

Human Rights Violations and the Health Professions: Caught Between Conscience and Complicity

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As shown by Amnesty International's annual report, human rights violations which result in serious consequences for their health have assumed epidemic proportions. By treating the survivors of torture, performing post-mortem examinations, and carrying out other professional tasks, physicians, psychologists and nurses become accessories. As such, they play a key role in terms of exposing or hushing up human rights violations. They are faced with moral dilemmas and find themselves in situations of being threatened by members of national security forces. Often, they must make the decision between either becoming accomplices of the perpetrators, or becoming victims themselves.

The following article recounts the fate of persecuted health professionals; it also examines the reasons for and the scope of their complicity and perpetration by way of examples. In addition, the goals and work approach of Amnesty International's Health Professionals Network, in which over 10,000 people worldwide from all areas of health care have banded together, are discussed.

The effects of torture are treatable, and being managed by competent therapists is of existential significance for survivors of organized violence. However, healing -especially of psychological damage - can virtually never be achieved. As a result, we must demand both prevention and stronger international activism on the part of professional medical associations and other health professional organizations by lending support to victims of organized violence and denouncing the participation in human rights violations by health professionals. Toward this end, the naming of human rights representatives by health professional associations is urged.

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Those who succumb to torture can no longer feel at home in this world.

Jean Améry

The Hidden Epidemic

Every day, the human rights organization Amnesty International (AI) documents abuses all over the world which endanger and destroy the lives of many people.(1) The only "crime" these people have committed is that their political opinion, religion, or ethnic background is disconcerting to those in power. Numerous governments, but armed resistance movements as well, utilize repression, torture and murder as part of their strategy to attain or retain power. Doctors from all branches of medicine, as well as other health professionals, treat the effects of this hidden epidemic - ranging from broken bones, torn-up inner organs and burns to paralysis, depression, nightmares and anxiety attacks - but the medical literature has thus far rarely addressed this as an issue. The cause of this "disease" is well known; complete healing - especially of the psychological effects - is unattainable; and prevention is possible (after all, the injuries were inflicted by people in a premeditated manner). Why do we show so little interest in this social cancer which is destroying both people and humanitarian values?

Persecution and Complicity of Members of the Health Professions

Health professionals are especially subject to becoming victims of arbitrary warrantless arrest, sometimes imprisoned for years without being either prosecuted or convicted.(2,3,4) Their societal position and their professional ethic, which is incompatible with lawlessness and social injustice, seem to be the cause. Their persecution includes "disappearance," torture, or politically-motivated murder.(3,5,6) The reasons can be as innocuous as correctly filling out a death certificate, or honestly documenting injuries, since this allows human rights abuses to be proved. Doctors and nurses, who are often an abused prisoner's only contact to the outside world, must assume a weighty responsibility as accessories. But they are pressured by members of intelligence organizations, the police, or the military to keep quiet or to document the "natural" death of victims who have died as a result of torture. Whoever does this is covering up a crime and becomes an accomplice; whoever refuses becomes subject to personal persecution. Doctors, first-aid attendants, nurses, psychologists, and social workers who work in the areas of corrections, the police, or the military - especially if they have a certain rank and are therefore subject to receiving orders - are subjected to extreme pressures, and violate basic principles of professional ethics by placing national interests before the Hippocratic oath's "primum non nocere."(7,8,9) In many countries, cases have been documented in which it could be proven that medical personnel had participated in cruel and inhuman punishments, forced amputations, executions, or torture; in some countries, their participation in activities that clearly violate professional ethics is even mandated by law.(3,10)

Most of the examples given in this article come from the medical field, since both the persecution and the complicity of psychologists have thus far not been documented as well. However, we know that many of the psychologists who were later involved in founding and staffing treatment facilities for persecuted refugees had been personally persecuted and sometimes even tortured. Suedfeld reports on 16 psychologists whose persecution between 1977 and 1984 in Argentina, Chile, El Salvador, Kenya, Paraguay, Poland, Czechoslovakia, and Uruguay was documented by the French Psychological Society. Results of psychological research, for example on sensory deprivation and psychoanalytical recognition, serve not only to understand the psychic

effects of torture and to psychotherapeutically treat torture victims; they are also abused as instruments to improve methods of torture. The participation of psychologists or psychoanalysts in torture, or training torturers, has been concretely proven in only a few cases. For example, Uruguayan psychologists, such as psychology instructor Dolcey Britos, were accused of having systematically used psychological methods in the "Liberdad" prison (the name means "Freedom") to induce fear, disorientation, depressions, and nervous breakdowns in the political prisoners. Also, guards were informed of particularly sensitive areas and/or psychological weaknesses of the prisoners, and they were placed with aggressive psychotics. Psychologists, not mentioned by name, are supposed to have participated in torture in Chile; in Cuba, members of the secret police are said to have conducted psychological tests and developed techniques of torture.(11)

