HRFT

Human Rights Foundation of Turkey

Treatment and Rehabilitation Centers Report 2001

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HRFT
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TREATMENT and REHABILITATION CENTERS REPORT 2001

Ankara, December 2002

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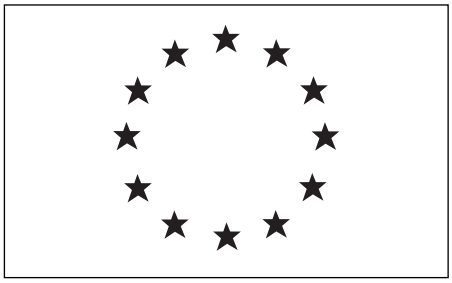

Turkish version of
Treatment and Rehabilitation Centers Report-2001
is available at the HRFT.

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STUDIES AND ASSESSMENTS ON TORTURE AND ITS CONSEQUENCE

PREFACE

Metin Bakkalcı*

Since its establishment in 1990, one of the main projects of the Human Rights Foundation of Turkey has been the Project for the Treatment and Rehabilitation of Torture Survivors.

By the end of 2000, 5719 people applied to our Treatment and Rehabilitation Centers in five cities (Adana, Ankara, Diyarbakır, İstanbul and İzmir). At the end of 2001, this number reached 6945 with the application of 1226 people. In addition to the staff of the HRFT, hundreds of voluntary health professionals work in multidisciplinary teams for the solution of the physical, psychological and social problems of the applicants to the centers.

We will remember 2001 as a year in which we faced a serious pressure and carried out an intensive work within the frame of the treatment and rehabilitation project and in the entire field of activity of the HRFT.

Some characteristic features of 2001 in terms of our work and field of activity can be summarized as follows:

- The "prison question" that the authorities brought forward with the claims of re-organizing the political life in our country and the subsequent "hunger strikes" in prisons affected our work in many aspects. Treatment and rehabilitation of some of the hunger strikers who applied to our centers marked the work of the year 2001, particularly in İstanbul, Ankara, İzmir and Adana centers.

The ongoing hunger strike in the prisons is a social trauma. In this process, the HRFT has been providing a qualified medical care for the survivors of the hunger strike, and

* M.D., Coordinator of HRFT Treatment and Rehabilitation Centers.

by so doing it has been contributing to the promotion of a humanitarian approach to the problem and the respect for human life. We would like to thank all of our staff, volunteers and other people who have paid great efforts for overcoming this extraordinary problem and provided an invaluable contribution to the work of the HRFT.

The qualified work of the HRFT has strengthened the atmosphere of solidarity with our works, both in the country and abroad. The atmosphere of solidarity which is created with extraordinary success especially in İstanbul shall always be mentioned.

- Our office in Diyarbakır has been facing a persecution since September 2001. Inspections, judicial and administrative investigations, pressure and exile practices against this HRFT office and our friends working in Diyarbakır affected not only the work of the HRFT Diyarbakır office but also other HRFT offices and our headquarters. On the other hand, trials and investigations that were brought against our staff members with the aim of rendering the HRFT ineffective in its work continued in 2001.

- As was the case in 2000, a certain group of people applied to the HRFT for having faced pressure or subjected to violence when they attempted to protest certain human rights problems in the society, especially within the frame of the social sensitivity that the "prisons problem" has created. This application profile should not be included in the category of "social events", but has to be evaluated within the context of "torture" with the real sense of the term.

- Many prisoners were released from prisons in accordance with the December 2000 law of "suspension of sentences." This was another development that has marked our work in 2001.

- Re-patriation of refugees in western countries has intensified in recent years when these countries began to change their refugee policies. Our treatment and rehabilitation centers received many special requests within the context of the repatriation of the refugees.

- The "Prisons Protocol" has been put forward as an international study for the near future, and preparation of this protocol will be an important activity of the HRFT in the upcoming period.

- "The Social Support Project for the children witnessed or exposed to torture" which started at the beginning of 2001 has matured the Treatment and Rehabilitation project. This project is also giving important clues related to the activities of the HRFT in the upcoming period.

- In 2001 İstanbul Office of the HRFT started to carry out its activities in its own premises. An operational physiotherapy unit has successfully been established in this office.

- The Treatment and Rehabilitation Centers Project, besides providing medical and rehabilitation for torture survivors includes training, scientific research and scientific activities for improving the quality of services. Within this framework there have been numerous meetings held and attended at both national and international levels.

The HRFT, the Turkish Medical Association and the Forensic Specialists Association have carried out a project in 5 cities where the HRFT centers are located (Diyarbakır, Ankara, İzmir, İstanbul and Adana). This pilot project, which involved the application of the "Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment" (The Istanbul Protocol), has successfully produced significant clues in terms of the proper application of the IP Program in the near future. Thirty people participated in the training program which were held in 5 cities in this project and has constructed a cooperation between the medical and legal professions for an effective documentation of torture. This pilot project will definitely be helpful in future projects aiming at a widespread application of the IP.

In 2001 the translation of the IP into the UN official languages was completed, and this document was approved by the UN General Assembly as an official UN Document. The IP is a very important instrument in the prevention of torture at an international level.

Aside from the progress in the above-mentioned areas, the 5 Cities Project, which covers the provinces where we do not have a center as yet despite the intensity of human rights violations, successfully continued in the provinces of Malatya, Gaziantep, Hatay, Adıyaman and Şanlıurfa in 2001.

This report, which includes the results derived from the work carried out by the Treatment and Rehabilitation Centers Project in 2001, is published both in Turkish and in English, as in previous years.

In the 2001 Treatment and Rehabilitation Centers Project there is an evaluation of 2001 by President Yavuz Önen on behalf of the Executive Board. It is followed by two sections.

The first section includes an outline of the health services provided by the HRFT in 2001 and information and evaluation regarding the applicants to the HRFT Treatment and Rehabilitation Centers in Adana, Ankara, Istanbul, İzmir and Diyarbakır for torture-related problems.

As mentioned above, the treatment of the hunger strikers has been carried out by the HRFT as a specific field of activity. For this reason, the information and evaluation regarding the 329 applicants who went on a hunger strike in 2001 are given under a separate title in the first section.

The second section consists of articles on some of the issues that the Treatment and Rehabilitation Centers of the HRFT worked on in 2001. This section starts with the articles on the hunger strikes in the prisons.

The hunger strike in the prisons started on 20 October 2000 and unfortunately it has been continuing since then, as a destructive tragedy in the world history.

The recent hunger strike in the Turkish prisons is a rare case in the world, and with respect to the outcomes concerning the medical profession and the treatment approaches, it casts a unique example for the medical profession in the whole world. For this reason, conducting scientific studies that aim at reducing the human suffering in similar experiences have become a priority duty of the medical circles in Turkey. The HRFT has been drafting a comprehensive study in this respect.

In this report we gave place to two articles contributing to these studies. First article, titled "Role of the Physician during Hunger Strikes and Medical Ethics", was drafted by myself (Metin Bakkalcı, MD) and delivered as a speech in the 37th National Psychiatry Congress on 2-6 October 2001. This article is an attempt to make a definition of the hunger strikes and discuss the roles of the physicians in hunger strikes as they have to shoulder an important task in such processes as a duty of the medical profession, and to clarify the distinction between the hunger strike and suicide.

The second article was written by Dr. Çağrı Temuçin who has carried out an extraordinary work regarding the hunger strike. In his study, Dr. Temuçin makes an evaluation of the treatment of the 39 applicants of the HRFT Ankara Treatment and Rehabilitation Center he has personally followed. The study covers the neurological examination, pre-evaluation and observation of 39 hunger strikers. As can bee seen in this article, determining the proper approach in the treatment of the hunger strikers is extremely important.

The next article by Dr. Deniz Dülgeroğlu, titled "Diagnosis of Applicants Subjected to Physical Trauma", exposes the importance of the experience that the HRFT has accumulated in the field of treatment and rehabilitation of torture survivors. Dr. Dülgeroğlu determined the clinical characteristics of 41 applicants to the HRFT Ankara Treatment and Rehabilitation Center between the years 1996 and 2000 with complaints related to musculoskeletal system. The study by Dr. Dülgeroğlu is a contribution to the literature on musculoskeletal system pathologies in victims of torture.

The last article, "Study of an Alternative Forensic Report in a Case of Torture by Electricity", was written by Dr. Bülent Pişmişoğlu, et al., and presented in the "Annual Forensics Meetings-2001" organized by the Forensics Medicine Institute. This article, which was written on the basis of the scientific studies performed by the HRFT for determining the physical signs of torture and alternative medical reports issued by the HRFT in this sense, is underlying the importance of this subject once again.

The health personnel working in various cities, who have been working wholeheartedly for a common cause, and hundreds of people sensitive to human rights issues have enabled the HRFT to carry on successfully. We would like to thank all our friends who have been with us from the very beginning and have contributed to our work and to the Human Rights Association and Turkish Medical Association, who have always supported us.

Ankara, August 2002.

Resim 1

Turhan Selçuk

INTRODUCTION

Yavuz Önen*

The magnitude and depth of events in which we lived in 2001 made our people realize how tangible the human rights issue is and can easily be felt in our daily lives.

The immense economic crisis of 2001, largely inherited from 2000, made the already severe situation concerning economic and social rights even more dreadful. The situation in the field of social and economic rights led to developments that increased the number of infringements in civil rights. The public reacted to this situation with nation-wide street demonstrations. Workers in the public and private sector, farmers, small business holders, members of professional associations, and students were amongst the demonstrators. In most of these incidents, the police brutally intervened, clashes between the police and the demonstrators occurred. Public prosecutions and other judicial procedures were initiated against demonstrators.

During the year, more than 1.5 million people were unemployed/laid off. Thousands of small enterprise holders closed their shops. Many farmers were incarcerated due to the fact that they could not pay their credit debts back. The number of persons who could not pay their credit-card debts reached hundreds of thousands. The staff in the media was one of the most seriously hit group in unemployment. More than four thousand media employees were laid off. A considerable number of people attempted suicide due to economic crisis.

In 2001 effective decision-makers once again asserted that Turkey still had a national security (NS) problem, in other words, the indivisible unity of the country and the nation were at stake, threats to NS were continuing and for that reason Turkey was not ready for a change in the field of democratization and human rights. In other words, state security would continue to be reinforced and developed further, while

* President of the HRFT

people and personal rights and freedoms would be further undermined. However, at times, this policy was questioned within the system. Mother Land Party (ANAP) General President and Deputy Prime Minister responsible for the EU relations, Mr. Mesut Yılmaz stated in his speech on the 7th Periodic Congress of ANAP on 4 August 2001 that "...The concept of NS has become a barrier to each and every step towards the future of our state. Turkey is the only state on earth that has managed to turn a concept that should provide the endurance of the state into something that has started to harm the state itself... As a matter of fact, it is just as so... The key to change in Turkey is concealed in the concept of NS. If Turkey wants to go a step forward, it has to get rid of this syndrome... The very content and reasons of the concept of NS should be brought to the public debate."

Prime Minister Bülent Ecevit asserted in defence of the concept of NS that he was astonished of this speech and was in total disagreement with that view because Mr. Ecevit believed that Turkey is surrounded from all corners with security threats and dangers, thus this very fact would be taken into consideration while determining NS policy. In addition to that, he stated in response to the speech that the NSC had concluded updating the national policy document, the problem had been sorted out at the highest level of the state and he just could not understand what was being discussed.

Chief of General Staff reacted to Mr. Mesut Yılmaz's speech by saying that his words were inappropriate, unfair and dangerous, that Turkey's economy was broke, that national and moral values were abated, that secessionist terror had turned into an ethnic, nationalist and secessionist movement, that religious fundamentalists in favor of a sheria regime had stated to threaten the secular state, and finally that corrupt activities of the system had become perceived as normal.

This persistent and negative attitude of the system towards democratization applies the EU and its member states that are counted amongst the historical block of both to the internal and external enemies posing a threat to NS. Whenever issues such as the Armenian genocide, Cyprus, Greece, Kurds, Northern Iraq came to be discussed in 2001, official views and traditional arguments once more prevailed and manipulated the public.

Democratic life is under severe restrain in the OHAL region consisting of Diyarbakır, Hakkari, Şırnak and Tunceli provinces and neighboring sensitive areas. Life security is constantly and seriously under threat. Land mines laid during the war claimed many lives almost every day.

In the OHAL and neighboring region, a policy of village evictions, forced migration, village raids, food embargo, bans to go to the high plateaus and work in agriculture,

violence, intimidation and violence against people who wanted to return their villages was applied. While millions of people in the region have been waiting for social projects to provide the region with life security, to lift the village guard system, to create conditions for a democratic normal daily life, and, therefore, to abolish the state of emergency, to make investments to avoid unemployment, hunger and under-education, also waiting for changes in unhealthy living conditions in urban areas, indemnification of damages to facilitate returns to evacuated villages, technical and financial assistance to revive the environment, to stop the seizure of land by village guards, to put an end to suicides of women observed at an alarming rate in Batman and other provinces in the region, the government presented the Central Villages project as a remedy to each and every trouble in the region to the public and started to build them in some places. These villages were mostly allocated to security personnel and village guards and were not in demand by the villagers to return to.

In other words, yet again, no extensive regional planning was introduced in 2001 to salvage people from hunger, desperation and insecurity that people found themselves in because they were forced to leave their home and land due to clashes in the region and because no place was shown to them to resettle as a solution so that they had to fend for themselves in the outskirts and shanty areas of big cities. The concept of "security" was the determining factor for the approach and implementation of the region's development. However, even with a comprehensive regional development strategy, it cannot be imagined that the problem of working children in the streets of big cities, children who are substance abusers and muggers, and thousands of children and adults who collect garbage in the streets and garbage collection areas will be solved.

The year 2001 was a year of prosecution of writers, journalists and academics. The imprisonment of Assoc. Prof. Fikret Başkaya is just one example for punishing dissident views.

SSCs and Military Courts conducted many court cases that are defined in normal court cases. The High Council for Radio and Television (RTÜK) Act number 3984, Articles 159 and 312 of the Turkish Penal Code (TPC), Articles 7 and 8 of the Law to Fight Terrorism (LFT), OHAL Act number 2935, the governmental decrees number 285 and 430 were utilized as legal tools to effectively oppress political opposition.

Prisons were continuously on the agenda of Turkey throughout 2001. With a highly controversial "Return to Life" operation claiming 32 lives on 19 December 2000 undertaken with more than ten thousand security personnel to 20 prisons, more than thousand prisoners and convicts who had been on hunger-strike and death-fast to protest high security F-type prisons with isolated individual cells were transferred to F-

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type prisons. However, this intervention aiming to halt death-fasts by keeping prisoners and convicts in total isolation according to Article 16 of the LFT could not prevent the number of deaths to reach 87 by the end of the year 2001.

Within one year several hunger strikers suffering from the Wernicke-Korsakoff syndrome were release temporarily. The HRFT accepted 329 of them for treatment. The Foundation did its best to provide a service that should have been provided by the state. The Foundation called on the public to help overcome the financial difficulties in saving these lives. A group of artists, journalists and scientists conducted solidarity activities in Istanbul to support the Foundation. A considerable interest developed raised abroad and support groups emerged. Thus, an important economic and social support solidarity network was established.

Despite all endeavors and recommendations, there was no positive development in properly addressing the shortcomings of F-type prisons and the problem of death-fasts and other protests. The government claimed that these prisons met European standards. The government had support from the Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and other relevant bodies, thus it was declared that no further negotiations would be contemplated. The HRFT criticized CPT's attitude to support unlawful applications of the government with a letter to the president of the committee.

Extraordinary pressure was applied to families, persons, groups and organizations that reacted against negative conditions in prisons. The judiciary mechanism was activated. A considerable number of court cases are still continuing. The Police forcibly intervened in public demonstrations in protest to the government's policy for prisons. Radios, TVs, newspapers and similar media establishments were closed down as they broadcasted opposing views on that issue. Protesters were being accused of abetting and harboring militants of illegal organizations and prosecuted under Article 169 TPC. It would be very useful to remember some of the examples here. Board members of the union of staff in the Judiciary, Tüm Yargı-Sen, were sentenced to 45 months' imprisonment under this article. The file is pending before the Court of Cassation for a final decision. The members of the High Honorary Council in the TTB were prosecuted for inciting protesters to suicide as they publicly declared that they opposed forceful intervention in hunger strikes based on professional rules and ethics. The court decided on acquittal. In Bursa a court case is continuing against three physicians, who had to examine hunger strikers. They are charged with disobedience of orders, since they rejected the public prosecutor's demand to make prisoners stop their death fast action. A court case was opened against the members of the Central Council of the TTB with the demand to discharge them from office. The case was filed on request of the governor with the recommendation of the Security Directorate on

the grounds that they criticized the prison operations. The defendants were acquitted. Istanbul Bar Association was also sued with the request of the Ministry of Justice, but the case also resulted in acquittal. The court case for closure of the Human Rights Association (HRA) Ankara Branch is still continuing. Throughout the year, the governors closed down Bursa, Gaziantep, Malatya and Van branches of the HRA. The branches in Malatya and Gaziantep branches were still closed at the end of the year. The Headquarters of People's Houses (Halkevleri) and many of its branches were sued, its members were arrested.

Some verdicts passed in 2001 on political murder, ill treatment and torture cases help us understand the judiciary. The results in some cases are as follows: a case against 8 police officers was dismissed due to lapse of time; 2 junior military officers were acquitted; a case against 5 police officers was dismissed due to the law on conditional release, the sentences of 9 police officers and 2 junior military officers were suspended, and one police officer was sentenced to 3 months' imprisonment and 3 months' dismissal from duty.

The examples presented above are just a small percentage of the ones that show that in 2001 the judiciary was found to be far from being effectively deterring human rights violations; the courts applied the lower limits of sentences; lapse of time was applied frequently and wrongly; the defendants were allowed to continue performing their duties during court procedures; some police officers could not be brought before court; some of the defendant police officers were even promoted; some of them were appointed and retirement procedures started while their court cases were continuing. Some members of the security forces, against whom investigation should have been instigated, could get away because their supervisors did not grant permission for such investigations as they are civil servants. The Law on Trying Civil Servants grants superiors full authority on investigations.

Since the judiciary does not have a deterrent effect and the public administration protects or even promotes its security personnel who abuse their office, Turkey is continuing to be a country where crimes against life security and fundamental rights and freedoms are tolerated and the perpetrators of such crimes are protected. A large number of victims of rights' violations do not seek institutional justice, because of disbelieve and a loss of faith in the judiciary. Even the President of the Court of Cassation complained about the biases and the dependence of the judicial system.

Five torture rehabilitation centers of the foundation received more than 1200 applications in 2001, most of them related to incidents during the year. This is an important indication that torture and ill treatment prevail in Turkey. Although the maximum length of detention for collective crimes was lowered to 4 days in the

constitution and an end of torture was announced as a short-term commitment in the NP for accession to the EU, we cannot pronounce that there was any improvement in practice. In spite of all regulations and decrees torture remained on the agenda throughout the year, due to a lack of substantial political will. It is very saddening that we could not see any trace of the political will during the whole year. Despite the manifested lack of political will we continued to present our recommendations on preventive measures to torture, which mainly happens during interrogation in detention. The 'Regulations for Arrest, Detention and Interrogation', which is still in use, and to which the Union of Bar Associations in Turkey (TBB) and TTB objected to the Supreme Administrative Court, should be reviewed. Since these regulations do not require proper recording procedures, it gives rise to arbitrary detention, it makes it very difficult for families and lawyers to determine the whereabouts of arrested persons and the judicially responsible institution and to prevent the phenomenon of "disappearances".

Torture related court cases are among the ones mentioned under the heading of Impunity/Justice showing that judicial procedures are not deterrent, but on the contrary protect the perpetrators. However in this section another case, a case of torture inflicted on a group of juveniles from Manisa needs to be pointed at. Since the court failed to call the defendants to appear in court due to their civil servant status, the Court of Cassation quashed the sentences of the defendants. This example shows that the increase of penalties by an amendment in the Turkish Penal Code in 1999 did have no effect. While torturers are almost under legal protection we find quite contradictory practices to the provision "...health professionals who have written misleading and untrue reports will be punished..." The governor asked for the removal of office for one of the founders of our Foundation, Prof. Şebnem Korur Fincancı working in the Forensic Institute as an expert, because she reported cases, where she discovered traces of torture. This is an obvious example for the fact that the Forensic Institute is not independent and free from pressure.

MD. Sema Pişkinsüt, chairing the Human Rights Commission in the GNAT, is another person trying to eradicate torture and being repressed and threatened with punishment for that activity. It caused reaction from the government, when she reported on torture by visiting prisons and interviewing hundreds of victims, exposed torture instruments and once brought a Palestine hanger to the assembly. She was dismissed from her duty in the commission and replaced by MHP MP Hüseyin Akgül. She was forced to resign from her party DSP and her duties. An investigation was launched against her.

While reforms on the maximum length of detention, the time when most torture cases occur, were in planning and we kept demanding that the detention be a part

of the judicial procedure so that arrested persons immediately have to be brought before a judge, we were confronted with extraordinary measures in the OHAL region. Based on Article 3/c of the Decree No. 430 with the power of a law, some prisoners and convicts were taken from Diyarbakır prison and held in detention for up to 40 days, having the time spent in incommunicado detention extended for 10 days each.

In 2001 Amnesty International launched its stop-torture campaign in all places it could reach. Documents released by the organization provide information on torture around the world. Torture as one of the gravest risks to the right to life and security was documented in more than 70 countries. The production and development of torture devices became a sector within the rules of market economy. Fetters, finger cuffs and handcuffs, known from the slave trade era have been developed in today's world. The sale of electro shock devices like batons and cattle goads, tiger beads and torture seats is still continuing. High voltage electro shock guns were developed in the USA. Stun technology was developed in Taiwan, Germany and France. There are new energy guns aiming to paralyze the central nervous system at once with fifty-thousand-volt energy at its pointed edge. State control on production and trade of these devices is at a minimal level. Chemical substances are used to disperse demonstrations and for individual torture. Pressured or blow guns that can shot twelve teargas bullets in a second are produced in Britain. Chemical sprays especially pepper gas was used against the protesters in Seattle during the World Trade Summit. Thirty-one countries including Turkey are selling products of torture devices on the market.

Like torture devices, torturers are also produced. They are being trained and they develop expertise on torture. The USA, China, France, Russia and the United Kingdom are among those that provide secret training to security and police forces.

On 11 September 2001 the world witnessed an attack that must be counted as one of the most important events in history. This is terrible example for the destructive force of terror without borders. Right after attack on Washington and New York, we prepared a press release blaming the attack. In our statement, among other things, we wrote that the response to the terrorist activity should not be based on acts of violence; international justice mechanisms should be used to bring the perpetrators and responsibles of this terrorist act before justice. We also included our wishes that, any measure, whatever the level may be, to be taken in reaction to that incident should not undermine fundamental rights and freedoms and should not induce rights abuses in the national and international arena. Notwithstanding, in the war raised right after the attack, we observed that not only the United Nations and other international organizations were set aside but also rules of war and human rights were heavily violated.

