United Nations to visit prisons?

The UN Commission on Human Rights - consisting of 53 countries - has adopted a resolution that establishes a working group with the task of drafting an optional protocol to the Convention against Torture. This happened on the initiative of Costa Rica.

The draft provides for the creation of a Sub-Committee, whose members would be appointed by the UN Committee Against Torture (CAT) and would be empowered to visit any place of detention of the countries that would ratify the optional protocol. It is a transposition at the United Nations level of the system set up by the European Convention for the Prevention of Torture.

The resolution requests that the working group should meet during two weeks between this session and next year's (probably in October or November 1992). Governments, international organizations, and NGOs will be invited to send their comments on the draft. Comments that are particularly expected are those from the UN Committee Against Torture and from "international and regional bodies with experience in the field of visits to places of detention". In fact there are only two bodies of this sort - the ICRC and the European Committee for the Prevention of Torture (CPT).
STRENGTHENING THE UN EFFORTS AGAINST TORTURE

Torture is never practised in public. It is not a kind of punishment to which someone is specifically condemned; consequently, much torture is not reported anywhere. Many torturers have never used the word; none of the torturing countries likewise. Just as Hitler talked of Endlösung (“The Final Solution”) for The Jewish Problem, instead of saying “The mass murder of the hated European Jewry”, so Human Rights activists and other dissidents are “dealt with” and subjected to many kinds of ill-treatment that are not “classified” - according to the practice in this or that dictatorship. Well, mainly, because some democracies may occasionally betray their fundamental ideas and and also practise torture. With a risk of being put on trial before an international forum. At least most of the democracies of the world today are bound by international obligations, either to the UN Covenant on Civil and Political Rights or to the European Convention on Human Rights - or both. Still only less than a third of the countries of the world are bound to the close scrutiny of a specialized committee within the framework of the Human Rights Covenant or the UN Convention against Torture. And some of them do not hesitate to violate them at that! For that reason the UN has now initiated the work to establish an obligation for the high contracting parties to let UN inspectors visit their prisons.

The world badly needs a finer-meshed net to prevent torture, if not to disclose the torturers - be they policemen, officers, or doctors - who have participated in the torture, or consented to it. Europe already has one in the form of the inspection teams of the European Committee against Torture. As Europe has constantly inspired the world community, mainly the UN, not least in the international protection of the individual, it is only a welcome step forward to strengthen Human Rights worldwide that the UN now wants to visit prisons everywhere.

Yet it is a mammoth task. Just as Iraq continuously challenges the UN inspectors who try to gather all the information about the weapons of mass destruction (information which Iraq is obliged by the UN to give so that the weapons can be destroyed), so the torturers of this world and their torture operations' theatres hide behind secrecy and are non-existent in any official sense. Torture is often practised without the knowledge of large parts of the population of the country in question.

The big task of “the world of humanitarians” is to sew the seeds of openness and control. To be, to so speak, a humanitarian contrast to “Big Brother” in George Orwell’s famous novel “1984”, the brutal dictator who, by means of technology, was ubiquitous and therefore capable of knowing everything about his subjects at all times. Of course it is an illusion to imagine that some international body should be able entirely to check the misanthropic regimes, which are maiming and killing their countrymen all over the world, and thus come to know what these regimes are up to or actually doing in the hundreds of thousands of police stations or army camps.

But it is extremely important to do everything to frighten dictators as much as possible and in fact influence them to refrain from torturing. The UN is already doing a great job in having a special rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. Since his appointment in 1985, he has submitted six reports on the subject, the last dealing with some 60 countries.

The rapporteur, the Dutch lawyer Peter Kooijmans (the same man through all the years), ascertains that torture is invariably used in isolation and is anonymous: the victim hardly ever sees the face of the torturer. In his 1991 report (December 1991), he draws attention to the fact that no member of a judiciary anywhere in the world today can be in doubt of the rights under international law of a person in detention. The international community has formulated these standards in, for instance, the UN Standard Minimum Rules for the Treatment of Prisoners (approved by the Economic and Social Council in 1957 and 1977), and in the Body of Principles for the Protection of all Persons under Any Form of Detention or Imprisonment, approved by the General Assembly in 1988. Torture is here explicitly forbidden.

Mr. Kooijmans strongly supports the idea of inspection in prisons and other places of detention worldwide. It would have a highly prophylactic effect on the occurrence of torture, he observes. It should not, however, be glossed over that some countries have opposed this extension of the effort which the UN is already making against torture. Some believed, and rightly so that such a new system would be too costly, others that it would be incompatible with several states’ concept of sovereignty. This is the classic conflict between international watch on and protection of Human Rights on one side, and the UN member states’ right to unimpeded national self determination on the other (or, as article 2 of the UN Charter of 1945 puts it, that the UN shall refrain from intervening in “matters that are essentially within the domestic jurisdiction of any state”).

Human Rights, however, are today accepted as being universal, and therefore in fact supranational. It is therefore the responsibility of the international community to protect these rights, to supervise them, to make them more efficient - at the cost, some would say, of the idea of national sovereignty. A greater problem is that many countries do not pay the money for implementation and international control which their ratification obliged them to.

In order to establish the necessary bridge between theory and practice, one ought to consider the hesitations of some governments caused by the small flow of money to the Human Rights work of the UN. If a new system of visiting places of detention is to suffer from the same financial difficulties, as every serious estimate indicates, one should rather think of strengthening the existing control machinery. There is every reason to warn against extending international monitoring systems beyond the existing resources of both money and manpower.
Doctors must cooperate to diagnose torture

By Sten W. Jakobsson, MD *

During the past decade, 12000-20000 persons per year have sought asylum in Sweden. Experience from this country, and also from Denmark, has shown that about 20% of the newly arrived have been exposed to torture, especially when they have come from the Middle East, Africa, and Latin America 1,2. In this way, about 500-1000 torture victims arrive in the Stockholm area alone.

Red Cross Centre and Voluntary Group

The Red Cross Centre for tortured refugees in Stockholm was set up in October 1985. It only receives tortured patients who have been allowed to stay and to work in the country. To be able to offer psycho-social support to asylum seekers, an additional project was started at the centre, the Voluntary Group. About 30% of the patients who wanted to attend the Centre at its start had no permission to stay and to work. They were therefore transferred to the voluntary group. Now patients can come directly to the group, mainly from the staff of the refugee centres. Many are referred directly from hospitals and out-patient clinics. Others come directly or through intermediaries. About 200 patients have been received from the start of 1986 until the spring of 1991.

Patients from 24 countries

The Voluntary Group, in its turn, refers the refugees who have sequelae from maltreatment and torture for forensic evaluation. Since the beginning of 1986, about 160 patients have had their physical lesions recorded by forensic experts. The number of refugees who present themselves to the Voluntary Group from various countries is not proportional to the number of refugees from these countries in Sweden. The number of clients from a particular country is therefore a reflection of the occurrence of torture in that country, as well as of the cultural pattern and of the difficulties of being trusted, both by the immigration authorities and by the government. So far we have had patients from 24 countries and from 4 continents.

The patients' histories give a picture of various degrees of persecution, violation, and torture. On arrival, the patient, if possible together with the contact person and coordinator in the Voluntary Group, has a talk with the voluntary doctor via an interpreter. The patient is often resistant to recounting his/her humiliating experiences. It is therefore a great help at least to be able to do so in the native language, which is more closely related to feelings; it will help the doctor to evaluate what is said, and also to see how the patient and the interpreter are getting on together.

Psychological sequelae from torture

In cases of alleged torture, maltreatment, persecution, and other violations, a complete history is taken and a thorough physical examination is performed.

Many patients have psychological sequelae from torture. About 50% are suffering from PTSD (post-traumatic stress disorder), and the many psychological symptoms often make one talk about a trauma-spectrum. An additional psychiatric examination is therefore necessary in about 35% of the cases. The conversations which are part of the diagnostic process play an important role in the treatment. To talk about their persecution, traumas, pain, and fear, and to have it all evaluated, and have the violations recognized, can, in my opinion, be the beginning of a therapeutic process.

Case histories

Case 1.

A 27-year-old man from a Central African country said that he had become “politically active against the regime”. He was taken to a prison for political prisoners and tortured during interrogations. He was tied down on a plank bed with his arms stretched out. He was blindfolded and interrogated by a man standing at his feet, while two brusque and loud-mouthed soldiers were pressing burning cigarettes on his bare arms (Fig. 1).

The skin changes were thought conclusively to be consistent with the history.

Case 2.

A 28-year-old previous policeman from Iran had become “politically active” and had contacted opposition groups. He was arrested and sent to prison for 6 months. During the last 40 days of his imprisonment, he was daily exposed to falanga, i.e. repeated blows to the soles of his feet (Fig. 2). He was granted asylum in Sweden after only 5 weeks. He was placed in a refugee camp in the rural area.

He was suffering from serious sleeping problems, repeated nightmares, and severe anxiety. He was prescribed Valium 5 mg x 4 daily by the camp doctor. He asked personally for help from the Voluntary Group of the Red Cross. Physical examination revealed thick scar tissue in both soles, which may well have been consistent with the reported traumas (Fig. 2).
The toe nails pulled out

Case 3.
A 32-year-old man from a north eastern African country who was sentenced to 6 years in prison for political activities. During his imprisonment he was tortured at intervals, and had toe nails pulled out.

At the examination in Sweden, most of the toe nails had regrown, but they were deformed. The findings can have been consistent with his history (Fig. 3).

Important to cooperate with psychiatrist and psychologist

The colleagues with whom cooperation is particularly important are psychiatrists and psychologists. Such cooperation takes place in about every third case at the voluntary group. The following two cases can serve as illustrations.

Case 5.
A 32-year-old woman from a Central African country was politically active, as was her husband. He was arrested and disappeared, and in all probability he was executed. In her search for her husband, the woman was arrested and imprisoned. In the prison she was exposed to serious maltreatment, akin to torture. Safely arrived in Sweden, she related, with great pain, that she had become pregnant during one of several group rapes in the prison. It could be a question of at least 5 soldiers, who later helped her to escape when the pregnancy became obvious. She was offered an abortion in Sweden (17th week), but despite the serious circumstances, she wanted to give birth to her child, since her religion did not permit any other solution. After substantial medical, psychological, and social support, she and her child are both doing well.

She has got a job and some order in her life.

Difficult to be taken seriously

Case 4.
A 20-year-old woman from a Middle East country walked in the street without a veil, and with lipstick and painted nails. She was taken by the "chastity-police". At the station she was raped by policemen, and her right hand was put into a meat chopper. She received surgical treatment after some time. She arrived in Sweden with her right hand hidden in her sleeve, and did not show her injuries to the police, nor to the lawyer. She was refused asylum. After showing the evidence, she was granted asylum a short time after her appeal.

This case shows that it is difficult to have one's words taken seriously, and to show and talk about one's injuries. The injuries, in combination with her behaviour, were conclusively consistent with her story (Fig. 4).

These cases are to some extent clear, with their easily seen skin changes and injuries. It is obvious, in the nature of things, that the usual torture injuries from blows with sticks and butts, and from kicking, are no longer visible when the refugee arrives in Sweden. In these and similar cases, it is difficult to evaluate the asylum seekers, and therefore cooperation between several specialists is necessary. We have arranged this at the Red Cross by contacting specialists in dermatology, surgery, orthopaedics, ear, nose, and throat diseases, infectious diseases, and radiography.

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Case 6.
A 35-year-old man from a South American country asked for help from the Voluntary Group during his asylum period because of some problems, including impotence, following electrical torture to his private parts. There were no abnormal findings at physical examination.

During long talks, obviously very painful for the patient, it became clear little by little that he had nightmares which repeatedly ended with the mock execution to which he was exposed while in prison. Cooperation with the psychiatric department was established, and the patient went through a long series of therapeutic conversations, combined with doctor-supported advice on sexual problems.

The patient is now feeling well and has a full time job. He has become a father.

Nightmares and mock executions

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Cases that were turned away

A 23-year-old man from a South American country reported that he was tortured in his home country. The alleged torture methods, red hot iron placed against his feet and torso, had never been reported from the country in question. Physical examination showed no visible skin changes. Thinking that something had gone wrong in our contact, he was offered psychological consultations. He never returned.

In other cases, vaccination scars have been presented as scars resulting from torture, and no further processing was necessary. Changes due to diseases or congenital handicaps have also been reported as injuries from torture. This does not necessarily mean that the pa-
The prisoner, exposed to fatanga, is naked and blindfolded. Drawing by refugee.

The patient is “lying” — he may see a connection in his disturbed world of severe psychological symptoms (PTSD?, asylum stress?).

It should be noted that we have never had problems in obtaining diagnostic help for torture victims from various colleagues, despite the fact that asylum seekers are only allowed medical care for acute conditions.

On the other hand, all our patients have had such acute psychiatric stress symptoms that, in a wider perspective, it would not have been wrong to classify them all as acute somatic cases in desperate need of being taken seriously.

The history of persecution/torture/maltreatment is often not told at the police interrogation. How can one expect somebody who may have been raped by policemen in his/her home country to dare to reveal their severe nightmarish inner secrets to a Swedish policeman?

The refugee cannot know, a priori, that Swedish police are completely different from their own police. Furthermore, and this is an important medical/psychological fact, it is difficult to talk about these violations, even in hospital surroundings.

Doctors also take part in the torture
A fact that can make it difficult for the examining doctor to be trusted is that doctors in the home countries not infrequently have taken part at some stage during the torture.

The consequences of any secrecy, with respect both to the immigration authorities and to the government, are that the asylum seeker is usually not considered trustworthy, when the torture account is brought forward by the medical staff. It is therefore most important that medical certificates regarding asylum seekers are based on exact and detailed examinations, and that the conclusions drawn are very well founded and balanced.

It can be assumed that torture leading to obvious injuries/handicaps often ends in death (such as, for example, the disappeared persons in countries such as Chile, Argentina, Turkey, and Uganda).

Model for the evaluation of body injuries
It is now up to the doctor to evaluate and interpret:

1) the patient’s account (should be tape-recorded)
2) the patient’s somatic state, with a detailed registration and documentation of skin changes, preferably with measurements and photographs. Injuries to bony structures should be documented by X-ray.
3) the patient’s psychiatric state, which can be advantageously documented on video.

