

Amnesty International  
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Report of  
an Amnesty International Medical Seminar

“VIOLATIONS OF HUMAN RIGHTS: TORTURE AND THE MEDICAL PROFESSION”

Athens, 10-11 March 1978

August 1978

AI Index: CAT 02/03/78

"As you can see...the medical seminar has opened up many doors for further activity. I was very taken with the time and energy given by the seminar participants in their struggle against oppression and brutality in the world. The contacts I made at the seminar were not only useful from a purely medical point of view, but were invaluable in a spiritual sense. I do not feel isolated or alienated in this battle, knowing that so many other medical workers are actively involved and have a political awareness and conscience."

Letter from a participating doctor

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*Amnesty International expresses its appreciation to the European Cultural Foundation (Amsterdam), the Novo Foundation (Bagsvaerd, Denmark) and to private donors in Switzerland and the USA for their financial contributions to make this seminar possible.*

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Amnesty International Medical Seminar  
"VIOLATIONS OF HUMAN RIGHTS: TORTURE AND THE MEDICAL PROFESSION"

I N T R O D U C T I O N

1. General

Amnesty International held an international medical seminar on 10 and 11 March 1978 in Athens on the subject of "Violations of Human Rights: Torture and the Medical Profession". The meeting was chaired by Dr Povl Riis, of Denmark, and Dr Herman van Geuns, of the Netherlands.

On the invitation of Amnesty International's Medical Advisory Board, the Amnesty International Greek Section and the Greek Medical Group, about 100 health professionals from Europe, North America and Latin America attended the seminar. They discussed the medical detection and effects of torture, the need for treatment, rehabilitation and compensation of torture victims, and other work for the medical profession against violations of human rights. (A list of participants is attached to this report.)

The purposes of the seminar - the first large international seminar of doctors against torture - were, first, to report to and consult with the medical profession about the progress that has been made during the last three years with regard to the medical work against torture, including codes of medical ethics and medical research; and, second, to further the implementation of these results and to encourage the medical profession to participate more fully in the different aspects of medical work against torture and other human rights violations - and specifically to encourage the formation of Amnesty International medical groups in various countries. Such medical groups already exist in Denmark, France, Greece, the Netherlands, Sweden and the USA. In addition, Amnesty International national sections maintain many contacts with medical organizations and individual professionals.

## 2. Historical background

From the beginning of AI's Campaign for the Abolition of Torture, in 1972-73, Amnesty has recognized the important role that doctors and other medical personnel must play in the campaign. The late Eric Baker, one of the founders of the campaign and the first Honorary President of AI, referred in 1973 to torture and its worldwide increase, using medical terminology, as a "social cancer". Eric Baker set the initial terms of reference for Amnesty's medical program at a small meeting of medical specialists in Oslo in 1973:

"The way in which the use of torture has spread cannot be over-emphasized. While, at one time, it might have been said to have been in some countries part of a cultural pattern, it has now become tolerated in those in which, even to the shortest of memories, it would only a little while ago have been anathema. In short, torture has now become a social cancer.

To speak of it as a 'cancer' is both to indicate that it is a rapid and malignant growth which can attack hitherto healthy bodies and, at the same time, to announce that it must be attacked and eradicated.

To this end, the contribution of the medical profession is of undoubted importance. The duty of medicine to relieve suffering is not peculiar to the profession; it is one incumbent on all human beings...What is unique about the duty of those trained in medicine is that their skill and knowledge give them unusual opportunities to help the suffering.

Unfortunately, by the same token, their skill and knowledge give them unique opportunities to increase suffering. Not only have the results of medical research been misapplied in this way (sometimes even by doctors themselves) but medical opinion has been sought to determine the limits of the suffering which the victim could 'safely' be made to endure."

Since 1974, when the first AI medical group was formed (in Denmark), Amnesty's medical program has grown to include aspects of research against torture, medical ethics and torture, as well as work for individual prisoners and torture victims, some of whom are themselves doctors held by the security forces of dozens of countries around the world. The seminar heard reports on work in progress in all these fields, and some of the Amnesty doctors present were already examining aspects of political imprisonment other than torture, such as the medical neglect of prisoners.

## 3. The 1978 medical seminar

Below are given résumés of the 25 reports presented to the seminar on group work, research projects, and other topics (items 3 to 27 of the attached agenda) as well as the reports and recommendations from the four working parties, which discussed:

- I. International legal conventions for rehabilitation and medical treatment of torture victims (Chairman: Stelios Nestor; Rapporteur: Alfred Heijder)
- II. Objectives, methods, organisation and finance of future work for AI medical groups (Chairman: Herman van Ceuns; Rapporteur: Arnt Meyer-Lie)
- III. Clinical and experimental research, current investigations and new proposals (Chairman: Povl Riis; Rapporteurs: Jeanne Smeulers, Inge Kemp Genefke)
- IV. Other research aspects of torture (Chairlady: Birgit Linder; Rapporteur: Costis Chlouverakis)

The reports and recommendations of the working parties were presented to the final plenary session. Following a proposal to the assembly by Dr Panos Sakellariadis, of the Greek Medical Group, the plenary session unanimously agreed to the formation of three committees to continue the work of the seminar. The three committees (to begin immediately and report to the Medical Advisory Board as soon as they reach firm conclusions) are to consider the following three subjects:

- Prevention of torture (Chairman: Arnt Meyer-Lie)
- Rehabilitation of torture victims (Chairman: Stelios Nestor)
- Medical codes of ethics (Chairman: Alfred Heijder)

Group members for the committees are to be nominated by the above Chairmen and the Medical Advisory Board of Amnesty International.