Before Taliban and El Kaide members were moved to Guantanamo, Prof. Alan Dershowitz of Harvard University Faculty of Law, a known human rights advocate, disappointingly stated, "old [torture] techniques that are not in use now can be used." This created a deep concern and reactions in the human rights circles. "We cannot legitimize physical torture; this would be against the American values. As we are criticizing human rights violations in different parts of the world, we need to clarify some thoughts and to develop some methods to defeat terrorism. For example, there might be psychological pressures with the consent of the court. Although hypocrite, we may transfer some defendants to less sensitive members of our alliance. No one can say that this would be something nice." While the words of the professor of law were published in the journal Newsweek on 5 November 2001, the US army apprehended thousands of prisoners of war for interrogation. This understanding manifested itself again when the UN Convention against Torture and the Universal Declaration of Human Rights banning torture under all circumstances were ignored to declare that prisoners of war without US citizenship would be prosecuted in military courts and these prisoners were transferred to USA's Guantanamo military base in Cuba. This time the Geneva Convention regulating the laws of war (humanitarian law in times of war) was disregarded.

In Brief

The conflict between human rights norms and the state policies seeking security of the regime continued in 2001. Political, social and cultural activities of people and/or groups that were regarded as thoughts and attitudes against the "territorial unity and norms envisaging parameters of a secular and democratic republic on national security, state structure and protection of national unity" were kept under repression. While public participation in legal areas considered to be taboo was being hindered and ignored, there was no drawback in the influence of the army on political matters. Repression not only targeted political parties but also attempts to organize civil life.

Along with the military operation against Afghanistan after the attack of 11 September there are indications that the world entered a new war period as some countries were pinpointed as harboring and supporting terrorism. In this new era, violations of international humanitarian law were witnessed; the right to life, to personal security and status and the right to a fair trial were all violated. This new period encouraged the perpetrators of rights violations in Turkey for the last 30 years in their propaganda that their strategy to fight terrorism was verified.

Under all these conditions the struggle to protect human rights becomes more difficult yet more necessary both in Turkey and in the international arena.

RESİM 3

Turhan Selçuk

HRFT
Treatment and Rehabilitation Centres Report

2001
Evaluation Results

EVALUATION RESULTS OF THE HRFT TREATMENT AND REHABILITATION CENTERS FOR 2001

During 2001, 1226 persons applied to the Treatment and Rehabilitation Centers of the Human Rights Foundation of Turkey (HRFT). Thirty of the applicants were relatives of torture survivors. Of the applicants, 1196 had undergone torture and ill treatment and 329 of these had also taken part in hunger strikes for long periods.

It will more significant from the viewpoint of the treatment centers to begin the evaluation of 2001 with occurrences during and before December 19 2000. Not only the F type prison debates and the extension of the surveillance in the state of emergency region but also the constraints on constitutional and democratic rights must be taken into consideration during evaluation of the increase in number of applicants in comparison to former years. Many persons had been taken into custody and tortured either officially or unofficially during this period.

Another factor that comes out in the evaluation of 2001 is the release of prisoners under Law No. 4616 which permitted the probational release of those who had committed offenses up until April 23, 1999 as well as a postponement of trials and sentences. Among the persons released under this law, even though there were not many, were those who had undergone the Operation of December 19, 2000 and who had been on a hunger strike for a long period. There was also an increase in the number of applications to our treatment centers due to the release under the Code of Criminal Procedures Article No. 399 of those with health problems due to the hunger strike. These persons had begun the hunger strike in 2000 and were continuing.

Because of medical differences, those who had been on a hunger strike for a long period and had also been tortured were evaluated separately in the work of the HRFT for 2001 from those who had only been on a hunger strike.

METHODS

The 2001 Report of the HRFT Treatment and Rehabilitation Centers was prepared by evaluation of the information related to the 1226 persons who had applied to the HRFT centers of Ankara, Istanbul, Izmir, Adana and Diyarbakır.

In the first division of the report made up of 2 divisions, the evaluation of the applicants who had problems related to torture and maltreatment is given. The applicants who also had problems related to a hunger strike have been evaluated in the second division that was concerned only with the hunger strike. The first division was prepared by evaluation of retrospective information from 894 persons. Thirty persons who had applied as close relatives of those undergoing torture and 3 persons whose information was incomplete were not included.

The 329 persons with a history of long periods of hunger striking were evaluated in the second division. Of this group, 30 persons had problems related to torture and maltreatment, therefore they were also evaluated in the first division.

In the evaluation of the data in the first division, a form was used that was made up of 47 questions. These were concerned with social and demographic characteristics, informatation about the time spent under custody and in prison, the methods of and the places where torture was carried out, mental and physical complaints as well as diagnostic information. The form used in the second division was made up of 27 questions for determination of social and demographic characteristics, the length of the hunger strike, physical symptoms before and after the application, mental complaints and diagnoses.

I-APPLICATIONS RELATED TO TORTURE AND MALTREATMENT

A. Social And Demographic Characteristics

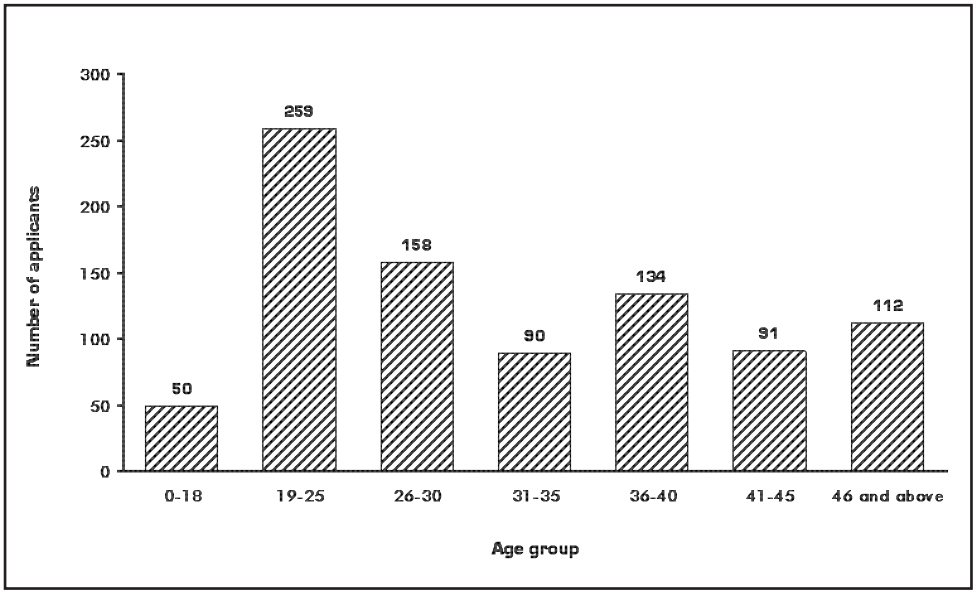
The evaluations in this division were made on 894 applicants with complete data. The number of applicants to the different centers was as follows: 204 persons in Adana, 86 persons in Ankara 257 in Istanbul, 175 in Izmir and 172 in Diyarbakır. The 30 persons who were evaluated as relatives of torture survivors were not included in this division.

When the distribution of applications according to months is taken into consideration, it becomes apparent that the number of applications was higher in January with 125 persons and February with 91 persons. There are 2 reasons for this high level. First of all, protests against the F type prisons led to the use of extreme violence by the security forces. Also, there were many persons who were held under custody for a short period of time and released or were put on trial without arrest. Secondly, there

were prisoners who were released under the Law No. 4616 of April 23,1999 that released prisoners conditionally, and postponed trials or sentences. Some of the persons, who were released in that context, applied to the HRFT centers. They had undergone torture and maltreatment and also had been on hunger strikes for long periods and undergone the December 19, 2000 Operation.

The ages of the applicants ranged from 2 to 78 years. The average age was 32.2±11.1. When the distribution according to age is taken into consideration, it may be seen that the greatest number fell in the 19-25 age group with 259 (28.9%) persons and in the 26-30 age group with 158 (%17.6). Out of all of the applicants, 56.7% (507) were in the 19-35 age group. Those whose ages ranged from 0-18 years included 50 (5.6%) persons (Graphic 1). The distribution according to the age is similar to that of previous years. It may be seen that most of the applicants were found in the 19-25 age group in the years 2000 and 1999 (35.5% in 2000 and 31.2% in 1999) and in the 26-30 age group (14.9% in 2000 and 17.4% in 1999). Out of all of the applicants, 6.8% were in the 0-18 age group in 2000 and 7.1% in this group in 1999.

Graphic 1. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to age groups

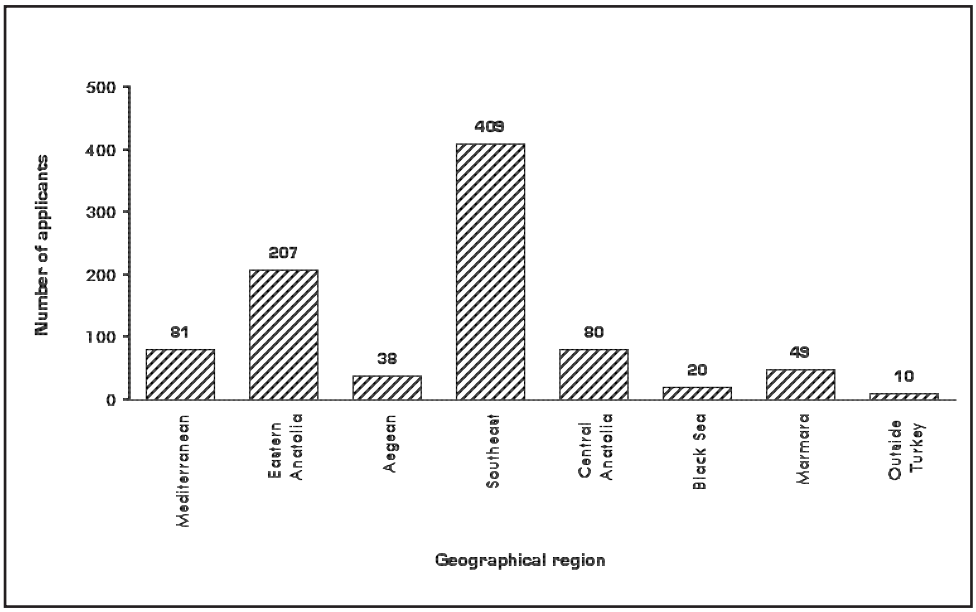


Of those applying in 2001, 25.9% (232) were women and 74.1% (662), men. The rate of women to men was 1:3.

When the birth place of the applicants is taken into consideration, it may be seen that

there were 408 (45.6%) persons born in the south-eastern Anatolian region taking first place. Of the remaining persons, 208 (23.3%) persons were from the eastern Anatolian region, 81 (9.1%) from the Mediterranean region and 80 (8.9%) from the central Anatolian region. An important observation is that 68.9% (616) of the applicants were born in the eastern and south-eastern Anatolian regions. On the other hand, many of those born in the Mediterranean region (about 50%) had families who had migrated from the eastern and southeastern Anatolian regions (Graphic 2). During the years 2000 and 1999, the majority of the applicants were from the eastern and southeastern Anatolian regions (57.3% in 2000 and 66.6% in 1999).

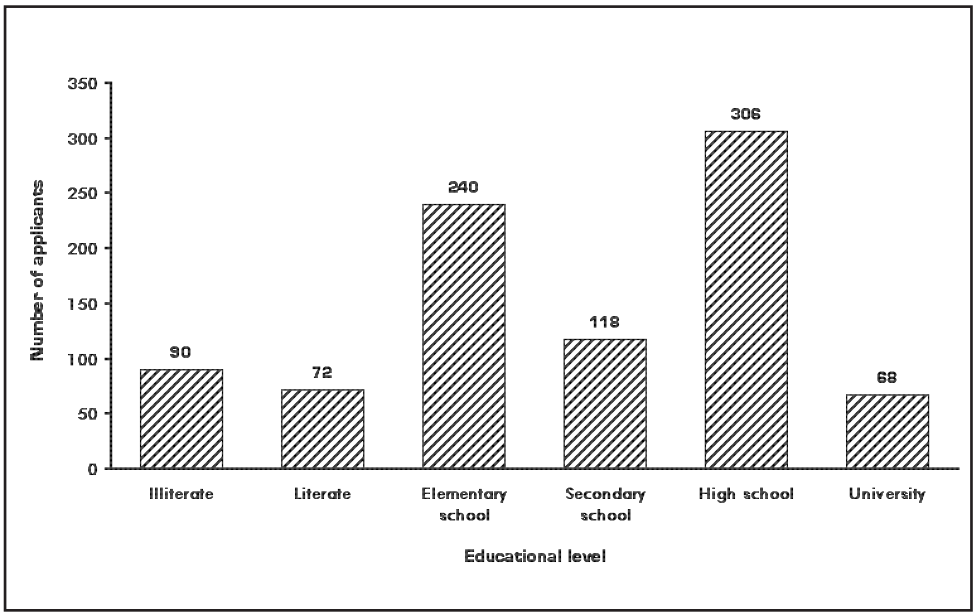
Graphic 2. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to place of birth



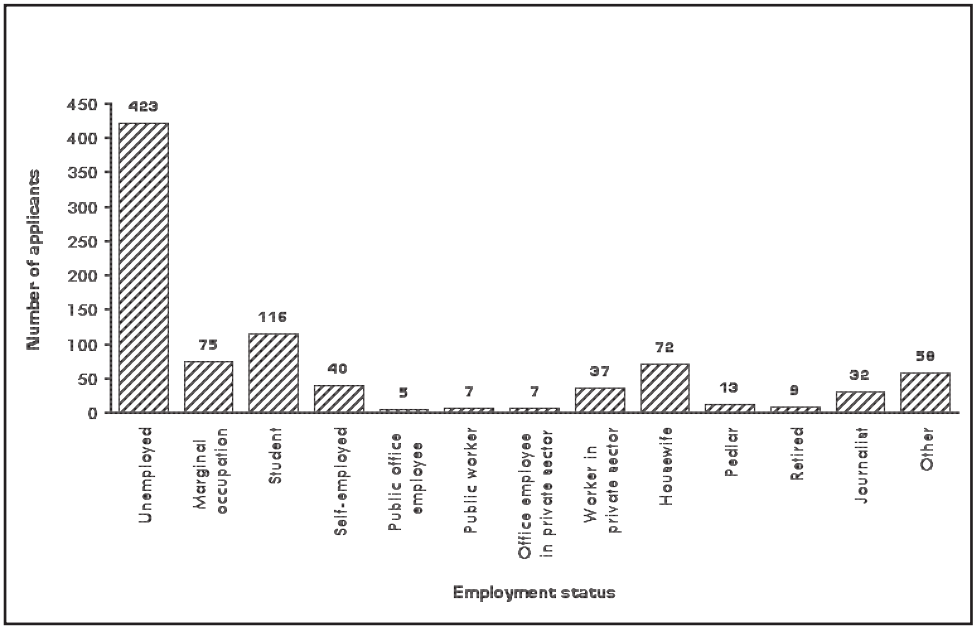
When the level of education is taken into consideration, it may be seen that the largest group is made up of 306 (34.2%) persons who graduated from high school. The high school group is followed by 240 persons (26.8%) who graduated from primary school. (Graphic 3)

When the occupations of the applicants is taken into consideration, it may be seen that the 423 (47.3%) unemployed persons are first in line. This is followed by 116 (12.9%) persons who are students (Graphic 4). There are various reasons for the high number of unemployed among the applicants. The primary reasons for not working include being fired because of arrest, unable to work because of health problems,

Graphic 3. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to educational level



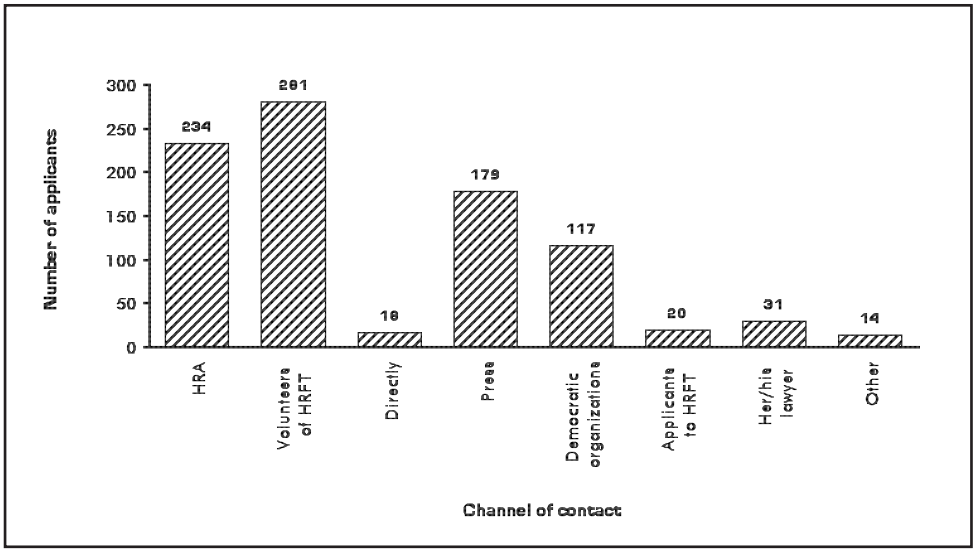
Graphic 4. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to employment status



inability to find work after release from custody or prison because of a forensic record, and political preferences or pressure (such as the security forces getting in touch with the employer). The very fact of a prison record is also an important reason.

When the sources of information are examined in regard to distribution of references, it may be seen that 281 (31.4%) persons who were referred by those who had been treated or were being treated in our centers were first in line. These were followed by 234 (26.1%) persons under observation by the Human Rights Association. The remainder included 179 (20.0%) persons who had applied directly to our centers in 2001. (Graphic 5) The increase in applicants who had been referred by other applicants and those applying directly shows that the HRFT has been accepted as an important and trustworthy institution. In order for this trust to continue, there must be an increase in the importance given to the work of the health professionals that is carried out according to the principles of ethics, continual education, research and other such efforts.

Graphic 5. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to channel of contact



B. Period of Torture

During 2001, 382 (42.7%) persons who applied to the HRFT treatment centers reported that they had undergone torture in 2001. Of these 382 persons, 25 had been tortured for the last time while they were in prison. Despite certain legal arrangements and official reports, there has been no change in the use of torture in 2001. As we have emphasized in all of our work, the 382 persons who applied to the

HRFT treatment and rehabilitation centers because of torture in 2001 represent only a small portion of those who had undergone torture during that year.

In regard to the subject of the prevention of torture and elimination of its effects, studies made either by HRFT or by other human rights organizations show that just as it was previously, since the September 12, 1980 coup d' etat, torture continues to be carried out systematically.

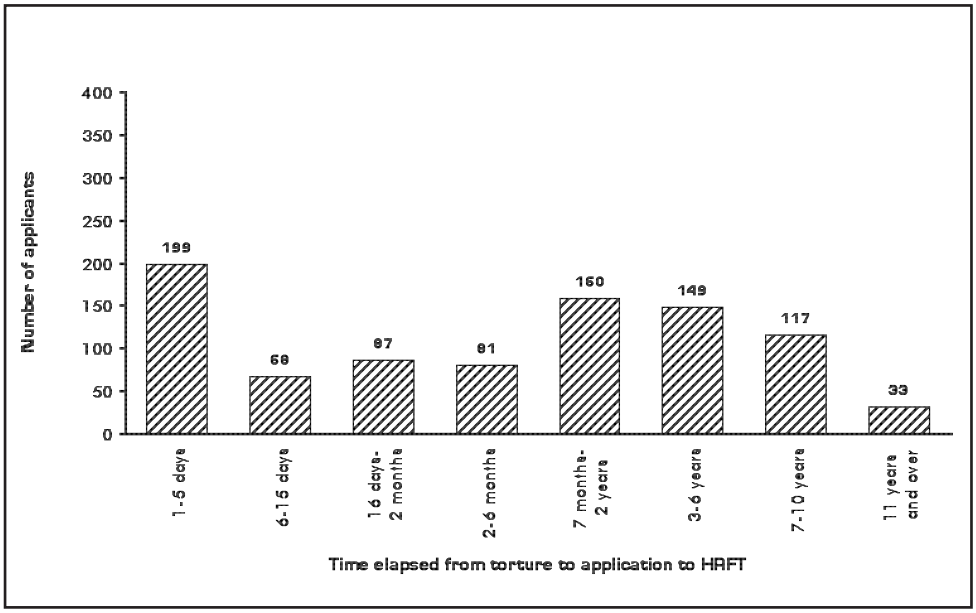
817 (91.4%) of the applicants stated that they had been tortured for political reasons and 77 (8.6%) for ordinary offenses. There has been both a numerical and a proportional increase in the number of applicants tortured due to ordinary offenses, compared to previous years. This is important from the aspect of recognition of the work of the HRFT and more important is its being able to produce a reliable environment. An increase in applicants with ordinary offences may be evaluated as a difference in the perception of torture by the community.

Out of the applicants, 217 persons (24.3%) reported that they had been tortured in the state of emergency region. Out of the 217 persons, 86 had been tortured in 2001. There have been various developments in the procedures in the state of emergency region which had been in effect since 1987. According to the Governmental Decree no. 430 which went into effect on December 16, 1990, persons who were arrested in the state of emergency region under the new procedure could be held in custody for long periods by means of 10 day extentions by judges.

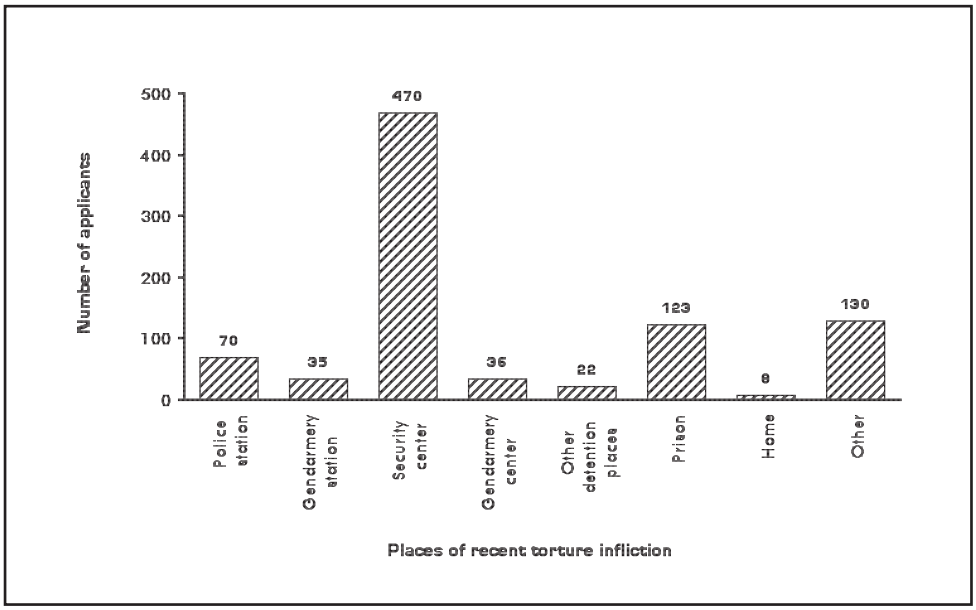
There were 267 (29.8%) persons who applied 15 days after the last use of torture (Graphic 6). When we recall that 382 of the applicants had been tortured in 2001, it is obvious that the majority of the torture survivors had applied shortly after the trauma.