A Fine Line Between Conscience and Danger

More and more doctors, psychologists, and other health professionals are offering their specialized professional training to foster human rights by treating people suffering from the physical, psychic, and social effects of organized state violence. Many of them consider involvement with Amnesty International to be productive, since it offers the opportunity for preventive activity and solidarity instead of being a helpless spectator. However, this encompasses an element of danger as well: totalitarian governments, who realize that it is becoming more and more difficult to deny the systematic use of torture and to keep up a semblance of respectability, take measures against all those who question their power. Doctors and nurses who document their patients' torture scars and go public with them, or who treat injured members of the opposition or rebels, risk their own lives and those of their families. Following the military takeover in Chile, British physician Dr. Sheila Cassidy was arrested and tortured, only because she had treated torture victims. Also, when members of the health professions take advantage of their right to freedom of expression and stand up for having their civil rights protected, this often becomes their undoing. Even mentioning abuses that present risk factors for their patients is dangerous. Under these circumstances, working as a nurse, doctor, social worker, or psychotherapist presents a fine line between conscience and professional ethics on the one hand, and personal danger on the other. For example, in the former Soviet Union, many of those who objected to the forced treatment of healthy dissidents in psychiatric hospitals, such as psychiatrists Dr. Anatoly Korjagin and Dr. Semjon Gluzman, as well as nurse Alexander Podrabinek, themselves became the victims of year-long persecution by the state.(7)

The Fate of the Persecuted

On 11 September 1992, surgeon Dr. Armando Rodriguez Parrado "disappeared" from the Columbian department of Meta. His colleagues Dr. Alvaro Diego Escribano and Dr. Edgar Roballo Quintero were murdered one month later in the same region, following death threats by paramilitary groups. The three physicians had been medical directors of hospitals. In Columbia, systematic human rights violations, such as torture, disappearances, and extralegal executions occur regularly; Columbian officials usually blame armed opposition groups or "death squads," who they claim have eluded state control. Since 1986, more than 20,000 people have become the victims of politically motivated murder in Columbia. Many of the victims are doctors and lawyers. Although it is often not possible to attach responsibility in individual cases, AI has determined from the proof available that the

perpetrators have come mostly from Columbian security forces or paramilitary groups supported by them.(3,5)

In Turkey, physician Dr. Hassan Kaya "disappeared" on 21 February 1993, together with his friend, lawyer Metin Can, who was the chairman of the human rights organization in the Kurdish town of Elazig. Their mutilated bodies were found six days later. Both men had been executed by being shot in the head. The circumstances: against the background of the armed conflict with the Kurdish Workers' Party (PKK) in the southeastern part of the country, the Turkish army and other national security forces are being made responsible for arbitrary arrests, expulsions, torture, and extralegal executions. Members of the Turkish human rights organization, journalists, and doctors are among the hundreds of people who have become the victims of attacks, kidnapping and murder in the last several years. In repeated cases, the so-called death squads were either tolerated or actively supported by state security forces; the justice system has made no serious efforts to solve these crimes. Although Turkey ratified both the European Anti-torture Convention and that of the United Nations in 1988, prisoners in police custody continue to be tortured regularly.(3,5)

On 5 July 1994, the newspaper "Turkish Daily News" reported on Turkish nurse Mediha Curabaz, who had been arrested in 1991. Following her acquittal, Ms. Curabaz accused several policemen of torture and rape, and instituted legal proceedings against them. Although her testimony was bolstered by two expert medical opinions, the provincial commission empowered with deciding the admissibility of a criminal case declared itself to be without jurisdiction because the rapes had taken place before the nurse was officially under arrest. However, Mediha Curabaz won her case before the administrative court. While the torturers need not fear any court action, the Turkish Interior Ministry, in an unprecedented verdict, was ordered to pay Ms. Curabaz money damages.

On 8 September 1989, 22-year-old Peruvian nurse Marta Crisostomo Garcia was shot to death in her apartment by members of the army. Although neighbors could bear witness to the shooting, a police investigation turned up no clues as to the murderers. Marta Crisostomo had publicly testified about a massacre in mid-May 1988, in which thirty Indian farmers in Cayara, in the department of Ayacucho, had been murdered by soldiers. A special prosecutor investigated the case and confirmed that the army and its commanding officer, General Valdivia, had been responsible for the massacre. Nonetheless, none of the participants - as usual - were ever prosecuted. General Valdivia spoke of a retaliatory act for an earlier attack on a military convoy in that area by rebels. Marta Crisostomo was the ninth witness of the Cayara massacre who was either murdered or "disappeared."(5)

The 1991 "disappearances" of nurse Mirghani Kafi and dentist Dr. Mohammed Nowar Aso in Kadugi, Sudan, following their arrests by state security forces, has not been solved to this day. Dr. Nowar Aso had previously protested against the transformation of Kadugli's civilian hospital into a military hospital.(3)

Indian chief physician for orthopedic surgery Dr. Farooq Ahmad Ashai died on 18 February 1993 at a roadblock under mysterious circumstances; he was shot by Indian security forces after he had documented many cases of torture.(4,5)

