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TURKEY

Human rights and the health professions

Introduction

The Turkish health professions have confronted major practical, ethical and security problems in the face of prolonged human rights violations in Turkey. These include alleged participation of doctors in abuses (both voluntarily and, particularly, under duress), arrests, ill-treatment and killings of doctors and other health workers, the harassment of human rights bodies and particularly those concerned with the documentation and treatment of torture-related injuries. This paper describes some of the problems encountered by health professionals in relation to human rights violations in Turkey, and the responses of the health professions to these violations and the ethical problems they pose.

A long-term human rights crisis

Human rights violations in Turkey have been a long-standing concern to Amnesty International. The military coup of September 1980 was followed by increased levels in abuses by police and security forces through the period of martial law which ended in most of Turkey in December 1983 and in the southeast in July 1987 where it was replaced immediately by emergency rule which is still in force. The abuses of the martial law period escalated sharply after the start of the armed conflict between the army and the Kurdish Workers' Party (PKK: *Partiya Karkere Kurdistan*) in 1984—a conflict which has continued over the ensuing years. Gross human rights violations continue to be inflicted on civilians in southeast Turkey as a result of this conflict. Throughout the rest of the country too, abuses continue and the human rights situation appears to be deteriorating. During 1994 “disappearances” reached unprecedented levels. Torture during the period 1994 to 1996 continued to be a major international preoccupation with deaths under torture reaching levels not previously seen since the early 1980s. After the collapse of the coalition government in July 1996, a new coalition was formed by the True Path Party, a conservative secular party, and the Welfare Party, a party identifying itself with Islamic values, which led to Turkey's first Islamic Prime Minister in modern Turkish history.

No reforms have been planned or enacted by the Turkish authorities over the past few years to seriously combat torture, and the level of deaths in custody and “disappearances” continues to cause grave concern. There is compelling evidence that the security forces have been involved in at least some of the hundreds of political killings which have been committed mainly in the cities of southeast Turkey in recent years.

Kurdish villagers are bearing the brunt of human rights abuses committed by both government forces and armed members of the PKK in the southeastern provinces which are under a state of emergency. Gendarmes have reportedly tortured, abducted and extrajudicially executed villagers in the course of security raids on rural settlements. The PKK, on the other hand, pays lip-service to the Geneva Conventions, which safeguard non-combatants such as prisoners and civilians, while “executing” captured village guards (Kurdish villagers paid and armed by the government to fight the PKK) and killing their wives and children. The PKK has not countermanded its past declared policy of “executing” teachers and other non-military government officials.

Health workers have been significantly affected by this conflict as well as by the levels of ill-treatment used by law enforcement officers in Turkey. Their role as healers has been impeded by the disruption caused by the conflict. Moreover, they have been among the many victims of

torture and political killings as well as coming under pressure in their professional role to issue false medical certificates to cover up abuses. In some cases doctors have been active participants in human rights violations.

Torture

Torture is endemic in Turkey. Amnesty International has documented widespread torture and ill-treatment for many years practised against political prisoners and those accused of common crimes. Men, women and children are victims. Torture is used to obtain confessions and information, to punish individuals and groups and as a key part of an “anti-terrorist” strategy. The methods of torture include beatings to all parts of the body including to the head, sexual organs and feet (known as *falaka*), electric shocks, hosing with pressurized water, hanging by the arms, etc. Doctors frequently come into contact with victims of torture in clinics, hospitals and medicolegal settings. While many doctors write accurate and damning medical reports, many doctors are placed under intense pressure to assist in the cover-up of torture. Some doctors appear to be willing assistants of the police and security forces.

That fact that those arrested and interrogated for offences under the Anti-Terror Law can be held incommunicado for up to one month provides the security forces with an opportunity for torture; it is therefore those detainees who are most at risk though any detainee is at risk of torture. The majority of the 29 people who died in custody in 1994 apparently as a result of torture were being interrogated under the Anti-Terror Law¹.

ükrü Ta, detained under the Anti-Terror Law in Istanbul on 5 January 1995, later told Amnesty International that he had been hung by the arms seven or eight times.

“They bound my forearms together behind my back with a thick material. Sometimes they hung me high with my feet off the ground, sometimes low with the tips of my toes just touching. When I passed out they took me down and brought me round with cold water. Of course, I was completely naked and blindfolded. They also laid me down and beat me on the soles of the feet. They attempted to rape me with a truncheon — by pushing it against my rectum. They squeezed my testicles. They also pulled my hair. The torture sessions mainly took place at night, but also towards the evening. Everybody who was detained was at least beaten, as far as I know.”

On 14 January 1995, the day after he was released, _ükrü Ta_ was given a medical report by the Forensic Medicine Institute stating,

¹The provisions of the Anti-Terror Law cover many non-violent offences (demonstration, separatist propaganda, etc) as well as armed political activities.

“examination of _ükrü Ta_ revealed a 2x3cm purple-violet bruise on the right thigh, and 3-4 stripe-like hyperaemic marks² under the right armpit. The person says that he cannot raise his right arm... excused from normal work for 3 days.”

A diagnostic report issued by the Istanbul Treatment Centre of the Turkish Human Rights Foundation on 18 January 1995 shows radiological and EMG evidence of **“damage to the brachial plexus³”**, and states that **“the complaints, findings of investigations and diagnosis are consistent with torture”**. Amnesty International has also received in the past many serious allegations of torture of people being interrogated for common criminal offences, including cases of death in custody. A number of recent allegations, several of them concerning minors, show that the practice is continuing.

In November 1994, 13-year-old Abdullah Salman reported that he had been blindfolded, beaten, choked and subjected to electric shocks through his toes while interrogated at _i_li Police Headquarters in Istanbul. He had been wrongly accused of theft. Bruising on his shoulders, arms and neck was confirmed by a medical report issued by the _i_li Forensic Medical Institute on 9 November 1994. In May 1996 a court in Istanbul sentenced a police officer to three months’ imprisonment for having tortured Abdullah Salman.

Döne Talun, aged 12, was detained in the Çubuk district of Ankara on suspicion of stealing bread. She alleged that she had been beaten and subjected to electric shocks during five days’ interrogation at Ankara Police Headquarters during which period the police denied holding her. Medical reports describe evidence consistent with her allegations of torture. A year after a complaint was lodged by the family, the prosecutor gave notice of his decision not to prosecute those responsible, based on a family member’s false statement that Döne Talun had only been held for two days.

A married couple, Sultan Aygün and Garip Aygün, were reportedly detained in Istanbul on 18 January 1995 in connection with a traffic accident⁴. Garip Aygün reported that in attempting to induce him to confess to other traffic offences, the police blindfolded him and subjected him to *falaka*. Sultan Aygün said that she had been handcuffed to a radiator, beaten and subjected to threats that her daughter would be taken into custody and raped. The couple reportedly received medical reports from the Forensic Medicine Institute confirming injuries.

Two scrap collectors, Murat Yumaro_lu and 15-year-old Turgay Ad_güzel, were taken into custody on 20 December 1994. Four of their friends were arrested on 23 December 1994. All were interrogated on suspicion of theft at Mordo_an Gendarmerie Post in _zmir. Several of the detainees claimed that they had been subjected to severe beatings including *falaka*, and given electric shocks. Three claimed that they had been handcuffed to a radio mast in the gendarmerie yard and left exposed to rain and cold weather for three days. A television company filmed one of

² Increased localisation of blood in the tissue.

