

THE PRINCIPLE OF EQUALITY IN THE POSITIVE LAW SYSTEM AS A MEANS OF INDIGENOUS DISCRIMINATION

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The purpose of this paper is to talk about one of the most important critics that has been made of the Positive Law System, that has its origin in the latinoamerican indigenous movements: the equity principle.

My exposition for this analysis is based in three main aspects: a) the indigenous organisations questionings; b) the most common forms of discrimination they have suffered, and c) a recent case study related to the guarijio tribe, which inhabits the Sonora state, north of México.

I shall also talk about two areas that require future solution, on one hand the judicial and political problem, and on the other, strictly the theory of the case.

EL PRINCIPIO DE IGUALDAD EN EL DERECHO POSITIVO COMO UNA FORMA DE DISCRIMINACION HACIA LAS POBLACIONES INDIGENAS

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El propósito de este trabajo es hablar acerca de una de las más importantes críticas que se han hecho al sistema jurídico positivo y que tiene su origen en los movimientos indígenas latinoamericanos: el principio de igualdad.

Mi exposición, para este análisis, está basada en tres aspectos significativos: a) las críticas de las organizaciones indígenas; b) las formas más comunes de discriminación de que han sido objeto; y c) un reciente estudio de caso sobre la tribu guarijío que habita en Sonora, al norte de México.

Hablaré también acerca de dos grandes áreas que requieren de soluciones futuras. Por un lado, el problema jurídico y político. Por el otro, estrictamente lo teórico del asunto.

GUIDED IMAGERY WITH TORTURE SURVIVORS

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This paper addresses the difficult area of freeing survivors from recurrent fantasies, dreams and physical symptoms that recall the torture experience. Based on the premise that such "flashbacks" are the mind's own way of attempting to integrate the experience, this paper will outline methods by which such a process can be facilitated. Specifically, methods of using guided imagery will be presented that transform the original traumatic experience from one of helplessness to one of empowerment. Case material will supplement the presentation.

"LA FANTASIA DIRIGIDA" EN SOBREVIVIENTES DE LA TORTURA

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Esta ponencia se refiere a la complicada área de lograr que los sobrevivientes de la tortura se liberen de la fijación de fantasías, sueños y síntomas físicos que les recuerdan la experiencia vivida. A partir de la premisa de que estos "flashes" del pasado constituyen la forma particular que adquiere el intento de la mente de integrar esa experiencia, el trabajo delinea métodos a través de los cuales se puede facilitar este proceso. Específicamente, se presentarán métodos de "fantasía dirigida", para transformar en fortaleza la desolación de la experiencia traumática original. La presentación se complementará con el estudio de un caso.

SEXUAL VIOLENCE, A METHOD OF TORTURE ALSO USED AGAINST MALE VICTIMS

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In the practice of assistance we sporadically get in touch with male refugees who show symptoms related to sexual violence used against them.

The question may be asked whether we observe here only the tip of the iceberg; in other words: Does not a large part of this problem escape our attention? This might arise from ignorance and lack of experience, but it is also possible due to feelings of shame both with the professional helper and the client.

In the presentation it is defined what is to be meant by sexual violence, in which ways it occurs and what the effects are on the victim.

The individual cultural context of the refugee is taken into account. An investigation has been made under colleagues of the C.G.V. into the knowledge of this phenomenon.

The results of this investigation are presented as well as a guide lines for the practice of assistance, in particular for tracing and indicating the results of sexual violence against male clients.

VIOLENCIA SEXUAL, UN METODO DE TORTURA TAMBIEN UTILIZADO CONTRA LAS VICTIMAS MASCULINAS

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Holanda

En la práctica de la asistencia nos encontramos esporádicamente con refugiados masculinos que muestran síntomas relacionados con la violencia sexual que fue utilizada contra ellos.

Uno debería preguntarse si en este caso sólo observamos la punta del iceberg, es decir ¿se nos escapa desapercibidamente acaso gran parte de este problema?. Puede que esto ocurra por ignorancia o falta de experiencia, pero también por sentimientos de vergüenza tanto del profesional como del cliente.

En la presentación se define lo que se entiende por violencia sexual, cómo ocurre y cuáles son los efectos en la víctima.

El contexto cultural del refugiado se tiene en cuenta. En la práctica, el CGV ha llevado acabo una investigación, entre colegas profesionales sobre los conocimientos de este fenómeno.

Se presentarán los resultados de esta investigación, así como las directrices para la práctica de la asistencia, particularmente para localizar e indicar los resultados de la violencia sexual contra los clientes masculinos.

HEALTH PROBLEMS OF REFUGEES: CONSEQUENCES OF TORTURE, OTHER FORMS OF ORGANISED VIOLENCE AND/OR EXILE?

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Research has been carried out on the medical, i.e. somatic, mental and social, complaints of refugees in the Netherlands. This research consisted of a retrospective and prospective descriptive study and a literature study. The most important assumptions which were tested in the research were: (1) refugees who have been tortured present the same medical complaints as refugees who have not been tortured but have undergone other forms of organised violence; (2) female refugees present different medical complaints to male refugees. In the retrospective part of the study use was made of information on 480 refugees from Latin America and the Middle East who had consulted the Refugee Health Care Centre between 1982 and 1987. For the prospective part 156 refugees from the Middle East were interviewed systematically. The data from both sections were analysed with the help of various statistical tests. The research was not only concerned with whether the nature and extent of organised violence and the sex of the refugee influenced the presentation of medical complaints, but also whether other factors such as cultural background, legal status, marital status and the duration of residence in Holland were correlated with the refugees' medical complaints. The results of both parts of the research were compared with data from the literature. Some of the results of this research and the provisional conclusions will be presented.

*forced migration
relation of way of torture
and the mental status of
the victim.*

PROBLEMAS DE SALUD DE REFUGIADOS: ¿CONSECUENCIAS DE LA TORTURA, OTRAS FORMAS DE VIOLENCIA ORGANIZADA Y/O DEL EXILIO?

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En Holanda se ha llevado a cabo una investigación sobre los problemas médicos, es decir somáticos, mentales y sociales, de los refugiados. Esta investigación consistió en un estudio descriptivo retrospectivo y prospectivo y de un estudio de bibliografía. Las dos hipótesis más importantes que se examinaron en la investigación fueron: 1. Los refugiados que han sido torturados presentan los mismos problemas médicos que los refugiados que no han sido torturados pero que han sufrido otras formas de violencia organizada; 2. Las mujeres refugiadas presentan problemas médicos diferentes que los hombres refugiados. En la parte retrospectiva del estudio se utilizó información de 480 refugiados de America Latina y del Medio Oriente que consultaron el CGV entre 1982 y 1987. Para la parte prospectiva se entrevistó sistemáticamente a 156 refugiados del Medio Oriente. Los datos de ambas secciones se analizaron con la ayuda de varias pruebas estadísticas.

La investigación no sólo dio importancia a si la naturaleza y duración de la violencia organizada y el sexo del refugiado influencia en la aparición de problemas médicos; pero también a si había otros factores, tales como costumbre culturales, estatus legal, estatus matrimonial y la duración de residencia en Holanda, que tuvieran correlación con los problemas médicos de los refugiados. Los resultados de ambas partes de la investigación se compararon con los datos aportados por la bibliografía. Se presentarán algunos de los resultados de esta investigación y las conclusiones previas.

PERSONAL DEVELOPMENT AND HUMAN RIGHTS

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When referring to mental health - more than dealing with the absence of clinical symptoms or human conflicts - we identify this concept with the integral development of a person, and this can be defined as the progressive acquisition and increase of a series of interlinked capacities.

A fair mental health politics must tend to the development, not only for a few members of a determined society but all of them. Thus, personal development requires a certain quality in social life that will enable collective development.

To achieve this special environment it is particularly important that human rights come fully into force both in the institutional ordinance of society as in the culture expressed in daily life.

DESARROLLO PERSONAL Y DERECHOS HUMANOS

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La salud mental, más que por la ausencia de sintomatología clínica o de conflictos humanos, se identifica con el desarrollo integral de la persona, definido como la adquisición y crecimiento progresivo de una serie de capacidades interconectadas.

Una política justa de salud mental debe atender al desarrollo no de unas pocas personas, sino del conjunto de los miembros de una sociedad dada. Con ese alcance, el desarrollo personal requiere de una calidad de vida social que haga posible el desarrollo colectivo. En la concreción de ese medio ambiente especial tiene particular importancia la plena vigencia de los derechos humanos -los civiles y políticos como los económicos, sociales y culturales- tanto en el ordenamiento institucional de la sociedad como en la cultura que se expresa en la vida cotidiana.

THE PROTECTION AND PROMOTION OF CHILDREN'S RIGHTS: A COLLECTIVE EXPERIENCE

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The Foundation for the Protection of Children damaged by States of Emergency began in 1990 a collective working experience which aimed to create a growing public awareness about the protection and promotion of children's rights so that society could recognize these as the basic elements in order to guarantee children's integral wellbeing.

The strategy for public participation was based on the active role of local grass-roots organizations. With them a process of participative diagnosis was established in studying the general situation of children and adolescents in the community.

The most relevant and hard-felt problems in relation to the children and adolescents were identified, as well as the potentials of the area and the resources available in order to solve these. In this way it was possible to work out a programme of action which encouraged an active and coordinated participation of all the non-organized social sectors which were interested to contribute to the solution of these problems.

The role of PIDEE's multidisciplinary team in the community was to make this process easier, by mainly supplying technical support.

This first phase of participation in the community has enabled us to objectively establish which is the present reality of the grass-roots organizations, of the social leaders and, especially, of the degree of participation of the inhabitants ("pobladores") in the former.

