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Preventing violence, Caring for survivors

Role of health profession and services in violence

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CONFERENCE PAPERS - II

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Characteristics of violence induced by current therapeutical systems in France

Description, analysis and impact on ethical issues

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Dear Friends and dear Colleagues,

First of all let me tell you how filled with emotion and with utmost happiness I am, to be here. Amar Jesani and Vibuthi Patel, my beloved friends, thank you for being on earth, and congratulation for all what you are doing. Let me also congratulate the courage and the huge work (huge in quality and in quantity) all the team of CEHAT is doing every day. I am very proud to be your ambassador in France.

Who am I to talk to you about violence in France? I am a clinical psychologist and psychotherapist who could never separate clinical practice from ethical concerns. Therefore, it was totally natural for me to be a very active member of the Medical group of Amnesty International French Section for ten years. I made my P.H.D work in clinical and pathological psychology on the treatment of torture Victims. I described who I had to change my psychotherapeutic practice and what specific practice, setting and techniques I had to find out in order to treat efficiently torture Victims and Victims of collective violence. In my P.H.D work I also analysed the nature of human induced traumatism, the methods of torture, the torture system, and the training of torturers. I strongly believe one cannot treat a torture Victim if you don't take in account the context of torture, the methods of torture and the intentionality of the torturer. I wrote a book on all those issues which will be available in French in February 1999. I am also one of the founders of the Center Primo Levi, a treatment center for torture Victims based in Paris, treatment center that we opened thanks to the support of Amnesty International French Section, of Médecins du Monde (MDM) and thanks to the support of some other NGO's in France. At present time, I no longer work in Primo Levi center anymore, because of the responsibilities I have at university. I am actually Master of Conferences in psychology and psychopathology at the university Paris 8 and I am also the director of the Center Georges Devereux, a university treatment center located inside the university of Paris 8. This center is dedicated to migrant populations and also to cultural, social and sexual minorities in France.

Violence must be contextualized in its cultural realities. The university of Paris 8 as well as the Centre Georges Devereux are located in Saint-Denis, the hottest suburb of Paris in terms of delinquency, violence, murder, poverty. How is it to work while being constantly surrounded by violence? Although dangerousity is permanent, the doors of our University remain open all the time. And I am proud to belong, as a teacher, to the only university in France who accepts students although they failed in their secondary school examination giving university entrance qualification. The University Paris 8 gives that way a second chance to anyone who wants to study, considering that failing such an important examination is not a proof of lack of intelligence and interest in knowledge but can be the consequence of social and cultural discrimination. Paris 8 university is also the most innovative university in any fields, because it is open to various kind of experimentations, betting on audacity of the teachers, of the students and of the type and quality of research which is made under those conditions. Although May 68 is far behind us, the subversive spirit of the one who were

teachers in our University, namely Michel Foucault, Gilles Deleuze, Félix Guattary, Noam Chomsky, Armando Verdiglione and many others, their subversive spirit is still alive, and, who knows? Possess us for the best.

If I had to describe the most visible aspects of violence in France I would say that violence in France looks like violence in any other western country: riots, unemployment, acceleration of the gap between people who are extremely rich and people who are extremely poor, marginalization of the excluded of the system, multiplication of neo-groups, attacks and burnings of administrative buildings representing the power of the state. Nevertheless these last events are not related in public, those attacks and burnings are rather hidden, in order not to frighten the population. Besides violence of the excluded population of one of the richest country in the world, there is also an increasing state violence in France. This kind of violence, described in the 1998 report of Amnesty International is of the same nature as the violence reported in any other western country: policemen who murdered persons, mainly "without having the intention of killing", (into brackets). The majority of the persons killed that manner, are migrants, refugees, people issued from non western countries.

Now, if I had to describe the less visible aspects of violence in France, but which is actually central in the phenomenon of violence I would say the following: one of the most central yet hidden cause of violence in France is the absolute prevalence and power of state culture. State culture is conveyed by institutions like public schools and the legal, social and health systems.

One of the most prevalent type of violence is due to health professionals who refuse to take in account the culture of their patients. The fact of not respecting the culture of a person, of discrediting the belonging to a community is also a violation of human rights, a violation of the right of the communities and a non-respect of ethical principles by health professionals. Health professionals totally discredit and deny the idea of cultural belongings when they are confronted with migrants and refugees coming from non-western countries. Culture is not just like the colour of the skin, it is not added to personality, it is part of the personality.

Let us examine the thinking or the theory that underlies the concept of human rights. It is usually considered that they are universal, that this concept is culture-free, and that it escapes from this complex reality constituted by the presence of various groups of belonging in one singular person. My dear friends and colleagues, we all know (or believe) that the fish is not aware of the water. We are not fishes....what usually separates culture from individual is mere fantasy. The individuals who speak on behalf of human rights form actually already themselves a group : the group of the ones who think that they belong to no group, the one who believe that they are singular individuals, free electrons...subjects... that escape to any culture... and who refer to themselves as being universal. I can tell you that as a health professional, as a psychotherapist born on the french-german border from an Italian father and an Alsacian mother, a person working and teaching in the most violent suburb of Paris, I am not culture-free, my technique is totally underlied but cultural thinking, even if this thinking comes from the accumulation of my singular experience. This is why I consider that the group of the users of the concept of human rights are already themselves constituted in a single group no matter the miles or kilometres that separate them. They act and behave as if they were subjects escaping from any cultural belongings in order to refer themselves only according to the concept of universality. Claiming the strong wish of "respect human rights" thought as being individual, single rights, is actually a lure, a trap, a delusion. We act as if he is talking to a part inside us, supposed to be universal, isolated from the rest, the "human psyche" (into brackets, comma), the "human suffering"...but in reality we also deal with the presence of the group in the individual. That is to say that the concept of human rights is not culture-free, because the users of this concept are themselves constituted in a group who communicate with other groups.

Now, what analysis can we do as regards violence?

In France, as you may know, the influence, weight and presence of the state is very important. In western countries and in France particularly, our philosophy is an individualistic one. You can see it in Laws, rights, as well as through the theories that underlie the therapeutic systems, the social, educational and judicial (legal) systems in France. Social exclusion is getting more and more important. The scholar difficulties of the pupils are becoming more and more disastrous, illiteracy is growing. As we all know, the school is the machinery of reproduction of the social structure. A statement can be made: the model of integration and affiliation to a unique state culture has failed. Neo-groups, with geographic or territorial boundaries inside some quarters of Paris or inside some streets of the suburbs are appearing. Each group has a name, a specific culture, neo-rituals, initiatory processes.....The codes are very rigids. The more you deny the existence of groups and consider only the single individual isolated from his group, the more you will encourage the appearance of artificial groups (like neo-religious groups, sects, neo-political groups,...). We also attend to the re-appearance of pre-existing groups (like religious ones for example) but the rules and practices of those pre-existing groups will be rigidified. We attend than to the emergence of fundamentalism.

In our clinical practice at the center Georges Devereux, patients are referred by health professionals, social workers, because they cannot go further in treatment, because they need to understand the problem. Usually the patients referred were treated for a long time before, without results. The symptoms they present find no solution. They are psychological, social and educational ones. A symptom can be the expression of hidden logic, which are not only individual and intra-psychic, but logic that find their coherence in the historical past. Those symptoms, whatever they are, are the testimony of the underlying existence of other ways of thinking, in an historical perspective. Those persons with their mysterious symptoms have lost the sense of them because they are no longer familiar with their culture of origin, they are no longer familiar with the signification and way of treating their disorder.

What is even more interesting than looking at the causes of non-integration is looking at the function, the role of non-integration. Non-integration is an active strategy of resistance against capture by the various state institutions.

At that point, we can relate our analysis of violence in France to what Michel Foucault defined as the subjected or submitted knowledge.[1] He gave two definitions, the second one will be presented later. By subjected or submitted knowledge, Foucault defines historical data and information that have been buried, hidden in functional coherence. It is not a semiology of the life in psychiatric hospital, for example, it is not a work of sociology of delinquency. The subjected or submitted knowledge are in fact blocks of historical knowledge which were present, hidden inside functional and systematic units. Erudition made them reappear in a critical activity. This definition of subjected knowledge can be related to one of the function of ethnopsychiatry: to find what is behind, what was before and what reappears under the figure of psychopathology in our western society.

Let us consider now specifically the violence induced by therapeutic and social systems in a western country like France. *"Although the health professionals claim that they only work in order to relieve individual pain, we cannot ignore that the therapeutic and the social systems do actually constitute extremely powerful social and political forces".* [2]

Illustration 1: Mrs. B.

Mrs B. is a patient that we treat in psychotherapy at the Centre Georges Devereux. She is a migrant, coming from Algeria. About one year and a half ago, she started having a lot of problems. Her

husband left. Mrs B. is not working. Her husband didn't leave her any money. She was alone with her two little children. The mental health of Mrs B. declined severely. She was totally depressed and lost. She entrusted her two children momentarily to the social services. Meanwhile she went to hospital for treatment. But three weeks later she couldn't get her children anymore. Now, one year have passed and she still didn't get her children back. The reason are the following :

- First, the regular psychological examination with the psychologist of the social care institution thinks that Mrs. B. is still too fragile to be able to take care of her children. Yet this attitude induces iatrogenic suffering. In fact Mrs. B. is sad because she cannot get her children back. The social services also find that Ms. B. is aggressive and that she suffers from persecution. In fact they are interpreting and pathologizing a behaviour totally adapted to her present condition. It shows the angriness, sadness and powerlessness of a mother who is longing for her children.

- The second reason why she cannot get her children back is the social enquiry that has been made by the social services. The French law stipulates that if your home is too small, i.e. if you don't have 8 square meters per child, you can't get your child back one it is entrusted to social institutions. This is why many poor people start to hide away from any social control now. In spite of being helpful, they are repressive.

Illustration 2: Mr J.

Mr. J. is a native of Nigeria. He is a yoruba (which is his cultural group). He married in France with a yoruba woman. They have two children. It happened that the couple divorced. The Yorubas are patrilinear, that means that the children belong to the paternal lineage. The divorce took place in France. The judgement of divorce stipulated that the children are entrusted to the mother, as it is usually the case in France. The mother knew it, but didn't do anything, since the French law was at her side. The father disagreed and a family council took place between the two families in Nigeria. Finally the children were entrusted to the father. The girl was happy about this decision, knowing that anyway she would have regular contacts with her mother. But the boy was unhappy about this decision. His relationship to his father was not very good. He also started stealing some money in the wallet of his father. The father was strict in education and couldn't bear that his son was stealing money. When it happened first the father gave him two slaps and threatened him: "If you do it again, I will beat you!". One day, the son had stolen again in the wallet of his father. He went to school. But he was so scarred to go back home that he went to see the director of the school and said that his father ill-treated him. Child ill-treatment is a magic word. Beware, I don't say that it doesn't exist, but I am looking of the attitude of people. How did the director react? Without checking or questioning the child, she allowed him to stay at school for lunch. She didn't call home to advise the father and his second wife. Both of them were anxious. They looked for the child at school. The director told them that the child won't come home at night, he will be entrusted to an institution for children for the night and as long as the confrontation won't take place, in order to protect the child.

Illustration 3: Cases of ill-treatment and Victims of incest that I treated in psychotherapy

As a psychotherapist, I treated some patients which have experienced ill-treatment or incest. The problem is the following : the young girl calls an anonymous number of telephone, or she speaks at school about the sufferance she is dealing with. The authorities arrest the father, and the child is taken out of the family. She stays in a collective place for some time, and is afterwards placed in a family. Almost all the time, those girls enter automatically in psychotherapy, which is also a question for me, i.e. the way it is done. But most of the time, I noticed that the most important part of my job consisted in working through the guiltiness of the child of having definitively destroyed the family. Yet very often they are ambigous because they still love their father, they don't want to see their mother crying

when she spend her time between the visits she is doing to her child and sometimes in prison with the father. Suggestion: why not suggest to call a family council ?

The therapeutical systems bring pressure upon the group of the users of those systems. The consequence of it is the creation of associations and groups of users of different systems, and association of persons who refuse any longer to be defined and analysed by others, health professionals without participating to the elaboration of knowledge upon the subject. Therefore association of patients with Aids, mucoviscidose, bulimia, mental disorders were created in France and in many western world by the users themselves. Let us also mention the fabulous example of homosexuality. Did you know that until 1985, homosexuality figured in the DSM (American classification system and diagnostic of mental illnesses) were it was considered as a disorder? Thanks to the creation of group of users who constituted powerful groups of pressure, homosexuality is no longer in the DSM Manual.

Dear friends and colleagues, if I gave you the impression, arriving to that point, of being pessimistic after making such a critical presentation, I apologise. It wasn't my intention at all. On the contrary. I would like to show you now how we can be innovative, despite of the situation. Let me describe for you the positive clinical approach and treatment that we practice at the Center Georges Devereux with migrants, minorities, marginalized population. The way we treat our patients, whether they are migrants, or representatives of cultural, social or sexual minorities constitutes the best prevention against violence, both on the side of the patients we treat than on the side of the network of health professionals we are working with.

Since five years, at Paris 8 University and attached to the Department of Psychology, the center Georges Devereux is an experimental place of mediation between scientific thinking and thinking brought back by the migrant populations. Mediatise means first recognise and describe the misunderstandings, cppositions and conflicts and second take up a bet that an acceptable peace is possible, that learning the best way to live together is possible. The center has been founded by Professor Tobie Nathan. He is actually the President of the center Georges Devereux. He is also the head of the Department of Psychology at Paris 8 University and a very popular, creative clinician and researcher who wrote many books and articles about psychology, psychopathology and ethnopsychiatry. If Georges Devereux (a French psychoanalyst and anthropologist who spend most of his life in the United States) founded ethnopsychiatry as a discipline almost 30 years ago, Tobie Nathan is the one who developed the discipline, both on the theoretical and clinical side.

Ethnopsychiatry is a discipline that brings an understanding of the suffering of the migrants and all patients by non cutting them from their various affiliations, totally in keeping with their cultural groups of origin. For western health professionals, mainly as regards psychology and psychopathology, it is a permanent effort. They have the tendency to analyse cultural singularities as being signs of psychopathology. But psychopathology is in reality a complex assembly which associate the patient, a certain category of health professionals, and at least two theories about the suffering, i.e. the one of the patient, of his surrounding, and of his family, and the one of the health professional. It is this assembly that constitutes actually psychopathology. Therefore, when you do psychotherapy, it is important to take into consideration all these elements.

Another principle of ethnopsychiatry as a discipline is the obligation which is made to the clinician and to the researcher in human sciences to think the pre-existing categories which defined until now the object he studies or treats. The categories can be nosographical ones for example. A patient doesn't exists in the nature, he is build up according to categories and theories. What kind of patients are we producing with those categories? Which items are privileged, what is left in the dark? Who has interest of building this nosography? Chemical and pharmaceutical industries? Patients? All the

concepts go through this analytical process, also current concepts like ill-treatment for example: When is the concept born? Who has interest to rigidify the definition and use? This analysis leads to either validate or invalidate the pre-existing categories.

Another principle which characterises ethnopsychiatry is that one of her object of study is the analysis of all therapeutical systems, all of them without hierarchy, without excluding any, whether they are modern, psychoanalytical, ethnical, religious, social one. The therapeutical systems are considered as being the property of various groups (ethnical, cultural, political, religious, social,...). Studying them is also showing their underlying theories, the hypothesis they have about a human being, their coherence and efficiency, as well as their limits.

Another principle of the discipline is to propose to test the concepts of psychiatry, psychoanalysis and psychology confronted with the theories of the groups whose therapeutical systems are studied by ethnopsychiatry. This discipline doesn't take part in the quarrel opposing the defenders of universality and the defenders of cultural relativism, since all therapeutical systems are object of study. Ethnopsychiatry is permanently inventing methods which permit to confront theories with clinical and cultural reality.

Another principle proposes to submit our interventions in human sciences to the expertise of concerned persons and groups, to those we pretend to describe and treat. This principle invites the clinician and researcher in human sciences to respect a methodological constaint in order to prevent him from producing any statement on the persons or groups without real and contradictory participation of the "subjects- objects of discourse or objects of thinking" to the production of the statement or analysis.