Participants at the seminar also considered specific cases of gross violations of human rights. Following an appeal on behalf of her husband by Dr Estela Cornalea de Falicoff, from Argentina, 60 medical personnel from 10 countries signed a petition for the release of Dr Alberto Falicoff, detained on 25 November 1976, tortured, and since "disappeared" in Argentina.

As a doctor he had treated relatives of detained and disappeared persons before his own abduction. Details of the petition were cabled to General Rafael Videla by the Co-Chairmen of the seminar.

Concern was expressed for seven Soviet psychiatrists from the Sychyovka Special Psychiatric Hospital and from two psychiatric hospitals in Krasnoyarsk Territory of the USSR. The seven psychiatrists were allegedly persecuted by the KGB for refusing to abuse political "patients", and at least two - Dr Olga Victorovna Makarova, aged 28, and Dr Anatoly Nikitich Barabanov, aged 30 - were detained. It was alleged that Dr Barabanov had himself been declared mentally ill and was undergoing compulsory treatment in a special psychiatric hospital.

In addition, Swedish physician Arnt Meyer-Lie reported on the mass killings and large-scale torture of men, women and children in the recent government-backed "red terror" campaign in Ethiopia.

The AI doctors and groups urged doctors, medical officials and organizations of Argentina, the USSR and Ethiopia to use their influence, whether publicly or privately, to help free these prisoners and halt such abuses of human rights.

A G E N D A

Co-Chairmen: DR POVL RIIS and DR HERMAN VAN GEUNS

FRIDAY, 10 MARCH

1600h (Meeting opened by Dr Povl Riis)

1. *Introduction and historical background* (Dick Oosting, Deputy Secretary General, Amnesty International)
2. *Welcoming message from* Dr Spyros Doxiadis, Greek Minister of Social Services

R e p o r t s

3. *Danish AI Medical Group's work* (Erik Karup Pedersen, Denmark)
4. *Dutch AI Medical Group's work* (Jeanne Smeulers, Holland)
5. *American AI Medical Group's work* (Leonard Sagan, USA)
6. *Swedish AI Medical Group's work* (Birgit Linder and Paul Movschensson, Sweden)
7. *Greek AI Medical Group's work* (Panos Sakellariadis, Greece)
8. *French AI Medical Commission's work* (Alain Bernard and Anne-Lise Picard, France)
9. *Danish nurses' work* (Lone Jacobsen and Birgit Rahbek, Denmark)
10. *Dentists' group* (Pia Boelling, Denmark)
11. *Special research group on falanga* (Ole Vedel Rasmussen on behalf of Frede Bro Rasmussen, Denmark)
12. *Special research group on endocrinology: the gonadal and sexual function in previously tortured men - a preliminary study* (Inge Lunde, Denmark)
13. *Sequelae to exposure of porcine skin to heat and electricity* (Lis Danielsen, Denmark)
14. *Children and torture* (Joergen Cohn, Denmark)
15. *Medical letter-writing groups* (a. Kurt Bresson, Denmark;  
b. Françoise Vatré-Barassi and B Bierens de Haan, Switzerland)
16. *Forensic medical group* (Povl Riis, on behalf of Sigurd Riber Albrechtsen, Denmark)
17. *Medical examinations of Chilean refugees in Canada* (Philip Berger, Canada)
18. *Missions of medical investigation* (a. Ole Vedel Rasmussen, Denmark;  
b. Arnt Meyer-Lie, Sweden)

19. *Personal experiences of torture from a medical perspective*  
(Dr Estela Mary Cornalea de Falicoff, Argentina)

20. *The means of resistance to torture* (Eva Forest, Spain)

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SATURDAY, 11 MARCH

0900h

21. *The State's responsibility for financial compensation, for rehabilitation and social re-adaptation* (Stelios Nestor, Greece)

22. *Late effects of war victims as a lesson for a policy towards early legal measures for the benefit of victims of torture* (Henk Liefeld and Cees van der Kroef, Holland)

23. *Compulsory treatment in psychiatric hospitals* (Fini Schulsinger, Denmark)

24. *Consequences of the ethical codes for doctors concerning torture* (Jens Dagaard, Denmark)

25. *International mobilization of medical ethics as a deterrent to torture* (Alfred Gellhorn, President, the Council of International Organizations of the Medical Sciences, USA)

26. *Future plans* (Inge Kemp Genefke, Denmark)

27. *Responsibilities and activities for the medical profession: a look into the future* (Herman van Geuns, Holland)

1115h

Working parties: I. *International legal conventions for rehabilitation and medical treatment of torture victims* (Chairman: Stelios Nestor; Rapporteur: Alfred Heijder)

II. *Objectives, methods, organization and finance of future work for AI medical groups* (Chairman: Herman van Geuns; Rapporteur: Arnt Meyer-Lie)

