

Looking back at experiences from 30 years with documentation and prevention of torture

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Abstract

The author describes his experience in conducting monitoring visits to detention centres in different countries with an analytical perspective on the elements that perpetuate torture.

Introduction

I am grateful for the invitation to write about experiences from my work against torture for over 30 years. There was a lot to be learned when I started, and there still is. We should analyse our procedures, our operations, and our results in the field to share our learning; successes as well as mistakes and errors acquire reflection to continuously improve our work. The following is not a scientific account, but rather a description of the development of the work I have participated in as well as my reflections on the various mechanisms of societies that either allows or prevents torture. Some of the errors I have committed will be mentioned. Some observations related to my fieldwork have not previously been a part of my publications, but these have influenced my thinking and opinions regarding documentation and prevention of torture and ill-treatment. Under each heading in this paper, my activities as well as facts, information, and observations by others are described, to which I have added my own comments and interpretations.

Spain

From casuistic documentation to preventive approaches and scientific analysis

Organised medical work against torture started in the 1970s. Inge Genefke founded the Danish Medical Group in Amnesty International (AI) in 1974. I joined the group in 1979; after a few months, I went with an experienced colleague on an AI mission to Spain to examine persons who allegedly had been tortured in police and Guardia Civil (GC) stations and assess the veracity of their allegations. We assessed that the alleged torture of 12 examined persons consisting of, among other methods, beatings including falanga, prolonged standing and forced physical exercise, suspension and fixation in awkward body positions, electrical shocks, asphyxiation procedures, threats including mock executions, deprivation of food and access to toilet and hygiene, and humiliations were consistent with the ensuing symptoms described and the result of the clinical examination, i.e., that the allegations were credible. When the AI report (AI 1980, Petersen & Rasmussen 1980) was published and presented at a press conference in Copenhagen, journalists focused on the few physical marks after torture which we described months after the victims' release from detention.

In those days, the press and the public almost exclusively focused on the physical

aspects of torture. Post-traumatic Stress Disorder (PTSD) had not yet been described, and our psychological evaluation of persons alleging torture was not sophisticated just yet. Moreover, the two doctors did the examinations with an interpreter in the presence of the AI researcher. As seen in the interviewees' perspective, sitting in front of four unknown persons may not be the best incitement to reveal very private psychological experiences from torture.

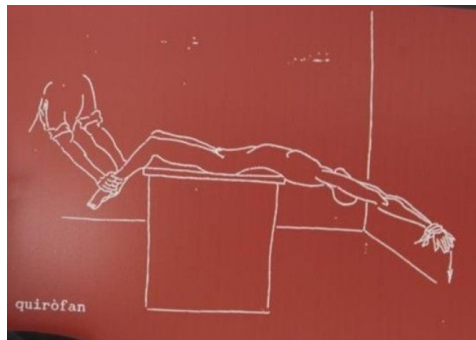
The examined persons had been released directly from police/GC stations without charges. They were threatened not to go public with their experiences, e.g., medical documentation of lesions acquired. The intention was to keep the discussion about torture away from the public domain. On the other hand, the victims' families and friends would know, which one of the objectives of torture was: to intimidate the local community in opposition to the government and authorities.

It is fair to think that persons against whom there was no objective evidence of terrorist activities were less seriously tortured physically than those against whom such evidence existed, which would ensure that they were transferred to prisons without public attention and access to an independent medical examination after the initial detention where

the alleged torture and ill-treatment took place. No visiting mechanisms existed in 1979. This selection bias was not part of AI's agenda that only built on findings from the mission. However, death cases in custody occurred, e.g., one described in Danish Medical Journal (Albrechtsen 1982), constituting evidence that highly dangerous torture happened in Spain.

A few years later, outside AI, we started a controlled study in the Basque country, cooperating with local colleagues. It was meant to be an ongoing health monitoring of persons detained by the police or GC. We wanted to document late sequels of torture and publish our findings in scientific journals and the press to draw attention to the torture problem in Spain, hoping in this way, that there would be added political pressure against the Spanish authorities. A Basque general practitioner assessed a group of healthy persons¹ (controls), and other local doctors examined persons who alleged having been tortured with the same methodology, and we should later re-examine that same group. The security of participants was an issue, but our means were not sufficient. The medical records of the first group of controls were seized in a GC highway control because the word "torture" appeared in the records. Consequently, we cancelled the investigation. The Basque doctors destroyed records of the second group of examinees out of fear for house searches and subsequent reprisals or detention, which was a realistic risk appraisal in those years.

We managed to re-examine ten persons some months after their release from 3-10 days incommunicado detention. The alle-



1 Control persons, who were in steady employment in the local area, were selected on large industrial plant and examined according to the protocols used for the proband group, except for the information on torture

gations were the same as those documented during the AI mission, but there were also allegations of hyperextension of the spine, “the operating table” (Petersen & Jacobsen 1985). Again, physical findings were scarce and un-specific, as expected, considering the torture methods alleged.