Personally I prefer the following model for somatic injuries. (At least 3 visits, sometimes 5 or 6).

Visit 1: Presentation of the purpose and means of the examination together with a general history-taking. “I have heard that you have been tortured — is that why you have come here?” This phrase is often the key to a concrete communication.

Secrecy and the duty of discretion — the guarantee that no information/record is handed to the embassy of the home country, are very important.

Emphasis on the importance of detailed information, and the obligation to write an account about political activities and persecution, imprisonment, and violations (for this the patient often
STATEMENT (CERTIFICATE)
An example of how to write out a statement about torture:
Based on the case record, the examination findings, and photographs, the following

STATEMENT
has been worked out:

- That a person by the name of A.N. Other from the country of XY has contacted the Red Cross for alleged maltreatment/torture/violations in his home country
- That we have obtained information about the findings of the immigration police and the relevant lawyer, presented to the immigration authorities.
- That the patient, orally and in writing, has given an account of his persecution (enclosure 1).
- That the patient shows injuries which have been photographed (enclosure 2).
- That the patient shows injuries partly on the head, partly on the torso, partly on the extremities, etc.
- That the changes seem to be due to... type of violation.
- That the findings suggest that maltreatment/torture as stated by the patient alternative 1 - can have taken place alternative 2 - may well have taken place alternative 3 - has taken place and that the injuries are specific and conclusive for the alleged violations.

Visit 2. Two weeks later. Going through the account which has been translated by an authorized translator and typed out. A complete skin examination combined with the patient’s explanation of visible changes.

Documentation by photography, usually at a separate visit. Interpreter present. (NB The photographer is part of the team and takes part in internal supervision and training). Discussion of the patient’s general situation and possible referrals. Need for treatment.

Possible application for asylum in another country if chances are small in Sweden. We have helped several patients with certificates in English, and two were given asylum in the USA, and three in Canada. In some cases, the question of voluntary return to the home country should be raised, for example, if the political situation has changed and the risk for persecution no longer exists.

Visit 3. All the records are made ready for this visit - examination protocols, replies from referrals, photographs of the most essential registered defects/scars, and statements (see separate box). The patient is offered contact possibilities if continuous support is needed, for example at the Red Cross Centre, psychiatric departments, rehabilitation clinics, out-patient clinics, physiotherapists.

Comments and results
In the cases in which there is no agreement between the patients’ injuries and accounts, and no conclusive statements can be worked out (written), about 5% of our clients, we explain this to the client. Just like Amnesty International, we never write negative certificates (we could be wrong).

The expression ‘can have’ means that clearly more than 51% of the evidence is consistent with the injury having arisen in the way the patient claims (case 3). ‘May well have’ includes a convincing conclusion, based on findings and experiences, i.e. about 80-95% estimated probability that the injury is consistent with the reported violations (case 2). Finally, the expression ‘conclusive for reported violations’ is used (cases 1 and 4).

Our evaluations of 160 cases have the following distribution:

Inconsistent findings, no statement given: 5%; ‘can have’: 38%; ‘may well have’: 45%; ‘injuries specific and conclusive’: 12%.

It is important that we do not make a medical condition out of torture. However, its sequelae may be such that medical, psychological, as well as social therapeutic interventions are needed for their relief. It is important that we do not make a medical condition out of torture. However, its sequelae may be such that medical, psychological, as well as social therapeutic interventions are needed for their relief.

Finally, we must be alert and make the right diagnosis, and give the correct treatment for torture injuries - to prevent sufferings, but also to prevent sequelae in second and third generations. We must also work to prevent torture in those places where it takes place.

References:
8) Socialstyrelsens allmänna råd om läkarintyg i asylländerna m.m, 16 nov 1990. Stockholm: SOSFS 1990: 27.

Acknowledgement:
This article is a shorter version of an article published in Läkartidningen 1991; 49: 1991.

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All corners of the Earth must combat torture

A Danish parliamentarian talks to TORTURE’S editor, Henrik Døcker, on the politicians’ and Europe’s responsibilities with respect to human rights

Niels Ahlmann Ohlsen, Denmark.

““The international campaign against torture has been given a strong boost by this century’s sophisticated inhumanity. But the international community must still find new tools to fight the unceasing use of this primitive and unjustified weapon for obtaining and holding onto illegitimate political power.’’. So says the Danish parliamentarian, Niels Ahlmann-Ohlsen (conservative), who thinks that Europe should take the lead in this battle, not necessarily by being actively involved in all the corners, but by supporting and inspiring local powers, including politicians, lawyers, doctors, and anyone else who might have a say in the matter.

“As a young man I visited what was left of the German concentration camp at Auschwitz, which lies in Poland”, continues 39-year-old Ahlmann-Ohlsen. “At first I considered it just as something that happened long ago, but I have since realized that inhumanity continues, perhaps to a lesser serious extent in Europe - though with use of different forms of torture, including the use over many years by eastern Europe’s communist states of forced medication of healthy system critics”.

“In 1971, the premier of the Soviet Union, Aleksei Kosygin, came to my native town, Aalborg, Denmark. It was at a time when the Jews were being persecuted in his home country, which otherwise had been speaking out loudly against Nazi Germany’s Jewish persecution”.

Africa and Asia must also fight torture

“It also became clear to me that there was a wide gap between a country’s official proclamations of its respect for human rights, its indignation concerning violations in other countries, and keeping its own slate clean.”

“As my awareness and knowledge of developing countries increased, I realized that torture was used to an alarming extent in many of them. But the outside world often knows very little about this. About 15 years after the end of the Second World War, private international human rights organizations emerged to fight this evil.”

Later, many politicians all over the world, including some in developing countries, have become involved in campaigns against torture. In Europe, both the European Council and the CSCE are also involved. Copenhagen is now to house the secretariat for the newly-formed CSCE assembly of parliamentarians. This last is for the time being the latest shoot from the organizations that were developed in the “process” which started with the 1975 Helsinki agreement on, among other things, the strengthening of human rights in both Western and Eastern Europe.

“In my opinion, these organizations should take the lead and inspire, or even prompt, the parts of the world where the really serious torture is taking place today (Asia and Africa in particular) to create their own regional assemblies with protection and controlling systems to reduce the use of torture”.

Parliamentarians’ special responsibility

“To my knowledge, there is no international centre in Africa today for the treatment of torture victims. This should be remedied. Why not make one in South Africa, now that apartheid is about to be abolished? Well, it may be easier said than done.”

“Many new states which have become democracies within the past years are now to join the good democratic society, i.e. various international organizations. But there must be conditions, e.g. respect for human rights, including the renunciation of all forms of torture. Otherwise, the world will get no further in the realization of the high ideals that were already laid down in the 1945 UN Covenant.”

“We have of course the UN system, both with its conventions of human rights of 1966 and its 1984 Convention against torture, etc, and we have various supervisory committees, but there is still a need for parliamentarians to understand what I will call the humanitarian message. It means that members of parliament should not only look after the interests of their constituency, including those of trade, but they should also have an international outlook and make an effort to help the world to become a club of decent states. This will only happen if awareness stretches out to the far corners of the earth.”

“Torture can probably never disappear completely, because there will always be wavering regimes that see no alternative to torture to keep themselves in power. But we who live in democratic countries should do our utmost to see that there are as few of those regimes as possible”.

TORTURE Volume 2, Number 2 1992

40
The Ankara experience
Torture is no stranger to the soil of Asia Minor - almost an old friend.

By
Cenk Tek, MD, et al

The first signs of systematic torture by the modern state of Turkey became manifest in the 1970s. The torturers are probably trained, and the results are difficult to document. The military coup of 12 September 1980 marked a turning point in human rights violations in Turkey; a massive campaign of torture started and affected an unknown number of people, probably a few hundred thousand.

This report presents data on the methods of torture that had been used in 91 of 105 applicants at the Ankara Treatment Centre for Torture Survivors of the Human Rights Foundation of Turkey (HRFT-ATC). The report covers the period from July 1990, when the centre opened, to September 1991. The 14 applicants who were not included in the report were foreigners or family members of the torture survivors, and those whose statements about the alleged maltreatment were inconsistent with the physical findings and could not be verified. Each person was examined by a physician and interviewed by a psychologist under the supervision of a psychiatrist. Later, if necessary, the cases underwent specialist medical examination. The report includes an account of the symptoms and signs (physical and mental) of 45 of the cases.

Demographic characteristics
The 91 torture survivors comprised 77 men and 14 women, mean age 30.6 years (range 19-48). Three were primary school graduates; 40 were high school graduates, or had left high school; and 48 were university graduates or students, or had left university. 38 of these persons were tortured during the period of the report and applied to HRFT-ATC shortly after their release. We define them as the "acute" group. It comprised 25 men and 13 women, mean age 26.8 years (range 19-47). The duration of their detention was: 0-7 days (5 cases), 8-15 days (24 cases), 16-30 days (4 cases), and more than 30 days (5 cases). 11 of these cases were arrested and imprisoned for a period of less than one year.

53 cases comprised the "chronic" group, whose alleged torture took place at least two years before their application to HRFT-ATC. 52 men and one woman, their mean age was 33.3 years (range 26-48). The duration of their detention was: 0-7 days (6 cases), 8-15 days (7 cases), 16-30 days (4 cases), and more than 30 days (36 cases). 51 were arrested and the duration of their imprisonment was: 1-3 years (2 cases), 3-5 years (4 cases), 5-7 years (6 cases), 7-11 years (33 cases), and more than 11 years (6 cases).

We have reason to believe that, apart from the initial torture in police custody, most of these cases were also tortured in prison. With respect to the 45 cases whose symptoms and signs we report, 34 were men and 11 women, mean age 29.6 years (range 20-48). 24 were acute, 21 chronic.

Torture
The commonest forms of alleged torture in our series were blows to the body and blindfolding, each reported by 87 survivors. 84 were forced to witness the torture of others, either by sight or by sound. 81 faced threats of various kinds, either to themselves or to families or friends. 79 experienced solitary confinement in an empty cell. In decreasing order of frequency, other forms of torture included: exposure to cold (72), electric shocks to various parts of the body (68), being forced to do heavy physical activity (68), being suspended in various ways (67), exposure to pressurized water (64), blows to the genitals (63), blows to the head (55), and mock execution (52). Less frequent forms, again in decreasing order, included: falanga (44), sexual harassment (37), asphyxiation, including submarino (19), and burns from cigarettes, etc. (10).

The methods of torture presented here are identical with those in many published studies from other parts of the world. Though the frequency of sexual harassment was lower than many other methods in our report (40.7%), we think that its frequency was much higher in fact. The subject is still taboo for many of the people living in this country; our subjects, as may be expected, were very weak, and they were reluctant to talk about this aspect of their experience.
Somatic symptoms

At the time of the examination of the 45 cases, the commonest symptom was pain in the extremities and back (37 cases). 9 of the 11 women had menstrual irregularity. Other common symptoms included: headache (27), motor and sensory peripheral nerve impairment (28), gastrointestinal problems, including dyspepsia and change in bowel habit (24), and malaise (24). Other symptoms were cardiopulmonary problems, including palpitations and chest pain (18), vertigo (17), and dysuria and urinary frequency (13). We also recorded reduced hearing, problems with erection and ejaculation, visual problems, and convulsions.

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<th>Symptoms</th>
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</thead>
<tbody>
<tr>
<td>Pain of the extremities and back</td>
<td>37</td>
<td>82.2</td>
</tr>
<tr>
<td>Menstrual irregularities</td>
<td>9 (n=11)</td>
<td>81.8</td>
</tr>
<tr>
<td>Peripheric nerve impairments</td>
<td>28</td>
<td>62.2</td>
</tr>
<tr>
<td>Headaches</td>
<td>27</td>
<td>60.0</td>
</tr>
<tr>
<td>Gastrointestinal symptoms (including dyspepsia &amp; change in bowel habits)</td>
<td>24</td>
<td>53.3</td>
</tr>
<tr>
<td>Malaise</td>
<td>24</td>
<td>53.3</td>
</tr>
<tr>
<td>Cardiopulmonary symptoms (including palpitations and chest pain)</td>
<td>18</td>
<td>40.0</td>
</tr>
<tr>
<td>Vertigo</td>
<td>17</td>
<td>37.8</td>
</tr>
<tr>
<td>Dysuria and urinary frequency</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Reduced hearing</td>
<td>10</td>
<td>22.2</td>
</tr>
<tr>
<td>Visual problems</td>
<td>7</td>
<td>15.6</td>
</tr>
<tr>
<td>Erection and ejaculation problems</td>
<td>6 (n=34)</td>
<td>17.7</td>
</tr>
<tr>
<td>Convulsions</td>
<td>5</td>
<td>11.1</td>
</tr>
</tbody>
</table>

Table 3. Somatic symptoms.

Psychological symptoms

The commonest psychological symptom among these 45 cases was sleeping disorders (37), followed by tiredness (34), impaired concentration (29), nightmares (25), low tolerance to other people and events (24), anxiety (23), impaired memory (22), and depression (15). We also recorded sexual problems, reduced ability and desire for contact, and panic attacks. The low frequency of sexual problems can be explained in the same way as above. In fact, we know that the frequency was higher from the records of the cases who joined the psychotherapy programme after their preliminary examinations.

Physical and mental signs

The objective physical findings were evaluated in two groups. When the examiners, sometimes including specialists on the subject, agreed that a finding may have resulted from the alleged maltreatment, it was defined as a group B finding.

The most prominent group B findings were related to the skin, the extremities, and the nervous system. Ecchymoses, bruises, and reversible peripheral nerve damage were observed particularly in the acute cases. We concluded that ecchymoses and bruises resulted from direct trauma, probably beating. All the cases with peripheral nerve damage gave a history of a type of suspension in which the victim is suspended by the arms, which are bent backwards. Motor and sensory loss, always related to the brachial plexus, reverted to normal within 2-3 weeks. Small depigmented scars of special type were alleged by the survivors to be scars from electrode shocks. All the findings were nonspecific and it has not been possible to prove that they were the direct result of certain types of torture. The commonest mental sign was anxiety (80%), followed by depression (53%). Contrasting with previous studies, most of our patients had little difficulty in talking about their torture experiences.