Demand Explanations

The fates mentioned here are only examples for thousands of health workers who have not only been prevented from carrying out their profession, but have themselves been exposed to danger and persecution. Amnesty International,(1,3,5) Physicians for Human Rights,(4) the American Association for the Advancement of Science,(2) the British Medical Association,(7) and others have documented the details of similar fates in El Salvador, Vietnam, former Yugoslavia, The People's Republic of China, Libya, and many other countries. In all these cases of persecution, there were indications or even conclusive proof of participation or tolerance on the part of state security forces. As far as we know, there was not a single case where an independent investigation of events led to the conviction of those responsible. As documented by AI, this is no coincidence: the pattern of human rights violations has changed in the past few years. Proof of torture, abuse or murder of prisoners has serious consequences in terms of the international image of a government. The number of difficult-to-prove cases of "disappearance," meaning the kidnapping of people by members of state security forces or paramilitary groups to a secret place, is increasing. Upon investigation, it is denied that the "disappeared" person was ever arrested. Resolving these cases through the justice system is systematically hindered. "Missing" people are often tortured and killed. Between 1983 and 1991 in Sri Lanka alone, the UN's Human Rights Commission registered 12,000 people as "disappeared." In addition to governments, armed opposition groups are responsible for serious human rights abuses. Further, violations of the 1977 Additional Protocol to the 1949 Geneva Convention, which calls for the neutrality of medical personnel in armed conflicts, occur often.

Leaving the perpetrators becomes a license for future attacks. As such, it is extremely important for those responsible to be prosecuted in a court of law. Prisoners are usually tortured before their whereabouts are known and before they can contact relatives or their attorneys. Therefore, Amnesty International demands that arrests and prisoners' whereabouts be made known immediately, and that access to prisoners be guaranteed. On the part of governments, AI demands public condemnation and government prohibitions against "disappearances," torture, and extralegal executions, as well as clear lines of command and comprehensive control of security forces.

Successful Intervention

Freed prisoners report that the public pressure applied on governments by AI can provide protection against torture. Publicizing death threats by "death squads" can also protect the threatened person. In the case of "disappearance" or political murder, carrying out an independent investigation which names the perpetrators, and especially their prosecution and conviction, represents important progress due to its preventive effect. Often, it is difficult to assess whether an action has been successful. However, evaluations show that people whose cases AI has taken up intensively have been released in up to two-thirds of all cases, depending on the country and the type of action.(12)

A few examples:

On 27 October 1993 in Turkey, 23-year-old nurse Olcay Kanlibas was arrested while working in Diyarbakir's state hospital by police officers in civilian clothing. Her apartment was searched repeatedly. According to an

entry in the hospital's register, Ms. Kanlibas was admitted to the emergency room of the hospital the same night. Despite this evidence, Turkish officials denied that they had held Ms. Kanlibas prisoner or any knowledge of her whereabouts. A few days after AI had started an urgent action on behalf of Olcay Kanlibas, she was released on 5 November 1993. Following her arrest, she had been taken to police headquarters in Malatya for questioning. She is said to have been tortured there. Ms. Kanlibas is a member of the health workers' union "Tüm Saglik Sen." She had never been arrested before, and is not a member of any political party.(3)

AI's appeal for the reprieve of black US-American Bobby Shaw's death sentence, which had received widespread support at the German Physician's Convention in 1993, was successful despite earlier unfavorable experiences. Contrary to internationally-recognized norms, Bobby Shaw had been condemned to death despite his emotional illness and mental handicap. We found out from American human rights activists, who had made a personal appearance in the office of the Governor responsible for commuting the sentence, that his secretary had been completely overwhelmed by the flood of letters, faxes, and telephone calls of protest that had been coming in from all over the world for several days.(3)

Dr. Carmen Angelica Valenzuela, Chief of Pediatrics, Professor at San Carlos University in Guatemala City, and President of the Guatemalan Women Doctors' Association, was kidnapped and tortured by several armed men in February 1990. As a result of massive international pressure, she was freed on 18 February 1990. During military rule in the eighties, San Carlos University was considered to be a center of the opposition.(5)

In 1990, South American physician Dr. Henry Vika Luthuli was shot to death in front of his children in his practice in Esikhawini, Natal. In 1992, Nurse Jeannette Mahongo lost her life as the victim of a political murder in the South African homeland of Ciskei. Her children only narrowly escaped the arson attack. In both cases, there were indications of police involvement in the murders. Nurse Nokuzola Dorcas Luthuli received death threats after demanding an independent investigation into the murder of her husband. AI began urgent actions worldwide. In Jeannette Mahongo's case, suspect police officer Mlungisi Willie was prosecuted following massive international pressure. Ms. Luthuli thanked AI for the support that had provided her with protection.(3,5)

