

To: Health professionals  
From: Medical office / Americas Program  
Date: For action from 18 October 2001

**Campaign Against Torture**  
***MEDICAL LETTER WRITING ACTION***  
**Fighting impunity in Brazil:**  
**Challenges and opportunities for physicians**

**Key words**     torture/ill-treatment / impunity / doctors / denial of medical care

**Summary**

Amnesty International delegates have obtained consistent evidence of the widespread and persistent use of torture in Brazil during regular visits to the country and through testimonies given by victims or local human rights groups.

The government has recognised the reality of the use of torture and ill-treatment in Brazil. Amnesty International has welcomed this acknowledgement but is concerned there have not been corresponding improvements in the human rights situation within the country.

Not only is torture widely practised but it is rarely punished. Doctors working for forensic medical institutes (IML: Instituto Médico Legal) could, in principle, contribute to the effective prosecution of torturers through detailed medical reports for torture victims. However, they continue to face a number of problems including lack of resources, inadequate training and pressure not to report on torture. In addition, Amnesty International has received many reports of negligence or complicity on the part of doctors examining people alleging torture.

**Recommended actions & addresses**

**I. Letters to the Brazilian authorities**

Please write letters in Portuguese, English or your own language to the authorities below, using professionally-headed paper if you use this in your profession:

introducing yourself as a health professional committed to human rights, writing as part of Amnesty International's global Campaign against Torture;  
expressing concern about continuing frequent reports of torture and ill-treatment of detainees and prisoners in Brazil;  
urging authorities to ensure that detainees and prisoners have access to a doctor on arrival at the place of detention and whenever necessary during their detention in line with international standards such as the UN *Body of Principles for the Protection of All Persons Under Any Form of Detention or Imprisonment* and the *Standard Minimum Rules for the Treatment of Prisoners*; you could also draw attention to the importance of prompt access to a doctor when an allegation of torture or ill-treatment is made as recommended in the Istanbul Protocol (see appendix);  
ensuring that confidentiality in the patient-doctor relationship is adhered to, including by ensuring that medical examinations are undertaken without the presence of a police officer or guard;  
urging authorities to provide prison doctors and forensic doctors with the necessary resources and training to treat inmates and prepare comprehensive medical reports to include documentation of physical or mental torture where this has been alleged by victims;

urging the authorities to provide victims of torture with appropriate compensation and to prosecute those responsible for the torture.

## **Addresses**

### **Federal authorities**

#### **Exmo. Sr. Ministro da Justiça**

##### **Sr. José Gregori**

Ministério da Justiça  
Esplanada dos Ministérios, Bloco "T", 4º andar, sala 400  
CEP 70064-900  
Brasília - DF  
Brasil

#### **Exmo. Sr. Ministro da Saúde**

##### **Sr. José Serra**

Ministério da Saúde  
Esplanada dos Ministérios, Bloco "G", 5º andar  
CEP 70058-900  
Brasília - DF  
Brasil

### **State authorities - governors and secretaries of public security - from five states: Espírito Santo, Minas Gerais, Pará, Rio de Janeiro and São Paulo**

#### *(1) Espírito Santo*

Exmo. Sr. Governador  
do Estado de Espírito Santo  
Sr. José Ignácio Ferreira  
Palácio Anchieta  
Praça João Clímaco s/nº  
CEP 29015-110  
Vitória - ES,  
Brasil

Exmo. Sr. Secretário de Segurança Pública  
do Estado do Espírito Santo  
Coronel PM Edson Ribeiro do Carmo  
Av. Governador Bley, 236  
Ed. Fábio Ruschi, 7º andar  
CEP 29010-150  
Vitória - ES  
Brasil

#### *(2) Minas Gerais*

Exmo. Sr. Governador do Estado  
de Minas Gerais  
Sr. Itamar Augusto Cautiero Franco  
Palácio dos Despachos  
Praça da Liberdade, s/n  
CEP 30140-912  
Belo Horizonte - MG  
Brasil