³ Network of nerves in the region of the neck to the armpit.

⁴ *Özgür Ülke* (Free Land), 23 January 1995.

the detainees cuffed to the mast. On 26 December 1994 they were taken for a medical examination at Mordo_an Health Centre, where, apparently under pressure from the Gendarmerie Commander, the doctor reported no signs of ill-treatment. In a second examination, however, at the Karaburun Forensic Medicine Centre, examination revealed extensive bruising, burns and marks of trauma.

The then State Minister with responsibility for Human Rights, Azimet Köylüo_lu, made efforts to draw attention to the incident of torture at Mordo_an Gendarmerie and to condemn such practices. However, the habitual denials of torture were made by police spokespeople. After Amnesty International had expressed concern that _ükrü Ta_ and a number of others might be tortured when detained at Istanbul Police Headquarters on 5 January 1995 the Chief of Istanbul Police replied to a member of Amnesty International's Urgent Action Network on 16 January 1995:

“_ükrü Ta_ [and co-detainees] were brought to the Anti-Terror Branch because of their activities in the illegal Revolutionary Communist Party of Turkey. During their period of detention, they were not subjected to any ill-treatment”.

The then General Director of Police, Mehmet A_ar⁵, answering continuing criticisms over torture, told a Turkish daily newspaper in January 1995:

“Careful examination reveals that there are no allegations of torture of those detained for drugs or common criminal offences, but in the most simple anti-terrorist investigation allegations of torture are put forward ... The aim is to undermine the success of the police in their struggle with terrorism.”⁶

Such denials are as astonishing as they are lacking in credibility in the face of persistent and powerful witness testimony and medical evidence. However, the institutional denial is also reflected in the wide impunity seen in cases of torture. In the relatively few cases where alleged torturers are brought to trial they are either acquitted or given very light sentences. For example four officers who were prosecuted in mid-1992 for the torture of an 11-year-old child detained on suspicion of theft were sentenced to three months imprisonment which was later commuted to a fine which was quashed⁷.

⁵Mehmet A_ar was made Interior Minister in March 1996. He resigned in November 1996 four days after a car accident in which three people died; one was a senior police officer and a second was a reputed criminal. A quantity of arms was found in the car. A member of parliament was injured in the accident.

⁶*Cumhuriyet (Republic)*, 13 December 1994.

⁷*File of Torture: Deaths in detention places or prisons (12 September 1980 - 12 September 1994)*. Ankara: TIHV, 1994., p.29.

Halil Ibrahim Okkal_ was a 12-year-old apprentice in the furniture trade when he was sent into intensive care with his arm in plaster after being interrogated by police in Izmir on 27 November 1995. After being accused of theft by his employer, he had been taken to Ç_narlı_ Police station where, according to his account:

“[Two policemen] asked me: ‘Where is the money?’ and I explained what had happened. They did not believe me. Then they took me to the toilet. First they beat my arms so hard with a truncheon that I fell. Then a garbage bin fell on me. They kept on beating and kicking me. One put his foot in my mouth.”

A medical examination carried out on the same day revealed significant “soft tissue trauma”. On 20 March 1996 a trial opened in Izmir Criminal Court against his alleged torturers. They were convicted on 30 October 1996 and fined the equivalent of \$US8 each.

Documentation of torture

Detainees alleging torture frequently fail to have their injuries properly documented by doctors working for the state. Apart from doctors who willingly collaborate, there is a major problem with intimidation of doctors who write false, inaccurate or misleading medical reports under duress. Amnesty International has drawn attention to this problem several times in the past. In 1994 AI reported on a Turkish Medical Association study which had concluded that, among other things, doctors were put under enormous pressure to write medical reports which were acceptable to the police rather than reflect what the doctor saw. One doctor was reported to have said in front of a torture victim, **“If I write [of the presence of torture signs], it will be hell for me”**⁸.

The conduct of medical examinations suggests that the police are well aware of the importance of medical examinations in exposing abuses. The conduct of medical interviews and examinations combine a number of characteristics which lessen or totally eliminate the chances of effective medical documentation:

- Prisoners are held incommunicado for extended periods (up to four weeks) before they see a doctor. Torture commences immediately on arrest and by the time of release, although there is some possibility of bruising, other signs of torture have disappeared.
- detainees are examined before being taken before a State Security Court at which the medical evidence will be used, if at all, to rebut alleged torture
- medical examinations are frequently carried out cursorily without examination, sometimes with groups of prisoners being seen in the presence of police⁹

⁸Amnesty International. *Southeast Turkey: The health professions in the emergency zone*. AI Index: 44/146/94, December 1994.

⁹An example of this was documented in an official medical report suggesting that 40 male and female detainees including torture victims were seen by one doctor in 60 minutes. See Physicians for Human Rights. *Torture in Turkey and its Unwilling Accomplices*. Boston: PHR, 1996, pp.244-246.

individual doctors, including forensic doctors, are left in no doubt that the state considers that impartial and accurate medical reports are not desired and can lead to serious risks for the doctor inclined to write such reports.

The Boston-based organization Physicians for Human Rights (PHR) recently published further evidence of the pressure put on doctors to help cover up torture, including three case studies of the falsification of autopsy reports relating to deaths in custody¹⁰. Interviews with physicians in Diyarbakir suggested that:

“...police and security forces routinely present large groups of detainees with obvious injuries to physicians and demand that they sign medical reports that indicate no physical signs of torture.”¹¹

The study also presents evidence suggesting that there is a high level of awareness of torture among doctors—60% of forensic doctors interviewed said that they believed that “nearly everyone who is detained in Turkey” was tortured.

Situation in prisons

Medical care in prisons is generally inadequate: prison infirmaries are materially under-resourced and there are too few medical personnel. Doctors who work in the prison service are frequently newly qualified and inexperienced. Prisoners are frequently not permitted to leave the prison to obtain specialist medical care in neighbouring hospitals, even where prison medical personnel have recommended such treatment. Reasons include lack of personnel to guard the prisoners, lack of secure hospital wards and apparent ill-will on the part of the prison personnel.

The persistent failure of prison authorities to provide adequate medical care—the need for which is sometimes associated with torture—has provoked numerous hunger strikes carried out by prisoners to protest at their situation¹². Amnesty International has appealed on numerous occasions for prisoners to be given access to adequate medical care, most recently in August 1996 when the cases of 10 prisoners suffering delays and blocking of treatment were presented¹³.

¹⁰Physicians for Human Rights. *Torture in Turkey and its Unwilling Accomplices*. Boston: PHR, 1996.

¹¹*Ibid.* p.129

¹²Hunger strikes in Turkey are a frequent occurrence and occur in a number of different forms for a variety of reasons. There have been mass strikes and individual strikes; short strikes associated with particular political demands and strikes carried out in protest about individual grievances. Some longer term strikes have, in some cases, resulted in the deaths of prisoners, most notably in the hunger strike of May-July 1996. Turkish and Kurdish refugees and asylum-seekers abroad have also resorted to hunger strikes in solidarity with Turkish strikes as well as to obtain residence rights in countries of refuge.