Four hundred and seventy (52.6%) persons reported that they were tortured at police headquarters and 123 (13.7%), in prison (Graphic 7). It may be seen that there has been an increase in the number of persons tortured in prison. Particularly, after they had been arrested for protesting the F type prisons, the applicants reported that during the short period in which they were held in custody (1-6 months), they were tortured both while under custody and while they were in prison. An important part of the episodes of torture and maltreatment in the F type prisons occurred during and after the December 19th Operation. Places where the remainder of the torture was carried out included the vehicles of the security forces, open areas or within vehicles during abduction.

Graphic 6. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to the period when they were last tortured



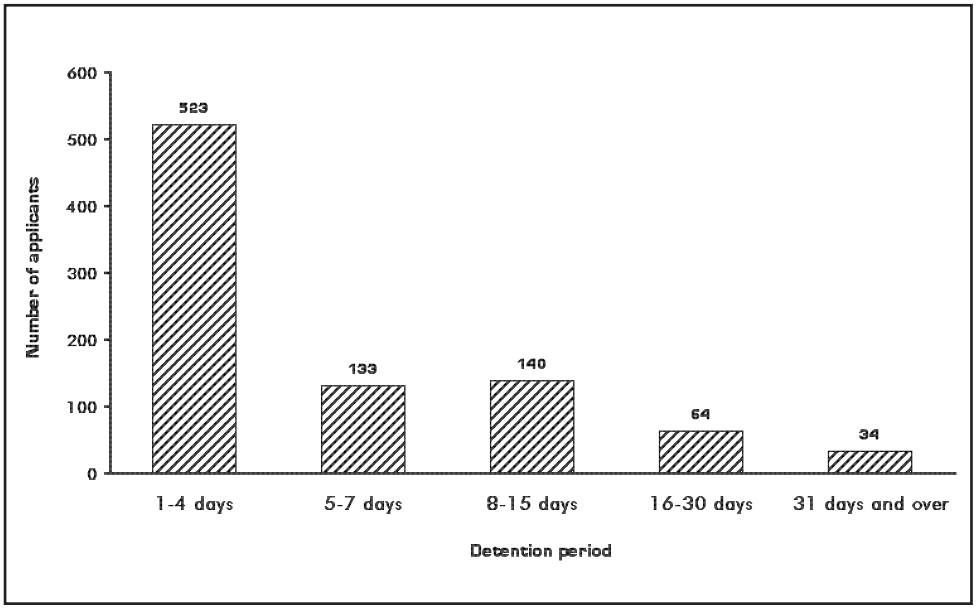
Graphic 7. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to the place of most recent torture



During previous years when social events were taken into consideration, the decision of whether torture had been applied was not given according to the place but according to the limitation of freedom. During the years of 2000 and 2001, particularly in regard to protests like those against the F type prisons, these events were evaluated as torture because the violence of the security forces was brought out from the places of custody into the streets.

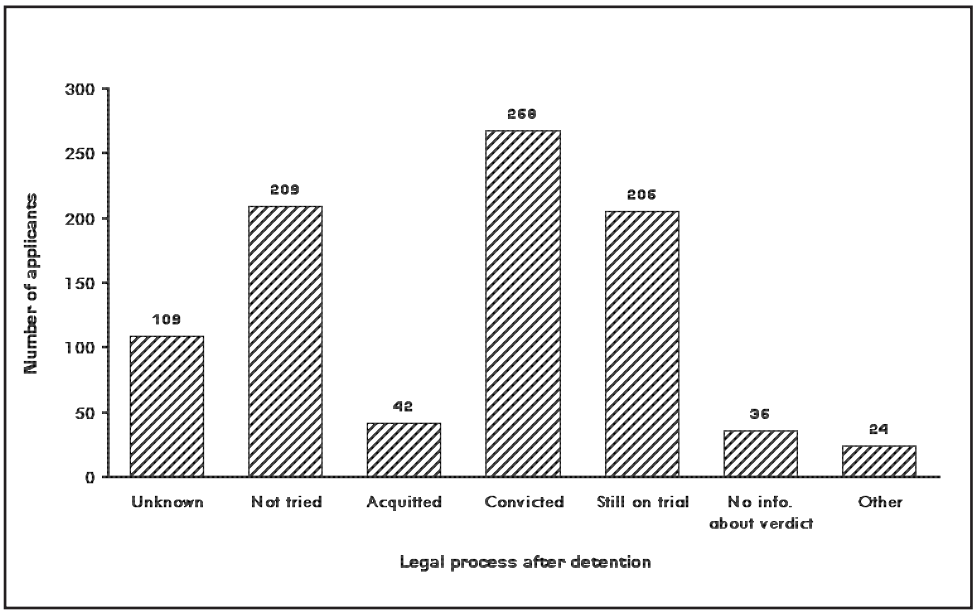
It may be seen that when the distribution of the length of custody is taken into consideration, first in line were 523 (58.5%) persons who had been held for 1-4 days, followed by 133 (14.8%) held for 5-7 days. Those kept under custody for 8-15 days were 140 (15.6%) persons (Graphic 8). During 2001, the average time that 86 persons were held under custody in the state of emergency region was 4.5 days and outside this area, 296 persons with a similar situation were held for 2.6 days.

Graphic 8. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to the duration of their most recent detention



Whether or not the persons were brought to trial after the last period of custody is taken into consideration, it may be seen that 268 (29.9%) were brought to trial that resulted in conviction, 209 (23.4%) persons were not brought to trial and 206 (23.1%) were brought to trial which is still continuing (Graphic 9). These averages prove that the taking into custody is a matter of arbitrary decision. Seventy-four of the 357 applicants, who had been tortured in detention in 2001, were arrested following detention and applied to the centers after a short period in detention. During previous

Graphic 9. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to the legal process that followed their most recent detention period



years it had been apparent that the number of persons who were held for a short period under custody in prison and then set free while they were on trial was high. Also, the proportion of trials ending in non-prosecution or acquittal was also high. Besides the arbitrary procedures, the high level of arrest was of notice.

The methods of torture reported by applicants to the HRFT centers in 2001 are shown in Table 1.

There is another fact which roughly shows that detention was arbitrary and aimed at dissuasiveness. During 2001, 283 (31.6%) applicants declared that they had been detained once, 216 (24.2%), twice and 395 (44.2%), three or more times.

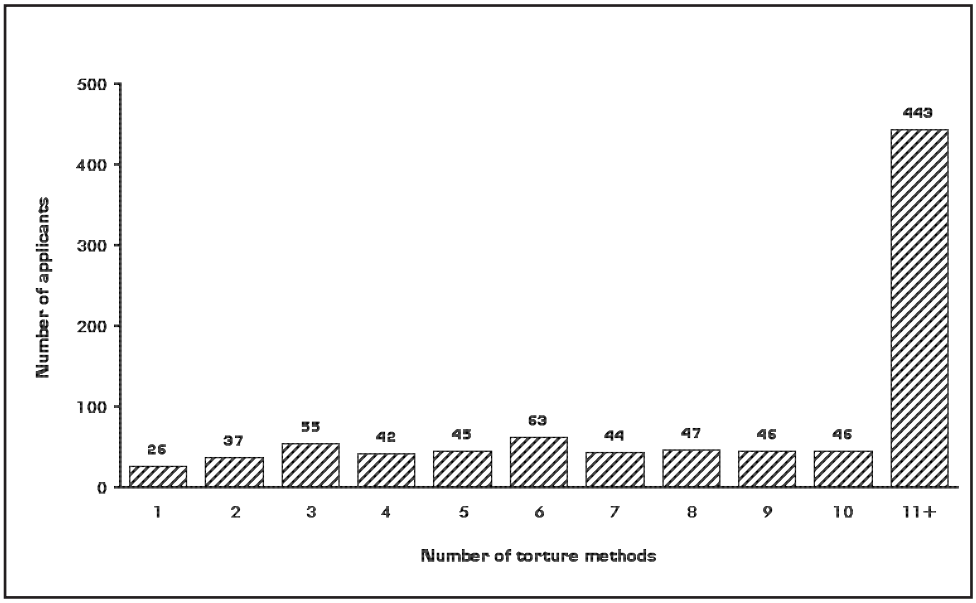
When the number of torture methods inflicted on applicants was inquired, it was found that only 26 persons had undergone one method, 179 persons, 2-5; 246, 6-10; and 443 persons, more than 10 (Graphic 10). An evaluation of these data and the physical and mental health problems resulting from torture leads us to the conclusion that shortening the period of custody for the purpose of preventing torture is helpful but not sufficient. The wide-spread use of torture continues.

We stated that during 2001 when the situation as to custody and imprisonment is examined it is found that 347 (38.8%) of the applicants had never been imprisoned,

Table 1. Torture methods inflicted on the applicants to the HRFT Treatment and Rehabilitation Centers in 2001.

Torture Method	Number	%
Insulting	847	94.7
Beating	806	90.2
Threats (other than death threats) against the person	647	72.4
Death threat	589	65.9
Blindfolding	572	63.9
Restricting food and water	500	55.9
Cell isolation	460	51.5
Forcing to wait on cold floor	455	50.9
Restricting defecation and urination	429	47.9
Pulling out hair/mustache/beard	409	45.7
Stripping naked	380	42.5
Forcing to witness (visual/audial) torture to others	358	40.1
Restricting sleep	341	38.1
Sexual harassment	338	37.8
Pressurized/cold water	310	34.7
Forcing to obey nonsense orders	310	34.7
Threats against the relatives	295	32.9
Forcing to listen to marches or high volume music	288	32.2
Forcing to extensive physical activity	276	30.8
Electricity	273	30.5
Squeezing testicles	249	27.8
Continuously hitting one part of the body	234	26.2
Suspension on a hanger	219	24.5
Falanga	141	15.7
Asking for serving as an informer	130	14.5
Mock execution	122	13.6
Strangling	111	12.4
Torturing in the presence of relatives	83	9.3
Forcing to lie on ice	50	5.6
Burning	27	3.0
Rape	24	2.7
Other	263	29.4

Graphic 10. The distribution of number of torture methods inflicted on the applicants to the HRFT Treatment and Rehabilitation Centers in 2001.



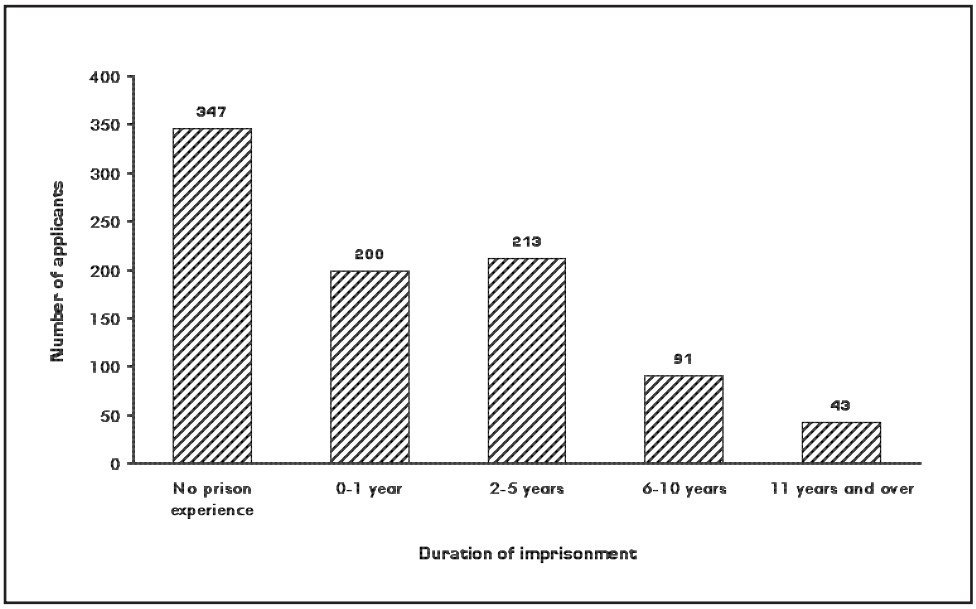
200 (22.4%) had been under custody for 0-1 year and 213 (23.8%) had been in prison for 2-5 years (Graphic 11). When the rates of stay under custody and in prison are examined, the period under custody is found to be arbitrary.

When we consider the situation of arrest following a detention, we find that a total of 428 persons were taken into custody. Of these, 174 were held under custody for less than 12 months. The fact that of these 174 persons, 89 were held for less than 4 months proves that the periods involved are as arbitrary as is stated above.

The torture methods that were used on our applicants while in prison are shown in Table 2. Since 123 applicants to our centers in 2001 had been tortured the final time in prison (See Graphic 7), it is apparent that the use of torture is not limited to custody for the purpose of obtaining information, but is also used for other purposes. Frequently, the use of torture and maltreatment in prison is done during searching and inspection of the prisoners' rooms, coming and going to the visits by lawyers and family, to hospital or court and in the state of emergency regions while taking persons from the prisons to places for questioning.

Out of 547 applicants with a history of imprisonment, 544 evaluated the conditions in the prisons and these are shown in Table 3. Generally, the applicants evaluated the conditions as unsuitable. The worse conditions were related to transfers and health problems.

Graphic 11. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to the period spent in prison.



In spite of the fact that while persons who had lost their health particularly because of their hunger strike should have been treated outside of prison under the Code of Criminal Procedure (CCP) Article 399, they were not released. It was indicated in the 2000 yearly report that the problem of such prisoners continued. Beginning in May and June in 2001, a large number of those under custody and prisoners were released under the CCP Article 399. Again, those who had lost their health due to the hunger strike in 1996 or those with other health problems were not released. As will be described in the second part of this report, these releases included those persons who had begun a hunger strike in October 2000 in protest of the F type prisons. In other words, evaluation of the prisons showed that just as in former years, there were no suitable developments in the area of solving health problems in 2001.

Other conditions in the prisons are about the same as above.

Out of 582 persons who stated that they had been taken for forensic examination after custody, 245 had been taken after custody for forensic examination by security forces in 2001. Security forces were in the room during the examination of 123 of these applicants. The physician did not listen to the complaints of 113 persons or take a suitable history from 131 persons. Another 133 persons stated that they were not examined as they should have been and the report that was prepared did not match the findings in 122 persons.

Table 2. Torture methods inflicted in prison on applicants to the HRFT Treatment and Rehabilitation Centers in 2001 who have spent time in prison.

Torture Method	Number	%
Insulting	420	76.8
Beating	300	54.8
Threats (other than death threats) against the person	246	44.9
Death threat	173	31.6
Forcing to obey nonsense orders	173	31.6
Restricting food and water	167	30.5
Restricting defecation and urination	152	27.8
Cell isolation	148	27.1
Forcing to wait on cold floor	108	19.7
Stripping naked	90	16.5
Pulling out hair/mustache/beard	88	16.1
Forcing to witness (visual/audial) torture to others	84	15.4
Forcing to extensive physical activity	75	13.7
Restricting sleep	66	12.1
Sexual harassment	62	11.3
Pressurized/cold water	61	11.2
Continuously hitting one part of the body	57	10.4
Forcing to listen to marches or high volume music	55	10.1
Threats against the relatives	44	8.1
Falanga	44	8.1
Strangling	40	7.3
Mock execution	31	5.6
Squeezing testicles	28	5.1
Blindfolding	20	3.3
Burning	18	3.3
Torturing in the presence of relatives	17	3.1
Asking for serving as an informer	16	2.9
Suspension on a hanger	15	2.7
Electricity	14	2.5
Forcing to eat or drink things of which the ingridients unknown	14	2.5
Rape	5	0.9
Other	152	27.8

Table 3. The evaluation results of the information gathered from the applicants to the HRFT Treatment and Rehabilitation Centers who have spent time in prison regarding prison conditions in 2001

	Positive	Satisfactory	Negative
Nutrition	2	121	421
Accomodation	1	107	436
Hygiene	-	101	443
Communication facilities	2	108	434
Health services	1	92	451
Access to open air and sports facilities	2	162	380
Reaching media	2	120	422
Conditions of transfers	2	47	495

When persons could not give a yes or no answer to questions relating to the forensic examination, an expression that 'the situation could not be determined' was put. The number of patients, for whom the situation could not be determined for the first 4 questions ranged between 4-6. The situation could not be determined for 89 of the applicants in the last question asking if the report was suitable. This shows that a copy of a forensic medical report prepared after the period of custody should be given to the person or lawyers. In practice the report only reaches them when a complaint has been made and then with great difficulty. If the person does not complain, information in regard to torture, which is a subject for public allegation, remain in files in reports that are either right/wrong or sufficient/ insufficient.

Also, it is apparent from the findings above that not all detainees are taken to a forensic examination and problems in report writing, apart from the report's being suitable, persist.

In order to prevent the use of torture and to ensure that officials doing the torturing are punished, forensic examinations should be done in a proper manner and forensic reports prepared properly. In order for this to occur, training in the use of the Istanbul Protocol should be given. This will play an important role in prevention of torture. At the same time, if there is a lack of political will for the prevention of torture, even attempts at training will not be enough to prevent torture.

C. Process of Treatment

Before an assessment of the treatment processes of 894 persons who had no history of a hunger strike and had applied to our treatment and rehabilitation centers, this

process will be better understood if our way of approach is described. The persons applying to the centers pass on to the physician their history of torture and their complaints in their own words. During the presentatİon of the complaints, the applicants also state which complaints they thought were related to torture and the reasons for this. Then the physician makes her/his own evaluation and requests laboratory tests s/he thinks necessary. During the final stage, the history, examination and tests are evaluated together in order to determine whether the illnesses are related to torture. Here the important point is to evaluate the health of the individual as a whole.

At the end of this evaluation, the applicants are enlightened about means of possible treatment for disorders that are not related to the torture. The treatment and rehabilitation centers carry out directly the treatment of disorders related to torture. The preferred program for treatment and rehabilitation is presented to the applicant and after an evaluation with the applicants, adjustments are made for treatment (for example, the specific situation of the applicant may affect the program). Then, the program is put into practice.

Certain criteria are used in the evaluation of illnesses in relationship to torture: there may be a direct relationship, an underlying illness may flare up, or the illness is unrelated to torture.

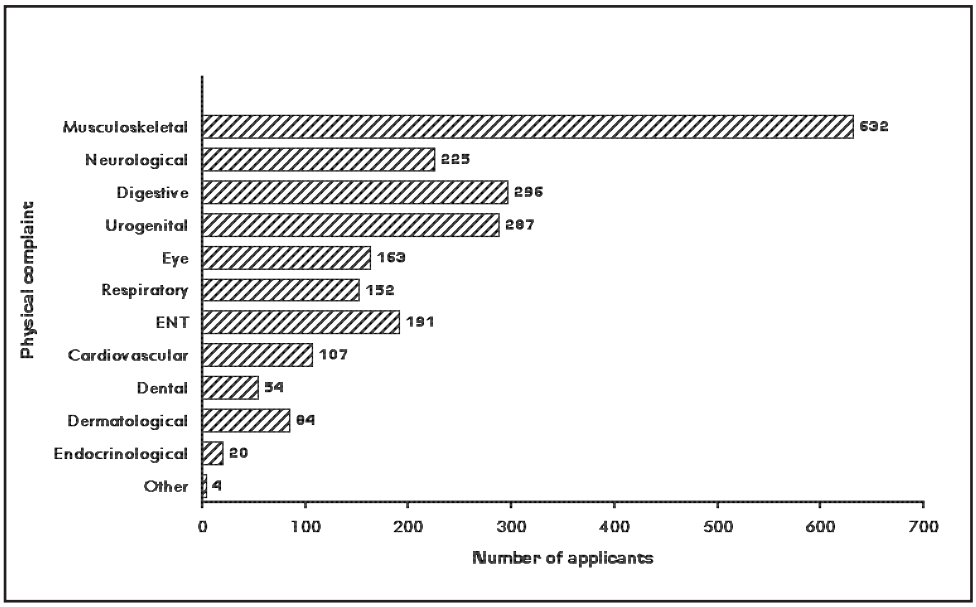
During 2001, of the 894 persons who had been tortured, the complaints of 413 persons were only physical; 51, only psychological; and 430, both physical and psychological.

The most common physical complaint was related to the musculoskeletal system in 94.3% of the applicants. This complaint was followed in order by those related to the digestive, urogenital, and nervous systems. (Graphic 12)

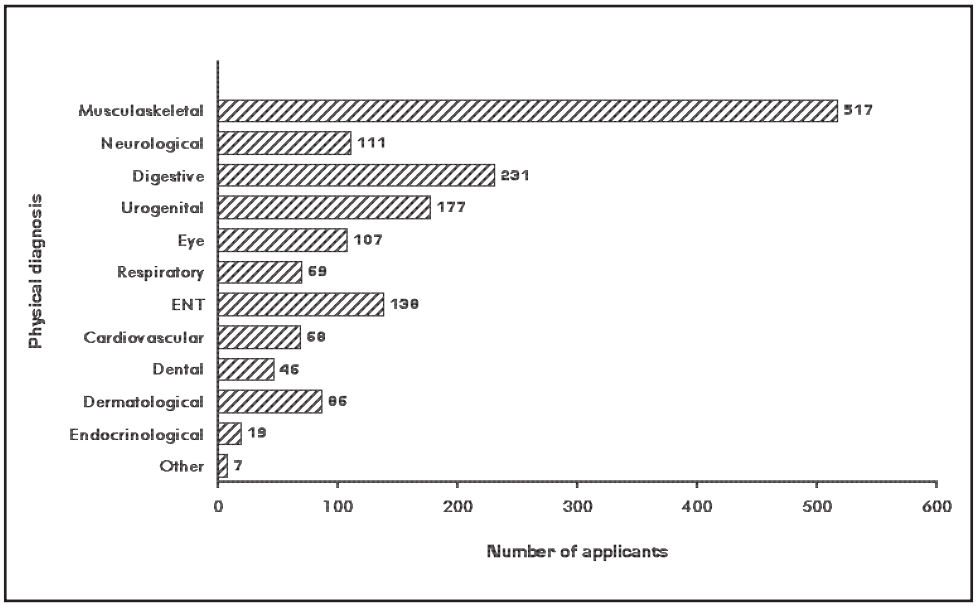
When the diagnoses made after physical examination and tests are examined, it may be seen, as shown in Graphic 12, that 86.8% of the applicants had at least one physical complaint. Out of 118 applicants for whom no diagnosis could be made, 51 had no physical complaint. No sign of a physical disorder could be detected in 67 applicants with physical complaints. It was suggested that these 67 applicants be evaluated psychologically and at least one psychological disorder was found in 48 of them, who agreed to have psychological treatment. Some of the remaining 19 applicants rejected psychological evaluation and the rest were not in contact with the foundation long enough for a disorder to be found. The physical diagnoses of the applicants are shown in Graphic 13.