III. *Clinical and experimental research, current investigations and new proposals* (Chairman: Povl Riis; Rapporteurs: Jeanne Smeulers, Inge Kemp Genefke)

IV. *Other research aspects of torture* (Chairlady: Birgit Linder; Rapporteur: Costis Chlouverakis)

1600-1745h

Internal plenary session, with summaries from working parties (Rapporteur: Dorothy Xydis, AI Greek Section)

1800h

Open plenary session, with report of Dorothy Xydis

1900h

News conference

RESUMES OF TALKS\*

1. *Introduction and historical background* (Dick Oosting)

2. *Welcoming message* (Spyros Doxiadis)

3. *Danish Medical Group's work* (Erik Karup Pedersen)

A follow-up of the activities of the Danish Medical Group from the beginning, in the autumn of 1974, until now. It was emphasized that the doctors in this group joined Amnesty International's Campaign for the Abolition of Torture on a purely professional basis. They all agreed upon the conception that they considered torture as a disease comparable to other traumatic diseases (abused children, traffic accidents, industrial accidents, etc.).

4. *Dutch Medical Group's work* (Jeanne Smeulers)

The Dutch Medical Group started in 1975 as a correspondence and action group, responding to Urgent Actions and other AI campaigns where medical support is especially needed. In addition, three members of the group worked on a monograph on hunger strikes.

In 1977, after the publication of the report on medical consequences of torture by the Danish doctors, the Dutch group tried to involve more doctors in Holland. A second group was established, which took over the correspondence and related tasks. The existing group, now extended to eight doctors, started in the autumn of 1977 to examine medically some refugees in Holland who had been tortured in their native or another country. Twenty-five persons have been examined medically so far. The Dutch group's working methods, aims, difficulties and preliminary results were discussed.

5. *US Medical Group's work* (Leonard Sagan)

The US Medical Group has emphasized questions of professional ethics. In pursuing that interest, they have included in their group several non-physicians, who include two professors of medical ethics, a science writer and an attorney. Activities have included:

- a mission to Chile to investigate whether there had been any unethical behaviour among physicians following the coup of 1973 (there had been);
- preparation of a teaching kit on torture and medical ethics;
- publication of articles in professional journals on medical ethics and torture;
- lobbying of professional health associations to create interest in the importance of the medical role in torture;
- activities in support of physicians who have resisted participation in torture;
- preparation of a videotape on the subject of torture suitable for showing to medical groups.

\* Please note that these résumés reflect the opinions of the speakers and do not necessarily coincide with positions taken by Amnesty International.

6. Swedish Medical Group's work (Birgit Linder and Paul Movschensson)
- The Swedish Medical Group of Amnesty International started in 1977 and has received a large response from members of the Swedish Medical Association - today almost 200 physicians are involved in the work.
- The organization, future plans, as well as the chosen priorities of work, were presented by Dr Birgit Linder.
- The findings from medical examinations among torture victims in Sweden, which were made by a section of the Swedish AI Medical Group, were presented by Dr Paul Movschensson.
7. Greek Medical Group's work (Panos Sakellariadis)
- The Greek Medical Group welcomed AI doctors from other countries to the seminar on torture and other violations of human rights.
- Greek doctors can contribute a great deal through experience of investigating the basic structure and evolution of the mechanisms of torture and other violations of human rights.
- The fact that physical and psychological torture is practised today on human beings is insulting and humiliating for us as civilized members of the human society, and still more so as doctors.
- The Greek Medical Group is prepared, not only for scientific research limited to the effects of torture on torture victims, but also, with our international colleagues, to investigate, understand and fight the causal factors of the phenomenon, so that it can lead to the elimination of the repressive violence and the torture mechanisms.
8. French Medical Commission's work (Alain Bernard and Anne-Lise Picard)
- Main aim of the French Medical Commission: to create awareness among the French medical community through specific information in the specialist press and through public meetings.
- Present work: participation in medical conferences and regular information in the medical press.
- Possible future work of the Medical Commission: hospital treatment for refugees who cannot claim free care; medical examinations by specialists; missions abroad; contact with AI medical personnel in the provinces; projects with CIMADE and France Terre d'Asile, to help political refugees and torture victims.
9. Danish nurses' work (Lone Jacobsen, Birgit Rahbek, Bodil Thestrup)
- The Danish Nurses' Group, formed in May 1975, consists of approximately 100 members, with a central group whose work is the following:
- to prepare AI Urgent Action appeals, which are sent to approximately 100 nurses who take part in the nurses' Letter Action Group by signing letters to the authorities on behalf of political prisoners;
  - to deal with ethical problems related to nurses taking part in or knowing of torture of political prisoners/detainees. The present ethical code of nurses does not express clearly that nurses must not be involved in torture.