Ethnopsychiatry is also a clinical methodology and a clinical setting which is a logic consequence of the above mentioned principles. The ethnopsychiatric therapeutical setting is composed by many persons. We receive the patient in a large group composed by the following persons: the patient and his family or friends (he come with whom he wants to come), the different persons that are part of the network around the patient (social workers, doctors, educational workers and teachers if they are children,...). The assembly is directed by a main therapist. But many persons are present: co-therapists and people who come for training (health professionals), and also students. One central person in the therapeutical assembly is the cultural mediator. He is the one who speaks the language of the patient, who knows very well the culture of the patients and also the therapeutical systems in the country the patient comes from. But speaking the language is not enough. He can go deep in the subtleties of the meanings that are developed. Everyone in the assembly gives his thoughts and theory to the patient, and the main therapist is organising the way the elements of understanding are restored to the patient.

The world *culture* is, for Tobie Nathan, a way for legitimate the knowledge of the others. It would permit, finally, to build an anthropology which is really symmetrical, because it would constrain the clinicians, health professionals and researchers in human sciences to confront honestly the knowledge issued from heterogeneous worlds. *"Rehabilitate the world culture"* says Tobie Nathan, *"means submitting the researchers in human sciences to the expertise of those you pretend to describe. This is really what constitutes, according to me, a fascinating programme, on a theoretical level, a programme that comprises new and major ethical stakes or goals".*

Those are the conditions of a real ethical approach of the patients because it doesn't discredit them. The deontological consequences of such an approach is that the patients are no longer in a position of object. It is no longer possible to interpret their psychological functioning from any theory, unless you clarify the theory whith which you are thinking the patient. The theory is then also becoming object

of study and not only the suffering of the patient. The patient becomes a real partner, an indispensable alter-ego in a research that we do in common with the patient about his psychological suffering. In ethnopsychiatry, we are used to think again, with the patient, the singular suffering as well as the theories with which it is thought and constructed. This fabrication definitely concerns him and interests him. This way of doing is not corelated with his educational level, because any one has a thinking. A non-violent clinical approach obliges you definitely to consider and handle the patient as a partner, with equal knowledge. Equal must be understood as being as equal interest as yours, it means that his ideas and theories he is building in his head about suffering is as worthy as yours. The patient is invited to discuss the observations of his therapists, to argue about their hypothesis, to share the responsibility of the treatment since he has been elaborated in common. Of course the patients are not used to it. We are training him, in a certain sense, to become what we call a "patient-expert". We are also training the health professionals who are part of the network which surrounds a patient (doctors, social workers, school teachers, educational workers,...).

Practiced this way, ethnopsychiatry creates through a kind of natural process, an ethical rigour, because ethnopsychiatry doesn't subject itself to deontological principles like to an outside constraint. What could be considered as ethical principles are in fact its theoretical positions themselves and its usual and daily clinical practice.

At that point, what we said about our practice in ethnopsychiatry has to be related to a second definition Michel Foucault gave about the subjected or submitted knowledge (the fist definition has been given before). By subjected or submitted knowledge he also considered different knowledge that are disqualified because considered as being not enough elaborated knowledge, like what he calls naïve knowledge, or knowledge hierarchically inferior, knowledge that are considered to located beyond the level of proper knowledge or beyond the required scientificity. Those knowledge are from below, underneath knowledge, non-qualified knowledge, the knowledge of the delinquent, the one of the psychiatrised patient, the knowledge of the patient, the one of the nurse, the one of the doctor, yet parallel and marginal according to the medical knowledge. This knowledge that Foucault qualified as being the knowledge of the people (which has nothing to do with common sense), no, on the contrary. It is a specific knowledge for Foucault, a differential knowledge, which is unable to build unanimity and which drags its force out of the sharpness that this knowledge opposes to all the other ones that surround him.

Michel Foucault thinks that it is the coupling between the buried knowledge of erudition and the knowledge disqualified par the hierarchy of knowledge and science that gives to the critique its essential force. This is how he explained 15 years of critique that followed May 68. But this is also how I describe the fact that ethnopsychiatry is a bomb, because it is coupling buried knowledge and disqualified knowledge. Ethnopsychiatry is considered as being subversive. We are criticised both by what I call the lifeless, flabby and weak Left, as well as by the Extreme-right. The flabby Left defend the values of the republic, of secularism. Many health professionals are leftists, flabby socialists, because it is culturally correct to be leftist. But they are as conservative as rightists. They don't accept to reconsider their theories, the way they treat patients, the way they consider psychotherapy. They are scarred to saw the foot of the chair they are sitting on. The critics of people from Extreme-right are related to the fact that we don't discredit the theories of the migrants, that we consider their therapeutic systems as worth to be studied and taken into consideration.

Anyway, this way of practicing is always considered as being subversive and many persons are true interest and actively wish that we disappear. For the moment, we are still here, because on the other side we also have a lot of support, which is growing every day in France and all over the world. This way of practicing brings utmost freedom. It is the best way we have found to work in this violent

suburb of Paris, with violent patients, by totally inverting the previous logic of health care and stopping this way to generate violence in our own practices.

Let me conclude my presentation with this African proverb :

AS LONG AS THE LIONS WON'T HAVE THEIR OWN HISTORIANS
THE HUNTING STORIES WILL CONTINUE TO GLORIFY THE HUNTERS.

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Paper: 28

Sudan: Health and aid

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Introduction

Since the military coup in Sudan in 1989, all services have considerably deteriorated. The human rights violations have continued despite the Sudan government. This has led to serious impact on the health services. There are several reasons that resulted in this dangerous situation. It includes the military junta's attitude towards the war in the South, the lack of planning of central and regional governments and the poor relationships of the ruling party with the rest of the world and in particular the neighbouring countries. Other factors include the government hindering to the NGOs and the Western aid, the natural disasters like floods and draught and the increase influx of the number of migrants from neighbouring countries into Sudan.

It is not surprising that the Southern part of Sudan is the hardest hit due to the aforementioned reasons in addition to the already almost absent infrastructure. It is not unexpected that the Western media focus on the troubles of the South, but there is clear evidence that other parts have reached dangerous levels of needs.

OLS & NGOs

Combined domestic and international pressure resulted in the launching of Operation Lifeline Sudan (OLS) on April 1989. It is a programme for providing humanitarian relief to civilians on both sides of the conflict. OLS was possible due to domestic political breakthrough because of the resumption of peace talks and a simultaneous cease-fire. But as the current regime seized power in Sudan and resumed war activities, OLS had few successes. Unfortunately OLS have become part of the war cycle rather than being integrated into a dynamic of peace. Unknown quantities of relief are diverted to the military on both sides, and therefore unsurprisingly war strategies revolve around relief. Aid prevents both sides from being forced to be accountable to their constituents and relief is probably prolonging the war and contributing to a stalemate. The relationship between relief and war has become too close and almost certainly now too late for relief agencies to clear away themselves from this bog.

In significant ways, the concept of humanitarian access has become devalued as OLS has progressed, due to the programme manipulation by the Sudan government and the SPLA. While relief has been delivered cross-border from Kenya and Uganda, the Sudan government has hindered the ability of the operation to deliver to some locations. Needy populations, notably the Nuba Mountains, have been denied aid, in comparison to the government army garrisons who feed themselves courtesy of the WFP and western taxpayers. Another aspect of OLS has been to bring NGO operations in southern Sudan under the discipline of rules negotiated between the UN and the Sudan government. UNICEF is able to operate in a country without an agreement from the government. OLS depends on government approval and as UNICEF operates under OLS, the latter has forfeited the element if independence and therefore OLS has been successful in castration of UNICEF's mandate. The result is that most NGO operations are now subject to agreement from the Sudan government, through the UN. More significantly, the majority of the assistance is delivered by WFP.

Assessments and needs

International NGOs, including CARE SCF UK, ADRA, and SCF US are undertaking joint assessments with the UN and implementing interventions in several of the affected areas. A series of meetings the OCHA mission held with Government authorities, the UN Disaster Management Team, national and international NGOs and the IFRC resulted in a petition. This appeal, totalling USD 8,980,000 is sought by OCHA on behalf of the operational UN agencies to meet the following requirements, which are seen as urgent priority needs for the most severely affected populations in the target areas. Incorporated in the emergency response is a strategy aimed at strengthening the self reliance of flood victims in the coming three months, an approach which is shared by the Government of Sudan and the major NGO's. It is calculated that some 100,000 persons are in need of essential emergency items. These include mosquito nets, blankets, and plastic sheeting and the total amount required is USD 980,000.

Since their beginning in late August, the floods have peaked in early and mid-September affecting 12 out of Sudan's 26 States. According to official estimates, the situation in 1998 exceeds in terms of people affected and damage to infrastructure and households, the floods of 1988, considered to have been of unprecedented dimension. A population of over 1 million is suffering from the impact of the floods, 500 villages have been completely destroyed and losses in the agricultural sector are still being evaluated. State authorities and communities, leaving nevertheless vast needs for international assistance have made immediate provisions. Joint UN/Government/NGOs teams have identified several severely affected states over 100,000 homeless people requiring emergency interventions. As the water levels recede, the serious public health situation in all affected areas, reflected in the alarming increase in diarrhoea and malaria cases and lack of access to potable water is becoming an overriding concern. UN agencies and other relief actors have agreed to appeal for commonly accepted priority requirements, namely shelter materials, blankets, mosquito nets, sprayers as well as support to community coping mechanisms and food production. The following States: Northern, River Nile, White Nile, Gedaref and Sennar have been identified as the priority areas for UN interventions. They have been selected on the basis of acute need and where so far aid agencies have not undertaken major relief interventions.

The assessment of States is detailed below

***North State*:** about 28,000 persons are homeless, requiring immediate assistance. Over 30 per cent of the date and citrus crop and 70 per cent of the normal sorghum yield (about 90,000 metric tons per year) have been destroyed. Irrigation systems and thousands of water pumps, vital for agricultural production, have been damaged or destroyed. Emergency needs comprise health sector, drinking water, sanitation and productive inputs.

***River Nile State*:** about 35,000 are homeless, requiring immediate assistance. Some areas are still inaccessible. A total of 400,000 feddans (2.4 Feddans = 1 hectare) of cultivated land have been severely damaged. 12,000 feddans of the date crop and 50 per cent of the animal fodder crop are submerged. 25 schools have been completely damaged.

White Nile State: about 10,000 persons are homeless due to flash flooding and requiring immediate assistance. The most affected areas and Tendelti and Jazera Aba. 40 health posts, 20 schools and nearly 1,000 sanitation installations have been damaged or destroyed. 15,500 feddans of cultivated land has been submerged.

***Kassala State*:** about 10,000 persons are homeless due to flooding of the Gash River. This displaced population has lost most of its property including household items. Two schools were destroyed in addition to other public infrastructure.

Gedaref State: about 18,000 persons are homeless due to flooding and heavy rain and in need of immediate assistance. Roads, schools, and health clinics were all damaged in the floods in addition to extensive destruction of cultivated land.

Sinnar State: about 1,000 persons are homeless and in need of immediate assistance and some 25 villages affected, due to Blue Nile flooding. Extensive damage has been done to cultivated land and water facilities.

North Kordofan: flash floods in Um Ruwaba province have affected about 5,000 persons. Due to the severity of the flooding households lost all possession and homes.

Khartoum: Over 1,000 families have lost their homes, and about 2,000 families lost part of their houses. Also, over 500 pit latrines have collapsed in poor displaced settlement areas. The public health situation has already deteriorated indicated by a high incidence of malaria and deaths due to severe watery diarrhoea.

Southern Sector: the OLS assessment fieldwork has been completed in Ganyiel, however, many locations in Upper Nile remain inaccessible due to insecurity. The number of returnees in Yambio from the Democratic Republic of Congo to Yambio (Western Equatoria) now total to 17,000 registered, returnees arrive approximately 1,000 per day. WFP is distributing relief food to the returnees. In Bahr el Ghazal, the airstrip in Dhiak is flooded and inaccessible, so the 24,300 targeted beneficiaries from that area will go to Malual Bai to receive a planned distribution. In Panthou, WFP is working closely with MSF-H on the implementation of weekly distributions to the families of children in the feeding centre. MSF-H is providing storage tents for the necessary commodities. Approximately 2,300 families are targeted. WFP will maintain a permanent presence in Panthou to ensure the implementation of this weekly distribution. In Ajiep, because of severe logistical constraints, WFP, SRRA, and MSF-B have agreed that rations for the families of children in supplementary feeding programmes (SFP) will be distributed bi-weekly by WFP (instead of weekly). Approximately 2,000 families are targeted. The NGOs running the feeding centres are continuing to distribute weekly rations to the families of children in therapeutic feeding programmes (TFP). Approximately 500 families are targeted. A general food distribution is on going in Wau, 7,422 beneficiaries received relief food during the reporting period.

Current situation

The present WFP programme consists of development and emergency projects in both the northern and southern regions of the country. In the south, civil war continues to create significant emergency food requirements for war-affected and/or displaced populations. Up to 2.4 million people are severely affected in the south, while in the north an additional 200,000 people displaced by drought emergencies also require assistance.

The present Health Interventions (jointly prepared by WHO/UNICEF) objective is to reduce the very high risk of outbreaks of malaria, diarrhoea including cholera and acute respiratory infections. The joint assessment teams have reported significant increase of cases of malaria and diarrhoea from all affected areas. The strategy in controlling outbreaks and managing existing cases relies on mobilising staff at the local level. This will be supplemented by sensitising affected communities to low cost methods of waste disposal and vector control measures in the
targeted States.

1. Water and Environmental Sanitation

Prime objective is the provision of clean drinking water, sprayers and insecticides, repair of pit latrines and hand-pumps. In view of the health situation in affected communities, this component of

the appeal is of critical importance. Part of the planned activity aim at enhancing community awareness to environmental sanitation through intensive health education.

2. Support for Community self-reliance

In order to restore communities, self-reliance in the immediate aftermath needs considerable support. There is a need to assist in winter cultivation, particularly wheat and animal fodder crops and vegetables. Interventions in Northern, River Nile, Sennar and White Nile States will include repair of irrigation pumps, desiltation of irrigation canals (particularly in the northern state where there is no rain-fed agriculture) and provision of seeds. All items necessary for this programme can be purchased locally purchase. (More information can be obtained from FAO Khartoum, through OCHA).

3. Food

Relief food assistance has not emerged as one of the priorities needs, and as such has not been considered in this appeal. However, WFP in addition to undertaking food distribution in Kassala, is closely monitoring food needs in other flood-affected areas and will respond if the circumstances require.

4. Flood Preparedness measures

Since 1988, floods have occurred in one part of the country or another. The impact on people and the material damage show a comparable pattern. Quite often simple structural measures such as drainage and dredging with involvement of the communities concerned can have a mitigating effect. UN agencies and NGOs agree that the disaster preparedness/prevention aspects should be looked at again in consultation with the GOS authorities. In this connection, joint UN/GOS recommendations on flood mitigation will be analysed again in the light of the 1998 flood emergency. The UN Disaster Management Team (DMT) under the leadership of the Resident Co-ordinator will assume a lead role in such an exercise.

Rural Hospitals

A system of fee for service which people cannot afford has been adopted in rural hospitals. At present these hospitals are manned by a medical officer, a senior medical assistant and a health visitor and vaccinator. Hospital entrance charge is Ls500, doctor consultation fee is Ls1000. Charge for seeing medical assistant Ls500, admission fees Ls4000, minor surgery Ls7000. Major surgery fees include Ls40,000 for appendectomy, Ls70,000 for caesarean section, Ls50,000 for cholesistectomy, Ls10,000 for normal delivery. Intravenous fluid cost Ls3000, Ls1000 for crystalline penicillin, Ls500 per malaria injection. There are also extra costs incurred by patients to cover transport of medication (about 30%), incentive to workers (about 10%), hospital support fund (10%), etc. Regarding the fees that are collected from admissions, 60% are sent to the ministry of health and 40% for running expenses of the hospital and of course in the end the hospital would have nothing at all.