A few days before our return, Felipe Gonzalez (FG), the Spanish prime minister, heading a socialist government, visited Denmark. In an interview with the Danish press, he stated that since democracy in Spain was introduced, “not one single case of torture had been documented.” He omitted to mention the AI report from 1980 documenting torture in Madrid, Barcelona, and Bilbao in 1978-1979. In addition, many cases had been described in Basque newspapers, most with photos of lesions, and mainly bruises.

We were interviewed by the Danish radio, and our statement was contrasted to that of FG. We described our findings and stated that the loss of 15% of the bodyweight within a week together with the loss of consciousness with possible cardiac arrest caused by asphyxiation or electrical shocks would have led to hospitalisation in an intensive care unit in Denmark. The journalist focused on the flagrant discrepancies between the Spanish Prime Minister and our accounts. However, the program did not get much public attention – even in Denmark – and hardly reached The Prime Minister’s office.

We cancelled a planned inclusion of our findings in the national Danish TV news (with a much broader coverage and impact than the radio program) because it was no longer breaking news. Journalists compete, and once published, a story is no longer attractive.

Spain had gained much prestige through the introduction of democracy. The prime minister could easily get away with arrogance in a complex discussion about torture in the

country, which was probably supported by the lack of specific physical torture marks in most cases.

Over the following decades, torture in Spain was documented and commented on by prestigious organisations, such as the United Nations’ (UN) Special Rapporteur on Torture (UN 2004), the UN Committee against Torture (UN 2002), and the European Council’s Committee for the Prevention of Torture (CPT 1996 a,b,c). Felipe Gonzalez must have known about torture in Spain. His statement showed a lack of commitment to abolish torture after the dictatorship, maybe even as a valuable means of obtaining information in the fight against terrorism. In 1984, Guardia Civil officers were decorated by the Ministry of Interior for their work against ETA. At the same time, they were charged with the torture of two Basques, who later were acquitted because of a lack of evidence of terrorist activities (El País 1984).

It could also be that the government did not have complete control over the police and Guardia Civil. At some point in the 1980s, officers from the Guardia Civil declared publicly that they would go on strike in support of some colleagues charged with torture, arguing that a sentence would put all GC officers at risk of such charges. However, overtime, officers were sentenced for having committed torture.

It is not easy to abolish torture and ill-treatment after a dictatorship with a culture of severe repression. However, the denial of the existence of the problem by the prime minister in the first years of democracy must have contributed to the maintenance of torture and ill-treatment in Spain. A government should signal that torture is a crime that will be punished. Prevention of torture in detention would require a ban on lengthy incommunicado detention, access to a lawyer, and an independent medical examination. However,

the incommunicado detention is unchanged according to the Spanish anti-terrorist legislation, and over the years, Spanish governments have continued to deny the existence of torture. Furthermore, the Spanish National Prevention Mechanism (NPM), a body dependent from the *Defensor del Pueblo* (Ombudsmen), who is elected by the Parliament, has never objected to its use.

A torture preventive approach was adopted years later in cooperation with a group of Spanish doctors when we assessed the quality of 318 medical reports issued in police and GC stations and collected by a Basque NGO (Petersen, Morentin et al. 2002). Theoretically, a medical examination of detainees documenting torture would have a preventive effect, as well as provided reports that are of good quality and that the courts act when torture is documented, inter alia, by initiating an independent investigation. In Spain, both conditions failed. 1: The medical reports did not describe sufficiently the torture allegations and the ensuing symptoms; the clinical examinations were deficient with ill-founded conclusions on the origin of lesions, and an overall conclusion on the consistency of the allegations was absent. 2: No action on reports, e.g., describing multiple bruises and long-term psychological consequences consistent with torture allegations, was taken by the court. International institutions have consistently criticized the Spanish authorities for not acting on allegations and the evidence of torture, e.g., the UN Special rapporteur on Torture (UN 2004).

We published a follow-up examination on another 425 medical records from detention (Morentin, Petersen et al. 2008); the results did not indicate significant improvements in the quality of the medical documents.

Busy doctors working in detentions do not have time and hardly the capacity to assess torture allegations according to international

standards, i.e., the UN Istanbul Protocol. An ideal system to prevent torture comprises a specialised independent institution where physical-psychological forensic examinations can occur. Still, no such institution exists in Spain, indicating that the commitment to eradicate torture is not wholehearted.

In the 2010s, a large project on torture in the Basque Country was conducted by a group of Spanish psychiatrists, psychologists, and forensic doctors; 202 persons alleging torture and ill-treatment in the period 1969 – 2014 had their statements assessed as consistent, highly consistent, or maximum consistent according to a validated examination protocol (Pérez-Sales, Morentin et al. 2016).

We developed a scheme for the assessment of the medical services in detention. In cooperation with a forensic doctor from the Spanish group, the detainees' perception of the medical services in detention based on the 202 testimonies were analysed. The doctors' professional performance was perceived as grossly insufficient; they did not establish an atmosphere of confidence and were not perceived as neutral, as it was found that they sometimes collaborated with the police (Petersen & Morentin 2017). An obvious conclusion is that the medical institutions in police/GC detentions should be reorganised, ensuring independent and competent examinations, and a smooth procedure for referring cases of possible torture and ill-treatment to an independent specialised institution, cf., above.