- Furthermore, for educational purposes, the central group has discussed Amnesty International's work, especially the nurse's responsibility regarding torture.
10. Dentists' group (Pia Boelling, Peter Eriksen, Birtna and Peter Jerlang)
- Two years' examinations of ex-prisoners subjected to torture and imprisonment. Doctors' examinations of tortured ex-prisoners have shown that torture has usually included the head and face. Besides, imprisonment itself seems to affect teeth and gums. These two findings made it natural to call upon odontological knowledge for further research.
- The resulting preliminary investigation comprised 33 ex-prisoners from five different countries. It describes the kind of torture applied and the consequences.
- The 33 cases were evaluated by indirect evidence. It was discussed whether this represents proof or only strong suspicion of torture. The basic problem of how to evaluate dental examinations in general was considered. It was stressed that local habits of dental care and general state of oral health are of great importance.
- The group concluded that further systematic dental examination may not only increase the knowledge of the effects of torture on teeth and gums, but in some cases could even provide easy and reliable means of torture evidence. The future experiments in this respect on effects of electrical torture on amalgam seem especially promising.
11. Special research group on falanga (Ole Vedel Rasmussen, on behalf of Frede Bro Rasmussen)
- Falanga*, beatings on *planta pedis* for punishment and during interrogation, has been known since ancient times in the Mediterranean area. Under the Greek military junta (1967-74), *falanga* was the most common systematic kind of torture in Greece. Two to seven years after the torture, half of the victims had moderate or severe subjective symptoms, such as walking difficulties.
- After-examination of victims, combined with anatomic studies of the feet, indicated that the acute walking difficulties and pains were due to ischaemic lesions of *planta pedis*, to which the chronic states are sequelae. The chronic states are considered analogous to the closed compartment syndrome, well known from *crura*.
12. Special research group on endocrinology: the gonadal and sexual function in previously tortured men - a preliminary study (Joergen Lindholm, Inge Lunde, Ole Vedel Rasmussen)
- Seventeen men, aged 21-50, were examined. All had been subjected to torture three to ten years previously.
- In five subjects, definitely decreased sexual function was present (subnormal libido in all cases, two of them had erectile dysfunction, and one had powerful erections). In all cases sexual disturbances had developed after torture.
- There was no significant correlation between head-traumas, genital-traumas and the present sexual disturbances. The pituitary-testicular

function was assessed by determination of se-FSH, LH and se-testosterone. It was normal in all subjects and did not differ between men with and without sexual dysfunction.

13. Sequelae to exposure of porcine skin to heat and electricity (Lis Danielsen, Tonny Karlsmark, Kristian Gynther Nielsen, Ole Nielsen, Henrik Klem Thomsen, Ole Aalund)

With the aim to define diagnostic procedures for disclosure of electrical torture, the morphology of damaged pig skin was studied.

Biopsies from pig skin injured 24 hours earlier by either heat or electrical current were studied by the light and electron microscope.

It proved possible to define diagnostic criteria for sequelae to exposure via heat and electricity. Using these criteria in blind studies, the nosographic sensitivity was found to be 0.81 and 0.76 in regard to exposure with heat and electricity, respectively, while the nosographic specificity was 1.00 in both cases.

14. Children and torture (Joergen Cohn, Carin Christoffersen, Lone Kock, Birgit Severin)

It has been known for many years that children too are subjected to torture, but direct physical torture of children has not been published until recently. Psychological torture of children, e.g., by taking them as hostages and perhaps forcing them to be present while their parents are being tortured, has also been reported.

On the other hand, it has not been generally known that children whose parents have been imprisoned and/or subjected to torture quite often suffer from various mental and/or psychosomatic symptoms.

Realizing this serious problem, especially over a long period, the Danish Medical Group established in 1976 a special group, consisting of a nurse, a social worker, a child psychologist, a psychiatrist and a paediatrician.

The task of this group is to examine children who have themselves and/or whose parents have been subjected to physical and/or psychological torture.

The group uses a special examination form, containing spaces for information concerning the child's history, psychomotor development, previous diseases, description of separation from one or both parents, imprisonment, and forms of torture as well as their consequences to the child, physical as well as psychosocial. Besides, the child is examined by a doctor, in some cases also by a child psychologist. A special part of the form is devoted to social conditions, including data on housing, financial status, education, and work, as well as any problems in adaptation to the new environment, with respect to work in addition to language.

15. a. Danish medical letter-writing group (Jette Gede Boetzauw, Kurt Bresson, Theo Fix, Joergen Michelsen, Ulrik Soes-Petersen)

The Danish medical letter-writing group functions under the guidance of five medical doctors. Approximately 100 medical doctors sign the letters worked out on the basis of AI Urgent Action appeals concerning

prisoners of conscience and torture victims among medical personnel, as well as any other prisoner with medical problems. The aim is to relieve these from torture, to have them treated adequately and, if prisoners of conscience, to be released.

- b. Swiss medical letter-writing group (Françoise Vatré-Barassi and B Bierens de Haan)

Among other professional letter-writing groups, a medical group was created in Switzerland in 1975. Today, 450-500 physicians and dentists participate regularly in such actions, at the rate of about 20 actions per year. They either receive a draft letter to be copied on their professional paper, and to be posted, a copy being sent to the embassy in Switzerland of the country involved; or they receive a collective letter circulated among several physicians to be signed. In addition, in 1977, a petition asking for the release of a Paraguayan physician signed by 200 Swiss physicians, was sent to the WHO annual meeting in Geneva.