The passivity, or the state of paralysation, highly revealed by the community, has been the key element for the development of the project and, also, our main obstacle.

The identification of the chief problems and the elaboration of a basic strategy for participation were fundamental since, in our model of work, we aim at the participation of seeking the well-being of their children.

The second phase of this programme is currently being developed and we shall presently report on the developments of this study and on the conclusions of this experience.

DEFENSA Y PROMOCION DE LOS DERECHOS DEL NIÑO: UNA EXPERIENCIA COMUNITARIA

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PIDEE, Fundación para la Protección de la Infancia Dañada por los Estados de Emergencia
Chile

La fundación para la Protección a la Infancia Dañada por los Estados de Emergencia inició en 1990 una experiencia de trabajo comunitario cuya intencionalidad fue que la tarea de defensa, promoción y conquista de los derechos de la infancia fuera asumida crecientemente por el conjunto de la sociedad, reconociendo los Derechos del Niño como elementos básicos resguardadores y asegurados del bienestar integral de la infancia.

La estrategia de intervención comunitaria centró su acción en el protagonismo de las organizaciones poblacionales de base. Se implementó con ellas un proceso de diagnóstico participativo sobre la situación general de los niños y jóvenes de la localidad.

El reconocimiento de las problemáticas más relevantes y más sentidas en relación a los niños y jóvenes, así como la identificación de las potencialidades específicas del sector y de los recursos posibles de utilizar en la resolución de estos conflictos o problemas determinados como centrales y viables de abordar, permitió elaborar un programa de acción tendiente a concitar e involucrar la participación activa y coordinada de todos los sectores sociales no organizados que se interesaran en aportar a la solución de los problemas detectados.

El rol del equipo multidisciplinario de PIDEE en la comunidad fue de facilitador del proceso desarrollado, aportando principalmente apoyo técnico.

Este primer período de intervención comunitaria nos ha permitido establecer objetivamente la realidad actual de las organizaciones de base, de los dirigentes sociales y especialmente el grado de participación de los pobladores en éstas.

La pasividad o más bien el estado de paralización que demuestra mayoritariamente la comunidad ha sido elemento clave en el desarrollo del proyecto y nuestro principal obstáculo.

Fue fundamental el discriminar motivaciones primarias y estrategias básicas para la participación, dado que nuestro modelo de intervención intenta involucrar a los propios afectados en la búsqueda del bienestar para sus niños.

Actualmente se desarrolla la segunda etapa de este programa y podremos comunicar los avances del análisis y conclusiones de la experiencia desarrollada.

PSYCHOSOCIAL PROBLEMS OF CHILDREN OF CHILEAN EXILES IN GERMANY

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Germany

The paper attempts to be a contribution to Psychiatry of Persecution and Migration based on analysis of family Histories of Chilean exiles.

Within the frame of an hypothesis-generating study 24 families of Chilean exiles were examined by semi-structure interviews and partly by accompanying the family during their cycle of exile by a "participating observer". The aim of the study to contribute to a complex understanding of psychodynamics of persecution and exile.

Results of the casuistic study were compared with the available literature on psychodynamic effects of persecution during fascism, studies on exile and persecution nowadays and psychiatry of migration.

Results:

The examined group varies considerably from that of migrant workers children in scholar achievement and cultural proximity to the host society. Among the causes are stressed the social background, the availability of groups of reference (with positive and detrimental effects) and the ideological orientation of exile.

The dynamics of persecution and exile are described as a cumulative trauma to all members of the family: Insecurity, threat to life, and separation trauma continue in exile.

Parental psychosocial regression and crisis of identity caused by inability to manage and plan life, role diffusion and parentification contribute to grave difficulties of identification in children later manifested in adolescent crisis.

The paper attempts to demonstrate that political conclusions of the consequences of persecution and life in concentration camps of those persons eradicated after fascism in Germany have not been drawn. Organisational, social and psychosocial measures that help to (re-)establish a positive identity of all family members are necessary.

PROBLEMAS PSICOSOCIALES DE NIÑOS DE EXILIADOS CHILENOS EN ALEMANIA

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La ponencia intenta contribuir a la Psiquiatría de la persecución y la migración, a partir del análisis de las historias familiares de exiliados chilenos.

En el marco de un estudio para crear hipótesis se examinó a 24 familias de chilenos exiliados, por medio de entrevistas semiestructuradas y en parte por acompañamiento de la familia durante su ciclo de exilio, a través de un "observador participante".

El fin del estudio era contribuir al entendimiento complejo de la psicodinámica de persecución y exilio.

Los resultados del estudio casuístico fueron comparados con la bibliografía disponible sobre efectos psicodinámicos de la persecución durante el fascismo, estudios sobre persecución y exilio hoy día y psiquiatría de la emigración.

Resultados:

El grupo examinado se diferencia considerablemente del grupo de niños de trabajadores emigrantes, en lo que se refiere a rendimiento escolar y proximidad cultural a la sociedad de acogida. Entre las causas importantes están la proveniencia social, la presencia de grupos de referencia (con efectos positivos y negativos) y la orientación ideológica del exilio.

La dinámica de persecución y exilio es descrita como trauma acumulativo en todos los miembros de la familia: La inseguridad, la amenaza vital y el trauma de la separación continúan en el exilio.

La regresión psicosocial parental y la crisis de identidad causadas por la incapacidad de manejar y planificar la vida, la difusión de los roles y la parentificación contribuyen al surgimiento de graves problemas de identificación por parte de los niños, manifestándose en crisis de adolescencia.

Se demuestra que no se sacaron las conclusiones políticas de las consecuencias de la persecución y de la vida en los campos de concentración, de personas erradicadas después del fascismo alemán. Hacen falta medidas organizacionales, sociales y psicosociales que contribuyan al restablecimiento de una identidad positiva de todos los miembros de la familia.

STRESS REACTIONS AFTER KIDNAPPING AMONG CHILDREN AND PARENTS

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In Europe too, the number of kidnapping of children increases. Mostly, these events concern marital conflicts. Criminal kidnappings, drive by extortion, blackmail or sexual abuse, occur less often. Sometimes, unbalanced or disturbed mothers steal babies to have a child of their own.

In this lecture, the consequences of kidnapping for children will be discussed. Among other things, they are influenced by contextual aspects: Is the kidnapping being executed by a parent or by strangers? Does the child voluntarily come, or is force or violence being used? Child and parent-related factors also influence the traumatic impact of the kidnapping and the child's coping with it.

The first thing to do as a therapist is to establish a policy, in cooperation with the Child Protection Service and police authorities. Structuring the child's situation, which is often very disorganized is of main importance. The treatment of the child and the supervision of the parent to whom the child returns, can succeed if the child's new living situation is clear and safe.

REACCIONES DE STRESS DESPUES DE UN RAPTO ENTRE NIÑOS Y PADRES.

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En Europa también, el número de raptos de niños está aumentando. En la mayoría de los casos se trata de conflictos matrimoniales. Los raptos criminales motivados por la extorsión, el chantaje y los abusos sexuales, suceden con menos frecuencia. A veces, madres desequilibradas o alteradas roban bebés para tener un niño propio.

En esta ponencia se desarrollará el tema de las consecuencias del rapto para los niños. Entre otras cosas, son influidos por aspectos relacionados, tales como: El rapto, ¿fue llevado a cabo por uno de los padres, o por desconocidos?. El niño, ¿se fue por voluntad propia, o se le impuso fuerza o violencia?. Los factores relacionados al niño y a los padres también ejercen una influencia sobre el impacto traumático del rapto y cómo el niño se adapte a la situación.

Lo primero que debe hacer el terapeuta es establecer una política conjuntamente con el Servicio de Protección de Menores y las autoridades policiales. Estructurar la situación del menor, la que a menudo se encuentra muy desorganizada, es de fundamental importancia. El tratamiento del niño y la supervisión del padre o de la madre, a cuyo lado vuelve, puede lograr el éxito solo si la nueva situación vital del niño está claramente definida y segura.

HEALING RITUALS WITH EXILED FAMILIES: FAMILY THERAPY

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Medical Foundation for the Care of Victims of Torture
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Throughout history communities in exile have created healing rituals in order to ameliorate the damaging aspects of exile and to provide continuity of cultural expression from one place to the next. We will all be aware in our own culture of forms of expression whose origins, although lost in time, derive from such circumstances.

In my work with families at the Medical Foundation for the Care of Victims of Torture, London, UK, I became aware that enactments, akin in type to healing rituals, were often played out in family therapy sessions. Having become conscious of this I set out intentionally to develop these forms of expression in my work with families.

This paper is an exploration of that process and a modest summary of progress in integrating an awareness of the efficacy of healing rituals into work with families in exile thus far.

RITOS DE SANACION CON FAMILIAS EXILIADAS TERAPIA FAMILIAR

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Fundación Médica para la Atención a las Víctimas de Tortura
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A lo largo de la historia las comunidades de exiliados han creado ritos de cura para aliviar los aspectos perjudiciales del exilio y para dar continuidad a la expresión cultural en el desplazamiento de un lugar a otro. Puede que nosotros mismos tengamos conciencia, dentro de nuestro propio contexto cultural, de formas de expresión cuyos orígenes, aunque ya perdidos en el tiempo, deriven de tales circunstancias.

En el curso de mi labor en la fundación Médica para la Atención a las Víctimas de la Tortura en Londres, Reino Unido; pude observar frecuentes representaciones, semejante en su tipo a los ritos de cura, que surgen en las sesiones de terapia familiar. Al darme cuenta de esto me propuse intencionalmente el desarrollo de estas formas de expresión en mi trabajo con las familias.

