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Attitudes and experiences of physicians regarding human rights violation: a study on human rights education
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Medical work with torture victims began in 1974. It is thus 25 years since the development started that today also includes, not least, the International Rehabilitation Council for Torture Victims (IRCT) as a network organization that outlines the objectives and activities of 126 centres and programmes in 54 countries, according to the latest annual report.

The actual date of an organization's birth is often debatable, and this is also true in this case. On one of the first days in September 1974 the first doctors' group under Amnesty International, consisting of 10 doctors, met for the first time in Denmark. At AI's conference in Paris in December 1973 relating to the abolition of torture, the medical organizations were invited for the first time to participate in investigations in areas of the world where the spread of torture was most critical.

The aim was to help torture survivors in their attempts to prove that they had in fact been tortured — that the victim himself had not just run into a wall, had not thrown himself down the stairs, knocked his head against a wall, cut himself with a knife, razor blade, or other instrument, or burnt himself with a cigarette.

The report of the meeting by the Danish delegate, Peter Moltke, led to a request from his colleague Inge Genefke to Danish doctors for them to volunteer for this work. The first doctors' group thus held its founding convention with four members. The group was soon expanded, and they started by applying themselves to systematic investigation of the after-effects of torture. The year 1977 was a turning point, with press conferences in the international forum and publication of "Evidence of torture". This led to the creation of similar doctor groups in Europe, the United States, and Canada; it was thus significant that the attention to diagnostic and systematic accuracy with respect to the subject was much greater in countries where torture does not take place.

The systematic diagnostic work made it necessary to start treatment of the incurred traumas, which had been so excellently described. This led to the creation and development of the proper rehabilitation initiative, which has developed as described above.

The ideas and initiative that in 1974 led to this systematic analysis, and thus increased knowledge about torture, resulted in a change in the attitude towards the concept of torture and its place in relation to other pathological conditions due to external causes. Previously, torture had not been clearly identified as a society-created means of destruction. This initiative resulted in a development that, based on rationality, made it possible to start goal-oriented rehabilitation of torture's physical and mental sequelae.

During the same period, several other initiatives came into being, e.g. clinics for rehabilitation and help for torture victims and refugees, as well as other people in need belonging to ethnic groups exposed to suppression.

The 1974 initiative was not only a stubborn follow-up of an idea. Its survival is also due to other factors, such as the understanding of the complexity of the symptoms following torture, the ability to mobilize work and financial resources, the importance of maintaining a fixed concept and gradually supplementing it with improvements, the advocacy of the concept of breaking the silence surrounding torture, and finally the efforts to prevent torture.

To understand the development of the 1974 initiative, it should not be forgotten that the time was ripe for the message, not least because of the UN Declaration of Human Rights, and the ensuing conventions. This development has now led to a new generation of acceptance of the maintenance of human rights, as demonstrated by the creation of an International Criminal Court, and the ongoing cases against those responsible for systematic torture and cleansing of unwanted groups, as shown by the Pinochet case.

Another recent indication of the same change in attitude is the recognition that torture-like interrogation methods have been, and still are, a stain on the reputation of the state of Israel, as mentioned — with regard to "shaking" — on pages 73 and 79 of this issue of TORTURE. But this is a stain that the new government of Israel has shown openness to recognizing as belonging to the past.

The 25th anniversary is an occasion to look back over a period that was ready to accept a message — but also to the fact that this message is not all — it also includes components to develop the original idea, i.e. the realization, maintenance, visions, cross-sectional approach, and the stamina.

H.M.

References
Attitudes and experiences of physicians regarding human rights violation

A study on human rights education

Ümit Biçer, MD, assistant professor*, Başar Çolak, MD, assistant professor*, Önder Özkalpçı, MD** & Ümit Naci Gündoğmuş, MD, assistant professor*

The Hippocratic oath and the Declaration of Tokyo are important baseline dictums for health professionals. Participation in physical and mental abuse defines the most fundamental precept of medical ethics, *primum non nocere.*1-2

A declaration was adopted by the World Medical Association (WMA) in Tokyo in 1975 that prohibits physicians from participation in torture. Torture is defined as follows in that declaration: "[...] the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession or for any other reason." The WMA is urged to stand by its pledge "to support and encourage the international community, the national medical associations and fellow physicians, to support the physician and his or her family in the face of threats or reprisals resulting from refusal to condone the use of torture or other forms of cruel, inhuman or degrading treatment."1-2

It has been estimated that torture is being practised in more than 70 countries throughout the world. Torture constitutes an aggravated and deliberate form of cruel, inhuman, or degrading treatment or punishment. In many states police or security agencies function either in the absence of adequate scrutiny or in a climate in which the government actively or passively encourages torture. Some countries have police forces with a tradition for "physical" investigative methods.3-8

"Everyone has the right to live and the right to protect and develop his material and spiritual entity. The physical integrity of the individual shall not be violated except under medical necessity and in cases prescribed by law; he shall not be subject to scientific or medical experiments without his consent. No one shall be subjected to torture or ill treatment; no one shall be subjected to penalty or treatment incompatible with human dignity." (Constitution of the Republic of Turkey, Article 17).9

Despite Turkey's constitutional and statutory prohibition of torture (Turkish Penal Code, Articles 243 and 245), police and other security forces routinely and systematically use torture during periods of detention.9

Many international and Turkish human rights groups have documented torture in Turkey during the past 17 years. National medical associations play an important role in ensuring that the ethical guidelines for physicians are not violated by their members, and they can also play a very significant role in the prevention of torture as a whole.9-18

The Turkish Medical Association (TMA) has been a leading voice in Turkey denouncing torture. And the TMA, in cooperation with the Society of Forensic Medicine Specialists, has made great efforts to train physicians in Human Rights and Forensic Medicine.19

Materials and Methods
To define the attitudes and experiences of physicians regarding human rights violation, a questionnaire that included 30 multiple choice questions was prepared and applied in a pilot study with the participation of 15 general practitioners (GPs) who were experienced in preparing medico-legal reports. The results of the pilot study with the 15 GPs are not included in the present study.

The questionnaire was distributed to 152 physicians from different specialities working at the Medical School of Kocaeli University. Information on personal identification was not asked in order to ensure the privacy and security of the respondents. The questionnaire was answered by 100 of the 152 physicians.

Physicians practising at the Medical School of Kocaeli University were also interviewed. The focus of this study is "attitudes and experiences of physicians regarding human rights violation".

Results
The 100 study participants comprised 67 men and 33 women. Their mean age was 34 years (SD:5.8), 35 (SD:5.8) for the men and 33 (SD:5.2) for the women. The mean number of years of medical experience was 10 (SD:5.3) (minimum 1 – maximum 27).

Seventy-nine physicians had worked as GPs before specialization, and the mean of medical experience as a GP was 32 months. Twelve of 21 specialists who had not worked as GPs had never prepared a medico-legal report.

Fourteen of the 100 respondents had provided no medico-
legal reports (8 men, 6 women), while 86 had (59 men, 27 women). Table 1 shows the distribution of medico-legal reports, table 2 the years of experience in conducting forensic reports, table 3 the distribution of submitted reports among the participating physicians, and table 4 the common problems experienced by the physicians in compiling the reports. Sixty-three of the 86 respondents had provided no medico-legal reports during the previous year.

Thirty-one physicians met torture allegations during their medical practice, while 64 did not. Five did not respond to this question.

Table 1. Distribution of medico-legal reports by 86 respondents.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traffic accident</td>
<td>70</td>
</tr>
<tr>
<td>Physical trauma</td>
<td>67</td>
</tr>
<tr>
<td>Other accidents</td>
<td>42</td>
</tr>
<tr>
<td>Sexual trauma</td>
<td>41</td>
</tr>
<tr>
<td>Forensic psychiatric examination</td>
<td>29</td>
</tr>
</tbody>
</table>

Table 2. Experience in conducting forensic reports by 100 respondents.

<table>
<thead>
<tr>
<th>Years of experience</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>&lt;1</td>
<td>18</td>
</tr>
<tr>
<td>1-5</td>
<td>35</td>
</tr>
<tr>
<td>5-10</td>
<td>22</td>
</tr>
<tr>
<td>&gt;10</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 3. Reports (estimated at over 3866) among all participating physicians.

<table>
<thead>
<tr>
<th>Number of reports</th>
<th>Number of physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>1-10</td>
<td>14</td>
</tr>
<tr>
<td>11-50</td>
<td>28</td>
</tr>
<tr>
<td>51-100</td>
<td>18</td>
</tr>
<tr>
<td>&gt;100</td>
<td>26</td>
</tr>
</tbody>
</table>

Table 4. Problems while preparing medical reports, expressed by 86 physicians.

<table>
<thead>
<tr>
<th>Problems</th>
<th>Number of physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient knowledge of legal procedure</td>
<td>66</td>
</tr>
<tr>
<td>Had not adequate technical or other reasons to conduct medical examination</td>
<td>36</td>
</tr>
<tr>
<td>Had not adequate time to conduct medical examination</td>
<td>18</td>
</tr>
<tr>
<td>Insufficient knowledge of medicine</td>
<td>27</td>
</tr>
<tr>
<td>Distress in the ethical and/or legal procedure</td>
<td>28</td>
</tr>
<tr>
<td>Belief of effectiveness of medical reports in judicial procedure</td>
<td>9</td>
</tr>
<tr>
<td>Pressure of the police/security agencies</td>
<td>7</td>
</tr>
<tr>
<td>Pressure of the judiciary</td>
<td>4</td>
</tr>
<tr>
<td>Pressure of the police/security agents and judiciary</td>
<td>1</td>
</tr>
<tr>
<td>Pressure of the police/security agents and detainee/violated persons</td>
<td>1</td>
</tr>
<tr>
<td>Pressure of the judiciary and detainee/violated persons</td>
<td>1</td>
</tr>
<tr>
<td>Pressure of the police/security agents and detainees/violated persons</td>
<td>1</td>
</tr>
<tr>
<td>Pressure of other political detainees</td>
<td>4</td>
</tr>
<tr>
<td>Pressure of all of them</td>
<td>10</td>
</tr>
</tbody>
</table>

Ninety-two physicians indicated that torture was a problem in Turkey, and five that torture did not exist in Turkey (table 5).

Ninety-nine physicians answered the question about what they believed torture was (table 6).

Thirty-one respondents (31.3%) explained that interrogation involving threats of harm or intimidation without physical injury was not torture.

Ninety-five physicians answered questionnaires about physicians' complicity in torture (table 7).

Twenty-two respondents (23.2%) accepted all these attitudes as physicians' complicity in torture.

Six physicians had examined the detained persons in the police station or similar place of detention. Only one of these six reported that there was no police or security officer in the room. They all said that they did not experience pressure during the medical examination.

Thirty-five physicians reported that police or security agencies tried to be present during the examinations. Only five physicians reported that the presence of police influenced the medical examination and medical report.

Eight of 80 respondents answered that they provided medical reports that contradicted a previous medical report, and 25 did not believe that another specialist would prepare an adequate medical report.

Nineteen physicians expressed judicial restrictions at interpretations of medical findings.

Tables 8 and 9 show the distribution of answers to the questions "In which of the following situations can you participate as a physician?" and "What should be done for adequate documentation of torture?"

**Discussion and Conclusion**

A pencil can sometimes become a torture instrument, and a physician can sometimes work as a torturer. In fact, physicians are assisting torture actively or passively in many coun-

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Table 5. Who are tortured in Turkey? Answers from 97 physicians.