Concluding remarks

There is no doubt that the current health situation in Sudan has reached dangerous levels in many parts of the country and in particular the southern sector. The present Sudan government has directly participated in the problem by continuing the war in the south and hindering relief and aid operations. OLS, WPF and NGOs have gained wide experience in the complex issues that participate in their programmes, which hopefully improve their position in both conflicting camps. There is a great need for diplomatic efforts to end the several conflicts in different parts of Sudan inordrer to end the suffering of the people whose ordeal seems to be going for too long.

Paper: 29

Violence to the psyche: Costs of suriving violence
A report of psychotherapy and healing in Kashmir

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Ayma Swasthya Kendra
Dharmashala

They say things are getting better. Feb 1998, women go about their tasks in silence. Nothing feels good, no gatherings, no TV, no 'Wasvan', nothing. There are worries and fears, about children's health, schooling, and most of all safety. Mothers at sundown wait with dread in their hearts for their sons and men to return. Daughters are not allowed out at all. A 14 year old son has recurrent fever, working mother takes leave, he has fainting spells as well. A neurologist in Jammu is consulted, EEG is normal, some pills are prescribed. He tells me he has nightmares and just before fainting, he is afraid. His house is next to the beleaguered mosque, Hazratbal. The older brother cannot sleep without the sound of rapid fire. A 14 year old girl in the OPD of the Psychiatric Diseases Hospital has pain and burning sensations in the eyes and thighs. The doctors can't find anything wrong. The father, very strict and 'tez' (harsh) would not allow her out, besides going to school. The mother, accompanying her said she also had pain in her legs. She drew a small girl in a frock, for The Draw a person test, and wrote a paragraph about her, then sacartched out the face and the para.; indicating a low, negative self image, denial and fears about being seen and seeing.

Women attending the OPD of a district hospital with various psychosomatic and gynecological complaints (N=24, ages 17-50 years) were also given the Draw a Woman test. Results showed: 50% low self esteem; 40% average; 10% good self worth; 28% lack of autonomy; 255 denial f body, but an equal number cathected breasts, 38% decorative\ narcisstic selves; 12% veiled faces, reluctance avoidance of public (male) gaze; 62% non communicative (eyes) could be cultural or withdrawal / anxieties / fears as in depression / mourning; and 50% had feelings of insecurity, 1/3rd projected loss of support (no legs).

Most doctors and medical/social welfare officails believed that the 'general turbulence' since 1989 had caused a general paralysis of health services and a simultaneous increase – 60-70%, in mental, psychosomatic problems, 'panic abortions' and Ceasarian births, to avoid night deliveries. Curiously, the 'medicate' shops had also increased.

Psychiatric and family therapy services were well established after World War II in the valley by Dr. Mullik and Ms. Ema Hawk. Recently, the two wings of the Mental Hospital burnt down. Half the premises house chronic and pyschotic patients, 84 male and 12 female patients in 3 wards.

Psychiatrists reported there was a rise in help seeking behaviour from the 6th day in 1990 to 59th day in 1994; children (0-16 years) predominantly showed epilepsy 36.13%, mental handicap 185; other, dissociative disorders, including conversion hysteria 51%, the latter more in housewives. Suicide is a sin in Islam, however, suicide attempts have increased alarmingly, especailly among adolescent girls and young rural women (Marghoob et al; 1995, 1997)

A local male doctor treated a newly wed woman who was having fainting spells. Her husband and his family were anxious about her producing a child. He advised her about the values and normality of motherhood, and wifely duties.

CEHAT, Mumbai, India

As a member of an NGO sponsored Mental Health Needs Assessment team, which visited the Valley in Feb- Mar 1998, I was critical of the absence of women mental health personnel. In May, I was invited to join a private clinic for Stress related diseases (Psychiatry, Cardiology, and Endocrinology). I worked there for 3 months and met 319 persons (women 217, men 102) and their families, from inner city /suburban, rural, mountain border regions. From upper./middle class, business, government servants, doctors, teachers, scientists, politicians, orchardists, agriculturalists and the landed, the working class, labour (daily wages, unemployed), dairy (gujjars), agriculture, fishing, craftsmen, houseboat men. They were mostly referred by the consultant psychiatrist; they had all been to general practitioners, neurologists, psychiatrists and to their local healers (pir babas). I was involved in psychosocial and clinical assessment, case histories projective and IQ testings, individual/group/family therapy and reiki as needed.

Stress has acqired many faces. Old, young, and even the very young have been devasted by the ongoing climate of violence, which like AIDS engulfed all aspects of life in the valley. Nobody was immune to it. Family dynamics , parent-child, man-woman relation, offices, services and businesses all had been corrupted.

A six year old was silent and withdrawn, a tenyear old smashed the TV and mirrors, a sixteen year old ran away and an eightee year old had a headaches and bodyaches, victim of interrogation, twenty one year old was unconscious for a month, a thirty year old complained sexual dysfunction due to electric torture to body/penis, some were sexually abused at nine-ten years old. A forty two year old business man weeps, a forty seven year old was torn with guilt around incestuous feelings he was a victim of child abuse and current violence. These were some of the male distresses.

For women the distress goes deeper, an eight year old talks, dresses and behaves like an old woman. A ten year old is not studying, her Rorschach is full of 'blood' but her father is butcher. A twelve year old sees fairies calling her and fades. A thirteen year old has fainting spells and scratches her whole dark body. A fourteen year old tears her hair, cuts her wrists, cries 'dam dam' (suffocation) and faints. Another forteen year old was sexually abused by a young Pir who was called in to cure fainting spells. A fifteen year old insisits on discoing on the streets. A seventeen year old sent for religious studies to Ahmedabad is anorexic, hears horses neighing and cats yowling, locked in a boarding room at night. An eighteen year old hates being a woman and wants to hang out with the guys. A twenty year old runs away from home and wants to die. A twenty four year old lecturer has an existential crisis. A twenty eight year old employed in a hospital, to be married abroad is terrified of roads. A young mother has severe migraine, she feels as if the back of her head is locked and if opened she will die. She was sexually abused by an old Pir as a teenager. Another attractive divorcee remarried a younger man, she ahs burning sensations all over her body. She was sexually abused as a child. Hysterical fainting is almost universal.

In older women, distresses result from family violence, second marriages, sons in lockup, widowhood, daughters returning after marital problems, somatic problems with sexual distress, iability to control grown up children and husbands, loss of support, surgery (6 women had abdominal surgery) from being over tested and over medicated. Helpless and hopeless, depressed and insecure, combined with low self worth (projective test findings), further fragment their fragile selves.

During curfew/hartal/unemployment and long cold winter months the family dynamics, feeding on the sounds of women wailing and grenades exploding, got more exacerbated. Violence turns on itself.

In Kashmiri families, children are over indulged and over protected, in all classes, both sons and daughters. Perhaps, more so, now, with the general climate of fear and anxiety. Women are socialised with a princess complex, of high expectations. With the harsh realities of violence and death they are

unable to cope. Almost everyone had a close member of the family that was tortured, kidnapped or killed. Little children were witnesses to all, leaving deep scars on their psyche.

The broadly overlapping patterns observed were tentatively recorded. The incidence percentage is given below:

Symptoms	Females N = 217			Males N = 102		
	Cases	%	Age range	Cases	%	Age range
Fainting	96	43.66	7-35	15	15	10-22
Depression	78	35.68	16-65	38	38	6-50
Functional somatic	20	9	12-50	-	-	-
Sexual dysfunction	-	-	-	17	17	25-34
Acting out	-	-	-	3	3	10-16
Addiction	-	-	-	1	1	22
Panic	1	-	25	-	-	-
Phobia	1	-	28	-	-	-
Obsessive	1	-	64	-	-	-
Paranoia	1	-	36	-	-	-
Dissociation	1	-	38	-	-	-
Incest	-	-	-	1	1	47
IQ testing	18	8.9	3-14	25	25	4-16

Conclusions

The urgent needs are psychosocial humanistic/holistic care givers to help cope with the Post Traumatic Stress Disorders, at various age levels, to allay fears, anxieties, guilts and most of all restore hope and faith in themselves. NGOs need to step to help revitalise the community based, preventive health services. Peer/Mood Disorder/Womens Awareness Support Groups ; Stress Management, sex education; coping strategies are sorely needed. Otherwise, I am afraid reactionary/fundamentalist and even market forces are already reaping the horrendous harvest.

Paper: 30

Mental health concerns of families affected by terrorism
A Report

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About Rajiv Gandhi Foundation
Rajiv Gandhi Foundation (RGF) was set up to keep a dream alive which could not be fulfilled during the lifetime of Shri Rajiv Gandhi due to his untimely death. This was a dream to build a modern India, strong and self reliant. As a tribute to him, RGF works in areas which were of deepest concern to him. Broadly speaking, these areas are science and technology for the service of people, literacy, health, disabled people's welfare and welfare of deprived and underprivileged including women and children.

Since its inception in 1991, RGF has been undertaking its activities by collaborating and networking with other NGOs. Instead of duplicating the large scale efforts of the government programmes, RGF identifies gaps on the basis of felt needs and then tries to fill up gaps by introducing innovative projects. At present over 40 projects are being implemented in different parts of the country.

What is INTERACT:
One of the projects being implemented by the RGF is project INTERACT. The acronym INTERACT stands for 'An Initiative to Educate, Rehabilitate and Assist the Child Victims of Terrorism'. As the name indicates it is an effort to give a healing touch to the chidren who have lost the chance to lead a normal family life as a result of an act of terrorism. Under this programme children who have lost either one or both parents to terrorist violence are supported till the school finishing stage. Some meritorious children are supported for their post school education also. The project goes beyond the scope of simply sending them the financial assistance in the form of a cheque. It tries to assist them in whatever way possible with the objective of seeing them settled in life, ready to make a begining afresh. It is easier said than done. With 800 children residing in areas where normal communication also is difficult, achieving this objective is by no means an easy task.

In the year 1993 when RGF decided to take up this project, getting the children who were affected by terrorism was an uphill task. Places where the mere mention of the word 'terrorism' invites trouble for those working in the area, getting the names of the genuine children whom RGF could support was very difficult. After several attempts contacts were made at all these places. Over a period of 2-3 years we were able to identify suitable individuals/organisations which were willing to help us run the project. These ranged from the individuals who did not want to be identified for obvious reasons, the police department, the district administration, the DGs and also the NGOs including the State welfare councils.

Our criteria for selecting the partners was primarily on the basis of their committment to work for those affected by terrorism and their willingness and capacity to monitor the programme since the children are not located at the same place. For those who are familiar with the terrains of the north-east will realise that with limited communication available to reach out to the difficult areas, identification of children and then ensuring that their education is going on smoothly requires a lot of grit and perseverence. Yet we have about 350 children from the north east. Situation in Kashmir is even more difficult where there are no NGOs operating and people working are always

have an individual who volunteered to work for the project, on condition of anomymity, fully realising that his services will not be compensated monetarily. Single-handedly he is monitoring about 150 children which is commendable. The police and State departments of course have the manpower. They have been specially helpful in Andhra Pradesh, Tripura and Nagaland. No monetary assistance is given to our partners except at one place where the NGO had requested us to meet their travel costs.

Our partners help us in the distribution of cheques ensure that they continue with their schooling taking care of their day to day problems and bringing to our notice of some special care needs to be undertaken of children. They also identify new cases and recommend for support.

State-wise, gender-wise breakdown of children supported

State	Total	Female	Male
Andhra Pradesh	119	47	72
Assam	42	28	14
J&K	147	73	74
Manipur	157	68	89
Nagaland	89	36	53
Punjab	158	52	106
Tripura	45	17	28
Other States	63	22	41
Total	**820**	343	477

The selection of INTERACT children is done most often with the assistance of the district Administration. The procedure of selection is quite simple. The children are required to fill in some basic information about themselves and their families along with the supporting documents (death certificate certifying that the death of parent(s) has/have occurred due to terrorist attack.) These particulars are to be verified by the District authority and sent to RGF.

The RGF team then visits the area and meets with the children to verify the details. To spread limited funds across as many children as possible not more than 2 children per family are supported. A financial package is then drawn up depending on the economic condition of the family. This includes the tution fee, allowance for purchase of books and uniform and a maintenance to take care of miscellaneous expenses. The financial package is sent into two instalments to the child - the tution fee directly to the school and the other allowance to the guardian.

In order to ensure that the children attend schools we expect them to send their academic results at least once a year. This is a must without which the instalments are not released. Of course we maintain a data base - giving information about each child- to ensure a smooth running of the project. Problems are many - results not reaching us on time, change of school without informing us, inflexibility shown by some schools towards the pattern of receiving the fee - but we do manage.

Other inputs : Within the constraints of distance and variety of languages spoken by the children, RGF tries to add a personal touch to the programme. It is done in whatever ways possible - by sending them cards on their birthdays (which they value a lot), wishing them good luck before their board exams, sending them books/gifts from time to time and most importantly bringing out a half yearly newsletter for the children. The newsletter provides them a platform for sharing ideas with other children facing similar problems as well as exchanging information with them. Initially the

articles we received were full of sadness and self pity. Gradually now more and more children are sending us poems/stories reflecting a more positive outlook to life.

We also arrange for get togethers for the children from time to time so that they can interact with each other. Two such get-togethers have already been organised in Delhi. It was during one such get together that we realized the need to do address their mental well being too. It was a matter of concern for us when we saw definite psychosomatic symptoms in at least 10% children who visited Delhi last year. After interacting with them we noticed that they were most concerned even worried about their remaining parent. Their world revolved around the surviving parent.

During their three day stay in Delhi, we had organized a workshop for them with the theme ` From Independence to Interdependence' . This was very successful. Various games, exercises and activities were held emphasing the need to help each other, be supportive and make them realise the usefulness of collective efforts. Seeing its success, we decided to hold more intensive workshops for all the INTERACT children in all the States.

Concerns of INTERACT children and their guardians (based on Punjab experience)

The children under this programme are all those who have lost their one or both parents and it has been an unnatural cause for their death. There are children who have witnessed their fathers/uncles getting killed before their eyes, they have seen the dead bodies being brought home and have experienced the associated insecurities. In most places they are still living in an environment of fear. (In places like Manipur and Nagaland life comes to a standstill even before the sun sets). This takes a toll on their personality development. Many children are anxious, fearful and unsure of themselves. They are resentful of growing up without their fathers for no fault of their own.

In most cases the fathers were the only bread winners of the family. Their demise poses tremendous financial constraints on the families. In Jammu most of the cases are those who have migerated from Kashmir. Their families had successful business which came to a standstill after the sudden death of the fathers. Not only that, they had to leave their homes and fend for themselves.

Meena is one such child. She has five other sisters. The family migrated to Jammu after their father was killed in Srinagar. They had a successful carpet business with no worries for future. This suddenly changed after their father died. The mother had studied only till her matric which did not equip her to take up a job. The creditors did not return the money and the family too was inexperienced to handle the intricacies of business. They had some land which they sold off to give money to a `trustworthy' person to buy land at a safer place, which never happened. The NSC's got stolen in a theft in their house. Only one of the sisters was educated when the tragedy struck the family. With great difficulty the second daughter was sent to Bangalore to take up a professional course and has taken up a job. RGF is supporting two younger sisters. The two sisters who are supporting the familiy are very reluctant to get married.

In Punjab many widows have had to face tremendous hardships on account of their relatives who have taken advantage of the situation and grabbed their land sometimes even exploited them sexually. Most of them were unexposed to life outside their homes, were illiterates and therefore incapable of handling the crises.

To make things worse, society is not always kind to them. Many mothers of INTERACT children said that life has become a long journey of mourning. They are not allowed to express happiness or celebrate festivals which keeps reminding them of their misfortune. If they do it is invariable followed by mourning, missing the spouse and feeling guilty subsequently. If they do buy some

luxury item, say a T.V. remarks are passed that 'she is not affected by the death of her husband'. The word 'widow' follows them everywhere.

Raminder and her younger brother lost their father to terrorism and were selected under the project. Their mother, after her husband's death has some land (joint property) and her in-law's home to herself. Her elder brother in-law exploited the widow sexually for couple of years as a precondition of transferring the ownership in her name _ which he never did. The mother has lost her balance of mind and is without a house now. Seeing the family condition, Raminder dropped out of school and pleaded that her brother be included in the project. She was cajoled though letters requesting her to complete her schooling. Fortunately she is back in school now and her brother too has been selected for support.