Discussion

The frequency of symptoms in our series was slightly different from that in studies on Turkish torture survivors living in exile. We feel that this discrepancy calls for an international multicentred controlled study. Results of such a study might affect treatment and rehabilitation approaches to torture survivors in exile and at home.

We also feel the necessity of designing another study to compare torture sequelae in the acute and chronic groups. It should be noted that most of our chronic group cases spent long periods in prison in seemingly very bad conditions. Their symptomatology and examination findings suggest basic differences from those of the acute group, and these need to be evaluated in a scientific study.

This report confirms previous findings. With the exposure of so many people to this health hazard in Turkey, we believe that torture represents a public health problem in the country. The solution lies in professional collaboration and solidarity, both nationally and internationally.

Aysun Yavuz, BSc; Umit Erkol, MD; Canan Can, MD; Sule Duruurl, BSc; Hüseyin Furner, MD; Neriman Samurçay, BSc; Ata Soyer, MD; Okan Akhan, MD

Ankara Treatment Centre for Torture Survivors of the Human Rights Foundation of Turkey (HRFT-ATC), Ankara, Turkey

Physical and mental signs

Table 5. Objective findings.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Group A Findings</th>
<th>Group B Findings</th>
<th>Total</th>
<th>Possibly related to alleged torture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes</td>
<td>9</td>
<td>1</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Oral</td>
<td>15</td>
<td>3</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>7</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td>9</td>
<td>14</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Urogenital</td>
<td>9</td>
<td>1</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>6</td>
<td>14</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td>2</td>
<td>12</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During mental examination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>36</td>
<td>80.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>24</td>
<td>53.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phobia</td>
<td>7</td>
<td>15.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obsessive compulsive findings</td>
<td>16</td>
<td>35.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paranoid ideas</td>
<td>14</td>
<td>31.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty in talking about torture experience</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thousands of prisoners held incommunicado and tortured in Tunisia

Over the past 18 months thousands of suspected members of the Islamic al-Nahda Renaissance movement have been arrested and held incommunicado for periods of up to five months in Tunisia, Amnesty International reports. Arrest dates have been regularly falsified by the Tunisian police and national guard to cover up illegally prolonged pre-trial incommunicado detention. Torture has been practised systematically not only in police and national guard stations throughout the country, but also in detention centres in Tunisia, including at the Bouchoucha police station, the national guard centre at al-Aouina, and in the Ministry of the Interior.

Detainees have died in custody in suspicious circumstances. Allegations of torture or ill-treatment are rarely investigated by police or judicial authorities. Deaths in custody remain unsolved. The evidence that the above violations are condoned at the highest levels is compelling.

Members of other groups, especially of illegal left-wing political groups such as the Parti communiste des ouvriers tunisiens (PCOT), the Tunisian Workers' Communist Party, as well as ordinary criminals, have also suffered prolonged incommunicado detention and torture; the arrests of leftists in particular have recently increased.

However, the most extensive violations of human rights during the pre-trial period have been directed towards members and suspected sympathizers of the illegal al-Nahda movement.

Furthermore, the methods by which the Tunisian Government has repressed this movement have led to generalised and wide-ranging human rights abuses throughout the country. For these reasons this report concentrates on prolonged incommunicado detention and torture of suspected members and sympathizers of al-Nahda in Tunisia.

### Tunisia's international obligations

On 23 September 1988, Tunisia ratified the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Hereby Tunisia is obliged to "ensure that all acts of torture are offences under its criminal law" (Article 4(1)) and to "make these offences punishable by appropriate penalties which take into account their grave nature" (Article 4(2)).

The Convention also requires Tunisia to "ensure that any individual who alleges that he has been subjected to torture in any territory under its jurisdiction has the right to complain to, and to have his case promptly and impartially examined by, its competent authorities" (Article 13). Article 12 requires Tunisian authorities also to investigate whenever there is reason to believe that torture has taken place, even if no complaint has been made. Furthermore, the Convention provides that Tunisia "shall ensure that any statement made as a result of torture shall not be invoked as evidence in any proceedings except against a person accused of torture as evidence that the statement was made" (Article 15).

The Convention requires Tunisia to "ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable to fair and adequate compensation including the means for as full rehabilitation as possible" (Article 14). The Convention also requires Tunisia to educate its officials about the prohibition of torture (Article 10) and to keep under review its practices "with a view to preventing any cases of torture" (Article 11). Article 2 requires Tunisia to "take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction" and states that:

> No exceptional circumstances whatsoever, whether a state of war or of threat of war, internal political instability or any other public emergency may be invoked as a justification of torture.

Although Tunisia has incorporated the Convention into its national law, its practices violate most of these obligations.

### Penalty for torture in Tunisian law

Tunisian legal procedure contains various safeguards which should militate against torture; the most important being the right under CPP Article 13 for detainees, their spouses or any close relatives, to demand a medical examination even during the period of garde à vue; at the same time the hour and date of every period of interrogation are to be noted in the register and any police statement countersigned by the detainee.

Article 101 of the Tunisian Penal Code states that:

Any public servant or similar person who, in the exercise of or in connection with his functions, uses violence or causes it to be used against any person without legitimate motive, is liable to five years' imprisonment and a 500 franc fine.

Article 103 elaborates on this specifying five years' imprisonment for the use of violence or ill-treatment against an accused, a witness or an expert in order to obtain confessions or declarations and six months' imprisonment for the threat of violence.

The United Nations Convention against Torture was incorporated into national law as Law 88-79 with the power to override any provisions of national law contrary to its articles.

The Tunisian Government has frequently declared torture unacceptable. Amnesty International has been shown directives incorporating the Convention against Torture (Directive No. 3 of 4 January 1989) which were for circulation to central, regional and local offices of all authorities under the Ministry of the Interior. The government has loudly proclaimed its respect for the integrity of the human person. But the government's failure to conduct public, impartial investigations into wide-
spread and well-founded allegations of torture and deaths in custody or to take decisive action to end all this suggests that such practices are still condoned at the highest level.

Islamic fundamentalists in weak position

AI’s September 1990 report Tunisia: Summary of Amnesty International’s Concerns (AI Index: MDE 30/03/90), described a number of cases of alleged torture and ill-treatment of political detainees, including suspected members of al-Nahda and members of the Parti communiste des ouvriers tunisiens (PCOT, the Tunisian Workers’ Communist Party). The organization was also worried by the seemingly widespread torture of non-political detainees, at least three of whom appeared to have died in custody in suspicious circumstances during the period in question. The Tunisian Government has consistently denied that cases of torture are more than isolated incidents. AI has, however, more than 200 testimonies of torture inflicted on detainees; they came from former detainees, the families of detainees, lawyers, doctors and independent eye-witnesses. In some cases the testimonies are supported by medical certificates.

Often those who have given testimonies have asked not to be named for fear of arrest or harassment by the authorities. Among them are members or previous supporters of the governing party as well as independents and supporters of opposition parties. The Tunisian authorities have frequently suggested that no “Islamic fundamentalist” testimony is worthy of belief; that the doctors who have signed medical certificates are “fundamentalist sympathizers”; and that non-governmental organizations concerned with human rights are being “manipulated by fundamentalists”. Amnesty International is concerned that such statements are used by the Tunisian government as excuses to cover up its lack of proper and impartial investigations into the many allegations of torture or ill-treatment of detainees in Tunisia.

Torture of people suspected of Islamist sympathies appears to be systematic in almost every police station or national guard centre throughout Tunisia. It seems to be routine in the three main detention centres in the capital, Tunis - the police station of Bouchoucha, the national guard station at al-Aouina and in the cells at the Ministry of the Interior. Unless they are sufficiently well known, Islamist detainees who have been active in the al-Nahda movement or are believed to have been involved in alleged plots against the Tunisian Government have almost invariably been tortured or ill-treated.

Torture is apparently used for two main reasons: in order to extract information or simply at random in order to create an atmosphere of terror. A number of detainees, including people believed to have sympathized with al-Nahda in the past and young secondary-school students, have stated that they were tortured without even being interrogated.

Victims and what they suffered

Torture methods alleged include beating various parts of the body, especially the soles of the feet; suspension by the feet or in contorted positions such as the poulet rôti (roast chicken, in which the victim is trussed up and tied to a horizontal pole by hands and feet bound in front) or avion (in which hands and feet are bound behind), usually accompanied by beating; electric shocks; insertion of bottles in the rectum. Sexual abuse is also alleged and a number of women have stated that they were undressed and sometimes touched or caressed by male guards. Psychological tortures include the threat of sexual abuse to both men and women and mock executions.

Abdellatif Tili, a member of the so-called “security group” who were detained without trial for 18 months between 1987 and 1989, was arrested on 21 November 1990 and reportedly kept incommunicado for 42 days (27 of which he alleges were in cell number 9 in the Ministry of the Interior) before being released uncharged on 1 January 1991.

Monji Jouini, who stood as an independent candidate in the 1989 parliamentary election, was reportedly arrested on 19 December 1990, held incommunicado for 43 days in Bouchoucha police station and released uncharged on 31 January 1991. Both men have maintained they were tortured and ill-treated while detained and ill-treated while detained and incommunicado.

Abdellatif Tili:

I was summoned and arrested on 21 November 1990 in Ariana, subjected to violence on the spot by the police, which shocked and angered bystanders... I was then taken to the Ministry of the Interior where I was taken to name who ordered me to be tortured. They suspended me in the “roast chicken” position and blew smoke on my body and sensitive parts. They used sticks, rubber tubes, bars, and other tools. This “hell” lasted from 2pm till 3:00 in the morning...

Abdellatif Tili describes being rolled naked on thorns, facing sexual abuse with sticks and undergoing mock execution. He said that on the third day a doctor was called in to disinfect his wounds but that he was nevertheless afterwards suspended upside down and beaten for 3 hours. His wife received sexual threats. After that he was held incommunicado for 39 more days, 27 of them in isolation, in the Ministry of the Interior, before being released without charge on 1 January 1991. Medical certificates issued by the Policlinique Taoufi in Tunis on 3 January and by the Policlinique El Omrane in Tunis on 5 January state that as a result of alleged torture Abdellatif Tili suffered from partial paralysis of both lower arms, especially the right arm, and that he had traces of burns on the left calf, bruises on the right calf and bruises on the soles of the feet.

Monji Jouini:

My experiences of torment began following my arrest on 19 December 1990, when they stripped me of all my clothes, leaving me completely naked. Then they suspended me for consecutive periods, each lasting about four hours, beating me violently with sticks. The torturers took turns to beat me. Whenever any of them got tired another would take his place so that my feet became swollen and bleeding. I fainted and they took me down from my suspended position, and they poured cold water on me to bring me round again... My torment continued till I had been suspended 15 times. The last time was on 31 December 1990, when they dragged me out of my dark, solitary cell, crawling on my knees as I could not bear to stand on my feet or walk properly... and they asked me “Are you still determined to deny what you’ve done?”... At that point they stripped me of my clothes and ordered me to be suspended again... until I lost consciousness and was struck dumb. I was unable to speak, and they left me alone, returning me to my solitary cell where I remained for 10 days, unable to speak, eat or move. They brought me a doctor from security... that is how they left me for 29 days without any investigation. When they were sure that most traces of torture had disappeared, they transferred me...

A medical certificate issued by La Rabta Hospital in Tunis on 7 February 1991, 36 days after his alleged torture had ended, states that Monji Jouini bore bruises and scars on the soles of both feet. Apparently neither the judicial nor the police authorities have investigated the torture allegations made publicly by either Abdellatif Tili or Monji Jouini.

Abdelkhaliq Alouai, aged 28, was a
supervisor at a youth centre in El Kef. He was arrested in March 1991 at Ksour by the national guard and held incommunicado. Twelve days after his arrest a friend heard that he was in hospital and went to see him. The friend testified that he saw him lying on a bed under a blood-stained sheet. He raised the sheet and saw that he was naked and that his body was dark blue with bruises all over except on his face. He had drips in the arms and was wearing an oxygen mask which he raised, saying: “If I die it’s because of” — naming the Chief of the national guard in El Kef. At this point the people guarding him, about eight people in civilian dress, realized that he (the friend) knew Abdelkhaliq Alaoui. He had wanted to bring Abdelkhaliq Alaoui’s mother to see her son but before she had arrived his guards had carried him downstairs and put him in a police car.

A 33-year-old chauffeur, Hamide ben Lazhar al-Said, who drove the Governor of El Kef and was apparently believed to have been implicated in the so-called “Stinger rocket affair”, was arrested on 3 October 1991 and kept incommunicado. A few days after his arrest a friend was able to see him through a window of his cell and ask how he was. Hamide al-Said apparently said he had been made to sit on a bottle and had 26 stitches in his rectum. He was lying on his side, evidently in extreme pain. He was tried on 16 January 1992 with 57 other detainees all but two of whom alleged torture in incommunicado detention. The investigating judges had apparently refused to record the torture allegations in their procès verbaux. The President of the Tribunal reportedly constantly interrupted the detainees and forbade them to speak. Hamide al-Said was sentenced to a total of seventeen months’ imprisonment on charges which included membership of an illegal organization.

A student at the University of Tunis in Manouba testified that at the time of the riots in her faculty she was studying and had not taken part. However, when lectures stopped because of the riots and she left with the other students, she was arrested (she believes because she was wearing a hijab - the Islamic veil) together with four other female and about 150 male students. At the police station they were forced to kneel and keep their hands raised until many of them had fainted. She saw one student beaten and kicked until he lost a tooth and another forced to his knees, with a police officer riding him like a horse, kicking him all the time.

A Sfax University student stated:
I was called by police on the day of registration in autumn 1991... I was then accused of ‘organizing a gang of criminals in order to plan and administer the beating and burning of persons, private properties and public buildings, etc.’ I rejected all the accusations...