Esta ponencia es una exploración de este proceso y una modesta síntesis del avance logrado hasta el momento en la integración de la conciencia de la eficacia de los ritos de cura, al trabajo con familias exiliadas.

MEDICAL EXAMINATIONS AND TREATMENT OF SOUTH KOREAN TORTURE VICTIMS

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The facts of torture victims are fairly well known among the public in South Korea due to press reports and testimonies of torture victims themselves. Torture has been routinely practised by the police and army interrogators. It started with the Japanese colonial rule and continued to flourish under military authoritarian regimes since the 1945 liberation. The worsening of torture practice was partly due to Korean being a divided country, a focal point of East-West tension, but primarily due to the lack of democratic rights in the country.

To make South Korea free of torture, we must launch an anti-torture campaign. The fact that people are against the practice of barbaric torture must be clearly announced and preventive measures must be institutionalized. The anti-torture campaigning, a part of democratization efforts, is the duty of all the members of the society including physicians, lawyers, and intellectuals.

My presentation is mainly a report on more than ten torture victims whom I personally treated as their physician. This report, I hope, will alert the international community on the hitherto little-known hardships of torture victims in South Korea.

EXAMEN Y TRATAMIENTO DE LAS VICTIMAS DE TORTURA EN COREA DEL SUR

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La realidad de las víctimas torturadas es bastante conocida entre el público de Corea del Sur a causa de reportes de la prensa y de testimonios de las víctimas mismas. La tortura ha sido practicada rutinariamente por interrogadores de la policía y del ejército. Esta comenzó bajo el gobierno colonial japonés y continuó bajo el régimen militar autoritario desde la liberación de 1945. La razón por la cual la práctica de la tortura empeoró fue en parte a causa de la división del país, un punto focal de la tensión entre el este y el oeste, pero primordialmente a causa de la falta de derechos democráticos en el país.

Entre varias víctimas, sólo unas cuantas fueron oficialmente reconocidas y recompensadas. Existe además, un gran número de muertes en relación con la tortura que nunca fueron claramente explicadas. La mayoría de las víctimas casi no tiene la posibilidad de probar que realmente hayan sido víctimas de la tortura puesto que estas son puestas bajo custodia y por lo tanto no pueden recibir un examen médico a tiempo.

Para convertir a Corea del Sur en un país libre de tortura, debemos lanzar una campaña contra la tortura. El hecho de que la gente está en contra de la tortura salvaje debe ser anunciado claramente y medidas preventivas deben ser institucionalizadas. Esta campaña contra la tortura, que forma parte de los esfuerzos democráticos, es la responsabilidad de todos los miembros de la sociedad incluyendo médicos, abogados, e intelectuales.

Yo presentaré casos concernientes a más de diez víctimas de tortura, con lo cual espero alertar a la comunidad internacional de las injusticias que las víctimas de tortura padecen en Corea del Sur.

PROGNOSTIC FACTORS IN THE TREATMENT OF SURVIVALS OF TRAUMA

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The psychic and psychosomatic difficulties that arise post traumatically and those affecting the outcome of treatment is subject to current discussion.

I will discuss in this paper the treatment of persons subjected to torture and, also, the factors which influence the treatment.

The traumatic period in the applicants' lives was not limited with the period of torture and imprisonment. It shows continuity. A variety of subjects like economic support, social support network, partner relationship were causes of this continuity.

Our therapeutic approach was cognitive behavioral. Therapeutic results were discussed from the point of view of IES, SCL-90, STAI, Hamilton Depression and Anxiety Scales and negative life experiences other than torture and imprisonment.

FACTORES PRONOSTICOS EN LA ATENCION A LOS SOBREVIVIENTES DEL TRAUMA

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Esta ponencia trata las dificultades psíquicas y psicósomáticas que surgen pos-traumáticamente y aquellas que afectan el resultado del tratamiento.

En este trabajo desarrollaré el tratamiento de personas sometidas a la tortura y también, los factores que condicionan al tratamiento.

El período traumático en la vida de los aplicantes no se ha limitado al período de la tortura y el encarcelamiento, sino que manifiesta una continuidad. Una variedad de factores, tales como el apoyo económico, la red de apoyo social, la relación de pareja, han sido los causantes de esta continuidad.

Empleamos un enfoque terapéutico cognoscitivo - behaviorista. Los resultados terapéuticos están desarrollados desde el punto de vista de IES, SCL-90, STAI, las Escalas Hamilton de Depresión y Ansiedad, y vivencias negativas aparte de la tortura y encarcelamiento.

ANALYZING THE HEALTH CONSEQUENCES OF THE CONFLICT IN THE GULF

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Relatively little work has been done to elucidate the impact of political conflict on health. The struggles in the Gulf represent a variety of forms of violence: assessing their impact on health is important if such conflict, are to be avoided in the future. This paper describes the history of the conflict, its extent, and direct and indirect consequences, in both the short and longterm.

It is estimated that tens of thousand of Iraqi soldiers died in the Gulf War; the precise number, as well as the number of civilian casualties, of refugees, of Kurdish and Shia people killed, may never be known - it is probably in nobody's interest that the bodies be counted. The indirect effects are also numerous but difficult to quantify: the health effects of disrupted water and food supply, damaged and disorganised sanitation and health services. Other indirect effects also abound - population movements away from areas of conflict, the Gulf of hundreds of thousands of migrant workers from Arab and Asian nations, all of which have a significant effect on the health of those affected.

The Gulf conflict provides a current case study for assessing the impact of different forms of violence - structural, repressive, reactive and combative - on health. The framework developed for conducting a case-study enquiry may be of value to others examining the health effects of conflict elsewhere.

EL ANALISIS DE LAS CONSECUENCIAS DEL CONFLICTO EN EL GOLFO

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Inglaterra y EE. UU.*

Se han desarrollado relativamente pocos trabajos para dilucidar el impacto de los conflictos políticos sobre la salud. Las luchas en el Golfo representan una variedad de formas de violencia: evaluar su impacto sobre la salud es de importancia para lograr evitar tales conflictos a futuro. Esta ponencia describe la historia del conflicto, su amplitud y sus consecuencias directas e indirectas, tanto en el corto como en el largo plazo.

Se estima que decenas de miles de soldados iraquíes murieron en la Guerra del Golfo. El número preciso, tanto de las bajas militares como civiles: de los refugiados, de los muertos de los pueblos Shiita y Kurdo, quizás nunca lo podremos saber - probablemente no es del interés de nadie que se las cuenten. Asimismo, los efectos indirectos son numerosos pero difíciles de cuantificar: los efectos para la salud de la interrupción del suministro de agua potable y de víveres, sistemas de saneamiento y de salud desorganizados. Existe un sinnúmero de otros efectos indirectos: movimientos poblacionales en huida de las áreas del conflicto, la respuesta iraquí a los revueltos Kurdos y shiitas, el impacto de la repatriación fuera de la zona del Golfo de cientos de miles de trabajadores migrantes provenientes de países árabes y asiáticos, la cual ejerce un efecto significativo sobre la salud de los afectados.

El conflicto del Golfo nos presenta con un caso clínico actual útil para la evaluación del impacto de las diferentes formas de violencia: estructural, represiva, reactiva y combativa; acerca de la salud. El marco desarrollado para la conducción de un caso clínico - investigación podrá ser de utilidad para otros, abogados a examinar los efectos sobre la salud de conflictos en otras regiones.

TRANSCULTURAL ASPECTS OF PSYCHOLOGICAL DISTURBANCES AND PSYCHOTHERAPY WITH REFUGEES

Julio GONZALEZ Arenas

CEPAR - Center for Psycho-social Assistance for Refugees

Denmark

Psycho-social and psychotherapeutical work with refugees is related to the problems arising from the meeting of two different cultures: one represented by the refugee's country of origin, and the other by the host country's.

From a transcultural perspective, this cultural confrontation can be regarded as the major contribution to psychological disorganization. The bigger cultural distance appears to be, the bigger the risk of psychological disturbances.

The psychotherapist is therefore forced to develop new forms of communication, not only to overcome the "language barrier", but also to achieve a "cultural competence", i.e. awareness of the psychotherapist's own cultural background and the ways it influences contact with the client, as well as with the clinical assessment.

Problematic areas for implementing a transcultural approach are presented/discussed: 1) The unusual symptom manifestation, 2) cultural-communication difficulties, 3) the client's own conception of advice and psychotherapy, 4) the absence of a common and historical frame of reference. It is emphasized that a "western" orientated approach within psychotherapy and life-philosophy may become a conflicting issue in relation to the refugee's faith and inner convictions.

Special attention will be paid to the role of the psychotherapist and the function of the institution, in the transcultural psychotherapeutic context which characterizes work with refugees.

ASPECTOS TRANSCULTURALES EN LOS PROBLEMAS PSICOLÓGICOS Y EN LA PSICOTERAPIA CON REFUGIADOS

Julio GONZALEZ Arenas

CEPAR - Centro Psicosocial de Asistencia a los Refugiados

Dinamarca

El trabajo psicosocial y psicoterapéutico con refugiados está relacionado con los problemas que surgen en el encuentro / confrontación de dos culturas diferentes: una representada por el país de origen del refugiado; la otra, representada por el país: sociedad de acogida.

Desde una perspectiva transcultural, esta "confrontación cultural" puede considerarse como el principal factor que contribuye a la desorganización psíquica del refugiado. Mientras mayor parece ser la distancia cultural, mayores parecen ser los riesgos de problemas / desórdenes psicológicos.

El psicoterapeuta es forzado a desarrollar nuevas formas de comunicación, no sólo con el fin de superar "barreras lingüísticas", sino también con el fin de lograr una "competencia cultural", es decir la sensibilidad y reflexión por parte del psicoterapeuta con respecto a su propio background cultural y cómo este background influye en su contacto con el cliente y en sus evaluaciones clínicas.