<table>
<thead>
<tr>
<th>Answers</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Torture does not exist in Turkey</td>
<td>5</td>
<td>5.2</td>
</tr>
<tr>
<td>No comment or no observation</td>
<td>16</td>
<td>16.5</td>
</tr>
<tr>
<td>Nearly all detainees</td>
<td>18</td>
<td>18.6</td>
</tr>
<tr>
<td>Nearly all political detainees</td>
<td>3</td>
<td>3.1</td>
</tr>
<tr>
<td>All political detainees and some non-political detainees</td>
<td>4</td>
<td>4.1</td>
</tr>
<tr>
<td>Only some of the non-political detainees</td>
<td>36</td>
<td>37.1</td>
</tr>
<tr>
<td>Some political detainees</td>
<td>8</td>
<td>8.2</td>
</tr>
<tr>
<td>Some political detainees and some non-political detainees</td>
<td>7</td>
<td>7.2</td>
</tr>
<tr>
<td>Total</td>
<td>97</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 6. What is torture? Answers from 99 physicians.

<table>
<thead>
<tr>
<th>Answers</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only severe physical and/or psychological injuries</td>
<td>25</td>
<td>25.3</td>
</tr>
<tr>
<td>Beating alone, or severe physical and/or psychological injuries</td>
<td>3</td>
<td>3.0</td>
</tr>
<tr>
<td>Interrogation involving threats of harm or intimidation without physical injury</td>
<td>68</td>
<td>68.7</td>
</tr>
<tr>
<td>No comment</td>
<td>3</td>
<td>3.0</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>100</td>
</tr>
</tbody>
</table>

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tries; this means violation of the Hippocratic oath, violation of the National Code of Ethics, and violation of international legislation governing the medical profession.2,5-7

Some studies have shown that about 20% of torture survivors mentioned the involvement of physicians in their torture experience.6,13,16 Physicians may be involved in torture in various ways:

- Performing a medical examination to evaluate a victim's capacity to resist torture
- Providing medical knowledge to torturers
- Direct participation in the practice of torture
- Preparing false health certificates or autopsy reports
- Neglecting to document and report clear evidence of torture
- Providing medical assistance without denouncing torture or resigning
- Not reporting torture cases to authorities5-7

In some states where torture is practised, the government often obstructs the national medical association, when it tries to prevent members from participating in torture and to make them obey the medical/ethical rules.2,5,10-12 Fortunately, only a limited number of physicians are likely to be associated with torture. Most of them are military physicians, police and prison physicians, and forensic medicine specialists. These groups of physicians have therefore been called "high risk physicians" by Amnesty International's Prevention of Torture Group.

As the number of active forensic physicians is very limited (148) in Turkey, most medico-legal reports are prepared by GPs or by other specialists. In this study only 12 of 21 specialists who did not work as GPs had never prepared a medico-legal report.

The total number of medico-legal reports by 86 physicians was estimated at over 3866, and over 273 in 1996. This number is very limited when compared with figures from other physicians who prepare medico-legal reports.

The most important conclusion of our study is the teachers' lack of sufficient knowledge at the Medical School of Kocaeli University with respect to human rights violations and preparation of medico-legal reports. Sixty-three (73.3%) physicians stated that they lacked medical training for preparing adequate medico-legal reports (table 4). Sixty-six physicians stated that the duration of forensic medicine training should be increased (table 9).

It is the responsibility of the national medical associations to raise the consciousness about medical ethics among the physicians. International medical organizations should work actively for the prevention of torture, and receive and investigate allegations of physicians' participation in torture.2,6,13,16,20

The training of physicians should include positive guidance about the ethical framework in which physicians are expected to apply their skills and knowledge. Positive training is necessary to identify the circumstances and to help the physician to judge the moral framework in which decisions have to be taken. Recognition by physicians of overt or hidden pressures is the greatest safeguard against a drift to acquiescence in torture. In this study 16 of 86 (18.6%) physicians mentioned the pressure of police and security forces.

Another important point is that, although all the participants reported that they were not face to face with the pressure, more than one third reported that they were to examine the victim in the presence of the police. Only five physicians reported that the presence of police when examining the victim influenced the medical examination and medical...
report. There is no need to explain the importance of secrecy in a patient-physician relationship.\textsuperscript{7,15,21}

Education in medical ethics and human rights has recently been included in the curriculum of the medical schools in Turkey. The departments of forensic medicine have been particularly active in this effort, and the topics have been included in International Forensic Conferences (Bergen 1981, Oxford 1984, Sri Lanka 1986, Vancouver 1987). It was an important step in the work against torture when the International Forensic Association decided to include the concern for human rights in its programme.\textsuperscript{5-6,22}

The problem with reporting torture cases to the authorities is that the authorities who will be in charge of the investigation are probably those who were responsible for the torture, and it would be like asking a murderer to investigate his own crime. Another possibility is that the torture victim or his/her family will be subject to threats, harassment, arrest, or even torture. Finally, the physician who has complained to the authorities is at risk of being arrested, tortured, and charged with subversive activities.\textsuperscript{23}

Physicians are frequently called upon to examine survivors of torture and report their findings and interpretations as legal testimony.

The documentation of torture cases sometimes happens, thanks to the courageous work of agencies and individuals. An important source of documentation of torture comes from medical professionals who, in some cases, are able to determine the nature of torture and possible cause of injuries on the body of the tortured person, and who can sometimes provide an authoritative opinion even in the absence of such marks.\textsuperscript{13,21,24} In the present study, 31 of 99 (31.3\%) physicians believed that "interrogation involving threats of harm or intimidation without physical injury is not torture" (table 6). And 22 of 95 (23.2\%) physicians did not accept that "neglecting to document and report clear evidence of torture" and "providing medical knowledge to torturers related to torture methods" were physicians' complicity in torture (table 7).

Physicians throughout the world have played an important role in opposing torture. We have many courageous examples, such as Chilean, Palestinian, and Israeli physicians.\textsuperscript{25}

A physician who sees a torture victim should be obliged by law to report the case to the authorities for further investigation by the police, as for instance in the case of a suspected battered child syndrome. Can these regulations in the area of justice be sufficient? Two examples of black humour from Turkey:

1. Seyfettin Kızılkın, MD, the Head of Diyarbakır Medical Association, a surgeon and an active human rights activist, was punished because he treated a terrorist (a haemorhoïd operation) and was accused of hiding military bombs on the balcony of his house, which is just opposite the building of the national intelligence service of Turkey Diyarbakır branch. He was forced by the authorities to work out of the emergency zone.

2. Tufan Köse, MD, who works at the Adana Office of the Human Rights Foundation of Turkey (HRFT), in the torture survivors rehabilitation project, was punished according to article 530 of the Turkish Penal Code, which legally obliges physicians to report cases of torture to the authorities. He was punished for refusing to give the names of torture survivors to the public prosecutor with a view to find the torturers and have them put in prison. The Adana office of HRFT rehabilitates approximately 200 torture survivors every year. However, we have not yet heard of any imprisonment of torturers in Adana.

These examples can remind one of similar examples from all over the world.\textsuperscript{26}

Let us firmly uphold the principles of law, liberty, and dignity: life without dignity and justice is not worth living. Every effort should be made to discourage physicians from participating in crimes against human beings. Those who participate in such crimes should never be permitted to practise professionally, neither in his/her country nor in any other place in the world.

References
21. Geiger HJ, Cook-Deegan RM. The role of physicians in conflicts and humanitarian crises (case studies from the field missions of

22. Proceedings of the international symposium on torture and the medical profession. J. of Medical Ethics 1991;17:3-64.


The above article was presented at the Gaza Community Mental Health Programme Third International Conference: Health and Human Rights, 13-15 October 1997, in Gaza, Palestine.

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**Selected list of publications**

received in the IRCT International Documentation Centre

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- Torture - a challenge to the psychiatric profession / Geneke, Inge. - In: One world, one language - paving the way to better perspectives for mental health; proceedings of the X world congress of psychiatry / Juan J. Lopez-Ibor , Felice Lieh-Mak , Harold M. Visotsky , Mario Maj. - - Seattle: Hogrefe Huber publishers, 19990000. - p. 99-104.
- Mental health of people and the effects of war on children / Eisenberg, Carola. - In: One world, one language - paving the way to better perspectives for mental health; proceedings of the X world congress of psychiatry / Juan J. Lopez-Ibor , Felice Lieh-Mak , Harold M. Visotsky , Mario Maj. - - Seattle: Hogrefe Huber publishers, 19990000. - p. 88-93.
- Examination for the late physical after effects of torture / Forrest D. M.. - In: Journal of Clinical Forensic Medicine; vol. 6. - 19990000. - p. 4-13 : ill.
- The forensic physician's conception of himself. Documentation and prevention of maltreatment and torture as a special task / Oehmichen, M.. - In: Forensic Science International; vol. 100. - 19990000. - p. 77-86.
- The medicine and human rights special study module: a physicians for human rights (UK)initiative / Maxwell, R. S.; Pounder, D. J.. - In: Medical teacher; vol.21, no.3. - 19990000. - p. 294-8.
- The psychological effects of the war in Afghanistan on young Afghan refugees from different ethnic backgrounds / Mghir, Rim; Raskin, Allen . - In: International Journal of Social Psychiatry; vol. 45, no. 1. - 19990000. - p. 29-36.
- Samaritana de los torturados / Elliott, Lawrence. - In: Reader's Digest = Selecciones ; 1999, junio. - 19990100. - p. 28-34.
The journal TORTURE previously reviewed articles on the investigative methods involving torture employed by police officials in Israel. Physicians for Human Rights (PHR), Israel, a critic and opponent of the involvement of physicians in torture, is actively pursuing this blatant disregard of medical ethics.

The article below can be regarded as a preamble to a report that was sent to the World Medical Association for review. The report, to be published, examines the ethical boundaries that PHR, Israel, believes should be placed on the medical profession until torture in general is stopped.

Special attention should be given to the fact that the Israeli Medical Association (IMA) has been hesitant to react to the organized use of torture taking place in Israel.

References

Further reading

Physicians and torture: Physicians for Human Rights-Israel struggle to end torture

Avi Raps, MD*

During the past two years, PHR-Israel has established two main issues:

1. We have acquired a good understanding of how physicians participate in the General Security Service (GSS) interrogations.
2. PHR-Israel has therefore dedicated its activity to ending physicians’ participation in the process of torture as a step to ending torture itself.

Only GSS detainees are medically examined pre-detention

We were told by police officials that, due to budgetary problems, only GSS detainees are examined pre-detention. The police are paid by the GSS for those medical services. With the budget comes a problematic bond between the service those doctors are giving and the GSS.

The GSS employs the night shift doctors in the prison services (the Shabas) prisons

According to the State Attorney’s response to a petition to the High Court of Justice by a coalition of NGOs on the subject of torture, it is clear that all active GSS interrogation centres are staffed by physicians 24 hours a day. The State Attorney claims that this is for the purpose of providing skilled and immediate medical care for detainees who are in need of treatment or check-ups. Furthermore, the State Attorney used the fact of physicians’ proximity to claim that any physical damage that might occur as a result of “shaking” is therefore reduced.

The Shabas (prison services) does not have a budget for the night shift doctors, but rather has a doctor on call. Therefore, the GSS employs its own doctors on the night shift. The bond between those doctors, who are directly paid by the GSS, is even more problematic, creating double loyalties.

The nature of doctors’ activities in examining GSS detainees

A few cases that reached PHR-Israel offices gave us a better view of the role of physicians in the process of torture. For instance:

In Shabas facilities

In a petition submitted to the high court by Andre Rosenthal (1), the attorney who represented Juad Jabri, the detainee, it was clear from the medical report that:

On 3 December 1997 a paramedical examination found Jabri “OK”. That same day he was seen by a physician who recommended “not to make him sit on the small chair”.

Four days later, according to the medical report, a sensitivity of the sacrum was noted. The detainee stated that the physician told the interrogators of his recommendations. However, he was still forced to remain seated on the small chair.

In police facilities

It is clear now that the medical forms in police facilities are addressed directly to the GSS chief interrogator.

CASE NO. 1

A physician noted that the detainee was “fit” to stay in the detention centre. However, due to H.T.N., the detainee
"should avoid long periods of standing and needs to be held in a well ventilated area".

CASE NO. 2
A physician examined Omar Ghanimet, a well-known and publicized case, and noted that he was fit to stay in the detention centre.