When the distribution of the physical diagnoses related to torture is examined, it may be seen that there is no change in the sequence of complaints and that diagnoses

Graphic 12. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to their physical complaints.

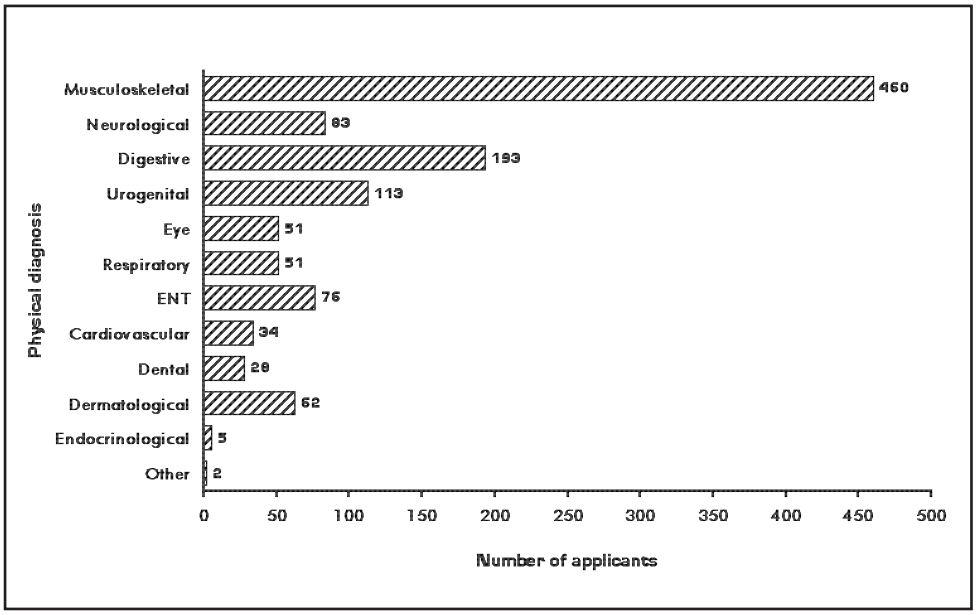


Graphic 13. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to their physical diagnosis.



related to the musculoskeletal system takes first place, parallel to the complaints (Graphic 14). When the torture that have a direct physical effect on the applicants are taken into consideration, it may be seen that the most common methods include severe beatings, limitation of food, being left on a cold surface, prevention of urination and defecation, pulling of hair, beard or moustache and the use of cold, pressurized water. It has been found that there is a close relationship between these methods and the diseases produced. It must not be forgotten that along with these methods, there are also indirect physical effects (such as stress).

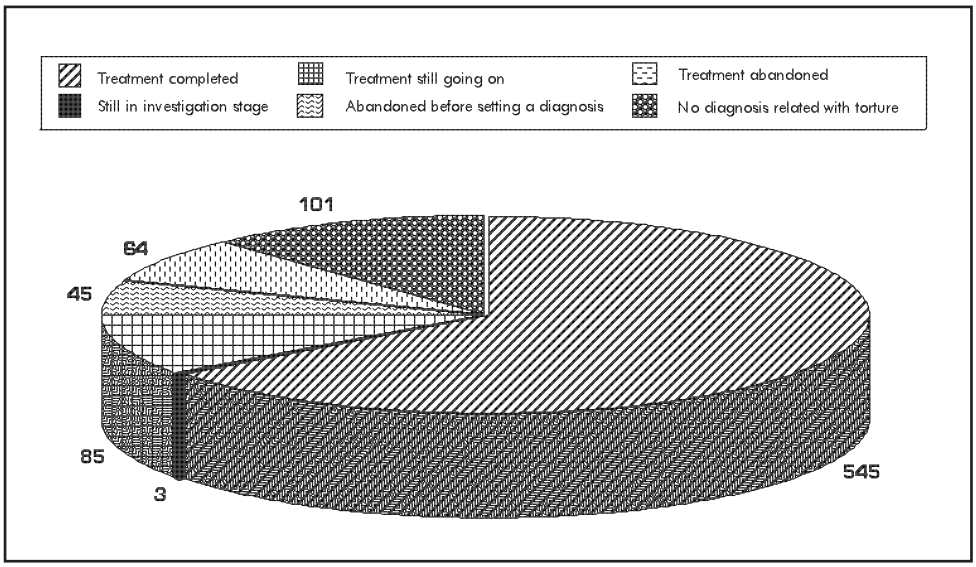
Graphic 14. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to their physical diagnosis related to torture.



Out of 843 persons who applied because of physical complaints, no physical disease was detected in 42 persons and the disease found in 59 persons was not related to torture. Thus, disorder related to torture was not found in 101 persons. These persons whose disorders were not related to torture were aided by pointing out ways in which they could find treatment.

The treatment of 545 out of 694 persons who had applied because of physical complaints was completed by the end of 2001 (Graphic 15). The treatment of 85 of these applicants continued in 2002 and the diagnostic investigations of 3 persons who applied at the end of 2001 are also continuing. As in previous years, 45 applicants gave up the treatment while the diagnostic investigation was continuing and 64 applicants gave it up in later processes of the treatment for various reasons.

Graphic 15. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to course of physical treatment.



Psychological evaluation of some applicants cannot be done in the treatment and rehabilitation centers for various reasons. Out of 894 persons who applied in 2001, 482 were evaluated by a psychiatrist. The number of applicants who had psychological complaints, but were not evaluated by a psychiatrist was 48.

At the beginning of the interviews made in the course of the treatment, 413 applicants said that they had no psychological complaints. However, the methods of torture inflicted in detention are seen to leave a psychological effect. The claim that they had no psychological complaints by 46.2% of the applicants is contradicted by this fact. In fact, the defense mechanism used by an individual, overlooking existing complaints or the pressures of having such complaints may under cover complaints. As a result it was possible to detect psychological complaints in only 53.8% of the applicants.

Another reason for the low rate of psychological complaints is when the person applies shortly after the trauma the physical findings are primary and the psychological complaints have not had time to appear. During the acute stage, the applicants are told that in the coming weeks or months, certain conditions will probably appear and suggest that if this happens, they should apply to the center.

The distribution of the psychological complaints of the 481 applicants are similar to that of former years. While difficulty in falling asleep or remaining asleep is the most common complaint, this is followed by anxiety, difficulty in concentrating, fatigue/tiredness and recalling the trauma (Table 4).

Table 4. The classification of applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to their psychological complaints.

Psychological Complaint	Number	%
Difficulty in falling or staying asleep	347	72.1
Anxiety	318	66.1
Concentration difficulties	283	58.8
Weakness, fatigue	271	56.3
Intense psychological distress at exposure to internal or external cues that resemble an aspect of the traumatic event	252	52.3
Increase or decrease in the duration of sleep	244	50.7
Memory impairment	233	48.4
Irritability or outburst of anger	232	48.2
Intense physiological reactivity on exposure to internal or external cues that resemble an aspect of the traumatic event	217	45.1
Recurrent and intrusive distressing recollections of the traumatic event	201	41.8
Acting or feeling as if the traumatic event were recurring	201	41.8
Feeling of detachment or estrangement from others	200	41.6
Depressive mood	200	41.6
Recurrent distressing dreams of the event	192	39.9
Sense of a foreshortened future	186	38.6
Markedly diminished interest or participation in significant activities	183	38.1
Response of intense fear, helplessness or horror to the traumatic events witnessed or experienced by others	169	35.1
Hypervigilance	167	34.7
Exaggerated startle response	166	34.5
Change in appetite/weight (a decrease or increase)	155	32.2
Efforts to avoid activities, places or persons that arouse recollection of the trauma	149	30.9
Agitation (irritability)	145	30.1
Efforts to avoid thoughts, feelings, or conversations associated with the trauma	139	28.9
Diminished psychomotor activity	136	28.3
Restricted range of affect (blunted affect)	135	28.1
Dysphoric mood	125	28.1
Loss of sexual interest	85	17.7
Inability to recall an important aspect of the trauma	74	15.4
Suicidal thoughts or attempt	46	9.6
Obsession	19	3.9
Delusion	13	2.7
Use of alcohol or substance(s)	12	2.5
Hallucination (visual, auditory, tactile)	9	1.8
Compulsion	9	1.8

As was described above concerning the process of physical evaluation, the diagnoses made as a result of the psychological evaluations of the applicants are investigated from the viewpoint of torture (Table 5). As a result of this evaluation, as in former years, the psychiatric disorder related to torture that is in first place is the post-traumatic stress disorder (PTSD). When the subtypes of the PTSD were taken into consideration, the acute form of PTSD was found in 42 persons; chronic, in 183; and delayed, in 11.

Table 5. The classification of applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to their psychiatric diagnosis.

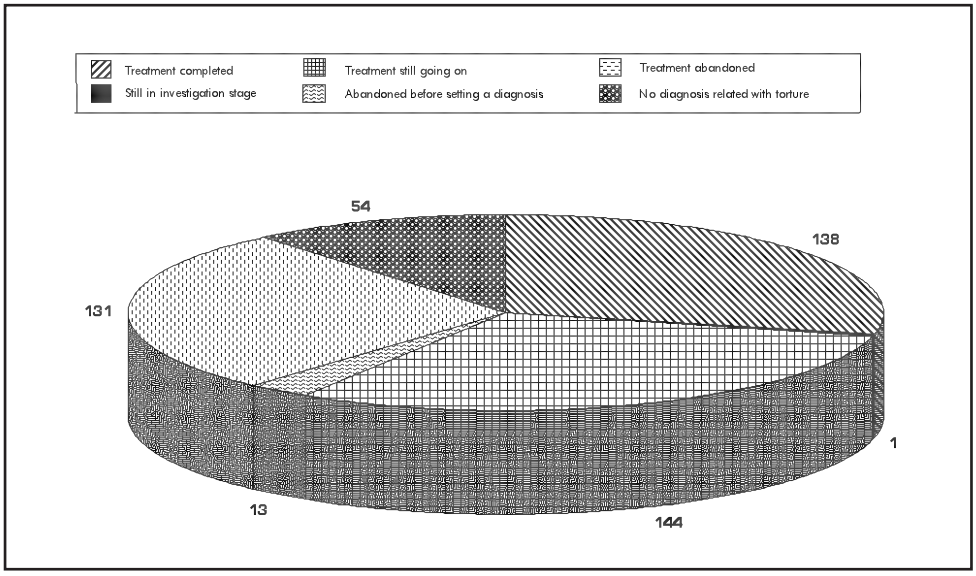
Psychiatric diagnosis	Number	%
PTSD (Posttraumatic Stress Disorder)	235	48.9
Major depressive disorder	116	24.1
Generalized anxiety disorder	31	6.4
Acute stress disorder	31	6.4
Adjustment disorders	30	6.2
Somatization disorder	25	5.2
Dysthymic disorder	15	3.1
Other anxiety disorders	11	2.3
Panic disorder	6	1.2
Other psychotic disorders	5	1.0
Conversion disorder	5	1.0
Schizophrenia	5	1.0
Other mood disorders	4	0.8
Other somatoform disorders	4	0.8
Other	22	4.5

During 2000, the rate of PTSD in all of the applicants was 17.1% and in those with psychological complaints was 38.2%. In 2001, the rate of PTSD in all of the applicants increased to 26.3% and in those with psychological complaints increased to 48.9%. Even though a higher rate of PTSD in the applicants coming to our centers in comparison to the general public is to be expected, it is necessary to determine why the rate in 2001 was higher than that in 1999 and 2000. This situation may be partly due to the psychiatrists becoming more skilled in recognizing the disorder as well as to the applicants becoming more open about their trauma. Another reason may be that in place of physical methods, psychological methods of torture are being used more in detention because they are more difficult to detect. For this reason, it will be necessary in the future for us to carry out studies that will reveal the causes of this situation.

The psychological disorders besides PTSD are, in the order of frequency, major depressive disorder, acute stress disorder, extreme anxiety disorder, difficulty in adjustment and somatization disorder.

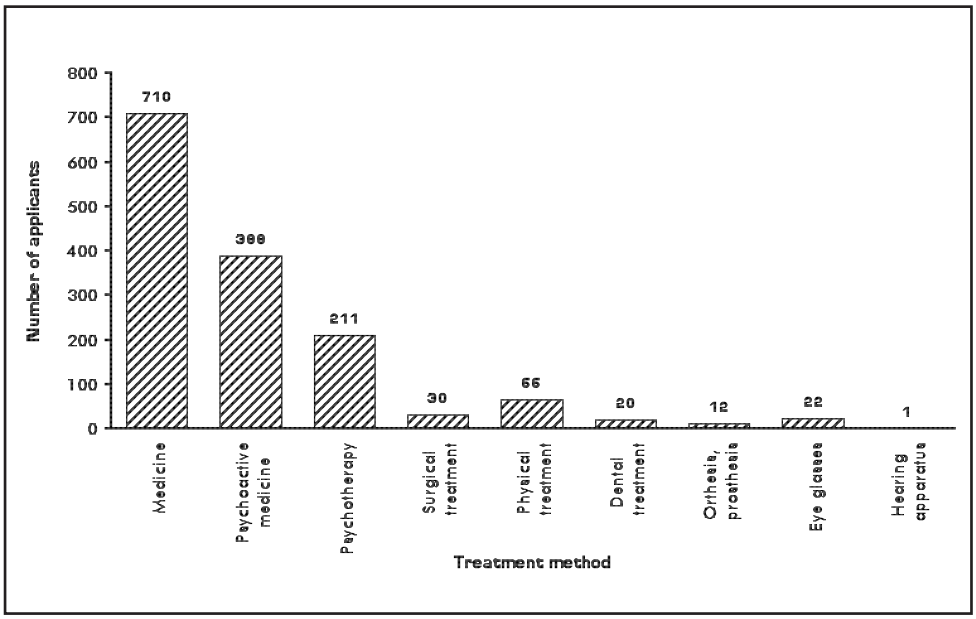
Out of 54 persons who were not found to have psychiatric disease related to torture, 4 were given diagnoses that were not related to torture. As for the other 50 persons, since their complaints did not match any diagnostic classification according to the diagnostic criteria in use, the condition of these applicants could not be diagnosed. At the end of 2001, the psychiatric treatment of 138 applicants had been completed and one applicant was at the diagnostic stage. For various reasons, the treatment of 131 persons who had applied in that year and whom the psychiatrists had begun to treat was not completed. A total of 144 persons began receiving psychological treatment in 2001 and continued it in 2002 (Graphic 16).

Graphic 16. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to course of psychological treatment



The methods of treatment given to the applicants is shown in Graphic 17. When the treatment given to the applicants is compared to that given in 2000, the use of medicine did not show much difference. However, there was a 6% and 10 % increase in the use of psychotherapic and psychotropic drugs, respectively, in the psychiactric treatment methods. This increase is compatible to the differences in diagnosing (which showed an increase in comparison to former years).

Graphic 17. The distribution of the applicants to the HRFT Treatment and Rehabilitation Centers in 2001 according to the treatment method they received



Evaluation

The aim of the HRFT through its 5 centers, is to provide physical and psychological treatment for those who have complaints resulting from torture and maltreatment, and psychological treatment to relatives of torture survivors.

Basically, in the work aimed at preventing torture, one aspect is the medical treatment of those who have been tortured and the other is documentation of torture. Since the establishment of the HRFT, the yearly publication of the reports of the treatment and rehabilitations centers give the data of the health status of those applying to the centers as well as data concerning the status of the use of torture and maltreatment.

As is emphasized in all of our reports, the persons who apply to the HRFT Treatment and Rehabilitation Centers are only a fraction of those who have undergone torture and maltreatment. Still even this shows that the use of torture in our country is systematic.

Previously, the fact that torture was being used in our country was denied. As a result of vigorous work in this field by human rights organizations, advancement has been made to: "There is torture but it is an isolated occurrence." During recent years, as a result of changes in laws (for example: shortening the length of custody, etc.)

particularly in regard to efforts aimed at joining the European Union, it has become an official argument that: "There has been a decrease in torture, in fact it no longer exists."

The basic aim of the HRFT that is an organization working to prevent and eliminate torture is to create a Turkey where there is no torture. Unfortunately, to claim that there is no longer any torture in our country is to be unaware of the truth.

We must state, as we have in reports of former years, in this report of the work of the treatment centers in 2001, that torture is still being used systematically. The 382 persons who applied to the HRFT in 2001 because they had been tortured in 2001 prove this.

The data acquired from what the applicants told the HRFT during 2001 show that there has been little difference in 2001 in the use of torture and maltreatment in comparison to former years. As is continually emphasized that those who have been tortured represent only a small portion of the total, and the similarity in the information given by those who have been tortured show that the use of torture is systematic.

When the reports of the HRFT centers are examined, the similarity in the data related to the social demographic findings of the applicants, the time under custody, the methods of torture, the rate of arrests, and the health problems becomes obvious. For example, when the distribution according to the age groups is examined, it may be seen that in 2001 as in previous years, the 19-35 age group takes first place (56.7%).

When the place of birth of the applicants is taken into consideration, it is seen that as in previous years, in 2001, the persons whose birthplace is the districts of eastern and southeastern Anatolia take first place (68.9%). This is an indication that the use of torture is common for citizens of Kurdish origin.

Shortening the length of custody has not decreased the use of torture. When the methods of torture used on the applicants in 2001 are examined, it may be seen that the number of methods used is the same as that in former years. Two or more methods of torture had been used on 99.3% of the applicants.

The similarity of the quantity that has been summarized is also true for the data related to the status of health. For this reason, each of the reports prepared each year by the HRFT Treatment and Rehabilitation Centers, regardless of differences in developments and numerical data, resemble those of former years.

An increase in the number of applicants who had been tortured for ordinary reasons

was found to be significant in 2001. This is a sign that the HRFT is becoming better known and more trusted.

As will be explained in greater detail in the second section of the report, one of the important elements appearing in 2001, is the fact that a large number of persons, who had been on hunger strikes for long periods, applied to our centers along with complaints of torture.

The events related to F type prisons that began in 2000, the arrests that occurred after surveillance of many people and the appearance of health problems in applicants who had undergone torture and maltreatment continued with full force in 2001.

The problems related to forensic examinations and the preparation of forensic medical reports were again seen in 2001. Even though proper preparation of forensic reports and punishment of civil officials carrying out torture is not enough by themselves, they are still very important means for preventing torture. The Istanbul Protocol, which was prepared with initiatives of the HRFT and which became a document of the United Nations, should be used more frequently in the process of forensic examination. In the coming period of time, much work is to be done for that aim and also for spreading training in this area.

The HRFT and HRFT Treatment and Rehabilitation Centers are carrying out work aimed at prevention and elimination of torture on one hand and on the other, are working on the treatment of the health problems of those who have been tortured. The HRFT is determined to continue its work in this regard for creating a Turkey and a world in which such works will no longer be necessary.

II. APPLICANTS BECAUSE OF HUNGER STRIKE

The problem of prisons and violation of human rights in prisons form an important part of human rights violations and the struggle against them in our country. Ever since the establishment of the HRFT Treatment and Rehabilitation Centers, efforts have been made to solve the health problems arising from violation of human rights of those in prison and, in particular, the health problems occurring as a result of torture and maltreatment.

During the second half of 2000, the disputes about the F-type prisons became inflamed leading to hunger strikes by those in custody and prisoners. This was followed by the December 19th Operation. In the final months of 2000, the work of the treatment centers reflected the infringement of human rights and, in particular, the use of torture and maltreatment as a result of this operation. Only after the

release, under the CCP Article 399 or by the court, of those under custody and the prisoners who had been on the hunger strike, some of whom had undergone an enforced intervention, did a different situation develop, particularly in and after the month of June, 2001.

In this section of the report, a short evaluation will be made of the 329 persons who applied to HRFT in 2001 with a history of a hunger strike as well as torture and maltreatment. A more extensive and detailed study related to the hunger strikes is being planned.

Before beginning an evaluation of the treatment procedures of the applicants with a history of hunger strike, it is necessary to give a short evaluation about why the hunger strike started and how we came to the day. There were hundreds who took part in the hunger strike. Up until the end of 2001, 34 persons under custody or prisoners died. (Nine of these died after being released.) In addition 7 relatives of prisoners or convicts died on hunger strike, making a total of 41 deaths. Also, many became physically disabled because of the hunger strike.

Prisons and Hunger Strikes

It is a fact that widespread violation of human rights, particularly torture and maltreatment, and their occurrence also in prisons constitute an important aspect of the problem of prisons.

It is frequently stated since 1980 that the use of torture and maltreatment is particularly widespread in prisons, judicial prosecution is not just and does not base on an understanding of human rights. Also, there are wide spread administrative and other pressures on those in custody and prisoners and deaths in the prisons is a problematic issue. It is known that in order to protest and change certain situations, those under custody and in prisons are forced to use such methods as hunger strikes. These situations include violation of human rights, inhuman treatment, unsuitable prison conditions, and certain administrative practices.

Hunger strikes has become a frequently used way of protesting certain practices, primarily violation of human rights and pressures in prisons by those under custody and prisoners.

The hunger strikes turn into a means of seeking rights and protest under the conditions in prisons as described above. The hunger strike is generally interpreted as a voluntary cessation of eating and as a self-destructive action of a person who is opposes the courts, prison officials and security forces. The definition of a hunger strike made by the World Medical Association in the Malta Declaration is as follows:

The person on a humger strike is one with full mental capacities who by his own will has decided to refuse food for a certain period of time.

In our country, convicts and prisoners have gone on hunger strikes in response to pressures and torture in the prisons during various historical periods. Certain hunger strikes in prisons have lasted for weeks or for months. Until 1995, 13 persons lost their lives as a result of hunger strikes: 8 in the Diyarbakır Army Prison, 4 in the Sağmalcılar Prison and 1 in the Muş E-Type Prison. In 1995, 2 more persons died on hunger strike, one in Yozgat and one in Amasya E Type Prison. The number of deaths rose to 15.

In 1996, around 1500 convicts and prisoners in 41 prisons in 38 provinces went on a hunger strike that resulted in 12 deaths. When the hunger strikes came to an end, many persons under custody and prisoners who had developed serious health problems were forced to find treatment by their own efforts. After the 1996 hunger strikes, attempts were made at preventing or slowing down the treatment of the health problems and requests for release from prison were not taken into consideration by the courts. In 2001, some of those persons who had participated in the hunger strike in 1996, were able to have their prison sentences postponed for 6 months by means of a court decision and under the CCP Article No. 399 and were released.

F Type Prisons and the 2000-2001 Hunger Strikes

Recently, beginning from 20 October 2000, 865 convicts and prisoners in 18 prisons went on a hunger strike in response to the F type prisons. This action lasted the longest of any of the actions of this kind. This operation which turned into a "death fast" action on 19 November 2000 is still going on.