En la implementación de un enfoque transcultural se presentan / discuten algunas áreas problemáticas: 1) La forma poco acostumbrada en la manifestación / presentación de los síntomas, 2) Las dificultades en la comunicación cultural, 3) Las representaciones y expectativas por parte del cliente con respecto a la psicoterapia, 4) La ausencia de marcos de referencia históricos comunes.

Se enfatiza en que un modo de abordar la temática puramente "occidental" en el campo de la psicoterapia y de la filosofía de la vida, puede llegar a ser un aspecto conflictivo en relación a las concepciones y convicciones internas del refugiado.

Especial atención se pone en el rol del psicoterapeuta y en la función de las instituciones en el contexto psicoterapéutico transcultural que caracteriza el trabajo con los refugiados.



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S T A T U T E S

of

The International Tribunal
for the Investigation of Torture

Draft

March 1991

International Tribunal for the Investigation of torture

Preamble to be formulated

S T A T U T E S

1. A Tribunal is established to deal with crimes against humanity, especially torture and other maltreatment, viz. art. six, for which members of the medical or legal profession are alleged to be responsible.
2. The Tribunal is independent, international and permanent. Not more than one national from each country may be a member.
3. The Tribunal consists of eight members, four from the medical profession and four from the legal profession. During its sessions, it consists of four members of the medical profession and one member of the legal profession if the alleged is a member of the medical profession and vice versa. If it is a member of the medical profession who is on trial, the President of the Tribunal will be the Medical President and vice versa.

A member who is a national of the country when the alleged act of violation took place shall step down from his seat. The Tribunal may by unanimous vote appoint an ad hoc substitute member.

The first eight members are elected according to the following principles:

The Montevideo group, i.e. representatives from the Medical Association of Uruguay, the Medical Association of Denmark, and from the IRCT Copenhagen, invites medical and legal associations to propose candidates, who may also be proposed by organizations devoted to the promotion of Human Rights.

From the list of candidates thus made, the Montevideo group elects eight members who shall fulfill the personal qualifications as defined in the UN Convention for the Prevention of Torture. The Members elected choose their own President and Vice President, who shall be of different professions.

The Members are elected for a term of five years. They may be reappointed.

In case of a vacancy, a new member is appointed for the rest of the term from the list mentioned in §3a.

In order to broaden the basis of the Tribunal before the next five-year-period the Montevideo group shall

undertake to be enlarged, so as to comprise representatives from a medical and a legal association or an organization specially devoted to the prevention of torture from each region. A regional professional organization may substitute a national one. This enlarged group appoints the new late members of Tribunal according to the principles set forth in §3a.

The Tribunal may if it deems it necessary for cultural or other reasons invite one or two supplementary members ad hoc who shall then participate with full capacity as the permanent members in the case in question.

4. The Tribunal which may act as *ex officio* or, if it so decides, upon request, may assemble when a majority of its members of its President so decides.
5. The Tribunal is assisted by two executive officers, one from each profession, who may be authorized to solicit information, including information about alleged violators of the relevant instruments. They shall be appointed by the Tribunal.
6. The Tribunal bases its investigations and findings upon conventions, recommendations, codes of ethics etc., as well as upon customary international law in so far as such conventions etc. are binding, legally or ethically, upon the person in question.
7. It is the duty of the Tribunal to obtain the most objective medical and legal documentation, including relevant forensic documentation and/or testimony.
8. The Tribunal makes sure that the investigations and the hearings, which shall in principle be public, meets the standards of fair trial according to internationally recognized rules.

The Tribunal may meet in camera if it is satisfied that this is necessary to protect the victim and provided that no principles of fair trial is violated.

9. The Tribunal decides upon its own responsibility and according to generally accepted standards for fair trials on which material to base its findings. It may hear witnesses who appear either before the Tribunal in plenum or part of it, in case the witness cannot appear before the full Tribunal.

The person against whom the investigations are made shall be invited to appear and defend himself in plenum or through a counsel. If he refuses or is prevented from appearing, a counsel shall be appointed to take care of his interests. If he does appear, a counsel is appointed if he is opposed to it. The counsel shall if possible be of his own choice.

10. The findings and the conclusions are made public and are forwarded to such relevant authorities, professional associations etc., which the Tribunal deems proper.
11. The Tribunal lays down its own rules of procedure.
12. The Tribunal shall safeguard strict political and financial independence.

S/ann
08.03.91

ESTABLECIMIENTO DE TRIBUNALES ETICOS NACIONALES E
INTERNACIONALES PARA LA INVESTIGACION DE PROFESIONALES
MEDICOS ENVUELTOS EN LA TORTURA

DR. GREGORIO MARTIRENA

International Rehabilitation Council for Torture Victims,
Copenhagen, Dinamarca.

Hasta 1984, las normas éticas tenían un profundo sentido de integridad moral para quienes ejercen la medicina diariamente; pero no se conocían los mecanismos para su aplicación ante la clara transgresión que ocurre en diversos países por médicos que ejercen su profesión como funcionarios públicos, sobretodo en regímenes de fuerza.

En julio de 1984, la VII Convención Médica Nacional del Uruguay crea el primer Tribunal de Etica Médica para analizar la conducta ética de los Médicos militares y policiales que asistieron a los presos políticos durante los doce años de dictadura. En 1985 el Colegio Médico de Chile complementa su código de ética, y crea los mecanismos legales para poder enjuiciar la conducta ética de varios médicos militares y policiales durante la dictadura chilena.

En 1987, en la ciudad de Montevideo, organizado por el Sindicato Médico del Uruguay, el Colegio Médico de Dinamarca y el IRCT de Copenhague, se realiza el primer Simposio Internacional que analiza la participación de la profesion médica en actos de

tortura y violación de los Derechos Humanos, y se crea el "Grupo Montevideo", que entre sus cometidos esenciales está el encontrar el instrumento legal para llevar adelante el juicio ético, a pesar de la legislación especial que pueda tener un país para no juzgar a quienes hallan violado los Derechos Humanos. En julio de 1990, en Copenhague, el "Grupo Montevideo" decide estudiar las bases estatutarias de un Tribunal Etico Internacional para la Profesión Médica, cuyo texto será sometido a aprobación en el IV Simposio Internacional sobre la tortura y la profesión médica a realizarse en Budapest entre el 24 y 26 de octubre de 1991.

El concepto básico para sustenar la aplicación del juicio ético es que el médico no pierde sus responsabilidades éticas por servir como funcionario público, lo cual solo le da una calificación adjetiva de su condición sustantiva de hombre y médico, a la que no podrá renunciar jamás. La práctica de una educación alienante y el sometimiento a una disciplina que tiene por objetivo enajenarlo de su humanidad y de su

conciencia moral de médico, es inadmisibile e incompatible tanto con la propia formación del médico como con el ejercicio de responsabilidades de formación de otros médicos, que exigen, siempre la máxima plenitud de su libertad de conciencia. La Norma Fundamental, es decir la piedra angular del sistema universal de responsabilidad ética en la materia, fue adoptado por la Asamblea General de las Naciones Unidas, el 18 de diciembre de 1982.

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Proposal for the formalisation of the (informal) network of centres, institutions and individuals concerned with the care of victims of organised violence.

PREAMBLE

Background of the network

After the coup d'état's in the Southern cone of Latin America citizens who were persecuted or who had relatives imprisoned, tortured or missing set out to seek medical help. Networks were formed and, later, centres and organisations were founded in Chile, Argentina and Uruguay by health professionals for the care of victims of organised violence and of other human rights violations. In the late seventies similar developments took place in other oppressed countries in the world. In Europe Latin American health professionals who were themselves living in exile created psycho-social centres for their exiled compatriots. At about the same time, groups of health professionals in Amnesty International started research in Europe into the consequences of torture and when (Latinamerican) exiles began arriving in Western Europe countries and Canada they started research and counselling work with (tortured) refugees. This led to the foundation of several centres for medical and/or psychosocial help for refugees and victims of torture. Since then the interest in medical and psychosocial help for victims of torture and other forms of organised violence has gradually increased in all parts of the world. As a result of the combined efforts of the Church, national Red Cross organisations, university groups, political groups, health groups and human rights and refugee organisations centres appeared in an increasing number of countries, host-countries for refugees as well as homecountries of victims of organised violence.

The growth in efforts world-wide to help victims of organised violence has led to an increase in the need for exchange of information between the professionals concerned. On the initiative of a number of centres in Europe, and in consultation with centres in Latin America, the first International Conference of Centres which are concerned with the provision of medical and psychosocial assistance to the victims of organised violence, was organised in 1987. The Second Conference "Health, Political Repression and Human Rights" was organised in 1989 as a sequel. During the plenary closing session of the Second International Conference it became apparent that those present unanimously agreed that such international meetings should be held once every two or three years. It was also concluded that for organisational purposes and for obtaining funds it was desirable to formalise the present informal network. The immediate reason for this was the experience that the organisation of such Conferences, which are continually becoming larger, demands continuity and professionalism of the organisers, and that obtaining sufficient subsidies is hindered by the absence of a formal organisation. (See also the report of the plenary closing session of the Second International Conference in

San Jose, Costa Rica, 1989). In the meantime it has become clear that compared to 1987 the informal network has become much broader (in July 1991 more than 250 professionals had inscribed for the IIIrd Conference in Chile). It is to be expected that in the future it will cover all the continents of the world. This emphasises once again that if the International Conferences are to be continued a professional body geared to the maintenance of this network and the organisation of the Conferences is necessary.