Thus the concerns of the INTERACT children and their mothers had social, emotional and economic implications and all of these need to be addressed to if the family has to be enabled to bounce back to normalcy. A begining was made during the workshops held in Punjab.

Objectives of the workshop: As mentioned earlier, through interactions (letters and meetings) with the children it became evident that the scars had not healed. The surviving guardian - mostly the mothers - were themselves going through a lot of stress and the children were not unaffected by their mental state. Therefore, we decided to hold the workshops for both the children and their mothers (who are the guardians in most cases).

Two day long residential programme was chalked out in consultation with 'Sampark' - the counselling wing of the 'Modi Foundation Hospital ' in Delhi. Our partners in Punjab - the Police department, Batala and the Punjab Council for child welfare made the arrangements for the workshop. A three member team from Sampark along with the RGF official went twice to Punjab to conduct the workshops. A brief account of this is given as follows:

Children

- To provide a platform to ventilate their feelings with others who can understand and identify with their situation.To provide a forum where children with similar traumatic background can meet and experience support within group.
- To provide an opportunity to express themselves through writing and painting.
- To build trust among others and make others trust them by becoming responsible.
- To make them learn how to work with a group of strangers by sharing things, getting help from others.
- To provide them an outlet where they can enjoy, have fun and be comfortable "being themselves".

Women

- To provide a forum for ventilation of their feelings, the problems they are facing at present.
- To discuss alternatives or solutions to the issues relating to children's education and their career/future.
- To create a bonding and a support system among these women in order to make them feel empowered and have a high self esteem in order to be able to look ahead and cope with the daily life situation in a healthy manner.
- To provide an opportunity for the women and children to have good/fun time, where they can be themselves.

Sessions

The sessions were organised separately for the mothers and the children and then together for both the target groups. During the sessions, the mothers shared their common experiences with others who had similar experiences. They felt that they had sadness locked up in their hearts. They said that they often felt very depressed, exhausted to carry on themselves and wanted to escape from the situation. It was their concern for their children which made them carry on. The workshop made the women feel that they were being heard and they were amidst a group where they could express themselves freely. Although many of them were meeting each other for the first time since they lived in different villages, an instant bond was created. The facilitators too gave them lot of positive strokes for their courage and the perseverence.

The children shared their own experiences, some even spoke about how they had seen their fathers getting killed. They shared their own insecurities with others. Different activities were organised for the children to help them express themselves like writing 10 things about themselves and sharing with others, expression through painting and also about their feelings through a few pictures which were shown to them. Besides, there were other activities like 'Antakshari' and musical chairs.

After giving vent to their feelings, they were helped to see -

- If the resentment is carried forward, where will it all take them
- How do they see themselves and the children after a few decades.
- If their resentment and anguish is dealt with here and now, would things change for them.

Most of them had initially said that they expected this tragedy to affect the next 3-5 generations. At the end of the sessions they had a more positive outlook towards their lives.
Some of their responses were as follows:

"You have encouraged us for life ahead. You heard our problems. We are very happy to meet you. We will also encourage our children like you have encouraged us." - Gurbant Kaur.

"On meeting you, I felt that you understood my sorrow and sadness very well. I really liked when you said here you have no one to taunt you. You can dance, laugh, cry and sing as you wish" - Charanjit Kaur.

" You have come to Punjab and encouraged us and our children to lead a normal life. You have listened to our sorrows/woes. Please keep coming back and talking to us - we feel very encouraged." - Amarjeet Kaur.

They shared their concerns about the future of their children and discussed a few options. Some local women's organisations at Jallandhar offered a few seats for the computer course. Discussing about these made the women feel lighter and see a ray of hope.

A few things have emerged from these interactions vis-à-vis their health concerns: (Details given in annexure).

1. There is a very definite need to address the mental well being of the children and more so their guardians if normal family life is to be restored and they have to be helped to have a positive outlook towards life.
2. To achieve this objective professional help is required from those engaged in the area of mental health.

Although the decision to organise similar workshops was taken last year, it has taken us several months to identify suitable organisations which can conduct the workshops for us specially in the

north-east. Several constraints are there, the main one being locating a suitable organisation which is familiar with the local language.

According to the Home Ministry figures (1998) for J&K alone, 18,221 people have been killed in terrorist violence. Keeping that in mind, 800 may be a drop in the ocean. But the magnitude of the problem must not make one overlook the other concerns, specially those related to their mental health since it affects the whole personality of the individual for life time.

Annexure

Recommendations by Sampark team

It was evident that the Interact children and their families are still suffering the effect of their violent past. Time has not healed wounds, only dulled it and buried it in everyday of life. Some of the children who were witness to the brutality are showing symptoms of post-traumatic-stress-disorder. PTSD is a problem recognised, researched and documented all over the world. Research shows that 25% of those who lost a relative to an accident or violence are diagnosed with it. They are vulnerable not only to horrifying flashbacks, nightmares, irrational fears, sudden anger and emotional numbness but to the less obvious anxieties, depressions, substance abuse phobias and personality disorders that follow. Our observation of the children present in Batala and Jalandar showed the presence of PTSD in at least 25% of the children with milder forms existing in the others. Report from mothers confirmed that some of the children were withdrawn in their behaviour at home and at school, suffered from sudden anxiety attacks and recurrent nightmares and exhibited emotional unresponsiveness.

The children who are more severely affected would need special interventions as PTSD is not amenable to normal psychotherapeutic tools of counselling, reflexive listening or cognitive behaviour techniques. The effectiveness of new therapies to treat PTSD are being tested worldwide. Eye Movement Desentisization and Reprocessing (EMDR), developed by Francine Shapiro is the best known, however this is currently unavailable in India.

I suggest that we should explore avenues of making new treatment especially EMDR available for these children. Until that time, regular meetings with other children and families in a group would keep them going by keeping their hopes alive. This is the most important intervention that we made i.e. to keep their expectations of an improvement alive. The novelty of the new techniques and our undivided attention to their narratives have been a factor in their improvement. As the feedback sheet shows that they have gone back with hearts that are less sad, and filled with hopes that they too can be in a position to help others. We would be letting the Interact children down in their expectations of community if they could not have this experience again. After the disruption of their lives forever, continuity itself is almost too much to hope for. I was personally frightened and saddened by their beseeching in every sheet of feedback that they beg RGF to hold this camp again. It seems that their lives have been so full of losses that even the sureness something good and enjoyable happening has been lost. This confidence we can restore by regularly meeting with them and continuing to address collective and individual problems.

About
IFHHRO

*I*nternational *F*ederation of *H*ealth and *H*uman *R*ights *O*rganisations

In 1991, four organisations – Physicians for Human Rights (PHR) (Denmark), PHR (UK), PHR (USA) and the Johannes Wier Foundation for Health and Human Rights (the Netherlands) came together to form a Physicians for Human Rights Network. This network was called International Network of Health and Human Rights Organisation. In 1996, in order to increase the impact of its work and for promoting better organisational efficiency it was converted into a federation.

1991 Mission Statement of the IFHHRO members

Sharing the objective of mobilising medical skills to protect human rights
Adhering to the principles of impartiality and objectivity
Acknowledging each other's independence and
Desiring the fullest possible co-operation
Declares the formation of a network (federation) of their organisations and
Commit themselves specifically to:

Inform each other about intended missions and consider joint missions.
Send copies of letter writing actions to each other.
Publish short summaries of activities of the other organisations in their newsletters or other communications.
Exchange information on each other's skills, expertise and experience.
Provide an appropriate means of access to the network for outside organisations and output from the network to outside organisations.

The members pledge to share views, exchange information and assist each other in such areas of interest as:

Monitoring human rights violations in areas of conflict.
Development of health and human rights education in the health professions.
Motivation of medical associations domestically and abroad to take an active interest in human rights.
The problem of impunity and its relation to the mental health of survivors of human rights violations.
Protection of physicians at risk due to their human rights activities.
The dilemma that medical professionals face when their professional and legal obligations are in conflict.
Domestic human rights issues.
The development, evaluation and follow-up of missions and other activities.
The organisation of International Conferences under the auspices of the Federation.

Criteria for Credentialing/Affiliation to IFHHRO

1. That the association be independent, free standing, non-partisan, not affiliated with any party, nor with any advocacy group. The sole exception might be affiliation with another human rights organisation which meets these criteria.
2. Purposes: That the association:
   (a) Bring the skills and influence of the medical and other human other health professions to the protection and promotion of human rights.
   (b) Accepts the principles of the network (Mission Statement given above).
   (c) Agrees that the association have among its objectives, or as its exclusive concern, the promotion and protection of human rights.

That the association further:

3. Reflect at all times impartiality and objectivity, precision and accuracy in reporting and be non-partisan in nature.
4. Demonstrate the potential and capacity for broad appeal to fellow professionals concerned with the protection of human rights.
5. Not exclude individuals from participation because of political affiliations, religious beliefs, rave, sex, ethnic or nationality origin.
6. Maintain ten or members of the governing committee or active membership.

Decision on affiliation is taken by consensus by the network representatives at their annual meeting.

Current Members:

At present there are 8 (eight) organisations affiliated to the IFHHRO and 4 (four) organisations have the status of observers.

The Affiliated Organisations:
(1)Physicians for Human Rights (PHR), USA, (2) PHR, UK, (3) PHR, Denmark, (4) PHR, Israel, (5) PHR, Palestine, (6) PHR, South Africa, (7) Johannes Wier foundation for Health and Human Rights, the Netherlands, (8) CEHAT, India.

The Observer Organisations:
(1) Amnesty International, (2) British Medical Association, (3) International Committee for the Red Cross, (4) Turkish Medical Association.

The Johannes Wier Foundation, the Netherlands, provides Secretariat of the federation.

Address: **International Federation of Health and Human Rights Organisations**
C/O Johannes Wier Foundation
PO Box 1551, 3800 BN Amersfoort, The Netherlands.
Tel: 0031-33-4614812, Fax: 0031-33-4615048
Email: johannes.wier.stg@wxs.nl

Status report
The post graduate course in human rights conducted by The department of civics and politics, university of Mumbai

Department of Civics and Politics
Mumbai University, Mumbai

The Department of Civics and Politics, University of Mumbai was established in 1948 and has been conducting postgraduate courses in Politics since then. In December 1995 when the Department organised a seminar on human rights the then Chairman of the National Human Rights Commission Justice Ranganath Mishra suggested that the Department should start a programme in human rights education. This was taken up by the Board of Studies in Politics of the University of Mumbai. The Board appointed a committee consisting of Justice S.M.Daud (Retd), Shri. Yogesh Kamdar, Dr.S.P. Sathe, Dr. B.N. Mehrish, Professor Sudhakar Solomonraj and Ms Kalindi Muzumdar under the convenorship of Dr. (Smt.) Nawaz B. Mody to draw up the syllabus of the course. The course designed by the committee was subsequently approved by the Academic Council of the University.

The Post-graduate diploma course in Human Rights was introduced in the University of Mumbai during the academic year 1996-97. The course is being conducted by the Department of Civics and Politics. The course consists of four papers namely:

Paper I	Evolution, Philosophy and Theory of Human Rights.
Paper II	Human Rights in the Indian Context.
Paper III	Human Rights in the Global Context.
Paper IV	Dissertation based on field work.

While determining the resource persons for the course series of meetings were held with leaders of non-governmental organisations, academics, lawyers, senior judges and others. Accordingly a panel of resource persons was prepared. Initially there was an acute shortage of instruction material for the course. In order to overcome this, linkages with British Council Library, the American Centre Library, the Centre for Education and Documentation and a few non-governmental organisations were developed. The University also gave special grants earmarked for this purpose. From 1997, the University Grants Commission has also been giving us a grant for purchasing books and journals and for extension work. A post of Reader in Human Rights has also been sanctioned and this is recognition of the high esteem in which University Grants Commission holds the programme.

The Department enjoys the status of Department of Special Assistance from the University Grants Commission. Recently the Department has received the extension of the DSA programme till 2003. One of the thrust area approved under this is Human Rights.

The students of the course have a varied background, as there are participants from the armed forces, the legal profession, engineers, teachers, activists and fresh graduates. Similarly, the faculty was also drawn from diverse fields such as retired judges and lawyers of eminence, academicians (from different disciplines), and activists. In order to enable professionals to enrol for this course the lectures are scheduled only on Saturday afternoons and Sundays and are located at a central place.

Since the objectives of the course are to sensitise and create awareness among the students, a conscious effort was made to use innovate teaching techniques, such as field trips, exhibitions, audio

visual method, case studies, seminars etc. The students regularly visit the Yerawada Central Jail, Pune and observed the conditions in the jail. Similarly on December 10, 1996, an exhibition and seminar was organised to celebrate Human Rights Day. The Seminar was well attended by the general public. Since the response to the exhibition was overwhelming it was kept open for three days. Similarly we also organised a two-day workshop on "Human Rights and Medical Ethics." Over thirty doctors attended the workshop. We are planning to organise such specialised courses for professionals in other fields such as civil servants, lawyers, police personnel and the like.

Further, in order to enrich the course, we have started networking with various Non-governmental organisations within and outside the country. We have received a favourable response from some of the organisations such as the Amnesty International, the International Commission of Jurists and Article XIX. We were also able to organise special lectures by experts such as Dr.Cohn (a Norwegian paediatrician) who spoke on the issue of organ transplant, as well as the rights of the child and Dr. K.D. Irani from the City College of New York.The students are also provided with a substantial amount of course material culled from various sources by the resource persons.

Examinations for the diploma course were held in May 1997 and May 1998. Dissertations have been submitted on diverse areas such as human rights issues in the North-east, human rights and the armed forces, rights of women, children and AIDS patients. Since the data in several of these dissertations are based on the experience of the students, they provide a database and will enable the Department to develop as a Centre for Human Rights in the future.

The evaluation by the students of the course has been heart-warming. On the basis of our experience we have made certain changes in the syllabus. We have given more importance to the rights of the child (and especially the problem of child labour), the rights of women, and other underprivileged sections of society. We have also incorporated the rights to health and environment in the curriculum in the paper on Human Rights in the Indian context. Similarly, in Paper III (Human rights in the Global Order) we have incorporated the question of human rights violations during war: humanitarian law.

The most outstanding achievement has been that the students have formed an action group to help out NGOs and other groups to fight for their rights. Some of the students have already started working as human rights activists. Further one of our faculty members and two of our students have attended the specialised course for training in human rights in Strasbourg. We hope to generate more course material as we do realise that as of now there is a dearth of material in this area.

In view of this the department has published the following:

- Said Mirza, "Some Thoughts on Human Rights Day."
- Kannamma S.Raman, "Universality of the Human Rights Discourse - An Overview."

Similarly, we also plan to hold a Seminar on issues relating to women and children as these are the most vulnerable section of the society and as a recent report released in the country reveals gender equality is still to be achieved. With this in mind we are organising, on December 10 and 11, 1998, a two-day national workshop on "The Right to Development." The four main working sessions of the seminar are: Development and displacement; Development and Women; Development and Health and Development and Environment.

We also hope to encourage our teachers and post-graduate students to undertake research in the area of Human Rights. Some of the important **research dissertation** presented by our diploma students are:

- Rights and the Street Child: A Study On The International and National Legislative Framework, vis-a-vis Street Children in Mumbai,
- Dalit Women and Their Rights.
- Human Rights Abuses in HIV infected Patients
- Police and Human Rights - Case Study of Investigation in RDX Landing
- A Comparative Study of the Annual Reports of the Indian National Human Rights Commission and The Human Rights Commission of Pakistan for the Year 1995-96.
- Human Rights and the Indian Armed Forces.
- Present Day Private ICU, ICCU in the City of Mumbai and The Patients Right to Health Care.

Apart from these some of our **doctoral students** working on human rights issues are:

- Ritesh Kumar, "Crisis of Human Rights in India and the Administrative Response (With special reference to Maharashtra),
- Abhinaya Gaikwad, " Perceiving an Unequal World: A Study of Dalit Women in Mumbai".