I was therefore kept four days and nights within a room containing twice as many people as it should do. There was no air and no light. It was extremely hot. The majority of the occupants of the ‘room’ were Islamists... The guards were, in a polite expression, inhumane. While answering their already-answered questions I was hung in the way a chicken is when being cooked. I was very severely beaten on my head and face. I had to take off my clothes, even my underwear. Besides their hands, the agents of torture... were using very strong hosepipes. These monstrous creatures were names. With torture they got some false and unproved evidence. After four days I was left free.

Five days after the torture the student was thoroughly examined by a doctor who recorded bruising on the soles of the feet and the backs of the knees. The doctor stated that the injuries were consistent with his torture allegations.

A woman detainee, Fatima Guitureni, was arrested at the beginning of May 1991 and held at Nabeul Police Station. She reported that she was tortured by being beaten while sitting on the floor with her foot suspended from a metal wire between two chairs. She stated that the pain was so severe that she lost consciousness. She was beaten to give information about her son-in-law, Mohammed Khamis, thought to be in hiding. Her testimony is supported by a medical certificate and the testimony of fellow detainees. She was sentenced in June 1991 to a month’s imprisonment for providing a room for illegal meetings.

Note
1) Al-Nahda was founded in January 1989 to replace the Movement de la tendance islamique (MTI), Islamic Tendency Movement, as a political party. It applied for official registration, but never received it. Its leader is Rachid Ghanouchi, who has lived in exile since 1989.
OBITUARY

Anette Fischer
Amnesty International

The chairman of the international board of Amnesty International, Anette Fischer, died in a car accident in Italy in July 1992. The international campaign against torture thus lost one of its outstanding figures. She was an idealist who accomplished a lot thanks to her ability to unify very different opinions. She was praised from all sides in AI’s Danish section, which she chaired from 1987 to 1989, for her ability to listen and to smooth disagreements between the grass roots and the secretariat and elected board. Anette Fischer was 46 years old. Apart from the AI chairman-ship, which took her on extensive journeys to many of AI’s groups in 74 countries, she had a part-time job as a librarian. In September 1991, she was elected for two years as chairman of AI’s international board, of which she had been a member from 1989 to 1991. AI’s fast growth during the past years gave Anette Fischer more than enough urgent tasks to get on with. She became a board member of the Danish AI in 1983 and laboriously collected information from the whole world in 1985/86 about the effect of Al’s big campaign against torture. The work led directly to the UN’s passing of a convention against torture in 1984, with its additional control committee. Anette Fischer made a considerable contribution to the running of her organization during the decisive years when many countries realized that the use of torture meant loss of prestige in the international society.

Henrik Døcker

NEWS IN BRIEF

DANMARK

Ill-treatment of two foreigners

The Danish Ministry of Justice will not press charges against police officers and prison guards after a judicial inquiry into the ill-treatment of two refugees in Copenhagen prisons. A Tanzanian, Himid Hassan, and an Gambian, Babading Fatty, were not properly informed of their rights when they were arrested on arrival in Denmark. They were subsequently given little or no information about the reasons for their arrest, nor about the procedures which were to be followed once they were in police custody.

A report from the Ministry of Justice expressed concern about the degree of force which had been used in both cases to restrain the detainees. The judge who later examined the cases recommended that an examination of their particulars be included in the brief of a review committee on the regulations governing the use of force and the operation of existing safeguards against ill-treatment, which is to be set up by the Danish Department of Prisons and Probation’s Centre for Staff Training. The report added that action will be taken to improve the training of, and the amount of information given to, the police and prison staff with respect to the handling of crisis situations.

The possibilities of improving the settlements with interpreters in prisons and custodies will be checked up.

TURKEY

Frequent maltreatment in connection with arrests

Torture and maltreatment of prisoners continues unabated in Turkey, it is said in the latest report from The International Helsinki Federation for Human Rights (IHF). It quotes independent doctors and lawyers, who were interviewed in May 1992, as saying that between 80 and 90% of all persons who are arrested for political reasons are maltreated and in several cases tortured. The same holds for others who are under suspicion for political activities, or who have committed ordinary other things, electric shocks and flogging are used, and the prisoners or their relatives may be threatened with death. According to IHF, which is chaired by Bjorn Elmquist (Denmark), almost all the women who are tortured are also exposed to sexual abuse. The report calls on the international community to put effective pressure on the Turkish government to make it stop violating human rights.

Gregorio Martirena, Uruguayan physician, whose study on doctor torturers is now to appear in English.

Now in English!

Gregorio Martirena, Uruguay: La tortura y los médicos has now been translated into English and will soon be published as a supplementum to TORTURE.

The publication contains a historical description of the Uruguayan Medical Association’s courageous attitude during the period of dictatorship and the role of the Association in the prosecuting of doctors torturers after the fall of the dictatorship.

The essential part of the study contains 7 cases against doctor torturers. It is the most detailed description of doctor torturers in recent times and it gives a thorough insight into the areas in which medical ethics are broken.
The Kovler Center

The dilemma of revictimization

By
Antonio Martinez, PhD*
Mary Fabri, PsyD#

The Kovler Center in Chicago, USA, was founded in February 1988 under the auspices of Traveler’s and Immigrant’s Aid of Chicago, and is devoted to providing holistic treatment for survivors of torture. The Kovler Center was established in response to the recognition of growing numbers of refugees who have experienced torture and who have sought asylum in the United States. The center has provided services in three main areas:

1. Social/Case Management (food, shelter, clothing, transportation, translation, language skills)
2. Clinical/Health Care (medical and dental services, psychological/psychiatric services, forensics, physiotherapeutic services)
3. Legal (preparation of forensic reports to document a case, preparation of court documents for political asylum, provision of support for other legal transactions)

Torture

Torture is the most extreme violation of human rights. It is a brutal, dehumanizing experience. The methods of torture attack the physical and psychological being as a means of destroying the victim’s personality. This is done with the aim of demobilizing the victims so that they cannot exercise their legitimate power and right to control their own lives. The effect of torture is that the victim’s family, friends, colleagues, and neighbourhood are similarly demobilized. Families and communities fear that their actions may result in more severe torture for the victim, and that they themselves may become potential targets for the torturers. Torture survivors include, therefore, the individual victims and members of their family and community.

Globally, refugees pose a challenge to governments in whose lands they attempt to take refuge. It is estimated that 30-60% of refugees are torture survivors. Many remain silent and endure their pain and anguish in isolation. Others, however, are identified and engage in the long process of rehabilitation. As more health professionals become involved, obstacles in the healing process are being documented. A particularly damaging difficulty for the torture survivor is revictimization. Although revictimization is often alluded to in the literature on the treatment of torture survivors, it is not directly addressed. It is, however, widely covered in the literature regarding the rape victim. There are many obvious parallels between victims of rape and torture. These include the experiencing of the degradation and depersonalization, and the falling of the burden of proof on the victim. In addition, rape is often part of the torture experience.

Documenting the crime

It is well documented in the literature on rape that, once the crime is reported, the victims begin a long ordeal in which their body is the evidence. The subsequent medical examination(s) for documentation of the physical evidence of rape subjects the victim to an impersonal examination of a personal and humiliating experience. The examinations mirror the abusive crime, contribute to the depersonalizing experience, and may often precipitate a horrifying re-living of the abuse. Similarly, the torture survivor’s experiences are mirrored in their interactions with health care professionals. In many countries, health professionals participate in torture, lending a heightened intensity to interactions with them.

Torture survivors, like rape victims, are in a precarious legal position that compromises the rights of the victim. They must prove that the event actually occurred, that they are innocent of some yet unidentified wrongdoing, and that they are of deserving character. The legal system is experienced, not as an advocate for victims, but as an adversary. This experience compliments the tactic of torturers of telling the victims, overtly or by inference, that no one will listen to them, believe them, or care about what happened to them. This is a way of increasing the likelihood of later silence. The torturer’s tactics are re-experienced and reinforced when the survivors are in a situation in which their stories are not believed.

The trauma results in a constellation of symptoms called the Post-Traumatic Stress Disorder. The dynamics of the disorder are best understood by the interaction between two factors: the painful intrusive memories of the trauma, and the defences used to ward off these memories. The questioning during investigations, hearings, etc. is an extremely emotional event for the survivor. The story is rarely recounted without an actual sensory re-living of the experience (physical pain, tastes, sounds, smells). It is not simply a recollection of events.

Loss of control

Torture destroys an individual’s sense of personal control. Tactics include unexpected shining of a flashlight in a victim’s face, intermittent awakenings for observation, lying victims hands behind their backs so that they cannot cover their faces, around-the-clock scrutiny, and intrusive face-to-face interrogation. Individuals being tortured are usually physically isolated or else made to feel isolated. The physical logistics of questioning torture survivors recapitulates psychologically the torture and isolation.

The taken-for-granted expectation of eye contact is an almost impossible task for the torture survivor. Staring also undermines the survivor’s sense of control. Precipitated by the experience of someone’s stare, the survivor relives the experience of being constantly observed and stared at without any control. The torture survivor has frequent loss of composure while being interviewed. These displays of emotion are experienced as a loss of control accompanied by intense feelings of vulnera-

47
bility and defencelessness. The survivor has a need to re-compose and control such displays as much as is permissible by the questioning process.

Loss of memory
The inability to remember everything that happened is another frustrating aspect for the survivor and investigator alike. Memory difficulties may be the result of defence mechanisms being employed psychologically to protect the individual from the intensely painful recollections and to assist in minimizing the re-living of the trauma. They may manifest themselves in a variety of ways, such as denial that torture occurred, minimization of the experience, blocking of memories, and dissociation (temporary absence of consciousness for a threatening memory).

Another possibility is the lack of memory storage due to the overstimulation of events during the torture. In other words, some details are never entered into memory storage and therefore are not retrievable. Unfortunately, sometimes these memory difficulties contribute to problems of credibility when a survivor seeks political asylum, seeks to bring the torturer to justice, or gives testimony for other reasons.

Guilt
Guilt is another primary issue for torture survivors. An irrational self-blame, which unfortunately is reinforced by the investigative process, exists for torture survivors. It is two-fold. They may blame themselves for “allowing” the torture to happen, and they may question themselves as to why they survived while others were mercilessly killed.

Also, when the torture and murder of a person associated with the survivor occurs, the survivor usually blames himself or herself. Survivors may believe that because of their association with that person, he or she was killed. Tremendous feelings of guilt exist.

The process of rehabilitation
Torture is the most traumatic experience a human being can have. It leaves profound wounds, not only in the survivor, but also in the family and community. Rehabilitation is a process of healing that occurs gradually. It involves a reclaiming of personal power and control, and a rebuilding of trust in other human beings. The act of giving testimony lends itself to a revictimization of the survivor. Many of the logistics, such as medical documentation of abuse and repeated questioning, precipitate painful re-living of the actual torture, an overwhelming feeling of loss of control, intense guilt, degradation, and depersonalization.

Control is at the core of the torture experience and of the rehabilitation process. Trusting is difficult for survivors of torture. There is a strong need for victim advocacy to help survivors to regain a sense of control in their lives. The survivor needs an available network of support to counteract the impersonal and unsupportive treatment by investigating agencies. The survivor’s therapist is a likely advocate and provider of a supportive context within which the procedure of retelling the torture events can take place. The therapist’s presence at questionings can be an important source of emotional support for the survivor, since the relationship exists within the context of rehabilitation. The Kovler Center has been administering a comprehensive care programme for torture survivors for five years. Our work with clients includes contact with professionals from medical, social, legal, and governmental agencies. The documentation and investigation of torture for each client results in a revictimization experience.

The Kovler Center supports due process of inquiry and law, and advocates for a context of procedural flexibility. We recommend specific accommodations to the psychological well-being of the torture survivor. Standard or usual procedures can be modified to obviate the depersonalization, degradation, loss of control, memory lapses, and feelings of guilt characteristic of revictimization in torture survivors. These modifications of procedure will have no substantive negative impact on due process. They may, in fact, enhance due process by creating an appropriate context for full disclosure of the torture survivor’s experiences.

References

* Antonio Martinez, Coordinator Marjorie Kovler Center for the Treatment of Survivors of Torture
# Mary Fabri, Executive Committee, Marjorie Kovler Center for the Treatment of Survivors of Torture
Torture does not yet have a centre for the treatment of torture victims. A very strict limit placed on refugee numbers characterized the official position for a long time, as in other countries situated on the margins of Europe, together with what can charitably be called an “unchristian” reception policy given to asylum seekers. Often they were immediately forced to return to the place whence they had come, or they were incarcerated in an Irish prison. There is little proper understanding of these people’s special needs, and very few personnel in the medical field would have the skills and expertise needed to offer any useful help to a torture survivor. By increasing general awareness of the work of specialist centres, the Rescue Trust in Dublin, which was created by some clergymen and medical doctors, is working to change this situation.

Ireland speaks out on torture

By David Andrews, TD*

Torture, as we know, was a flourishing and pernicious evil practised in medieval times when the great St. Patrick’s Cathedral - dedicated to our Patron Saint - was built in Dublin. However, we also know that torture still exists today in many guises, with both mental and physical abuse of its victims. Recent studies have shown that torture, and inhuman or degrading treatment, as defined by the UN Convention, are still prevalent as we approach the end of the century. They have come, or they were incarcerated in an Irish prison. There is little proper understanding of these people’s special needs, and very few personnel in the medical field would have the skills and expertise needed to offer any useful help to a torture survivor. By increasing general awareness of the work of specialist centres, the Rescue Trust in Dublin, which was created by some clergymen and medical doctors, is working to change this situation.

Indeed, I know that my officials are already making every effort to have these remaining treaties put in place in Ireland as soon as possible.

As a barrister, I realise that such matters cannot be rushed despite good intentions. Let me add as an earnest of our commitment that the Irish government has been contributing in a very practical way over a number of years to fight against this most pernicious of evils. Those involved in the Rescue Trust of Dublin will be aware that Ireland has been a contributor since 1984 to the UN Voluntary Fund for Victims of Torture. At this year’s session of the UN Human Rights Commission we were able to announce, despite continuing financial constraints, a significant increase in our annual contribution, from £2,000 to £3,500.