According to the summary of the medical report on Omar Ghanimet:

On 24 May 1998 Ghanimet complained to the paramedic of a "blow" to the chest. On the next day he did not complain of injuries. The doctor noted abrasions on the wrists (not fresh), full movement of hands, and found no need for treatment.

When Ghanimet was released, an orthopaedic specialist stated that "these positions, as described, could cause damage to the meniscus of the knee [...]". A neurologist stated that Mr Ghanimet's allegations of the use of very tight handcuffs are supported by the findings of a neurological examination.(2)

PHR-Israel activity to end physicians' participation in the process of torture

The nature of doctors' activities brought us to a dilemma: we think that every detainee should be examined pre-detention, but such a medical examination at GSS detention centres clearly amounts to cooperating in the process of torture. The described cases strengthen our suspicion that the GSS is using physicians as a "safety net" and turning them into an integral part of the process of torture.

PHR-Israel therefore decided that the only way to stop physician involvement in torture was:

1. to meet physicians who work in GSS detention centres
2. to discuss the matter with the IMA.

PHR-Israel staff therefore met the chief doctors of the prison services and the police services, and got the impression that they do face an ethical problem.

In addition, PHR-Israel met several times with the chief staff of the Israeli Medical Association (IMA), which included the executive director, the ethics section, and the chairman. The IMA staff assured us that they would come to their definition of torture and subsequently discuss the participation of physicians in GSS interrogations.

PHR-Israel composed and submitted to the IMA a report and the following conclusions:

Doctors should not collaborate in any way — especially through medical procedures — in any interrogation involving torture and/or cruel, inhuman or degrading treatment and punishments (subsequently "interrogation under torture").(3)

1. No doctor shall examine a prisoner prior to an interrogation involving torture.
2. When faced with a prisoner who claims to have been tortured, or when a prisoner has been examined by a doctor, and the doctor suspects that he has been interrogated under torture, etc.:
   a. the doctor should provide the necessary treatment, after being authorized to do so by the prisoner
   b. he must categorically prevent, by means of a doctor's order, the prisoner's return to the interrogation, or to the place where he was held
   c. he must inform an authorized body within the system and outside it.
3. A doctor who receives information regarding torture (even through hearsay) must inform the above-mentioned authorized bodies.

Only a categorical ban on any collaboration with the GSS can protect Israel from the "slippery slope" of implicating doctors in the act of torture. It is therefore the duty of Physicians for Human Rights-Israel and, in our opinion, the Israeli Medical Association to act as the most ardent ethical guardians against this potential danger.

In spite of the submitted report and numerous follow-up meetings, the IMA has not yet come to any conclusions on this issue, nor did it raise the issue in its meetings, to the best of our knowledge. Furthermore, a medical article about the effects of torture on detainees, which was based on cases I have seen personally, was rejected by the IMA, clearly stating that the reason was political.

We therefore started a campaign to pressure the IMA to respond to the true ethical challenge of physicians' involvement in torture. We will also submit our full report to the World Medical Association.

PHR-Israel is of the opinion that a society that sends its investigators and physicians to take part in the process of torture will come to terms with this when this practice is finally condemned. The Israeli society has not yet created an atmosphere in which the price of silence will be greater than that of disobedience.1 Due to the moral price of torture, it must take responsibility to assist those individuals who are involved in the system of torture to escape it. With respect to the involvement of physicians in this system, the responsibility lies with the IMA to supply physicians with a mechanism by which they can refuse to work with the GSS. The most logical means to this end is to prohibit physicians from participating in GSS activities.

References


Notes

(1) Representing the Center for the Defence of the Individual (Hamoked).


(3) For this purpose torture will be defined according to the Declaration of Tokyo: "For the purpose of this Declaration, torture is defined as the deliberate, systematic, or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession or for any other reason."

The above article was submitted by Dr Avi Raps at the MENA network meeting, May 1999, in Nicosia, Cyprus, and is based on a report written by Hadas Ziv, Director of Projects, PHR-Israel, which has not yet been published.
The British Medical Association (BMA) has had a long held interest in human rights and this has been reflected since the 1970s in the resolutions passed at its annual representative body. In 1984, the BMA annual meeting called for a working party to be set up to investigate allegations that doctors in some countries were cooperating in state torture. Two years later, the first BMA pamphlet on the topic, “The Torture Report”1, found “incontrovertible evidence of doctors’ involvement in planning and assisting in torture, not only under duress, but also voluntarily as an exercise of the doctor’s free will.” (p. 38) When the brief report was received at the annual meeting of 1986, members mandated the BMA when­ever possible to help and support doctors anywhere in the world who are faced with evidence of torture.

In 1989, another debate at the BMA’s annual meeting drew attention to this growing body of material and asked for a new working party to review it and produce recommen­dations for action. This time a more substantial report, “Medicine Betrayed”2, resulted in 1992. Unlike the earlier BMA document, it was not confined to examining medical involvement in torture, but considered the role of doctors in a wide range of human rights violations and in judicially approved procedures such as execution and corporal punish­ment. Balancing the picture, it also drew attention to the way in which doctors who attempt to resist collaboration in abuse frequently fall victim themselves to harassment, torture, or murder.

A recommendation contained in “Medicine Betrayed” committed the BMA to look again at the issue of doctors’ involvement in human rights issues in five years time. Therefore, in March 1996 the Medical Ethics Committee established an expert Steering Group including representatives from Amnesty International, the International Committee of the Red Cross, and the European Committee for the Pre­vention of Torture. On this occasion the aim has been to go further than simply documenting abuses and produce a prac­tical guide which can be used by doctors who witness abuses of human rights and medical ethics. It is also hoped that the report will be used as an educational tool, particularly by medical schools, and therefore sections discussing the connection between concepts of medical ethics and human rights have been included. The report has taken into account the “changing agenda” in human rights discourse, and the “right to health” or the “right to health care” is addressed in the report. The role of national professional bodies is also changing significantly towards more active campaigning on issues of public health and patient rights and the recommenda­tions, summarized in the final chapter, reflect this fact.

As part of the research for this report, the BMA wished to ascertainment the experiences of doctors throughout the world who had witnessed abuses of human rights or medical ethics.
We were interested in knowing how the y had coped with these incidents and asked for suggestions of the kind of support mechanisms and/or guidance that could have helped. A questionnaire was therefore drawn up and disseminated widely. The questionnaire also sought to ascertain awareness of professional associations in upholding standards of medical ethics and human rights.

We received responses from doctors throughout the world, including South America, Sri Lanka, Hong Kong, and Thailand. Their views were used to provide guidance in the book and had a direct impact on the recommendations contained at the end of the report. "The Medical Profession and Human Rights: Handbook for a Changing Agenda" is due out in the year 2000.

The questionnaire is available upon request from:
British Medical Association
BMA House
Tavistock Square
London WC1H 9JP
United Kingdom
Tel: +44 171 387 4499
Fax: +44 171 383 6400
Web-site: www.bma.org.uk

(questionnaire available on the web-site from late autumn 1999)

References
Personal views: torture and democracy

Maria Piniou-Kalli, MD, Medical Director*

A survey of history shows that, in all societies, from the most primitive to the most developed, the exercise of violence upon the individual comprises the privileged weapon of all authorities.

Since the time of the Ancient Greeks, Democracy has been considered as a system of government, and politics as a means of the direct participation of the citizen in the social interaction. After the bankruptcy of all types of "isms", the concept of Democracy, as formulated throughout the centuries, has now become the ultimate objective.

At the same time, the democratic political powers have lost face with the people because of the financial scandals involving the bribery of politicians, events that overwhelmed the republics extending from Europe to Japan. Democracy and human institutions, that is to say the civilized and free man, show signs of going through a deep crisis. So has the time for a new utopia arrived, which is also the sole hope for the millennium that is coming? But is the new utopia, the post-political, the answer to the international deadlock?

Human rights are universal
Centuries of human history have passed on this planet, and, while human rights should have been self-evident, they nevertheless constitute a goal that must be achieved in the following millennium. That is grotesque.

Protection of human rights and defence of the environment are the two constituents of a movement of human emancipation within the framework of an ecosystem in balance. The most significant aspect of the collective spirit of the human race at the social level is the concept of Human Rights.

It is evident today that there is a selective appeal to human rights, from national, linguistic, or religious minorities in order to justify a tendency to segregate, or from the big powers in order to justify their policy of intervention. This comprises a political exploitation of the ideology of human rights that leads to the weakening of its moral character.

Nowadays, as part of national and international foreign policies, the protection of human rights is promoted more and more. However, the limits still remain to be defined of what constitutes an honest and sincere interest in the protection of human rights, and what constitutes a policy-oriented exploitation of human rights principles as a tool to enforce foreign policy objectives.

There also exists another point of view, which asserts that the concept of human rights is an "idea" of Western origin, which has nothing to do with Eastern tradition. This view was put forward at the World Conference of Human Rights in Vienna, 1993, but the answer given was once again the empowerment of the globality of Human Rights.

I too support the argument that the rights of mankind possess a universal value and commitment, because a convincing argument that could touch on their regulating nature has not been formulated from any quarter. In other words, the ideology of human rights could be hit only if somebody could succeed in convincing us, not about all these secondary and attendant arguments we referred to, but about the crux of the matter: that all people possess value, that human life deserves respect everywhere, that we sometimes disregard the pain and despair of somebody, whoever it may be, that the torture and abuse of any human being must under no circumstances become bearable or acceptable. As long as nobody can succeed in convincing us in this way about the demerits of human rights, then all the rest is either evasions or misconceptions or conscious absurdities.

Respect for human rights leads to a pluralistic ideology and helps Democracy to reach its completion. But what is today's picture of the world, and what is attainable in order to keep on hoping?

I will now express personal views with which some will agree and others will disagree. They are an attempt to share with you my worries and express some thoughts that serve as antidotes to them.

Refugees in Greece
The problems that plague humanity are many. One of the major problems concerns refugees. I am very familiar with the issue of refugees, living in a country, Greece, where refugees come in from everywhere, and because the victims of torture with whom I work are illegal refugees who seek refuge in our country.

Greece, because of her geopolitical position and her history, does not belong solely to a particular geopolitical, cultural, or social alignment, but constitutes a "borderline" country with European, Balkan, and Mediterranean features. By contrast with what takes place in the surrounding region, Greece emerges like an island of peace, on account of her steady political situation during the last 25 years after the hurricane-tragedy of the dictatorship.

Following the end of dogmatism and of the ideological one-sidedness, there is a large wave of people who, searching for a better life, look for new countries in order to find work or escape political persecution. Thus, Albanians and refugees from the Middle East and North Africa flew into our country like hunted birds. These people ask for refuge in Greece, a country that tries hard to maintain a standard of life for its citizens that can be bearable. In this way, Greece, being a country of the Balkan region, the Eastern Mediterranean, and the southeastern gate of Europe, has to maintain a fra-
gile balance and play a cool-headed role in the dialogue that has opened up.

“Philoxenia” (hospitality) and “Xenophobia” are both Greek words, and, as Pericles refers to in his Epitaphios:

First of all our city (polis) is held open to all and there is no case that we turn away any stranger preventing him from learning or seeing something. We support our faith in our emotional strength that comes from ourselves.

Philoxenia

Greece is a country of refugees, and the Greek people are a people of refugees. We Greeks therefore understand from experience, and not just in theory, what it means to ask for refuge. In spite of this, and without realizing it, we have presently moved into a situation of nationalistic exaltation and are once again experiencing nationalism and chauvinism of another era at the state level, in political parties and the mass media. The same is also taking place in many other countries of Europe and America.

What can we do? It is obvious that we cannot negotiate with the horrible, talk with the irrational, or reconcile with the obsession of persecution. We are obliged to use democratic tolerance, to confront the irrationality of territorial demands with reason, to fight the horrible with arguments.

We Greeks do not believe that the relationship between man and reality is of a legal or numerical nature. When we hear a point of view, our reaction to it is not based on the facts but on our feelings. Guilt does not befit us, and our grief retains the grace of extroversion.