Finally, the extremely favourable response for the diploma course has made us think in the direction of a Centre for Human Rights and subsequently a post graduate degree in Human Rights.

About
Centre Georges Devereux
(University Center for Psychological Help)
University of Paris 8, France

The Centre Georges Devereux, university center for psychological help, has started its activities on January 1st, 1993. In France, this center is the first and only university unit of clinical psychological practice, directly attached to the Department of Psychology of Paris 8 University.

200 to 300 specialised consultations in ethnopsychiatry are realised per year at the Center and more or less 50 families are treated per year. Ten psychotherapists (who are also researchers and teacher at the university) work in the center. They train and supervise 25 students in clinical psychology, 20 PHD students. The Center also welcomes many researchers who work temporary with us on specific projects.

The Centre Georges Devereux focuses its activities on five major directions:

1. Technical innovation in clinical psychology and psychotherapy
After having stated that the practice in clinical psychology and in psychotherapy is often no longer adapted in dealing with the concrete and modern problems of the nowadays suffering populations, the Center Georges Devereux offers specific treatment and follow up for migrant populations and for cultural, social or sexual minorities.

2. Creation of a real dynamic of research in clinical psychology
Besides the therapeutic activity, the center also realises clinical researches on highly modern (i.e. present time) problems in the field of psychology and transcultural psychopathology, called ethnopsychiatry. Ethnopsychiatry is not only a discipline, but also an innovative methodology and an original therapeutic setting, whose applications are various in many fields : psychopathology of migrant populations, AIDS, cultural minorities, transsexual people and sexual minorities,.....

3. Clinical teaching issued from our practice
The Center Georges Devereux offers to the students who are in the lasts years of their university degree course the possibility to be trained in psychotherapy and in ethnopsychiatry.

4. Training for post-graduate health and social professionals.
Medical doctors, psychologists, nurses and social workers are also trained in our center. Those health professionals are often the one who work with migrant populations, with social minorities and with other suffering populations and who made the statement of failure in our current methods of treating and taking in charge those populations.

5. Partnerships, on an international level, with other universities.
Due to our methodology of work based on the concept of reciprocal anthropology and psychology many universities wanted to develop a partnership with the Center Georges Devereux. Therefore partnerships in teaching and in research exist with many universities in the world. One of them are the University of Rio de Janeiro in Brazil, the University of Port of Prince in Haiti, the one of Porto-Novo in Benin, the one of Pavia in Italy.

CEHAT PUBLICATIONS (1991-6)

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INTERNATIONAL CONFERENCE

ON

PREVENTING VIOLENCE, CARING FOR SURVIVORS:

Role of Health Profession and Service in Violence

November 28 to 30, 1998

MODEL AUTOPSY PROTOCOL

Organised by:

CEHAT

Research Centre of Anusandhan Trust

Mumbai - 400 058

Presented by

HENRI TIPHAGNE,

Director, People's Watch - Tamil Nadu

Madurai 625 002, INDIA

MODEL AUTOPSY PROTOCOL

A. Introduction

Difficult or sensitive cases should ideally be the responsibility of an objective, experienced, well-equipped and well-trained prosector (the person performing the autopsy and preparing the written report) who is separate from any potentially involved political organization or entity. Unfortunately, this ideal is often unattainable, this proposed model autopsy protocol includes a comprehensive checklist of the steps in a basic forensic post-mortem examination that should be followed to the extent possible given the resources available. Use of this autopsy protocol will permit early and final resolution of potentially controversial cases and will thwart the speculation and innuendo that are fueled by unanswered, partially answered or poorly answered questions in the investigation of an apparently suspicious death.

This model autopsy protocol is intended to have several applications and may be of value to the following categories of individuals:

(a) Experienced forensic pathologists may follow this model autopsy protocol to ensure a systematic examination and to facilitate meaningful positive or negative criticism by later observers. While trained pathologists may justifiably abridge certain aspects of the postmortem examination or written descriptions of their findings in routine cases, abridged examinations or reports are never appropriate inpotentially controversial cases. Rather, a systematic and comprehensive examination and report are required to prevent the omission or loss of important details;

(b) General pathologists or other physicians who have not been trained in forensic pathology but are familiar with basic post-mortem examination techniques may supplement their customary autopsy procedures with this model autopsy protocol. It may also alert them to situations in which they should seek consultation, as written material cannot replace the knowledge gained through experience;

(c) Independent consultants whose expertise has been requested in observing, performing or reviewing an autopsy may cite this model autopsy protocol and its proposed minimum criteria as a basis for their actions or opinions;

(d) Governmental authorities, international, political organizations, law enforcement agencies, families or friends of decedents, or representatives of potential defendants charged with responsibility for a death may use this model autopsy protocol to establish appropriate procedures for the post-mortem examination prior to its performance;

(e) Historians, journalists, attorneys, judges, other physicians and representatives of the public may also use this model autopsy protocol as a benchmark for evaluating an autopsy and its findings;

(f) Governments or individuals who are attempting either to establish or upgrade their medico-legal system for investigating deaths may use this model autopsy protocol as a guideline, representing the procedures and goals to be incorporated into an ideal medico-legal system.

While performing any medicolegal death investigation, the prosector should collect information that will establish the identify of the deceased, the time and place of death, the cause of death, and the manner or mode of death (homicide, suicide, accident or natural).

It is of the utmost importance that an autopsy performed following a controversial death be thorough in scope. The documentation and recording of the autopsy findings should be equally thorough so as to permit meaningful use of the autopsy results (see annex II, below). It is important to have as few omissions or discrepancies as possible, as proponents of different interpretations of a case may take advantage of any perceived shortcomings in the investigation. An autopsy performed in a controversial death should meet certain minimum criteria if the autopsy report is to be proffered as meaningful or conclusive by the prosector, the autopsy's sponsoring agency or governmental unit, or anyone else attempting to make use of such an autopsy's findings or conclusions.

This model autopsy protocol is designed to be used in diverse situations. Resources such as autopsy rooms. Xray equipment or adequately trained personnel are not available everywhere. Forensic pathologists must operate under widely divergent political systems. In addition, social and religious customs vary widely throughout the world; an autopsy is an expected and routine procedure in some areas, while it is abhorred in others. A prosector, therefore, may not always be able to follow all of the steps in this protocol when performing autopsies. Variation from this protocol may be inevitable or even preferable in some cases. It is suggested, however, that any major deviations, with the supporting reasons, should be noted.

It is important that the body should be made available to the prosector for a minimum of 12 hours in order to assure an adequate and unhurried examination. Unrealistic limits or conditions are occasionally placed upon the prosector with respect to the length of time permitted for the examination or the circumstances under which an examination is allowed. When conditions are imposed, the prosector should be able to refuse to perform a compromised examination and should prepare a report explaining this position. Such a refusal should not be interpreted as indicating that an examination was unnecessary or inappropriate. If the prosecutor decides to proceed with the examination notwithstanding difficult conditions or circumstances, he or she should include in the autopsy report an explanation of the limitations or impediments.

Certain steps in this model autopsy protocol have been emphasized by the use of **boldface type**. These represent the most essential elements of the protocol.

B. Proposed model autopsy protocol

1.Scene Investigation

The prosector(s) and medical investigators should have the right of access to the scene where the body is found. The medical personnel should be notified immediately to assure that no alteration of the body has occurred. If access to the scene was denied, if the body was altered or if information was withheld, this should be stated in the prosector's report.

A system for co-ordination between the medical and non-medical investigators (e.g. law enforcement agencies) should be established. This should address such issues as how the prosector will be notified and who will be in charge of the scene. Obtaining certain types of evidence is often the role of the non-medical investigators, but the medical investigators who have access to the body at the scene of death should perform the following steps:

(a) Photograph the body as it is found and after it has been moved;

(b) Record the body position and condition, including body warmth or coolness, lividity and rigidity;

(c) Protect the deceased's hands, e.g. with paper bags;

(d) Note the ambient temperature. In cases where the time of death is an issue, rectal temperature should be recorded and any insects present should be collected for forensic entomological study. Which procedure is applicable will depend on the length of the apparent post-mortem interval;

(e) Examine the scene for blood, as this may be useful in identifying suspects;

(f) Record the identities of all persons at the scene;

(g) Obtain information from scene witnesses, including those who last saw the decedent alive, and when, where and under what circumstances. Interview any emergency medical personnel who may have had contact with the body;

(h) **Obtain identification of the body** and other pertinent information from friends or relatives. Obtain the deceased's medical history from his or her physician(s) and hospital charts, including any previous surgery, alcohol or drug use, suicide attempts and habits;

(i) **Place the body in a body pouch or its equivalent. Save this pouch after the body has been removed from it**;

(j) Store the body in a secure refrigerated location so that tampering with the body and its evidence cannot occur;

(k) Make sure that projectiles, guns, knives and other weapons are available for examination by the responsible medical personnel;

(l) If the decedent was hospitalized prior to death, obtain admission or blood specimens and any X-rays, and review and summarize hospital records;

(m) Before beginning the autopsy, become familiar with the types of torture or violence that are prevalent in that country or local (see annex III).

2. Autopsy

The following Protocol should be followed during the autopsy;

(a) **Record the date, starting and finishing times, and place of the autopsy** (a complex autopsy may take as long as an entire working day);

(b) **Record the name (s) of the prosector(s), the participating assistant(s), and all other persons present during the autopsy**, including the medical and/or scientific degrees and professional, political or administrative affiliations (s) of each. Each person's role in the autopsy should be indicated, and one person should be designated as the principal prosector who will have the authority to direct the performance of the autopsy. Observers and other team members are subject to direction by, and should not interfere with, the principal prosector. The time (s) during the autopsy when each person is present should be included. The use of a "sign-n" sheet is recommended;

(c) **Adequate Photographs are crucial for** thorough documentation of autopsy findings;

(i) **Photographs should be in colour** (transparency or negative/print), **in focus, adequately illuminated, and taken by a professional or good quality camera. Each photograph should contain a ruled reference scale, an identifying case name or number, and a sample of standard grey.** A description of the camera (including the lens "f-number" and focal length), film and the lighting system must be included in the autopsy report. If more than one camera is utilized, the identifying information should be recorded for each. Photographs should also include information indicating which camera took each picture, if more than one camera is used. The identify of the person taking the photographs should be recorded.

(ii) **Serial photographs reflecting the course of the external examination must be included. Photograph the body prior to and following undressing, washing or cleaning and shaving;**

(iii) **Supplement close-up photographs with distant and/or immediate range photographs to permit orientation and identification of the close-up photographs;**

(iv) **Photographs should be comprehensive in scope and must confirm the presence of all demonstrable signs of injury or disease commented upon in the autopsy report;**

(v) **identifying facial features should be portrayed (after washing or cleaning the body), with photographs of a full frontal aspect of the face, and right and left profiles of the face with hair in normal position and with hair retracted, if necessary, to reveal the ears;**

(d) **Radiograph the body** before it is removed from its pouch or wrappings. X-rays should be repeated both before and after undressing the body. Fluoroscopy may also be performed. **Photograph all X-ray films**;

(i) **Obtain dental X-rays**, even if identification has been established in other ways;

(ii) **Document any skeletal system injury by X-ray**. Skeletal X-rays may also record anatomic defects or surgical procedures. Check especially for fractures of the fingers, toes and other bones in the hands and feet. Skeletal X-rays may also aid in the identification of the deceased, by detecting identifying characteristics, estimating age and height, and determining sex and race. Frontal sinus films should also be taken, as these can be particularly useful for identification purposes;

(iii) Take X-rays in gunshot cases to aid in locating the projectile (s). Recover, photograph and save any projectile or major projectile fragment that is seen on an X-ray. Other radio-opaque objects **(pacemakers, artificial joints or valves, knife fragments etc.)** documented with X-rays should also be removed, photographed and saved;

(iv) Skeletal X-rays are essential in children **to assist in determining age and developmental status;**

(e) **Before the clothing is removed, examine the body and the clothing, Photograph the clothed body.** Record any jewelry present;

(f) **The clothing** should be carefully removed over a clean sheet or body pouch. Let the clothing dry if it is bloody or wet. Describe the clothing that is removed and **label it in a permanent fashion. Either place the clothes in the custody of a responsible persons or keep them, as they may be useful as evidence or for identification.**

(g) The external examination, focusing on a search for external evidence of injury is, in most cases, the most important portion of the autopsy;

(i) **Photograph all surfaces- 100 percent of the body area. Take good quality, well-focused, colour photographs with adequate illumination;**

(ii) Describe and document the means used to make the identification. Examine the body and record the deceased's apparent age, length, weight, sex, head, hair style and length, nutritional status, muscular development and colour of skin, eyes and hair (head, facial and body);

(iii) In children, measure also the head circumference, crown-rump length and crown-heel length;

(iv) Record the degree, location and fixation of rigor and livor mortis;

(v) Note body warmth or coolness and state of preservation; **note any decomposition changes, such as skin slippage. Evaluate the general condition of the body and note adipocere formation, maggots, eggs or anything else that suggests the time or place of death**;

(vi) With all injuries, record the size, shape, pattern, location, (related to obvious anatomic landmarks), colour, course, direction, depth and structure involved. **Attempt to distinguish injuries resulting from therapeutic measures from those unrelated to medical treatment**. In the description of projectile wounds, note the presence or absence of soot, gunpowder, or singeing. If gunshot residue is present, document it photographically and save it for analysis. **Attempt to determine whether the gunshot wound is an entry or exit wound. If an entry wound is present and no exit wound is seen, the projectile must be found and saved or accounted for. Excise wound tract tissue samples for microscopic examination. Tape together the edges of knife wounds to assess the blade size and characteristics;**

(vii) **Photograph all injuries**, taking two colour pictures of each, labeled with the autopsy identification number on a scale that is oriented parallel or perpendicular to the injury. Shave hair where necessary to clarify an injury, and take photographs before and after shaving. Save all hair removed from the site of the injury. Take photographs before and after washing the site of any injury. Wash the body only after any blood or material that may have come from an assailant has been collected and saved;

(viii) **Examine the skin. Note and photograph any scars, areas of keloid formation, tattoos, prominent moles, areas of increased or decreased pigmentation, and anything distinctive or unique such as birthmarks. Note any bruises** and incise them for delineation of their extent. Excise them for microscopic examination. The head and genital area should be checked with special care. **Note any injection sites or puncture wounds** and excise them to use for toxicological evaluation. **Note any abrasions** and excise them; microscopic sections may be useful for attempting to date the time of injury. Note any bite marks; these should be photographed to record the dental pattern, swabbed for saliva testing (before the body is washed) and excised for microscopic examination. Bite marks should also be analyzed by a forensic odontologist, if possible. **Note any burn marks** and attempt to determine the cause (burning rubber, a cigarette, electricity, a blowtorch, acid, hot oil etc). Excise

any suspicious areas, for microscopic examination, as it may be possible to distinguish microscopically between burns caused by electricity and those caused by heat;

(ix) **Identify and label any foreign object that is recovered**, including its relation to specific injuries. Do not scratch the sides or tip of any projectiles. **Photograph each projectile and large projectile fragment with on identifying label, and then place each in a sealed, padded and labelled container** in order to maintain the chain in custody.