Admittedly, such amounts are modest overall. The efforts of organizations such as Amnesty International, the London-based Medical Foundation for the Care of Victims of Torture, and the Danish Rehabilitation and Research Centre for Torture Victims, as well as the UN Committee Against Torture, provide the necessary means for keeping the light shining into the dark recesses where these violations most often occur. I commend you for your concern and encourage you to sustain your efforts. In this respect I would draw your attention, before I finish, to the World Conference on Human Rights which is scheduled to take place in Berlin in the middle of 1993. This conference will be the first occasion since the Teheran Conference in 1968 in which Governments will gather at ministerial level to review progress - and obstacles - towards the protection and promotion of human rights and their relation to development aid, in fact assessing progress from 1948 . . .

Ireland is already an active participant in its preparations and our Ambassador to the UN in Geneva is the West-
ERN Representative on the Bureau of the Preparatory Committee. The Un Committee Against Torture has recently put forward certain very practical recommendations for consideration by the World Conference.

These include suggestions relating to education and information about the prohibitions against torture, particularly for military and law enforcement officials; the establishment of a Centre Against Torture in the UN Secretariat in Geneva to take quick and effective action on reports of violations; and to promote awareness of torture and its associated abuses.

Finally, I would like to quote from some remarks made recently by the Danish Professor Bent Sørensen, a member of the UN Committee Against Torture and founder of the Rehabilitation and Research Centre for Torture Victims, established in Copenhagen, the first of its kind. He says:

"Many torture survivors feel they have changed . . . Most grotesque: they have shame and guilt which should be on the torturer’s side... they feel isolated and don’t talk about their torture experience to others. Anxiety and depression, nightmares, concentration difficulties, tiredness and pain are frequent after-effects of torture. The aim of the torture is to make it impossible for the tortured to function. It destroys the opposition, frightens the next of kin, the friends and the whole society is suffering. Torture becomes a public health problem.

"These words surely have added significance in the surroundings of this inspiring edifice, on this sombre day of reflection. As we approach the dawn of a new century there is no cause for complacency.

*Teachta Dála Member of the Dáil (Irish Parliament) Minister for Foreign Affairs of the Republic of Ireland

The 43rd World Medical Assembly meeting in Malta in November 1991 adopted the World Medical Association Declaration on Hunger Strikers. A hunger striker is defined as a mentally competent person who indicates that he has decided to embark on a hunger strike and has refused to take food and/or fluids for a significant interval. The obvious requirements of carefully taking a history and examining the patient are set out.

TORTURE has asked Professor Robert J. Daly, Professor of Psychiatry, University College, Cork, Eire, who has been concerned with this subject for many years, to comment on the WMA Malta Declaration, and to express his own views.

The WMA and hunger strikes

The WMA (World Medical Association) has an impressive record in promoting ethical declarations for doctors. They include suggestions relating to treatment or care of the hunger striker and the rights of the family. The Declaration on Hunger Strikers attempts to balance the moral obligation to respect the sanctity of life, which we all share, against the duty of the doctor to respect the autonomy which patients should have over themselves. It reiterates the need for informed consent before applying a doctor’s skill, unless emergencies dictate otherwise. The preamble to the Declaration refers to those hunger strikers who have issued clear instructions not to be resuscitated in the event of lapsing into a coma with the prospect of imminent death. “Ruling in favour of intervention may undermine the autonomy which the patient has over himself. Ruling in favour of non-intervention may result in a doctor having to face the tragedy of an avoidable death.” It points out that once the doctor agrees to attend to a hunger striker then he has a duty of care towards that person. He has inherent responsibilities with regard to the doctor-patient relationship, including consent and confidentiality. On this matter the Declaration says, “the ultimate decision on intervention or nonintervention should be left with the individual doctor without the intervention of third parties whose primary interest is not the patient’s welfare. However, the doctor should clearly state to the patient whether or not he is able to accept the patient’s decision to refuse treatment, or in case of coma, artificial feeding, thereby risking death. If the doctor cannot accept the patient’s decision to refuse such aid, the patient should then be entitled to be attended by another physician’. Following this, certain guidelines are laid down. The Declaration enjoins that “doctors or health care personnel may not apply undue pressure of any sort on the hunger striker to suspend the strike. Treatment or care of the hunger striker must not be conditional upon his suspending his hunger strike”. It advises that detailed information should be given to the hunger striker about the consequences which might be expected.

Doctors are warned to accede to requests for second opinions. It also advises that doctors should ascertain on a daily basis whether or not the person wishes to continue with his hunger strike, and the results of these enquiries should be recorded carefully. Medical records must be kept confidential, of course. With regard to artificial feeding, it is left open to the doctor to decide. In addition, it advises that hunger strikers should be protected from coercive participation, particularly if this requires removal from the presence of fellow hunger strikers. It also enjoins the doctor to inform the family that a patient has embarked on a hunger strike, unless this is specifically prohibited by the patient.
LETTERS TO THE EDITOR

Personal Comments

Of course, most hunger strikers are prisoners, perhaps the most famous cases being those which have occurred in Northern Ireland. Their doctors took the view that it would be unethical to intervene and artificially feed these men. Consequently a number of deaths occurred. Perhaps the most controversial aspect of the new WMA Declaration is that no decision has been made on the ethical responsibility in regard to artificial feeding. Rather it is thrown back on the doctor to decide against the background of the other guidelines. This would seem to be contrary to the view commonly held by doctors in the United Kingdom and Eire. Perhaps also the suggestion that the doctor should be involved in the removal of hunger strikers from the company of their fellow hunger strikers seems to me rather dubious advice. Hunger strikers with whom I have spoken feel particularly isolated and alone in their quandary and could possibly view this action by the doctors as working on behalf of the "political process". The Declaration very correctly highlights the quandary which doctors face and the great human tragedy involved in hunger strikes with needless (and destructive) loss of life. On the other hand, the rather unmedical and inhuman aspect of force-feeding remains a possibility. Many cases are on record where this process in itself has greatly increased the suffering of the individual, even leading to the iatrogenic death of the hunger striker. In my opinion, contrary to the convention, the doctor has every right to put forward his own medical humanitarian view to the prisoner on hunger strike. My own view is that hunger striking is a particularly self-destructive and inappropriate form of protest (unless one believes that the attainment of martyrdom is a good end in itself!). The doctor has the opportunity of forming a "therapeutic alliance" with the prisoner as he might with any other patient, which might lead to the patient's survival. The Royal College of Psychiatrists has recently issued ethical guidelines for psychiatric care in prison. The report was prepared by the Special Committee on Ethical Psychiatric Practices. They make the point that a basic principle is that prisoners, while losing certain rights, retain most of the rights to which all citizens are entitled. Prisoners should have the right of access to medical and nursing care, which should be of the same standard as that available to other citizens. Prisoners are entitled to the same emergency services as other citizens, i.e. immediate psychiatric attention should be available. Medical records must be kept confidential and those working in the prison services should have the same obligations to expose any unethical practices. Thus, in the future, certainly in Eire and the United Kingdom, ethical behaviour in prisons will have a very high degree of transparency. This will, of course, apply to the treatment, or otherwise, of those on hunger strike.

References:

Robert J. Daly
Professor of Psychiatry
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Eire

Laotian fighting for independence and democracy

From Bounthanh Thammavong, Chairman of OLSFID, Organization of Laotian students fighting for independence and democracy TORTURE has received the following appeal.

We, Laotian students studying in Eastern Europe, appeal to everyone, to all organizations of communities all over the world, for support in our fight for human rights with the communist regime in Laos. Our country has been occupied since 1975 by the communist aggressor Vietnam. Human rights and principles of democracy have not been observed since that time. We ask everyone of goodwill, all organizations and communities of the world, to send appeals to the Laotian government to release political prisoners immediately. Some of the prisoners are the following:

1. Nang King Khamsensouk, professor at the Academy of Pedagogy in Vientiane-Dongdok. She was arrested in November 1991 with a group of 75 students.
3. 25 students arrested in Borykhamsay Province.
4. 10 students arrested in Thateg in Khammouane Province.
5. 15 students arrested in Savannakhet Province.
6. 102 students arrested in Pakse Province.
7. Khamphui Latsami, former vice-minister of the State Committee of Planning in Laos, Khamfang, the former chief of the department of the Ministry of Justice, and 59 other people were arrested on 8 October 1990.

All these persons, who were actively engaged in political work, were taken after their arrest to "re-education" camps at Phadeng in Houaphane Province. We appeal once more for support in our aim to have these political prisoners released. Please send your appeal, with signature(s), to:

Organization of Laotian students fighting for independence and democracy
Biuro KPN (Laos)
00-920 Warsaw
Ul: Nowy Swiat 18/20
Poland
TEL: (+48) 22 26 10 43 -
(+48) 22 26 54 01 W 572

TORTURE Volume 2, Number 2 1992

“Eva Judith Galvez, a trade union activist from Guatemala, was abducted in May 1991. She was taken to a secret prison and interrogated about her connection with two other trade union activists - Donora Perez Valdez, who was killed by the government in April, and Irene Dieguez. When Eva Galvez denied that she knew the two women, she was beaten, undressed, and exposed to physical, sexual maltreatment. She had to remain naked during the whole interrogation”.

“In September 1990, 21-year-old Amanda Guerra Lopez, 23-year-old Lester Mzombite Cartagene, and three teenagers (two boys and a 15-year-old girl) were told to get out of a bus by an army lieutenant at the check-point near the military camp Km.86 in Peru. The five were taken to the camp, where the teenagers were separated from the adults. Amanda Guerra Lopez was raped and beaten before she and Lester Mzombite disappeared”. The 15-year-old girl said that she had been raped by 8 soldiers, and that she and the 2 boys had been beaten. The 3 teenagers were set free four days later, and threatened with death if they told about what had happened. They are still too scared to come forward with their names. The authorities deny any knowledge of the arrest and have refused to go into the allegations about rape and disappearance”.

“These accounts are taken from Amnesty International’s report Rape and Sexual Abuse: Torture and Ill-treatment of Women in Detention. The report was made in 1991 but was not released until February 1992. It created some stir in the media when it was published.

The report consists of only 11 pages, but the content, very serious, takes up the enormous problem of sexual violation of women in detention, almost all over the world.

The report describes several episodes in which named women have been exposed to severe sexual ill-treatment in connection with interrogations, raids, or even in ordinary civilian situations (as in the example mentioned above). Some of these women were later set free, others have disappeared or are still in prison. The report also refers to several episodes in which whole groups of women have been exposed to rape and sexual insults. Some of this documentation has been collected by women’s groups, for instance in the Philippines. In connection with some of the cases in the report, Amnesty has published a list of appeal cases, inviting people to write letters to the governments concerned to protest against the violations and demand releases or investigations (ACT 77/10/91.ABK/January 1992).

The cases described in the report are from the following countries: Peru, Guatemala, the Philippines, India, Pakistan, Bangladesh, Senegal, Uganda, Northern Ireland, Israeli-occupied territories, and Greece. The reported episodes are very brutal, and it is clear that they are not isolated, but commonly occurring, events. However, the report does not contain statistics of such violations - not in the countries in question, nor in the world as a whole. But it underlines the difficulties in having such sexual violations reported, with the consequence that there must necessarily be a large number of hidden cases. Through the comments on the reported episodes of violence, the reader learns about the setting, political and cultural, in which the violations take place, about the denials of the reported violations, and about the actual acceptance of sexual harassment of women during interrogations and imprisonment. The report outlines 8 points of possible action for prevention of rape, sexual violation, and other forms of torture and ill-treatment of women in detention. The proposals stress, among other things, the importance of spreading information about and respect for internationally approved laws and conventions about human rights in general, and more particularly about the rules concerning the treatment of prisoners. There is, furthermore, a description of important initiatives in connection with health and rehabilitation, and for securing a just interrogation, investigation, and legal hearing, with special respect to women.

Freedom for the persecutors

The report describes the violence and its denial. The strength of the report lies in its alarming descriptions. It does not try to analyse connections or power-political conditions. But it brings out documentation of violence and misuse of power at several levels - political, social, and psychological.

The Amnesty report clearly illustrates organized violence - as defined by the World Health Organization in 1985 - “as the conscious and systematic infliction of suffering, carried out by an organized group whose actions are based on a certain ideology and/or strategy”. Several of the countries from which the examples of torture are taken have for a long time been on the international list of countries whose governments allow and even back violations of human rights. These governments keep their power by creating fear and insecurity among their people. The fear arises when situations are consciously made incalculable and unforeseeable. Anybody can be hit at any time. The apparent fortuitousness of serious violence is part of the systematization of organized violence. Both defined opposition persons and odd passers-by are at risk, all the time under cover of a search for the “dangerous”
Psychologically, organized violence can lead to decreased activity, an attitude of giving up, and loss of self-confidence. The fear can become a more general anxiety, which can lead to serious health problems and reduced contact with, and confidence in, other people. Organized violence - if it is not understood as a planned strategy - will therefore succeed in its intentions, namely to divide and weaken.

The report points out that there are also recorded cases of men being exposed to sexual torture and violations, but that the extent, with respect to number and vulnerability, is much higher for women. Furthermore, the report claims that women are often threatened with rape at interrogations, and that the threat in itself can be "just as frightening and emotionally destructive as the violation itself" (page 2).

Sexual torture and ill-treatment seem to be a particularly efficient way of breaking down a person’s self-confidence and identity. Women who have been sexually abused are exposed to transgressions of bounds which used to be taboo, and this increases a feeling of shame and guilt. The fact that women in particular are exposed to sexual violations may be connected with their general situation of repression, and with an already vulnerable position. The sexual violations increase their feeling of powerlessness and underline their almost outlawed position with respect to control over their own sexuality. The violations create a feeling of powerlessness, and often a strong self-reproach, a feeling of uncleanness and thus worthlessness. Many women "solve" this problem by taking on the responsibility themselves for the sexual act, and thus they become the guilty ones.