Secretário de Segurança Pública  
do Estado de Minas Gerais  
Márcio Barroso Domingues  
Praça da Liberdade s/nº 2º andar  
Bairro Funcionários  
CEP 30140-010  
Belo Horizonte - MG  
Brasil

*(3) Pará*

Exmo. Sr. Governador do Estado do Pará  
Sr. Almir José de Oliveira Gabriel  
Palácio dos Despachos  
Rod. Augusto Montenegro KM 9  
CEP 66823-010  
Belém - PA  
Brasil

Secretário de Segurança Pública  
do Estado do Pará  
Dr. Paulo Celso P. Sette Câmara  
Rua Arcipreste Manoel Teodoro, 305  
CEP 66023-700  
Belém - PA  
Brasil

*(4) Rio de Janeiro*

Exmo. Sr. Governador  
do Estado de Rio de Janeiro  
Sr. Anthony William Garotinho de Oliveira  
Palácio da Guanabara  
Rua Pinheiro Machado s/nº  
22238-900  
Rio de Janeiro - RJ, Brasil

Exmo. Sr. Secretário de Segurança Pública  
do Estado de Rio de Janeiro  
Cel. PM Josias Quintal de Oliveira  
Av. Presidente Vargas, Nº 817, 15º andar, Centro  
CEP 20071-004  
Rio de Janeiro - RJ  
Brasil

*(5) São Paulo*

Exmo. Sr. Governador de Estado de São Paulo  
Sr. Geraldo Alckmin  
Palácio dos Bandeirantes  
Av. Morumbi 4500, Morumbi  
CEP 05698-900  
São Paulo - SP  
Brasil

Exmo. Sr. Secretário de Segurança Pública  
do Estado de São Paulo  
Dr. Marco Vinício Petrelluzzi

Secretaria de Segurança Pública  
Av. Higienópolis 758, Higienópolis  
CEP 01238-000  
São Paulo - SP  
Brasil

Please send copies of your letters to diplomatic representatives of Brazil accredited to your country.

## **II. Letters to the Federal Medical Council (Conselho Federal de Medicina)**

Please write letters to the Federal Medical Council, on professionally headed paper:

introducing yourself as a health professional committed to human rights, writing as part of Amnesty International's Campaign against Torture;

drawing attention to the opinions of IML members, public prosecutors and members of the judiciary that current standardized forms for medical examinations of torture victims limit the examiner's ability to detail their findings and conclusions;

urging the Federal Medical Council to promote and distribute amongst Regional Medical Councils the *UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* which can be found at the web-site of the UN High Commissioner for Human Rights: <http://www.unhchr.ch/pdf/8istprot.pdf> ;

urging the Federal Medical Council to draw the attention of Regional Medical Councils to Annex I of the Manual, containing Principles on the Effective Investigation and Documentation of Torture; the Principles make clear that a doctor's examination of a person alleging torture should include a history of alleged torture, a physical and psychological examination and an opinion whether the injuries are consistent with the torture described;

enclosing a copy of the above Principles (see appendix I of this action) and a translation of the section dealing with medical reports of the Principles in Portuguese (see appendix II);

noting that, according to the *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* , torture means any act by which either severe physical or mental pain is inflicted, either of which should be referred to in a forensic report and during a court hearing;

emphasizing that the experience of torture, whether physical or mental, can cause long-term stress or depression in victims and informing officials that the degree of physical injuries must not affect the decision whether to prosecute under the Torture Law;

urging the Federal Medical Council to ensure that Regional Medical Councils investigate each complaint concerning prison and forensic doctors who act unethically by participating in or condoning torture, in breach of the Hippocratic Oath and the World Medical Association's Declarations of Geneva and Tokyo.

### **Address**

Conselho Federal de Medicina  
SGAS 915  
Lote 72  
Brasilia DF  
Brasil  
E-mail: [cfm@cfm.org.br](mailto:cfm@cfm.org.br)

### **Copies to:**

**Dr Elsuses Vicira de Paiva**

**Presidente**

Associação Médica Brasileira

R. Sao Carlos do Pinhal 324 - Bela Vista

Sao Paulo SP - CEP01333-903

Brazil

**Sindicato dos Médicos do Distrito Federal**

SHCS Quadra 509 Bloco "C"

Entrada 72

Salas 101/109

CEP 70360-530

Brazil

If you receive no reply from the government or other recipients within two months of dispatch of your letter, please send a follow up letter seeking a response, referring to your previous letter(s). Please do not be discouraged by the possible lack of replies to your letters. They are noticed. Please check with the medical team if you are sending appeals after 18 January 2002, and send copies of any replies you do receive to the International Secretariat (att: medical team).