Complicity and Crimes by Doctors

In Argentina, where about 9,000 people were victims of "disappearance" and political murder during the dictatorship between 1976 and 1983, doctors actively participated in torture. Since many of the victims were murdered, and many more had their eyes bound during the doctors' presence to prevent later identification, neither the total number nor the identity of most of these doctors has been ascertained to this day. In contrast, police physician Dr. Jorge Antonio Berges was sentenced to six years in prison in December 1986 for having actively participated in torture. In July 1987, however, Dr. Berges was freed pursuant to the "law of culpable obedience" - after those who had spoken in favor of criminal prosecution of doctors committing human rights violations had been threatened and intimidated - and was reinstated into the medical society of the province of Buenos Aires. With this, he also received renewed permission to practice medicine.(3)

Steve Biko, leader of the South African "Black Consciousness Movement," was arrested on 6 September 1977. On the following morning, the secret police called prison doctor Ivor Lang to examine Biko because he was behaving strangely. Despite Biko's visible injuries, and although his movements were uncoordinated and he was unable to speak, Dr. Lang succumbed to pressure by the local police chief and reported that he had found "no evidence of anomaly or pathology." Even after blood was found in Biko's brain fluid, neither Dr. Lang nor his superior, Dr. Benjamin Tucker, objected to his continued imprisonment. When Steve Biko was found unconscious on 11 September, Dr. Tucker authorized an unaccompanied automobile transport of 750 miles; without medical assistance, Biko died en route.

Dr. Wendy Orr, a physician working under the direction of Dr. Lang in Port Elizabeth, broke the silence in 1985 after her superiors had refused to take any action despite her repeated reports of severe police abuse of prisoners. Before the supreme court, she testified that a large number of her patients had reported, credibly and consistently with their physical condition, that they had been tortured. Dr. Orr's testimony was acclaimed worldwide, and led to the granting of an injunction, with the goal of preventing the abuse of prisoners by the police. However, Dr. Orr was transferred to a geriatric department and anonymously threatened until she decided to leave Port Elizabeth.(8)

During the military regime in Uruguay, Dr. Gregorio Martirena, together with his colleague Dr. Hugo Sacchi, who had been tortured himself, began to compile a detailed documentation of the role of military physicians during the dictatorship.(13) In Uruguay, as in many other countries, those responsible for human rights violations passed amnesty laws preventing their criminal prosecution before the tyrannical governments toppled. However, the activism of Uruguayan doctors led to military physicians Dr. Eduardo Saiz Pedrini, Dr. Nelson Fornos Vera, Dr. Vladimir Bracco, Dr. Hugo Díaz Agrelo, and Dr. Nelson Marabotto being ordered to appear before the National Uruguayan Commission for Medical Ethics following an investigation into their actions; they were found guilty of serious violations of medical ethics and expelled from the professional medical associations. Among other things, Dr. Saiz was accused of having covered up the death by torture of physician Dr. Vladimir Roslik in 1984 through falsified results of a physical examination and the autopsy. Dr. Saiz had examined his colleague, who was still in good health, upon his arrest, and had seen him alive again following

severe abuse; despite obvious indications of external violence, he certified that the physician had died a natural death.

Systematic Abuse of the Health Professions by Governments

Neither the persecution of health professionals nor their complicity in and perpetration of crimes are isolated cases. The involvement of doctors in violations against medical ethics, which at the same time constitute serious human rights abuses, have been documented in many cases. This situation is fostered by a policy in a number of countries, according to which conscientious doctors are systematically threatened, while cooperating physicians are rewarded. As the fate of Dr. Orr shows, doctors who break the "*esprit de corps* of secrecy" must - at the very least - deal with reprisals, especially among their colleagues. In contrast, those who quietly treat torture victims and falsify findings or autopsy reports are often rewarded both materially and with increased prestige, for example in the form of a military career.

Governments are also increasingly attempting to legitimize torture and the death penalty by supposedly humanizing them and integrating doctors into the process. In a pioneering article in the *New England Journal of Medicine*, Curran & Cassel refer to this as "corrupting and exploiting the societal role of the health professions."⁽¹⁴⁾ In Denmark, Rasmussen published the results of his own study of 200 survivors of torture from 18 countries.⁽¹⁵⁾ One-fifth of those interviewed said that medical personnel had been involved in torturing them. In 10 cases, physicians were present while the torture was going on.

In Pakistan and Singapore, the presence of a doctor at public whippings is legally mandated. Under the military regime of President Numeiri in Sudan, "crossover amputation" was introduced as a so-called "Islamic punishment," whereby the hand of one side and the foot of the other are amputated.^(3,8)

In 1986, former military doctor and torturer Dr. Amilcar Lobo reported in the Brazilian press how he had become a part of the system of state-sanctioned torture, and that he had actively participated in it.⁽⁸⁾ Although Lobo did not demonstrate any understanding of having done anything wrong himself, he named some other torturers. Thereafter, two assassination attempts were carried out against him. A peculiar detail of this story is the fact that Lobo had been in analysis since 1970 as part of his training to be a psychoanalyst. When he was accused of participating in torture and his exclusion from the Brazilian Society for Psychoanalysis was demanded, the Society decided to instead expel those who had made the accusations. Following a thorough analysis of the events,⁽¹⁶⁾ Füchtner comes to the conclusion that "the direction of the Brazilian Psychoanalytical Society was obviously working hand-in-hand with the political police."