Organised violence: a health hazard
In a WHO-meeting of an advisory group on "Health Hazards of Organised Violence", in 1986, "organised violence" was defined as follows:

"the interhuman infliction of significant, avoidable pain and suffering by an organised group according to a declared or implied strategy and/or system of ideas and attitudes. It comprises any violent action that is unacceptable by general human standards, and relates to the victims' feelings. Organised violence includes inter alia "torture cruel, and inhuman or degrading treatment and punishment" as in Article 5 of the U.N. Universal Declaration of Human Rights (1948). Imprisonment without trial, mock executions, hostage-taking or any other form of violent deprivation of liberty also fall under the heading of organised violence." The advisory group of the WHO concluded that "since uprooting and exile is closely associated with organised violence, all refugees must be considered victims of organised violence". It also was concluded that organised violence is a violation of fundamental human rights and an important health hazard worldwide. It was stated that the concept of health means more than freedom from disease, freedom of pain, freedom of untimely death. It is defined by WHO in its Constitution as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."

The following recommendations were made:

- "Measures should be taken to increase public and professional awareness of the problem of organised violence. This is a prerequisite for the problems to be recognised and dealt with".
- "Research should be stimulated and supported to identify, describe and assess the range of organised violence and its impact on health. This research should be encouraged at national, regional and global levels as well as by nongovernmental organisations, whether national or international. The overall scope of research should be broad and should include biological, mental, social and cultural aspects. It also should include intervention".
- "The victims of organised violence should legally be entitled to equal access to health services".
- "Networks should be developed to facilitate cooperation between organisations responsible for providing services and aid to refugees, since the refugee problem is intimately associated with organised violence".

- "The success of measures taken to increase people's awareness and sense of responsibility should be evaluated. Unless carefully considered, there will be a risk of adverse effects in forms of secondary victimization and the creation of a stigmatizing 'victim status'".

Formalisation of the network

Similar to the recommendations of the WHO-meeting mentioned above, we see it as our task as health professionals dealing with the consequences of organised violence to increase public and professional awareness of the problems of organised violence and put our experiences and knowledge in the service of the fight against those fundamental human rights violations. For that reason it is not only necessary to increase our knowledge and skills in the identification and assessment of consequences of organised violence and in methodologies of intervention, but also disperse this knowledge to other health professionals and put it to the use of national and international Human Rights organisations, the UN Commission for Human Rights, the European and UN Commission against Torture etc.

Equal access to health services not only means that their should not be a financial impediment for victims of organised violence to seek help, it also means i.a. that health professional providing care to victims of violence should be free to do so and should be defended against persecution.

The development of networks should not be limited to cooperation between organisations responsible for providing services and aid to refugees but "since the refugee problem is intimately associated with organised violence" also or especially include organisations and professionals concerned with the care of victims of organised violence in the home-countries of the victims.

Ethical codes should be developed regarding the provision of aid, research and publications to avoid (secondary) victimization.

Following this vision on our tasks and activities as health professionals for the care of victims of organised violence the 'mission-statement' of the future formalized network is as follows: The international organisation of health professionals for the care of victims of organised violence wants to increase the public and professional awareness of the problem of organised violence and to improve the access to health care services of their targetgroup, by increasing knowledge and skills in the identification and assessment of the various forms of organised violence and its consequences on health and by stimulating the development of adequate interventions and the sense of responsibility in this field.

For that reason the international organisation of centres, institutions and individual care providers who are involved in the medical and/or psychosocial (psychotherapeutic and/or psychiatric) care of, and provision of assistance to, the victims of organised violence, should have as its aims:

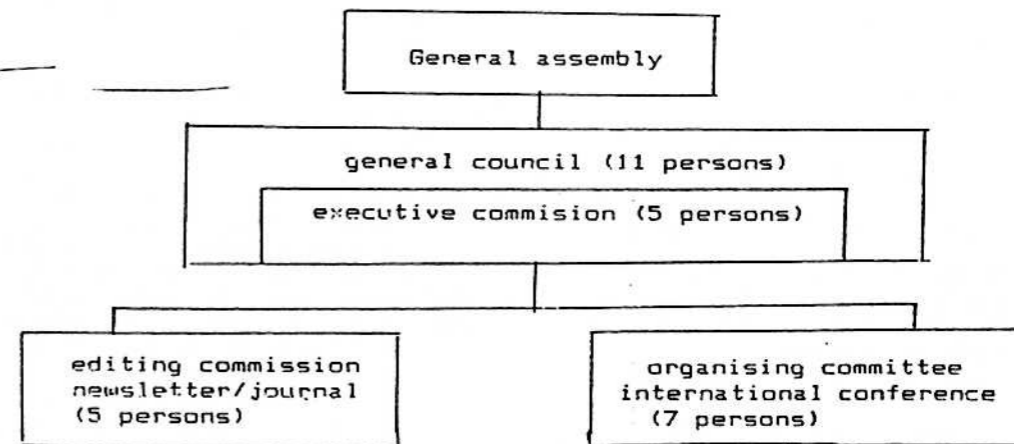
- to increase knowledge and skills in the field of diagnostics, assistance and treatment of victims of torture and other forms of organised violence;
- to utilize acquired knowledge in this field to fight against organised violence as a violation of fundamental human rights;
- to promote the development of medical-ethical codes
- to stimulate the development of methodologies for adequate assistance and treatment, taking into account the various socio-political situations and health care systems in the different countries from which the professionals come;
- to stimulate research in this field;
- to stimulate the development of internationally adopted parameters for research studies;
- to give new colleagues in this field the opportunity to get acquainted with the existing knowledge, methodologies and skills;
- to share experiences and knowledge in this field;
- to break through the isolation in which many of our colleagues still have to do their work and defend them against impediment of their activities and/or persecution as health professionals concerned with the care of victims of organised violence.

The means for achieving these aims include the organisation of international conferences, the organisation of regional conferences/workshops, the maintenance of contacts with colleagues, the publication of an international newsletter or journal, the communication with national and international organisations for Human Rights, the UN Commission for Human Rights, the European and UN Commissions against Torture, and so forth.

Organisation

The international organisation will be formalised through statutes in which the goals, activities and organisation will be described and legally recorded.
The international organisation will be named: International Organisation for the Care of Victims of Organised Violence.

Organigram



Draft submitted to the III International Conference.

STATUTES OF THE INTERNATIONAL ORGANIZATION FOR THE CARE OF VICTIMS OF ORGANIZED VIOLENCE

Article 1. NAME OF ORGANIZATION

The name of the organization is International Organization for the Care of Victims of Organized Violence.

Article 2. PRINCIPLES

The International Organisation is committed to the following principles:

- Organized violence is a violation of fundamental human rights and an important health hazard worldwide. Organized violence is the interhuman infliction of significant, avoidable pain and suffering by an organised group according to a declared or implied strategy and/or system of ideas and attitudes. It comprises any violent action that is unacceptable by general human standards, and relates to the victims feelings. Organized violence includes inter alia - torture...cruel, and inhuman or degrading treatment and punishment" as in Article 5 of the UN Universal Declaration of Human Rights (1948). Imprisonment without trial, mock executions, hostage-taking or any other form of violent deprivation of liberty also fall under the heading of organised violence."

- Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

- The victims of organized violence should legally be entitled to equal access to health services.

- Equal access to health services not only mean that there should not be a financial impediment for victims of organised violence to seek help, it also means inter alia that health professionals providing care to victims of violence should be free to do so and should be defended against persecution.

Article 3. OBJECTIVES

The international organization of centres, institutions and individual care providers who are involved in the medical and/or psychosocial (psychotherapeutic and/or psychiatric) care of, and provision of assistance to, the victims of organized violence shall have as its aims:

- to increase knowledge and skills in the field of diagnostics, assistance and treatment of victims of torture and other forms of organized violence;

- to utilize acquired knowledge to fight against organized violence;

- to promote the development of medical-ethical codes;

- to stimulate the development of methodologies for adequate assistance and treatment, taking into account the various socio-political situations and health care systems in the different countries from which the professionals come;

- to stimulate research in the field;

- to stimulate the development of internationally adopted parameters for research studies;

- to acquaint new colleagues with the existing knowledge, methodologies and skills;

- to share the experiences in this field;

- to break through the isolation in which many healthy professionals work.

- to defend health professionals concerned with the care of victims of organized violence against impediments to their activities and/or persecution.

Article 4. ACTIVITIES

The objectives of the organization should be pursued through the following activities:

- Organizing and inviting the members to the international conferences and regional conferences/workshops.

- Maintaining contacts with individual health professionals, centres, institutions and organizations in the field.

- Publishing an international newsletter or journal.

- Communicating with national and international organizations for health and human rights, the UN Commission for Human Rights, the European and UN Commission against Torture, and other relevant organizations and agencies.

- Other activities that promote the objectives of the organization.

Article 5. MEMBERSHIP

Section 1. Membership is open to individual health professionals, centres, institutions and organisations concerned with the care of victims of organized violence, who in their respective countries follow the principles and objectives stated in Articles 2 and 3.

An individual member will be a health professional not representing any centre, institution or organisation. Membership is granted by the General Council. Centres, institutions and organisations will be identified as groups of health professionals working through institutionalised structures, either voluntary or non-voluntary, governmental or non-governmental for the care of victims of organised violence. Membership is either as a centre/institution/organisation or as an individual.

Section 2. All members have the following rights:

- the right to make recommendations and submit resolutions for adoption by the organization.

- the right to vote.
- to be kept informed on the organization's activities.
- to receive a free subscription to the international newsletter/journal.

Section 3. All members have the following duties:

- to abide by the principles of the organization.
- to implement, as far as possible, the decisions and resolutions of the organization.
- to provide information to the organization (through the executive board and its secretariat) the highlights of its activities which will serve as a basis for information to be given to other members of the organization.
- to pay an annual contribution, the amount to be determined by the General Assembly.