¹³Amnesty International. *Medical concern: The recent hunger strike, provision of medical care and ill-treatment of prisoners, Turkey*. AI Index: EUR 44/111/96, 27 August 1996.

More than 2,000 prisoners began a prolonged hunger strike in May 1996 to protest against plans to disperse political prisoners as well as in protest against use of torture and the failure of the authorities to provide adequate medical care. On 21 July 1996 the first death occurred on the 62nd day of the strike and others followed shortly afterwards. By 26 July, according to data provided by the Ministry of Health, 2,174 political prisoners had been on hunger-strike and 355 were on a “fast to the death” in 43 prisons distributed throughout 38 cities. Some of the prisoners’ demands—for example, that ill-treatment and obstruction of medical treatment be stopped—reflected concerns repeatedly raised with the Turkish authorities by Amnesty International. During the period of the hunger-strike AI reiterated its calls for the authorities to address the prisoners’ concerns about ill-treatment and lack of access to medical care in order to create conditions where the hunger-strikers could call off their protest, thus avoiding further loss of life. In the event, negotiations between the authorities and representatives of the prisoners reached a point where, on 28 July 1996—the 69th day—the hunger-strike was ended, by which time many participants were in a critical state¹⁴.

Deaths in custody

Deaths of detainees while in police custody or shortly after transfer from police custody have been a long-standing problem in Turkey. Deaths in custody occur due to torture and ill-treatment, lack of prompt access to medical care, suicide and other reasons. In January 1991, for example, Birtan Altunba_, a medical student, died in hospital seven days after being detained and taken to Ankara Police Headquarters. An autopsy was performed but the results were never released. A fellow detainee reported that for four days and nights he heard Birtan Altunba_’s cries and saw him being made to run naked, supported by two policemen, up and down the corridor outside the cells. The government stated that Birtan Altunba_ died of “heart disease caused by malnutrition”¹⁵. There were at least 29 deaths apparently due to torture during the 1994—more than in any year since 1982. According to a report of the Human Rights Foundation of Turkey, more than 400 prisoners or detainees died in custody from torture-related causes between the military coup of 1980 and 12 September 1994—a period of exactly 14 years¹⁶. Around 70 of these deaths were claimed by the authorities to be suicides; in addition there were a handful of suicides which occurred reportedly as a protest at torture. While there was rarely evidence available to dispute such claims, such a high proportion of “suicides” in young detainees would raise serious questions about the factors provoking such suicides (if indeed they were such) and the security and other measures taken to protect prisoners at risk. In other cases the authorities claimed the deaths were due to illness, accidents (“died because he took too much medicine”¹⁷)

¹⁴*Ibid.*

¹⁵Cited in Amnesty International. *Turkey: No Security without Human Rights*, London: AI Publications, 1996, p.76.

¹⁶*File of Torture: Deaths in detention places or prisons (12 September 1980 - 12 September 1994)*. Ankara: TIHV, 1994.

¹⁷*Ibid.* p.41.

hunger-strikes or other reasons. In a small number of cases, the government was reported to have accepted that death occurred due to torture.

In the first half of the 1990s there have been more than 90 people who have died in custody, apparently as a result of torture by police or gendarmes. In most cases there is no action against the person responsible. One detainee who died as a result of shooting while in custody was 14-year-old Çetin Karakoyun who was shot in the head while in custody at Mağazalar police station in Mersin. The authorities claim that the shooting, which happened in January 1995, was an accident. The officer responsible was later arrested.¹⁸

False medical and forensic reports

The involvement of doctors in torture, through active assistance or more usually through inadequate or blatantly false medical documentation, has been a long-standing concern in Turkey. In 1986, for example, the Istanbul Chamber of Physicians commenced an investigation into 25 physicians, according to the daily newspaper *Cumhuriyet* in April of that year. The physicians, who were employed by the State Legal Medicine and Forensic Department, were alleged to have “turn[ed] a blind eye to torture and prepar[ed] reports contrary to professional ethics”. Doctors in Kirsehir¹⁹ and Gaziantep, were also under investigation for similar reasons. The president of the Gaziantep Chamber of Physicians claimed that the named doctor was not registered with them, although Professor Nusret Fisek of the Turkish Medical Association countered that the name was on a list of members sent earlier to the TMA Central Council and questioned whether **“Gaziantep [is] trying to cover up this incident”**.

In 1989 the Presidents of the Ankara Bar, Medical and Pharmacist’s Associations wrote to the then Prime Minister Turgut Özal and other ministers asking for the establishment of a council of physicians to investigate torture allegations on behalf of detainees. The council, whose members would be nominated by the TMA, would carry out examinations at the request of relatives or lawyers of the prisoners. No response was made to this proposal.

The problem of inadequate reports continues to be of concern. K_z_lkaya was arrested in his family home on 4 August 1991 together with a female visitor. In the first day of police custody he was medically examined and a certificate was issued, dated 5 August 1991, stating that he had no signs of injuries on his body. He was subjected to a variety of forms of torture including being suspended by the wrists, having electric shocks administered, being beaten, including on the genitals and an attempt was made to insert a truncheon in his anus. He was shown his female friend being tortured with electricity and threatened to “talk or we will do worse”. On 9 August 1991, shortly before being brought before the prosecutor, he was examined

¹⁸See Amnesty International. *Turkey: No Security without Human Rights*. London, 1996, p.44.

¹⁹*Nokta* reported, on 20 April 1986, that the chief physician from Kirsehir State Hospital and two staff members were under trial for providing false reports on victims of torture in detention. The Kirsehir trial was said to be the first such trial since the 1980 military coup. Two independent doctors verified that the prisoners alleging torture were indeed bearing signs compatible with torture and submitted official reports.

by a doctor at the Aydinlikevler Health centres, authorized by the Ministry of Health to carry out forensic examinations. The resulting medical report stated “Examination showed no marks of blows or force”. However on arrival at the prison, officials were concerned about his health. At 9pm on 9 August 1991 a prison doctor examined Erdo_an K_z_lkaya and documented injuries due to blunt trauma, binding with rope and burns “possibly caused by electricity”. The prison doctor recommended that he be transferred to Kayseri State Hospital where he was examined two hours later. The State Hospital report confirmed the prison doctor's findings and in addition found bruising of the penis. In September 1991 he was released pending trial on charges of passive resistance to arrest and membership of an illegal armed organization. No one was ever brought to trial in connection with the torture of Erdo_an K_l_kaya²⁰.