Although we realize that the efficiency of these actions is difficult to assess, we feel that one of their major aims is to sensitize the Swiss medical professionals to the problem of violations of human rights throughout the world. It is our belief that this aim is achieved and could be further developed. Future developments of the Swiss medical letter-writing group may include the following:

- to get information on AI Urgent Actions regularly published in the local medical press;
- to convene a workshop to discuss the specific responsibilities of the medical profession in the work for AI;
- to create "adoption committees" for prisoners of conscience from the medical profession.

16. Forensic medical group (Povl Riis, on behalf of Sigurd Riber Albrechtsen, Ole Espersen, Poul Kvist Pedersen, Joern Simonsen, Joergen Voigt)

The forensic medical group was founded one-and-a-half years ago. Specialists of both law and forensic medicine are represented. The group works with (i) practical problems, and (ii) research problems.

The practical work deals with the signs of torture damages of the dead body as recognized by photographs, death certificates, official statements and, if possible, examinations of dead bodies.

The scientific work is concerned with the legal aspects of (a) death certificates and (b) autopsy procedures in cases of prisoners' deaths.

17. Medical examinations of Chilean refugees in Canada (Philip Berger)

A Canadian experience was outlined following the examination of 11 refugee applicants to residency in Canada from Chile. Extensive examinations were done and reports made to support their entry into Canada according to the Canadian Immigration Statutes. The findings note that all were extensively abused, physically and emotionally. Canadian physicians are alerted to be available to write extensive protocols based on Amnesty International guidelines for their refugee patients.

18. Missions of medical investigation

a. Danish experiences (Ole Vedel Rasmussen)

Acute missions: Danish expeditions to South Korea and Northern Ireland aimed at investigating allegations about the application of torture or ill-treatment under existing regimes.

Medical-scientific study missions: the thorough scientific medical study of torture techniques and their after-effects is possible in countries where regimes applying torture are no longer in power. Such studies have been made in the careful examination of 60 victims in Greece and the Basque Country, Spain.

Special research missions: the study of the after-effects of *falanga* and possible endocrinological changes after torture and imprisonment in Greece.

Diagnostic procedure: methods applied, problems encountered.

The case of the last mission to the Basque Country in Spain: torture methods and their effects on the victims.

b. Swedish experiences (Arnt Meyer-Lie)

During 1975-76, the Swedish press published a series of articles about brutal treatment and torture of political prisoners, especially women, in the Akaki prison in Addis Ababa, Ethiopia.

A Swedish physician - Arnt Meyer-Lie, MD - who, on the basis of Swedish aid during the years 1969-72, had been director of medical services in the Ministry of Public Health in Ethiopia - went privately to Addis Ababa on behalf of a group of Swedes concerned about the prisoners, in order to investigate the rumours about ill-treatment and to appeal for the release of the prisoners. After extensive negotiations, the Ethiopian authorities granted an inspection of the Akaki prison. They also allowed aid in the form of money, medicine, medical instruments, etc, to go to the prisoners.

Half a year later, reliable information indicated that the situation of the political prisoners in Addis Ababa had deteriorated seriously, and Dr Meyer-Lie returned to Addis on a new mission - this time also representing Amnesty International. The Ethiopian military government refused to allow inspection of the prisons.

However, the findings in Ethiopia concerning overcrowded prisons, torture, killings, terror and gross violations of human rights were submitted by Amnesty International to a United States Congressional committee on 28 March 1977. Dr Meyer-Lie presented both the Amnesty International report and his own paper based on the findings during this medical mission.

Since the time of the mission, the use of torture as an interrogation method has continued to grow in Ethiopia and calls for immediate attention.

19. Personal experiences of torture from a medical perspective (Estela Cornalea de Falicoff)

My husband, Alberto Falicoff, and I are Argentinian doctors. Because of protests from the medical union to the government, concerning the suspension of free hospital treatment (in a country with no social security or unemployment benefit); for attending, as a doctor, relatives of detained and disappeared persons; for sending testimonies out of the country concerning the

murder and maltreatment of political prisoners, my husband and I were kidnapped by the Army Intelligence Service, at our home in Buenos Aires, on 25 November 1976. My husband was subjected to brutal electrical torture for several days. We were then moved to a large building, where I was kept in one of the box-like compartments in the floor with a hood over my head, bound hand and foot, hungry and thirsty, with deafening music playing constantly - despite which it was possible to hear the screams of pain from those being beaten.

I was released after a month; we have had no news of my husband since then.

I ask you to help me find him, by organizing appeals to embassies in the countries of participants and, from each country, urging international action to move the Argentinian government to acknowledge his and other detentions.

The medical profession has a primordial duty to protect life. Medical groups have a duty to protect the lives of their colleagues.

20. The means of resistance to torture (Eva Forest)

I was imprisoned in Madrid from 1974-76. Although I had considerable experience of torture cases previously, when my turn came, I realized that I knew nothing, and that very little is known, of torture. The techniques of torture of which we hear ("the bath", etc) are but a small part of the whole process and have to be seen in context. Most important is the torture that mutilates without touching a man, leaving no visible marks - long periods of solitary confinement, during incommunicado detention under interrogation.