Date: 18 October 2001

**MEDICAL CONCERN**

**Fighting impunity in Brazil:  
Challenges and opportunities for physicians**

**Introduction**

The use of torture or other cruel, inhuman or degrading treatment in Brazil remains widespread. Amnesty International delegates have obtained consistent evidence of this during regular visits to the country<sup>i</sup> and through testimonies given by victims or local human rights groups. The evidence of torture is presented in Amnesty International reports and other Amnesty International publications<sup>ii</sup>.

In presenting their first ever submission to the UN Committee against Torture<sup>iii</sup>, the government gave what was widely recognized as a full and frank account of the reality of the use of torture and ill-treatment in Brazil. Amnesty International welcomed Brazil's report as thorough. However, while this openness before international forums is welcome, there have not been corresponding improvements in the human rights situation within the country.

Not only is torture widely practised but it is rarely punished. Doctors working for forensic medical institutes (IML: Instituto Médico Legal) could, in principle, contribute to the effective prosecution of torturers through drafting detailed medical reports for torture victims. However, they continue to face a number of problems including lack of resources, inadequate training and pressure not to report on torture. In addition, Amnesty International has received many reports of negligence or complicity on the part of doctors examining torture victims.

**Access to a doctor for victims of torture**

Access to a doctor for detainees and prisoners is important for both treatment of illness and injury and for the documentation of ill-treatment. The UN *Standard Minimum Rules for the Treatment of Prisoners* state the following regarding access to a doctor :

24. The medical officer shall see and examine every prisoner as soon as possible after his admission and thereafter as necessary...;
- 25(1) The medical officer shall have the care of the physical and mental health of the prisoners and should daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed.

With the *UN Body of Principles for the Protection of All Persons Under Any Form of Detention or Imprisonment* (1988) these principles are reinforced:

- A proper medical examination shall be offered to a detained or imprisoned person as promptly as possible after his admission to the place of detention or imprisonment, and thereafter medical care and treatment shall be provided whenever necessary. This care and treatment shall be provided free of charge.

- A detained or imprisoned person or his council shall, subject only to reasonable conditions to ensure security and good order in the place of detention or imprisonment, have the right to request or petition a judicial or other authority for a second medical examination or opinion.
- The fact that a detained or imprisoned person underwent a medical examination, the name of the physician and the results of such an examination shall be duly recorded. Access to such records shall be ensured...

Access to doctors or other health professionals is, however, severely limited in Brazil's detention system. Access to medical attention for inmates who are victims of torture is even more restricted: Amnesty International regularly receives reports from detainees, their relatives or human rights defenders that victims are held incommunicado for long periods. In these cases family members and doctors are denied seeing inmates until all visible signs of torture are gone.

On 12 January, 2001, Alexandre de Oliveira from the state of Minas Gerais was arrested and accused of having raped his one year old daughter, after she was sent to hospital suffering bleeding in her genital area.

Alexandre de Oliveira was taken to the police station at Bom Jardim where he denied the accusations. Members of the civil police reportedly applied electric shocks to the nape of his neck, and beat him on the soles of his feet with an iron bar. They told him that a doctor at the hospital had said infant had been raped. Alexandre de Oliveira said that police officers told him that the torture would not stop until he signed a confession, which he then did. He subsequently stated that he was not given the opportunity to read its contents. Four days after his arrest Alexandre de Oliveira underwent a medical examination in the presence of one of his torturers. The medical report stated that there were no injuries on the body.

On 17 January Alexandre de Oliveira was released because further medical examinations of his daughter it was found that her bleeding was in fact caused by a tumour. No evidence was found to suggest that she had been a victim of sexual assault. Alexandre de Oliveira himself also underwent another medical examination which revealed wounds consistent with the acts of torture he had described.