Based on the same material, we assessed the physical aspects of torture in the 202 reports and developed a scheme for appraisal of the consistency of allegations of physical torture (Petersen & Morentin 2019).

Manipulation of public opinion

In 1998 the Spanish authorities published a letter, reportedly from the Basque terror-

ist organisation ETA. Persons who had been detained were requested to allege exposure to torture methods mentioned in the letter. The publication intended to indicate that torture allegations were fabricated.

However, a vast amount of scientific work put together in a report from the Basque government (Gorostiza 2009) has shown that the prevalence and the nature of allegations of torture and ill-treatment vary significantly with the place of detention from which the allegations stems, i.e., the GC, the national police, or the Basque police, and that the prevalence of torture allegations is related to the length of incommunicado detention. Furthermore, while there were thousands of people alleging being tortured, there was no single allegation of torture with the Basque detainees in France. These and other findings disprove the government's statement that all allegations are fabricated according to ETA's instructions and that torture does not exist in Spain. Nevertheless, the letter's publication seems to have had an enormous impact on a large part of the Spanish population.

During a joint visit with the newly established Spanish National Preventive Mechanism (NPM) in 2010, I participated as a member of the United Nations Subcommittee on Prevention of Torture (SPT) in a visit to a prison in Madrid. I assisted in an interview with a young Basque woman undertaken by a Spanish psychologist with an interpreter. Weeping with running tears, the woman described the psychological and physical abuses she had sustained during detention in the Basque Country. The interpreter commented that all detainees were lying and instructed to allege fabricated accounts of torture without any argument. However, it was hard to believe that ETA's alleged intentions to defame the authorities included successful training of the population at risk of detention in how to weep

with tears on demand. However, the publication of the ETA letter had had a more significant effect on the interpreter than her observations. It appears that part of the public prefers to believe the most convenient version of torture narratives and ignore relevant observations made by themselves or others, including medical-psychological experts and experts from the UN and the CPT.

The ETA letter may be authentic. If so, it has been a highly counterproductive attempt to draw attention to the torture problem in Spain and bring into disrepute the Spanish authorities.

The ETA letter may also be false; in that case, it can be seen as a very successful manipulation of the public by authorities in line with Hannah Arendt's description of political lies addressed to the public to overcome the clash between truth and policy: inconvenient facts are converted to another narrative through lies, the disregard of facts and documentation by experts, and manipulation depicting a false "reality" that fits the current policy (Arendt 2006). Facts documented by witnesses and experts are substituted with opinion, and the authorities capture the opinion. Governments promote the misconception (opinion) that a cumbersome problem does not exist. Politicians pretend and the public (want to) believe that democracy and rule of law work well.

Kashmir

Challenges in conflict areas

In 1993, I was a member of a small NGO called Physicians for Human Rights, Denmark. I went (poorly prepared) to the Indian part of Kashmir with a colleague. The objective was to find a family in Srinagar, bring a son out of Kashmir and apply for his asylum in Denmark; he had been a passenger in a bus attacked by paramilitary troops. All passengers

except him were killed. Therefore, he was the only witness to the attack and was at serious risk of being killed.

We went to New Delhi, where we briefed a local NGO working with human rights, including Kashmir. That was an error. The Indian intelligence, without any doubt, surveyed the NGO. Our meeting there announced our presence and made it easy to follow our route to Kashmir, possibly jeopardizing the safety of the team and the people we met with. A small human rights NGO should try to work discretely in the field. However, we were in Srinagar very visible as nearly the only westerners there. Moreover, information spreads rapidly; a British archaeologist who stayed in the hotel told us that people addressed him, believing he was part of the human rights group although our presence had not been announced.

The NGO in New Delhi had persuaded us to cooperate with them and include in our small team one of their staff. That was another error. As the majority in India, all staff members were Hindus. At the same time, Kashmiris were Muslims, and the political and religious tensions were intense, with the Indian military presence in Kashmir visible all over the places we saw. The presence of a Hindu team member during interviews with repressed Muslim Kashmiris could have jeopardized the necessary confidence of the examinees.

From the airport in Kashmir, we were taken by a vehicle of paramilitary forces and escorted by two vans loaded with armed soldiers to the only hotel open in Srinagar. We were informed by this “welcome” that our presence had been noted. In the hotel, the police director approached us and told us that “he could not guarantee the safety of a Hindu team member”, who returned to New Delhi the next day.

We met with the father of the wounded young man, and we gave him money to buy

a flight ticket out of Kashmir jointly with us. In the following days, we gathered evidence of torture and other human rights violations committed by Indian security forces. Before the planned departure, the father, ill at ease, came to our hotel with a lawyer; he returned the money because he thought that the whole family’s safety would be put at risk if the son left the country. We learned that human rights activism in conflict areas needed much more preparation and knowledge about the culture and a thorough discussion with all persons involved before obtaining informed consent to any action.