After a period of acute torture, when one is put in a clean cell, there is an overwhelming feeling of euphoria. The recent terror recedes swiftly into the memory like a bad dream. However, a long period of total isolation produces a transformation. Sinking from desperation into exhaustion and disintegration, a prisoner hopes for a visit from the interrogators, who are the only link with life and who, as such, may become transformed into one's "saviours". When I became aware of this process happening to me, I began my hunger strike, forcing them to lift my incommunicado status.

Some extreme situations produce moments of lucidity, and moments of great terror can be rejected by the senses and forced out of the mind. It is important to use this moment of insight to illuminate the phenomenon and analyze the process of torture in its whole context. Strength to resist is drawn from a feeling of solidarity with fellow prisoners. But one's level of resistance is linked also with the destructive will of the official; and he can be recognized as a modest functionary, merely a part of a complex plan of repression.

21. The State's responsibility for financial compensation, for rehabilitation and social re-adaptation of torture victims (Stelios Nestor)

The responsibility of the State for financial compensation, rehabilitation and social re-adaptation of torture victims is a moral obligation and a humanitarian necessity. Legally, however, the situation is unclear. Torture cannot be handled within the framework of the usual provisions of most national penal codes referring to "bodily harm".

It is apparent that, in many cases - even in states where, after having experienced a crisis of their democratic institutions, such as civil war, dictatorship, etc, there is a return to normal government - torture victims are unable to claim damages and injury against the State.

The present injustice towards torture victims calls for an international convention which, at first, could be drafted within the framework of the European Convention on Human Rights.

Some suggested points of the convention are as follows:

- a. Enactment of a specific criminal statute on torture;
- b. Absolute liability of the State in cases of violation of Article 3 of the European Convention on Human Rights or of the above criminal statute on torture;
- c. The State will be held liable for any act of maltreatment inflicted upon a person (its own citizen or an alien) in a public building or compound;
- d. The State will be held liable for any act of maltreatment committed anywhere by a public employee or person used by the authorities provided that the victim is under arrest or detention;
- e. A domestic statute of limitation does not apply if the victim has no substantial or procedural possibility to undertake litigation before the competent civil court.

22. Late effects of war victims as a lesson for a policy towards early legal measures for the benefit of victims of torture (Henk Leliefeld and Gees van der Kroef)

This paper was based on the assumption that victims of concentration camps, imprisonment and persecution during World War II, and victims of recent illegal violence, such as torture, have in common that their experiences are a drastic encroachment on their future lives.

Because we have learned from war victims how important it is for immediate support to be organized after liberation, we can apply our knowledge to establish an enforceable right to compensation for the benefit of victims of torture. Compensation is more than merely money. It can be related to goods lost, to back-payments and can be directed to the victims themselves or to their next-of-kin.

Compensation alone, paid for rights bought off, will often be regretted years afterwards, when conditions have changed, and no further claim is possible. An early gesture of society will keep the victims from having feelings of another isolation in a free world. This gesture of solidarity needs to be given in a firm form by law, expressing recognition of the harm and grief caused to the victim and giving them a feeling of recognition, safety and security.

23. Compulsory treatment in psychiatric hospitals (Niels Bjoerum, Mogens Jacobsen, Villars Lunn, Fini Schulsinger, Joseph Welner)

The Danish AI psychiatrists' group was initiated in 1975. The Danish Section of Amnesty International also initiated an international working group at a meeting in Rungsted, Denmark, in 1975. This group divided itself into four subgroups:

1. Enforced psychiatric treatment;
2. Technical criteria for the diagnosis of psychosis;
3. Legal safeguards for psychiatric patients;
4. Psychiatric ethics.

Subgroups 2 and 3 have not presented any results so far. Subgroup 4, with Drs Clarence Blomquist and Gerd Wretmark from Sweden, has not presented specific work to Amnesty International, but they were among the people most instrumental in the practical development of the 1977 Hawaii Declaration of the World Psychiatric Association.

Subgroup 1 has produced an outline for ethical rules regarding enforced psychiatric treatment, which was presented at the seminar. This outline is particularly concerned with the responsibility of the psychiatrist regarding the choice of treatment in accordance with a principle of minimal risk. It is also concerned with the circumstances surrounding so-called "informed consent".

24. Consequences of the ethical codes for doctors concerning torture (Jens Daugaard)

A brief historical background about the development of guidelines for medical doctors finally adopted as the "Declaration of Tokyo" by the World Medical Association was described. In addition, the following subjects were covered:

1. Preliminary considerations concerning the request of the United Nations to the WHO and the following study made by CIOMS on behalf of the WHO;
2. Future steps and developments, including the question: is it possible to set up common guidelines concerning all health personnel?

25. International mobilization of medical ethics as a deterrent to torture (Alfred Gellhorn, President of the Council of International Organizations of the Medical Sciences, CIOMS)

The diagnosis and treatment of the common diseases are recognized and accepted by physicians everywhere and govern the practice of medicine throughout the world. Flagrant disregard of the standards is considered malpractice and unethical and is condemned by the medical community. The ethical standards of medical practice which absolutely prohibit the involvement of a physician in torture or inhuman treatment of prisoners must be made known to all doctors and vigorously supported by all professional medical organizations. The weight of censure by the medical community on transgressors will be a deterrent to those who are requested to participate in torture, and the discussion of the issue will sensitize the medical profession to mobilize public opinion against all inhuman, degrading treatment or torture. The Council of the International Organizations of the Medical Sciences has these objectives to achieve in common with the goals of Amnesty International.