The police internal investigations office of Minas Gerais has since opened an investigation into the torture and six civil police officers have been officially named as suspects. This case stands as a clear example of the widespread failure of police to conduct investigations according to professional methods and standards, preferring instead to base their charges on confessions extracted under torture.

Those victims of torture who are (eventually) allowed to see a doctor may not receive the attention and treatment they need. Amnesty International has received many reports of negligence or complicity on the part of doctors examining torture victims (see for example the case of Wander Cosme Carneiro below). Some victims of torture have reported that they received cursory examinations and scant, if any, treatment. Some Brazilian prison doctors allegedly refuse to touch their patients and conduct only visual examinations. In addition, examinations regularly take place in the presence of the police officer or guard who allegedly inflicted the injuries, making it impossible for the victim to have a confidential conversation with the doctor about the origin of their injuries.

Amnesty International is urging authorities to provide prison doctors and forensic doctors with the necessary resources and training to treat inmates and prepare comprehensive medical reports to include documentation of physical or mental torture where this has been alleged by victims. The organization is also calling on authorities to ensure that confidentiality in the patient-doctor relationship is adhered to, including not having a police officer or guard present during medical examinations.



Furthermore, Regional Medical Councils must investigate each complaint concerning prison and forensic doctors who act unethically by participating in or condoning torture, in breach of the Hippocratic Oath, and the World Medical Association's Declarations of Geneva and Tokyo.

### **Limited opportunity for comprehensive, independent medical reports**

In most states, forensic doctors working for the *Instituto Médico Legal* (IML: Forensic Medical Institute), are either directly linked to the police or under the control of the State Secretariat for Public Security. This linkage appears to place considerable strain on their ability to act impartially and scientifically when examining detainees and drafting reports. The IMLs also suffer from severe understaffing and under-resourcing. Doctors are provided with little or no special training to allow them to assess injuries which are claimed to be the result of acts of torture.

Amnesty International has received various complaints from members of IMLs, public prosecutors, members of the judiciary as well as human rights defenders, that current standardized forms for medical examinations of torture victims limit the examiner's ability to detail their findings and conclusions. The specific question on the IML standardized form [*laudo de exame de corpo delito*] reads:

“ was [the injury]... produced by means of poisoning, fire, explosive, asphyxiation, or torture, or by other insidious or cruel method? (Specific response)”.

Because the question is posed in this manner, doctors are not encouraged to answer with any nuance or detail but rather to provide a simple answer. For this reason they will only answer “torture” where the evidence is gross and indisputable (and even then may be reluctant to give torture as a reason). Doctors are plainly not encouraged to address injuries which in themselves are minimal (such as tiny electricity burn marks) but which could represent evidence of gross suffering, and mental effects are not addressed at all. Forms which merely offer specific formulaic questions and checklists tend to deter findings that might indicate the use of torture and deprive the doctors of the freedom to fully express professional opinions.

Wander Cosme Carvalheiro was arrested in São Paulo by civil police officers on the night of 1 February 2001. The police had held his parents and his wife at gunpoint to find out his whereabouts. He was taken to DEPATRI, one of the main police stations in the city of São Paulo, where he reportedly blindfolded, gagged and hung on the “parrot's perch” [*pau de arara*] while the policemen drank whisky. He alleged that his hands and feet were tied with electrical wires, and he was beaten on the soles of his feet with truncheons, kicked and punched, then covered in a wet cloth and given electric shocks all over his body, including his genitals. He also reports that an object was inserted in his anus. He stated that this abuse lasted for several hours. Following his torture, Wander Cosme was made to sign a confession which implicated him in a robbery in which a police officer had been shot. He was reportedly not allowed to read the confession before signing it.