The reason for so many prisoners and convicts to go on hunger strike was the F type prisons which were set up according to Article 16 of the Law to Fight Terrorism (LFT) numbered 3713. According to Article 16, those persons who were convicted under the LFT were to be put into 1-3 person cells in these special prisons. Those under custody and prisoners started the hunger strike with certain demands, particularly the closing of the F-type prisons.

While those under custody and prisoners were continuing the hunger strikes, their relatives made various group demonstrations and, in support, also began a hunger strike. While these actions were going on various non-governmental organizations, unions and political parties requested that use of the F type prisons be postponed.

The main reason of the requests for the closing or postponement of the F type prisons

was due to the unsatisfactory effect that the isolation in these prisons would have on human health. There was a reaction against the F-type prisons also because volation of the right to life and, in particular, the use of torture in prisons would greatly increase under the conditions of F-type prisons.

As the debates became more intense with continuation of the hunger strikes, the Ministry of Justice made various attempts at mediation with convicts and prisoners in order to solve the problem. While these attempts were being made the Minister of Justice announced that there would be a postponement of the F type prisons until a public agreement could be reached. Despite this announcement, the F-type prisons were opened after the "Return to Life" operation carried out on 19 December 2000, which ended in the death of 32 persons and wounding or permanently injuring of many others.

As a result of the opening of the F type prisons and violation of human rights during this process, there was an increase in those taking part in the hunger strike. At this point, debates about forced interference with those on the hunger strike began.

Hunger Strikes and the HRFT

Begining from June 2001 and more intensely during July, August and September, releases of hunger strikers started due to postponement of their sentences for health problems or with decision of the court. The prisoners and convicts who had a history of hunger strike reaching to 100-200 days, who had been tortured or ill-treated during hunger strike and who had undergone the 19 December operation were released particularly. Most of those on the hunger strike were at the point of death and had undergone a series of traumatic events. They had witnessed the death of their friends. During the process of release from the hospitals and prisons where they were in bed, they had undergone other violations. Their relatives and friends did not know what to do for those on the hunger strike and at the point of death when they were released. Even though their close ones were glad that those on the hunger strike had come to the end of this unbearable situation, their parents did not know how their children were to be treated, whether they would be permanently disabled or how the expenses of the treatment could be paid. The released ones were almost left to their destiny in an indefinite situation with regard to their health status and when they did not know what might happen 6 months later.

Some of those on the hunger strike were forced to undergo treatment before they were released and some, when they were released, accepted treatment and the process of treatment began. After they were released, there was the problem of how the treatment could be continued, in fact, how it could start. Even in the medical literature of the world, information is limited as to what changes occur in those who

have been on a hunger strike for a long period and how they could be treated. There was limited information in world medical literature concerning changes that might take place in such long lasting hunger and treatment of the disorders. This caused much difficulty for the physicians in Turkey. The experience gained by the HRFT Treatment and Rehabilitation Centers (particularly in Istanbul) during the previous hunger strike in 1996 in Turkey made an important contribution to the limited literature in this field. Certainly, at this point, the families of the strikers were anxious because efforts at treatment had had unfortunate results due to a lack of knowledge. The families were afraid that this would continue in the treatment after the release of the strikers. Under these conditions, from the time that the release of the strikers began, our treatment centers became the focus of the problems summarized above and of the expectation of treatment. However, the problem of how this treatment could be paid for was not solved. At this point, the board of HRFT decided at the end of June to cover all expenses of the treatment.

After this decision, the expenses of the treatment of 329 hunger strikers and their follow-up was undertaken by the HRFT treatment centers until the end of 2001 and it is still continuing. Uncertainty continues as to the situation of those who require a long period of treatment and those who are disabled. In order to solve this problem, it is necessary for all organizations with an interest in this subject, particularly the Ministry of Justice, to cooperate in a way that will not produce further violation of rights or traumatize the individuals.

Process of Treatment

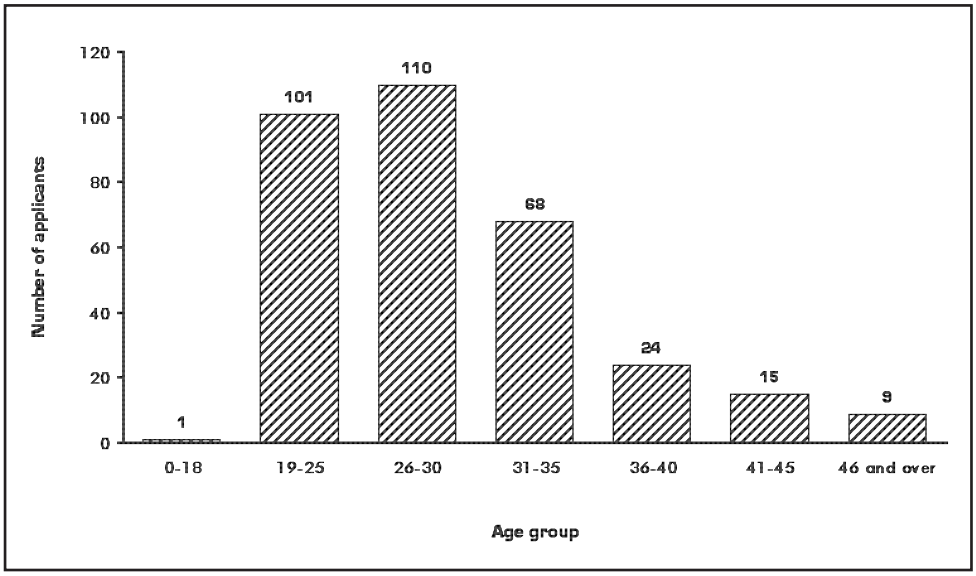
In 2001, 329 persons, who had been on a hunger strike and had been tortured, applied to the treatment and rehabilitation centers because of their health problems. Of these applicants, 284 had been on a continuous hunger strike and 45, on an intermediate hunger strike.

The numerical distribution of the applicants according to the treatment and rehabilitation centers is as follows: 224 in Istanbul, 62 in Ankara, 30 in Izmir and 13 in Adana. The majority of applications occurred during July and August.
Eighty-one of the applicants were female and 248, male. Their ages ranged between 18-55 with an average of 29.4±6.4 (Graphic 18).

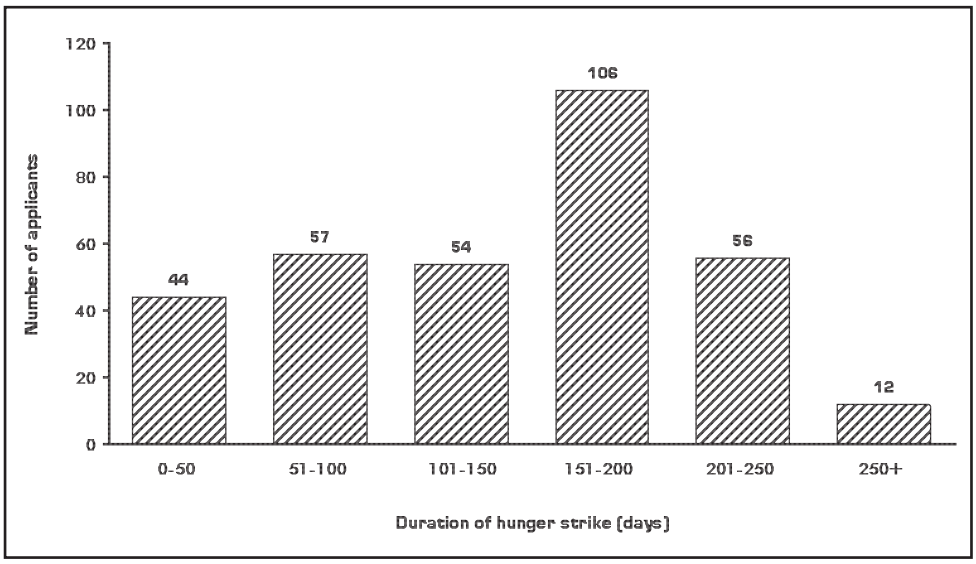
The length of the hunger strikes ranged between 15-400 days with an average of 143.2 days (Graphic 19).

With the exception of those on hunger strike for short or intermediate periods, the treatment of most of the applicants began after their release under the CCP Article 399 or by a court order. Some were not released but their treatment began under

Graphic 18. The distribution of the applicants who had been on a hunger strike, according to age groups



Graphic 19. The distribution of the applicants who had been on a hunger strike, according to duration of hunger strike



hospital conditions. The Ministry of Justice did not pay for the treatment of the prisoners and convicts after they were released. Similarly, the Ministry of Health did not provide health services free of charge, which they should under the Regulation of In-door Treatment Centers. For this reason, the Foundation took over payment of the treatment of the applicants.

As is stated above, when the hunger strikers were released and hospitalized, they were considered to have applied to the Foundation and after they were released from the hospital, direct contact was made with most of them. However, some of them were not released from prison and after they were released from the hospital they were returned to prison. For this reason, no direct connect could be made with them.These persons were finally released much later. The length of this period, the hunger strike and the period after treatment as well as the presence of psychological disease caused them to forget information related to their health. Information was not obtained from those who never came to the Foundation centers after they were released from hospital, and limited information from those who applied a long time after the hunger strike.

Changes in the nervous system after a long period of starvation lead to forgetfulness. This was an important factor that prevented us from obtaining information about their health status before their application to the centers.

At the time of the evaluation of the applicants at the Treatment and Rehabilitation Centers, the symptoms which had been present during the hunger strike had disappeared due to the period of time that had passed between the hunger strike and their application. This was due to treatment or to the spontaneous disappearance of the disorder. For this reason an attempt at evaluating the symptoms that were seen at the time of application and those present before beginning medical treatment was made.

The nervous system is primarily affected by the hunger strike. For this reason, the signs and symptoms related to this system were evaluated separately from those of other systems.

In particular, in persons with a history of a long hunger strike, a loss of memory results (up until the time when the medical treatment is begun). For this reason, the detection of symptoms occurring at the time of the hunger strike was not satisfactory. Only 65 reported in their medical histories that they could not recall this period. However, the understanding of memory loss varies from person to person. Some could not even recall what memory loss means. For this reason, it is thought that the actual amount of symptoms was much higher than that detected during the evaluation by the foundation.

The most common symptoms related to the nervous system that were detected before treatment include sensitivity to light (photophobia), double vision (diplopia) and visual dimness. This group of symptoms is followed by the group related to hearing. The latter group includes sensitivity to sound, ringing or buzzing in the ears and a decrease in the ability to hear. Besides these 2 groups of symptoms, in order of frequency, the following symptoms were detected before treatment: loss of strength, vertigo, loss of memory, impaired maintenance of equilibrium, changes in sensations, difficulty in walking and changes in consciousness. Neurological symptoms were not detected for 29 persons, who had been on short term or intermediate hunger strikes, before the medical treatment (Table 6).

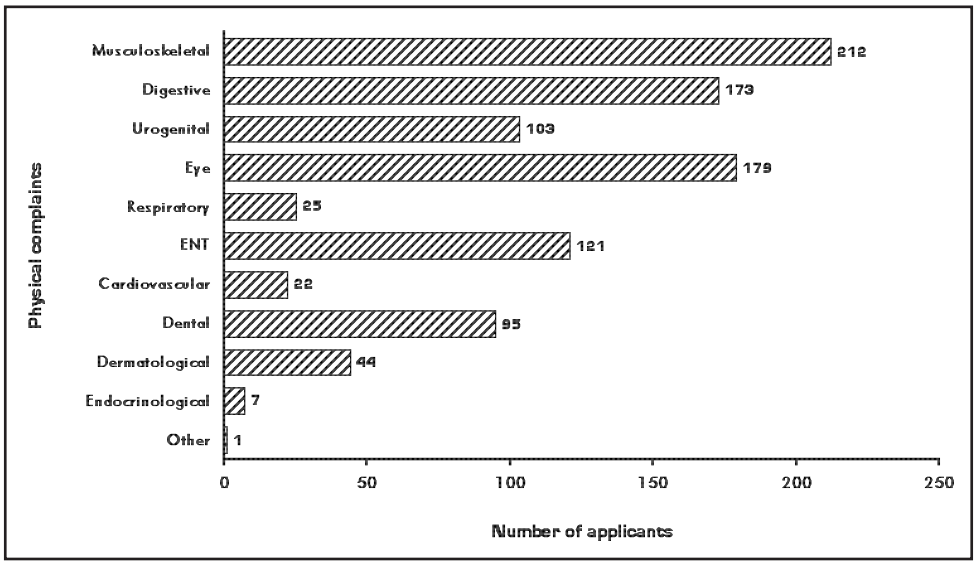
Table 6. Neurological symptoms of applicants who had been on a hunger strike, before the first medical (intervention) treatment

Neurological symptoms	Number	%
Visual disorders (photophobia, diplopia, gaze paresis, visual dimness, etc)	229	69.6
Hearing disorders (hyperacusis, dysacusis, tinnitus, etc)	209	63.5
Muscle weakness	180	54.7
Vertigo	179	54.4
Memory disorders	174	52.8
Impaired maintenance of equilibrium	137	41.6
Tingling, numbness, burning pain over hands/feet.	133	40.4
Abnormal gait	126	38.3
Impaired consciousness	111	33.7
Couldn't remember	65	19.7

Among other symptoms most commonly detected before medical treatment were those of the musculoskeletal system. It is to be expected that there will be a wide-spread effect directly on the musculoskeletal system as well as the muscular weakness resulting from the neuropathy that develops during the hunger strike. However, the musculoskeletal system is again the system giving evidence of health problems in these persons because of the torture they underwent previously and because they went through the 19 December Operation. During the first evaluations, it was difficult to separate these 2 primary etiologies in many of the patients. For this reason, a more detailed evaluation has not been given in this report.

Other symptoms that were encountered before the medical treatment include those of the eyes, digestive system, ear-nose-throat as well as the urogenital system. Before the medical intervention, 38 of the applicants reported that they had had no such complaints (Graphic 20).

Graphic 20. Other (non neurological) symptoms of the applicants who had been on a hunger strike, before the first medical (intervention) treatment



It is apparent from the history of the applicants that before they applied to the foundation centers, they had been hospitalized and the treatment that had been started in the hospital continued after their release. Some of the applicants reported that they had been given various kinds of treatment. Out of the persons who applied because of a hunger strike, 88 reported that they had not been given any treatment. Of these 88 persons, before our medical intervention, 22 had had no complaints.The distribution of the drugs used throughout the period of treatment of 241 persons is shown in Table 7.

During the evaluation at the time of application to the foundation, the complaints and findings related to the nervous system and those related to other systems were studied separately. During the neurological evaluations of the applicants, 61 persons were found to have no neurological signs or symptoms. Of these 61 persons, 36 had had certain complaints but the complaints had disappeared at the time of their application. The most common complaint at the time of application was amnesia. Other than amnesia, the most common findings were generalized or proximal muscular weakness, ataxic gait, impaired visual acuity, nystagmus and abnormal cutaneous senses. All of the signs and symptoms detected in the applicants are shown in Table 8.

Among the signs and symptoms unrelated to the nervous system, the most common were those related to the musculoskeletal system. In order of frequency, others are

Table 7. The drugs used by applicants who had been on a hunger strike, prior to their application to the HRFT

Drugs	Number	%
Vitamin B1 (thiamine)	220	66.9
Polyvitamins	158	48.0
Vitamin A	101	30.7
Vitamin E	96	29.2
Vitamin D	59	17.9
Calcium	56	17.0
Any drug affecting nervous system (not psychoactive)	34	10.3
Psychoactive drug	19	5.8
Other	62	18.8

the digestive system, eyes, urogenital system and teeth. The signs and symptoms seen in these systems and organs are due to the torture they underwent while under custody and in prison, to what they experienced during the 19 December Operation and to the hunger strike. The groups of signs and symptoms as well as their frequencies which have not been mentioned here are shown in Graphic 21.

Graphic 21. Other (non neurological) symptoms and signs found in the applicants who had been on a hunger strike

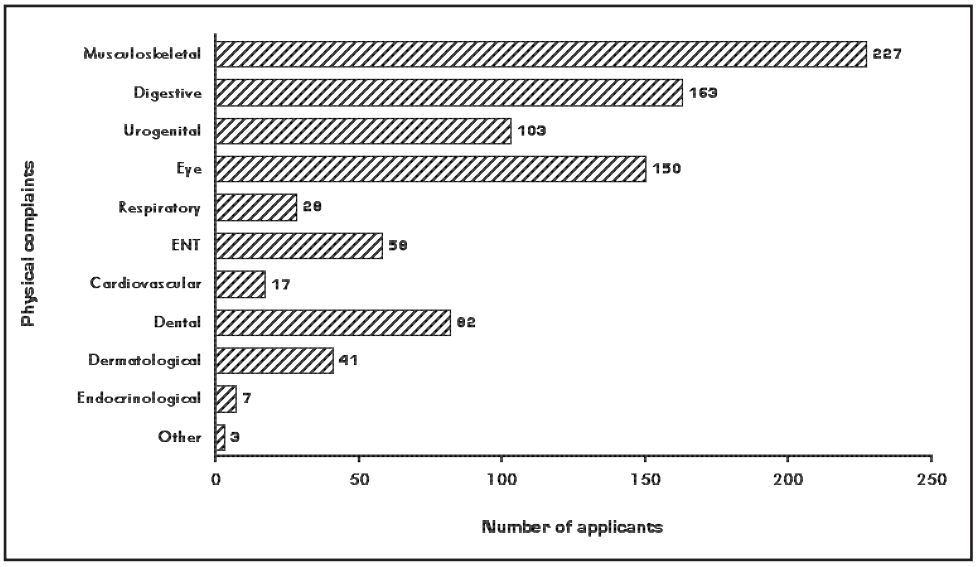


Table 8. Neurological symptoms and signs found in applicants who had been on a hunger strike

Neurological symptoms and signs	Number	%
Amnesia	165	50.2
Generalized or proximal muscle weakness	148	45.0
Ataxic gait	148	45.0
Visual disorders (photosensitivity, diplopia, gaze paresis, visual dimness, etc)	144	43.8
Nystagmus	135	41.0
Impairment of cutaneous senses	111	33.7
Hearing disorders (hyperacusis, dysacusis, tinnitus, hearing loss, etc)	85	25.8
Truncal ataxia	80	24.3
Vertigo	63	19.1
Impaired cerebellar testing of upper limbs	61	18.5
Increased deep tendon reflexes	54	16.4
Dysarthria	53	16.1
Ophthalmoplegia	42	12.8
Impaired cerebellar testing of lower limbs	39	11.9
Depressed deep tendon reflexes	28	8.5
Abnormal finding of central nervous system with CT or MRI of cranium	25	7.6
Impairment of deep senses	23	7.0
Impaired consciousness	19	5.8
Abnormal finding in electrophysiological tests like EEG, EMG	18	5.5
Findings related to lateral femoral cutaneous nerve lesion	17	5.2
Intention tremor	12	3.6
Abnormal finding in funduscopy (retinal hemorrhages, disappearance of disk margins)	9	2.7
Titubation	5	1.5

Wernicke encephalopathy was found in 164 of the applicants with its symptoms who were evaluated. Also 26 applicants were given a diagnosis of the Wernicke-Korsakoff syndrome. From the viewpoint of treatment and rehahabilitation, these are the most difficult groups and these applicants are still under treatment at our centers.

Besides this group, 130 applicants were found to have generalized or proximal muscular weakness unrelated to neuropathy or radiculopathy. With proper nutrition

and exercise programs, satisfactory reults were obtained in these persons. In the case of polyneuropathy which was also quite frequent, amitriptyline was given. The patients whose symptoms were not controlled with this drug were given carbamazepine and as a last choice, gabapentine was given.

Also, 17 patients with lateral femoral cutaneous lesion (meralgia paresthetica), that is a special neuropathy, were detected. Two patients had central pontine myelinolysis which is a condition of the nervous system caused by an imbalance of electrolytes as a result of fluids being given when feeding was begun without checking the electrolyte balance of the body.

Besides these diseases, disorders related to the digestive system were found in 115 patients. Of these, the disorders of the digestive system had resulted in 34.9% of the persons from the long period of hunger and the stress that they had undergone from the hunger. Other diseases which were detected in order of frequency were related to the urogenital system, eyes and teeth. All of the diseases which were detected are shown in Table 9.

Table 9. Physical diagnosis of applicants who had been on a hunger strike

Physical diagnosis	Number	%
Wernicke encephalopathy (sequela)	164	49.8
Generalized or proximal muscular/motor weakness (other than neuropathy or radiculopathy)	130	39.5
Disorders of digestive system	115	35.0
Polyneuropathy	95	28.9
Disorders of urogenital system	80	24.3
Disorders of eye	76	23.1
Dental disorders	66	20.1
Disorders of musculuskeletal system (other than muscular/motor weakness)	58	17.6
Dermatological disorders	31	9.4
Wernicke-Korsakoff syndrome	26	7.9
Disorders of ear-nose and throat	21	6.4
Vertigo (peripheral or central)	19	5.8
Meralgia paresthetica	17	5.2
Disorders of respiratory system	17	5.2
Disorders of cardiovascular system	10	3.0
Restless leg syndrome	8	2.4
Endocrinological disorders	5	1.5
Central pontine myelinolysis	2	0.6
Other	1	0.3

Five of the applicants had no physical complaints at the time of their application. Two applicants lost their lives at hospital after they were accepted as applicant to the Foundation. The treatment of only 65 applicants with physical complaints has been completed. The number of applicants whose treatment is continuing is 212. There was a rate of 61% for the completion of treatment in the group that had applied for torture and maltreatment only with the continuing rate being 9.5%. However in the hunger strike group, the rate of patients who had completed their treatment was 19.8% and those continuing, 64.4%. These figures will give an idea even to persons who are not health workers of the severity of the illnesses of the persons on hunger strike. With the exception of 44 applicants, who left before a diagnosis could be made, there was no applicant who discontinued treatment after a diagnosis was made. The diagnostic process for one of the applicants has been going on since 2001.

Even though an attempt at a psychological evaluation was made for all of the applicants, only 198 persons agreed to an interview with a psychiatrist. One hundred and thirty–one persons were not seen by a psychiatrist. Other members of the treatment group who interviewed these persons found that 46 applicants had psychological complaints. Twenty-four applicants agreed to see a psychiatrist even though they did not have psychological complaints.

After the psychological evaluations, the most common complaints were difficulty in concentrating and loss of memory. Besides these, other signs and symptoms commonly seen were difficulty in sleeping, fatigue, weakness and anxiety. The long list of the frequency of the signs and symptoms of the applicants have been shown in Table 10.

The distribution of the diagnoses which were made using these signs and symptoms have been shown in Table 11. A psychiatric disorder was not found in 177 of the applicants. The most frequent diagnoses was major depressive disorder, post-traumatic stress disorder (PTSD), amnestic disorder and other anxiety disorders.

When the situation in the process of psychiatric treatment is examined, we can see that the treatment of most of the applicants with psychological disorders (98 persons) still continue. Out of 154 applicants who were given a psychiatric diagnosis, 30 have completed their treatment but the treatment of 25 persons was incomplete. One applicant stopped coming before his diagnosis could be made.