At a 1990 symposium in Tromsø, Norway, titled "Torture and the Medical Profession", Dr. Ugur Cilasun, director of the Turkish Medical Association (*Türkiye Tabipleri Birliği*) described the efforts undertaken and problems encountered by his organization in uncovering, sanctioning, and preventing the participation in torture by Turkish physicians.⁽¹⁷⁾ Following the coup d'état in 1980, the military founded its own medical college, where the students were "first and foremost soldiers, with only a secondary function as doctors," as the leader of

the *Junta* put it. As such, obeying one's superiors had clear priority over questions of conscience and the fundamentals of medical ethics. Because of the Turkish Medical Association's critical position on this question, military doctors were shortly thereafter forbidden to become members of that organization.

In Iraq in 1994, the revolutionary council introduced per decree measures of punishment which include the amputation of hands and feet, cutting off of ears, and branding of the forehead. Among others, crimes which merit these punishments are theft and desertion. Conscientious objectors, and people who harbor them, are also threatened with this type of punishment, which has been prohibited as cruel, inhuman, and humiliating punishment according to Article 7 of the International Pact for Civil and Political Rights. According to AI's information, forced amputations and brandings are carried out in hospitals. On 9 September 1994, Iraqi television showed pictures of an amputee with a fresh branding mark on his forehead, and his severed hand, which was being kept on surgical swabs. In Autumn of 1994, at least 9 doctors were arrested in Iraq within a period of 4 weeks because they had refused to amputate the limbs of healthy people. As early as 1985, AI documented the case of a doctor who had testified that, during the Iran-Iraq war under the regime of Saddam Hussein, he had been forced to take so much blood from prisoners for transfusion purposes that they died as a result. Other Iraqi doctors testified that, following the execution of minors and prisoners, they had been forced to falsify death certificates to certify a natural death.(3)

Participation of Doctors in Executions

The USA is one of the few democracies where the death penalty continues to be imposed and carried out. Doctors and nurses regularly participate in the state-sanctioned killing of human beings, although this represents a serious violation of their professional code of ethics.(14,18) The American Medical Association, the American College of Physicians, the American Public Health Association, the American Nurses Association, and other professional organizations have denounced the participation of "health professionals" in legal executions. Nurses and doctors are not responsible to the state; but rather only to their patients' health and well-being. As the World Medical Association emphasized in its statement on the occasion of the first execution by injection of a poisonous substance, health professionals are not executioners or henchmen. Nonetheless, in many US states, there are laws or regulations mandating the presence of a doctor at executions. According to his own statements, at the first execution by electric chair, Dr. Carlos MacDonald advised the warden to maintain the electrical current for at least 20 seconds. Dr. E.C. Spitzka, ordered that the current be turned off after 17 seconds; he then determined that the condemned man was still alive and called, "Turn on the current instantly. The man isn't dead." In 1982, Charles Brooks was the first death-row inmate to be executed by lethal injection. Dr. Ralph Gray, director of the Texas Prison Administration, and his colleague Dr. Bascom Bentley participated in that execution. While the lethal injection was being administered, they listened to Brooks' heartbeat and monitored the reaction of his pupils. Five minutes following the injection, Dr. Gray commented, "A couple more minutes," and then, "I pronounce this man dead."(10)

In October 1990, Taiwan's Justice Ministry decided that prisoners condemned to death would be executed by

shooting them in the head, so that their organs could be used for transplants. In April of 1991, a condemned man was brought to the hospital responsible for organ transplants after he was shot in the head. There, it was determined that he was still alive. 34 hours following his first shot in the head, he was taken from the hospital back to the execution site to be shot again. According to the Justice Ministry, the organs of 22 executed prisoners had been removed for transplant by the end of June 1991. The prisoners had even been artificially ventilated following their execution in order to keep enough oxygen flowing to their organs.(3)

Medical Crimes During National Socialism

In 1946, 23 doctors, SS officials and administrative bureaucrats were tried before the American military court in Nuremberg for their participation in human experiments in concentration camps and research institutions, as well as in the "euthanasia" killing of emotionally ill people. As shown by subsequent investigations, these trials represented merely the tip of the iceberg. Alexander Mitscherlich, who observed the trials on behalf of the West German Chambers of Medicine, was struck by the fact that during the trial, the names of high-ranking scientists and university professors were constantly being mentioned. While they had perhaps not single-handedly committed any crimes, they had taken advantage of the cruel fate of helpless people.(19)