26. Future plans (Inge Kemp Genefke)

From our medical work with torture victims, we have arrived at the conclusion that torture is a disease of a traumatic nature. The victims are therefore often to be considered as ill people.

The medical profession must realize that medical personnel will have to deal with torture as with any other disease. This means that torture should be studied in regard to symptoms and diagnosis to gain insight into etiology, treatment and profylaxis.

Therefore: 1. Medical groups and centers for research, clinical as well as basic, should be further developed; and  
2. Our medical organizations must recognize and consequently work against the disease of torture.

27. Responsibilities and activities for the medical profession: a look into the future (Herman van Geuns)

A short historical review of AI activities regarding the medical implications in torture procedures was given.

Torture was then described as a true disease, and some thoughts were developed on the practical consequences of the Tokyo guidelines for doctors and on the possibilities to create a broader interest among the medical profession to fight torture.

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TO THE PARTICIPANTS. SEE THE LIST OF PARTICIPANTS BELOW.

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Report of

WORKING PARTY I

International legal conventions for rehabilitation and medical treatment of torture victims

Chairman: Stelios Nestor  
Rapporteur: Alfred Heijder

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Noting that, from medical studies on torture victims, sufficient evidence has been gathered to substantiate (a) that, in most cases, torture and cruel, inhuman or degrading treatment have long-term effects on the victim, which impair his/her physical, psychological and social functioning, and these effects invite strongly the attention of the medical profession in regard to care and treatment; and (b) that questions of financial compensation and of free medical, dental and mental care for victims of torture play an important part in their medical treatment and rehabilitation:

1. We urge that these fundamental medical observations be acted upon by the international and national lawmakers, and
2. We call upon Amnesty International to establish a mechanism for reviewing this matter, to formulate guidelines and to explore the possibilities to obtain international support.

To this end, we recommend:

- (i) That attention be paid to the results of compensation trials in various countries and their relevant legislation;
- (ii) That a study include the feasibility of setting up a special United Nations fund (perhaps similar to UNICEF) to guarantee free and adequate medical treatment for torture victims, whether refugees or residents in their own countries;
- (iii) That an international covenant be drafted, to be binding on signatory states, that would clarify the responsibility of the State for financial compensation and social re-adaptation of torture victims;
- (iv) That the report of Mr Stelios Nestor be taken into consideration (see agenda item 21 above).

Report of

WORKING PARTY II

Objectives, methods, organization and finance of future work for AI medical groups

Chairman: Herman van Geuns  
Rapporteur: Arnt Meyer-Lie

Objectives

1. It was agreed that the objectives of Amnesty International and those of the medical groups operating within Amnesty International should be identical.
2. Inside this framework, it was agreed that, as medical doctors, we must ALSO focus on prevention as well as treatment. With respect to torture, that implies seeking out causes and attempting to influence them.
3. It was recommended that medical evidence of the effects of torture be brought to the attention of legislators with a view to creating legislation making torture specifically illegal and imposing severe punishment on those found guilty.

Other recommended objectives are:

4. Identification and location of victims of torture.
5. Systematic examination of these victims. Plans were implemented to create a standard examination form. This examination form should include questions regarding identification of torturers, especially doctors and other medical personnel.
6. The development and encouragement of Urgent Action groups within each national medical group.
7. The development of resources for investigative missions. This will include the training of physicians in standardized examination techniques. It was recommended that membership include members from more than one national section. Legal members may be included, as the situation requires. These lawyers should have particular qualifications for such work.
8. Dissemination of information regarding the extent and effects of torture, both to the medical community and to the general public. Methods may include:
  - a. lectures;
  - b. publications;
  - c. films.

9. Lobbying within professional medical organizations for adoption and implementation of codes prohibiting involvement of professionals in torture.
10. Research into causes of torture and into effects of torture on the victim.

Methods and organization

11. We rather strongly recommend that all health professionals of AI, especially new members, be acquainted with ordinary AI work.
12. We strongly recommend that the Medical Advisory Board urgently request the International Executive Committee to approve the creation of the post of medical officer within the International Secretariat, whose duties would include, but not be limited to:
  - coordinating investigative medical missions;
  - providing communication among medical groups;
  - aiding in medical group development;
  - aiding in and coordinating medical research into torture.
13. We recommend that the International Executive Committee permit national medical groups to enter into immediate investigation when there is evidence of alleged torture in progress in their own countries, and to report to the Medical Advisory Board.
14. We urge the Medical Advisory Board to recommend to the International Executive Committee that a world medical tribunal be established outside of AI, to which AI can bring evidence of malpractice among physicians found to be participating in torture.
15. We urge all national medical groups represented at the seminar to ask the highest professional authorities within their respective countries to appeal to the highest professional authority in Argentina on behalf of Dr Alberto Falicoff (detained in Argentina in November 1976, in connection with his work as a doctor, tortured and subsequently "disappeared" in detention). The French Medical Commission will take the initiative in providing more mechanisms for implementing appeals of this kind.
16. Finance: different means of financing medical activities were discussed (see also Working Party III report, item 9).