Xenophobia

We now come to the word “xenophobia”. This is fear of the other, of the “different”, of that which you do not “comprehend”, of that which “penetrates” you. Xenophobia is the “prelude to racism”.

If the States gave birth to the Nations, the Nations gave birth to Race. The new mythical existence, the Race, is understood as an Idea that must continually be cleansed of its imperfections by “cutting off”, “excluding”, and “curing”. In this way, racism and fascism developed as reactions to the continuous inadequacy of social rationalism. The recent outbreak of racism, xenophobia, and intolerance seems to stem from the reappearance of old animosities.

But if the Nations are, and must be, memories of languages, cultures, and historical products, they should not be permitted to evolve into subjects and ideas. On the contrary, all this wealth must contribute to the development of a multicultural society in which the “different”, the “other”, the “variety” will enrich experiences and creativity.

A correct policy is one that promotes the idea of a multicultural society, i.e. the coexistence of different cultures originating both from the same European continent and from other places in the world. A policy that is the hope of the future protects foreigners and all kinds of minorities, promotes solidarity with the weaker social groups, and includes the assistance of the rich Western and Northern countries to the poor ones of the South and the East.

Torture

Another plague in the world today is torture. Torture is an instrument against democracy. I will now discuss the medical approach to torture victims within the context of our own effort to diagnose and cure its consequences.

When we began to speak about torture 22 years ago, silence surrounded the topic. Our medical approach and our effort to unlock the “speaking silence of the world”, as the Greek philosopher Costas Axelos used to say, gave us the ability to defend democracy by exposing those who apply torture as an abuse of power.

It goes without saying that the governments in countries where torture was practised recently, or where torture is still practised, will deny that torture is or has been used. But today, we can prove torture. Thanks to research, we can prove psychological and physical sequels of torture on medical evidence. In other words, we are able to diagnose torture nowadays.

Our research has proved that, with some exceptions attributable to cultural differences, torture methods are everywhere the same, since the aim of torture is the same all over the world. Our research has also shown that torture is used in one third of the countries of the world today, because governments want to stay in power. We therefore refer to torture as an instrument of power. Our research has shown that the torturers who work for governments try to break down the victims’ identity, and this affects the family and the society as well.

Our Medical Rehabilitation Center in Athens has existed for nine years. Since 1989, it has treated more than 1200 torture victims coming mainly from countries of the Middle East and Africa, especially from Turkey and Iraq. Our experiences stem from this work in particular, as well as from the experiences of other identical centres that constitute the source of scientific knowledge and human solidarity.

Torture methods have changed

We all know very well that, during the last years, torture has taken on a more psychological character, i.e. it aims at causing a permanent mental disorder in the victim, sequels that cannot later be proven. This change in the character of torture is a result of recent findings demonstrating that the torture imposed on the body leaves behind it indelible traces, which nowadays, through the experience obtained, can be attested and employed as proving evidence of the deeds of the torturer.

Then after ratification of the international conventions by countries that declare their “democratic political system”, a new dimension was given to the methods of torture: “torture which does not leave visible scars”.

We have testimonies that in Turkey, next to torture units, there are small medical units that provide medical treatment for the obliteration of the scars. In this way the victim is unable to prove that he was tortured, and the independent physician faces great difficulty in making a report.

We have testimonies that in Iraq during the last decade, radioactive substances have been given to people. After two days of interrogation they would say to the victim: “Thank you, you said everything we need. Now goodbye. Would you like to drink something?” The person would accept and be offered a traditional drink, such as yoghurt with water, containing radioactive thallium or strodium mixed in it. After 10 days the victim would start to feel pain, and after two more
days he is dead. Nobody is able to accuse the police after 10 days. An Amnesty International mission composed of foreign medical doctors has found this evidence in the bones of the deceased. About six cases have been referred to our Centre.

The method described as “shaking”, which is in use in Israel, causes small haemorrhages in the brain and sometimes causes death, such as in the case of Abd Al Harizat, who died three days after he suffered violent shaking. In Israel, “moderate physical pressure” has been legitimized as a method of extracting confessions.

Everyone must fight torture
Our question comes down to: who will listen? How is the wider public to be approached? How are the decision-making centres to be influenced? This is the great challenge for us now. It is not pleasant to read, listen, and write about torture, but it is necessary.

The most horrible feeling when I examine a torture victim is that it is not a horror movie but a crude reality. The movie “Midnight Express” is nothing compared with what I listen to every day, and with what takes place in our neighbouring countries – Iraq, Iran, Turkey, the Middle East, North Africa. It is horrible to realize that so many governments in the world use torture in order to stay in power, with our tolerance and co-responsibility.

Goethe has said: “He who every day fights for democracy, deserves it.” So if we want to help, we have to talk openly about torture, to write in the newspapers about human rights violations, to expose the countries making use of torture and bring them before a court of justice. We also have to expose abuses of power by police agents, to help organizations that work for human rights and look after torture victims among the refugees and the citizens. But above all, for each one of us who is either a simple citizen, politician, or decision-maker, there is a choice between doing something or remaining passive.

The right to live is universal
I have talked to you about torture because this is my own speciality, my own catharsis. In addition, travelling all over the world, I have met people, listened to stories, and thought about issues that have related me to human destiny and made me speculate about many things.

What is your right, because by chance your father’s sperm and your mother’s ovum were joined and created a foetus that was born in Greece or in Germany or in America, and not in Rwanda or Kurdistan? What special right of survival is that it is not a horror movie but a crude reality. The movie “Midnight Express” is nothing compared with what I listen to every day, and with what takes place in our neighbouring countries – Iraq, Iran, Turkey, the Middle East, North Africa. It is horrible to realize that so many governments in the world use torture in order to stay in power, with our tolerance and co-responsibility.

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Economic development as a precondition for human rights
I could not have finished without also referring to the relationship between economic development and human rights. This is discussed extensively in our time. Economic development was considered, for the first time, by the World Conference on Human Rights, as a universal and non-negotiable Human Right. The fact that three-quarters of the planet’s population live under conditions of poverty, illness, malnutrition, and polluted environment must concern every country and each individual. The fourth world of the unemployed and the homeless is a fact in our century. Every individual is the subject and the carrier of development and not just a passive object. Poverty is a violation of human dignity.

The relations between Human Rights, Democracy, and balanced economic development are well recognized. Human existence must be the focal point of development, and in this way Democracy, Pluralism, and Respect for Human Rights and for the Ecosystem must be the primary prerequisites for future society.

At this point I would like to refer to John Kenneth Galbraith’s “The Affluent Society”, in which he notes: “In a society, personal freedom must be combined with a decent average level of financial well-being, with racial and national equality and with the potential for everyone to be remunerated justly for the work he offers.” For this reason it is difficult for him to answer whether someone coming from a former communist country who is deprived of political freedom would prefer the poverty, but also the futility in this case, of the freedom of a place such as the Southern Bronx in New York. In other words, what is
called political democracy is without content if it is not accompanied by effective institutions of social and economic democracy.

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received in the IRCT International Documentation Centre

Psychotherapy with victims of torture: from wounded victims to scarred survivors / Sabbadini, Andrea. - In: British Journal of Psychotherapy; vol. 12, no. 4. - 19960000. - p. 513-520.


Guia sobre aplicacion del derecho internacional en la jurisdicción interna / Instituto Interamericano de Derechos Humanos; IIDH. - San Jose: Instituto Interamericano de Derechos Humanos; IIDH, 19960000. - 204 p.

Mala captus, bene detentus: el secuestro y la extradicion irrege lar a la luz de los derechos humanos y del derecho internacional / Villagran Kramer, Francisco. - In: Revista IIDH; vol. 23, 1996. - . - San Jose: Instituto interamericano de derechos humanos ; IIDH, 19960000. - p.11-41.


The IRCT’s involvement with the International Criminal Court (ICC) is founded on the IRCT’s concern for victims (and witnesses to the extent that they are victims). The IRCT was not present at the Rome conference in 1998, but the IRCT has been present at various conferences and seminars related to the issue of an International Criminal Court.

At present, the activities taking place in the ICC Preparatory Committees (PrepComs) concerning the drafting of Rules of Procedures and Evidence (RPE) for the ICC is the focus of the IRCT activities.

Representatives from the IRCT (Deputy Secretary General of the IRCT, Professor Erik Holst, and IRCT Consultant Psychologist, Libby Arcel) participated in a seminar arranged by the French government in Paris (26-29 April) on victims issues in preparation for the upcoming PrepCom (26 July-13 August) in New York. This PrepCom was the second of a series of PrepComs established to draft both Rules of Procedure and Evidence together with Elements of the Crimes (EOC), and the IRCT was represented by Mi H. Christiansen during the period of 8-13 August.

This year the IRCT has also joined the Coalition for an International Criminal Court (CICC), a network which comprises an amazing number of NGOs from all around the world, representing a variety of different interests.

The issues of interest to the IRCT concerning the RPE are the following: 1) Definition of the term “Victim”, 2) Victims’ standing in the proceedings, 3) Protection of witnesses, and 4) Reparation.

1. Definition of “Victim”: this includes the discussion on extended families, observers, and friends.
2. Victims’ standing in the proceedings: the IRCT would like to ensure that victims have the fullest possible influence on their own situation by being consulted on issues concerning the case which may (adversely) affect them.
3. Protection of witnesses
   a. Full recognition of this unit in a way that will ensure proper allocation of resources and staff trained not only in cultural sensitivity, but also in gender sensitive issues.
   b. The possibility for the judge to provide for “special measures” where needed in order to provide for the necessary security of witnesses and to prevent re-traumatization of victims. In order to be able to present reliable and stable testimonies, witnesses (and in particular victims) need to feel safe.
4. Reparation
   a. There is a need to establish that one would accept a standard of proof such as in civil cases, since the criminal procedure standard of proof “beyond reasonable” doubt would create serious problems in the particular environment in which the Court is expected to function.
   b. The other issue would be the possibility for NGOs to provide rehabilitation in cases that cover a large number of victims.

The IRCT considers work with the ICC important, not only for the direct impact it will have on all involved in its proceedings, but also in that hopefully the ICC will have a positive influence on national systems and the way they conduct their criminal proceedings.

The main effect of the ICC will hopefully be not just to bring perpetrators of human rights violations to justice, or to provide appropriate reparation to victims, but to discourage potential perpetrators from engaging in such violations.
Torture and psychiatry

Among the symposia held at the XI World Congress of Psychiatry in August 1999 in Hamburg, Germany, with the overall theme "Psychiatry on new thresholds", the symposium entitled "Violence, trauma and victimization" included a section on the psychological aspects of torture and persecution, with six lectures on sequelae and treatment of victims of torture. This section was presented as follows:

Challenges in the diagnosis and treatment of sequels to torture and extreme violence in the next century

Diagnosis and treatment of torture survivors over the last decade has developed to include a broad range of diagnostic patterns of emotional and cognitive changes. The possibility of long-lasting impact on psychological health as a direct consequence has been well established since the first observations on "camp-survivor syndrome" and early studies focusing on mainly physical sequel. Posttraumatic stress disorder has replaced the "torture syndrome" in most studies, though a high level of co-morbidity was observed in many survivors, and the importance of many reactive patterns such as specific shame and guilt feelings and dissociation developing under torture and in its wake is a factor still neglected.