A perfect example of this indirect involvement is the renowned neuropathologist Prof. Julius Hallervorden, who examined the brains of 697 victims of euthanasia at the Kaiser Wilhelm Institute for Brain Research in Berlin's Buch district, and then talked his way out of responsibility to American investigating authorities as follows: "After all, where those brains came from was none of my business."(20) Medical students at Frankfurt's Max Planck Institute for Brain Research studied these specimen collections of Hallervorden's until the eighties. The specimens were removed only when German and American medical historians uncovered the scandal.(21) Following 1945, other doctors justified their crimes by pointing to the exceptional situation of war. For example, German doctors conducted fatal human experiments in the Buchenwald concentration camp to develop a vaccination against typhus fever; this was a very important military achievement given the devastating epidemics of typhus among German soldiers on the eastern front.(22) Hermann Voss, Professor of Anatomy at the University of Jena, whose popular textbook helped train entire generations of medical students in post-war Germany, gathered the material for his book in occupied Poland from the corpses of executed fighters of the Polish resistance. With these skeletons and commercial specimens, he carried on a veritable business within the German *Reich*.(24)

Mitscherlich pointed out that a doctor in the Third Reich "was able to become a licensed killer and henchman in the public service only by combining two processes: the aggressiveness of his search for the truth and the ideology of the dictatorship. There is virtually no difference in seeing a person as a "case" or as a number tattooed on the arm -the double facelessness of a merciless epoch."(19)

Human Experiments and Ethics in Research

In 1949, the Nuremberg Code was published as a result of the medical crimes committed during national

socialism; it formulates ethical principles for carrying out scientific research. Both the significance and the current relevance of demanding independent investigations and the punishment of violations of medical ethics are underscored by the recent revelations of state-run radiation experiments on people in the USA.(25) Between 1945 and 1975, American government officials conducted dozens of secret radioactivity experiments on test subjects with neither their knowledge nor consent. Doctors who were familiar with the Nuremberg Code participated in these studies, organized for military purposes, on prisoners, cancer patients, and hundreds of pregnant women. Almost 50 years after they were started, intense public pressure led President Clinton to form an investigative committee led by medical ethics expert Ruth Faden; it is due to report its findings shortly. The nuclear tests, both above- and underground, undertaken by the nuclear powers must be mentioned at this point as well. In those tests, scientists released radioactivity for military purposes although the dangers were well known; the effects on the victims' health in some of the cases was even scientifically analyzed. Many victims are still fighting for compensation today. However, there is no effective lobby working on their behalf. Surely not the least important reason for this is that very few of them have white skin and an American or European passport.

Science in the Service of Human Rights

The time has come for science to better serve the cause of human rights. There are numerous examples of this happening already. For example, molecular biologists and geneticists are investigating the disappearance of children in Argentina, some of whom have been "adopted" by the families of the perpetrators, and in El Salvador. Forensic doctors and pathologists participate in the identification of human remains and ascertaining the cause of death when mass graves are dug up following massacres, in order to collect evidence for use in court proceedings. Psychologists and psychiatrists document the effects of torture and develop treatment approaches for severely traumatized patients. They also research the character-based and situative conditions which allow a person to engage in torture. Since as early as 1963, when American psychologist Stanley Milgram conducted obedience experiments whereby subjects administered electric shocks to other study participants upon being told to do so, we know that people are in danger of behaving in an unprincipled manner due to their deference to authority; this is especially true if the responsibility is supposedly assumed by a person of authority or respect. The same is true for scientists. Research results from studies based on unethical human experiments are still often cited, which leads to increased prestige for the authors, without reference to the circumstances under which the findings were attained. The radiation tests referred to earlier are yet another example of how ambitious scientists can be led astray and of government involvement in human rights abuses. They clearly demonstrate the necessity of an independent supranational forum.

An International Criminal Court is Past Due

Since a large part of a state's legitimacy is derived from its function of protecting its citizens, governments who abuse human rights end up putting their own legitimacy into question. Governments always hide behind their state sovereignty and the danger to their national security whenever they violate the rights of their own citizens. Progress in developing international law could lead to improved control of state power. Following the trials of Nuremberg and Tokyo, the United Nation's first attempt to judicially enforce human rights and to end the

widespread lack of criminal prosecution of the perpetrators, has been the establishment of the UN War Criminals Tribunal, which has been meeting since the end of 1994 regarding former Yugoslavia. At the end of 1994, the UN Security Council also decided to judicially investigate the atrocities committed in Ruanda. The UN's plan to follow up the appointment of a high commissioner for human rights with a permanent international criminal court is long past due, and could thwart the activities of perpetrators who have thus far been able to take advantage of their own country's amnesty laws. In 1994, the UN Human Rights Commission presented a draft of a statute establishing an international criminal court. The court's jurisdiction could include serious violations of human rights and of basic principles of international humanitarian law, such as crimes against humanity, mass murder, and torture, in those cases where member states are either unable or unwilling to prosecute these crimes in their own national courts. Amnesty International supports the idea of this kind of court, but makes the critical comment that requiring the approval of the country on whose territory the crimes were committed - except in the case of mass murder - before the tribunal can take action could undermine its effectiveness.(26) Even if the permanent criminal court were established and vested with sufficient jurisdiction, it would not be able to undertake comprehensive investigations on a worldwide level. However, it would be able to avail itself of the documentation provided by numerous independent human rights organizations.