My colleague was later informed that some of the lawyers we had met with had been killed, presumably by Indian security forces. Whether this information was accurate and - if so - whether it was related to the contact they had had with us is uncertain, but I have many times reflected on it. It reminds me that activism in conflict areas implies a severe risk for interlocutors. A small NGO has no means to protect people, and all persons interviewed will most likely be swiftly identified by all parts of the conflict.

In our publication, we triangulated collected evidence (Petersen & Vedel 1994). We documented seven cases of severe and mutilating torture. Local doctors showed us photos of cases of torture produced lesions and local lawyers gave us a list (concerning the period 1990-1992) of names of 92 persons disappeared after being arrested and 98 persons who died during the first days of detention, many of whom “bore marks after torture”. In a hospital, we documented seven cases of gunshots reportedly not related to clashes between the army and militants, and local doctors showed us photos of children shot at close range. The medical evidence fitted with information from the lawyers and information from local newspapers. The Indian gov-

ernment had declared in 1993 (Gossman 1993) that, over the last two years, actions had been taken against over a hundred personnel from the security forces (presumably for torture and killings of civilians). All that evidence and information depicted a pattern of massive human rights violations committed by Indian security forces.

Controlling the controller. A model for efficient crime prevention

We could not carry hand luggage when we departed from the airport, and our suitcases were scanned. There was a control post in the airport building where all passengers were thoroughly body searched. There were another three similar posts on the way to the airplane where the body searches were repeated. An old German tourist cried with tears in his eyes that this was madness. He ignored that the searches additional to the first one was meant to control the efficiency of the previous ones that could have been passed, e.g., by way of corruption. If the control posts were staffed with independent officers, i.e., officers who did not know each other, the search system would be very efficient, even in a conflict area with widespread corruption. No aircraft hijacking was reported from Kashmir in those years.

Such a model of independent control of controllers would also work in places of detention where internal mechanisms for the prevention of torture should be overseen by independent controllers, whom the civil society should oversee. Theoretically, it could also be implemented to ensure that judges act on documented ill-treatment and torture in detention following the UN Convention against Torture, cf. the section about Spain.

Our follow-up

The following year we went two times to the Pakistani part of Kashmir and visited refugee

camps for people who had fled from Indian-held Kashmir. On the first occasion, we examined 65 persons who had sustained different forms of violence. Seventeen adults (Petersen & Wandall 1994) and ten children (Petersen & Wandall 1995) alleged having been tortured, and the majority, inclusive the children, had remarkable scars very highly consistent with their allegations. On the second occasion, we examined in refugee camps exposure to torture and killings of members of 94 families who had fled from Indian-held Kashmir 1989-1994. At least one member in 90% of the families alleged being tortured by Indian security forces (Larsen, Petersen & al., 1995).

Our reports got some attention. We were invited to a parliamentary hearing in London and the Danish parliament to present our findings. In 1996, I presented the results with photo-documentation at an international congress on forensic sciences in Tokyo. Three persons in military uniforms presented themselves as Indian forensic doctors. They declared that torture does not take place in India, that the documentation (published in peer-reviewed scientific journals) was false, that the congress committee should never have accepted the presentation, and that “no such thing as Indian-held Kashmir exists, all Kashmir is Indian” in contrast to the reality. When high-ranking officials deny even the existence of a problem, there is a long way to a solution.

In the following years, we went two times to refugee camps for Burmese in Thailand (Petersen, Lykke & al. 1998; Petersen, Worm & al. 2000). We applied an adapted version of our procedures used in Kashmir and documented massive human rights violations against ethnic groups living close to the Thai border. Our reports got some attention thanks to partners from the Danish Church Aid; we presented our results in the Danish parliament. Some months ago, after temporary democratization,

Myanmar's military dictatorship returned to full repression against demands for democracy and detained or killed thousands of demonstrators. Furthermore, even during the period of some democratization, there were gross human rights violations against Muslim ethnic groups leading to massive emigration. The military is still in control, but in 2021, there was a releasing of political prisoners (demonstrators) probably because of the decision of neighboring states to exclude Myanmar's military leader Min Aung Hlaing from the The Association of Southeast Asian Nation (ASEAN) summit. Pressure from actual trade partner states can significantly affect the human rights situation in a country.

RCT/Dignity

The reports on Burmese refugees led to my two years of employment in the international department of Dignity (then named the Rehabilitation Centre for Torture Victims, RCT) - my only full-time anti-torture employment. I advised eight partner NGOs on health issues and monitored their results.

As part of my work, I was in Zimbabwe and participated in the partner NGO's documentation of massive human rights violations before a presidential election. Among the victims were four villagers known to oppose the government. They had been beaten all over, inclusive with cables and barbed wire, and one had been stabbed with a screwdriver in his eye by "war veterans". Their ID cards had been seized, impeding them from voting.