The development of new diagnostic strategies is important as a pre-requisite of treatment, but also in the forensic field, to help in prevention and in the protection of victims. Recent well-structured research on prevalence and predictors of response has not been mirrored by a similar increase in therapy studies. This is reflecting the difficulty of healing the sequel to extreme trauma under often on-going persecution of the patient or his family in countries where persecution is taking place, and the complexity of developing strategies for treatment and support where exile and transcultural problems added to the impact of physical and mental trauma caused by torture.1

The following lectures were delivered at this session:

- Achievements after more than 20 years of health professionals’ work against government sanctioned torture, and future aims, by Inge Genefke (IRCT)
- Special problems in the assessment of the psychological sequelae of torture and incarceration of political prisoners in the former German Democratic Republic, by Ferdinand Haenel (Behandlungszentrum für Folteropfer, Berlin)
- Diagnosis and treatment of the second generation of the victims of torture and persecution, by Arno Aadamsoo (Estonian Centre of Rehabilitation of Victims of Torture)
- Latin America: challenges in the treatment of victims of torture, by Dario Lagos (EATIP)
- Diagnostical issues in sequel of torture survivors, by Thomas Wenzel, Siroos Mirzaei, Peter Birner, and Hemma Griengl (Vienna University Hospital Psychiatry)
- Imaging in the diagnosis of sequel of torture, by Siroos Mirzaei, Thomas Wenzel, P. Knoll, H. Köhn, and H. Griengl (Wilhelminenspital)

References

In May 1999, a few months before the Hamburg congress, the World Medical Association (WMA) and the Section on Psychological Consequences of Torture and Persecution of the World Psychiatric Association (WPA) issued the following joint statement on how to diagnose torture victims:
Joint statement on how to diagnose torture victims

In recent years more and more sophisticated psychological and physical methods of torture are being developed by the torturers world-wide in order to avoid visible body marks.

Physical torture produces well-defined acute symptoms and signs but these resolve spontaneously or after therapy. After a few weeks there may not be enough visible physical signs to establish evidence.

Some types of torture, especially those high in intensity, leave chronic and well-defined late physical sequelae.

Contrary to the physical effects of torture, the psychological symptoms are persistent and can last months, years or a lifetime if left untreated.

In the largest world-wide investigation to date of 526 torture survivors one found the diagnoses of Post-traumatic Stress Disorder (PTSD), depression and anxiety to be significantly more common in the tortured group compared to non-tortured refugees of the same nationality. 1

PTSD and personality change after extreme life experience are defined as direct consequences to torture in the ICD-10 classification of mental and behavioural disorders (F62 Enduring personality changes, not attributable to brain damage and disease). The ICD-10 is the standard diagnostic system of the World Health Organisation, that is obligatory in all evidence-based medical science.

Scientific studies over the last decade have proven the direct and causal link with these clearly defined disorders and neurophysiological basis in survivors of torture and similar forms of extreme violence.

In connection with tortured individuals it is much more important to underline that the threatening of the organism leads to the activation of multiple neuro-biological systems.

Anxiety, depression, insomnia, nightmares, memory difficulties, social withdrawal, irritability, feelings of helplessness, affective numbing, flashbacks, shame, mistrust, ruminations, unexplained pain, the conviction of being permanently injured and changed, many medical complaints, loss of appetite, and loss of sexual desire are some of the most common symptoms and feelings after physical and psychological torture.

Especially the feeling of being a changed person corresponds to the aim of the torturers to destroy the victim as a human being through a systematic infliction of severe pain and extreme psychological humiliation.

All of these traumatic reactions are in reality psychological reactions since all psychological symptoms in the human organism have a physiological basis.

The latest neuro-biological and stress research shows that such an extreme stressor as torture alters the central nervous system and the physiological system in general which can explain the symptom of hyper-arousal in torture victims (anxiety, insomnia, rage, irritability, shame, and fear).

Thus, the lasting psychological symptoms are body/mind expressions caused by the violent attacks on the body and the death threat connected with these attacks. Furthermore the violations of body and mind put the individual in a situation where he can neither flee nor fight back, the normal, innate responses to danger and humiliation.

Inability to either fight back or flee before, during and after torture or when re-experiencing the traumatic memories of torture, leaves the individual with enormous physiological arousal.

We must emphasise that in torture one cannot separate the psychological symptoms from the attacks on body and mind – even when the visible scars or signs have disappeared.

Delon Human, MD
Inge Genefke, MD, DMSc he

References
Torture and journalism

Niels Steenstrup Zeeberg, MA, MPH*

Torture never makes the headlines

Government-sanctioned torture is part of everyday life in East Africa. It is so common that Mihdred Ngesa, a journalist with one of Kenya’s leading newspapers, the East African Standard, says: “That persons are detained more than the legal 48 hours prior to being charged, or that they are being tortured or ‘roughed up’ during arrest or detention, is no news in Kenya. It is on the contrary so common that it is not the exception but the rule. If, however, a Kenyan police officer was charged and convicted as a torturer, that would make the front page.”

Torture is so cruel and inhuman that most people prefer to close their eyes and ears to it. This makes it even harder for the media to sell articles and news reports that address the issue.

Journalists at risk

The most serious barrier to good and objective journalistic coverage of the abuses is not the lacking news value, but rather the risk of revenge. Both the source and the journalist, as well as their families, are often threatened and harassed by the authorities when focusing on their abuses against civilians.

In order to discuss and improve human rights reporting in East Africa, Mihdred Ngesa and 26 colleagues participated in a three-day journalist seminar. The participants represented leading media from Ethiopia, Kenya, Tanzania, and Uganda.

Cooperation a necessity

Anonymity contributes to the protection of the source and the journalist, but it does not necessarily prevent authoritative intimidation and acts of revenge. Editors are also at risk of being persecuted when the media are critical of the government.

The safety of source and media-workers is a fundamental precondition for ensuring liberty of the press. When this subject was being addressed at the seminar, reflections led to the following conclusion: “It is compulsory for the media in East Africa to establish a regional news cooperation on human rights abuses.”

Systematic government-sanctioned torture is an ongoing problem in all East African countries. In working with torture and other human rights abuses, journalists risk becoming victims themselves. IRCT and the International Federation of Journalists (IFJ) decided to arrange and conduct a seminar for journalists on the reporting of human rights, Human Rights Reporting Seminar, in Arusha, Tanzania, on October 19-21 1998.

Thereby a seed was sown, and an agreement was reached between leading East African media to cooperate on coverage of human rights abuses.

Journalism as a means of prevention

Ensuring that the message reaches as wide a forum as possible is an important part of the struggle to prevent torture, it was agreed. Not only will increased publicity eventually lead to both national and international awareness of the character and extent of the problem, but focusing on torture will also help the victims to regain self-esteem and re-establish faith in the society. Critical journalism leads to public debate on the subject, thereby pressuring the authorities to take responsibility and intervene.

A need for training

But the quality and extent of the present journalism on human rights abuses in East Africa have shown that there is an urgent need for training.

In Tanzania, for example, one of the major problems for journalists is lack of training. “In 1991 we were only 230 journalists in Tanzania. Today there are more than 6000. Our school of journalism has not been able to cope with this increase. So only 2000 of these ‘journalists’ are trained as such. Due to this fact, journalistic skills and ethics are often inadequate,” says Lawrence Kilimwiko, journalist, Chairman of the Association of Journalists and Media Workers (AJM), another participant at the seminar.

Danish aid to school of journalism

It is evident that international experience and expertise are necessary to address such a controversial subject as torture. To relieve this problem, one of the lecturers at the seminar, Lisbeth Ravn from the Danish School of Journalism, has been a driving force in setting up Danish aid for the training of journalists in Tanzania.

Debate on ethics

A workshop at the seminar, at which the participating journalists should cover an episode of alleged torture in connection with a fictive student riot, confirmed the need for international expertise and regional debate, and made it evident that East African journalists are in urgent need of postgraduate education with respect to ethics.

No to yellow journalism

Groups from the workshop indulged in “yellow journalism”, i.e. they invented part of the story. They argued that this was normal practice, necessary for ‘selling’ it.

Consequently, Lisbeth Ravn headed a debate in which the importance of thorough, correct, and proper journalistic coverage of authoritative encroachment was emphasized. Interview methods and ethical questions in connection with interviewing the survivors were also discussed. The importance of following up stories on human rights abuses was underlined,
because this prevents authorities from deliberately stalling on or restricting reports about authoritative encroachment. Leaving the journalistic coverage as a ‘one day story’ may re-traumatize the survivor, who will be re-opening painful mental wounds only to be forgotten shortly after.

**With their lives at stake**

Medical directors and other personnel at the rehabilitation centres are also often exposed to threats and harassment. Dreadfully, such threats have been realized on several occasions.

“We are in debt to these courageous persons, who risk their lives on a daily basis to help to highlight torture and its sequels. How can we just look the other way?” asks Finn Rasmussen, IRCT Head of Communication.

**Necessary tools**

As a journalist it is obligatory to acquire useful information from one’s source. At the same time one is morally obliged not to leave the interviewee in a worse state than before. This can be extremely difficult when interviewing a torture survivor, and special techniques must be used.

Ole Vedel Rasmussen emphasized that trust was a keyword when interviewing a survivor. Trust that anonymity would be respected, so that neither the survivor, nor his family or friends, would be at risk of further persecution. And trust in the understanding that the opening up of painful memories and the retelling of the whole traumatic experience might contribute to others not going through similar inhuman treatment.

But anonymity for interviewee and journalist does not necessarily mean that the media are safe from harassment by the authorities.

**Uganda on the right road**

Dr Samuel L. Nsamba, Medical Director of the Danish-supported African Centre for the Treatment and Rehabilitation of Torture Victims (ACTV), gave the seminar participants an impression of the progress of human rights in Uganda during the past decade.

Dr Nsamba himself was a victim of government torture during Idi Amin’s and Milton Obote’s regimes of horror, which lasted until 1985. Since 29 January 1986, when Yoweri Museveni took the oath as President, security and respect for human rights have been given high priority in Uganda. The previous constant fear of assaults, looting, killings, and disappearances has been replaced in large areas of Uganda by the security of a civilized society. As a rule, violations are stopped, investigated, and punished. But torture is still used as a manifestation of power in the northern areas of the country, both by the authorities and by rebel forces crossing the border from Sudan.

Torture and police violations also occur sporadically in detention centres in rural areas. But in Uganda, by contrast with Kenya, Ethiopia, and the islands of Pemba and Zanzibar, the press can write freely about torture, and the journalist’s name can be mentioned.

**Journalists and therapists working together**

Freedom of the press in Uganda is one result of the work of ACTV since 1992. A series of training programmes for journalists has resulted in the establishment of close cooperation between the centre and the national media about the coverage of human rights violations and follow-up of the case histories.

**Final declaration**

The seminar participants decided to work together to secure the rights of journalists in Zanzibar and Pemba. Improvement of the conditions should be obtained through dialogue between the journalist unions and the authorities, and with international support from IFJ and IRCT.

It was also decided to help colleagues in Ethiopia in their fight for press freedom. One participant at the seminar had been persecuted by the authorities in his country, and was threatened because of his decision to participate in the seminar. For the same reason he considered seeking political asylum in another country after the seminar.

**Torture in the curriculum**

One of the strategies of IFJ is to press for knowledge of torture and related ethical considerations to be included in the curriculum of the training programmes for journalists. IFJ is of course not in a position to demand that the schools of journalism should introduce a new subject, but they can suggest and recommend inclusion of the subject in the training. In cooperation with IRCT, they can offer teaching material to the schools.

**Postgraduate training of journalists in the world’s torture foci**

With expertise from IRCT, IFJ can also offer postgraduate training for journalists. In the future, IFJ and IRCT will make an effort to arrange similar seminars in the world’s torture foci. And this is necessary! Government-sanctioned torture takes place in a third of the world’s countries. Half the population of the world live in these countries!
LETTERS TO THE EDITOR

Examination of torture victims in order to document torture

Dear Editor,

We would like to comment on the paper by Dorfelt1 and the following paper by Pounder2, in the context of our work at the Medical Foundation for the Care of Victims of Torture in London. As Dorfelt says, medical examinations of suspected torture victims may be carried out for different purposes, and so the examination method and the report may vary greatly. We would therefore suggest that some of his recommendations are somewhat prescriptive.

In our experience it is better for the doctor writing the report to lead the examination and to ask the questions. This way he or she can ensure that all the elements necessary for the report are in place. As far as possible the doctor should focus on the patient rather than on the notes. It may be appropriate for a second doctor to be in the room for training purposes, but that doctor should not intrude into the examination, and should also give the patient all his or her attention.