These psychological aspects are worsened in social situations, in which women who have been exposed to sexual violations are considered unclean and guilty by their own friends also; they lose their previous social position, and as women they are destroyed - in the eyes of both themselves and others. On top of such psychological trauma and social isolation comes the legal dimension: the AI report claims that in several places the women themselves are accused of having allowed the violations. In other words, they are responsible, not only psychologically, but also from a legal point of view, for serious acts of violence turned against themselves, against their most intimate and vulnerable feelings. It is thus a many-sided repression of women that is described in this important report. This is stressed by the fact that sexual violation of women is considered in many places as belonging to the less serious violations of human rights.

The violations are often not reported, and when they are, they are rejected, or punitive measures are not taken against the guilty ones. Impunity for those responsible for violations of human rights is a huge problem in many countries today. Dictatorships that are becoming democracies are avoiding the carrying out of legal proceedings against previous misusers of power. In some of the countries that are mentioned in the report, the violations play a role in a still existing power strategy. The possibility of a just lawsuit with respect to violations is probably very small in these undemocratic societies. What is even more frightening is the fact that several of the examples are from countries with an official touch of democracy, which nevertheless - by avoiding investigation of the cases, or by carrying out symbolic investigations followed by impunity - continue violent and un-

democratic demonstrations of power against their people, particularly against women. Impunity for those responsible for violations of human rights breaks down the legal system of a country, and the individual’s concepts of what is right and wrong. Thus, the consequences of impunity reach far beyond the single cases and those involved (the culprits and their victims), by adding to the breakdown of the "moral universe" on which a democratic and just society is based.

Women in prison
The report is concerned with women in "detention". In principle, this should also include women imprisoned and sentenced according to ordinary legal proceedings. However, the report, with few exceptions, deals with violations as part of the demonstration and misuse of power - that is as part of political actions which can be described as organized violence. The women in the report are "guilty" of, for instance, having been at a certain place by chance at a certain time, being related to or in contact with people whose political actions are considered illegal, or having been involved in politics themselves. In other words, they would be considered "not-guilty" in the eyes of most people. The injustice towards these people therefore seems extra severe. But from a logical point of view, the report should also have commented on the situation of women in prisons, when it is not a question of why they are there, but how they are treated. The report refers to Standard Minimum Rules for the Treatment of Prisoners, a set of rules which a lot of countries have approved.

The report describes the extreme cases. But the extreme stories are usually indications of a more general problem, in this case the problem of sexual abuse of women by misuse of power. The question is whether there is proof of such violations against imprisoned women in countries with which "we usually compare ourselves", or even in which we live.

But - perhaps this would require a new and quite different report?

Nora Sveaas
Psychologist
Psychosocial Centre for Refugees
University of Oslo
Norway
How to destroy a country

Abdullah Al-Hammadi:
The Big Terrorism of
Nations' Destroyers,

This book appeared at the beginning of 1992. The author, a Kuwaiti doctor, stayed in Kuwait throughout the period in which his country was occupied by the Iraqi invasion forces (2 August 1990 - 26 February 1991). He was thus an eye witness to all the human and material destruction to which the Iraqis exposed his country. It is a remarkable introduction to ways in which an occupying power sets about fulfilling its wishes of wiping out a whole population by systematic violations of human rights. As we know, it did not succeed.

The health system was almost paralysed. Rape, imprisonment and torture, destruction of buildings, including mosques, was the order of the day. Valuable materials were stolen and taken out of Kuwait. An attempt was made to enforce Iraqi identity onto the population. One of the world's worst pollution disasters was started by the Iraqis when they set fire to 722 oil wells with incalculable consequences for plants, animals, and people, not only in Kuwait, but also in areas far away. The book is systematically built up and based on extensive documentation, which was left behind by the Iraqis when they had hastily to abandon their intentions.

The reports are to a large extent preliminary. This also holds for the section about the torture practiced by the occupation forces; the torture methods described do not differ from the torture practiced in other countries. During the past years, however, torture methods seem to have changed character, inasmuch as torturers do not want to give the anti-torture movement evidence that torture has taken place. This seems not to have mattered to the Iraqis with respect to their behaviour in Kuwait; the book has illustrations of tortured corpses brought to the hospitals.

The author has attempted a dispassionate description of events, but, understandably, the text reveals his engagement and personal feelings. It is obvious that the book was written in a hurry because of the wish to let the world know straightaway the details of the countless cruelties which took place during the 7 months of occupation. The book is therefore an important document. The world cannot close its eyes and ears to violations of human rights. If we do so, we accept the repressive regimes wherever they are.

The book, free of charge, can be requested from:
Al-Riggae Specialized Center,
P.O. Box 4081,
Safat 13041,
Kuwait, Arabian Gulf
FAX 4892882

Søren Bøjholm MD
Chief Psychiatrist, RCT
Copenhagen, Denmark

Governments exempt torturers from penalty

Governments around the world often show contempt for Human Rights by allowing their security forces to go unpunished after crimes such as kidnapping, torture, and murder. This is revealed in Amnesty International's 300-page-long 1991 annual report.

"As long as torturers, assassins, and their backers are allowed to act freely without fear of punishment, the cycle of violence will never be broken", says Amnesty International. More and more governments declare that they will defend human rights. But all too often they ignore the violations of the past; they set up court cases and carry out investigations simply for white-washing, and they grant amnesties, also to torturers, just to pursue political goals. The annual report mentions 142 countries, but the absence of an entry for a particular country does not imply that no human rights violations have taken place. A lot of inhumanity remains hidden from AI and the world. Last year people were imprisoned as prisoners of conscience in about half the countries of the world. In more than 100 countries, or rather more than half the world's independent states, governments continued to torture and maltreat prisoners.

More than 500 people died in some 40 countries, apparently as a result of torture or inhuman prison conditions, or under suspicious circumstances. In about 26 countries people just "disappeared", and in 45 countries executions took place without justification by law and court procedures. The death sentence was passed in more than 50 countries, and it was carried out in 33
countries. "There will be no progress if governments say they will protect human rights through new laws and by signing international agreements, but when it comes to it, they take no action against violations of human rights," says AI.

AI points out that governments in many parts of the world use the violent actions of resistance groups as a justification for letting the security forces get away with violations of human rights. AI condemns torture, the taking of hostages, and the planned and haphazard killings of such resistance groups. But these violations can in no way justify governments responding with further acts of terror. Unfortunately, this happens in many places.

RESEARCH REPORTS

Torture and the Armed Forces

The process of learning to accept torture by military officers in Argentina and Uruguay

By Wolfgang S. Heinz

The research explored a period of more than 30 years and investigated the following study questions:

1) The root causes of political crisis at the end of the 1960s and during the 1970s.
2) The emergence of radical political movements and guerrilla groups, and
3) the responses that were developed and practised by both civilian and military governments.

I interviewed with political policy-makers, academics, human rights activists, victims, and military officers. They pointed to three major sites for torture:

1) Some officers learned about torture during the training process in the military, in elite units (Commando type units).
2) Some officers were taught by foreign military training, at home or abroad.
3) The police probably inspired military to torture. This institution is specialized in interrogation of criminal suspects.

For some, there is no need to ask the question where torture is learned. They see the military as an inherently brutal and brutalizing organization, leading to the notion that every soldier and officer is a potential torturer whose "instincts" only have to be provoked to get into action. I was told, especially in the United States, that Latin American culture is violence- and torture-prone, and that it did not need any advice from other countries in that area - a clear allusion to criticism of U.S. transfer of knowledge about torture through police and military advisers.

30 former military officers, two thirds of them from Argentina and almost half of them former army generals and admirals were interviewed. While in no way suggesting that this is a representative sample for any of the countries, the fact that almost all of them served under the military governments in their countries (the rest were imprisoned or dismissed from service) should give us considerable insight into the political and military thinking at the time.

It is of course difficult to judge to what extent the officers were justifying their own or their institution's position, but the following points were important to their understanding of what happened and why it happened.

1. The communist threat

There was a genuine, though varying, sense of the magnitude of an immediate threat to the state and society of an imminent take-over by marxism and/or the guerrilla movement

- in Argentina because of the size of the guerrilla forces such as ERP and Montoneros;
- in Uruguay because of the effectiveness of and popular support for the Tupamaro guerilla movement.

Another aspect of the communist threat was that it tended to "denaturalize" the fellow citizen guerrilla-terrorist. Identifying him as a mere "agent of international communism" considerably reduced obstacles to the use of whatever means seemed practical and expedient in the rooting out of terrorism. Given the almost mystical meaning of "nation" and "the national being" (ser nacional), in Argentina for example, to have accepted to serve an international, atheist, Moscow-directed movement (in the eyes of the military) meant almost automatically to have lost the sense of being a national - in other words, the quality of being human. The guerrillas were perceived as absolutely fanatical in both countries, and the Montonero leadership's orders in Argentina to commit suicide on falling into the hands of the enemy further supported this conviction.

2. Not prepared to combat guerrillas

Officers stressed many times that they were not prepared to conduct a campaign against the guerrillas. The enemy had no face, wore no uniform, could be found perhaps in one's own family, and received some popular support, includ-
ing support from government circles (a point made especially in Argentina, and regarding police and justice, in Uruguay).

This statement is at variance with the fact that theoretical studies were undertaken with French advisers in the 1960s, at least in Argentina and Uruguay, on what happened in Indochina and Algeria, though only a small number probably attended these courses. Other studies concerned Malaysia, Cyprus, Vietnam, etc. But it seems that there was a genuine belief that such situations could not really happen in countries which did not have any recent guerrilla experience, such as Argentina and Uruguay.

3. Targeting military officers
At a certain time in both countries, military and police officers died from attacks, in some cases as a result of a policy by guerrilla groups of selecting military officers for assassination. This happened in Argentina when the ERP killed 10 officers in retaliation for the killing by the navy of 16 ERP members when they had escaped from a prison. Such attacks clearly had a strong and immediate influence on military officers, who, having to face such actions and risking their own lives, were much more prepared to use any means to root out the guerrillas in the shortest possible time.

4. Obtaining information of the guerrillas
The collection and evaluation of intelligence are much more crucial in unconventional war and counter guerrilla operations than in conventional war. Only comprehensive and timely intelligence permits the detection of guerrilla cells, of their actions and plan. This is repeatedly stressed in writings (French, U.S. or local) on this type of warfare. While these manuals, articles, and documents do not recommend torture, the all-pervasive emphasis on intelligence clearly lets the reader understand what he has to get very quickly.

In some U.S. manuals, however, there is an important distinction between "mass counter terror" and "selected counter terror", which can only be interpreted as being directly linked to gross human rights violations. In Argentina, for which most documentation of the military government is available, manuals contain reference to the elimination of the enemy. Unconventional warfare changes the organizational weight of intelligence organizations within the military and police vis-a-vis other units. Their power increases drastically, leading to the necessity to transform the intelligence apparatus, or to control it better, because of major problems with discipline and abuse of information for intra-institutional conflicts (especially true for Argentina where operations were highly decentralized.

5. There was a war
Officers in both countries stressed that a war took place which they had to win. For them war implied a number of important justifications and explanations:
- They, the guerrillas, not we, started the war. Guerrilla groups themselves talked about a »war« against the system.
- While it was a war, it was neither a conventional war (because of its guerrilla characteristics) nor a non-international conflict in the sense of Protocol II of the Geneva Conventions on humanitarian law of 1949, which protects combatants, the wounded, and the civilian population (because the military rejects the status of combatant for guerrillas). War for them meant fighting the guerrillas without imposition of any legal restraints. This is confirmed by articles published in military journals in Argentina defending the »war against subversion« after it was over.
- The only important thing in a war is to win. Questions about methods are basically secondary.
- The winners of a war are not asked to submit to trials on what they have done (the Second World War was often quoted). Judicial investigations of human rights violations were rejected almost unanimously.

The conversations usually revealed very little knowledge about human rights norms or, more important, about international standards of humanitarian law. I had the impression that these standards were either unknown or they had been taught in a very superficial way (or, less likely, people chose not to recall them).

6. Only certain units used torture
Though I do not have data on percentages, it appears that only a small number, and only certain units, of the armed forces carried out torture. It was mainly the responsibility of the intelligence services of the army, navy, and air force, and newly-created bodies: OCOA in Uruguay and task groups in Argentina. If rumours about human rights violations and torture reached the mainstream armed forces, it was for them a question of confidence in the discipline and honour of their colleagues.

While almost all the officers accepted that errors were committed, they rejected the suggestion that this was a systematic policy. In general, I discovered little embarrassment about the torture and killing of presumed terrorists, with the exception of the »disappearances« in Argentina, about which some officers expressed doubts. Generally speaking, there was a clear rejection of corruption, other illegal economic activities, and abduction of children - these were not defended.

Concluding remarks
This article extracts some of the findings from my research project: Determinants of Gross Human Rights Violations in Latin America, 1960-1990 (Argentina, Brazil, Chile, and Uruguay). Leiden University, financed by the Dutch Science Foundation NWO. It is part of a more comprehensive paper entitled The Military, Torture and Human Rights. Experiences from Argentina, Brazil, Chile and Uruguay, which will be published in Torturers and Masters: the Politics of Pain by A. P. Schmid et al, Leiden, in print.

Readers interested in the material can request a copy of the research study directly from the author or by writing to IRCT Documentation Centre, P.O. Box 2672, Juliane Maries Vej 34, DK-2100 Copenhagen Ø, Denmark.

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Torture by police is routine

Results of fact finding survey by a Pakistani lawyer

The author, who has a law degree from Copenhagen University, returned to her home country, Pakistan, for a two month study tour in Dec. 1991 - January 1992. In her study she examined a broad spectrum of human rights issues but this article reports only that part of the study which was a questionnaire to lawyers on the topic subject of torture.

Lawyers and torture

A questionnaire survey was conducted in 1990/91 of practising lawyers who work in the lower and higher courts in Pakistan. People in the legal profession were well informed by their clients about the conditions and methods of torture used during police custody and in prisons. Therefore questions were also asked concerning the torture methods used. Lawyers were selected from Islamabad, Rawalpindi, Lahore, Peshawar, and Karachi, where they were contacted in their chambers, or on their small open air benches outside the courts. Eighty questionnaires were distributed and sixtyfive replies received.