Section 4. Membership is lost by resignation, dissolution of centre/institution/organization, expulsion because of violations of the organizations principles, or in the case of an individual's demise.

Exclusion from the organization is decided by the General Assembly upon recommendation by the General Council. The member in question has the right to present his/her case in written or oral form.

Article 6. ORGANIZATION

Section 1. The General Assembly consists of all the members of the organization. It meets every three years and elects the General Council with consideration of regional representation to ensure its international character.

The General Assembly should approve and adopt:

- a report of activities submitted by the Secretary General for the period between meetings of the General Assembly.
- a financial report submitted by the Treasurer.

Extraordinary meetings of the General Assembly can be called by the General Council or at least one third of all members of the organization.

The General Assembly is the highest policy-making body of the organization.

An individual member will have one vote, a centre, institution or organization will have three votes.

Section 2. The Secretary General presides over the General Assembly and is in charge of its functions until the next elections. If the Secretary General is unable to fulfill his or her duties the General Council should appoint an acting Secretary General.

Section 3. The General Council is a policy-making body which operates in the period between the General Assemblies and consists of 11 members, with a tenure of 3 years with the possibility of re-election. The General Council shall elect from among themselves the

members of the Executive Board. The General Secretary of the General Council is also the chairperson of the Executive Board. The General Council ensures that the statutes are observed and develop the policy of the organization to be presented to the General Assembly. Any policy decided on by the General Council may only be overturned by the General Assembly. The General Council meets during the International Conferences held every 3 years and at least once in between.

Section 4. The Executive Board is chosen by the General Council from among themselves. It consists of five persons: the chairperson (Secretary General), a Treasurer, and three other members. The Executive Board will meet at least twice a year. The Executive Board has the following tasks:

- the organization of three-yearly International Conferences;
- ensure that recommendations and resolutions of the Conferences and meetings are fulfilled;
- the provision of information about the activities of the organisation to those interested and the maintenance of contacts with national and international organizations, such as the WHO, UN Fund, UNHCR, organisations for Human Rights, UN Commission against Torture and other relevant organizations and agencies.
- keep the members informed about activities and developments;
- obtain funds;
- the publication of an international newsletter/journal;
- maintain an update register of members.

Section 5.

For the preparation and arrangement of the programme during the International Conferences the Executive Board will appoint an Organizing Commission, which consists of 3 members of the Executive Board, 2 members of the General Council and 2 members elected during the General Assembly.

For the publication of an international newsletter/journal the Executive Board will appoint an Editorial Commission which consists of 1 member of the Executive Board, 2 members of the General Council and 2 members elected during the General Assembly. Both commissions will be coordinated by the persons who are also members of the Executive Board.

The members of the commission will be nominated by the General Assembly during the International Conferences and appointed after being elected. The members of the commissions will be elected for a period of three years, with the possibility of re-election.

Section 6.

The members of the General Council, Executive Board and Commissions should have sufficient time at their disposal to carry out their tasks, and in principle the expenses in connection with their activities for the organization will not be covered, except in circumstances which should be defined by the General Council.

In the selection of members for the General Council, Executive Board and Commissions of the organization at least 50% should not be changed to ensure continuity.

Article 7. FINANCES

The Executive Board shall:

- maintain books of account and associated documentation which record all receipts and payments in accordance with proper accounting practice and which will be audited yearly by a qualified independent accountant.

- receive a financial report from the Treasurer at each meeting and take appropriate management action to maintain the financial viability of the organization.

- open a bank account or accounts in the name of the organization and authorize certain of its members to sign cheques and transfers on the behalf of the organization in accordance with the decisions and financial policies of the Executive Board, each cheque or transfer requiring two authorized signatures.

Article 8. VOTING

- The decisions are taken by a simple majority, except in cases defined by the statutes:

- Any member of the organization, if under extraordinary circumstances as defined by the Executive Board, cannot attend the General Assembly meeting, can appoint a deputy with a mandate to vote.

- The General Secretary will hold the casting vote.

- If two members or more request the ballot to be held in secret their request will be respected.

Article 9. REPRESENTATION

The Secretary General shall be the spokesperson and representative of the organization. In case he or she is unable to discharge such duties, the Executive Board can appoint from the Board an interim spokesperson or representative. In specific cases, the General Council can appoint spokesperson/s for the organization from among the members of the organization.

Article 10. AMENDMENTS OF THE STATUTES

- Amendments of the statutes can be made only by the General Assembly approved by a two thirds majority of the votes.
- The proposed revision should be presented to the members at least six months before the meeting of the General Assembly.

Article 11. DISSOLUTION

- The dissolution of the organization can be decided only by the General Assembly with a majority of three quarters of the votes.

- All members should be given notice about the proposal to dissolve the organization at least six months before the meeting of the General Assembly.

Article 12. LIQUIDATION

- In the event of the dissolution of the organization, all the assets of the organization shall be passed on to a related health and human rights organization with similar aims to be decided upon by the General Assembly.

Original version: English

Proposal regarding the annual contribution: \$ 50 (US Dollars) for individual members and \$ 150 (US Dollars) for the membership of centres/institutions/organizations.

Whereas the Asia-Pacific region at the Third Conference has been represented by delegates from Australia, Nepal, Philippines, Sri Lanka, and South Korea,

Considering that, unlike continental countries, most of the Asia-Pacific region is separated by vast bodies of water,

In view thereof, ^{transportation and} communication are rarely a matter of crossing a border,

Inasmuch the region contains hundreds, if not thousands, of completely different languages, the common language of which being English,

Cognizant of the fact that Asia-Pacific has been historically fragmented and dominated by a ~~series~~ ^{variety} of colonial and neocolonial powers, most of which being European imperial forces,

Stressing that the Asia-Pacific region, represented by a mere 5th continent and only 15 persons out of a total of 43 countries and 250th persons in the world, contains more than 52.7% of this planet's inhabitants,

Aware that Asia-Pacific boasts some of the oldest civilizations of the world, among which include China, India, and the ~~great~~ ^{rich} culture of Australia and Southeast Asia,

Appalled by the domination of the education of human rights, despite the transition to formal democracy in many of these countries,

Shocked by the phenomenon that there are more than 20,000 Bhutanese and Tibetan refugees in Nepal, 1 million and 300,000 internal refugees or displaced persons in the Philippines not to mention 1.5 million street children, ~~and~~ 1 million Sri Lankan refugees, and nearly 5 million refugees from nearly every country of the world, in Australia;

Recognizing that in the wake of whole communities in Bhutan being turned into battlefields, many people including women and children being killed, severely tortured, and raped, houses being razed to the ground, and many thousands fleeing to Nepal and India, the Bhutanese People's movement for Democracy and Human Rights is being repressed;

Aware that refugee camps on the Thai-Burmese border are full of survivors of torture and human rights abuse;

Given that Khmer refugees in factually controlled camps are being moved under the new Peace Process into controlled areas and that they are prone to be used as pawns in the power struggle among interested forces;

While Vietnamese in camps in Hong Kong, Malaysia, and the Philippines live piled on top of one another without sanitation, are surrounded by mud and barbed wire, and forced by UNCOMBATTED to exploit each other just to survive;

In view of the fact that many Vietnamese refugees who have escaped by sea as "boat people" have been robbed, raped, and physically assaulted by

Deeply concerned with the massacre in Sri Lanka, East Timor, where more than 100 persons were killed when Indonesian soldiers surrounded a cemetery during a funeral and brutally murdered East Timorese found therein;

Concerned that arrest, detention, torture, strategic hamletting, displacement and replacement of populations, ~~and~~ ^{incarceration} ~~and~~ ^{and} reward for perpetrators of human rights violations and denial of humanitarian principles, changing the repressive language from that of "suppressing political dissidents" to that of "eliminating common sense or criminal delinquency"; the doctrine of national security are common to our countries;

On recognition of the fact that as a result of structural or social violence which includes poverty and mass powerlessness, people have been faced with criminality and revolution;

Remaining unconsciously a divided nation due to the Cold War among the people/people, the people of the Korean Peninsula remain entangled in the politics of the superpowers;

Convinced that the national division of Korea has been responsible for over 40 years of extreme anti-Communism and brutal dictatorship in both Korea supported by "national security" laws that have justified the imprisonment, detention, and torture of over 50,000 Koreans, including political prisoners, women, students, workers, and children cutting across all sectors of society;

Now, therefore, we the Pastors of the
Third International Conference of Central,
Institution and Individuals concerned
with the case for Victims of Organized
Violence: Health, Political Repression and
Human Rights recommend that:

1. The Regional Asia-Pacific Secretariat for Victims
of Organized Violence which covers the region
from Afghanistan to the Pacific Islands
and which the office of which is located
in Kathmandu, Pakistan be strengthened
in order to expand and consolidate
networking within the Asia-Pacific region,
2. States that have not signed, ratified, and
put to effect human rights and humanitarian
laws, including the Convention on the
Elimination of All Forms of Discrimination
Against Women, and Civil Treatment and
Arrestment and Torture and Protocol II
of 1977 Additional to the Four Geneva
Conventions of 1949, to do so in the
interest of human dignity and well-being,
3. Participate to this Conference expose and
oppose the increasing deterioration of political
repression and human rights by way of
effective public information and advocacy
drive in the international community and
in their respective countries of origin
and work
and medical
4. Fact-Finding missions be sent to critical
areas mentioned hereinabove.
5. In the interest of victims of all forms of
abuse, they be given immediate relief,
be they in situations of displacement,
armed conflict or otherwise,
6. Justice be served and legal impunity be
condemned.