Generally an interpreter is present, and the doctor, patient and interpreter should sit in a triangle. With a second doctor the shape becomes a square. It is not now generally thought to be good medical practice for there to be a desk between the doctor and the patient, as it can act as a barrier to communications. However, there needs to be a lot of flexibility, depending on room size and shape and, where possible, the wishes of the patient.

We agree that the basis of the report is not different from other medical examinations. In UK Primary Care in particular, there is an emphasis on working with both the physical and the psychological at the same time, so this is not unusual. The expertise in working with torture victims is making an assessment of whether the physical signs and demeanour are consistent with the history and description of symptoms. An assessment of need for further follow up is part of the assessment, but this follow up can happen in a specialist treatment centre, or by an informative referral to the patient’s normal physician.

How the interview is structured will depend on the reason for the report, the response of the patient, and the examiner’s personal preference. A checklist of points to have covered by the end of the interview can be useful for relatively inexperienced doctors. It is well recognised that a history taken at a single sitting, or sometimes several sittings, can be incomplete, for an assortment of reasons, although there are ways to try to reduce this.

Finally, we find that there is almost no advice about the physical examination, which is by far the most difficult part of the report. It is easy to miss signs, especially in the musculo-skeletal and neurological fields, unless one is familiar with the torture techniques and performs the appropriate tests. Some of these signs can persist for years. For example, detecting pain and limitation of rotation in the shoulder joints or winging of the scapulae after “Palestinian Hanging”. In assessing the importance of such findings, one must take into account the age, occupation, and past history of the patient. In a young and previously healthy man it is often possible to be fairly positive that the findings could not have been caused in any innocent way.

It is not just the individual findings, but also their pattern and interrelationship that will allow the doctor to come to a conclusion as to the extent to which the physical findings are consistent with the history. Pounder covers this ground, although he focuses mostly on acute findings, whereas our work is almost completely with those who have been tortured in the past. We would question his statement that “80% or more of torture victims who present for physical examination many months after the event do not have physical evidence of injury”. This would depend on the definition of torture use, the degree of proof necessary to demonstrate physical sequelae, and the geographical origin of the victims. It would be impossible to produce a reliable figure world-wide, although it might be possible to estimate it for some countries.

We agree absolutely with the importance of stressing that the absence of physical findings can never be used as evidence that torture has not occurred. However, he contradicts this statement in his conclusion that “psychological assessment will invariably disclose sequelae of torture”. Not all those who have been tortured will have psychological sequelae, and not all those who have sequelae will disclose them. Psychological symptoms cannot generally be verified, and where present cannot be attributed exclusively to torture rather than other life traumata. Although demeanour is often helpful, and some behaviour patterns can be verified, it is impossible to be able to say conclusively that a person has been tortured. We would wish to stress also, that the absence of psychological signs and symptoms can never be used as evidence that torture has not occurred either.

Yours sincerely,

Dr Gillian Hinshelwood
Dr Duncan Forrest
Dr Michael Peel

Medical Foundation for the Care of Victims of Torture, London

References
An encounter with ‘torture’ in the classroom – educational aspect

Munawwar Husain, MD, DNB, Diploma in Criminology and Criminal Administration, Lecturer* & Shameem Jahan Rizvi, MD, Professor*

Introduction

Human torture is detestable; more so because it aims at breaking down the personality of the individual, thereby sending a signal to the affiliated community to reduce the activities that the state thinks are against its interest. The National Human Rights Commission (NHRC) of India is against torture and has criticized the government for not acknowledging it. The NHRC has often asked the courts to take notice of the extra-judicial activities of security agencies, and has recently asked the courts to order compensation to the victim – the reimbursement being directly from the torturer’s purse. This is significant; apart from being penalized according to the provisions of the law, the torturer is now expected to compensate the victim for the physical or mental injuries, or for loss of reputation.

The direct and poignant questions are:

1. Are the public aware of the activities of security agencies that are involved in torture at various levels?
2. Do the public know that adequate mechanisms are now operating that can be activated by the due process of law?
3. Do our so-called ‘intelligentsia’ know the professional and ethical aspects of torture practised during interrogation, and towards which they are unwillingly drawn?
4. Do our medical doctors/trainees know the professional and ethical aspects of torture practised during interrogation, and towards which they are unwillingly drawn?

All these questions are to be addressed in a wider perspective. However, the short answer is to educate. Society and its various sections need to be educated about the many facets of torture, e.g. its techniques and prevention, and the rehabilitation and care of torture victims. Due to incessant pressure brought on by the negation of societal values and principles, the University Grants Commission of India (UGC) issued a directive in 1996 to all the teaching institutions to incorporate lectures on torture and allied aspects. Education of students on human rights was also included.

This article relates our first-hand experience of teaching ‘torture’ to an intelligent batch of 4th year MBBS students. The article also tells the readers, pitifully but truly, about the conceptual deficiencies the students had about torture, despite their high-profile family and educational background.

Conceptual deficiencies

For any lecture to be understandable, certain things are assumed. It was initially surmised that the students would have some idea as to what torture is, and its outcome. We expected their conception to be limited, but were dismayed to discover that it was virtually non-existent. Before the lecture the students were asked what they thought about torture. Only few responded, and with little opinion. None could go beyond saying that “torture is physical and mental infliction of pain”. None could say more about why torture was contemplated and executed by interrogators. Only three or four students out of a total of 97 acknowledged that torture was extra-judicial and hence illegal. Their faces were blank when they were told that torture aimed basically “to break the personality” of the victim.

As the lecture on torture techniques got under way, the students were told that they could ask questions whenever they liked, but the response was poor. The authors then picked a few inquisitive faces at random, but all they could extract on repeated questioning about techniques was beating. The students seemed dismayed when other devilish methods of torture were described. This lack of knowledge underscores the dimensions of ignorance, together with the effects of this when these medical students graduate, when they might be forced by the state to do unethical things. Their power of resistance would be abysmally low, since they would not understand the gravity of their commitment to the medical profession’s preachings and practices.

Failure to appreciate the negative impact of torture on societal values

Torture can have a devastating impact on a society. This is painfully understood by many of us who have seen torture in the community. Worst of all, when an individual from a particular community who has been subjected to atrocious torture breaks down, it can create havoc in the collective conscience of the community. Too many stories, told and untold, founded and unfounded, just circulate in the community, either appealing to the community’s help or stiffening its resistance. In either case, torture cracks the age-old values on which any society’s healthy values are based. To add to the predicament, if it is found that a medical doctor has assisted in torture, confidence is further undermined. Torture nowadays is heavily medicalized. Doctors must understand that they have to circumvent the routes that are prohibited by medical morality and ethics. Educating young undergraduates and trainees is a necessity that must be followed without
fail. Human rights, their values and violations, must be taught at different levels and in different ways. The students must realize that, being a part of society, they cannot afford to belong to the 'silent', i.e. the 'deaf and dumb', majority, and that they must not wait for the future to 'unfurl torture' later. If they see torture being committed at any time, they must stand up to it, drawing courage and inspiration from values learnt in the classrooms. This underlines the importance of education.

Social profile of medical students
The large majority of medical students in India are selected for MBBS courses after rigorous testing that determines their competency in the 12th class; they come from a high socio-economic category. They have an above-average intelligence, and are generally articulate and persuasive. In India this category has access to diverse and modern means of information technology. They are well conversant, and can express their opinion on many topics that are unrelated to their curricula and academic interest. This they do on the basis of their exposure to various aspects of life, predilections, and changes. It is unfortunate that, at a time when the courts, the NGOs, and other international bodies are taking so much interest in tackling the worldwide practice of torture, these students have demonstrated their ignorance in the classroom. One reason for the general apathy could be attributed to their high social class, which confers on them relative immunity from many insalubrious infringements by the state's security agencies' high-handedness. Since such things are not of immediate concern to them, they are little bothered. In addition, money cushions their own activities, and often bails them out of unfortunate situations. However, these students cannot be excused merely because they belong to the cream of society. The fact that they are medical students gives them an added responsibility to partake in society's joys and sorrows. Let them be educated at an early stage, and successively, lest they forget the lessons given in the classrooms.

Counter torture - but how?
The students were quite enthusiastic at the end of the lecture, having learnt something new about events of daily occurrence around them, and of which they were blissfully unaware. Now they could pose a simple question: If torture is so bad, how can it be countered? Our lecture was able to rouse in them feelings of hatred against the mechanisms of torture. We hope that this feeling will persist, and that, at later stages perhaps, one of them may become a Bent Sørensen (1) in his own right.

Medical appraisal of torture – a revisitation
Torturers have an uncanny sense of preservation and 'pro-creation' of traditions. Since they live in a hostile environment – much of their own making – they develop a jungle sense of self-protection without losing their predatory behaviour. They know full well that injuries on the victim leave tell-tale marks that can be detected at post-mortem examination. Similarly, autopsies would reveal the nature and extent of sexual and pharmacological abuses. However hard they desire and try novel methods, to their chagrin some quantum of evidence remains. The students were made to realize this phenomenon. When no discernible sign was found, though there was a history of torture, they were told to look for uncommon sites for the detection of abuse.

One mechanism for avoiding detection is to cover bodily parts with a moistened cloth or jute bag before beating the victim with rods, etc. Another way is to delay the victim's visit to the doctor. In the meantime he is treated by the torturers themselves with whatever knowledge they may have about therapy. Such cases are usually brought to the doctor with acute signs and symptoms of therapeutic poisoning.

The students were thus made to realize that 'self-speaking' injuries may not be available at all times. In such elusive situations, they as doctors must keep their minds open and must know various techniques and modified means of torture to give justification to their diagnoses.

Pearls and pitfalls: a strong educational need – conclusion
The University Grants Commission of India has taken a rightful step in introducing lectures on torture, including its prevention, and rehabilitation of torture victims, incorporated in the Forensic Medicine schedule for MBBS 4th year students. Various other courses on human rights violations and ethics have been introduced in different classes. What is necessary is to adopt pearls and avoid pitfalls. It is important that the students understand that:

1. Human rights violations are on the increase. Torture has grown up into an institution itself.
2. Medical doctors should never partake in torture, passively or actively. They must identify situations in which doctors can be trapped into doing unprofessional work, namely:
   a. judging a victim's mental incompetence
   b. assessing future dangerousness
   c. partaking in torture sessions and monitoring the medical condition of a victim
   d. participating in procedures related to a sentence of death
   e. preparing false medico-legal reports under threat or coercion.
3. India is a signatory to all major conventions against torture.
4. Medicine is not to be betrayed under any circumstances.
5. They must collectively adopt prisoners-of-conscious and work towards their safe and dignified release.
6. Every doctor must be a member of a national/local association that can come to his/her rescue if they have to face the wrath of the state.

Note

(1) Bent Sørensen is Professor, MD, DMSc, Former President of the RCT, Rapporteur to the United Nations Committee Against Torture (CAT), former Member and former First Vice-President of The Council of Europe's Committee for the Prevention of Torture (CPT), co-opted to the Council of the International Rehabilitation Council for Torture Victims (IRCT).
The world is entering a new phase of human rights enforcement: the era of the international criminal tribunal. The International Criminal Tribunals for Rwanda and the former Yugoslavia are each handing out indictments, judgments, and sentences, and the newly-chartered International Criminal Court is preparing to open its doors in as little as a year’s time. There can be no doubt that these developments have positive motivations and benefits. The proliferation of such tribunals is a sign that the world has finally grown impatient with torturers, assassins, and their superiors literally getting away with mayhem and murder, beneficiaries of blanket amnesties, impotent or corrupt judicial systems, and, in many half-reformed societies, the spectre of their reemergence held as a kind of lingering blackmail over successor governments. An ugly past demands an accounting, as does any decent future. There can be little quarrel with these lofty ideals.