On 9 October 1994 it was reported by villagers that Turkish security forces had burned down 17 villages in eastern Turkey in mountainous terrain during a three week offensive against guerrillas. During these operations Ali Karaca, a miller from the Kom district of the village of _bimahmut was detained, according to his family. A relative is reported in a Kurdish-owned newspaper as saying:

“On the day in question [apparently early October] Ali Karaca was dealing with his livestock. Soldiers attached to Ataç_nar_ Gendarmerie Post carried out a security raid on the district...They tortured Ali Karaca near his house. Then they called a helicopter by radio. They put him in the helicopter and took him first to Ataç_nar_ Gendarmerie Post, and then to Tunceli. We found him at Tunceli State Hospital. There we learned that the police had found Ali Karaca in his vest and pants by the road and that they took him to hospital. As his condition was serious, we moved him to Elaz__ State Hospital. After three days in a coma, he died...At the hospital they first told us that there were signs of blows on his body, and that he had died of blows to the head. Then the soldiers intervened, and then the hospital said that he had died of meningitis and high blood pressure. They did not give us the x-rays.”²¹

In January 1995 the Turkish Medical Association reportedly initiated an inquiry into two physicians who prepared medical reports alleging that Ahmet Özçil had not been tortured while he was kept in custody at the Eskişehir Security Directorate on 25 December 1994. Four other physicians were said to have tried to “disguise” the reports verifying torture. A medical faculty dean was among those against whom an inquiry had been opened. Seven security officers were being investigated in connection with the alleged torture²².

A November 1993 report from the UN Committee against Torture also underlined the impunity which torturers in Turkey enjoy, and emphasized that “torturers should not feel that

²⁰*Turkey. Erdogan Kizilkaya: Misleading medical report after torture. AI Index: 44/157/91, 29 November 1991.*

²¹*Özgür Ülke (New Land), 25 October 1994.*

²²*Human rights, yesterday and today... Daily bulletin of the Human Rights Foundation of Turkey, 26 January 1995, citing Cumhuriyet.*

they are in a position of virtual immunity from the law". Amnesty International has learned of hundreds of cases of alleged torture during incommunicado detention, many supported by medical evidence, in which no judicial investigation was made, or prosecution opened. Those who are persistent enough to bring their allegation to court face proceedings which almost invariably take years and result in negligible sentences for the torturers. Mediha Curabaz, a nurse who was tortured and raped with an electric truncheon in detention at Adana Police Headquarters in August 1991, made a formal complaint supported by a medical report. Her torturers' prosecution was blocked²³ by a decision of the Adana Provincial Governor's office (which is also responsible for supervising the police and gendarmerie). Mediha Curabaz's objection to the Appeal Court was rejected. However, she also filed a civil suit for the injury she sustained in police custody. She won this case and was awarded a small sum in compensation.

In most cases judicial proceedings are never begun. Amnesty International raised with the Turkish authorities the case of 18-year-old Bi_eng An_k, who died in custody in __rnak in March 1992. The local governor of __rnak admitted that during her interrogation she had suffered "some kind of discomfort". However, a government reply of 29 June 1992 denied even that she had been subjected to discomfort:

"While in custody at the police station in __rnak, she was provided with the necessary comfort and was even given special accommodation on 28 March [1992] in a bedroom used by a police officer."

The reply went on to say that unfortunately there was a loaded rifle under the bed, which Bi_eng An_k used to commit suicide, and confirmed the "non-existence of any sign of physical harassment, rape or torture on the body of the deceased." Bi_eng An_k's grandfather said,

"Her body was in pieces. Her hands were torn between the fingers. Cigarettes had been extinguished all over her body."

Visits to Turkey by the European Committee for the Prevention of Torture

On 15 December 1992 the European Committee for the Prevention of Torture (CPT) issued a public statement on Turkey in which they summarized the findings of their three visits to Turkey in 1990, 1991 and 1992; the first two visits were ad hoc in nature while the third visit was part of the CPT's program of periodic visits. During the first visit, the CPT "was struck by the extremely large number of allegations of torture and other forms of ill-treatment by the police" (para.5) and listed a large number of torture methods reported. Their report emphasised the CPT's medical

²³The complaint was blocked under the terms of the Law on the Prosecution of Civil Servants which was in force in Adana at the time of her torture. Although this law no longer protects police throughout the rest of Turkey, any complaint of ill-treatment, torture, theft, rape, manslaughter—indeed any crime apart from intentional murder—made against a police or gendarmerie officer within the provinces under emergency legislation must first be approved by the local governor's office. In many towns in southeast Turkey, the deputy governor is the chief of the gendarmerie.

findings which were consistent with the allegations of torture they received. Twelve months later, “the CPT found that no progress had been made in eliminating torture and ill-treatment by the police” (para.10). During impromptu visits to police stations in Ankara and Diyarbakir, the CPT delegation found equipment apparently used for torture: in Ankara, a bed “fitting perfectly the description of the item of furniture to which persons had said they were secured when electric shocks were administered to them”; in Diyarbakir, the delegation found ready for use “equipment necessary for suspension by the arms”. In both locations there was consternation among the police officers present²⁴. Among the CPT’s conclusions was that:

“In order to facilitate effective action by public prosecutors, the medical examinations of persons in police and gendarmerie custody carried out by the Forensic Institutes should be broadened in scope (medical certificates should contain a statement of allegations, a clinical description and the corresponding conclusions). Further, appropriate steps should be taken to guarantee the independence of both Forensic Institute doctors who perform forensic tasks, as well as to provide such doctors with specialised training.”²⁵

Doctors and the death penalty in Turkey

Under current Turkish legislation, a doctor is obliged to be present at executions in Turkey. Death is by hanging and the doctor is required to examine the prisoner prior to execution and to determine when death has occurred. The Turkish Medical Association (TMA) has argued strongly against this in the past. In 1985, central council members of the TMA sent a letter to the government petitioning for the abolition of capital punishment and calling for an end to the situation whereby doctors were required to participate in the process. At the time the TMA had issued a declaration outlining their position in which they stated that:

“No doctor should participate in the process of a killing, and should not be put in the position of authorizing or passively awaiting the outcome of a death”.

This led the Turkish authorities to bring charges against the President of the TMA and five other central committee members who had signed the letter. They were charged under a law banning professional organizations from engaging in activities outside the domain of their profession and were accused of having committed “political interference by writing a letter to the President of the Republic, the Prime Minister and to Members of Parliament against capital punishment”. The six doctors were acquitted after a long trial and after much concern about the situation had been expressed by doctors internationally and in the international medical press. Although the Public Prosecutor had recommended a two-year sentence, the removal of the doctors concerned from office and reappointment of the TMA’s central committee, the court ruled in September 1986 that the TMA’s letter did not constitute a public announcement and that thus their action did not

²⁴European Committee for the Prevention of Torture. Public Statement on Turkey. CPT/Inf (93) 1, 15 December 1992; citations from paras. 5, 10, 20.

²⁵*Ibid.* para. 26.

fall within the scope of the law under which they had been charged. In 1986 the TMA drafted a new national code of medical ethics which included an article declaring a doctor's presence at an execution unethical.

The TMA has continued to express its opinion on this subject on repeated occasions. In February 1991 the newspaper *Gunes* reported the then-President of the TMA as saying that the association had taken a decision that doctors should have no involvement in executions and would abide by this decision, failure to do so becoming a disciplinary matter. He was quoted as saying: **“In order to protect our self-respect, we will practise the science of medicine according to our ethical values and not as the state would have us do”.**

Since the last execution in 1984 there has been a *de facto* moratorium on executions, with parliament refusing to approve death sentences. In April 1991 hundreds of pending death sentences were commuted to terms of imprisonment, a move which was warmly welcomed by Amnesty International. However, the death penalty remained on the statute book and both military and civilian courts continued to impose the penalty throughout this period.