The methods that were used in treatment of these disorders and rehabilitation described above have been shown in Table 12. Drugs other than psychoactive drugs were more commonly used. Most of the applicants after laboratory tests were given vitamins (such as B1, A, D, E, B12, and folic acid, etc.) and minerals (iron, calcium, and zinc, etc.). The second, most common treatment was physical therapy and/or

Table 10. Psychological complaints of applicants who had been on a hunger strike

Psychological complaints	Number	%
Concentration difficulties	173	52.6
Memory impairment	163	49.5
Difficulty in falling or staying asleep	146	44.6
Weakness, fatigue	135	41.0
Increase or decrease in the duration of sleep	131	39.8
Anxiety	118	35.9
Irritability or outburst of anger	109	33.1
Intense psychological distress at exposure to internal or external cues that resemble an aspect of the traumatic event	88	26.7
Change in appetite/weight (a decrease or increase)	61	18.5
Dysphoric mood	61	18.5
Feeling of detachment or estrangement from others	57	17.3
Markedly diminished interest or participation in significant activities	56	17.0
Sense of a foreshortened future	55	16.7
Depressive mood	54	16.4
Diminished psychomotor activity	49	14.9
Agitation (irritability)	43	13.1
Recurrent and intrusive distressing recollections of the traumatic event	43	13.1
Recurrent distressing dreams of the event	39	11.9
Hypervigilance	36	10.9
Restricted range of affect (blunted affect)	35	10.6
Inability to recall an important aspect of the trauma	34	10.3
Intense physiological reactivity on exposure to internal or external cues that resemble an aspect of the traumatic event	30	9.1
Acting or feeling as if the traumatic event were recurring	30	9.1
Exaggerated startle response	27	8.2
Response of intense fear, helplessness or horror to the traumatic events witnessed or experienced by others	24	7.3
Efforts to avoid thoughts, feelings, or conversations associated with the trauma	19	5.8
Efforts to avoid activities, places or persons that arouse recollection of the trauma	14	4.3
Delusion	10	3.0
Loss of sexual interest	9	2.7
Suicidal thoughts or attempt	7	2.1
Hallucination (visual, auditory, tactile)	5	1.5
Compulsion	3	0.1
Obsession	1	0.0
No complaint	109	33.1

Table 11. Psychiatric diagnosis of applicants who had been on a hunger strike

Psychiatric diagnosis	Number	%
Major depressive disorder	47	14.3
Posttraumatic stress disorder	37	11.2
Amnestic disorder	27	8.2
Other anxiety disorders	27	8.2
Other psychotic disorders	13	4.0
Other organic mental disorders	10	3.0
Generalized anxiety disorder	7	2.1
Adjustment disorder	4	1.2
Sleep disorders	4	1.2
Other mood disorders	3	0.9
Acute stress disorder	1	0.3
Conversion disorder	1	0.3
Other somatoform disorders	1	0.3
Diğer	1	0.3
No diagnosis	177	53.8

Table 12. Treatment methods applied to applicants who had been on a hunger strike

Treatment method	Number	%
Medicine (other than psychoactive drugs)	312	94.8
Psychoactive drugs	128	38.9
Psychotherapy	123	37.4
Surgical operation	4	1.2
Physical therapy and/or exercise	131	39.8
Dental treatment	63	19.1
Orthesis, prosthesis, etc.	35	10.6
Eye glasses	64	19.5
Hearing devices	1	0.3

exercises. In this group of applicants with a history of hunger strike, psychoactive drugs and psychotherapy were also commonly used

Evaluation

The violation of human rights in prisons and the problem of prisons, which represents an important part of human rights violations in our country, still remains a dilemma which faces the defenders of human rights and health professionals.

During various periods, the hunger strikes carried out by those under custody and prisoners resulted in loss of human life with many becoming disabled , particularly during the last hunger strikes. These created many-sided difficulties for people and led to repercussions in our country and in the world.

This action that has had the greatest participation of all the hunger strikes began in 2000 and is still continuing. The reason for the hunger strikes carried out by those under custody and the prisoners was the opening of the F type prisons and violation of human rights in these prisons. News about these events are still found in the papers almost every day.

The histories of long-term hunger strikes and the serious health problems of those under custody and prisoners has led to their sentences being suspended for 6 months or to their being released. After their release, serious concerns arose as to how they could be treated medically.

These concerns have 2 aspects. First, there is no practical experience in treatment or information in the medical literature about how persons with the destruction caused by such long periods of hunger can be treated. The second cause for worry was how would the treatment be paid for. With the participation of the workers in the HRFT Treatment and Rehabilitation Centers and many volunteers, in 2001, an attempt was made at supplying the 329 persons who applied to the HRFT with the highest quality of health service possible.

During the months of June, July and August when the greatest number of applicants came to our centers, the health status of the applicants, whether or not they would get well and how postponements of their sentences could be made was the subject of discussion. This situation led to distress from time to time.

The physical and mental destruction in those undertaking a long hunger strike led to feelings of uncertainty in both the strikers and in those close to them. This had a bad effect on the treatment processes. Relevant authorities made no clarifying disclosures about this matter. Their irrelevant attitude as if nothing of the kind was going on in the country is completely unacceptable.

The pain caused by human rights violations is difficult and under some circumstances impossible to eliminate. Making the human being the center of importance and bringing about usages and a social order that will lead to recognition of the human being as valuable will make it impossible to harm him or her in the slightest.

The final point is that in solving the problem of prisons, the only way is basically found in the requests of those under custody and in the principals of universal human rights.

Studies and Assessments on Torture and Its Consequences

ROLE OF THE PHYSICIAN DURING HUNGER STRIKES AND MEDICAL ETHICS*

Metin Bakkalcı**

I would first like to express my belief that the 37th National Psychiatry Congress, organized by Turkish Psychiatry Association and Istanbul Medical Faculty Psychiatry Department, will make valuable contribution to the medical field. Turkish Psychiatry Association has for years made valuable contribution to the medical field and Istanbul Medical Faculty Psychiatry Department is one of the old and well-known faculties in our country. I, therefore, would like to thank the organizers of this congress.

I would also like to thank Ms. Şahika Yüksel, chairwoman of the congress and our session, who has been an example for all of us with her successful works on professional and social issues inside the country and abroad, despite certain tragic and ironic problems that she had to face.

As a matter of fact, the main theme of the congress is very much exciting to me: "The Future of Psychiatry in Turkey: Production of Knowledge and Reflection to Practice". The importance of the theme becomes more evident taking into account the "enormous destruction in the belief in future" due to developments in our country and the world, and the "social disappointment". This is even more important in countries like Turkey where the tradition of developing projections for future at a scientific level is not strong. I would therefore like to inform you about the success of the session entitled "What Kind of a World Can We Project and Form in the period of 2000-2020?", which we held in the second day of the General Assembly of the Turkish Medical Association (TMA) this year.

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* The speech delivered at the 37th National Psychiatry Congress on 2-6 October in İstanbul.

** M.D., Coordinator of the HRFT Treatment and Rehabilitation Centers.

1- Introductory Remarks

Here today, we are not going to share a past experience. We are going to discuss a tragedy, which still persists in 2000s because the human mind has still not been able to overcome death and which damages the public conscience deeply. We are going to talk about a social trauma that leaves traces on the mental and psychological world of the whole society besides and beyond relatives of hunger strikers. And we are going to make this discussion in a period when violence is praised, people are forced to forget humane feelings and arguments of constituting life with death are put forward. Because of this, we have to bring forward the warmth of human being freely, basing on knowledge beyond any kind of coldness.

I would like to share with you the indictment of a trial about which we were informed last week, thinking that it is quite instructive with regards to the important titles of this discussion.

This two-page indictment would probably take its place in medical and judicial history. With this indictment, members of the TMA Supreme Honorary Board, which is a supreme organ both from a moral and legal point of view in drawing the frame concerning practice of the profession of medicine in Turkey as elsewhere in the world, will stand trial with the demand of imprisonment from 3 to 10 years. They are charged with "encouragement to commit suicide" because of a statement they made in connection with hunger strikes.

Let's have a closer look into the matter. This document indeed puts forward the importance of clarifying following points concerning the profession of medicine:

i- The attempts of the non-medical circles to control the attitudes in medical profession and the meaning of these attempts in terms of the independency of medical profession,

ii- The attempt to intervene in the patient-physician relation, which should be independent from any third party involvement,

iii- The attempt to intervene in the attitude of the physician during hunger strikes,

iv- The attempt to intervene in the work of the TMA Supreme Honorary Council, which is the highest organ to draw the frame of professional practices,

v- The distinction between hunger strike and suicide.

2- Definition of hunger strike

The hunger strike is usually interpreted as voluntary self-denial from food and as a self-destructive act of someone, who runs counter to the courts, prison authorities or security forces. And without doubt, hunger strikes, as any other act threatening human life and health, come to mean the denial of medical profession and cannot be

accepted by us. Hunger strike is a process of action that contrasts the fundamental philosophy of medical profession.

Generally, there are two fundamental parties to a hunger strike. The hunger striker and the person or institution that the hunger striker protests or presents demands to. As is clear, physicians/members of medical profession are not a primary party. When comprehended from a larger perspective, relatives of hunger strikers, their organizations if they have any, public at large, media, jurists and members of medical profession are other actors of this process.

Hunger strikes, their reasons and solutions, are not solely medical concerns. Indeed, the highest priority in the solution of the problem should be given to eliminating the reasons of hunger strikes through a humanitarian way. In this sense, non-medical actors have the utmost responsibility in the solution of the problem.

The recent hunger strike is a rare case in the world and is staged by thousands of prisoners and convicts for about a year. The insistence of the relevant parties, particularly of the political power, not to be able to solve and/or not to solve the problem in this hunger strike, has wounded the public conscience deeply.

Moreover, those who cannot or do not solve the problem, frequently try to turn the hunger strike into a discussion of a medical practice. Indeed, what is expected from physicians at this point is feeding hunger strikers by force. As well-known, the physicians are often turned into targets in matters or processes that are not related to them, and moreover they can even be accused because of such matters. In such cases, the attempt of the responsible ones to conceal their own responsibility plays an important role.

3- The relation between hunger strikes and physician

In spite of the fact that hunger strikes are not solely medical concerns with regards to their reasons and solutions, they are directly related to our profession regarding their outcomes.

Our primary relation with the hunger striker (a patient who had not eaten for long) is a patient-physician relation, and all the medical knowledge, medical ethics and legal aspects of a patient-physician relation are valid for this relation, as well. In other words, paying attention to values of medical ethics such as providing qualified medical treatment, autonomy, being useful, not to harm, justice, privacy, consent and adequacy is our professional as well as ethical responsibility.

As members of a professional group whose reason of existence is the protection and development of human life and health and as an organization which aims to protect and develop the universal principles of medical profession, the TMA has spent and still

spends extraordinary effort to bring an end to the recent process with the least harm concerning human health.

At this point, I would like to thank, on behalf of the TMA, our colleagues, most of whom work under the guidance of fundamental principles of our profession.

Hunger strike is an extremely complicated and at the same time a difficult moral problem for physicians.

The following sub-titles indicate how complicated and difficult the matter is;

i- The terrible, tragic tension between the ethical responsibility to save the life of a person and the professional responsibility of respecting that person's autonomy (right to determine his/her own faith) and honor. Moreover, the presence of a destructive secondary traumatization atmosphere,

ii- The unbearable heaviness of the feeling of despair in an atmosphere where it is almost impossible to constitute a healthy physician-patient relation,

iii- The domination of non-medical (administrative, judicial, etc.) incentives (inappropriate medical treatment conditions, physical conditions, practice of chain and handcuff, conditions of transfer),

iv- The attempt to constitute a moral atmosphere that destroys to a large extent the practice of an independent medicine with the contribution of all parties polluting everything with "politics and propaganda". (The natural reflex of the public to an approach narrowed to "why not intervening?" can be understood, but that of political power cannot.)

v- Furthermore, the pressures on physicians to turn the profession of medicine into a means of pressure. Naturally, the pressure faced by those physicians who resist such pressures (such as the trials against TMA Supreme Honorary Board, TMA Central Council and Bursa Medical Chamber). Like in the past and in other countries, the attempt to condemn everyone who does not act like the tools of political powers.

vi- The indignation against failure of human mind to overcome death in 2000s, while it is possible to find a human-based solution to the problem of hunger strikes.

Strengthening independence of the environment of professional practice is a remedy for such difficulties to a certain extent. This can only be possible if the clinical freedom of the physician without any pressure and independent from all third parties is secured in the case of hunger strikes, as for all professional activities of physicians. Any kind of decision should be left to the individual initiative of the physician who always keeps in mind the opinion of the patient. And this individual initiative comes into practice simultaneously for each occasion, at that stage of occurrence. Indeed, a

painful experience of years based on a HUMAN FIRST approach lies behind the cold expressions of documents, which summarize these approaches and which are known as frame texts (declarations of World Medical Association, relevant documents of Turkish Medical Association, Regulation of Patients' Rights of Ministry of Health, etc.). Without doubt, the use of force is not an element of the medical profession.

Despite all these difficulties, we have carried out certain activities which can be summarized as follows:

i- Maturizing and spreading high quality medical approach and ethical physician attitude (particularly among prison physician, physicians who take part in a possible chain of transfer, physicians at indoor treatment institutions),

ii- Providing information to patients on hunger strike, providing medical treatment,

iii- Providing information to relatives of the patient,

iv- Providing information to the society,

v- Protecting and supporting colleagues at any level:

- contribution to dealing with secondary traumatization
- neutralizing administrative and/or judicial pressures

vi- Contributing to the solution of the ongoing problem in a manner based on the priority of human life (meeting with authorities, sharing technical knowledge, contributing to the constitution of an environment of confidence).

One of the fundamental reasons behind the recent act of hunger strike is the problem of F-type prisons, which were brought to life though they are not scientifically appropriate as they are based on isolation. TMA has highlighted this point in its report prepared before the hunger strike started. We think that a solution is possible in this matter. However, the Ministry of Justice persistently remains away from the essence of the problem and the only implementation becomes the temporary release of some prisoners and convicts on hunger strike. Moreover, while the state should assume the responsibility of treatment of these persons who were released temporarily, the state does not do it and instead, the Human Rights Foundation of Turkey, a voluntary organization provides their treatment.

4- The distinction between hunger strike and suicide

We need to pay attention to few points with regards to the concept of suicide, which is mostly pronounced along with hunger strike on purpose or not.

"Suicide is an action that aims to end one's own life basing on one's own will or due to a compulsion deriving from depression." (British Medical Association– 1996). The people who prefer death at any price are those who believe that life no longer has any value or meaning.

However, the prisoners, who stage an action by refusing to eat, do not as a principle aim to die, but to change a policy or practice that they do not like, they aim to make pressure on authorities with their action.

As Dr. Cengiz Güleç has stated: "Although we do not espouse their action and their reasons, we understand that they prefer life and find it valuable. Because these people put forward the most precious thing for them, their life for their beliefs. They do not neglect to take salt, sugar and vitamin B in order not to have a severe physical or mental disability because of their action in case the problem reaches a solution one day. We cannot label such a manner and style as 'suicide'."

People ask why they did not all die in one-year time. If their objective were committing suicide, these people could kill themselves many times in that period.

People can use various means in their actions. These means are closely related to the area of effectiveness that one is in. Therefore, it is a prior issue of discussion that the effectiveness area of people at hunger strike in prisons could be restricted down to their own bodies.

5- Conclusion

I believe that this congress and similar studies will produce results that could increase the possibility of

-production and share of knowledge,

-spread of professional practice of a high quality,

-solidarity with colleagues who face trauma and persecution,

-contribution to the solution of ongoing problem.

On this occasion, the lessons derived from these experiences point to the necessity of preparing the guidelines for medical follow-up in the case of hunger strikes. I would like to express our desire, as the Turkish Medical Association, to prepare such a guideline and to work together to be able to deal with this traumatic process that involves the whole society.

As I stress from the beginning, we want to talk about life, not death. Therefore I want to make a call again: Everyone, particularly the political power, and prisoners and convicts, shall please spend efforts to end this destructive tragedy.

On behalf of physicians, who say human life first without any condition despite all negativity, I repeat my belief in common sense undestroyed somewhere in this society. Thank you.

Resim 4

Turhan Selçuk

Resim 5

Ayşe Karabacak

THE NEUROLOGICAL STATE IN THE AFTERMATH OF DEATH FAST/HUNGER STRIKE

Çağrı Temuçin*

In the summer of 2001, the authorities started to postpone the sentences of prisoners and convicts, who had health problems in connection with death fast or hunger strike. From the summer of 2001 until the end of 2001, 39 such convicts and prisoners went through neurological examination and follow-up at the HRFT Ankara Treatment and Rehabilitation Center. Ankara Medical Chamber Human Rights Commission tried to follow the situation of most of the people, who applied to the HRFT, under restricted conditions while they were continuing the death fast and hunger strike in the prison. The follow-up of some of the applicants, who were transferred to state and university hospitals in Ankara, continued in these institutions.

The applicants' stories reveal that they had continued the hunger strike or death fast for between 175 and 285 days (some had given a pause for between 15 and 30 days). The applicants lost 30-50% of their weight, which was clear in their appearance. During the death fast and hunger strike almost all the applicants suffered from fatigue, double vision (diplopia), visual dimness, nausea, numbness and pain in the hands and feet, imbalance, dizziness, loss of strength, and some had vomitting, impairment of hearing, unclear conscious or loss of consciousness. Medical intervention was reportedly made to the applicants who had loss of consciousness.

The convicts and prisoners used Vitamin B1 for various periods during hunger strike or death fast. An important number of them used Vitamin B1 in the first 1 to 3 months and then stopped using it. All the applicants stated that they had started to use Vitamin B1 again in the last 45 days and that their complaints of unclear conscious, double vision and numbness had decreased or disappeared.

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Detailed neurological examination of the 39 applicants was concluded.

NEUROLOGICAL EXAMINATION FINDINGS

Amnesia was detected in all the applicants who developed confusional state in the advanced phases of Wernicke encephalopathy. Some applicants showed the expected memory problems and psychiatric problems in the picture of Korsakoff Psychosis.

Cranial nerves

Disappearance of disk margins in fundoscopic examination of 3 applicants

Bilateral horizontal nystagmus on lateral gaze in the examination of 19 applicants

Partial ophthalmoplegia (restriction in lateral eye movement) in 9 applicants

Hearing disorder (hyperacusis, tinnitus, buzzing, decreased hearing ability) was detected in 3 applicants

Sensory Testing

Loss of cutaneous senses (particularly pain sense) on lower limbs (stocking distribution). Deep senses (proprioceptive) like joint position, postural sense were normal in all applicants

Findings (sensory loss on lateral and anterior of thigh) related to lateral femoral cutaneous nerve in 4 applicants / Meralgia Paresthetica

Burning sensation and pain increased during night and alleviated with walking in 4 applicants and in addition to these involuntary movements like a tic or fasciculation in lower limbs of 1 applicant

Deep tendon reflex testing

Diminished deep tendon reflexes in lower limbs of 15 applicants

Increased deep tendon reflexes in 4 applicants

Examination of motor system

Generalized decrease in subdermal fat and connective tissue and generalized muscular atrophy in all applicants.

Loss of muscle strength especially in lower extremities and proximal muscle of four extremities in 21 applicants

Weakness in neck flexion in 16 applicants

Motions became slowed in 14 applicants

Cerebellar examination

Speech disorder (dysarthria)in 12 applicants

Truncal ataxia in 7 applicants

Impaired tandem gait testing in 23 applicants

Impaired knee to shin testing in 18 applicants

Impaired cerebellar testing of upper limbs in 8 applicants

Intention tremor in 5 applicants

Titubation in 3 applicants

Gait abnormalities defined as below in 23 applicants:

- Wide-based, with small steps and ataxic
- Minimal anteflexion of body
- Decrease in associated motion of arms

DIAGNOSTIC PROCEDURES

Cranial magnetic resonance imaging

Cranial MRI of 33 applicants were obtained. In one applicant it was impossible due to agitation and phobic reaction. Findings were:

Found normal in 14 applicants

Cerebral and cerebellar atrophy in 13 applicants

Central pontine myelinolysis (2 applicants)

Lesion in thalamus (1 applicant

Lesion in centrum semiovale(1 applicant)

Increased signaling close to third ventricle (1applicant)

Lacunar lesion close to nucleus caudatus and gliotic lesion in white material (1 applicant)

Electroneuromyography (EMG)

EMG is obtained from 19 applicants suspected to have neuropathy.

Found normal in 7 applicants

Peripheral neuropathy found in 11 applicants: significant in lower limbs; axonal changes were prominent; sensorymotor.

Ulnar neuropathy (sequel of an old trauma) in 1 applicant

EVALUATION AND FOLLOW-UP

Certain neurological problems (Wernicke encephalopathy, Wernicke Korsakoff syndrome, nutritional peripheral neuropathy, restless leg syndrome, neuropathy with pain, weakness of muscles), which develop due to long time hunger have appeared in the applicants in various degrees and pictures. For some applicants, we did not have information about the initial stages of medical intervention. Therefore, we had to take into consideration the impact of wrong or inadequate treatment, as well as the long-lasting hunger. For instance, three persons, two of them HRFT applicants, had Central Pontine Myelinolysis, probably because the lack of sodium was speedily repaired in the initial stages of medical treatment. This is a clue that sodium replacement should be made very carefully in early phases of medical treatment. Neurological sequellas was observed more for patients, to whom medical intervention was made in further phases of death fast after the consciousness was lost.

Taking Vitamin B1 in the late phases of the hunger strike and death fast action led to partial decrease in neurological deficits as mentioned by the applicants. Independent medical delegations, who visited the applicants while they were under arrest, have also observed this fact. The differences in the period Vitamin B1 was used affected the neurological picture for applicants. For the applicants who were using Vitamin B1, the suggestion was to continue using it and also start taking other vitamins.

The patients, who had memory problem, had to be observed by detailed memory examination for the prognosis of the applicants. Both the follow-up and treatment of these people requires a multi-disciplinary approach.

All the applicants were kept in hospital for very long time chained to beds from their feet. The airy beds, which normally are a part of treatment for patients who have to stay in bed for a long period, could only be provided after a while with the initiatives of Ankara Medical Chamber. The applicants were not allowed to walk around, and this immobility led to an increase in muscle atrophy, decubitus ulcer and joint-posture pathologies.

With the start of putting on weight following the death fast or hunger strike, there has been an increase in subdermal fat and muscular tissue. Certain findings observed in the examination of the eye got better without intervention.

One of the serious problems of most of the applicants was disorders in senses expressed as compliants of pain, burning sensation, change of heat in lower extremities, particularly. We have started the use of Amitriptilin (Laroxyl) Karbamazepin (Tegretol) and Gabapentin (Neurontin) for applicants who had paresthesia and had much complaint. The optimal treatment was reached by

Gabapentin concerning both the side effect profile and effectiveness. For some applicants the dose of Neurontin had to be increased to 1200 mg/day. Paresthesia has decreased by itself concerning the applicants who did not start using medication, and following the treatment concerning the patients who had started using medication. For applicants who complained of restless leg, L-Dopa and Pergolid were added to the treatment. Following the medication treatment, complaints of applicants decreased.