We swiftly produced a report (and subsequently an article (Eppel & Petersen 2002)) with photo documentation of remarkable lesions very highly consistent with alleged torture. We distributed it before the elections to London officials and many European, African, and American embassies. I had hoped that our report and interview with BBC

would add to the condemnation of president Mugabe's regime; South African Nobel peace prize winner Archbishop Desmond Tutu had commented in BBC that "Mugabe had gone bonkers in a big way" for disregarding the rule of law. Zimbabwe was deeply dependent on trade relations with South Africa, and closure would probably have led to the fall of Mugabe's regime. However, nothing happened, and Mugabe stayed in office for many years while the human rights violations continued. The lack of political pressure from neighbor states confirmed that African leaders support each other. An African embassy clearly expressed turning a blind eye to facts: "You should not worry; the voting is free and secret".

I had come from 25 years of work in medical departments with very sick patients; most were discharged in much improved conditions. A positive outcome of my work was visible practically every day. In contrast, working with documentation and prevention of torture does not produce results overnight. After two years of full-time employment, mostly in offices, I felt burned out. I returned to clinical work but carried on anti-torture work as procurement activities, including as a consultant for Dignity.

Prevention of torture and ill-treatment in the SPT

In 2007 I was appointed as one of the ten members of the newly established UN Subcommittee on Prevention of Torture (SPT), in which I served for eight years, and where I also served the first four as one of the vice-chairs. According to the Optional Protocol (OPCAT) to the UN Convention against Torture, the SPT visits places of detention (PoD), speaks in private with all relevant persons, and makes recommendations for necessary improvements to protect the rights of inmates, and the government should im-

plement the recommendations. The focus of the visits was on all aspects of prison life, intending to safeguard the rights of inmates, including – naturally – the right not to be tortured. Documentation of torture was part of the agenda, and if a case was documented, it was analysed to find out which means of protection had failed. The fight against impunity is closely linked to the prevention of torture – in contrast to the thinking of the Spanish National Preventive mechanism that did not deal with cases of torture alleging that their mission was just “preventive” and contributing to make torture invisible.

Bribery, extortion, and confession as fundamentals for conviction

A general problem in low-income countries is corruption. Practically anything may have a price, including Medical services. To the surprise of high-ranking officials during meetings with the SPT in one country, we suggested that the salary of police and prison personnel should be raised to a level that permitted a decent living as part of the fight against the corruption that everybody acknowledged as a severe problem. Their surprise came as a surprise to me. If you pay a meagre salary, the personnel must find other income to make a living. Moreover, the under-paid police and prison personnel are in positions of power over very vulnerable inmates; hence, corruption and extortion are very foreseeable.

During a visit to a large police station in another country, we met a young couple in the yard. The young man was detained, and the woman was his wife; our visit had interrupted their negotiation with the police about the price for his release without charge. His detention had not been registered, and his arrest and release would never be known in case the couple paid the right price. Refusing to pay would put him at serious risk of torture to

make him confess, regarded as the solution to a crime. In the same country, I had a conversation with some police officers. They described the chain of events from arrest, initial interrogations, and investigations to transfer to prisons. I commented that some would be released, to which they reacted immediately: “Sir, you have misunderstood. In this country, we only detain the guilty persons”. The two combined observations indicate a long way to justice: laws must be changed, requiring evidence to determine guilt, laws must be rigorously implemented, and institutional cultures must be changed.

Courts’ reliance on confessions as sufficient proof of guilt is a serious problem. In some countries, we learned that police officers were rewarded with a bonus for “solving” a crime, i.e., obtaining a confession – a strong incentive for a poorly paid officer to extort confessions, including ill-treatment and torture.

In many countries, bribery was blatant. In one country, I saw a visitor in a prison handing over money to an officer; it could hardly be for anything but a service that should be free of charge; interchange of money between inmates or visitors and staff should not occur. Theoretically, a ban on cash in the places of detention could be a means to fight corruption. However, other items may be used in exchange for goods and services without money.

I requested an interview with the prison doctor in another country, but he declined, saying that he was too busy. A little later, I saw him in the corridors with four packages of cigarettes in his hands. He did not even care to hide them for me, thereby exposing himself as a cigarette dealer or, more likely, carrying the payment in an alternative currency – cigarettes – for services that should be free of charge. Bribery is a burden for the poor and vulnerable to corrupt officers’ abuse of power and a means for the wealthy to ensure

their rights and obtain privileges, reinforcing the differences in living conditions in places of detention.

Torture and medical complicity

In a police station in an African country, we observed long, narrow, recent skin lesions on two detainees in full agreement with their alleged whipping. We found a whip in a drawer; hence the cases were obvious. The attitude of the officers was extremely arrogant, underlining their position of power and an ambience of impunity. The cases were mentioned in the report but never satisfactorily responded to by the authorities, which in the first place would include a criminal investigation. Torture and ill-treatment shall never be eradicated without the wholehearted will of a government in control of the law enforcement bodies.