Following the announcement by the government in 1993 that the death penalty would be once more applied as an anti-terrorist measure - and thus with the resumption of executions appearing imminent - the TMA issued a statement in December 1993, an extract of which follows:

“In recent days the government has enacted a number of measures for the purpose of ‘combatting terror’. Among these, the most important was to bring the death penalty back onto the agenda..... That the death penalty should be once more upon the agenda has a special importance for us as doctors. We doctors, whose duty it is to uphold the principle that ‘the human being is the essence of life’, must oppose the death penalty which means the destruction of life. In the past the leaders of this organization were tried and acquitted for having stood out against the death penalty, which is the most direct assault on the right to life. Now back on the agenda once again, the death penalty, which is a clear breach of international conventions which guarantee the right to life; which destroys, not the crime or the reason for crime, but humanity itself; which has been proved to have no role in the prevention of crime; which cannot be reconciled with human honour; which is a simple act of revenge; which cannot be undone or rectified; will, instead of fulfilling its aim of protecting justice, merely harden those feelings which have developed in society against the existing order of justice.”

The daily newspaper *Özgür Gündem* reported the TMA as saying:

“It is unacceptable conduct for doctors...to examine a prisoner prior to execution or to aid in determining whether or not death has occurred. We demand changes in the laws which require the presence of a doctor during the execution of death sentences to bring the law into line with the directives of the World Medical Association and TMA assemblies. We believe that an end must be put to the paradoxical situation whereby those whose duty it is to maintain life take part in the act of killing. We, the members of

the Central Council of the TMA declare that, should we be required to participate in an execution, we will under no circumstances accept such a request.”

The TMA has made this ethical position clear on numerous previous occasions.

Human rights investigations by the Turkish Medical Association

In April 1992 a delegation from the Turkish Medical Association (TMA) visited the southeast of Turkey to examine conditions for doctors there and inquire into the problems they faced as a result of the emergency legislation in force in the area. A State of Emergency applies in 10 provinces in the southeast where the security forces have been engaged in counter-insurgency operations against Kurdish secessionist guerrillas. The security forces are alleged to be responsible for frequent human rights violations in the area where there are also reports of abuses committed by guerrillas.

The TMA delegation reported that the main problem facing doctors working under the State of Emergency was in the area of forensic medical reporting. Many of the doctors interviewed told the delegation that they felt considerable pressure to issue reports which would comply with the wishes of the authorities. They reported that members of the security forces bringing detainees for examination generally remained present in the examining room. Doctors reported that they were often afraid to ask security personnel to leave the room and afraid to make an objective statement of their findings. The TMA's report noted that:

“The uncertainty created by the pressure in forensic medicine centres is so high that reports made by the same doctor about the same patient can vary from one day to the next, or, similarly, different doctors issue completely disparate reports about the same patient.”

The delegation noted that, in addition to pressure from the security forces, doctors in the region were also concerned by the absence of adequate skills in post-mortem examination and by interference in autopsies. Doctors told the delegation that autopsies were carried out in the presence, and under the direction of, the local prosecutor and that they were generally carried out by doctors with little experience in post-mortem examination. The TMA's report stated that: **“Most doctors have said that they are not sufficiently experienced in autopsies and that therefore autopsies were directed by the prosecutors”**. It would appear that interference in autopsy procedures comes both from members of the security forces and from local prosecutors who, while formally charged with assisting the conduct of autopsies, appear on some occasions to impede them.

The TMA's report indicated that security forces often occupy hospitals and other medical facilities. At the time of their visit in 1992 Nusaybin State Hospital was frequently used as a base and shelter by security forces during periods of armed conflict. Where doctors in southeast Turkey fail to report that they have treated gunshot wounds, they put themselves at risk of interrogation and possible prosecution under Article 169 of the Turkish Penal Code which forbids sheltering, guiding or assisting members of armed organizations with a maximum

possible sentence of seven and a half years under the terms of the Anti-Terror Law. As the TMA delegation's report noted:

“If they don't report these they may face three years in prison; if they do, they are afraid for their security...[Moreover] the workload is very heavy due to the shortage of doctors, nurses and other medical personnel, in addition to the large number of patients. A lot of self-sacrifice is required, particularly during incidents [of shootings].”

The pressures on medical personnel and the lack of security they encounter appear to have resulted in an exodus of medical staff from the southeast with a consequent shortage of medical personnel. The TMA delegates were told that in _irnak 49 medical staff, of whom seven were doctors, left the area during *Nevroz* 1992 without prior warning or formal resignation²⁶. According to the TMA report, in some towns there are no doctors and in others only a fraction of the normal quota.

In 1994 the TMA carried out a further investigation into the situation in the southeast. Their report looked broadly at the health situation in the region but devoted almost half its length to the effect of the conflict in the southeast on health personnel and the local population. The report summed up the effect of the conflict on physicians:

“Health personnel working in civil war regions are [forced] to take sides. The health personnel are arrested, put in prison, subjected to ill-treatment by the security forces on allegations that they have treated those from the opposite side. On the other hand, the opposite forces put pressure upon the health personnel, force them to move to other areas and ill-treat them on allegations that the health personnel take the governments's side or do not assist them.”

Attacks on health professionals

In recent years there have been numerous examples of doctors and nurses who have been victims of menace, torture and killing because of the actions of police, security forces and opposition groups. A prominent member of the Turkish Medical Association, Dr Ata Soyer²⁷, was placed on a death list in early 1992. Those on the death list appeared to be united by their involvement in working to improve the situation of the Kurdish population of southeast Turkey. The threats did not appear to be idle; one of those named on the list, the Kurdish writer Musa Anter, was shot and killed during a visit to Diyarbakir shortly after publication of the list.

²⁶*Nevroz* is the Kurdish New Year, traditionally celebrated on 21 March. There were large numbers of detentions around this time in 1992, both prior to and immediately after *Nevroz*.

²⁷At the time of writing Dr Soyer is the immediate past Secretary General of the Turkish Medical Association. He was also subject to threatened prosecution over comments he made about the government policy of forced rotational appointment of doctors in the emergency zone in 1994—the prosecution was later called off by the authorities.

The 1994 TMA report listed eight health workers who had been killed by unknown assailants since 1991. The case of one of these was documented by Amnesty International. The bodies of Dr Hasan Kaya and a lawyer, Metin Can, were found on 27 February 1993 following their disappearance in Elazi_, southeast Turkey, a week earlier. The bodies were found some 120 kilometres from Elazi_. Their hands were reportedly bound with wire behind their backs, their shoes were missing, their bodies bore marks of cigarette burns, Dr Hasan Kaya's eyes were gouged out and both had been shot with one bullet in the head. Evidence suggested that they might have been killed elsewhere and the bodies then dumped by the river.

The two men were believed to have been abducted after having been called away from Metin Can's home by a telephone call. Their families subsequently received disturbing telephone calls, the first of which said, **"We killed Metin and Hasan. Our condolences!"**. The telephone calls stopped after a tap was put on Metin Can's phone. Metin Can's car, in which the two men had left the house, was found abandoned on the day of their disappearance. Metin Can had been chairman of the Human Rights Association (HRA) in Elazi_ since the foundation of the branch and is said to have previously received death threats. Dr Kaya was a family friend and his death appears to be the result of his association with Metin Can.