The questionnaire contained questions about the human rights and torture situation in Pakistan with reference to Islamic law. After the promulgation of Islamic law, human rights were violated and many questions were raised by the public concerning torture, for example about the use of amputation of limbs, or public flogging, as recommended by the classical shariah. An important question today is whether there is any chance that Muslims could do without these punishments or the death sentence. Other questions dealt with detention without trial, disappearances, and extra-judicial executions. Lawyers could be an important group in the fight against torture, so some of the questions were about the role of lawyers in fighting for human rights. A great deal of information was collected from the lawyers, with a view to illustrate the torture situation. Lawyers with different opinions might hold different views about torture but only a few could deny the existence of torture in Pakistani society. This fact is important to establish, as has been done in this survey, because in order to combat torture in Pakistan a public campaign is necessary. Lawyers, who form a comparatively liberal community and who play a significant role in politics, could be an important pressure group in the fight against torture in Pakistan.

Confessions extracted through torture

The lawyers interviewed confirmed that torture is routinely practised by the police for the purpose of investigation. 97% of lawyers said that torture in police custody is a common practice, 3% did not agree with this.

About the type of torture practised in police custody and in prisons, lawyers confirmed that the torture methods are physical as well as psychological. An extreme form of police torture is called the “third degree method” in which a person is placed naked on ice, thrown into hot water, rolled over the body with a roller which injures the nerves, beaten on the soles of the feet, and burnt with cigarettes etc.

Lawyers described horrible stories told to them by their clients about torture by police and in prison. About the use of torture in Pakistani prisons: 51% did not agree with the statement that torture is practised in prison, though 48% did agree that it is. Prison Rules also provide safeguards against torture but in practice Jail Manuals are not observed. Police torture exists without any provision in law. Article 14 (2) of the Constitution of Pakistan says that “No person shall be subjected to torture for the purpose of extracting evidence”. But it is common for the police to practice torture on detainees and arrested persons. Detainees and arrested persons are inhumanly treated.

Torture is such a common practice that some of the police officers took the stand that “torture” is the only way to extract confessions and without torture it is impossible for them to proceed. This shows that torture is definitely widespread in police custody.
Government takes no action against torturers

Police behaviour towards a detained citizen is not strictly regulated through the criminal law, 88% of the lawyers agreed with this statement, 11% disagreed and 2% gave no response. Human rights activists lawyers agreed that the government is not making any thorough enquiry into allegations of torture. They also indicated that if they filed complaints against the police for illegal torture there could be a number of hindrances, for example police harassment, difficulty in finding enough evidence against the police for torture etc. Asma Jahangir, a human rights activist and lawyer, said that if there is a case against the police, inquiries are conducted by the colleagues of police officials and there is only a slight chance for an unbiased investigation. Another advocate, Sheikh Ahsan, said that for the purpose of medical examination, the person is referred to the medical officer employed by the police otherwise doctors refuse to conduct the examination. The police can easily obtain false medical reports in cases of death in police custody. The purpose of these false medical reports is to show that the death which occurred in police custody was not the result of police torture. No relief is found for these victims. Usually after a person who has been tortured in police custody is released he/she will not file a case against the police for fear of future trouble. One of the lawyers indicated that it is common practice for the police to take torture as a substitute for a result for which their clients were not found. In the survey 51% of the lawyers agreed with the statement that people who die as a result of police torture, are reclassified by the police as suicides.

No compensation for injury during torture

At the time of doing this survey the author came across one such case going on in the High Court of Sindh at Karachi, suit No.90. It was a suit against the Government of Sindh, Home secretary, Inspector General Police and other police officers. The Suit was filed for compensation for one who died in police custody. This case was taken up by the Citizen’s Rights forum Karachi.

Another victim in the medical ward of Camp Jail Lahore, who is accused of lying said that he had lost his eyesight because the police had hanged him upside down, and he was beaten so severely that he lost his eyesight. In spite of all assurances of help, he was not prepared to accept any assistance because of fear of further police torture. (His statement is recorded in a video-recording).

Lawyers reported that the number of women in the prisons has increased in the last ten years, and that these women are mishandled and tortured. Lawyer Asma Jahangir said that women are tortured by being raped, and they are also tortured in other ways. She described a case where an old woman was not fit to fulfil the sexual lust of the police officers, had chilies thrust into her rectum and vagina. (Police Station, Nawankot against Ms Ahmadi Bibi, Mst. Mussarrat, Mst Rehana and Abdul Rashid. FIR. 609/88). She also spoke about an enquiry report regarding alleged maltreatment of three women at the police station in Nawankot, Lahore.

Children tortured at work and in prison

Though the Constitution of Pakistan prohibits the employment of children, there is still widespread child labour in Pakistan. As is quite obvious to anyone travelling in Pakistan children work in workshops and cafes. In the Bar Councils where lawyers are provided with facilities to sit outside the courts, children do the work of getting tea for the advocates and their clients. When some of the lawyers were told that child labour was illegal they said that they themselves were against it but that the problem could not be abolished by working individually on it as the root cause needed to be abolished. Most of the working children belong to very poor families. In this survey 65% of the lawyers said that the rights of children are not safeguarded in Pakistan, while 29% said that they are safeguarded, 6% gave no response. During the survey the author had a chance to visit a prison in Lahore where a special ward of the prison is reserved for children, called the childrens ward. Children from the age of 10 to 16 were found there. Without exception boys in the prison belonged to the poor class and were doing different type of jobs before being arrested. The majority of the children were accused by the police of petty crimes like stealing apples and other small things. The lawyers said that most of the children were not guilty of any crime; they were arrested by the police as a demonstration of their efficiency.

The children were held in bad conditions and most of them were suffering from scabies. That no better treatment was provided for them was confirmed by the two doctors accompanying the group during the prison visit. Most of the boys were also tortured and sexually abused in police custody (a documentary film called Stolen Dreams about these children has been recorded during the survey).

No remedy for citizens to stop violations

The information which received from the lawyers in Pakistan confirmed the widespread violation of human rights. In spite of the fact that the Constitution of Pakistan (subsequently amended) assures its citizens a number of human rights, in practice it is not effective in protecting human rights.

It is provided in Pakistani law that torture shall not be inflicted on anybody, in other words the existence of torture in Pakistani prisons and police custody is not allowed by law in Pakistan, but in practice great discrepancies are found in law and practice. If lawyers' opinions incline in this direction this would on the one hand bring a lot of hidden cases of torture to light, and on the other hand a legal front would be built to combat it. There are also organizations which are ready to prevent torture and improve the situation of human rights for the men, women and children of Pakistan.

The new human rights

The purpose of Voice against Torture (VAT) in Pakistan is to provide treatment for torture victims and to launch a campaign against torture in a society where torture is justified and practised widely. Human rights activist and lawyers, with the support of RAHA T (Rehabilitation and Health Aid Centre for Torture Victims), seem to be prepared to bring a number of complaints against police torture.

In a seminar held by the Human Rights Commission, celebrating Human Rights Day in Karachi, one of the political activists described torture stories in prison during the period of dictatorship. (December 1990).

Women in Pakistan, since the promulgation of discriminatory laws, have strongly reacted against the government and demanded protection of their rights. The All Pakistan Women Law-
Individual coping strategies

Countering the effects of solitary confinement

By Marcie A. Melvin, PhD*

Captivity maltreatment is a regular occurrence in many parts of the world, and prolonged solitary confinement is one of the abuses that prisoners are forced to endure. This maltreatment may result in such deleterious aftereffects as depression and chronic anxiety. For those who live in political situations where the threat of detention and solitary confinement are ever present, knowing what can be done to ameliorate possible negative consequences of these experiences can indeed be valuable information. This paper attempts to describe the coping strategies that are used by individuals who have experienced solitary confinement. The sources used include the psychological and the popular literature on the topic; both of these sources contain a number of personal accounts by individuals from different time periods and cultures who have survived this experience. The literature reviewed revealed a number of common strategies which can be classified into the following categories: using mental exercises, maintaining a sense of superiority over the captors, befriending nonhuman companions, doing physical exercises, maintaining personal care, communicating with others, and managing time. Each strategy is described in detail using examples of how different individuals implemented them.

Mental exercise

One of the most frequently used strategies is mental exercise. In an earlier review of the literature, Miller found that this strategy includes everything from counting pebbles to complex intellectual operations; when writing materials are available, recalling past experiences and keeping a log or diary becomes a very important activity. Andersen, who interviewed repatriated Vietnam prisoners of war, also found that these men regularly engaged in a variety of mental activities in order to cope with tedium and boredom.

They set target dates such as 4 July or 25 December for their expected release. They also planned their dream house, memorized data, and composed poems. Even though they thought about the past, they thought less about their families in order to combat helplessness.

Shachak reports that the prisoner exploits the limited resources available to him in order to compartmentalize his world. Worthless objects acquire meaning and become of extreme importance.

The use of mental exercises to combat the monotony of camp or prison life is reported in the personal accounts of several individuals who have written about their experiences in solitary confinement.

A review of these personal accounts reveals similarities between them and the reported findings of Miller and Andersen.

Edith Bone was held in solitary confinement from 1950 to 1957 by the Hungarian Communist regime. In her autobiography, Seven Years' Solitary, she describes the mental exercises that she practised, including reciting poetry and translating the poets from one language to another and writing her own poetry. Christopher Burney, a British army officer who was held by the German Security Police in Paris, was detained in solitary confinement for 18 months beginning in 1942. In his autobiography, Solitary Confinement, Burney states: “Patience is a matter of anticipation. One does not suffer the passage of empty time, but rather the slowness of the expected event which is to end it; the patient mind is fixed on a future happening, not on present inactivity” (p. 14). It is for this reason that prisoners often focus on a target date for their release, as Andersen found in his study of Vietnam prisoners of war.

Paul Ignatius was a journalist who was held in solitary confinement by the Hungarian Communist regime from 1949 to 1955. In his autobiography, Political Prisoner, he reports how he daydreamed, made up poetry, and kept a prison diary in verse. He stated that his prison diary was one of the things that kept him alive. The diary was a means of documenting his daily experiences in solitary confinement, as well
as providing others with details of his experience after his release.

Anthony Grey, a British journalist and author of the book Hostage in Peking, was held captive by the Chinese government from 1967 to 1969. The mental exercises he practised involved recalling events from his past: his school days, career days, and places he had visited. He practised Yoga and invented a Pass-Look game. The latter involved trying to look at the guard on watch without him looking into Grey’s eyes, as Grey walked back and forth past the cell door. He made up a creed which he called “Determination not Dejection”:

I know that I shall prevail and one day get out of here. Every day that passes is one day nearer release. Dejection can only do harm, not good. Therefore it must be resolutely repulsed by determination to remain optimistic and calm. The Chinese authorities have nothing to gain by keeping you here and they know this. Days and weeks seem long but Governments work slowly to save their faces. Be patient and try to keep busy and think only of preparing yourself for the future. (p. 176)

Grey also devised target-day plans, invented crossword puzzles, and crafted figurines out of soap. Jacobo Timerman, an Argentine political journalist, was imprisoned in 1977 and held in captivity for thirty months during the infamous period that has come to be known in Argentina as the “dirty war”. In his autobiography, Prisoner Without a Name, Cell Without a Number, he describes several techniques he used for mental exercise. He planned a book about his wife’s eyes, “Risha’s Eyes in the Cell Without a Number”; however, while engaging in this exercise he did not actively think about his wife; rather, he concentrated on the style, contents, and format of the book. He felt that “memory is the chief enemy of the solitary tortured man” (p. 36). He thus refused to remember anything that bore on life experiences. Timerman also devised a “withdrawal” technique in which he removed himself from his surroundings and maintained professional activities such as designing a bookstore and organizing a newspaper.

Aziz Ishak was detained in Malaysia in the late 1970s. He practised the Suboh prayer, a short verse of twelve lines that welcomes the new day:

Allah is Great! Allah is Great! There is no God but Allah And Mohammed is His Prophet! The prayer ends by reaffirming a basic belief:

Come to Prayer! Come to Prayer! Prayer is better than sleep! (p. 54)

For Ishak, prayer was used to fill his mind with pleasant thoughts, rather than thoughts about loneliness and his longing for loved ones. The account of Ori Shachak, an Israeli fighter pilot who was shot down during the Yom Kippur War in 1973 and held in solitary confinement in a Syrian prison camp, also shows similar uses of mental exercises. He set goals for the date of his release and changed these goals according to the situation. He thought about what to expect in the future after his release and wrote imaginary letters to family and friends. He celebrated holidays and special events by imagining the rituals he would follow if he were indeed a participant in them. His few material possessions became major elements for constructing what he called a “componental world” in prison. A componental world is created when an individual, even when faced with limited resources or physical barriers, re-defines a situation in order to construct his/her own social reality. Shachak re-defined his surroundings by using his available possessions, a bar of soap, a spoon, pieces of clothing, and food scraps, to make different objects. He was able to carve figures out of soap with a spoon, and he made a chess board out of pyjama pockets with the pieces made out of bits of orange peel.

Nien Cheng, the widow of a former Kuomintang diplomat, was imprisoned by the Red Guards in Shanghai in 1966. Believed to be a spy, she was held for almost seven years until her release in 1973. After her release she wrote her autobiography, Life and Death in Shanghai. For mental exercise, Cheng memorized essays from The Collected Works of Mao Zedong, a book that the prisoners were required to study daily. She crafted a seat for her cement toilet with a needle and towels that were provided, made a cover for her wash basin from toilet paper, and eyeshades from a handkerchief to cover her eyes from the light while she slept. She found sewing to be mentally relaxing, keeping her mind off her present situation. Cheng also engaged in daily prayer.

Sense of superiority over captors

Another strategy for coping with isolation is to maintain a sense of superiority over the captors through intellectual excellence and firmly held ideologies. Andersen’s found that some POWs maintained this sense of superiority by approaching the situation actively rather than enduring it passively. They considered themselves on duty in North Vietnam. Their duty was to record important data, and to debrief upon repatriation.