In a Latin-American country, the head of the institute of forensic medicine (IFM) was present during our initial meetings with authorities. He stated that all specialist evaluations of alleged torture victims were done in the IFM and that there had been no case of documented torture in the country over the last years. During visits to places of detention, we heard many highly credible accounts of torture. In response, we documented torture produced lesions and saw places where victims allegedly had been chained and beaten, i.e., pieces of mutually corroborating information depicting a pattern of widespread torture in sharp contrast with the statement from the IFM head.

The explanation for this discrepancy was the nature of referrals to IFM from custody. Medical examinations were done according to a form containing several items with boxes filled in. Torture, ill-treatment, and violence was not part of the section on the medical history. Logically, there was no space to assess the consistency of torture allegations, which

could have been an obvious criterion for referral to the IFM. In this way, torture systematically went undiagnosed in medical examinations and referrals to the IFM were blocked. Furthermore, since torture must be documented in the IFM to be acknowledged, it did not exist officially against evidence that could easily be found in many places of detention (PoDs). The medical establishment can be an efficient tool to conceal facts about torture.

In another Latin-American country where physical torture was documented in many PoDs, we observed an old shabby baseball bat in the reception area of a large prison where initial interrogations of newcomers took place. We were explained that it had been forgotten and was not in use. In the medical clinic, there was a register with names of all newcomers and their diagnoses made at the medical examination upon arrival. I noted two cases of fractured shins. Unfortunately, the visit was brief, and only was it too late where I put the observations together with the possible conclusion that the bat had been used to beat the shins of inmates, causing – probably by accident – fractures in two of them. We did not return to that prison, and I did not manage to speak with those inmates. Had my hypothesis been correct, documentation could theoretically have led to an investigation and changes in the prison's reception procedures. It could also have been documented that the doctors who treated the fractures did not identify and report torture to higher authorities. Sometimes we need a little time to analyse what we see and hear and put observations together. Visits to problematic institutions should not be too hasty; debriefing with colleagues during the visit may be helpful to put observations together and get things right, and follow-up visits after initial analyses may clarify uncertainties.

Capos and the prison as a marketplace

Walking around in a prison dressed in a UN jacket attracts the attention of prisoners and staff. Furthermore, the identity of interviewed persons will soon be known by staff and fellow inmates. Some of the most relevant persons to interview are the scared and repressed who often refuse to give interviews or disappear when monitors come near. On the other hand, prisoners who offered to show us around were often the capos who shared the interest of the staff to expose the positive elements of prison life while benefitting from privileges such as placement in the most attractive cells and sometimes getting a share of the widespread corruption and exploitation of other prisoners. A capo tried to assist in an interview with a fellow prisoner, thereby controlling the information given to us. I learned that the system with capos and corruption could be identified easily by looking at the vast differences in living conditions in different parts of most prisons in low-income countries. I also learned that ordinary prisoners risked reprisals from the capos if they revealed details about the system of exploitation.

Naturally, reprisals could also come from staff if details about abuse and exploitation were given to us in an interview. We heard several times (through interpreters) that inmates were threatened before an interview not to give us information. We did not receive information that reprisals took place after our visits, but such messages would be very difficult for inmates to convey. Reprisals are a reality that we must address. Our essential precaution was to interview many persons and refrain from giving personal details of victims in our report to make identifying the source of information difficult. Any reporting from an interview requires complying with Istanbul Protocol Ethical principles, among them, consent from the interviewee and a low risk of reprisals.

I believe that we should assume that the capo system is ramified with helpers and informers. Staff and fellow inmates will soon know the identity of all persons interviewed by visiting monitors. We must make sure that our interviews take place out of hearing of staff and fellow inmates who could be capos or informers. Group interviews are sometimes performed under the condition that only general issues verifiable by anybody are discussed, such as the quality of the food. The risk is that the ordinary conversation comes out of control, and some participants give critical information in front of fellow inmates. After one such episode, I did not conduct group interviews at all. Moreover, as far as possible, I did my interviews about available treatment and abuses in the clinic, pretending that I focused on health issues.

The capos' roles could be official. In a former Soviet republic, I went to a cell to interview some of the eight prisoners in private. When I entered the cell with an interpreter, all eight prisoners stood in a line. The capo responded to all my requests by saying that any question would be answered in the presence of everybody; they had no secrets to each other. He blocked efficiently any private communication. No one consented to an interview in private, indicating the power a capo can have over fellow prisoners.

In many prison yards of low-income countries, there are small shops with food and many other items for sale, filling a gap between the prisoners' needs and the provisions offered to them. Prison management, as well as shopkeepers, are usually reluctant to explain the financial structures. In essence, the cash flow goes from the bottom to the top, ultimately to the management, with some shares to the shopkeepers and the capos. The poor and the hungry rely on support from their (poor) families to acquire what they, in theory, are entitled to get for free.