(x) Collect a blood specimen **of atleast 50cc from a subclavian or femoral vessel**;

(xi) Examine the head and external scalp, **bearing in mind that injuries may be hidden by the hair. Shave hair where necessary. Check for fleas and lice, as these may indicate unsanitary conditions prior to death. Note any aiopecia as this may be caused by malnutrition, heavy metals (e.g. thallium), drugs or traction. Pull, do not cut, 20 representative head hairs and save them, as hair may also be useful for detecting some drugs and poisons**;

(xii) **Examine the teeth and note their condition**. Record any that are absent, loose or damaged, and record all dental work (restorations, fillings etc.,), using a dental identification system to identify each tooth. Check the gums for periodontal disease. Photograph dentures, if any, and save them if the decedent's identity is unknown. Remove the mandible and maxilla. If necessary for identification. **Check the inside of the mouth and note any evidence of trauma, injection sites, needle marks or biting of the lips, cheeks or tongue.** Note any articles or substances in the mouth. In cases of suspected sexual assault, save oral fluid or get a swab for spermatozoa and acid phosphatase evaluation. (Swabs taken at the tooth-gum junction and samples from between the teeth provide the best specimens for identifying spermatozoa). Also take swabs from the oral cavity for seminal fluid typing. Dry the swabs quickly with cool, blown air if possible, and preserve them in clean plain paper envelopes. If rigor mortis prevents an adequate examination, the masseter muscles may be cut to permit better exposure;

(xiii) **Examine the face** and note if it is cyanotic or if petechiae are present;

a. **Examine the eyes** and view the conjunctiva of both the globes and the eyelids. Note any petechiae in the upper or lower eyelids. Note any scleral icterus. Save contact lenses, if any are present. **Collect at least 1 ml of vitreous humor from each eye**;

(h) The internal examination for internal evidence of injury should clarify and augment the external examination;

(i) Be systematic in the internal examination. **Perform the examination either by body regions or by systems, including the cardiovascular, respiratory, biliary, gastrointestinal, reticuloendothelial, genitourinary, endocrine, musculoskeletal, and central nervous systems**. Record the weight, size, shape, colour and consistency of each organ, and note any neoplasia, inflammation, anamolies, hemorrhage, ischemia, infarcts, surgical procedures or injuries. **Take sections of normal and any abnormal areas of each organ for microscopic examination. Take samples of any fractured bones of the age of the fracture;**

(ii) Examine the chest. **Note any abnormalities of the breasts. Record any rib fractures, noting whether cardiopulmonary resuscitation was attempted. Before opening, check for pneumothoraces. Record the thickness of subcutaneous fat. Immediately after opening the chest, evaluate the pleural cavities and the pericardial sac for the presence of blood or other fluid, and describe and quantity any fluid present. Save any fluid present until foreign objects are accounted for. Note the presence of air embolism, characterized by frothy blood within the right atrium and right ventricle. Trace any injuries before removing the organs. If blood is not available at other sites, collect a sample directly from the heart. Examine the heart, noting degree and location of coronary artery disease or other abnormalities. Examine the lungs, noting any abnormalities;**

(iii) Examine the abdomen and record the amount of subcutaneous fat. Retain 50 grams of adipose tissue for toxicological evaluation. Note the inter relationships of the organs. **Trace any injuries before removing the organs**. Note any fluid or blood present in the peritoneal cavity, and save it until foreign objects are accounted for. Save all urine and bile for toxicologic examination;

(iv) Remove, examine and record the quantitative information on the liver, spleen, pancreas, kidneys and adrenal glands. Save atleast 150 grams each of kidney and liver **for toxicological** evaluation. Remove the gastrointestinal tract and examine the contents. Note any food present and its degree of digestion. **Save the contents of the stomach**. If a more detailed toxicological evaluation is desired, the contents of other regions of the gastrointestinal tract may be saved. **Examine the rectum and anus** for burns, lacerations or other injuries. Locate and retain any foreign bodies present. **Examine the aorta, inferior vena cava and iliac vessels;**

b. **Examine the nose and ears** and note any evidence of trauma, hemorrhage or other abnormalities. Examine the tympanic membranes;

(xiv) **Examine the neck** externally on all aspects and note any contusions, abrasions or petechiae. Describe and document injury patterns to differentiate manual, ligature and hanging strangulation. Examine the neck at the conclusion of the autopsy, when the blood has drained out of the area and the tissues are dry;

(xv) **Examine all surfaces of the extremities: arms, forearms, wrists, hands, legs and feet**, and note any "defence" wounds. **Dissect and describe any injuries**. Note any bruises about the wrists or ankles that may suggest restraints such as handcuffs or suspension. Examine the medial and lateral surfaces of the fingers, the anterior forearms and the backs of the knees for bruises;

(xvi) Note any broken or missing fingernails. Note any gun powder residue on the hands, document photographically and save it for analysis. **Take fingerprints in all cases**. If the decedent's identify is unknown and fingerprints cannot be obtained, remove the "glove" of the skin, if present. Save the fingers no other means of obtaining fingerprints is possible. Save fingernail clippings and any under-nail tissue (nail scrapings). Examine the fingernail and toenail beds for evidence of objects having been pushed beneath the nails. Nails can be removed by dissecting the lateral margins and proximal base, and then the under surface of the nails can be inspected. If this is done, the hands must be photographed before and after the nails are removed. **Carefully examine the soles of the feet**, noting any evidence of beating. Incise the soles to delineate the extent of any injuries. Examine the palms and knees, looking especially for glass shards or lacerations;

(xvii) **Examine the external genitalia** and note the presence of any foreign material or semen. Note the size, location and number of any abrasions or contusions. Note any injury to the inner thighs or peri-anal area. Look for peri-anal burns;

(xviii) In cases of suspected sexual assault, examine all potentially involved orifices. **A speculum** should be used to examine the vaginal walls. Collect foreign hair by combing the pubic hair. Pull and save al least 20 of the deceased's own pubic hairs, including roots. Aspirate fluid from the vagina and/or rectum for acid phosphatase, blood group and spermatozoa evaluation. Take swabs from the same areas for seminal fluid typing. Dry the swabs quickly with cool, blown air if possible, and preserve them in clean plain paper **envelopes;**

(xix) The length of the back, the buttocks and extremities including wrists and ankles must be systematically incised to look for deep injuries. The shoulders, elbows, hips and knee joints must also be incised to look for **ligamentous injury;**

(v) **Examine the organs in the pelvis**, including ovaries, fallopian tubes, uterus, vagina testes, prostate gland, seminal vesicles, urethra and urinary bladder. **Trace any injuries before removing the organs**. Remove these organs carefully so as not to injure them artifactually. Note any evidence of previous or current pregnancy, miscarriage or delivery. Save any foreign objects within the cervix, uterus, vagina, urethra or rectum;

(vi) **Palpate the head** and examine the external and internal surfaces of the scalp, noting any trauma or hemorrhage. **Note any skull fractures**. Remove the calvarium carefully and note epidural and subdural haematomas. Quantify, date and save any haematomas that are present. Remove the dura to examine the internal surface of the skull for fractures. Remove the brain and note any abnormalities. **Dissect and describe any injuries**. Cerebral cortical atrophy, whether focal or generalized, should be specifically commented upon;

(vii) Evaluate the cerebral vessels. Save at least 150 grams of cerebral tissue for toxicological evaluation. Submerge the brain in fixative prior to examination, if this is indicated;

(viii) **Examine the neck after the heart and brain have been removed and the neck vessels have been drained. Remove the neck organs, taking care not to fracture the hyoid bone. Dissect and describe any injuries**. Check the mucosa of the larynx, pyriform sinuses and esophagus, and note anyh petechiae, edema or burns caused by corrosive substances. Note any articles or substances within the lumina of these structures. Examine the thyroid gland. Separate and examine the parathyroid glands, if they are readily identifiable;

(ix) Dissect the neck muscles, noting any haemorrhage. Remove all organs, including the tongue. Dissect the muscles from the bones and note any fractures of the hyoid bone or thyroid or cricoid cartilages;

(x) **Examine the cervical, thoracic and lumbar spine**. Examine the vertebrae from their anterior aspects and note any fractures, dislocations, compressions or haemorrhages. Examine the vertebral bodies. Cerebrospinal fluid may be obtained if additional toxicological evaluation is indicated;

(xi) **In cases in which spinal injury is suspected, dissect and describe the spinal cord**. Examine the cervical spine anteriorly and note any haemorrhage in the paravertebral muscles. The posterior approach is best for evaluating high cervical injuries. Open the spinal canal and remove the spinal cord. Make transverse sections every 0.5 cm and note any abnormalities;

(xii) After the autopsy has been completed, **record which specimens have been saved**. Label all specimens with the name of the deceased, the autopsy identification number, the date and time of collection, the name of the prosector

and the contents. **Carefully preserve ail evidence and record the chain of custody with appropriate release forms;**

(I) **Perform appropriate toxicologic tests and retain portions of the tested samples to permit retesting;**

a. Tissues: 150 grams of liver and kidney should be saved routinely. Brain, hair and adipose tissue may be saved for additional studies in cases where drugs, poisons or other toxic substances are suspected;

b. Fluids: 50 cc (if possible) of blood (spin and save serum in all or some of the tubes), all available urine, vitreous humor and stomach contents should be saved routinely. Bile, regional gastrointestinal tract contents and cerebrospinal fluid should be saved in cases where drugs, poisons or toxic substances are suspected. Oral, vaginal and rectal fluid should be saved in cases of suspected sexual assault;

(ii) **Representative samples of all major organs, including areas of normal and any abnormal tissue, should be processed histologically and stained with hematoxylin and eosin (and other stains as indicated). The slides, wet tissue and paraffin blocks should be kept indefinitely;**

(iii) Evidence that must be saved includes;

a. all foreign objects, including projectiles, projectile fragments, pellets, knives and fibres. **Projectiles must be subjected to ballistic analysis;**

b. All clothes and personal effects of the deceased, worn by or in the possession of the deceased at the time of death;

c. Fingernails and under nail scraphings;

d. Hair, foreign and pubic, in cases of suspected sexual assault;

e. Head hair, in cases where the place of death or location of the body prior to its discovery may be an issue;

(j) After the autopsy, all unretained organs should be replaced in the body, and the body should be well embalmed to facilitate a second autopsy in case one is desired at some future point;

(k) The written autopsy report should address those items that are emphasized in boldface type in the protocol. At the end of the autopsy report should be a summary of the findings and the cause of death. This should include the prosector's comments attributing any injuries to external trauma, therapeutic efforts, post-mortem change, or other causes. A full report should be given to the appropriate authorities and to the deceased's family.

Evolved in a Workshop on drawing up the Model Autopsy Protocol jointly organised by People's Watch - Tamil Nadu and Indian Institute of Medicine.

Crisis in Bhutan

Introduction:

Location: Perched in the Himalayas with India to the east, west and south and Tibet the Autonomous Region of China in the north.

Area: 46,500 sq. km.

Population Three major ethnic groups namely

a) Ngalongs, who are of Tibeto-Mongoloid origin and established themselves in Bhutan around 10th century. They comprise around 16% of the country's total population and are predominant in the fertile valleys of Ha, Paro, Thimphu, Wangdiphodrang, Punakha in the north-western part of the country. The ruling elite belong to this group

b) Sarchops are of Indo-Burmese and Mongoloid origin and are believed to have settled in Bhutan in 7th century and are considered to be the original inhabitants of Bhutan. They comprise about 33% of the country's total population and are found in the districts of Shemgang, Tongsa, Bumthang, Lhuntsi, Mongar, Tashiyangtse, Tashigang, Pemagatsel, northern part of Samdrupjongkhar, in the eastern and central Bhutan.

c) Lhotsampas are Nepali speaking people and the first batch is believed to have migrated in 1624 AD but their migration continued at different periods of time on Bhutan's initiation. This group comprise about 45% of the country's total population. They are settled in the districts of Samchi, Chhukha, Sarbhang, Chirang, Dagana and Samdrupjongkhar in southern Bhutan

There are other minor ethnic groups such as Doyas, Brokpas, Totas, Santhals, Adivasis etc who comprise about 1% of the country's total population and are scattered in different parts of the country.

Languages: Dzongkha, literally the language of the fort i.e., the rulers, is the language spoken by the Ngalongs and is the National language of Bhutan. Tsangla, the language spoken by the Sarchops covers several dialects in different areas. It does not have any script of its own. Nepali, the language spoken by the people in the south, which once was accorded official recognition and taught in school, is now abolished.

Religion: Buddhism is the state religion of Bhutan but there are other religions practised by different communities. The Ngalongs are the followers of Drukpa Kargyupa sect of Buddhism while Sarchops follow Nyingmapa sect. People in the south are mostly Hindus though there are quite a good number of Buddhists amongst them. Recently Christianity has made in roads in Bhutan though there is restriction in practising it openly.

System of Government:

Monarchy: Bhutan is under absolute monarchy system since sir Ugyen Wangchuk was crowned as the first king of Bhutan in 1907. Bhutan has no written constitution or a bill of rights. The words of the king becomes law. King is the head of the state and the government. He is the highest court of appeal and commander-in-chief of the country's armed forces. The third king Jigme Dorji Wangchuk introduced some constitutional reforms and during the 30the session of the National Assembly in 1969 introduced the system of seeking the vote of confidence in the National assembly by the ruler once in three years. Soon after his passing away and a year after the present king's accession to the

throne the 39th session of the national assembly in 1973 annulled the resolution of the 30th national assembly.

The king is vested with unlimited powers. He and his coterie wield absolute power in all matters of the country. There is no freedom of expression and assembly. Opposition to the government and its policies is not tolerated and is considered an act of treachery and liable for capital punishment. Formation of union or organisation is not permitted.

Legislative Body: Tshogdu or the National Assembly of Bhutan was established in 1953. It comprises of 151 members, of them 105 are 'elected' for a period of three years, 33 are nominated by the king and 13 by monk body. Representation is grossly unfair and not proportionate to the country's ethnic composition and geographical distribution of population. For instance there are only 14 members to represent 45% Lhotsampas (Southern Bhutanese) from five districts, where as there are 34 members representing the Ngalong community who are around 16% of the country's total population.

The members are not elected through ballots but are nominated or hand picked by the government authorities. The members are not free to raise issues concerning the people. So a member holds the office as the peoples' representative so long he enjoys the confidence of the government. In 1988 when the member of the Royal Advisory Council Mr. Tek Nath Rizal petitioned the king to apprise him about the high-handed approach of the census officials and sought his intervention, Mr. Rizal not only lost his job as a peoples' representative but was also arrested, tortured for four days and declared his move, a treachery and anti-national. When in 1988 he fled to Nepal and started his campaign against the injustice meted out to the Bhutanese people, he was abducted, taken to Bhutan and put in prison. He is still languishing in prison in Bhutan despite Amnesty International and other international communities repeated appeal to release him. Therefore, it can be said that the National Assembly of Bhutan is merely an institution used to give legitimacy to the government's claim that Bhutan has a constitutional monarchy.

Royal Advisory Council: In 1963 Lodoe Tshogdu or the Royal Advisory Council was established supposedly to advise the king and the ministers on the day to day affairs of the country. It consists of ten members who are also the members of the National Assembly by virtue of being counsellors.

Council of Ministers: King directly appoints the ministers who form his council of ministers. Their job is to help the king in the day to day affairs of the country. Usually the ministers hold office so long they enjoy the confidence of the king, it can be even for life if he manages to satisfy the king.

Recently the king fired six of his ministers and appointed new ones who were earlier serving as deputy ministers in their respective ministries.

Dzongdhags: They are the district administrators appointed by the government. They are first class officers addressed to as dashos or nobility. They exercise full executive and legislative powers and very often than not the powers are misused to suppress the people and please the higher authorities.

Judiciary: Bhutan has laws promulgated by Sabdrung Ngawang Namgyal in the 16th century. Though most of the laws have become obsolete and are not in conformity of the international laws they are still enforced. The country's judiciary too is not free from interference of the government. Courts merely function as institutions to further the interests of the rulers. It is not a norm to try political and Human rights activist in the court but occasionally shame trials are arranged in order to legitimise detention of political and human right activists.

Contrary to all international norms, in Bhutan a person is held guilty unless proved otherwise. There are no qualified or professional lawyers and one need not necessarily be a graduate in law or versed in county's law to become a judge. There is no system where by a defendant can take the help of a defence counsel. The Jambis who are supposed to do this job too are not qualified to carry out their jobs. The name Thrim Khang literally means the house of punishment, the Bhutanese court are used to punish the people and settle scores rather than a house for imparting justice.

The country has only one radio station, Bhutan Broadcasting Service, BBS and only one weekly news bulletin Kuensel. Both are owned by the state and are mouth piece of the government often used as machinery for government propaganda. No private owned news papers or any publications are allowed. Watching television is banned and offenders are liable for fine or imprisonment or both. Only selected or censored news papers and magazines from outside are allowed to be sold in the country.