(7) The health services of refugees in camps
be improved.

THEHEREFORE:

THE PARTICIPANTS IN THE III CONVENTION ON
HEALTH, POLITICAL REPRESSION, AND HUMAN
RIGHTS CALL UPON ALL COUNTRIES WHO HAVE
STILL FAILED TO SIGN THE CONVENTION
ALSO MUST TERTURE AND OTHER CRUEL,
INHUMAN, OR DEGRADING TREATMENT AND
PUNISHMENT TO IMMEDIATELY SIGN THE
CONVENTION WITHOUT RESERVATIONS OR
AMENDMENT.

Stop Torture in Korea
(STIK)

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WHEREAS:

TORTURE IS ONE OF THE MOST HEINOUS FORMS OF
VIOLENCE THAT CAN BE PERPETRATED BY A
GOVERNMENT AGAINST ITS CITIZENS, AND,

WHEREAS:

TORTURE INFLECTS UNREPAIRABLE MEDICAL,
PSYCHOLOGICAL, AND SOCIAL DAMAGE ON ITS
VICTIMS AND SUBJECTS THE WHOLE OF SOCIETY
IS A CLIMATE OF FEAR, AND

WHEREAS:

THE PARTICIPANTS TO THIS CONFERENCE HAVE BELIEVE
THAT OF SET ANOTHER COUNTRY IN WHICH
TORTURE IS PRACTICED. SOUTH KOREA, DATA

WHEREAS:

TORTURE CONTINUES TO BE DOCUMENTED IN THE
LIVES OF PEOPLE THROUGHOUT THE WORLD - IN THE
AMERICAS, EUROPE, AFRICA, THE MIDDLE EAST
AND ASIA, AND

WHEREAS:

TORTURE CONDONED BY THE STATE IS A
POLITICAL WEAPON DESIGNED TO UNDERMINE
PUBLIC DISSENT AND TO SUBVERT THE
DEMOCRATIC PROCESS, AND

III INTERNATIONAL CONFERENCE OF CENTRES, INSTITUTIONS AND INDIVIDUALS CONCERNED WITH THE CARE
FOR VICTIMS OF ORGANIZED VIOLENCE: HEALTH, POLITICAL REPRESSION AND HUMAN RIGHTS.

III CONFERENCIA INTERNACIONAL DE CENTROS, INSTITUCIONES E INDIVIDUOS QUE TRABAJAN EN LA ASISTENCIA
A VICTIMAS DE LA VIOLENCIA ORGANIZADA: SALUD, REPRISION POLITICA Y DERECHOS HUMANOS.

자료
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President Patricio Aylwin Azócar
Palacio de La Moneda
Santiago de Chile

Santiago, 28th of November 1991

Dear President Aylwin,

We are writing to you personally on behalf of representatives from 43 countries who are participating in the Third International Conference of Centers, Institutions and Individuals, Concerned with the Care of Victims of Organized Violence: Health, Political Repression and Human Rights, being held in Santiago from November 25 to 29 of 1991.

We work with victims of torture and organized violence, both within the countries where these crimes are taking place and in countries of exile. We are doctors, psychiatrists, psychologists, therapists, lawyers, teachers, social workers and community developers.

On November 27th, 1991, about seventy of us made a personal and voluntary visit to the political prisoners of the Public Jail and the Santo Domingo Jail. We spoke with the prisoners and met with some of their families.

We are deeply concerned about their situation. We ask that immediately steps be taken towards their release.

We are also deeply disturbed to hear that physical and psychological abuses, including torture and rape, continue to occur. We fear that the prisoners are not receiving sufficient treatment for their serious physical and emotional symptoms.

Manuel Rodriguez 33, Santiago - Chile.
Teléfonos (56-2) 695 5931/695 7534, Fax 56-2 698 8609

We request your urgent attention to these continuing human rights violations and we advise you that we shall raise these concerns with our governments.

Yours sincerely,

Name and signature	Profession	Organization	Country
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viernes 29 de noviembre de 1991 LA TERCERA

Cartas al Director

Coreano responde

Señor director:

Quisiera en primer término saludarle y comunicarle que soy un ciudadano coreano residente en Chile desde hace trece años. A través de su prestigioso diario que tan dignamente dirige, he tomado conocimiento de que el día 26 de noviembre del presente año se ha inaugurado la III Conferencia Internacional "Salud, Represión Política y Derechos Humanos". Al respecto, quisiera puntualizar algunos hechos dignos de destacar y que dicen relación con los comentarios vertidos por un señor Suh Sung, ciudadano coreano residente en los Estados Unidos, quien asiste a la conferencia aludida.

De acuerdo a las declaraciones que emitó en la conferencia el día 26, su rostro estaría marcado por la huella de la tortura. Con relación a estos comentarios, quisiera señalar claramente que sus cicatrices no fueron causadas por la tortura, de acuerdo a investigaciones posteriores.

Corea del Sur es un país que avanza por la senda democrática. En el mes de septiembre ingresó como miembro de la Organización de Naciones Unidas con el pleno respeto de la comunidad internacional, por otra parte, los diálogos entre ambas Coreas han denotado progresos notables en pro de la unificación.

Asimismo, desde mediados del año 1980, el Gobierno de Corea del Sur ha sustentado una política que apunta al pleno respeto de los derechos del hombre, no registrándose en la actualidad casos de apremios ilegítimos.

De acuerdo a lo anteriormente expuesto, los comentarios vertidos por el señor Suh Sung son del todo incomprensibles e infundados, arrojándose el derecho de criticar a su patria.

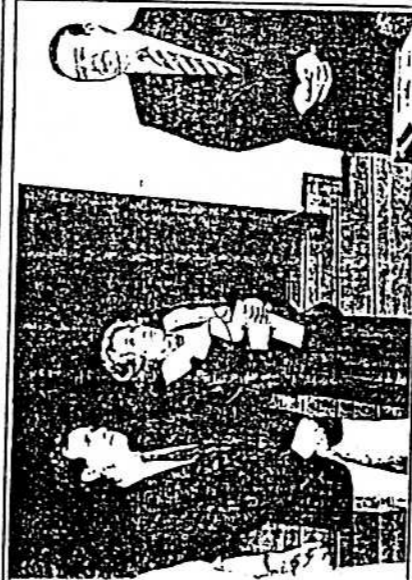
Corea del Sur es un país que vive en democracia, con una estructura y el ordenamiento estable y cuyo objetivo último es la libertad y el equilibrio mundial. Es una nación amante de la paz, en donde la fuerza, la tortura u otras formas de presión ilegítimas han sido erradicadas para siempre.

Moon Soo, Yi

Terrible desencanto

Señor director:

Quellón, es un pueblo nuevo, en otra carta habilitante



PROSAMENTE NITIDAS.

Toshiba crea televisores de extraordinaria calidad, aplicando la tecnología más avanzada y empleando sólo los mejores componentes. La búsqueda de la excelencia nos permite transformar ingeniería del futuro en productos electrónicos para que usted los disfrute. Cuando busque la mejor calidad de imagen y sonido, busque la calidad de un Toshiba.



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STOP TORTURE IN KOREA
(STIK)

Statement of Purpose

Even though half a century has passed since Korea's liberation in 1945 from Japanese colonial rule and the ensuing tragic division of the country, unspeakable suffering continues. The division of Korea led to the establishment of a series of staunch dictatorial regimes that have justified the sacrifice of civil rights and human life under the banner of anti-communism.

Since the formation of the Republic of Korea in 1948, there have been at least 50,000 cases of persons convicted as "left-wing" political prisoners under the National Security Law and the Anti-Communist Laws. And if one includes those convicted under the myriad of legislation that has restricted political and civil rights--the Law on Assembly and Demonstration, presidential emergency decrees, administrative orders, labor-related laws, civil servant laws, and public disturbance laws--the number of political prisoners total in the hundreds thousands for the past 46 years.

The plight of these political prisoners, who are often severely tortured in interrogation chambers and prisons, compounds and intensifies the tragedy of dictatorial rule, military culture, and the Japanese colonial legacy--all of which are maintained by the national division. Although torture existed in pre-modern Korea, the Japanese colonial regime institutionalized it to solidify its rule. After Korea's liberation and division, torture became common practice under the authoritarian anti-communist regimes.

The issue of torture has periodically moved to the forefront of the struggle for democracy. In the mid-1980's, the widely publicized case of Kim Keun-Tae and the sexual torture of Kwon In-Sook shocked and enraged the Korean people and the world. Eventually, the mounting public protest over the torture and death of Park Jong-Chul led to the demise of the Chun Doo-Hwan military government. However, although the practice of torture has been criticized on occasion, fundamental solutions have yet to be formulated. Consequently, unspeakable violations of human rights and dignity continue in Korea. Physically and psychologically maimed, most victims of torture are abandoned without any support or care.

Needless to say, support for the victims and the abolition of torture must be prerequisites to Korea becoming a truly free and democratic country, and one in which basic human rights are guaranteed. The South Korean Torture Victims Support Network will be established to strive towards these goals. Your support and collaboration are greatly needed.

Activities

1. Provide for medical care and the rehabilitation of victims (e.g., establish and operate a hospital for torture victims in Seoul and other areas of Korea).
2. Provide subsistence support for the victims of torture and their families, families of executed political prisoners, and ex-long-term political prisoners and their families.
3. Monitor and document incidents of torture and other human rights violations. Collect testimonies of witnesses. Compile comprehensive data on incidents of torture.
4. Provide legal consultation and assistance for victims and their families. Take legal action against perpetrators in torture cases.
5. Educate and mobilize domestic and institutional measures (e.g., lobby for South Korea's membership in the United Nations Convention Against Torture).