Autopsies were conducted on their bodies in Tunceli and Elazi_, but the findings were not publicly released. However, both were tortured and ill-treated prior to their death. The autopsies are said to have revealed that Metin Can had been strangled and had a broken rib, while Dr Hasan Kaya had a broken tooth and traces of a cord around his neck.

The killings of Metin Can and Dr Hasan Kaya strongly resembled the abduction, torture and killing in July 1991 of Vedat Aydin, board member of the Diyarbakir branch of the Human Rights Association, whose body was found under a bridge some 60 kilometres from Diyarbakir. The security forces were widely believed to be involved in his killing.

By contrast, Dr Edvard Tanriverdi, a 56-year-old Syrian-born orthodox Christian and father of four, was murdered on 18 December 1994, allegedly by Islamic fundamentalists. He had been dining, with others, at the home of the Midyat prosecutor in the nearby village of Estel and was shot by two men on returning to his home. Those who carried out the killing have never been identified.

Neither are health professionals immune from the routine detention and torture which occurs. In 1991 and 1992, two female nurses were detained and sexually assaulted by police. The torture appeared to have been inflicted because of their perceived political activity. The case of Mediha Curabaz, a 25-year-old nurse and member of the Adana Nurses' Association Council, who was tortured while in detention at Adana Police Headquarters in August 1991 is cited above (p.10).

Another nurse, Nazli Top, then aged 23 years, was arrested in April 1992 in an Istanbul street. She was three months pregnant at the time but was nevertheless subjected to torture including sexual abuse²⁸. After 10 days she was released without charge by the Istanbul State Security Court. She was examined the day after her release at the Istanbul office of the Human

²⁸*Alleged torture and rape of nurse: Nazli Top, Turkey. AI Index: EUR 44/53/92, 18 June 1992.*

Rights Foundation where medical findings consistent with her allegations were documented. She brought a formal complaint of torture against the police but this was rejected by the prosecutor's office and an appeal to a local criminal court was also rejected. Her baby was subsequently born, apparently healthy.

A physician, Dr Sabri Soysal, aged 35, was reported to have been tortured over a period of 11 days following his arrest in July 1993 on charges relating to the medical treatment of PKK militants. Dr Soysal, who worked at Mersin State Hospital, was reported as saying that he had suffered three broken ribs as well as having vomited blood following torture. Police were attempting to extract testimony from him²⁹. He was again taken into custody in December 1994 and held for 13 days in connection with having "treated a wounded militant of the outlawed PKK"³⁰. He was then released without formal charges being laid.

Others have been arrested for having treated wounded men, usually to be released after a few days' detention. In one case, Dr Ilhan Diken was detained in October 1992 and prosecuted for helping PKK militants after a captured PKK member said under torture that Dr Diken had given him medical care. Dr Diken was arrested, tortured and interrogated. He claimed in defence that he was asked to provide medical care for a person he did not know was a PKK member. He had not seen the man after providing medical assistance and recommending further treatment with specialists. He was convicted in Diyarbakir State Security Court and sentenced to three years and nine months' imprisonment³¹.

Of other health professionals tortured, there are the examples of Dr Hüseyin Gazi Yaman, a general practitioner and member of the Turkish Health Workers Union who told Physicians for Human Rights that he had been arrested in January 1992 after the announcement of the formation of the Union. After protesting that it was his right to belong to a union, he was beaten and thrown to the ground. He was then taken to a nearby train station where, in a dark room, he was questioned:

"I told them I was a doctor. "Let's show the doctor some hospitality," one of them said. For the next two hours they beat me...and punched and kicked me. My hands were tied. They beat me so hard that they broke one of the nightsticks."³²

The beatings inflicted serious injury to Dr Yaman. When he was later taken to hospital he was found to be suffering from several serious injuries including a cervical neck injury, fractures of the jaw, nose, pelvis and several fingers. When he asked hospital doctors to document his injuries they refused. After appealing to the Dean of the hospital he received a medical report. He later said:

²⁹Human rights, yesterday and today... Daily bulletin of the Human Rights Foundation of Turkey, 9 August 1993 p.1.

³⁰*Turkish Daily News*, 5 January 1995.

³¹Physicians for Human Rights. *Torture in Turkey and its Unwilling Accomplices*. Boston: PHR, 1996, p.175.

³²*Ibid.*, p.66.

“Seeing how afraid the doctors were to provide care really made me sad. If this was what I experienced as a doctor, I believe much worse things are done to others. If an ordinary person goes to a hospital with the police, I fear medical care will not be provided.”³³

Dr Rifat Yüksekaya was reportedly suspended by the arms and subjected to electric shocks to various parts of his body, including his genitals, at Istanbul police headquarters following his arrest in June 1995 when he was accused of membership of an illegal organization. The charges seem to have stemmed from his activities during his student days when he was involved in political activities such as celebrating *Nevroz*, the Kurdish New Year. He was released in November of 1995 and filed a complaint with the Istanbul Public Prosecutor. Although the Forensic Medical Institute issued a medical report describing several abrasions and “four dark lesions of about 0.2 cm in diameter on the tip of his penis”, at the time of writing Dr Rifat Yüksekaya had received no response.

Medical practitioners who document torture are themselves at risk. After Mehmet S_ddd_k Do_ru was arrested and tortured by police in Tekirda_ in northwest Turkey on 13 February 1996, he was taken by police to C_narl_ Health Centre in Tekirda_ where a medical certificate was issued saying that he had “no traces of blows on his body”. After his release he filed a complaint about his torture to the Çorlu Prosecutor. When he was examined by another doctor, authorized by the Forensic Medicine Institute, he was given a report saying that he was unfit for work for 10 days³⁴. Mehmet S_ddd_k Do_ru was redetained that same night and taken to the State Hospital where a “clean” report was issued. The Tekirda_ Police Chief was quoted in the local press as saying:

“The doctors who gave the report [confirming injuries] abused their professional status. They wanted to give the impression that there is systematic torture in order to subvert the course of justice and to undermine the security forces.”³⁵

The public prosecutor opened a case against the doctors on the grounds that they had “humiliated the State by issuing a false report”.

In a recent development, the Turkish Ministry of Foreign Affairs appears to have initiated a coordinated campaign against the Human Rights Foundation of Turkey and its staff. A document issued by the Ministry of Foreign Affairs (29 January 1996) cites an investigation by the Ministry of Health which determined that “there are no [torture] **‘Treatment and Rehabilitation Centres’ rendering service [in Ankara, Istanbul and Izmir] and that there is a unit within the Adana Representative Office of the TIHV in Adana which does not render health services but where advisory services are rendered and, when necessary, people are sent to hospitals and their diagnosis and treatment are provided.**” The Ministry of Foreign Affairs report concludes that judicial and administrative procedures should be commenced on one of two grounds: either the centres do not treat people but merely refer them to hospitals or

³³*Ibid.* p.67.