Overcrowding and dysfunctional judicial systems

In all PoDs in low-income countries, the lack of space was horrendous. In some African prison cells, inmates were lying in physical contact with each other at night like spoons in a box. Since the space was still insufficient for all to lie, prisoners had to stand up in shifts at night in 36 centigrade and extreme humidity. Some of those placed lowest in the hierarchy stood up all night. In an Asian country, many prisoners spent nearly all the time in typical overcrowded cells without any decent activity. More than half of some 20 inmates tested had reduced force of their feet and legs, a sign of insufficient nutrition with a lack of vitamin B1. It is hard to believe that such prison conditions will make prisoners well adapted to the general society. On the other hand, it is easy to believe that apart from all their direct effects, such conditions will cause intense suffering, tensions, conflicts, and violence among inmates, amounting to cruel, inhumane or degrading treatment.

An African prisoner said that the fundamental problem in his prison was that he and many others should not be there at all. Like many other countries, far more than half of the inmates were on remand, and many could be innocent. Furthermore, many prisoners spend more time on remand than the maximum penalty for the crime they are accused of having committed. A large part of overcrowding stems from a dysfunctional judicial system and the abuse of detention in remand is a worldwide problem.

Human rights training and problematic quantitative data

Staff in places of detention must know the rights of inmates and the rules for maintaining security and discipline. In all country visits I have participated in, we recommended

such training. The government of one large country responded by sending a long list of training held and participants' numbers. Such numbers may seem impressive at first glance, but if broken up in a yearly number of training days for each officer in a PoD, the picture may be quite different. Moreover, if the training is not institutionalised by the management of institutions, no effect on institutional practices will be achieved. Quantitative measures of torture preventive efforts may be misleading. Effects should be assessed by necessary changes, e.g., documented implementation of the learning from training.

Another misuse of quantitative data was presented to the SPT by a visiting National Preventive Mechanism (NPM). The NPM had been criticised for doing too few visits but argued that it had visited prisons and other institutions representing tens of thousands of persons deprived of their liberty, constituting a significant percentage of all inmates in the country. However, many enormous prisons with more than ten thousand inmates had been visited, which counts heavily in such a statistic that I consider bloated and meaningless. It does not tell us anything about the quality and impact of the visits.

I have been on visits to large institutions where a team of four was supposed to view the reality in one day. Following the visit, I left with a feeling that we got some helpful information; but also, we most likely missed essential details that could have been grasped with more time. However, our statistic ended up impressing both by counting the number of prisons visited and the number of inmates in those institutions.

Another statistic comes from the number of State Parties to the OPCAT. The number has constantly been growing over the years, which may be a success. However, during visits to several countries, my impression was

that those governments did not understand the country's obligations prescribed in the OPCAT. The motive for ratification was more likely to brand the country as a human right respecting nation – possibly to obtain development aid – than a genuine wish to reinforce the rights of persons deprived of their liberty. I see the long delay in establishing NPMs and insufficient resources for the NPMs as an indication of that. There is at least one example that the NPM was drained when it became relevant, i.e., rightly pointed to problems to be solved.

The UN Special Rapporteur on Torture (SRT) had visited Jordan. His team had documented cases of torture and concluded that torture was widespread in the country and routine in some places and that impunity was total. He published a report in which he recommended that named officers should be investigated for committing torture as the first step to end impunity (Nowak 2007).

It was said in the UN that Jordan had been at the point of ratifying the OPCAT before the SRT's visit but refrained from doing so because of his report, and Jordan is still not a party to the OPCAT. A UN official from the middle management commented that the visit of the SRT to Jordan had been a total disaster. It made me reflect on whether a state's ratification of a treaty is a success, no matter the lack of intentions of the country's government to comply with it. If good intentions faced the problem (inter alia, torture) and remedy gaps in the protection of persons deprived of their liberty are lacking, ratification of the treaty would not bring any changes, and the number of state parties to the treaty becomes meaningless as an indication of the international community's commitment and endeavour to abolish torture. Ratifying treaties imply a dialogue between the State Party and the UN bodies based on

observations and available information. The state must envisage criticism and comply with the recommendations for changes.

Security on mission

The UN did not provide a security officer in the first SPT visits. Only in my second country visits, in an area of a prison that was not surveyed by staff, I had an argument with a capo who insisted on talking with me and blocked my way out of the area. I was in a hurry to catch a debriefing meeting with colleagues and stubbornly refused to talk with him, which I later regretted. After a while, he let me leave.

I have never been attacked, threatened, or insulted, even though I have been around on my own without the presence of staff in all sorts of places of detention. When we invited inmates for interviews, we could not promise them anything, and I can only remember very few cases where our interventions gave immediate results. In these cases, very sick prisoners were transferred to hospitals. We informed candidates for interviews that our work would only – hopefully – lead to improvements in conditions and treatment in the long perspective and might be irrelevant to the individual interviewee. However, I am sure that inmates understood that we were there to remedy violations of their rights and that would not be achieved overnight, and that their information did matter.