Genesis of the Current Problem:

The crux of the current problem is due to the inherent weakness in the institution and its attempt to protect and perpetuate the interest of a few ruling elite through enactment of series of discriminatory laws.

Citizenship Act: When the government had hardly completed issuing the Citizenship Identity Cards after the nation wide census of 1982 fresh census exercise was initiated in 1988 targeting only one community on the basis of newly enacted citizenship Act of 1985. Government adopted high handed and unreasonable measures to determine the nationality of a person. People were asked to produce thirty years old land tax receipt in order to prove their domicile in the country. Those who failed to produce these documents had their citizenship revoked and declared non-nationals. People were divided into seven categories viz., F1, F2, F3, F4, F5, F6, & F7 and people who were living in Bhutan for generations as bona fide citizens of the country faced the possibility of immediate expulsion.

It was obvious that the government intended to reduce the population of the one particular community, as the census team refused to accept the land tax receipt even prior to that of 1958. The manner in which the census team conducted the census exercise created terror and apprehension among the ordinary village populace and intellectuals as well. People requested the then peoples' representative from the south and member of the Royal Advisory Council Mr. Tek Nath Rizal to apprise the king on the matter. On April 9, 1988 Mr. Rizal petitioned the king seeking his immediate intervention. However, the Government regarded this as an act of treason and Mr. Rizal was stripped of his position as a counsellor and member of the legislative Assembly. He was arrested and after four days of torture and interrogation he was forced to make an undertaking stipulating that he would not meet more than three persons at a time and would remain confined to his home town. The humiliation meted out to their representative sent shock waves through out the country and ended hopes of the people to get justice by such means.

Green Belt Policy: The government's motif to depopulate the southern Bhutan became known when it forwarded its plan to create one kilometre wide forest corridor along the southern border with India. The plan would have covered most of the Bhutan's cultivable land and would have displaced 20-30 percent of local population from their ancestral land. However, it was abandoned when the donors refused to fund the project seeing the elaborate plan of displacing a sizeable population and destroying prime agricultural land.

Driglam Namza: Under the slogan of "One Nation One People", Driglam Namza (code of etiquette) was introduced. The law requires all the Bhutanese regardless of their ethnic and religious - traditional background, to speak one prescribed language, don prescribed dress and follow prescribed customs and traditions. The rule demands strict adherence by all and any one found to be violating the rule as liable for fine or imprisonment or both. Following the introduction of 'One Nation One people' policy the lingua franca mother tongue of the people in southern Bhutan has been dropped from the school curriculum since 1989. The textbooks were burnt in the open school grounds and in some instances their traditional dress burnt or torn. Restriction has been imposed on free practices of culture and religion.

Forced Labour and Conscription: People are asked to provide free labour to the government, sometimes even to the private estates owned by the nobility and the royal family. Through the system of various forms of voluntary labour like, Goongdawoola, Septolemi, Chunidum etc., people are required to work with out any wage or allowance. Failure to do so invite punitive measure. People are also forced to sign contracts and work on low wages in the construction sites in the remote areas. Such imposition naturally brought resentment among other ethnic groups who are following their own distinct culture and customs and traditions as this would mean forgoing their own customs and traditions they value so much. This added more frustration created due to census exercises. The dissension culminated into first ever peaceful rallies in all the five districts of southern Bhutan during September - October 1990. The government called out the army from their barracks and let loose on the demonstrators. The aftermath was rape, mass torture, killing, arrest and imprisonment of hundreds of people. Schools were closed down and turned into army barracks and prisons.

The demonstration was labelled as 'armed rebellion' by the Government and all those who took part in the peaceful demonstration were branded as 'Ngolops' or anti-national. RGOB deployed the military in the six districts of southern Bhutan leading to mass arrests, arbitrary detention, looting, plunder, rape, torture and hunting down of the pro-democracy and Human rights activists even outside the country with the help of antisocial elements or unlawful means. All basic social facilities were abruptly ceased with schools being turned into army barracks are detention centres, hospitals and infirmaries being closed to the public, and the movement of essential commodities like common salt and kerosene was banned. This resulted in, the people becoming apprehensive of the state sponsored terrorism and systematic deprivation of the individual and family security, as a result of which they had to flee the country to save their life.

Encouraged by the exodus of the people, prominent citizens and the family members of these who fled were targeted and harassed. Despite the atrocities, those who stayed back were 'forced' at gun point to sign "Voluntary Migration Forms" stating that they decided to emigrate of their own free will. They were paid nominal compensation and immediately expelled from the country. Over 100,000 people have been systematically evicted mostly between 1990 - 1993. They are now sheltered in seven UNHCR administered refugee camps in Nepal. Another 25000 Bhutanese people are scattered in the North- eastern States of India.

Nepal Bhutan Talk: For the last five years Bhutan and Nepal are engaged in bilateral talks to find out the solution to this refugee crisis. Even eight rounds of ministerial level meeting between the two countries has failed to achieve anything. It has become evident that Bhutan is not keen to take back its people and its engagement in the talk is a tactic to procrastinate the problem and prevent Nepal from taking the refugee issue to the International Forum, India, which besides being Bhutan's closest neighbour and having tremendous influence over Bhutan's polity and economy can play a crucial role in finding a solution to problem. But it has been avoiding to get involved in the issue and is overlooking the grave Human Rights violation taking place in the next door.

Present Crisis in the East: In the early nineties Bhutan government targeted every people in the south and treated the whole community as terrorists or anti national. It went around organising mass meetings and fanning communal passions and instilling hatred against the people in the south. Initially it seemed to be carried away and government succeeded in crushing the legitimate voice of the people with iron hand. Gradually people came to know about the government's real motif behind the move. The disenchantment among the Sarchop community which had been suppressed for years began to surface and now it has developed into open dissension against the government. Thus the ploy of the government to give the movement of the people a communal colour failed. The same army which was used to crush the voice of the people in the south are now deployed in the east. The government has been adopting the same methods of repression as it did in the south.

In the recent past one monk was shot dead by a district administrator for taking part in the peaceful demonstration. More than 150 people have arrested for their involvement in the anti government activities in peaceful manners. Thirteen Nyimapa Shedras (religious Buddhist schools) have been forced to close down. Recently fourteen Buddhist monks have been arrested. Even primary school children have been arrested for their participation in the demonstration (it is important to know that Sarchops-people in the east follow Nyimapa sect of Buddhism which is not tolerated by the ruling elite belonging to Drukpa Kagyupa sect.(Amnesty International Report - Jan. 1998)

Resettlement Program: In an effort to placate the people from the Sarchop and Ngalong community government has initiated an ambitious plan to resettle them on the land belonging to the refugees and other Lhotsampa community. There are instances of people being forced to settle in the south by the government. Though the resettlement program was initiated in 1992 itself with the settlement of 58 families in Bhangtar it was only the 75th session of the National Assembly of Bhutan that endorsed the resettlement program. Following this, the work is going on in full swing. Already 436 houses in Gaylegphug, 319 in Chirang have been resettled and similar work is going on in the districts of Dagana, Samchi and Chhuka. This is bound to make the process of the refugee repatriation more complex and difficult. This might create tension between those who are resettled by the government and the rightful owners of the land and plunge Bhutan further into era of clashes.

Expulsion of Civil Servants: Pursuing further its grand design of depopulation and disowning its own people in exile, the government has expelled 219 civil servants in various department from their jobs in the first phase. They all happen to be the relatives of those who are living in exile as refugees and those who were involved in opposing the policies in 1990 and the government has declared that it would expel everyone with such record. This would mean further eviction of people from Bhutan in the days to come in a phased manner.

Change in the Ministry: Just a few days before the commencement of the 76th Session of the National Assembly of Bhutan (NAB), His Majesty the king in a surprise move sacked six ministers and nominated six bureaucrats to be "elected " by the NAB. Among those who were sacked are Home Minister Dago Tshering, the chief architect of the refugee crisis (presently the Bhutanese Ambassador to India), Dawa Tshering, the most astute and longest serving foreign minister and Om Pradhan, the sole person from the Lhotsampa community.

The king's reform initiative have raise more eyebrows. Though it is claimed that henceforth the ministers would be elected by the NAB, we must know how free is the NA from government influence, we must look into the composition of member and the manners in which these members find their way into the NAB. The house is filled with king's nominees and government appointees, king alone has the power to nominate 33 members, while clergy can nominate 13, in addition there is reservation for the business community. They are selected and nominated by the government. How can these members be expected to go against the wishes of His Majesty or the government. The king has

retained power to award portfolios to the 'elected' ministers which give him enough room for manipulation

The task of selecting the new ministers and awarding them the portfolios has been done very carefully. Two bureaucrats from Sarchop community have been appointed considering the deteriorating situation in the east and rising popularity of Druk National Congress, the party which has been launching a crusade for democracy, people close to the palace have also found berths in the ministry. The present cabinet members though educated have been the staunch supporters of the government and were working as deputy ministers and had been instrumental in implementing the government's infamous policies. These ministers are expected to work more zealously in the interest of the government rather than the people

Conclusion: Bhutanese people both inside and out side are passing the most difficult time of their lives due to the harsh policies of the government. Over 100,000 Bhutanese refugees who are living in Nepal and in different parts of India are desperate to go back. But this can be possible only when Royal Government of Bhutan stops its hostile policies and work with the people towards finding a durable solution to the country's long standing problem. Governments of different countries and other International bodies should persuade Bhutan to positive steps that would lead to the peaceful settlement of the problem and to the satisfaction of all the Bhutanese rather than the rulers only. India , the largest democracy and the closest ally of Bhutan and bearing the major chunk of the financial aid to Bhutan for its development and defence is seen and expected by all peace loving people to play an active role in diffusing this refugee crisis at the earliest before it gets out of control. We the Bhutanese people inside and outside the country sincerely believe that our closest neighbour will and can help the Bhutanese people to live in peace and harmony once again in the long term interest of both INDIA and Bhutan.

Paper presented in the "International Conference on Preventing Violence, Caring for Survivors: Role of Health Profession and Services in Violence", November 28 - 30 1998, Mumbai, India.

Note : TSA WA means main elements i.e. King, country and People. Sum means three in Dzongkha, national language of Bhutan. The National Assembly of Bhutan confirmed and approved deatn punishment for offenses against TSA WA SUM during its 59th session held between March 19-26, 1990.

The Treaty of Sinchula, 1865

Article 1 : There shall henceforth be perpetual peace and friendship between the British Government and the Government of Bhutan.

Article 2 : Whereas in consequences of repeated aggressions of the Bhutan Government and of the refusal of that Government to afford satisfaction for those aggression and of their insulting treatment of the officers sent by His Excellency the Governor-General-in-Council for the purpose of procuring an amicable adjustment of differences existing between the two States, the British Government has been compelled to seize by an armed force the whole of the Doars, bordering on the District of Rungpoor, Cooch Behar and Assam, together with the Talook of such point as may be laid down by the British Commissioner appointed for the purpose is ceded by the Bhutan Government to the British Government for ever.

Article 3 : The Bhutan Government hereby agree to surrender all British subjects as well as subjects of the Chiefs of Sikkim and Cooch Behar who are now detained in Bhutan against their will, and to place no impediment in the way of the return of all or any or such persons into British territory.

Article 4 : In consideration of the cession by the Bhutan Government of the Territories specified in Article 2 of this Treaty and of the said Government having expressed its regret for past misconduct, and having hereby engaged for the future to restrain all evil-disposed persons from committing crimes within British territory or the territories of the Rajahs of Sikkim and Cooch Behar and to give prompt and full redress for all such crimes which may be committed in defiance of their commands, the British Government agree to make an annual allowance to the Government of Bhutan of a sum not exceeding fifty thousand rupees (Rs. 50,000) to be paid to officers not below the ranks of Jungpen, who shall be hereby agreed that the payments shall be made as specified below :

On the fulfillment by the Bhutan Government of the conditions of this Treaty twenty-five thousand rupees (Rs. 25,000).

On the 10th January following the 1st payment, thirty-five thousand rupees (Rs. 35,000).

On the 10th January following forty-five thousand rupees (Rs. 45,000).

On every succeeding 10th January fifty thousand rupees (Rs. 50,000).

Article 5 : The British Government will hold itself at liberty at any time to suspend the payment of this compensation money either in whole or in part in the event of misconduct on the part of the Bhutan Government or its failure to check the aggression of its subjects or to comply with the provisions of this Treaty.

Article 6 : The British Government hereby agree, on demand being duly made in writing by the Bhutan Government, to surrender, under the provisions of Act VI of 1854, of which a copy shall be furnished to the Bhutan Government, all Bhutanese subjects accused of any of the following crimes who may take refuge in British dominions. The crimes are murder, attempt to murder, rape, kidnapping, great personal violence, maiming, dacoity, thugee, robbery, burglary, knowingly receiving property obtained by dacoity, robbery or burglary, cattle stealing, breaking and entering a dwelling house and stealing therein, arson, setting fire to village, house, or town, forgery or uttering forged documents, counterfeiting current coin, knowingly uttering base or counterfeit coin, perjury, subordination of perjury, embezzlement by public officers or other persons, and being an accessory to any of the above offences.

Article 7 : The Bhutan Government hereby agree, on requisition being duly made by or by the authority of the Lieutenant Governor of Bengal, to surrender any British subjects accused of any of the crimes specified in the above Article who may take refuge in the territory under the jurisdiction of the Bhutan Government, and also any Bhutanese subjects who, after committing any of the above crimes in British Territory, shall flee into Bhutan, on such evidence of their guilt being produced as shall satisfy the Local Court of the district in which the offence may have been committed.

Article 8 : The Bhutan Government hereby agree to refer to the arbitration of the British Government in all disputes with, or causes of complaint against, the Rajahs of Sikkim and Cooch Behar, and to abide by the decision of the British Government; and the British Government hereby engage to enquire into and settle all such

disputes and compiaints in such manner as justice may require. and to insist on the observance of the decision by the Rajahs of Sikkim and Cooch Behar.

Article 9 : There snall be free trade and commerce between the two governments. No duties shall be levied on Bhutanese goods imported into British territories nor shall the Bhutan Government levy any duties on British goods imported into, or transported through, the Bhutan territories. Bhutanese subjects residing in British territories shall have equal justice with British subjects and British subjects residing in Bhutan snall have equal justice with the subjects of the Bhutan Government.

Article 10 : The present Treaty of Ten Articles having been concluded at Sinchula on the 11th day of November 1865. corresponding with the Bhootea year Shim Lung 24 day of the 9th month, and signed and sealed by Lieutenant-Colonel Herbert Bruce C.B.. and Samdojey Deb Jimpey and Themseyrensey Donai, the ratifications of the same by His Excellency the Viceroy and Governor General or His Excellency the Viceroy and Governor General-in-Council and by Their Hignness the Dhurm and Deb Rajahs snall be mutually delivered within thirty days from this date.

H. Bruce, Lieut, Col.
Chief Civil and Political Officer in Dabe Nagri
In Bhootea language
This treaty was ratified on the 29th November 1865 in Calcutta by me
John Lawrence Governor General

25th January 1866

Treaty Between India and Bhutan, 1949

The Government of India on the one part, and His Highness the Druk Gyalpo's Government on the other part equally animated by the desire to regulate in a friendly manner and upon a solid and durable basis the state of affair caused by the termination of the British Government's authority in India and to promote and foster the relations of friendship and neighborliness so necessary for the well-being of their peoples, have resolved to conclude the following Treaty, and have for this purpose named their representatives. that is to say Sri Harishwar Dayal representing the Government of India, who has full powers to agree to the said Treaty on behalf of the Government of India and Deb Zimpon Sonam Tobgye Dorji, Yang-Lop Sonam, Chho Zim Thondup, Rin-Zim Tandin and Ha Drung Jigmie Palden Dorji, representing the government of His Highness the Druk Gyalpo, Maharaja of Bhutan. who have full powers to agree to the same on benalf of the Government of Bhutan.

Article 1 : There shall be perpetual peace and friendship between the Government of India and the Government of Bhutan.

Article 2 : The Government of India undertakes to exercise no interference in the internal administration of Bhutan. On its part the Government of Bhutan agrees to be guided by the advice of the Government of India in regard to its external relations.