³⁴It is standard practice in Turkey for victims of assault to be given a certificate stating how many days off work they require as a result of their injuries. This now represents a coded assessment of the severity of torture.

³⁵Cited in Amnesty International. *Turkey: No Security Without Human Rights*. London, 1996.

clinics (contrary to TIHV reports which talk of treating people at the centres) *or* the centres do treat people, in which case they are doing so outside the control of the Ministry of Health. The Ministry of Foreign Affairs asserts that the TIHV is disseminating political propaganda using funds sent from abroad.

A Ministry of Health Chief Inspector wrote to the TIHV national office in Ankara on 18 March 1996 asking whether or not the TIHV treatment centres carried out a “**de facto health service**” and seeking details of torture victims, their identities, case histories, medical files, as well as any statements made by doctors. A demand issued to the TIHV Ankara office by the Public Attorney’s office in Ankara (undated in Amnesty International’s copy), sought information about whether the complaints of alleged torture victims had been declared to the Public Prosecutor’s office and asked for the names and addresses of such people.

The first indictments to result from this government action were issued by the Adana Public Prosecutor on 21 March 1996. Tufan Köse, a 34-year-old physician working in the Ceyhan Muradiye Health Centre in Adana, and Mustafa Çinkiliç, a 37-year-old lawyer working with the TIHV in Adana, were charged with failure to notify competent authorities of a crime (Dr Köse) and with disobeying orders issued by competent authorities (Mr Çinkiliç). Preliminary hearings took place in Adana on 10 May 1996 and further hearings were conducted later in the year, most recently on 8 November 1996. A fifth hearing is scheduled for 17 January 1997.

A further attack on a prominent doctor was initiated in Diyarbakir in May 1996. Dr Seyfettin K_z_lkan, President of the Medical Association for Diyarbak_r and four other southeastern provinces (Mardin Siirt, Batman and _irnak) was arrested following a raid on his home by 17 police officers on the evening of 5 May 1996. The police later claimed to have found political literature and explosives. (Dr K_z_lkan and his family were locked in one of the rooms of the house for the first half hour of the search, so did not witness police activity during this period.)

Dr K_z_lkan was brought to trial at the Diyarbak_r State Security Court on 17 June 1996 accused of aiding the PKK and keeping a bomb in his house. He was sentenced to three years’ imprisonment in the first hearing³⁶, and suspended from duty for three years, but was released from custody until the sentence was confirmed by the Supreme Court. Dr K_z_lkan was head of the State Social Security Hospital in Diyarbak_r until his suspension. He was released on 18 June.

On 1 November 1996 a prosecution was started in Istanbul against Dr Sukran Akin, a medical doctor and director of the HRFT’s Istanbul treatment center, on charges of “**operating an unlicensed health centre**”. The trial against Dr Akin follows the earlier pattern of legal attacks against the TIHV’s efforts to document human rights violations and provide medical treatment for victims of police torture and abuse. The hearing resulted in her acquittal.

Amnesty International regards the actions of the Turkish authorities—initiated six years after the TIHV started its work—as a wholly unjustifiable attempt to apply technical regulations to place the work of the Foundation in jeopardy and to put individual victims of torture at risk. Doctors have an ethical obligation to maintain medical confidentiality in all but exceptional circumstances. Where individuals have been tortured by agents of the state it is totally

³⁶The conviction of Dr K_lzkan on the first day of his trial was highly unusual. Political trials in Turkey more usually last for months or years before conviction or acquittal is determined.

unacceptable for the state to require medical staff to disclose sensitive information about those individuals. Apart from the internationally acknowledged need to respect confidentiality of medical care, the Foundation has operated openly in Turkey since its establishment in 1996. It publishes reports openly and distributes these widely, including to the Turkish Government. The concerns the Turkish authorities now express about the working of the Foundation appear to be based on political motivation rather than on any genuine concern about torture and care for victims of torture. Amnesty International has appealed to the Turkish Government to end this campaign against the TIHV and its personnel and to redirect its attentions to the problems of torture and other human rights violations.

Human rights organizations in Turkey

There is a vigorous campaign against human rights violations being fought within Turkey by human rights organizations and activists. The Human Rights Association was founded in 1986 and has 56 branches throughout Turkey and a membership of 15,000. The HRA is not linked to any political party or movement. As well as monitoring abuses by government forces, the HRA has on numerous occasions condemned human rights abuses by armed opposition groups. The Human Rights Foundation of Turkey (TIHV) was established in March 1990 under the auspices of the HRA and has since been active in campaigning, human rights education and documentation. The TIHV's documentation centre in Ankara has issued a daily bulletin since April 1990, drawing on press reports of human rights violations.

In 1990 a service for victims of human rights violations was established by the TIHV, initially in Ankara³⁷ and later with centres in Istanbul, Izmir, and Adana. A further centre, independent of the TIHV was created in Istanbul in 1994³⁸. As noted above, individual doctors working for the TIHV centres have been prosecuted and this appears to be part of a deliberate government strategy to make the work of these centres difficult if not impossible.

The Turkish Medical Association has also undertaken initiatives for the defence of human rights and the promotion of medical ethics. Between 5-8 January 1995 the TMA and the Human Rights Foundation of Turkey held a four-day seminar on torture and prison conditions in Ankara with the participation of the US organization Physicians for Human Rights (PHR). Contributors to the seminar included health professionals, human rights activists, lawyers, academics, and vocational groups. Further collaboration between the TMA and PHR took place in mid-1995 and in 1996 when further seminars were held.

In March 1996, the TMA held the first of a series of seminars in various regions of Turkey to raise the consciousness of health professionals about the importance of medical reporting when allegations of torture are made. The meeting, held in the southern city of Adana,

³⁷Fidaner H. Turkey: Treatment centre for torture victims. *Lancet*, 1991, 338:1324-5.

³⁸See Amnesty International. *Medical and psychosocial services for victims of human rights violations*. AI Index: ACT 75/02/95, July 1995.

was organized in cooperation with the Adana Chamber of Doctors and included speakers from different Turkish cities and from abroad.

The TMA has also tried to intervene on the issue of prisoners in need of medical care in the wake of a number of deaths in prison through lack of medical care. The TMA has a committee looking into prison medical care. Since there are repeated hunger strikes by prisoners—almost every month—the association has circulated the World Medical Association’s Declaration of Tokyo and the Declaration of Malta on Hunger Strikes to doctors.

Conclusion

The continuing crisis in human rights in Turkey has major implications for the health profession. Torture, deaths in custody, prison conditions and access to medical care for detainees as well as political killings and “disappearances”, remain major concerns in Turkey for Amnesty International. Professional and human rights organizations in Turkey have worked effectively and courageously to defend the rights of Turkish citizens and should receive the support and assistance of the international community, including international professional associations and human rights and health organizations.

The following recommendations to the Government of Turkey should be implemented as rapidly as possible to establish a basis for the respect of basic human rights in Turkey.