Wander Cosme was then taken for examination to the Forensic Medical Unit (IML) of the largest hospital in São Paulo. He was accompanied on both occasions by his alleged torturers. He was reportedly never left alone with the doctor, nor was he even asked to remove his clothes during the examination. Not only did the doctors fail to examine the detainee properly, but one of the doctors was reported to have asked him, “Did you get beaten up then, you crook?” [*Você apanhou ladrão?*] As he was still in the presence of his torturers Wander Cosme stated that he had not been beaten. The doctor allegedly replied, “Well go back and get your beating” [*Então volta para apanhar*].

From the DEPATRI, Wander Cosme was transferred to the 77<sup>th</sup> police station. His cell mates there, A. F., E. A. Q. and A. S. testified to his injuries. His sister was allowed to visit him and told NGO representatives that he had bruises all over his body and wounds on his feet and mouth. Wander

Cosme was then transferred to the provisional detention centre, Belém II, where on 4 March 2001 he was finally able to meet his family and his lawyer in private. There he informed them of the torture he had suffered. Following a complaint by the family and the lawyer, the civil police internal investigations unit has reportedly opened an investigation. According to information received by Amnesty International, no police have been charged so far and those accused continue to be on active duty. The doctor who examined Wander Cosme is under investigation by the [Conselho Regional de Medicina] Regional Medical Council for possible negligence in this case.

Wander Cosme continues to suffer psychological problems as a result of the extensive torture he was subjected to. At the time of writing, Wander Cosme continues to be held in a pre-trial detention centre waiting for his case to come to court.

For the effective investigation of torture, Amnesty International believes that doctors need to be given adequate resources to enable detailed examinations to be carried out by trained personnel to establish whether physical and psychological findings are consistent with the torture that has been described. The principles for such examinations, as well as details of the required methodologies, are set out in a recently adopted international standard on the medical investigation of torture allegations, *'The Istanbul Protocol: Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment'*. The Protocol includes the *'Principles for the Effective Investigation and Documentation of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment'*. These Principles make clear that a doctor's examination of a person alleging torture should include:

a history, "including alleged methods of torture or ill-treatment, the times when torture or ill-treatment is alleged to have occurred and all complaints of physical and psychological symptoms";  
 a physical and psychological examination; and  
 an opinion, "an interpretation as to the probable relationship of the physical and psychological findings to possible torture or ill-treatment".

[See the appendix I for the full text of the *Principles*].

#### **Medical evidence in prosecution of perpetrators**

Prosecutors and judges often insist that a medical examination must reveal either "aggravated" or "extremely aggravated" physical injuries to initiate a prosecution for torture. In fact this is not required under the Torture Law<sup>iv</sup> nor is the definition of torture under the *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* limited in this way. The Convention states that torture can be either physical or mental, and is not dependant on the severity of any physical injuries:

"... the term 'torture' means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted..." Convention against Torture, Article 1, para 1.

A further difficulty in achieving successful prosecutions is the fact that definitions of "aggravated" or "extremely aggravated" injuries are excessively restrictive under the Penal Code<sup>v</sup>. Medical examiners who are regularly called on to describe the extent of a victim's injuries are therefore reluctant to define them as anything other than "light" when injuries do not seem to fall into the Penal Code's category of aggravated or extremely aggravated. Defining torture injuries as "light" (lesão corporal leve) has created a tendency to characterize torture injuries as being less serious than they often are and is also - wrongfully - used as justification for the non-implementation of the Torture Law. The extensive literature on the medical effects of torture would suggest that the effects are far more profound than can be measured the "seriousness" of wounds and scars. Any pressure on doctors - whether by threat or by the use of restrictive reporting forms - to minimise the seriousness of torture must be strongly resisted. Medical bodies have an important role to play in this.



## Appendix I

**Principles on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1 [ref 132 in Istanbul Protocol]**

The purposes of effective investigation and documentation of torture and other cruel, inhuman or degrading treatment (hereafter referred to as torture or other ill-treatment) include the following: clarification of the facts and establishment and acknowledgement of individual and State responsibility for victims and their families, identification of measures needed to prevent recurrence and facilitation of prosecution or, as appropriate, disciplinary sanctions for those indicated by the investigation as being responsible and demonstration of the need for full reparation and redress from the State, including fair and adequate financial compensation and provision of the means for medical care and rehabilitation. 1 [132].

