traditions in managing apparently impossible crises.

An important aim of the book is to let the children speak for themselves, through their many written accounts—to give their own happiness and sorrow, fear and horror, dreams and hopes.

It is not a thick and heavy book, but it is a mighty book, above all alive. It contains important research results, but also an impression of life and being close to the people who suffered brutality and tyranny for so long. The illustrations supplement the descriptions, and together they give an insight into the psychological effects of war on children and into a very difficult part of African history. The book can be recommended warmly.
Preliminary Programme for XIX Tromsø-seminar in Medicine
June 5—7, 1990
University of Tromsø, Norway
An International Symposium on Torture and the Medical Profession

The ethical and legal responsibility of the medical profession in relation to torture and implications of any form of doctor involvement in torture.

Organizers
Jørgen Cohn, Leo Eitinger, Inge Kemp Genefke and Peter Vesti.

Topics
Ethical problems in relation to the medical profession and torture. Accounts by doctors living in countries under repressive regimes using torture.

Historical perspectives—given by doctors who themselves have been imprisoned in concentration camps.

Medical, ethical and legal aspects— theoretical considerations.

Testimonies by torture victims, who have witnessed medical doctors involved in the procedure.

Human rights—international aspects including the international co-operation against the medical torturers.

Invited speakers

Information/Registration/Correspondence:
Jørgen Cohn, professor of Pediatrics.
Department of Pediatrics, University of Tromsø.
Post: Office Box 2415
N-9012 Tromsø, Norway

Selected List of Documents Received at the RCT-International Documentation Centre
Preliminary Programme for
XIX Tromsø-seminar in Medicine
June 5—7, 1990
University of Tromsø, Norway
An International Symposium on
Torture and the Medical Profession

The ethical and legal responsibility of the medical profession in relation to torture and implications of any form of doctor involvement in torture.

Organizers
Jørgen Cohn, Leo Eitinger, Inge Kemp Genefke and Peter Vesti.

Topics
Ethical problems in relation to the medical profession and torture. Accounts by doctors living in countries under repressive regimes using torture.

Historical perspectives—given by doctors who themselves have been imprisoned in concentration camps.

Medical, ethical and legal aspects—theoretical considerations.

Testimonies by torture victims, who have witnessed medical doctors involved in the procedure.

Human rights—international aspects including the international co-operation against the medical torturers.

Invited speakers

Information/Registration/Correspondence:
Jørgen Cohn, professor of Pediatrics.
Department of Pediatrics, University of Tromsø,
Post Office Box 2415
N-9012 Tromsø, Norway

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