- All prisoners currently held for the expression of their non-violent opinions should be unconditionally released. All detainees should be given access to lawyers. Detainees’ families and lawyers should be able to seek an urgent court order requiring the police to permit such access if it is being denied.
- The date, time and duration of each period of interrogation should be clearly recorded for all detainees, as well as names of all those present during interrogation. These records should be open to judicial examination and to inspection by detainees and their lawyers. The practice of blindfolding detainees should be prohibited. Reports of the practice should be investigated and judicial proceedings taken against those who continue to use the blindfold.
- Because detainees in Turkey are at gravest risk of torture while in police custody, the government should amend the law so that all detainees in all parts of the country are brought before a court within 24 hours of arrest and thereafter kept in detention only under the supervision of a court.
- All detainees should have the right in law to be medically examined by a doctor of their choice. Health personnel should be able to carry out their ethical medical role without interference from police or prison staff and should not, in any circumstances, be prosecuted, harassed or attacked for carrying out their professional functions in conformity with medical ethics.

- Magistrates seeing detainees bearing signs of injury, or complaining of torture should inquire into the identity of those responsible for arrest and detention and the physical condition of the detainee. In making such an inquiry they should request a medical investigation of the torture allegations following procedures outlined in the principles annexed to this report. Those found responsible for the torture after due inquiry should be punished and the victims of torture compensated.
- Commissions of investigation should be established as envisaged in the United Nations Principles on the Effective Prevention and Investigation of Extra-legal, Arbitrary and Summary Executions. Those appointed as members of such commissions should be recognized for their impartiality, competence and independence. Complainants and witnesses should be protected from violence or threats of violence or other intimidation. Family and lawyers should have access to all information relevant to the investigation.
- Such commissions of inquiry should, within a reasonable period of time, make public a written report of their findings, to which the government is bound to reply, and to bring to justice any persons identified by the investigation as having participated in the killing.
- The Turkish authorities should conduct an investigation into the needs of the Turkish prison system to identify policy areas where inadequacies contribute to human rights violations. The authorities should seek the assistance of the Turkish medical profession and international sources of expertise in carrying out this investigation which should issue a public report.
- Turkish health professional associations should be permitted to practise their role of advancing their members' interests and promoting standards of health care free from harassment.

Appendix**Amnesty International Principles for the Medical Investigation of Torture and Other Cruel, Inhuman or Degrading Treatment**

February 1996

Amnesty International has had a long-standing belief in the potential role of health professionals in the effective documentation and exposure of human rights violations. The organization has adopted the following *Principles for the Medical Investigation of Torture and Other Cruel, Inhuman or Degrading Treatment* in order to promote the more effective use of professional expertise in the fight against these abuses. Amnesty International believes that the Principles could form the basis of a standard approach to the medical documentation of torture, consolidating the excellent work which has been carried out by physicians and other health professionals over many years. Amnesty International calls on governments and international and national organizations of health professionals to adopt, and act in accordance with, these principles.

**Principles for the Medical Investigation of Torture and
Other Cruel, Inhuman or Degrading Treatment**

Preamble: A number of human rights standards call for the prompt investigation of allegations of torture or other cruel, inhuman or degrading treatment by relevant authorities. These include the UN Declaration on the Protection of All Persons from Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Body of Principles for the Protection of All Persons Under Any Form of Detention or Imprisonment, regional treaties, and a number of statements adopted by doctors' and nurses' organizations. Such an investigation should be carried out by an appropriate individual or commission having powers to interview witnesses, review prison or police procedures and employ expert assistance. One of the important resources in such investigations is suitably qualified and experienced medical personnel. The principles set out here represent basic steps in the medical investigation of torture and ill-treatment.

1. Prompt Access to a Doctor

A detainee or prisoner should have prompt access to a doctor when an allegation of torture or ill-treatment is made or when there is suspicion that torture or ill-treatment has taken place. Such access should not be dependent on the institution of an official investigation of torture allegations.

2. Independence

The examining doctor should be independent of the authorities responsible for custody, interrogation and prosecution of the subject. He or she should, if possible, be experienced in the examination of individuals for legal purposes. The doctor's affiliation should be made clear to the prisoner and should be recorded in the final medical report. Where an independent doctor is not available, the doctor carrying out the examination should nevertheless comply with these principles.

3. Confidentiality of Examination

The examination should take place in a room where confidentiality is ensured. The doctor should speak to and examine the subject alone. Where the subject is a female, a minor or a specially vulnerable person, examination should only take place in the presence of a witness acceptable to the subject. Where an interpreter is required, or the examining physician wishes to be assisted by a colleague, their presence should be dependent of the agreement of the subject. Any other third parties present should be asked to leave the examination room. If a third party refuses to leave, the doctor should note the name and affiliation of the person(s), and record his or her perception of the effect of this presence on the course of the examination. The doctor should use his or her judgment as to whether the examination can take place without further risk to the person being examined.

4. Consent to Examination

The doctor should give his or her name and affiliation, explain the purpose of the examination and gain the consent of the subject to the examination if he or she is capable of giving consent. Before consent is obtained, the doctor should inform the subject of the names or posts of all recipients of the medical report.

5. Access to Medical Records

The doctor, and if necessary, a translator, should have access to the subject's previous medical records.

6. Full Examination

The physician's examination should include the elicitation of a full verbal medical history from the subject and the performance of a full clinical examination, including evaluation of the subject's mental state. Further medical, laboratory or psychological investigations, including evaluation of mental health status, should be arranged promptly as deemed necessary by the physician.

7. Report

The physician should promptly prepare an accurate written report. The report should include at least the following four parts:

- i. Establishing details—name of the subject and names and affiliations of others 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 etc)—and the circumstances of the subject at the time of examination (e.g. nature of any restraints used; demeanor of those accompanying the prisoner); and any other relevant factor;

- ii. A record of the subject's history as given during the interview, including the time when torture or ill-treatment is alleged to have occurred;
- iii. A record of all abnormal physical and psychological findings on clinical examination including, where possible, colour photographs of all injuries;
- iv. An interpretation as to the probable cause of all abnormal symptoms and all abnormal physical findings.

The report should clearly identify the doctor carrying out the examination and should be signed.

In the interpretation, the doctor should provide a general assessment of the consistency of the history and examination findings with the nature of the subject's allegations. A recommendation for any necessary medical treatment should also be given.

Where a doctor is unable to finalise the report, whether because of the unavailability of further examination or test results, or for any other reason, this should be stated.

8. Confidentiality of the Report

The subject should be informed of the medical findings and be allowed to inspect the medical report. A copy of the doctor's report should be made available in full to the subject's nominated representative and, where appropriate, to the authority responsible for investigating the allegation of torture. It is the responsibility of the doctor to take reasonable steps 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 a transfer.

9. Second Examination

A second medical examination by an independent doctor should be permitted if requested by the victim of the alleged torture or ill-treatment and/or by his or her representative. The victim of the alleged torture and/or his or her representative should have the right to nominate the physician who will undertake the second examination. The second examination should be carried out in conformity with these principles.

10. Ethical Duties

The doctor should bear in mind at all times that, in accordance with internationally accepted standards of medical ethics, his or her primary duty is to promote the wellbeing of the patient. In addition, he or she has a duty not to condone or participate in torture or other cruel, inhuman and degrading treatment. No aspect of the subject's character, physical characteristics, ethnic origin, or personal beliefs, nor the fact that an allegation of torture has been made by or on behalf of the subject, permits derogation from these duties.

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