States shall ensure that complaints and reports of torture or ill-treatment shall be promptly and effectively investigated. Even in the absence of an express complaint, an investigation should be undertaken if there are other indications that torture or ill-treatment might have occurred. The investigators, who shall be independent of the suspected perpetrators and the agency they serve, shall be competent and impartial. They shall have access to, or be empowered to commission, investigations by impartial medical or other experts. The methods used to carry out such investigations shall meet the highest professional standards, and the findings shall be made public.

The investigative authority shall have the power and obligation to obtainable the information necessary to the inquiry. 2 [133] Those persons conducting the investigation shall have at their disposal all the necessary budgetary and technical resources for effective investigation. They shall also have the authority to oblige all those acting in an official capacity allegedly involved in torture or ill-treatment to appear and testify. The same shall apply to any witness. To this end, the investigative authority shall be entitled to issue summonses to witnesses, including any officials allegedly involved, and to demand the production of evidence. Alleged victims of torture or ill-treatment, witnesses, those conducting the investigation and their families shall be protected from violence, threats of violence or any other form of intimidation that may arise pursuant to the investigation. Those potentially implicated in torture or ill-treatment shall be removed from any position of control or power, whether direct or indirect, over complainants, witnesses and their families, as well as those conducting the investigation.

Alleged victims of torture or ill-treatment and their legal representatives shall be informed of, and have access to, any hearing as well as to all information relevant to the investigation and shall be entitled to present other evidence. In cases in which the established investigative procedures are inadequate because of insufficient expertise or suspected bias or because of the apparent existence of a pattern of abuse, or for other substantial reasons, States shall ensure that investigations are undertaken through an independent commission of inquiry or similar procedure.

Members of such a commission shall be chosen for their recognized impartiality, competence and independence as individuals. In particular, they shall be independent of any suspected perpetrators and the institutions or agencies they may serve. The commission shall have the authority to obtain all information necessary to the inquiry and shall conduct the inquiry as provided for under these Principles. 3 [134]

A written report, made within a reasonable time, shall include the scope of the inquiry, procedures and methods used to evaluate evidence as well as conclusions and recommendations based on findings of fact and on applicable law. On completion, this report shall be made public. It shall also describe in detail specific events that were found to have occurred and the evidence upon which such findings were based, and list the names of witnesses who testified with the exception of those whose identities have been withheld for their own protection. The State shall, within a reasonable period of time, reply to the report of the investigation, and, as appropriate, indicate steps to be taken in response. Medical experts involved in the investigation of torture or ill-treatment should behave at all times in conformity with the highest ethical standards and in particular shall obtain informed consent before any

examination is undertaken. The examination must follow established standards of medical practice. In particular, examinations shall be conducted in private under the control of the medical expert and outside the presence of security agents and other government officials.

The medical expert should promptly prepare an accurate written report. This report should include at least the following:

(a) The name of the subject and the name and affiliation of those present at the examination; the exact time and date, location, nature and address of the institution (including, where appropriate, the room) where the examination is being conducted (e.g. detention centre, clinic, house); and the circumstances of the subject at the time of the examination (e.g. nature of any restraints on arrival or during the examination, presence of security forces during the examination, demeanour of those accompanying the prisoner, threatening statements to the examiner) and any other relevant factors;

(b) A detailed record of the subject's story as given during the interview, including alleged methods of torture or ill-treatment, the time when torture or ill-treatment is alleged to have occurred and all complaints of physical and psychological symptoms;

(c) A record of all physical and psychological findings on clinical examination, including appropriate diagnostic tests and, where possible, colour photographs of all injuries;

(d) An interpretation as to the probable relationship of the physical and psychological findings to possible torture or ill-treatment. A recommendation for any necessary medical and psychological treatment and further examination should be given;

(e) The report should clearly identify those carrying out the examination and should be signed.

The report should be confidential and communicated to the subject or a nominated representative. The views of the subject and his or her representative about the examination process should be solicited and recorded in the report. It should also be provided in writing, where appropriate, to the authority responsible for investigating the allegation of torture or ill-treatment. It is the responsibility of the State to ensure that it is delivered securely to these persons. The report should not be made available to any other person, except with the consent of the subject or on the authorization of a court empowered to enforce such transfer.