Edith Bone practised superiority by ignoring her captors and remaining immobile when the guards spoke to her. This would make the guards uneasy, and high officials would be called and sent into her cell to see if she was all right. She regarded her experience as a challenge, and made demands on her captors for such objects as a comb and a haircut. She played tricks on her captors by making a spy hole in the door with a nail so that she could watch them. She refused to admit guilt and did not want to give her captors the satisfaction of having “broken” her.

Nien Cheng practised superiority both intellectually and ideologically. She quoted the maxims of Mao Zedong regularly. On one occasion, she wanted water to clean her cell; she professed, “To be hygienic is glorious; to be unhygienic is a shame” (p. 136). Another technique Cheng used whenever depression overwhelmed her involved intentionally seeking an encounter with the guards by creating some kind of a disturbance. Fighting was a positive action and thus healthier than enduring the hardships imposed on her by patience. Cheng maintained superiority ideologically by not allowing her interrogators to break her “fighting spirit”. She continually professed her innocence. Even when she was released from prison, she refused to leave until she was exonerated.

Nonhuman companions

Nonhuman companions were reported useful in coping with boredom. Creatures such as spiders, cockroaches, and ants became good friends. Christopher Burney found a snail one day on an outside wall. He hid the snail and smuggled it in with him. He fed it cabbage, but after one night it disappeared. The snail’s departure reminded him of freedom. He felt that what the snail obtained so easily might still be possible for him.

Anthony’s companions were ants. One day he noticed them eating the bread crumbs he had dropped. He eventually turned this into a sporting event by placing bets on the ants. The fittest of the bunch was determined by
its performance as it raced back home after collecting a bread crumb. Nien Cheng reported that having another living thing in her cell, a spider, broke her feelings of depression and hopelessness. She watched it carefully weaving its intricate web and this filled her with questions. The spider helped her to see that God was still in control. She saw a miracle of life and this gave her a renewal of hope.

Physical exercise
Physical exercise was made into a daily event by many prisoners. Miller reported that some individuals would do 500 sit-ups or press-ups daily, as well as pacing ten miles a day. Christopher Burney walked in circles in his cell, but later discovered that pacing straight up and down had a strangely calming and absorbing effect, almost hypnotic. Similarly, Ori Shachak reported engaging in daily exercises. He jogged two kilometers a day in his cell. He also continuously cleaned his cell and washed his clothes when a tap was available. Nien Cheng devised a series of discrete exercises that moved every part of her body. She would do these exercises twice daily, even though it was forbidden.

Personal care
Maintaining personal care is another important strategy. Edith Bone demanded a comb and a haircut. Christopher Burney would manicure his nails with a sliver of wood, and Anthony Grey reported doing likewise. Nien Cheng used rice to paste toilet paper on the wall beside her bed, so she would not touch the dirty wall while sleeping.

Communication
Communication, either with other prisoners or with the prison guards, was of great importance to most prisoners. Paul Ignatus reported communicating by wall tapping in morse code or in a prisoners' alphabet, in which one knock equals "a", two knocks equal "b", and so on. Ori Shachak communicated by wall tapping, whistling, and talking when he could get away and talking when he could get away. Other prisoners found ways to use silent communication. Eye contact was attempted whenever possible. Jacobo Timerman communicated in this manner when his peephole and the peephole of the prisoner in the cell across from him were left open by mistake. Timerman wondered about every facet of the other prisoner's life, and in the process created an identity for this prisoner. During the night, the communication went beyond eye contact. The other prisoner showed Timerman different parts of his face and communicated a silent message by placing his nose in the peephole and caressing it. Timerman interpreted this message as meaning "tenderness would reappear". Nien Cheng communicated with a young woman who brought her water by smiling at her. She was a prisoner serving Labor Reform. Silent communication meant a great deal to her.

Managing time
Managing time becomes one of the most important activities for those placed in solitary confinement. Christopher Burney discovered a clock by watching a shadow that was cast by a gable. He described this clock as a "fickle friend" because watching the shadow would sometimes make time pass slowly, while at other times, when the sun would disappear for a period of time and then reappear, the shadow would be farther along than expected. Others described keeping track of time by the food served to them or the noises they heard. Ori Shachak measured the passage of time by noticing the cues from prison life. This included such activities as distribution of food, changing of the guards, carrying out of routine activities, such as taking showers, washing floors, and family visits for the Arab inmates. He kept track of the days by scratching a line in the wall. Nien Cheng also did this after she stopped receiving the "Shanghai Liberation Daily". Ori Shachak felt that, in order to combat the boredom of prison life, a daily routine should be organized to introduce variety into one's world, allowing various events to be imbued with meaning.

Concluding comments
Solitary confinement is often a harrowing experience. When someone is forced into solitary confinement, the goal of the captors is to prevent the person from exercising his/her humanity, thus attempting to take away his/her identity, self-esteem, and respect. Therefore, to preserve these essential quantities, the prisoner needs to keep his/her faith in the future from diminishing, and find meaning for life under greatly limiting circumstances. The strategies described here have been used successfully in a variety of situations. The hope is that those who live under the threat of imprisonment and solitary confinement can use the information provided to prepare themselves. Human beings have an intrinsic need and ability for finding meaning in life even through the harshest and most depriv ing experiences. This seems to be the one common motivation force behind the use of the strategies. Thus, Nien Cheng held on to her "fighting spirit" and Edith Bone regarded her situation as a challenge, "a challenge not only to herself but to that higher civilization of which she considered herself a product." As Victor Frankl, a prisoner in the Nazi death camps, once wrote, one must say yes to life in spite of everything, for "...life is potentially meaningful under any conditions, even those which are most miserable."
BURUNDI

Dozens of people disappeared

A wounded employee at a Roman Catholic boarding school in Bujumbura, capital of the Central African state of Burundi, seeks protection with two priests, but is bayonetted to death. Prisoners with their arms tightly tied behind their backs are killed with a bayonet through the mouth at an army camp.

At least 1000 members of the Hutu tribe have been killed by the military, who are mainly recruited from the smaller, but dominant Tutsi tribe. The soldiers have repeatedly got away with such slaughter. Unless the authorities persecute the culprits, says AI, similar bloodshed will probably occur again. AI has asked President Pierre Buyoya to investigate the many killings and to ‘change the 25 year old habit’ of omitting to punish for killings carried out by the police and the military. At the same time AI requests the government to stop the use of torture and to find out what happened to the dozens of people who ‘disappeared’ after their arrest at the end of 1991.

AI particularly calls attention to 3 areas for further investigations: the killing of the employee at the Roman Catholic school, where a further 10 persons were killed by government soldiers’ bullets; reports about torture at the police headquarters; and reports of the massacre of a family by a grenade thrown into their home by the military.

CHINA

Torture to force confessions

The public prosecutor in China has registered almost 10,000 illegal detentions, cases of torture to force confessions, and dereliction of duty within the police in the first half of the year. According to the China Daily newspaper, it is a question of an increase of 17.2% over the first half of 1991.

GREECE

Isolated in cold cells

In 1991, AI received information about 45 cases of torture of Greek and foreign citizens within Greece. One person died under the care of the Greek police, allegedly because of torture, while others had to be treated by doctors after the violations. Torture in Greece is particularly characterized by the use of beating with clubs and sticks, kicking, and electric shocks. But prisoners in the care of the Greek authorities are also sometimes isolated in cold cells without food, and sexually violated. In one case a pregnant woman, naked, was beaten up against a wall during a period of detention. Amnesty International also states that detained persons obtain access to a lawyer only after having confessed. Often the victims do not dare to complain about the police torture, because they fear reprisals. AI asks for basic safety arrangements to prevent torture from taking place in Greece, and it calls on the country’s political leadership to establish an independent investigation institution to supervise all complaints of torture.

NORTHERN IRELAND (Ulster)

Maltreatment of children

Children in Northern Ireland are maltreated as a routine by the British security forces in the country, says the American section of the human rights group Helsinki Watch in a report. The British forces and the paramilitary groups both commit serious violations of human rights. The New York-based human rights group sent an investigation team to Northern Ireland in April 1992 to study the conditions of children, but both the British Army and the local military - Royal Ulster Constabulary - refused to cooperate. Members of Parliament and many witnesses, however, could tell about violations against children. Among others, minors (under age) are interrogated as if they were adults by the British forces. Other youngsters have been unlawfully detained and tortured. Helsinki Watch also accuses the British security forces of omitting to patrol many areas. In this way, children are left to the justice of the paramilitary forces, who disregard any form of human rights. During its stay in Northern Ireland, the group talked with 18 children, who could tell about beatings, torture, and threats to their lives by the British security forces.

PAKISTAN

Criminal accusations against Pakistani People’s Party

The government of Pakistan has arrested several hundred political opponents since 1990 and has made extensive use of torture and rape to break down their resistance. According to AI, the imprisonments have particularly taken place in Sind Province, which is the power base of the Pakistani People’s Party (PPP), whose leader, Benazir Bhutto, was the previous prime minister of Pakistan. Since Benazir Bhutto’s government was forced to resign in August 1990, AI has registered about 600 PPP-members who have been arrested. According to AI, many of them have been exposed to torture, rape, and other forms of gruesome treatment. One cannot evaluate, in all cases, whether the criminal accusations against the PPP members are based on reality.


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A new guardian to protect humanitarian law

International commission set up to investigate breach of the Red Cross Conventions protecting civilians and prisoners of war

On 12 and 13 March 1992, at the invitation of the Swiss Government, as the depository of the 1949 Geneva Conventions and the Additional Protocols (the so-called Red Cross Conventions), the international fact-finding Commission, provided for in article 90 of the Additional Protocol 1, held its first meeting in Berne, Switzerland, where the Commission has also established its seat.

The Commission, which is now operational, was established after a motion from Denmark in connection with the negotiations before the approval of the additional protocols to the Geneva Conventions in 1977. Its main task is to inquire into allegations of serious violations of the Geneva Conventions and the Additional Protocol 1 concerning the protection of victims of international armed conflicts, such as civilian populations and prisoners of war. Furthermore, the Commission has expressed its willingness to inquire into other violations of humanitarian law, including those arising in civil wars, provided all parties to the conflict agree. Among the most important items on the Commission’s agenda were the election of its President and its two Vice-Presidents, as well as the adoption of its rules of procedure. The Commission elected as its President Dr. Erich Kussbach (Austria), and Professor Ghalib Djilali (Algeria) and Sir Kenneth J. Keith (New Zealand) as its first and second Vice-Presidents, respectively.

The Commission’s rules, dealing with both organisational questions and all aspects of fact-finding missions that the Commission may be called on to conduct in the future, could not be adopted in their entirety at the end of the two days.

The Commission has the following members for the next five years: Dr. André Andries, Prof. Luigi Condorelli, Dr. Marcel Dubouloz, Prof. Ghalib Djilali, Prof. Frits Kalshoven, Sir Kenneth J. Keith, Dr. Valeri Kniasev, Dr. Erich Kussbach, Prof. Torkel Opsahl, Prof. Allan Rosas, Dr. James M. Simpson, Dr. Carl-Ivar Skarstedt, Dr. Santiago Torres Bernardex, Prof. Daniel H. Martins, and Prof. Francis Zachariae.

To date the following countries have made the declaration provided for in article 90 of the Additional Protocol 1, accepting without further agreement the competence of the Commission to inquire into allegations of serious violations of the Geneva Conventions and Protocol 1 brought against them: Belgium, Malta, Liechtenstein, Italy, Algeria, Switzerland, The Netherlands, New Zealand, Russian Federation, Ukraine, Byelorussia, Austria, Uruguay, Norway, Canada, Finland, Sweden, Spain, Denmark, Germany, Chile, Hungary, United Arab Emirates, Togo, and Qatar. None of these countries for the time being involved in international armed conflicts or civil wars.
PIOOOM Award 1993
for Research on Causes of Human Rights Violations and Strategies to Combat These

The PIOOOM Foundation promotes research by students and advanced social scientists that can contribute to the fight against violations of human rights. PIOOOM stands for Interdisciplinary Program for the Study of Root Causes of Human Rights Violations. The main focus is on Gross Human Rights Violations (torture, political killings and disappearances - subsequently abbreviated GHRV) for which state actors, including persons and institutions supported by states, and/or opposition forces, bear responsibility. Studies on one of the following questions are invited:

A. What are the casual factors enabling gross human rights violations (facilitating factors) and what factors disable GHRV (inhibiting factors)?
B. What is an optimal strategy for (inter-)governmental, and non-governmental human rights organizations and agencies to counter contemporary human rights violations and to prevent future violations?

The first problem can be analyzed on the micro-, meso- or macro-level:

i. Specific (groups of) persons responsible for GHRV can be studied (those who order such crimes as well as those who actually commit these);
ii. Certain (types of) institutions responsible for GHRV violations can be investigated, e.g. military and paramilitary organizations [incl. death squads and the (secret) police];
iii. Certain (types of) regimes responsible for GHRV can be analyzed in different phases of their life-cycles.

Case studies as well as comparative studies on historical and contemporary situations are welcomed on any of these levels. The second question refers, inter alia, to the problem of measuring and improving the effectiveness of organizations and agencies active in the human rights field. In order to promote the production of usable knowledge on the questions outlined above, the PIOOOM Foundation offers an award (consisting of a medal, a document and Hfl. 2,000.-) to the best published or unpublished article, (master) thesis or book written since 1990 on any of these subjects. In order to encourage young scientists in the fields, there will also be a Junior PIOOOM Award. In 1991, the prize was awarded to Dr. H. Fein (Harvard University) for her survey Genocide: A Sociological Perspective (Current Sociology, Vol. 38, # 1. Spring 1990, 126 pp.). The next PIOOOM prize will be awarded on December 10, 1993, in Leiden. Those competing are requested to send their contribution in English, German, French or Dutch to the chairman of the jury, Prof. Dr. Adriaan Dorresteijn (Frankenstraat 36, 2582 SL The Hague, The Netherlands). The deadline for submission is April 1, 1993. Nomination of somebody else’s work by others is also encouraged, with the same deadline applying. The rules and terms for granting the award can be obtained from the secretariat: PIOOOM c/o COMT/LISWO, Leiden University, Wassenaarseweg 52, 2333 AK Leiden, The Netherlands.

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