After some years, all visit teams included a security officer. There was an enormous difference in their modes of operation. In one country, the security officer body searched prisoners who were to be interviewed to ensure that they did not have weapons. However, he declined to that after a discussion in the team, accepting that such a procedure would jeopardize an atmosphere of confidence in our encounters with inmates.

In another visit, I was called as the team's doctor to an interview undertaken by newly appointed colleagues. A frail older adult with eye problems was being interviewed. He was placed in a tiny room adjacent to a large room but separated with metal bars. The interviewers were placed in the large room 5 meters from the bars, and in between, a UN security officer was sitting together with an interpreter. Just outside in the corridor, there were two guards. The guards said that the interviewee was dangerous, which was why our security officer accepted the security arrangements. I was supposed to assess the eyes of the prisoner without being allowed to approach him. I refused to pretend that I could do medical work under such conditions and brought the issue up in the delegation meeting. The security officer insisted that the arrangement had been agreed upon with the prison authorities and was acceptable. My argument that medical work and confidential interviews do not work in such settings was not accepted.

I think that the reason for setting up such an absurd arrangement was to make sure that participants in the interview spoke so loudly that guards outside the cell could hear what was said. In general, we should assume that requests/orders from prison management to monitors always have a purpose that is not always easy to reveal. When staff members say that an inmate is dangerous, it is often not the security of monitors they have in mind but rather an intention to block their communication with key interlocutors. On several occasions, I have got the most relevant information about torture from such inmates.

In a Latin-American country, we visited a prison where members of an extremely violent gang were placed in a separate area where no staff were let in. Our security officer negotiated with the gang leader and obtained permission to enter the area. There were no incidents, and

we had some valuable interviews in private, including an interview with the leader who occupied a space much more comfortable than fellow inmates', indicating that the usual prison hierarchy also worked there.

Security measures on a mission may facilitate the monitoring work or quite the opposite. The terms of reference for all participants should be adjusted to ensure that monitoring can be safely performed in the spirit of the OPCAT: interviews with all relevant persons must be done in private.

Our interlocutors' safety has been briefly mentioned above.

Debriefing

In the first years of my work, I/we only knew the concept of debriefing intuitively. In principle, we worked in pairs in AI's medical group, and I think the wrap-up of a day's experiences usually worked as a kind of debriefing. However, I have been on a mission as the only doctor, and the experiences on some missions were shocking. I believe that I, as well as my family, would have benefitted from qualified debriefing after some missions. When I worked with the 202 Basque medical-psychological reports – each one had many pages of description of interrogations and torture and I had stipulated that I could handle 7-8 cases per day, which would constitute a data-gathering phase of 5-6 weeks. However, after a week, I became grumpy and difficult to live with. My wife and I understood the reason: the psychological impact from the reading. The work plan was changed, and with only two days of work per week, my ordinary mood returned. I believe that we have to become better to take care of ourselves. However, I also believe that still many of us have something to learn about how to make our encounters with victims less uncomfortable for them and how to end the interview in a manner that diminishes as far

as possible the psychological turmoil caused by the recalling of horrible memories. If acceptable for the victim, some basic counselling may be a little helpful. It is not only their security and security that matters and should be balanced with the potential – but often unlikely – benefit from monitoring and research.

First, do no harm – all sorts of harm.

Final remark

Eradication of torture requires that the government is fully committed to doing it and that the government is in complete control of all security and law enforcement bodies.

It happens when a government changes its positions in situations of crisis. For example, a few years ago, in the “war on terrorism,” the president of the USA distorted the definition of torture permitting, e.g., interrogational waterboarding that clearly is a torture method. It may be supposed that the US government is in (full?) control with its intelligence; hence, torture in such a setting may be abolished by decree from a new government with another approach to torture.

Eradication of “everyday torture” applied to “solve crimes” is more complex. In many countries, the use of torture is embedded in traditions, institutional culture, inequalities, ethnic conflicts, discrimination of certain groups, economic problems, and corruption, resulting to factors that are much harder for the government to control and require much time to change.

In both scenarios, the public opinion matters to influence policy.

International law provides the means to abolish torture, and most countries have ratified conventions against torture. Monitoring places of detention has been established in many countries during the last decades to safeguard the rights of persons deprived of their liberty. The power of monitoring mechanisms

to demand improvements in the administration of justice constitutes one of their potentials to fight torture.

Another potential is the transparency inherent in monitoring the informing of the public about the reality for persons deprived of their liberty – i.e., serious human rights violations in places of detention – which hopefully shall lead to better public understanding of the negative effects of a dysfunctional judicial system and thereby a pressure on governments to implement changes.

It is possible to eradicate torture; in some countries, it does not exist. Such countries are characterised by, inter alia, political stability, respect for human rights, the rule of law, well-functioning judiciary, prosperity, relative equality, and (nearly) the absence of corruption. The work against torture is an ever-lasting fight. Society does not achieve all that overnight, and setbacks may come over time. We might assume that nothing (beneficial) will happen, but we must do our utmost to ensure that no harm is done. Nevertheless, if our activities cause harm, we should share our experiences to prevent repetition.

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