We have made use of physical treatment and balance rehabilitation for applicants who had ataxia and walking disorders and who could only walk with support. The physical treatment gave effective results. While evaluating ataxia and other cerebellar tests, we thought proximal muscle weakness and peripheral neuropathy had a role at least with regards to increasing the severity, as well as cerebellar pathology. This was supported by the fact that the physical treatment, which led to improvement in treatment of ataxia was also effective in curing proximal loss of strength.

Nystagmus and restriction of lateral eye movement, which appear as a sequel of Wernicke encephalopathy, was partially cured, but persisted for most of the applicants. Nine applicants who had nystagmus and other cerebellar disorders started to use low dose of Baklofen (10 mg/day Lioresal). Four of these applicants indicated that the medication has been partially useful.

Complaints of dizziness, reverberation and buzzing in ears and speaking disorders appeared or increased for few number of applicants following the beginning of the treatment. The complaint of dizziness was mostly in the form of peripheral positional vertigo that appeared with the motion of the head, shorted last and a gave a sense of turning of the surrounding. We have suggested balance exercises, antihistaminic (Betaserc) and ginkgo glycosides (Tebokan), and referred these applicants to a ENT specialist.

The difference of the recent hunger strike/death fast from the previous ones was that it lasted very long and as a result, certain neurological problems that were not clear before now attracted attention. A long term follow-up would yield healthier information about the prognosis of neurological complications that a long lasting hunger produces.

RESİM 6

Selçuk Demirel

DIAGNOSIS OF APPLICANTS SUBJECTED TO PHYSICAL TRAUMA

Deniz Dülgeroğlu*, Asuman Doğan*

INTRODUCTION

Amnesty International establishes with documents the application of torture by state actors in one-third of the countries in the world (1). Many people in many countries face physical and psychological trauma because of their political, religious or ethnic features. In addition, the bad physical conditions in prisons have a negative impact on the health of prisoners. Beating, one of the torture methods, may lead to fracture in the muscular skeletal system, strains on tendons and ligaments, injures and ruptures in muscles. Heavy or frequent blows to the head may lead to head injury. (2). The head injury can be recognized as a headache in clinical evaluation or as a more severe clinical situation such as paralysis in which cognitive, motor and cerebellar functions are affected (3). Methods such as hanging can lead to injuries in shoulder joints, brachial plexus and peripheral nerve injuries in the upper limbs (4). Application of falanga can lead to injuries in the tendons of the sole of the foot, osteoarthritis in the first metatarsophalangeal joint, plantar fasciitis, and compartment syndrome. The enforcement of the waist and neck to flexion, extension and rotation in a bad position for a long time and infliction of force in that position can lead to back and neck pain, damage in ligaments and intervertebral disks in those regions and even to herniation of intervertebral disk (3). Keeping people in a cold and humid environment for a long

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time, hosing cold water and bad physical conditions in prisons facilitates occurrence of rheumatic complaints, myofascial pain syndrome and fibromyalgia (2,3). Pain is usually the first symptom for these people and sometimes it may be very much resistant to medical treatment and can become chronic (1,5).

There are not many studies on musculoskeletal system disorders in victims of torture in the literature. This study aim to determine the clinical characteristics of 41 applicants referred to our clinics by the HRFT Ankara Treatment and Rehabilitation Center between the years 1996 and 2000 through evaluating their examination forms. These people applied to the Center because of the physical violence inflicted on them in detention or prison and the accompanying complaints related to musculoskeletal system.

METHOD

In this study, we analyzed the evaluation forms of 41 people, 32 men and 9 women, retrospectively. These people applied to the HRFT Ankara Treatment and Rehabilitation Center between the years 1996 and 2000. They had a history of experiencing physical violence in detention or prison, were examined for musculoskeletal complaints, diagnosis for them were determined and received treatment accordingly. In the physical examination physicians checked whether they had swelling, discoloration, tenderness, deformity, muscular atrophy, limitation of joint motion on the place of body (joint, muscle) where the complaint focused or on the body parts affected. They also checked whether they had motor weakness, disturbed sensation, depressed reflexes from a neurological point of view (3). Following the musculoskeletal system examination of the applicants, some laboratory tests like complete blood count, rheumatoid factor and C-reactive protein were asked for from all applicants. Applicants who had pains in waist neck and joints were examined with x-ray of the relevant site. Physicians demanded magnetic resonance imaging study from applicants who are suspected to have lumbar or cervical disk herniation, and electromyography (EMG) from applicants considered to have peripheral nerve injury. The information about how long the complaints relating to musculoskeletal system continued after the infliction of physical violence, what were the complaints and relating to which part of the body, diagnosis established after examination and tests, whether the pathologies were related with the trauma, treatment proposed and whether the applicants appeared for control were all recorded in a form.

FINDINGS

Thirty-two of the applicants were men and 9 were women. The ages of the group varied from 20 to 61 and the average age was 32.2±9.4. The duration of their complaints spread from 1 month to 10 years. The average duration of complaints was

Tablo 1. Complaints of patients, duration of complaints and diagnosis of them

Appl. No	Sex	Complaints	Duration	Diagnosis
1	M	Low back pain	6 months	Lumbar spondylosis
2	M	Low back pain,	1 year	Pes planus, sacroiliitis
3	M	Low back pain, neck pain	3 years	MPS, spondylolisthesis
4	M	Neck pain, pain in arms	2 years	Cervical spondylosis
5	F	Low back pain, pain radiated to thigh on the left	2 years	Scoliosis, lumbar discopathy
6	M	Pain in arm, paresthesia over hands more significant on the left	6 months	Peripheral nerve injuries of radial, ulnar and median nerves on the left, bilateral carpal tunnel syndrome
7	M	Low back pain, claudication	8 months	Spinal stenosis, lumbar discopathy
8	M	Hypoesthesia in right arm, low back pain	2 years	Partial peripheral nerve injuries of ulnar and radial nerves, lumbar strain,
9	F	Low back pain, back and neck pain, pain on temporomandibular joint bilaterally,	1 year	Temporomandibular joint disorder, MPS, cervical spondylosis, lumbar strain
10	M	Shoulder and elbow pain and hypoesthesia over fourth and fifth finger on the right	2 months	Partial peripheral nerve injuries of ulnar and radial nerves on the right side
11	F	Low back pain, paresthesia in leg	4 years	Osteoporosis, lumbar spon dylosis, vertebral compression, spondylolisthesis, lumbar discopathy
12	M	Neck and back pain, pain in left hip	1 year	MPS,
13	M	Pain on shoulders	1 month	MPS
14	M	Back pain and low back pain	4 months	Lumbar strain, MPS
15	F	Weakness of neck	6 months	Disuse of sternocleidomastoid muscle and atrophy
16	M	Low back pain	5 years	Lumbar strain
17	M	Pain and restricted range of shoulder motion	1 year	Adhesive capsulitis after fracture, total rupture of right biceps muscle

Tablo 1. Complaints of patients, duration of complaints and diagnosis of them (cont'd)

Appl. No	Sex	Complaints	Duration	Diagnosis
18	M	Low back pain	3 months	Lumbar strain
19	M	Low back pain	1 year	Lumbar strain, scoliosis
20	M	Sensation of swelling in hands	1 year	Somatization
21	F	Pain over joints of hands and mus-cles of arms, neck and back pain	2 years	Fibromyalgia
22	M	Neck and back pain,	10 years	MPS
23	M	Low back pain, pain radiated to left leg	2 years	Lumbar spondylosis
24	F	Low back pain, pain radiated to legs	3 years	Spina bifida, lumbar spon-dylosis, avulsion of L4 vertebrae
25	M	Neck pain	6 months	Cervical spondylosis, cervical discopathy
26	M	Back pain and low back pain, weakness in hands	4 years	Cervical syringomyelia, MPS
27	M	Low back pain, pain radiated to thigh	6 months	Lumbar discopathy
28	M	Neck pain	1 month	Cervical discopathy, mini-mal retrolisthesis of C5-C6
29	M	Low back pain, neck and back pain	10 years	Lumbar spondylosis, MPS
30	M	Low back pain and back pain	1 month	Lumbar strain, MPS
31	F	Back pain	2 years	MPS
32	M	Low back pain	4 years	Pes planus, lumbar strain, sequelaof fractures of ribs and clavicle
33	M	Low back pain	5 years	Lumbar spondylosis, L5-S1 facet tropism
34	M	Neck and low back pain	1 year	MPS, lumbar strain
35	F	Pain over shoulders and back pain	1 year	MPS
36	M	Neck pain nad headache	10 years	Cervical spondylosis
37	M	Neck and back pain	1 year	MPS
38	M	Low back pain and pain radiated to left leg	1 year	MPS
39	F	Low back pain	10 months	Compression fracture of vertebral corpus and lumbarization
40	M	Sensation of swelling in hands	1 month	Traumatic arthritis
41	M	Low back pain	10 years	Lumbar spondylosis

27.8 months. Twenty of the 41 applicants were from the Southeastern Anatolia region. Information about type of physical torture inflicted on applicants and the period of infliction could not be classified because of the large amount of diversity. As the physicians did not want the applicants to remember the bad experiences they went through, physiotherapist had only recorded the general information to suffice the explanation of pathology, or the information provided by the foundation's physician and psychiatrist was used. Table 1 includes the sexuality of the applicants, their complaints pertaining to musculoskeletal system, the duration and diagnosis.

The most frequent diagnosis determined as a result of the evaluation of physical examination and laboratory findings were as follows: myofascial pain syndrome (MPS) for 14 applicants (34.1%), lumbar strain for 9 (21.95%), lumbar spondylosis for 7 (17.07%), cervical spondylosis for 4 (9.75%), lumbar disk herniation for 4 (9.75%), cervical disk herniation for 3 (7.31%), peripheral nerve injury for 3 (7.31%), spondylolisthesis for 3 (7.31%) and vertebral fracture for 3 (7.31%). Medical treatment (nonsteroidal anti-inflammatory drugs, myorelaxant drugs, topical nonsteroidal anti-inflammatory creams) was applied to 38 (92.6%) of the applicants. All (100%) were given exercises for home (relaxing, postural, strengthening exercises). Physical agents (hot pack and paraffin were used as superficial heater, and ultrasound and short wave as deep heater, and transcutaneous electrical nerve stimulation for analgesia) were used for 7 (17.0%), and trigger point injection was applied to 2 (.87%) applicants. Only 9 (21.95%) of the applicants came for follow-up examination.

DISCUSSION

The applicants applied to the treatment and rehabilitation centers of the HRFT after they were tortured or following their release from prison because of their health problems that occurred during the detention or the long years of stay in prison. Most of the physical complaints of these people were related to musculoskeletal system and most of the complaints were chronic ones persisting for years. HRFT Treatment and Rehabilitation Centers Report 2000 reveals that 551 (60.02%) of the 918 applicants, who had physical complaints, had diagnosis related with musculoskeletal system (6).

In our study the most frequent diagnosis is the MPS (34.1%). MPS is the most common cause of musculoskeletal pain and it usually occurs in the neck and waist, and sometimes in the peripheral parts. Its prevalence among society is known to be around 12%. MPS can be in the form of pain in a regional group of muscles or a certain muscle, triggering points, tenderness on local areas, hard bands and referred pain revealed by triggering point palpation (7). MPS in a single muscle group usually occurs due to acute extreme enforcement or trauma. Physical factors such as postural stress, muscle imbalance, skeletal asymmetry lead to more spread muscle pains. For

certain cases the pain gets chronic and it spreads to particularly synergic other muscles. This is also called chronic regional myofascial syndrome (8). It is compatible with the features of MPS that our applicants had stories of physical trauma, their subjection to bad physical conditions for a long time, and still having chronic muscle pains.

Lumbar strain was the second frequent diagnosis (21.95%) in our study. These people's subjection to risk factors that may lead to pain in the waist is explanatory for this fact. Lifting heavy load (11.3 kg.), rotation together with lumbar flexion during lifting, asymmetric lifting, constant repeat of the movement creates stress on the muscles, ligaments, disks and vertebrae in the lumbar region. Muscular strain may lead to herniation of disks and spondylolisthesis in vertebrae (9). Concerning our applicants, blows with great force during physical violence and keeping the lumbar region in a bad posture for a long time may take the place of lifting heavy load.

In the study reported by Şahin, the most frequent diagnosis among applicants to the HRFT Istanbul Treatment and Rehabilitation Center between the years 1996-1998 was lumbar strain (26.8%), MPS (14.6%), and herniation lumbar intervertebral disk (11.0%). The number of applicants in that study was 65 (10).

In our study, 3 applicants (7.31%) had vertebral fracture, 1 (2.43%) had fracture of ribs and clavicle and these are examples to fractures that physical violence may result in. Three applicants (7.31%) had peripheral nerve injuries and 1 (2.43%) had rupture in biceps muscle, which lead us to consider a direct relation with trauma. In addition, in the case of infliction of torture, bone scintigraphy can prove the existence of lesions, which could not be shown clinically or radiologically (11).

While deciding on whether the diagnosis is connected with trauma or not, we took into account the time elapsed after the infliction of physical violence, whether the complaint was chronic or not, presence of fractures or nerve injuries that were confirmed with radiological imaging techniques and electromyography (12).

The reason we mostly used medical agents for treatment was that the Center did not have a unit to apply physical treatment and also because most of the applicants came out of town and they did not want to be away from their houses and works for long. The rate of follow-up is low for similar reasons and so, the treatment outcome couldn't be assessed. And some of the applicants might not have come because their complaints ended after treatment.

The literature on disorders of musculoskeletal system observed in survivors of torture is very limited. We think it is important to publish in the form of reports the assessment made within the Foundation in terms of providing data in this field. We

also think that physiotherapy units to be formed at the HRFT's Treatment and Rehabilitation Centers will increase the level of success of treatment and rehabilitation and facilitate the follow-up of applicants.

KAYNAKLAR

1-Thomsen AB, Eriksen J, Smidt-Nielsen K. Chronic pain in torture survivors. Forensic Sci Int 2000 Feb 28; 108 (3):155-63.
2-Human Rights Foundation of Turkey. Physical evidence of torture. In: İstanbul Protocol. İstanbul: HRFT, January 2001: 56-62
3-McPeak LA. Physiatric history and examination. Braddom RL (editor). Physical Medicine and Rehabilitation. Philadelphia: WB Saunders Company, 2000: 3-5
4-Prip K. Physical torture methods and their sequelae. Prip K,Tived L, Holten N (editors). Physiotherapy for Torture Survivors. Copenhagen: IRCT, 1995:13-25
5-Prisoners of pain. Nursing Times 1997 Apr 9;93 (15): 32-4.
6-HRFT treatment and rehabilitation centers: Evaluation results of 2000. HRFT Treatment and Rehabilitation Centers Report. Ankara: HRFT, 2000: 15-39.
7-Cantürk F. Fibromyalgia and other extra-articular rheumatic diseases (in Turkish). Beyazova M, Gökçe-Kutsal Y (editors). Fiziksel Tıp ve Rehabilitasyon. Ankara: Güneş Kitabevi. 2000: 1654-77.
8-Thompson JM. The diagnosis and treatment of muscle pain syndromes. Braddom RL (editor). Physical Medicine and Rehabilitation. Philadelphia: WB Saunders Company, 2000: 934-56
9-Berker E. Epidemiology of low back pain and related risk factors (in Turkish). Türkiye Fiziksel Tıp ve Rehabilitasyon Dergisi 1998; (Special issue): 8-10.
10-Şahin Ü. Physical disorders confronted in the long term after torture. HRFT Treatment and Rehabilitation Centers Report. Ankara: HRFT, 1998: 51-58
11-Mirzaei S, Knoll P, Lipp RW, Wenzel T et al. Bone scintigrapy in screening of torture survivors. Lancet 1998 Sep 19; 352 (9132): 846-51.
12-Weinstein HM, Dansky L, Iacopino V. Torture and war trauma survivors in primary care practice. West J med 1996 Sep;165 (3):112-8.

Resim 7

Selçuk Demirel

STUDY OF AN ALTERNATIVE FORENSIC REPORT IN A CASE OF TORTURE BY ELECTRICITY

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Aim

Claims of torture during detention and about official forensic reports which give no evidence of torture are received frequently. The aim of this report was to determine the rate of dissatisfaction with the official forensic reports that are the most important step in detection of the officials performing the torture so they may be brought to trial and also to show that confessions made under torture are not acceptable legally. Another aim was the setting up of procedures for decreasing these occurrences as much as possible.

Methods

A person who had undergone electrical and other torture while under detention applied to the HRFT İzmir Treatment and Rehabilitation Center for treatment and to the Izmir Medical Chamber for an alternative forensic report in January 2001. The physical and laboratory examinations of this person were carried out and an alternative forensic medical report was prepared according to the principles of the Istanbul Protocol. A comparison was made of this report with the official forensic reports given while he was under detention.

In order to determine the level of dissatisfaction with the processes related to the official forensic reports, records of patients who had applied during 1998 and 1999 for treatment to the Human Rights Foundation of Turkey were evaluated, retrospectively. How the number of inaccurate negative forensic reports and the resulting dis-

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satisfaction could be decreased using the principles of the Istanbul Protocol has been discussed by relating to the characteristics of this case.

Introduction

Torture

The definition of torture includes the following: Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent of a public official or any other person acting in an official capacity.(1)

Even though there is no country in the world where torture is legal, torture and ill treatment is carried out by government personnel in over 150 countries. Of these, in more than 70 countries, torture is wide-spread and continuous. In over 80, it results in death. Not only is torture applied in countries under a military dictatorship or authoritarian regimes, but it is also seen in countries said to be democratic.(2)

It has been reported that the use of torture is usually carried out in remote areas; and there were efforts not to detect or punish the torturer and if punished it is usually very limited. In our country, according to official sources, during the investigations carried out between 1995-1999, out of 577 security personnel accused of performing torture only 10 were convicted.(2)

The Aim of Torture

Not only is the aim of torture to harm individuals physically and emotionally, but also under certain circumstances to eliminate the self-determination and honor of an entire social group. Torture is an activity which is inhuman and throws a shadow over our hopes for a brighter future. It is something which involves the entire human family.(1)

Methods of Torture

Interviews of individuals who have undergone torture reveals that the methods of torture vary greatly. Almost every means of giving physical and mental pain has been used.(1)

Torture and the Responsibility of Physicians

Many national and international documents have defined torture as a crime against humanity. It was clearly emphasized by the Tokyo Declaration of the World Medical Association that any physician should not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures. First of all the prevention of torture should be established by the use of scientific methods in determination of the harm done to individuals.(5)

Physicians are the occupational group that play an important role in finding medical evidence and disclosing the harms of torture on human being with scientific methods as preventing torture. It is obvious that physicians should work according to all principles of ethics beginning with Hippocratic oath. However, there are some physicians who do not act according to these ethics.(4)

There have also been opposite responses. Important steps have been taken in the works and researches carried out to determine, prove, and report torture. Even so, forensic medicine researches on trauma and studies in the field of traumatic stress by psychiatry have been carried out. Besides these, scientific studies have been made in the determination of specific torture methods. The effect of electricity on pigs under anesthesia by the Danish RCT group and the demonstration of the effect of falanga and trauma with a blunt instrument by bone scintigraphy as well as the evaluation of electrical torture with skin biopsies of areas affected by Lök et.al. are important studies in this field.(6-15)

Torture and Forensic Medicine

It has been reported that since the 1980's more than one million persons have been tortured in Turkey. The number of persons who applied to the Human Rights Foundation of Turkey (HRFT) between 1990-2000 for treatment because of torture is 5719. This number only includes those who were able to reach the HRFT for treatment, the actual number must be much greater. In contrast to this, the word torture has not been used in any of the official forensic reports. It is very unusual for an accurate and detailed official forensic report to be made in cases of trauma while under detention. It is emphasized that the first step in a legal fight against torture is the determination and proof of torture by the forensic reports as well as for an increase in pressure by public opinion.(16)

Inappropriate medical examinations and concealment of the signs of torture and ill treatment are in violation of statements by national and international organizations such as the Geneva Declaration, the International Principles of Medical Ethics, the Tokyo Declaration of the World Medical Association, the Principles of Medical Ethics

of the United Nations and the Circular of the Turkish Medical Association in regard to infringements of human rights by torture and ill treatment as well as the Circular of the Turkish Ministry of Health in regard to forensic reports.(17)

When the legal procedures in regard to forensic examinations are reviewed, it may be seen that the Circular of the Turkish Ministry of Health dated Sept. 20, 2000 in regard to the "Forensic Medical Service and the Procedure for Forensic Reports" is the final circular which eliminated all of the previous circulars given out before that date. In this circular, a new system of procedure was presented.(18)

According to this circular, the general forensic examination form and sexual attack examination form both consisting of 3 pages must be prepared as 4 copies. The following points were emphasized in the circular: "The physician should actually see and examine the patient"; "the examination should be carried out under suitable conditions and away from the members of the security force"; "...even though a request was not made, also reporting the situations which would affect the results of a forensic investigation"; "if the physical examination and laboratory findings obtained are not enough to write a final report, the patient should be referred to a proper center and a final report should not be written"; "the first copy of the prepared report should be handed to the institution making the request in a sealed and officially stamped envelope. A second copy should be sent to the Public Prosecutor's Office by an official route in a closed envelope. A third copy should be sent to the Health Directorate of the province and a fourth copy should be filed."(18)

Alternative Medical Report

Besides the official forensic examination and preparation of reports, there are also studies being done on the preparation of alternative medical reports. The Human Rights Examination and Report Commission which was formed in 1989 under the Izmir Medical Chamber prepares alternative medical reports for persons who claim to have been tortured. If "the individual has been tortured and want to make a complaint and want to report this and he has not been able to obtain an official forensic report or did get a report but insufficient or inaccurate, and not know what the report contains and is suspicious about it", then under these circumstances, after a complete physical examination and laboratory examination, if there is data which will permit the writing-up of an objective report, then an alternative medical report is prepared by the Commission.(16,24)

Istanbul Protocol

A protocol was set up as a result of a meeting held in Adana in March 1996 by the TMA titled "Human Rights and the Medical Profession". This protocol was concerned with detection of signs of torture and was prepared by 75 specialists from 40

institutions of 15 countries and took 3 years to prepare. From Turkey, the Human Rights Foundation of Turkey (HRFT), Society of Forensic Medical Specialists (SFMS) and the TMA took part in this effort. This protocol was approved by the United Nations and became one of their official publications.(21)

DISCUSSION

Case

HISTORY: On Jan. 6, 2001, a 20 year-old male was taken from his home by police from the Anti Terror Branch. He was under detention for 2 days, On Monday he was released, but was to be on trial in the Penal Court for First Instance.