Amnesty International's Health Professionals Network

The largest of these organizations is Amnesty International (AI), which has its own research department in London. There, experts always first carefully evaluate reports received before documenting and further distributing them. When necessary, investigative missions are sent to the country involved. Within Amnesty International, over 10,000 health workers worldwide have banded together to form the Health Professionals Network, since the values and norms of the Universal Declaration of Human Rights also form the basis of their own professional ethics. The Working Group Medicine-Psychology of AI's German section, which was founded in 1979 as part of the network, works on behalf of persecuted professional colleagues and other victims of human rights violations, as well as against arbitrary imprisonment, torture, the death penalty, and "disappearances." Similar groups of health professionals exist in more than 30 countries. Since the medical care provided to inmates is often extremely bad, AI demands proper treatment of ill prisoners. The activities of the working group are centered around protesting against abuses in medicine and psychology, as well as against the complicity of doctors, nurses and psychologists in human rights violations. Additionally, AI is active in efforts to include comprehensive instruction in professional ethics during the initial training and continuing education of doctors, nurses and psychologists. Finally, AI demands that the central role of health professionals in both human rights violations and their disclosure be addressed as an issue within the framework of education in schools of nursing and universities.

In emergency cases of human rights violations, AI initiates appeals by letter, telephone or fax in order to provide the victims with protection by mobilizing international publicity. They also write to health professional associations in other countries, admonishing them to take action against the unethical activities of their members, or lending support to their resistance against national regulations which mandate the participation of health professionals in human rights violations. Since the working group receives reports on severe human rights

abuses almost daily, but is unable to take action in all cases, it is still looking for health professionals interested in supporting the network.

In addition to implementing urgent actions, the working group does outreach work in order to inform and sensitize as many health sector workers and others as possible to human rights issues. To this end, articles are published in professional journals and lecture and discussion events are organized in hospitals, in the psychology and medicine departments of German universities, and at nursing schools. The work of the Health Professionals Network also includes participation in AI's worldwide campaigns and the establishment and maintenance of contacts to professional organizations in the area of health services.

After putting on an event in Berlin's Charité university clinic in 1992, with the motto "Torture Destroys People," the working group organized another conference in the Charité at the end of 1994 together with the Berlin Treatment Center for Torture Victims and the Berlin Chamber of Physicians. This included invited speakers and a panel discussion titled "Human Rights Violations - Doctors as Perpetrators and Victims." The discussion emphasized the question of the medical profession's responsibility. Within the framework of an art therapy project by the Treatment Center for Torture Victims, an exhibition titled "Zwischenwelten" (Between Worlds), was presented which included paintings, texts and sculptures by patients. At the end of 1994, the first national conference of the Psychosocial Centers for Foreign Refugees took place with the motto of "Live Your Dreams" or "Identity, Culture, and Trauma."

Recently, Amnesty International and the Rhineland Friedrich Wilhelm University organized a symposium in Bonn on the psychic effects and psychological aspects of torture. In May of 1995, representatives of the AI Health Professionals Network from all over the world met in London in order to further improve cooperation and to develop strategies for the future.

Treatment of Victims

The effects of torture are treatable, and the treatment received by victims is of great -often existential - significance. But healing, especially of psychological damage, is usually too much to hope for. As put by Jean Améry (27), who himself suffered in three German concentration camps between 1943 and 1945, "those who succumb to torture can no longer feel at home in this world." In torture, the whole spectrum of human ingenuity comes to light in its most perverse form: there is likely no imaginable way to make people suffer that has not been utilized by torturers. The humiliation inflicted, the pain, the powerless feeling of being at someone's mercy, and the mortal fear, all leave traces which cannot be erased. The deep feelings of hurt and being uprooted, the broken basic trust, and the inability to express the suffering experienced, all lead to feelings of alienation. Alienation is felt toward people once trusted, toward everyday life, toward one's own body - which becomes little more than a source of pain and suffering for its occupant - and toward one's own feelings of shame, fear, and failure.

AI's German Working Group Medicine-Psychology, as well as its worldwide Health Professionals Network,

have supported the founding of treatment centers for survivors of organized violence. The goal is to assure torture victims in exile a secure right of residency as well as appropriate treatment. These treatment centers, where refugees are provided with counseling by a social worker as well as both psychotherapeutic and medical treatment in order to help them regain strength to deal with the trauma of torture and with developing new perspectives for their lives, regularly exchange information and cooperate closely with AI's working group. The working group also discusses issues such as the danger of retraumatization through racist attacks and through the feeling of being at the mercy of authorities and courts in the country of exile, similar to the former helplessness in the face of the torturer's absolute power. Especially when asylum applications are denied, therapists observe uncontrollable fears and relapses which go hand in hand with a dramatic increase in the symptoms of the patient's post-traumatic stress disorder. In addition to existing centers in Cologne, Düsseldorf, Frankfurt, Hamburg, and Berlin, Munich's Refugio Center began work in 1994, and the Ulm Treatment Center opened in 1995. In the past, Amnesty International has also supported the establishment and the work of treatment centers in countries where systematic torture takes place. The work of these centers is impeded by the fact that the employees are often themselves endangered. The treatment of severely traumatized people who are not victims of an inescapable fate or a natural disaster, but rather have been made to suffer by their fellow human beings at the orders of a government, encompasses the danger of having a depressing and paralyzing effect on psychotherapists, doctors, and social workers as well. However, these people are the ones who especially need our professional and personal attention, and they have a right to expect it.