1 [132] The Commission on Human Rights, in its resolution 2000/43, and the General Assembly, in its resolution 55/89, drew the attention of Governments to the Principles and strongly encouraged Governments to reflect upon the Principles as a useful tool in efforts to combat torture.

2 [133] Under certain circumstances professional ethics may require information to be kept confidential. These requirements should be respected.

3 [134] See footnote above.

Appendix II **Translation of paragraph on medical reports from the Principles on the Effective Documentation of Torture (Istanbul Protocol, 1999)**

O Manual sobre Investigação e Documentação Efetivas de Tortura e Outras Formas Cruéis, Desumanas e Humilhantes de Tratamento e Punição (Protocolo de Istambul) declara o seguinte:

O perito médico deve preparar prontamente e por escrito um relatório preciso. O relatório deve conter, no mínimo, os seguintes dados:

- (a) [Circunstâncias da entrevista] nome do indivíduo examinado, nomes e afiliações dos presentes ao exame; data e hora exatas, local, natureza e endereço da instituição (mencionando o aposento, quando for apropriado) em que o exame está sendo realizado (p.ex., centro de detenção, clínica, residência, etc.); e as circunstâncias do examinado por ocasião do exame (p.ex., natureza de quaisquer fatores de contenção na chegada ou durante o exame, presença de forças de segurança durante o exame, comportamento dos acompanhantes do preso, ameaças dirigidas ao examinador, etc.); e qualquer outro fator relevante;
- (b) [Histórico] Registro minucioso do histórico do examinado conforme apresentado durante a entrevista, com menção dos métodos alegados de tortura ou maus-tratos, das ocasiões da suposta ocorrência de tortura ou maus-tratos e de todas as queixas de sintomas físicos e psicológicos;
- (c) [Exame físico e psicológico] Registro de todas as conclusões de natureza física e psicológica resultantes do exame clínico, inclusive de testes apropriados para fins de diagnóstico e, sempre que possível, fotografias a cores de todas lesões;
- (d) [Parecer] Uma interpretação da provável relação entre as conclusões de natureza física e psicológica e a possibilidade de tortura ou maus-tratos. Recomendação de tratamento médico e psicológico e/ou exames adicionais.
- (e) [Autoria] O relatório deve identificar com clareza os profissionais que fizeram o exame e deve ser assinado.”

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i. Amnesty International delegates regularly visit Brazil. During the last three years Amnesty International delegates have visited over 10 states and around 40 centres of detention, including police stations, women's police stations, juvenile detention centres, pre-trial detention centres, prisons and women's prisons. During these visits delegates met with victims of torture, witnesses of torture, relatives of victims, human rights defenders, police officers, Police Ombudsmen [*ouvidores*], members of internal investigation units [*corregedores*], prison guards and directors, union representatives, forensic doctors, public prosecutors [*promotores*], public defenders, judges, lawyers, state and federal deputies, senators, as well as members of the state and federal authorities. The most recent visits were in March and November 2000.

ii. See, for example, *Amnesty International Report 2001 and No one sleeps here safely* (23 June 1999, AI index: AMR 19/009/1999)

iii. Initial report on the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment submitted by the Government of Brazil, 26 May 2000.

iv. II, § 3º *If* the crime results in aggravated or extremely aggravated physical injuries, the punishment shall consist of confinement for 4 (four) to 10 (ten) years... Law n° 9,455, of 7 April 1997 (the "Torture Law".)

v. Aggravated injuries: I - incapacity to perform habitual tasks, for more than 30 (thirty) days; II - danger to life; III - permanent debilitation of a member, sense or function; IV - inducement of birth; *Sentence to detention*, 1 (one) to 5 (five) years. Extremely aggravated injuries: I - permanent incapacity to work; II - incurable disease; III - loss or permanent incapacitation of member, sense or function; IV - permanent deformation; V- induces abortion: *Sentence to detention*, 2 (two) to 8 (eight) years.