Still, as the international human rights community embarks on this new crusade, it would serve us well to pay some attention to the realities of how these tribunals are functioning and will function in a world characterized by gross imbalances of power. It is simply inadequate for human rights visionaries and (mostly Western) politicians to rhapsodize about abstract ideals of justice and accountability when championing these new institutions. We live in the real world, not an idealized abstraction of co-equal sovereigns – a world where some nations, because of their power and dominance, enjoy de facto impunity. If the human rights community, especially in the West, fails to acknowledge and mitigate this fact, it runs the great risk of creating institutions that are as much weapons in a partisan ideological confrontation as instruments of justice.

The Nuremberg and Tokyo Tribunals

International criminal tribunals are not new, of course. The Nuremberg Tribunal, the most famous, is credited for spurring more than fifty years ago the rapid development and expansion of principles of international humanitarian law we are witnessing today. It also serves as explicit inspiration for many who presently champion the current expansion of international tribunals.

The judges at the Nuremberg Tribunal were mindful of two essential elements of fairness that, they believed, made the tribunal something other than an exercise in victors’ justice. The first principle was that no crime could be charged against the defendants for acts the Allies had also committed. The second was that all principles of law announced by the Tribunal were, of necessity, universal, and no country, including the Allies, could escape their reach.

As the Nuremberg judges were announcing these principles, the Tokyo Tribunal, formed to deliver justice to those Japanese who were responsible for the planning and conduct of the Pacific war, was troubled by the doubts of a lone dissenter, the great Indian jurist, Radhabinod Pal. Taking the two basic elements of fairness elaborated at Nuremberg seriously, Pal objected to the Tokyo Tribunal’s judgment against Japanese defendants who had fought a brutal war, but whose actions could not begin to compare with the American decision deliberately to destroy two major cities and their civilian inhabitants with atomic bombs, then the most horrible weapon imaginable.

“Future generations will judge this dire decision,” wrote Pal, who himself judged that “if any indiscriminate destruction of civilian life and property is still illegitimate in warfare, then, in the Pacific war, this decision to use the atom bomb is the only near approach to the directives of the German Emperor during the First World War and of the Nazi leaders during the Second World War. Nothing like this could be traced to the credit of the present accused.” (1) Despite Pal’s dissent, there was never any serious possibility that the Tokyo Tribunal would try President Harry Truman and his advisors for their decision to incinerate civilians, a fact that undercut the Tribunal’s claim to be more than an exercise in partisan vengeance.

The Tribunal for the former Yugoslavia

We can gauge how far the world has progressed from the one-way justice delivered at Tokyo by looking at the current International Criminal Tribunal for the former Yugoslavia (ICT-Y). During NATO’s recent war against Serbia – a war in which NATO deliberately targeted civilian facilities, including television stations and water and power plants, and used prohibited cluster bombs most suited for killing non-combatants – numerous groups filed petitions with the ICT-Y’s prosecutor to spur investigations and eventual indictments against those responsible for these policies. As these petitions pointed out, there is little question that at least some of NATO’s tactics violated the explicit terms of the Geneva Conventions, among other principles of humanitarian law, as NATO stretched the concept of “legitimate military target” to include, for example, those within Serbia who broadcast ideas with which NATO leaders disagreed. There was also little question that the ICT-Y had jurisdiction over NATO’s actions. (2)

Luckily for NATO officials, the ICT-Y had little patience for these efforts, dismissing them through its spokesman as a “wish-list” of a few individuals. The Court’s spokesman also pointed out helpfully that NATO officials had personally assured the Court’s prosecutor that NATO forces were faith-
fully observing the laws of war. Given NATO’s self-exculpa-
tion, so the logic apparently goes, a meaningful investigation would obviously be pointless.

Mr Milosevic enjoyed no such solicitude, however, as the prosecutor issued an indictment against him literally on the eve of a major Russian diplomatic initiative to end the war, greatly complicating the diplomatic picture. The timing of the indictment and the circumstances surrounding it make it hard to avoid the conclusion that the ICT-Y was used, wit-
tingly or not, as a weapon in a partisan political and military conflict.

The Pinochet case
To bring the point closer to home, we should consider the current tribulations being experienced by Mr Pinochet, now waiting a decision on a Spanish request to extradite him for trial on charges that include torture. Mr Pinochet, of course, tortured no one; he let his henchmen do all the dirty work. But he knowingly headed a military organization that system-
atically employed torture as a deliberate weapon of repres-
sion against political foes and anyone else unlucky enough to attract the attention of the Chilean security forces. So the charge of torture against him is more than valid.

If the International Criminal Tribunal for the former Yugoslavia (ICT-Y) was functioning, Mr Pinochet would make a textbook candidate for its atten-
tion, both because of the severity of the charges and because a trial in his homeland is politically unthinkable. But there is an appropriate question to ask: is Mr Pinochet more guilty than those foreign officials – mostly US – who supplied him and his forces, both before and after the coup that put him in power, with weapons, intelligence, advice, diplomatic cover, and financial aid? Are they not as guilty of torture as Mr Pinochet or anyone else who knowingly participated in the creation and maintenance of a torture regime?

The question is particularly important to raise now, not only because Mr Pinochet finally faces the prospect of standing judgment, but also because recently released documents confirm what was always known: officials in the administra-
tion of US President Richard Nixon — including many who went on to enjoy distinguished careers at the highest levels of government — knew precisely the kind of regime they were decisive in creating and supporting, down to the gruesome details of unlawful detentions, extrajudicial executions, dis-
appearances, and torture.(3)

A trial of these officials in their homeland is also politically unthinkable, as in Mr Pinochet’s case. But unlike in Mr Pinochet’s case, it is almost certain that what is politically unthinkable in the United States — to take only one of sev-
eral examples — is more than likely also politically impossible internationally. This is a fact that should give us pause. Why should certain potential defendants, because of the power of their governments, enjoy de facto immunity from accountability at the hands of international criminal tribu-

Actors from the outside
The question is not isolated to Mr Pinochet’s case. Recently released documents also reveal that US officials authored and circulated manuals, as part of military training and aid programmes throughout at least Latin America, instructing foreign military students on the finer points of torture and its socio-political utility.(4) Indeed, US aid — both financial and military — has generally flowed disproportionately to those countries with the worst records of torture and other gross human rights abuses, resulting, in many cases, in US complicity in unspeakable atrocities.(5) There is no prospect that any US official will be brought to justice for these actions, either at home or abroad.

In all the reams of commentary and advocacy for the new International Criminal Court, little attention has been fo-
cused on the issue of de facto immunity that some potential defendants possess by virtue of their nationality, and how this immunity dilutes the quality of justice. Perhaps it is better to prosecute those it is politically feasible to prosecute rather than prosecute no one, even if that means that the ICC will risk being a weapon in a partisan struggle between nations. But it is better still for Western human rights advocates — those most vocal in the campaign to hold individual human rights abusers criminally responsible — to recognize the danger that international criminal tribunals will deliver flawed justice, and to reflect on how that danger may be over-
come or mitigated.

Part of the problem is that Western human rights advocates are, like anyone else, creatures of their cultures, who no doubt have a difficult time conceiving of the possibility that Western leaders may be complicit in torture and other human rights atrocities. Although this bias is understandable, it is not something to be admired. On the contrary, it is a bias that should be consciously overcome.

An end to torture?
Torture has many actors: the torturer, the superiors who give the orders or look the other way, and, in too many cases, the foreign officials who supply the torture devices, the training, and the diplomatic cover that make the whole ugly scenario possible. Unless human rights advocates — and the inter-
national criminal tribunals they are shaping — treat all of these actors as equally deserving of prosecution and punishment, justice — and an end to torture — may ultimately turn out to be only illusory aspirations.

References

Notes
(1) For the most complete account of the historical record concern-
ning the US decision to use the atomic bomb — including post facto official misrepresentations concerning the bomb’s military necessity — see Alperowitz G, Tree S. The decision to use the bomb and the architecture of an American myth. New York: Knopf, 1995.
(2) See, e.g., Alexander Lykourezos, et al., Petition to the Inter-
(4) See, e.g., Brophy R, Zirnite P. In focus: U.S. military training for Latin America. Foreign Policy In Focus 1997 Oct;2(48), avai-

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FOCUS ON THE TORTURERS

(5) For instance, the Guatemalan truth commission, the Commission for Historical Clarification, recently condemned the United States for its role in knowingly training and arming Guatemalan security forces in their decades-long campaign of state terror – including torture, murder, and disappearances – against political opponents and the indigenous population that makes up the majority of Guatemala’s citizens. See, e.g., Commission for Historical Clarification, Guatemala. Memory of silence. Guatemala City: Commission for Historical Clarification, 1999. The Commission’s report is available on the Internet at http://hrdata(aaas.org/ceh/index.html).

IRCT NEWS

Erik Holst retires from the IRCT

Approaching 70, Erik Holst, the Deputy Secretary General of IRCT since 1990, left IRCT on 1 October 1999 in order to enjoy a fulfilling life of retirement.

At that time, in 1990, it was an important and significant post that had to be continued in a growing organization. So it was a gratifying and admirable step when Erik Holst left his professorship and his esteemed position in the Danish medical world in order to move from social medicine to new work at RCT; and later take on the increasingly international tasks at the expanding IRCT. However, Erik’s background was to a large extent based on his international work, such as the WMA, a guest professorship in USA, various negotiations, and a large professional network. Erik’s elegant negotiation style, international acumen, and great experience in health political work at the highest level have been great assets to RCT and later to IRCT.

Among Erik Holst’s many achievements during his time at IRCT, his contribution to the organization of international symposia is particularly outstanding. These symposia have been instrumental in placing torture on the international agenda. Erik Holst retired from his work for torture victims and against torture at the closing of the VIII International Symposium on Torture, held in collaboration with the Indian Medical Association and the National Human Rights Commission of India, on 22-25 September 1999 in New Delhi.

In a recent interview, Erik Holst said: “I am almost religious about not meddling in things once I have left them behind.” Hopefully we can still benefit from good advice from this retired expert.

H.M.
BOOK REVIEWS

Coming to the third millennium: victims, survivors, or complex-free individuals?


It may seem that the main purpose and significance of the treatise by Christian Pross Paying for the past (1988, translated into English from the German Wiedergutmachung: Der Kleinkrieg gegen die Opfer in 1998) is to struggle for reparations for the surviving victims of Nazi terror, as implied by the subtitle of the reviewed book. Yet this book, by a German physician and historian, is not just another call for reparations to be paid by a defeated nation for holocaust and war damages. The book is a vast panorama of extreme totalitarian crimes against humanity, as well as their methods, consequences, and after-effects.

The Nazi genocide and systems of governmental violence were unique in survival aspects. But they were not in any way a monopoly.

The oppressions, atrocities, and torture seem still to be present and ubiquitous at the end of our century.

At our Estonian Centre of Medical Rehabilitation for Victims of Torture, we have the possibility and the duty to study and treat the victims of mass physical and mental violence and its after-effects, inflicted by both the Nazi and Soviet terror regimes. The author of this review has eight years of insider experience of a Soviet concentration camp. The KGB-Gulag terror system symbolized the somehow mystified horror regime of the Soviet Union during more than 70 years (on one sixth of the Earth’s territory and, paradoxically, among the “winning parties” of World War II).

In fact, the whole world around the Soviet Union had and still has to cope with the consequences of this Soviet governmental terror.

Now, comparing the potential differences between the behaviour patterns of the victims of Nazi or Soviet regimes, one can note the following:

- Victims/survivors of the Soviet terror regime were treated as segregated “public enemies” for several decades after imprisonment. Now they exhibit a more introvert orientation, distrust, and often unchangeable feelings of injustice (“a whole life in the shadow of Gulag”). Under the conditions of a rapidly changing society, neocapitalism, and impunity of perpetrators, they try in many cases to over-compensate for their frustration and to overcome their inferiority complexes by ‘workaholism’ and other strange modes of life. There are many psychological problems concerning the second generation of the Soviet terror survivors.

- Nazi concentration camp and holocaust survivors have been more remedied, both morally and in many cases also materially, and better compensated during recent decades. In general, they have aroused and attracted attention, awareness, and recognition. They are now more extroverted, and they tend to speak about their past sufferings and present effects.