Membership

Any organization, institution, or individual who supports this cause can participate and/or assist in the activities of the South Korean Torture Victims Support Committee in the following capacities:

1. Member: Anyone (person or organization) willing to participate in the activities of the Committee. (There will be a small membership fee.)
2. Sponsor: Anyone (person or organization) willing to provide financial assistance to the Committee for its activities.
3. Volunteer: Anyone (person or organization) willing to provide resources and time to the activities of the Committee.

Contact: Suh Sung (former long-term prisoner)
555 Pierce St. #624C
Albany, CA 94706
USA
(TEL) 1-510-527-2030
(FAX) 1-510-525-1039

PROJECT PROPOSAL

I. INTRODUCTION

STIK is requesting \$73,222 for a two-year research and development project that will examine the history of torture in Korea and its impact on victims and their families. The outcome of the research will be used to formulate specific intervention strategies to provide a support and educational network to affected individuals and families as well as the general public.

II. HISTORY AND PURPOSE OF STIK (STOP TORTURE IN KOREA)

STIK (Stop Torture in Korea) was founded in October of 1991 by members of the Korean-American community including scholars, activists, as well as people affected by torture. Its goals are to research the urgent issue of torture and its victims in Korea. In addition, we also hope to create a support network for the victims and families of victims of torture. Due to extreme government pressure, torture victims in Korea do not have any organizational support both during and after their ordeal. STIK proposes to provide this long-awaited support to those who have suffered unspeakable violations of human rights and personal dignity.

The organization has applied for non-profit organization status and expect to receive it in the near future. STIK is governed by a Board of Directors comprised of Sung Suh, a

visiting scholar at U.C. Berkeley and a ex-long term political prisoner in Korea; Man Yong Lee, a Korean American businessman; Tae Il Bae, professor at Stanford University, Center for Space Science and Astrophysics; Nam Jong Jo, a Ph.D candidate at U.C. Berkeley, Department of Political Science; Yong Sung Kim, M.D., chair of Medical Rights Advocate; Ramsey Liem, professor at Boston College, Department of Psychology. Presently, STIK is staffed by one full time director and several volunteers. STIK now operates from Albany, California but intends to hold an office in Korea for research and development purposes in conjunction with the office of Yong Hwan Cho, esq. in Korea.

III. GOALS OF STIK

A. HISTORY OF TORTURE IN KOREA

In order to understand the ultimate goals of STIK, it is necessary to first understand the history of torture in Korea. Even though half a century has passed since Korea's liberation in 1945 from Japanese colonial rule and the ensuing tragic division of the country, unspeakable suffering continues. The division of Korea led to the establishment of a series of staunch dictatorial regimes that have justified the sacrifice of civil rights and human life under the banner of anti-communism.

Since the formation of the Republic of Korea in 1948, there have been at least 50,000 cases of persons convicted as "left-wing" political prisoners under the National Security Law and the Anti-Communist Law. And if one includes those convicted under the myriad of

legislation that has restricted political and civil rights--the Law on Assembly and Demonstration, presidential emergency decrees, administrative orders, labor-related laws, civil servant laws, and public disturbance laws--the number of political prisoners total in the hundreds thousands for the past 46 years.

The plight of these political prisoners, who are often severely tortured in interrogation chambers and prisons, compounds the tragedy of dictatorial rule, military culture, and the Japanese colonial legacy--all of which are maintained by the national division. Although torture existed in pre-modern Korea, the Japanese colonial regime institutionalized it to solidify its rule. The systematic use of torture was thereafter adopted by the authoritarian regimes of Korea. National division and military control of political power has been instrumental in the growth of state organized violence. Hence, after Korea's liberation and division, torture became common practice under the authoritarian anti-communist regimes.

The issue of torture has periodically moved to the forefront of the struggle for democracy. In the mid-1980's, the widely publicized case of Kim Keun-Tae and the sexual torture of Kwon In-Sook shocked and enraged the Korean people and the world. Eventually, the mounting public protest over the torture and death of Park Jong-Chul led to the demise of the Chun Doo-Hwan military government. However, although the practice of torture has been criticized on occasion, fundamental solutions have yet to be formulated. Moreover, although the Republic of Korea joined U.N. in 1991, the ROK has yet to ratify the U.N. "Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment".

Consequently, unspeakable violations of human rights and dignity continue in Korea. Physically and psychologically maimed, most victims of torture are abandoned without any support or care. Needless to say, support for the victims and the abolition of torture must be prerequisites to Korea becoming a truly free and democratic country, and one in which basic human rights are guaranteed. This, in fact, is the ultimate goal of STIK. However to reach this long-term goal, we feel that torture as well as other manifestations of military violence in Korean culture such as severe corporal punishment in schools and in the military, child abuse, and domestic violence need to be eliminated.

B. LONG TERM PROJECTS

We plan to carry out several projects that deal with the needs of the torture victims as well as the fundamental social problems that generate oppressive conditions. For example, presently there are no centers that can provide comprehensive care for the victims of torture. One of the long-term projects would set up such a center where victims and families of victims can receive counseling, legal assistance, and other necessary support. Another crucial project would try to build a hospital that can provide adequate medical care for the victims of torture. Of course, all these plans would also have to be accompanied by efforts to educate the public about torture and its tragic effects upon the victims. As it is now, victims are blamed for the human rights violations of the government and are ostracized from the society. The public must be educated and mobilized to stop gross human rights violations of the government.

C. SHORT TERM PROJECT

In order to successfully carry out our ambitious long-term goals, we need to first understand the history and the present state of torture cases in Korea. Accordingly, the first and the foundation building project of STIK is to gather data on torture cases in Korea from the Japanese colonial period to the present. This project can provide STIK with invaluable information regarding the extent of organized violence and hence facilitate our understanding of the social impact of torture. Needless to say, this understanding is crucial in planning future projects in order for them to be effective and relevant. Moreover, and perhaps more importantly, this in-depth research can identify the victims and their needs. This information will be extremely useful in providing the support that these victims actually need.

1. Project Structure

Since most of the relevant information is in Korea, we hope to form a team of able and qualified researchers. The team will consist of one full time researcher, one part-time researcher and volunteers. We also hope to solicit the voluntary cooperation of doctors and psychologists to analyze the medical as well as mental state of the specific victims and of victims in general. In cases where we need the special skills, knowledge, or experience of members of the international community, we hope to solicit help from researchers in the relevant countries either through international organizations or personal contacts.

This project will last about two years. The two-year time period will be divided into

four stages, each lasting about 6 months and will consist of the following:

1. Establish research system and gather and organize post-1945 documents and other printed data.
2. Gather data on torture cases during the 1970's and 1980's
3. Gather data on torture cases during the 1940's, 50's, and 60's
4. Gather data on torture cases before and during the period of Japanese colonialism

It is likely that the research will focus on the experiences of political prisoners rather than that of all prisoners in general. There are several reasons for this. First and foremost, torture has been consistently and systematically used against political prisoners to convert their ideology to that of the government. More specifically, this conversion of political prisoners and the severe torture involved in the process has been central in the authoritarian regimes' creation of convenient scapegoats in times of social and political instability. Second, political prisoners are the ones who experience the most severe torture and other human rights violations. Last but not least, although the comparative data between experiences of political prisoners and that of common prisoners would be useful, resources and time constraint prevent such a generalized approach. Of course, our present focus upon the plight of political prisoners does not mean that the use of torture against common prisoners will be ignored. STIK does plan to extend the present research project to the cases of common prisoners in the future.

Research will involve several different methods. An enormous amount of newspaper articles, books, pamphlets and official publications and documents need to be gathered and

sorted to provide background information. We also hope to collect as many personal testimonies of surviving torture victims as we can. In cases where such testimony is not available, we hope to at least gather testimonies of experiences and observations of related third parties. The collection of testimonies will start during the second stage of the project, in which research will focus on the actual torture cases in recent Korean history.

The testimonies will consist of information regarding four specific categories:

1. Personal data of the victim (i.e. birth date, career data, etc)
2. An account of the actual incident (i.e who, what, when, where, and how)
3. Personal account of the incident by the victim
4. Medical evaluation

2. Estimated Budget for Two Years

1. Full time researcher	\$ 840 x 24 months = \$20,160
2. Part time researcher	\$ 420 x 24 months = \$10,080
3. Office rent	\$ 420 x 24 months = \$10,080
4. Office supplies	\$ 280 x 24 months = \$ 6,720
5. Office equipment	\$ 2,662
a. camera	\$ 140
b. tape recorder	\$ 140
c. computer	\$ 1020
d. cabinet/storage	\$ 280
e. phone	\$ 102

f. miscellaneous	\$ 280
g. video camera	\$ 700
6. Data compilation (i.e. photocopying, transportation, fees etc)	\$ 700 x 24 months = \$16,800
7. Phone and postage	\$ 280 x 24 months = \$ 6,720
TOTAL:	\$73,222

3. Continuation of Project

Although our plans now are to finish the data collection project within two years. However, this project is likely to be absorbed into the structure of the organization itself (i.e. maintaining a researcher on staff), since updated data is crucial to maintaining an objective perspective on the issue.

IV. CONCLUSION

Torture and other state organized violence has been used by the successive authoritarian regimes in Korea to suppress individual rights and the movement for democracy. Torture has not only crippled thousands of individuals but the Korean society in general by restricting freedom of speech, thought, and assembly as well as basic human rights to physical well-being and personal dignity. As long as cruel human rights violations continue to exist, there can be no real democracy in Korea where each individual participates in society without fear and with dignity. We hope that you will aid us in our endeavor to end torture and to quicken Korea's move toward a true democracy.

* 자료
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