Strengthen Professional Ethics - Sanction Violations - Protect Victims

Whenever healing does not seem attainable, prevention must become the highest goal of medical action. This also means that medical and other health professional associations are duty-bound to make use of their authority in issues of medical ethics. Their influence could serve to protect victims before they become patients, and their determined action against perpetrators from their own ranks would serve as an example and provide a signal which cannot be ignored.

Health professionals have the special responsibility of demanding from their colleagues worldwide that they use their expertise purely for the benefit of their patients' well-being. If they remain silent about complicity in torture, executions, etc., they endanger the trust which has been placed in them.(28, 29) Physicians should know that they are threatened with severe sanctions from their professional associations, up to and including a global revocation of their license to practice, if they participate in human rights violations. At the same time, however, they must not be left alone in their hopeless dilemma of deciding between complicity and resistance, thereby endangering their own lives. Those who endanger both themselves and their loved ones by acting according to their conscience must be assured that human rights organizations and professional bodies within the health professions will do everything in their power on a global level to protect them. This is the only way that standards of medical ethics, as they were proclaimed in Tokyo and Madrid, as well as the resolutions of the International Council of Nurses (ICN), which condemn every form of participation in torture by doctors and nurses, will ever be able to be realized. Health professional associations should be encouraged to work closely together with human rights organizations; the British Medical Association, several physician's associations in

Scandinavian and Latin American countries, as well as the American Association for the Advancement of Science have been doing this with a great deal of commitment for many years.

The health professions' increasing level of consciousness in this area has been underscored by the founding of "Physicians for Human Rights" in 1986, and the "Francois-Xavier Bagnoud Center for Health and Human Rights" at Harvard in 1994. The World Health Organization's definition of "health," which defines it as the combination of physical, mental-spiritual, and social well-being, strives to identify the connection between health and human rights. Consistent with this understanding, freedom and respect for a person's dignity and human rights comprise essential conditions for his health.

Unfortunately, the determined action of the Uruguayan medical profession in the face of the serious violations by some of its members still represents an exception to the rule. In only a few cases have doctors guilty of participating in human rights violations been stripped of their licenses or convicted in a court of law. In most cases, the perpetrators go unpunished, and many of them are still practicing decades later, without their patients knowing in whom they are placing their trust.

In order to maintain the credibility of our profession and consistent with our Hippocratic traditions, it is our duty to act decisively against the abuse of medical and psychological expertise, and to stand by threatened people all over the world. To prevent this becoming merely the task of individual activists, national and international professional health associations should increase the use of their influence and their authority in issues of ethics, thereby countering human rights violations and improving the treatment of victims. One concrete step, consistent with the spirit of the proclamations of the World Medical Association, the International Council of Nurses, and of the UN's Principles of Medical Ethics, would be for the physician's associations and other professional organizations to name a human rights representative, as demanded by Amnesty International's Working Group Medicine-Psychology and the Berlin Treatment Center for Torture Victims.⁽³¹⁾ In emergency cases, such as the threat of imminent torture or disappearance, these human rights representatives would be able to take immediate action to protect health professionals and human rights activists by publicizing their cases. The Berlin Chamber of Physicians regularly takes action in concrete cases of human rights violations, and its president has announced the intention of naming a human rights representative shortly. But the president of the Federal Chamber of Physicians has told Amnesty International that, due to the lack of a "general political mandate," only a "selective commitment" in terms of human rights issues would be possible. One must wonder whether doctors who are threatened with torture for not being willing to break their Hippocratic Oath would be sympathetic to this argument?

In anticipation of the World Medical Association Conference in Stockholm in 1994, Amnesty International called upon the Federal Chamber of Physicians to support the freeing of Syrian doctors, who have been imprisoned for almost 15 years under inhumane conditions without being tried or convicted.⁽³²⁾ In 1980, the Syrian Medical Association, along with the Law and Engineering professional associations, had supported

peaceful protests against the human rights violations committed during the state of emergency declared in 1961. As a result, the participating professional organizations were dissolved by the government. About 200 leading members, over 90 doctors among them, were arrested without charge. The president of the Federal Chamber of Physicians recently informed the Working Group Medicine-Psychology that several European medical associations and the World Medical Association are planning a common initiative which will also include the visit of an international delegation to Syria. A delegation from Amnesty International had the first opportunity for a detailed discussion about the human rights situation with the Syrian government in October of 1994, and the Minister of Health agreed to provide AI with information on the fate of the doctors arrested in 1980. As such, the time seems ripe for the World Medical Association's initiative.

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