- The medico-psychological rehabilitation of the victims/survivors of the Nazi regime seems to be more effective.

Information and publicity, as well as the publications by Christian Pross and others, are the most effective weapons against torture and oppression. In our days of the Yugoslavian conflict and this historical trauma, the IRCT international solidarity movement against torture points to the need for common solidarity. It is only natural that world publicity has to support these actions.

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The entanglement of doctors in dictatorships


Horacio Riquelme is a psychiatrist and Director of the Seminar for Transcultural Psychiatry at Hamburg University. In these positions, he has presented several important events and publications regarding the role of forced exile, the perpetrator-victim issue of the dictatorships in Latin America (he himself comes from Chile), and the late sequelae of repression in the affected societies.

During his German exile, he has witnessed the efforts of the medical and classical historical confrontation with Nazism.

Medizinische Ethik in Krisenzeiten deals with the border areas of actions of the medical profession under dictatorships by making a comparative evaluation of the crimes committed by the medical profession during Nazism and those committed during the recent regimes in Latin America.

With this comparison he takes an ambitious leap. Whether this leap is admissible and whether it can result in a safe landing will be probed. The subheading reads: “Medical doctors between obedience and revolt under the military dictator-
Asylum seekers in prison


The book deals with the way refugees are treated by the countries of the rich world. It is shocking reading, and it put the reviewer in an extremely bad mood. I had to read it in small portions at a time – otherwise it was too bad. You feel deeply ashamed of being a member of a society that, in act and treatment, expresses so deep a contempt for fellow human beings. At bottom, some of us did know that it was like that, but in the book it is described in a professional and objective way, and as the title indicates, the book also contains analyses and perspectives.

The Danish Refugee Council and the Danish Centre for Human Rights held a seminar on the detention of asylum seekers in November 1995. Two years later they stated that there had been no changes in the conditions, and it was decided to publish this book.

This was a wise decision. The book is organized logically:
The conditions for detention and the recent trends in coping with refugees are described in the first five chapters, comprising Eastern Europe, Western Europe, the United States, Canada, and Australia. In chapter 6, a representative of the UNHCR presents her very relevant comments.

Chapter 7 describes the European regional possibilities for appeal and intervention, and in chapter 8 the international ones are described.

Finally, chapter 9 presents the results of an investigation concerning the mental health implications of the detention of asylum seekers.

Relevant laws and conventions can be found in an appendix.

A common feature for all areas (Europe, US, Canada, Australia) is the considerable tightening of the legislation concerning asylum seekers – the possibility of their obtaining asylum, their treatment, and the handling of their applications. Asylum seekers no longer have the civil rights that citizens of the country have. It is difficult to see their chances of a fair trial. Their time horizons are uncertain. They do not get adequate assistance. The right to appeal is doubtful. Refugees can (administratively!) be detained in a prison – without being criminal, without having been charged with any criminal acts. Political capital is being made out of these attitudes, perhaps without being conscious of it, but the attitudes spread to the population. A typical example: in prisons you find criminals. Asylum seekers can be put in prison for the only reason that they are asylum seekers. Hence, asylum seekers are criminals.

The book contains shocking examples of the treatment of asylum seekers and the impact this may have. Just one example: A 30-year-old man who worked against the regime in his home country was imprisoned for seven months, during which he was repeatedly tortured with electric shocks, rape, etc. His legs were broken and his skull fractured. He succeeded in fleeing to the United Kingdom, where he was immediately put into prison. The prison officers' uniforms

ships of South America". The convincing parts of this work are the interviews with medical doctors, who speak for themselves. The doctors, who were all involved in massive ethical violations, can be categorized as either followers or active resisters. What remains unclear, even after a second reading, are the reasons behind the interest in comparing their behaviour with the crimes committed by the medical profession under the Nazi regime, especially since no individual biographical comparisons, nor an evaluation of their testimonies based on sociological criteria, is undertaken. In retrospect therefore, the only answer to the question can be: Nazi doctors were involved to a much larger extent in the Nazi ideology. They actively supported the regime and they fed their own energy from the role as "priest-physician" or "physician-soldier". A militarization in the thinking of the medical doctors who actively supported the regimes of Latin America cannot be found.

The book contains shocking examples of the treatment of asylum seekers and the impact this may have. Just one example: A 30-year-old man who worked against the regime in his home country was imprisoned for seven months, during which he was repeatedly tortured with electric shocks, rape, etc. His legs were broken and his skull fractured. He succeeded in fleeing to the United Kingdom, where he was immediately put into prison. The prison officers' uniforms
BOOK REVIEWS

What women are, suffer, do in wartime


What women do in wartime, the title of a recently published study focused on Africa, is highly relevant today, when you can see, every day, the results of the havoc on Kosovar ci-

vilians – among them women, old, young, with babies, with children, and all with that sad and resigned look ... Forget about the black skin: the book gives a perfect picture of the women's tragedies.

The book is edited by Meredith Turshen and Clotilde Twagiramariya, both leading personalities: the first a teacher at Rutgers University, USA, the second a high-ranking Rwandese civil servant who works at the Center for Women's Global Leadership at the same university.

If you consider that 2/3 of the countries in Africa are the theatre of military actions, you can appreciate to its due extent the opportunity of such a study. After an overview of the women's fate in the different situations, and a survey of the international rules, one question arises: “[...] Without an organised state body, who can the international community hold accountable for violations like the rape of women?” And the author adds: “[...] Some of the worst atrocities are committed in the vacuum left by disempowered or collapsed states [...].”

Here we are, in the heart of situations as they are described in pages devoted to Mozambique, Rwanda, Chad, Liberia, and Namibia. South Africa was under the rule of apartheid, and Sudan of Muslim dictatorship.

Each chapter is introduced by a historical overview of the events that fed, and/or are feeding, day after day, women's tragic lives. Then comes a litany of acts of sexual violence by individuals or groups, and of ambiguous situations (described as “grey areas”, and women as consenting victims). As a common pattern, women are first of all considered as war booty: “[...] men's ownership of women's sexual conduct positions women as the first property to be attacked and violated in times of conflict [...].”

In patriarchal societies, women are doubly victimized – by the aggressors, and by the women's families. The latter cannot bear the offence inflicted on them, the offence to the woman being a scant one compared with the offences suffered by the whole social group.

The title of the book, What women do in wartime, is a counter-proposal to the sentence “Man does, woman is”. In fact, most of the book is devoted to the suffering of women: sexual abuses, widowhood, starvation, new responsibilities to assume, the survival of children or elders. But after an analysis of their ordeal come changes in their secular roles: they are no longer victims but survivors, dedicated to adapting themselves to a new situation; and those who are politically involved struggle with an incredible energy to promote solutions leading to a cease-fire and peace. Unfortunately, their suggestions are not always seriously considered, if heard, by the masculine majority.

The UN General Assembly adopted, only in 1994, the Declaration on the Elimination of Violence against Women, but without the mechanisms to enforce it.

The authors support the demand for recognition of rape, especially in conflict situations, as a crime against women. We can just hope for a positive answer in international law. When?
Italian translation of booklet on torture


NAGA, an Italian volunteers association, has published an Italian translation of Torture and torture victims: a manual for medical professionals. The booklet, by Dr Nirakar Man Shrestha and Dr Bhogendra Sharma of the Centre for Victims of Torture, Nepal (CVICT), was originally published in English in 1995, in collaboration with the Nepal Medical Association and RCT/IRCT. The English booklet was reviewed in TORTURE volume 6, no. 4 (1996) by June Lopez from the Centre for Integrative and Development Studies at the University of the Philippines.

The Italian booklet is distributed free of charge, however a donation to the NAGA association would be appreciated. The booklet can be ordered directly from this address: Associazione NAGA, Viale Bligny 22, 20136 Milano, Italy, Phone: +39 02 5830 1420, Fax: +39 02 5830 0089, E-mail: NAGA@mail.crown-net.com

Human Rights Features

— a joint initiative of SAHRDC and HRDC

The South Asian Human Rights Documentation Centre (SAHRDC) and the Human Rights Documentation Center (HRDC) are starting a news feature service called Human Rights Features (HRF).

The service provides information on: human rights, democracy, and good governance. HRF will produce a minimum of one news feature per fortnight. If you are interested in subscribing to the HRF online news, please send an e-mail to: hrdc_online@hotmail.com.

The features are also available on the internet at: http://www.hri.ca/partners/sahrdc. So far the following titles have been published on the internet: Indigenous Peoples Denied Their Right to Franchise (HRF/1/99); Impunity and World Torture Day (26 June 1999 - HRF/2/99); The Death Penalty: Can We Live With It? (9 July 1999 - HRF/3/99); The Staines Killings: Religious Intolerance and Government Inaction (13 August 1999 - HRF/5/99).

annoncements

Oak Human Rights Fellowship

The Oak Institute for the Study of International Human Rights at Colby College is pleased to issue a call for nominations for the Oak Human Rights Fellowship. The Oak Institute was made possible through a major grant from the Oak Foundation and, each year, sponsors a Fellow to teach and conduct research while in residence at Colby.

The purpose of the Fellowship is to offer an opportunity for prominent practitioners in international human rights to take a sabbatical leave from their work and spend a period of up to a semester as a scholar-in-residence at the College. This provides the Fellow time for reflection, research, and writing. While all human rights practitioners are eligible, we especially encourage applications from those who are currently or were recently involved in “on-the-ground” work at some level of personal risk. The Oak Fellow’s responsibilities include regular meetings with students either through formal classes or informal discussion groups and assistance in shaping a lecture series or symposium associated with the particular aspect of human rights of interest to the Fellow. The Fellow also is expected to participate in the intellectual life of the campus and enable our students to work or study with a professional in the human rights field.

The Fellow will receive a stipend and College fringe benefits, plus round-trip transportation from the Fellow’s home site, housing for a family, use of a car, and meals on campus. The Fellow will also receive research support, including office space, secretarial support, computer and library facilities, and a student assistant.

Nominations for Oak Fellows for the 2000-01 academic year should be sent to Professor Kenneth Rodman, Government Department, Colby College, Waterville, Maine 04901, USA (fax: +1 207-872-3263/3473; phone: +1 207-872-3813/3270; e-mail: oakhr@colby.edu) no later than November 1, 1999. Completed applications must arrive no later than November 8, 1999.

Information and application forms are available on the institute’s World Wide Web site at www.colby.edu/oak. The selection of the Oak Fellow will be announced by February 1, 2000.
FORTHCOMING CONFERENCES AND SEMINARS

Gaza, Palestine  
21-23 November 1999

Gaza Community Mental Health Programme 4th International Conference: Women in Palestine  

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Oxford, United Kingdom  
16 July – 5 August 2000

Refugee Studies Programme  
International Summer School in Forced Migration  

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Queen Elizabeth House  
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21 St Giles  
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Fax: +44 1865 270721  
E-mail: summer.school@qeh.ox.ac.uk  
http://www.qeh.ox.ac.uk/rsp/main_summer.html

London, United Kingdom  
25 March 2000

5th Annual Human Rights Study Day: Torture 2000  

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The IRCT is a private non-profit foundation, which was created in 1985 by The Rehabilitation and Research Centre for Torture Victims (RCT), Copenhagen.  
The objectives of the foundation is on an international basis to promote the provision of specialized treatment and rehabilitation services for victims of torture and to contribute to the prevention of torture globally.  
To further these goals the IRCT seeks on an international basis
• to develop and maintain an advocacy programme which accumulates, processes and disseminates information about torture as well the consequences and the rehabilitation of torture
• to operate a documentation centre about torture and related topics
• to establish international funding for rehabilitation services as well as programmes for the prevention of torture
• to promote education and training of relevant professions in the medical as well as social, legal, and ethical aspects of torture
• to encourage the establishment and maintenance of rehabilitation services
• to establish and expand institutional relations in the international effort to abolish the practice of torture and
• to support all other activities which may contribute to the prevention of torture

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London, United Kingdom  
25 March 2000

5th Annual Human Rights Study Day: Torture 2000  

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