Report of

WORKING PARTY III

Clinical and experimental research, current investigations and new proposals

Chairman: Povl Riis

Rapporteurs: Jeanne Smeulers (1)

Inge Kemp Genefke (2)

- (1) 1. The importance of well-described and documented case studies of victims of torture was stressed.

It was stressed that (i) in some countries these documented medical reports have influenced the official decision that torture victims could remain in the country as refugees; and (ii) this documentation will serve to inform medical colleagues of signs and symptoms of torture, and may suggest possible treatment.

2. It was stressed that, if we can acquire medical experience by studying the sequelae of torture, and by going on missions to countries where doctors do not have this possibility, we can help both the victims and the doctors.

3. The importance of systematic training of doctors, of protocols and teaching materials, for the benefit of inexperienced doctors, was recognized.

4. It was recommended that clinical studies be performed in a systematic way, according to the tradition of clinical science. Care must be taken with these studies. It is also important that the doctor's responsibility continue after the study itself. Moreover, care must be taken that the results of clinical studies not be abused. The importance of follow-up studies was stressed.

5. The dentists' group indicated that they considered it important for dentists to examine patients at the same time as doctors.

- (2) 6. The importance of experimental study was recognized, but it was stressed that this should not interfere with the main interests of AI. It was also felt that these experiments might have a preventive effect in countries where torture is going on. However, doubts were expressed regarding the possibility of continuing controlled clinical investigations of torture sequelae within the structure of AI in the future, for practical reasons. There was discussion of the alternatives of continuing all medical group work within the AI structure.

It is necessary to bear in mind that AI does not possess the necessary research administration to deal directly with a large number of scientific projects. On the other hand, to disrupt such scientific work, which has the aim of preventing torture, from Amnesty would be unacceptable. Therefore, it was recommended to study the feasibility of a structure that would interest new scientific groups (for instance, dealing with experimental work) in AI's purpose.

7. The importance of interdisciplinary groups, involving motivated researchers, and combining clinical and experimental studies, was also recognized. A high need for laboratory work was emphasized.
8. It was recommended that it be accepted as part of future work for AI medical groups that independent doctors carry out autopsies on all prisoners who have died in custody. Suspicious autopsies should be done by independent specialists from other countries.
9. It was recommended that specialist finance be sought, e.g., from national medical associations, national research councils, foundations, colleagues, etc.
10. To establish information channels and facilitate exchange of experience, it was recommended that all colleagues in AI medical groups seek to forward information and scientific results to medical conferences and journals.
11. To investigate further possibilities of activating doctors and medical institutes, possibly outside Amnesty's structure, still considering the need of securing the long-term purposes of Amnesty.

Report of

WORKING PARTY IV

Other research aspects of torture

Chairlady: Birgit Linder

Rapporteur: Costis Chlouverakis

Some time was devoted to the topic of what makes a torturer, taking as an example the recruiting and training of torturers in a special camp, KESA, during the junta in Greece. It transpired that recruitment was very careful, and training was very scientific, to the effect that they successfully produced torturers for the Greek military police. It is an indication of the careful and scientific approach that, of the 2,500 selected conscripts, only about 0.5 per cent in the end were employed as torturers.

In this context, it was thought that countries with recent experience of a torture regime, and with electoral mechanisms at present (like Greece, Spain or Portugal), might present themselves as ideal cases for AI action, especially in terms of the prevention of torture mechanisms. The reason for this is that, on the one hand, remnants of such torture mechanisms in these countries do still exist, and, on the other hand, the governments of these countries are extremely sensitive to publicity and research on the topic of torture.

Thus, it was recommended that AI and the medical groups:

1. Try to strengthen, enlarge and activate the local groups in those marginal countries. This should become a cooperative effort involving both the AI organization and the local groups.
2. Obtain authorization to the effect that local groups can intervene immediately for the purposes of treatment, research, compensation and rehabilitation, in cases of alleged torture.
3. Extend research into cases, bearing in mind the fact that, under the present conditions, torture mechanisms might manifest themselves only in common criminal cases. Extended research in this area would be one way of revealing and eliminating the occurrence of torture.
4. Use publicity at an international level (through publications) and at a local level (through discussion and lectures) in order to sensitize people and mobilize public opinion against the mechanisms of torture which are still at work, albeit latently.
5. Prepare an ethical code for military men and policemen, and health personnel working in the police or armed forces.

Finally, the consensus of the group was that the prevention of torture in countries where the socio-political milieu tends to enhance torture is an extremely difficult and perhaps too ambitious operation, which extends into the general beliefs, ways of thinking, traditions and educational level of the people.

However, it was recognized that treating torture only after it has occurred and been discovered might prove too limited if the goal of AI is the ultimate abolition of torture.

Amnesty International Medical Seminar

LIST OF PARTICIPANTS

"I am sorry not to be able to attend the international medical seminar in Athens because of some impossibilities. The consequences of the violations of human rights in the form of torture are a very interesting subject for Turkey and the rest of the world. The studies during the seminar will be a light to us. We are eager to hear the results of the meeting. We wish you success of the seminar. I send you friendly congratulations of the Turkish Medical Association."

Dr Erdal Atabek,  
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(Text of cable)

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