While under detention, he was blindfolded, made to wait standing up, stripped naked, and wrapped in a wet blanket and electricity was applied. He was beaten, hung up by his arms. His testicles were squeezed and he was sexually harassed. He was wetted down with pressurized water and left in the cold. He was held in a cell, threatened and insulted. He was not given drinking water or permission to use the toilet. He was wrapped in the wet blanket, and he was forced to lie down and was held down by his arms and legs. Electrodes were tied to the small toe of his right foot and to his penis. From time to time, water was applied to the blanket.

1. A forensic examination was carried out shortly after his detention in the Emergency Service of the ..... State Hospital while the police were present. He was asked if he had any complaints and was looked over superficially.

2. On Jan 8, 2001, a forensic examination was carried out in the .....Health Center. This time the police remained outside the examination room. He was asked if he had any complaints and was given a physical examination. He says that during the forensic examination, he showed the doctor the lesions caused by electricity on his penis and his little toe.

***Complaints:** He had pain in his legs, left knee, testicles, chest, arms, below the shoulder, and back of the neck and around his waist. There were wounds on his penis and small toe of the right foot. There were also signs of weakness, a runny nose, a cough and fatigue.*

***Examination (Jan. 10, 2001):** Hyperemia of pharynx and a pressure sensitive, heterogenically fading ecchymosis, 1-2 cm in size on the lower part of the front of the right shoulder was detected. There was a 3-4 cm heterogenically fading ecchymosis on the upper inner part of his left knee which was pressure sensitive. The left front side of his chin was pressure sensitive. There were skin lesions on the upper part of the 5th toe of his right foot and on his penis, both 0.1 cm in size that were covered*

by a scab which looked like electrical puncture wounds. Both testicles were pressure-sensitive and painful. There was pressure-sensitivity of the muscles of the right biceps and triceps and pain in the right triceps muscle with abduction of the shoulder. Pain in the neck and nape of the neck, as well as the trapezius, paravertebral, pectoral and abdominal muscles upon pressure and movement were detected. There was limitation and pain during movement of the lumbar vertebrae.

Orthopedic Consultation: (Jan. 10, 2001): *A fading ecchymosis 3-4 cm in size on the deltoid muscle in front of the right shoulder was found. There was a faded ecchymosis 5 cm in size on the distal area of the vastus medialis muscle of the right thigh. Puncture wounds 1 mm in size on the penis 2 cm proximal to the glans and on the dorsomedial of the 5th toe of the right foot were seen. He had pain in his chest, back and waist upon palpation.*

Urological consultation (Jan. 10, 2001): *A 1 mm puncture wound covered by a scab on the skin of the right side of the penis was seen. His right epididymis was sensitive to palpation. There was a Grade III varicocele on the left and Grade II, on the right.*

Opinion: *The skin lesion on the right of the penis may be an electrical puncture wound.*

Psychiatric Consultation (Jan. 11, 2001): *He showed the presence of minimal anxiety leading to irritation from time to time.*

Official Forensic Report (.....State Hospital-Jan. 7, 2001): *There was no sign of blows or use of force on any area of body including genital organs when completely nude.*

Official Forensic Report (.....Health Center-Jan 8, 2001): *The examination at 11:10 AM on Jan. 8, 2001 showed no ecchymosis or any other sign of blows or force.*

Pathological and Radiological Examinations:

Pathological Report (Jan. 16, 2001): *The skin biopsy from the 5th toe of the right foot showed necrosis in the epidermis and upper dermis and extravascular erythrocytes in the papillae dermis. A perivascular , mild mixed infiltration of inflammatory cells was seen. The histopathological findings are consistent with an electrical burn.*

Examination with Scrotal Colored Doppler Sonography (Jan. 11, 2001): *Bilateral shunt type varicocele.*

Figure 1. Puncture wound on the fifth toe of the right foot

Figure 2. Puncture wound on the penis

Figure 3. Pathological findings in skin biopsy

Figure 4. Pathological findings in skin biopsy

Dynamic Scrotal Scintigraphy (Jan. 11, 2001): *Scintigraphy of scrotal area within normal limits.*

Whole Body Skeletal Scintigraphy (Jan. 11, 2001): *Within normal limits.*

INTERPRETATION:

All of the findings of the consultations and examinations support the supposition that the individual was mistreated while under arrest.

CONCLUSION:

It was concluded that .....'s primary examination and consultations with orthopedics, urology and psychiatry that the findings including the pathological findings of the skin biopsy showed that he had undergone physical and psychological trauma caused by another human being while under detention.

The definition of torture in the Tokyo Declaration dated October, 1975 of the World Medical Association states that deliberate, systematic, wanton infliction of physical or mental suffering by one or more persons acting alone or on the authority or any authority, to force another person to yield information, to make a confession or for any other reason. When this definition is taken into consideration, it may be concluded that ..... was tortured while under detention.

During the 2 days this person was under detention, he was taken twice for forensic examination. The night, he was arrested, a practitioner-on-call at the emergency service of the District State Hospital asked him questions about his complaints and looked him over . The security force was in the examining room during the examination. The next day, he was asked about his complaints, looked over and examined by a practitioner at a health center in the district. This time, the security force waited outside the examining room. The person told the doctor about the use of electricity and showed him the lesions on his penis and toe. However the lesions and other findings were not written up in the report. The first official forensic report stated that the examination while the subject was naked (including the genital organs) showed no signs of blows or the use of force. (Figures 1 and 2)The report of the second examination on Jan. 8, 2001 at 11:10 AM gave nothing except a statement that there was no ecchymosis or signs of the use of force.

These 2 official forensic reports were prepared by physicians who were not forensic medical experts. It may be seen that these reports are not suitable according to the Circular of the Ministry of Health dated Sept. 20, 2000. The first report was written

on the forensic examination form used before the Circular mentioned above in act, but was not filled out as it should have been. It makes one think that the security force were in the room during the examination and that the report was prepared without a thorough physical examination.

The person states that, the second official forensic examination had been carried out after the use of torture on the patient. The request for examination came directly from the Security Directorate requesting that there be an examination for signs of blows. According to the Circular of the Ministry of Health published in 1995, police should not know what is in the forensic report and necessary precautions to provide this situation should be taken. However, in Jan. 2001, the request for an examination had come directly from the head of the Security Directorate and had been signed by him was filled out as a forensic report. The person states that in the Health Center, the security force had waited outside during examination of the patient by the practitioner, however no mention was made of torture and even though the lesions had been shown to the doctor, there was no mention of them in the report. Both forensic examinations were not done according to medical ethical principles and to legal procedures for the forensic examination.(18)

The 2 official forensic reports prepared while the patient was under detention according to procedures of years past showing that the last Circular of the Ministry of Health is not being practiced. The fact that many laws and circulars which are close to international standards are not in use indicates that officials are not following-up or controlling the use of these legislation including laws as well as circulars and that no training is being carried out.

After this person became aware that the torture he claimed applied to him had not been included in the report, he applied to the Izmir Medical Association for an alternative report. He was examined and photographs were taken of the lesions. According to the findings of the preliminary examination, consultations by orthopedics, urology and psychiatry were planned. Besides a hemogram and a urine test, scrotal dynamic scintigraphy, total body skeletal scintigraphy and scrotal colored Doppler ultrasonography were done. After his informed consent, a skin biopsy of the puncture wound of his 5th toe on his right foot was made and sent to a center for pathological examination.

According to the pathology report, the histopathological findings of the skin biopsy of the 5th toe of the right foot gave evidence of an electrical burn. (Figure 3) Since the lesion on his penis was similar in appearance to that on his toe, it was concluded that this puncture wound was also due to an electrical burn since a biopsy could not be taken in that area. No other specific findings were detected with the other

diagnostic methods. The ecchymosis found on his skin during the examination were considered to be further evidence of his traumatic history.

The findings in each of the consultations and examinations were evaluated by a medical expert. Finally, all of the findings from the examinations were compared with the methods claimed to be used while he was under detention both singly and as a group and the degree of consistency was determined. It was concluded that he had actually been tortured while under detention and an alternative forensic report was prepared. During the preparation of the report, care was taken that it was in accordance with the investigational procedures of the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (the Istanbul Protocol) of the United Nations.

Istanbul Protocol and Torture by Electrical Shock

Evaluation after special torture methods in the Istanbul Protocol, is summarized as follows: Electric current is transmitted thorough electrodes placed on any part of the body. The most common areas are the hands, feet, fingers, toes, ears, nipples, mouth, lips and genital area. The power source may be a hand-cranked or combustion generator, wall source, stun gun, cattle prod or other electric device. Also special instruments that are used on cattle, other special electro-shock instruments for use on animals or humans, or other electrical equipment may be used.(1)

It was stated that water or gels are used in order to increase the efficiency of the torture, expand the entrance point of the electric current on the body and to prevent detectable electric burns. An electrical burns are usually a reddish-brown circular lesion from 1 to 3 millimeters in diameter, usually without inflammation, which may result in a hyperpigmented scar. Skin surfaces must be carefully examined because the lesions are often not easily discernible.(1)

Electric shock injuries, but do not necessarily, exhibit microscopic changes that are highly diagnostic and specific for electric current trauma. Absence of these specific changes does not mitigate against a diagnosis of electric shock torture. It must be stressed that due to clinical experience with biopsy diagnosis of torture-related electrical injury is limited and the diagnosis can usually be made with confidence from history and physical examination alone.(1)

The patient reported that his naked body had been wrapped in a wet blanket. After this, electric current was given using electrodes attached to the small toe of his right foot and to his penis. The lesions formed on his toe and penis match the description

of lesions of electrical burns described in the literature. After his informed consent to a biopsy, a punch biopsy was made from the lesion on his toe. According to the pathological findings, that the lesion matched an electric burn, the diagnosis became decisive.(1,15)

Dissatisfaction with Forensic Medical Reports

To find out the level of dissatisfaction in similar cases besides the present one with the forensic examination and reports retrospective evaluation of the records of those who had applied to the Human Rights Foundation of Turkey in 1998 and 1999 were evaluated. The application forms of 1322 persons (406 women and 916 men) were evaluated and the results were as follows:

- Of the 1322 applicants, 715 (54.1%) had been tortured for the final time during the same year.

- Of the 1322 applicants, 711 (53.8%) had been taken to forensic physicians with the request of the officials after the final episode of torture. 580 (43.9%)persons had not been taken at all to a forensic physician at the end of their detention period. There was no information in the files of 31 persons.

- Of the 711 persons who had undergone a forensic examination, the security force did not leave the room during the examination of 570 persons (80.2). According to their statement, 568 (79.9%) persons were not examined thoroughly and 511 (71.9%) persons said that a report in accordance with their findings was not made.

- As a result of the forensic medical examination which is a legal procedure after detention. 102 persons received reports stating that they had not been tortured or did not see a forensic physician at all. These people pointed out that they were able by their own efforts to get medical reports stating that they had undergone torture. These high figures show that regardless of the official circulars and amendments, there are serious problems related to the forensic examination procedures.

The difficulties that persons who state that they have been tortured have in getting an official forensic report are all similar. The official forensic examinations are made in the presence of the security forces and most of the time, without any examination, a report is given which states only that there was no evidence of blows or the use of force. The report is given to the security force unsealed and no copy is saved.(16)

There are several reasons for the physician giving a report without examining the person and sometimes without even seeing him or giving a report not mentioning the physical findings.. In the first place, the physician may have been afraid and anxious,

he may not want to argue with the authorities, he may have been afraid of harm coming to himself or those close to him. One of the main problems in forensic medical procedures and particularly in cases of torture is the pressure put on the physicians. Even the physician who writes up traumatic findings comes under pressure. The very presence of the security forces in the examining room is psychological pressure in itself. Sometimes there are even open threats. Later, the physician who has signed a forensic report of torture may be relieved of his position by various means.(4,17)

Another reason may be a lack of knowledge. During medical and specialty training, almost no information is given in regard to torture or its diagnosis in the entire educational program. Since there are not enough forensic medical specialists, most of the forensic reports are prepared by practitioners working in health centers or state hospitals. Naturally, practitioners who have not received sufficient training in their medical ethics and forensic medicine classes will make mistakes in the form and content of forensic reports.(17)

It is emphasized that the harmful effects of torture may not produce a clinical picture that will permit a physician working as a forensic medical specialist or in the field of forensic medicine to make a diagnosis by himself moreover because of torture methods used no diagnosis can be made. Different results are obtained when alternative medical reports are used as evidence in a trial as compared to official forensic reports. Examples of alternative reports prepared objectively with a multidisciplinary approach, being used in legal procedures as proof instead negative official forensic reports include the Yüksel Yağız Hearing in the European Court of Human Rights (ECHR), Kutlu-Sargın Hearing (ECHR), Baki Erdoğan Hearing (Aydın Criminal Court) and Manisa Hearing (Supreme Court Criminal Section).(1,4,16)

Another reason for inaccurate forensic reports may be the bad intentions of the physician. The physician may be theoretically well informed in this subject. Moreover can be a specialist in this subject, but he may mix his political beliefs with his profession. Even though he is aware of

the Universal Human Rights Report as well as the Constitution and other internal laws, he may not avoid flagrantly violating them.(17)

There is another aspect that may make the individual who is trying to prove that he has been tortured, give up to do so. The high cost of advanced diagnostic techniques and the fact that he himself would have to cover for those expenses may force him to give up trying to prove that he has been tortured so that an accurate report can not be made.(22)

Another dimension to the issue are the problems faced in the psychological evaluation of torture. Even though both physical and psychological effects of trauma may be established medically, usually by error only the physical violence is taken into consideration and evaluated. In fact, torture destroys the personality without leaving any physical signs. If this is taken into consideration, the importance of mental evaluation may be understood. It must be emphasized that even though physical signs of trauma may disappear over time, psychological or psychiatric symptoms may remain for years, even for life. For this reason, it is suggested that psychiatric evaluation be done shortly after the trauma and again, 1-6 months later.(23)

Suggestions for writing a complete forensic report of torture by a group of physicians with sufficient knowledge and equipment.

a. Anamnesis (Patient's medical history)

History

- Description of the event (concerned with trauma undergone while under detention).
- Type of physical and psychological complaints caused by the trauma.
- If examined late, complaints present at time of examination.

b. Physical examination:

- Suitable examination according to the complaints + examination of all systems + psychological states of patient.

c. Necessary consultations:

-For example, a psychiatric examination is an absolute necessity.

d. Necessary laboratory examinations:

- For example, a biopsy in cases of electrical torture, bone scintigraphy in a case of falanga .

e. Should include reason and conclusion (4)

Suggestions

It is seen that by evaluation of this case and other data in the literature that at this time the procedure of official forensic reports is insufficient for the detection and proof of torture. In the diagnosis and documentation of torture, as a special field of trauma, the İstanbul Protocol of the United Nations, which is a synthesis of knowledge and experience, should be used as a reference in all activities. The İstanbul Protocol should be included in the forensic medical and medical ethics courses in the medical schools as well as in the forensic medical specialty programs and education programs for the diagnosis of torture an its documentation in the continuing forensic

medical education. The Istanbul Protocol should be conformed to in the preparation of laws, regulations and circulars.

All physicians who make forensic examinations should be educated concerning the use of the Sept. 20, Circular of the Ministry of Health in conformity with the principles of the Istanbul Protocol. Also, they should be educated on the physical and mental results of torture. It is important that nongovernmental organizations such as the Turkish Medical Association, the Forensic Medical Specialist Society and the Human Rights Foundation of Turkey taking part in this education and in follow-up of the procedures.

As a part of this education, knowledge concerning the psychological signs and symptoms related to torture must be given. It should be emphasized that it is necessary for the physician to request a psychiatric consultation for the applicants. One of the suggestions is to form a table which evaluates the situation of a temporarily handicapped due to his psychiatric disorder. So, this table could be used by the people who worked in the field of forensic medicine and psychiatry.(23)

It is suggested that in order to make forensic reports accurate, the standards of forensic medicine must be developed. Following are the steps that may be taken in this field:

- Forensic medical outpatient clinics should be set up in the state hospitals.

- Physicians trained in the field of forensics and who will work in the forensic medicine outpatient clinics and forensic medicine specialists whom they can confer when needed.

- On the request of a patient, an independent medical system which will take part in the examination as an observer and for medical auditing.

- After obtaining an informed consent from the patient, the findings of the examination should be recorded by audiovisual equipment (photographs, video).

- The units where the examination of forensic patients are to be made should be suitable and trustworthy. In other words, the atmosphere should be so that the honor and privacy of the patient is protected during the examination as well as the security of the physician.

- The forensic reports referred to in the legal process should not contradict either with the physician or the other parties and the reports should be prepared without any interference and in an environment where there is security and confidentiality.

- It is stated that, in the legal process, the first step of creating a standard model would be to make evaluations comparing the official report with the observation and examination carried out by the independent medical system.(4)

When a person who claims to have been tortured or if there is any sign of torture, the documentation and proof of torture should be considered to be a public service. For this reason, all diagnostic procedures and even advanced methods should be paid for by the government.

Conclusion

The aim of torture is to disrupt psychological integrity of a person by leaving little or no obvious physical signs and to keep the entire public under pressure by means of those who have been tortured. Even though torture is a public health problem which is a concern to many people, it is not mentioned during medical education. It is a specific type of trauma that is difficult to recognize or document during a routine forensic examination. For this reason, persons who have been tortured are much dissatisfied with the official forensic reports they receive. The fear and concerns of the forensic physicians, being under pressure and bad intensions, play role in the process which cause dissatisfaction.

In order to prevent and eradicate torture, first of all, its existence must be recognized and it is necessary to ensure that the persons carrying out the torture are punished. For this the most important factor is the forensic report. Knowledge of the aim of torture and its effects is important as well as the cooperation between various specialty fields for the purpose of determining specific methods of torture.

Efforts must be made to decrease the great dissatisfaction with the negative forensic reports issued either unknowingly or on purpose. The negative reports issued for torture survivors may have been prepared because of fear, lack of knowledge or by intent. This could be prevented by the use of the principles of the Istanbul Protocol in forensic medical education and procedures as well as being used as a reference during the period of a trial.

The improvement in the field of forensic medicine regarding the prevention of torture would be possible with the studies carried out to eradicate the culture of violence widespread throughout the public, with the works carried out to increase public awareness and sensitivity, with the increase of punishment and prosecution of those who apply torture and ill-treatment and those who order them to do so. Otherwise, there will be no purpose to any ideal set-up and all the discussion will be of no purpose. Because of this, the use of torture will continue.

REFERENCES

1-Manual on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment (İstanbul Protocol). HRFT Publications 24: İstanbul, 2001

2-Amnesty International. Take a step to stop torture, opening report. 2000.

3- Monthly Human Rights Report. HRFT: February 2001

4-Fincancı Ş. K. Forensic medicine, diagnosis of torture and preventive medicine. HRFT Treatment and Rehabilitation Centers Report 1999. Ankara: HRFT Publications 23. 2000: 59-68

5-Fidaner C, Fidaner H. Declarations of World Medical Association. Ankara: Ankara Medical Chamber Publications13. 1987.

6-Thomsen HK, Danielsen L, Nielsen O, Aalund O, Nielsen KG, Karlsmark T, Genefke IK. Early epidermal changes in heat- and electrically injured pig skin I: a light microscopic study. Forensic Sci Int 1981; 17: 133-43.

7-Thomsen HK, Danielsen L, Nielsen O, Aalund O, Nielsen KG, Karlsmark T, Genefke IK, Christoffersen P. The effect of direct current, sodium hydroxide, and hydrochloric acid on pig epidermis: a light microscopic and electron microscopic study. Acta path microbiol. immunol. scand (A) 1983; 91: 307-16.

8-Thomsen HK. Electrically induced epidermal changes: a morphological study of porcine skin after transfer of low-moderate amounts of electrical energy" (Thesis), University of Copenhagen: F.A.D.L. 1984, 1-78.

9-Karlsmark T, Danielsen L, Thomsen HK, Aalund O, Nielsen KG, Johnson E, Genefke IK. Tracing the use of torture: electrically induced calcification of collagen in pig skin. Nature 1983; 301:75-78.

10-Karlsmark T, Danielsen L, Aalund O, Thomsen HK, Nielsen O, Nielsen KG, Lyon H, Ammitsbøll T, Møller R, Genefke IK. Electrically-induced collagen calcification in pig skin: a histopathologic and histochemical study. Forensic Sci Int 1988; 39: 163-74.

11-Karlsmark T. Electrically induced dermal changes: a morphological study of porcine skin after transfer of low to moderate amounts of electrical energy (thesis) University of Copenhagen, Dan. Med Bull 1990;37:507-20.

12-Danielsen L, Karlsmark T, Thomsen HK, Thomsen JL, Balding L.E. Diagnosis of electrical skin injuries: a review and a description of a case. Am. J. Forensic Med Pathol 1991; 12: 222-6.

13-Danielsen L, Karlsmark T, Thomsen HK. Diagnosis of skin lesions following electrical torture. Rom J. Leg. Med. 1997; 5: 15-20.

14-Lök V, Tunca M, Kapkın E, Tırnaklı V, Dirik G, Öztop F, Bolat Y, Baykal T. Bone Scintigraphy as an evidence of previous torture: evidences of 62 patients. HRFT Treatment and Rehabilitation Centers Report 1994. Ankara: HRFT Publications 11. 1995: 91-96

15-Öztop F, Lök L, Baykal T, Tunca M. Signs of electrical torture on the skin. HRFT Treatment and Rehabilitation Centers Report 1994. Ankara: HRFT Publications 11. 1995: 97-104

16-Baykal T. Alternative medical report studies (in Turkish). Toplum ve Hekim (TMA publication) 1996; 75-76: 61-66

17-Civaner M., Amato Okuyan Z. Infringement of Medical Ethics in the files of Supreme Honorary Board of Turkish Medical Association. İzmir: Turkish Medical Association, 1999

18-Circular of Ministry of Health dated Sept. 20, 2000 "Forensic Medical Service and the Procedure for Forensic Reports"

19-Circular of Prime Ministry dated Dec. 12, 1997 "Prevention of Torture and Ill-treatment"

20-Circular of General Command of Gendarmerie dated Jan. 10, 1989 "Security Precautions Needed in the Medical Examination of Prisoners and Convicts"

21- Iacopino V, Özkalıpçı Ö, Schlar C. The İstanbul Protocol. HRFT Treatment and Rehabilitation Centers Report 1999. Ankara: HRFT Publications 23, 2000:81-90.

22-Erkol Ü, İşlegen Y. Torture in Turkey and proposals on prevention of torture. HRFT Treatment and Rehabilitation Centers Report 1995. Ankara: HRFT Publications 13. 1996: 79-86.

23-Biçer Ü, Bilgili M, Çolak B, Ergezer Y. The dimensions of forensic psychiatry in trauma and proposals. HRFT Treatment and Rehabilitation Centers Report 1998. Ankara: HRFT Publications 19. 1999: 67-75.

24-Lök V, Süren O, Kapkın E, Tunca M, Baykal T, Kaptaner S. Alternative medical reports and their basis regarding the abolition of torture. HRFT Treatment and Rehabilitation Centers Report 1995. Ankara: HRFT Publications 13. 1996: 87-91

Son Resim

The visual material used in this Report are from

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