Article 3 : In place of the compensation granted to the Government of Bhutan under Article 4 of the Treaty of

Paper: 9

Torture scenario in Bhutan

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Bhutan does not have a written constitution or bill of rights. The institution of absolute monarchy with inherent feudal characteristics has ruled the country since 1907. The ruling elite constitutes a very small proportion of the country's population. The judiciary is not independent and there is no lawyer with a law degree in the country. There is no system of defence counsel. There is no freedom of speech, expression. Any one speaking for the general public and in the interest of the country, which may not suit the ruling elite, is labelled as anti-national, and may face a death sentence.

The Human Rights Movement of 1952 lead to the packing off of Mr.Mahasur Chhetri of Chirang district in a sack and was thrown alive in Sankosh river. Similarly, Mr.Garja Man Gurung of Samchi district disappeared inside a Dzong (fort) in Paro where he had gone to submit the land taxes of the district. The spiritual head of the Druka Kargyupa sect of Buddhism, the Shandrung Rinpoche, the present incarnation lives in exile in Manali in India after the previous two incarnations were brutally murdered by the Govt. of Bhutan for the sake of the power. Hundreds of people from eastern Bhutan are taking asylum in Arunachal Pradesh in India since 1962. Hundreds have disappeared for no fault of their own.

Arbitrary arrest, detention, torture, beating and flogging, starvation, overcrowding, no toilet and bathing facilities, inadequate food unfit for human consumption served once a day, incommunicado confinement for long time, no communication with the outside world, relatives not allowed to see even once, detention without charge or trial, are very much prevalent even today in Bhutan. Handcuffs or iron rods made into chains are put on the legs and hands continuously and made to work heavy manual works. Medical facilities are not made available until the prisoner reaches last stages when he is released on the verges of death so that Govt. cannot be blamed for his death in custody.

Every aspect of the life, social, political, economic and religious is totally controlled by the Govt. No social groups or NGOs exists in Bhutan to help and counsel these torture victims, as they are totally banned. The only option left is to live as such or die or flee the country. In 1990 when the Southern Bhutanese protested peacefully and petitioned the king for their basic rights as Rights to Nationality and citizenship and other fundamental human rights, they had to face some consequences and ultimately flee the country to lead refugee life for the past seven years. At present over a hundred thousand Bhutanese refugees are staying in seven camps, monitored by UNHCR and Govt. of Nepal in eastern part of Nepal. Since 1997 the Eastern Bhutanese are being tortured in the same way for their peaceful protest and hundreds of them had to flee the country to nearby north east India and Nepal. The Bhutanese people are living in a state of terror since 1990 with no certainty and security of their life.

Since 1992 upon pressure from the International community and Amnesty International, the Govt, of Bhutan has allowed the International Committee of the Red Cross Society (ICRC) to visit the country but they have given access to only one prison located in the capital, Thimphu.

They are not allowed to visit the southern and eastern part of the country. Same is the case with the Amnesty International. Consequently hundreds of Bhutanese people are still languishing in the prison under inhuman conditions with no access to the outside world and without charge and trial. Therefore it is only the International Community, NGOs and the donor countries to Bhutan that can bring considerable pressure on the Govt. of Bhutan to allow them to visit the country to monitor the situation and ask the Govt. to drastically improve the Human Rights conditions in Bhutan. Bhutan, being one of the least developed countries in the world, heavily depends on the donor countries for her economy. India is the major donor and the closest ally of Bhutan with considerable influence upon the geo-political aspect, economy, social and cultural life of the Bhutanese people. Therefore, India has the major responsibility of solving the present refugee crisis in Bhutan. India is supposed to look and guide the foreign and defence policy of Bhutan as per the Indo-Bhutan treaty of 1949. Co-ordinated effort of NGOs, INGOs and the International community can certainly bring about an improvement in the human rights situation in Bhutan. Finally, I on behalf of the suppressed Bhutanese people both inside and outside the county would like to request the participants of this International conference, to kindly have deliberation about the situation in Bhutan and come out with a concrete proposal. about the situation in Bhutan.

Torture methods prevalent in Bhutan

Bhutan does not have written constitution/bill of rights, The Judiciary is not independent and there is no lawyer with a Law degree in the country. There is no system of defence counsel. There is no freedom of speech, expression, assembly, etc. Political parties and Human Rights groups are banned. Study of Law and Political sciences is not allowed. People are exploited for the interest of the ruling elite since time immemorial.

Arbitrary arrest, detention, torture before and after arrest, beating and flogging, starvation, overcrowding, no toilet and bathing facilities, isolated confinement for long time, no communication with the outside world, not allowed to see relatives even once, detention without charge and trial, made to eat food cooked with sand, glass pieces, nails etc. are very prevalent even today in Bhutan. Handcuffs or iron rods made into chains are put on the legs and hands continuously. Medical facilities are not made available until the prisoner reaches the last stages of illness. The prisoner is released on the verge of death so the Govt. cannot be blamed for his death in custody. When national activities were planned to overthrow the government, it deployed heavy military and para-military forces in each five districts, leading to mass indiscriminate arrest of innocent villages, clergymen, arbitrary detention, looting, plunder, rape in broad daylight, torture and hunting down of Human Rights Activists even outside the country with the help of social element or unlawful means. All basic social facilities were abruptly ceased, schools turned into detention centres and army barracks, hospitals and infirmaries closed to the public. No warrants were issued for arrest. Army arrested whoever they saw and found, tortured and kept in detention without trial. Many of our friends in prison died due to inhuman treatment and torture.

Torture methods in use by the government of Bhutan

1. The most common forms of torture are severely beating and kicking. Severe beating inflicted at the time of arrest, and or in order to extract information or force the signing of a confession. Daily beating by prison guards and being forced to beat each other. Beatings were frequently done with bamboo canes or wooden sticks, rods, electric wire, belt, whips, rifle butts, bayonets, roots of trees, and thorn branches.

2. Other forms of torture:

- Insufficient and contaminated food – mixed with small glass pieces, sand, nails etc. and not cooked properly and use of dirty water.
- Insufficient access to toilet and washing facilities – Must go to toilet at a fixed time once or twice a day and if you want at other times you are supposed to urinate / defecate in a small tins provided and kept near you to be thrown the next day.
- Starvation methods- not giving anything to eat for 3 to 10 days.
- Force statements – beating to extract the truth and to avoid this intense torture one must say whatever the Govt. wants.
- No water to drink and if we ask sometimes we are made to drink the urine or salted water, which we must drink.
- Whoever begs for water during beating and interrogation, salt poured in their mouth.
- Guards urinate on their faces.
- Often crowded – As many as 20 people are kept in a small room that is normally fit for five people, so there is no question of sleeping but must sit down the whole night.
- Defecate in their clothes or in front of others in the room.
- Washing facilities are denied completely.
- Due to living in filthy condition lice are common.
- Beating, hunger, being kept in filthy condition and no communication outside world.

Methods of torture

a.	Severe beating and kicking	
b.	Being kept in handcuffs or hands tied	
c.	Being kept in leg shackles	Leg shackles are worn continuously and they are forced to do hard labour.
d.	Detention in isolation cells	For years in some cases
e.	No light-being kept in dark with windows and doors closed	
f.	Exposure to extremes of cold	Forced to dip in river with the temp. of below 5 degrees for hours in the name of bathing.
g.	Cramped confinement (unable to lie flat to sleep)	
h.	Leg cramps	Thick plank or wood are placed above and below thighs, tightened with rope, the guards stand on the planks to increase the pressure.
I.	Made to behave as animals	Walking on all 4 limbs and made to climb on each other's backs and bull-fight
j.	Sexual abuse	Forced to perform oral and anal sex.
k.	Suspended by hands	Handcuffed and hung from hook
l.	Paraded naked in front of other prisoners	
m.	Made to stand upside down on hands for long period	-
n.	Blindfold	
o.	Cut or slashed	
p.	Strangulation	
q.	Clean toilets with hands	
r.	Needle/pin under the fingernails	
s.	Submersion in water	

CEHAT, Mumbai, India

t.	Beaten on genital	
u.	Forced to eat beef	Hindus do not take beef.
v.	'Tuppi' pulled out by roots	
w.	Put in pit	
x.	Taking of blood	
y.	Forced labour	Prisoners are made to work from 8.00am to 4.00 p.m. frequently in freezing weather with leg shackles, they are beaten if they are slow
z.	Forced signing of confession	After interrogation and torture, most prisoners are forced to sign statements

Bhutanese victim of torture-case history

Background: Born in 1938, son of a farmer, grew up in the village like many other Bhutanese and attended local school upto 3rd class and could not continue beyond. Since the age of 22 years Mr.X took up business as his profession and continues the export of oranges, cardamom, apple, and potatoes and strengthens his socio-economic status in the village. He became a well to do middle class businessman in the district. Father of 5 children all of whom are school going Mr.X was absolutely all right with no major illness or any chronic disease. The family was happy about the situation till one fine day, when the Royal Bhutan police raided his place to arrest him. The bad days started for him, his family and all the southern Bhutanese.

It all started in Sept–Oct.'90 when the southern Bhutanese came out openly on the street peacefully to denounce the Human Rights violation and discriminatory policies of the Royal Govt. of Bhutan demanding some changes in the governance system and demanded respect for basic human rights as freedom of press, expression, assembly, right to nationality etc. (see other documents). The govt. reacted swiftly and imposed military rule in southern Bhutan converting school into army barracks and prison, closing all essential facilities and mass arrest of southern Bhutanese. Mr. X had participated in the peaceful rally. This is his mistake; he became a wanted man for the govt. and an anti-national.

Feb '91 Mr. X was busy in his business of collecting oranges and cardamom. He used to stay in a make shift camp. At night around 5 policeman raided the camp but could not find him as he was out to a nearby town. They left after inquiring from other people about his whereabouts. Next day at about 10.00 a.m., the police came and asked him to see the Dasho (district authority) and took him along with them to a nearby hotel and there was Dasho waiting for him. Dasho asked him to accompany him and took him to a junior high school that had been turned into army barrack and jail. Then they put him in a room, which was dark and splashed with blood and locked him up after tying both hands tightly with a rope. He was kept there the whole day without food and toilet. He was not beaten that day.

Next day at 9.00 a.m. He was given food in the room; it was not fit for human consumption mixed with small pieces of glass, sand and nail pieces etc. But "I was so hungry that I could have eaten vomits even if given to keep myself alive", I ate the food.

Two days later the district superintendent of police came and questioned him on why he had come here? Did I make any bomb? He also asked him to show the place where bomb had been made and to name other people who are involved, and help the Govt. to arrest etc. He replied that he was not aware of any such thing about the rally and others. Then the DSP blasted him saying that he was anti govt. and not in favour of the govt. and levelled him as an anti national. He took his statement and left.

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Next day the head of RBA stationed at Damphu (district HQ) Mr.Cimmi Dorji came with the statement and read it. He called one of his friends also arrested for same reason, untied the rope on his hands, asked him to bend down and asked his friend to beat heavily on his back with big cane. After few canes X could not bear it and passed urine in pant and defecated too. After this he was asked to tell the truth. Out of beating that X got for the first time in life, X got furious and with the tied hands tore off his shirt and asked him to shoot and kill. He replied that he can kill him and many others at least 15-20, and the govt. will do nothing but promote him to higher rank then X- repeated his version again. He locked him up and went back. For the next 4 days X was not touched.

Mass arrest was going on in the village, so every day hundreds of villagers were brought and tortured, and the reign of terror dominated the day and night. They would bring somebody unknown to him and ask why he was brought here. When X used to reply that he doesn't know then they used to beat with rifle butts, sticks, wires, etc. regularly.

After 2 days one high-ranking officer from Thimphu came and asked what X has done and started beating with canes on his head. X bled and fainted. Then he hit on his knees. After that it became a routine once in 4 days.

X was allowed to go to toilet with guard and tied hands once in the morning and once in the evening. In between if needed a small tin was provided to pass urine and kept near to be thrown next day. Fourteen of them were kept in a small room normally fit for three people only. They had to sleep on the cemented floor without any clothes, rather sit the whole night dosing off as the room was too small for all of them to sleep.

Food as described earlier (once or twice depending on their mood), starvation, beating, no bathing or shaving, hands tightly tied together, no medicine, no news of what is happening outside, whether family members are dead or alive and continuos addition of innocent villagers went on for 6 months. No friends, well wisher, journalist, or family members were allowed to visit/ see us.

They were regularly asked to hit each other, fight-cook fight and bull fight, made to stand on one leg for hours, perform different sexual acts on each other, forced to drink urine if asked for water, eat like animals and iron. X was like others beaten on the sole, ear, and genital area. Regular pin pricks under the nails; hanging upside down etc. had become the routine activities of his life. By now X has become immune to these tortures and his body had become pain insensitive.

After six months of intensive torture, the police shaved off the hair and beard and the next day loaded them in army trucks and were taken to Chemgang central prison near Thimphu where the normal temperature remains below –0 degree Celsius.

"Before we entered the central jail at Chemgang Thimphu our handcuffs were removed and iron rods of 2-3kgs. moulded into chins were fixed permanently on the legs about 5 inches apart".

The life in Chemgang became relatively easy as it was more of manual and mental tension rather than harsh beating though beating was regular if they could not work as per their direction. Daily routine included, Jogging bare foot in the morning with chains intact and on the snow, heavy manual work from 7 a.m. to 5 p.m. that included breaking big rocks with small

hammer, uproot trees with spade, carry big logs and stones, dig vast area of barren land. Food used to be given on the will of the authorities and if they are not able to do the work then they used to be starved.

Apart from this, they had to entertain the guards by singing, dancing, and fighting performing different acts that are not done normally or are impossible to perform. Sexual acts as sodomy was a regular feature and had to be performed in front of all. If they deny these then the guards would hit with whatever is available and hang upside down. Once while X was eating the contaminated food the guard hit with boots on his face saying that this was the beer and fried chicken that X used to eat on business trips. "Profuse bleeding from nose with no water to drink and the pain was one of my worst experiences in the custody".

They had to go to river once in fifteen days to take bath. The temperature would be below –0 degree Celsius and the water frozen. They were supposed to dip in the water. One of the prison inmates died in the custody due to the torture meted to him in front of X. Medical facilities are not given even if you are dying. No communication with outside world-newspaper, radio, visitors and relatives were allowed at all.

After six months in the central prison, 313 of them were released on condition that they leave the country after signing the necessary Govt. documents. X had never thought that he would come back alive from the prison to meet and see his family and friends. But then he realised that it is not easy for human beings to die and God helps for the truth. X came back with all torture, and by now X was not able to walk straight, sit straight, talk normally, suffers loss of memory, hypertension, frozen body in the morning, burning feet and hands and physical deformity around the hip joint.

Back home the local authorities began to haunt him asking him to sell his orchard and land to them at a normal price and if not face the consequence of re-arrest and torture. At first X denied flatly but then the pressure increased from all the corners. Ultimately to save his life and his family X was left with no alternative but to flee the country.

At present X is dwelling in the refugee camp along with his family where he is getting the treatment for Hypertension, frozen body and other symptoms. Despite the treatment given to him by CVICT (KTM) in the initial years and now by the SCF (UK), there is no sign of improvement and relief for him. It looks that X is crippled for the rest of his life and will die from this suffering. He can't wake up in the morning and can do no productive work. Burning pain in the sole and hands remains day and night.

CEHAT, Mumbai, India

So stem the pressure from the dissidents and the international community, the king of Bhutan effected some cosmetic changes recently. This is being viewed as a step towards democracy by some Bhutan-watches but the truth is that the move lacks sincerity. The ministers who were sacked so unceremoniously have now been appointed to ambassadorial posts in Delhi, and the UN. The dissidents fear that there could be some conspiratorial understandings and agreements among the king and his ministers (those sacked as well as those in office). They want the king to declare democracy, repatriate the refugees, conduct elections and hand over power to the people. India has a big role to play in the advent of democracy in Bhutan as a guide in its foreign policy matters and as its defender.

In this context, the govt. of India maintained that the refugee crisis is a bilateral matter between Bhutan and Nepal and that the democratic movement is an internal affair of Bhutan. A few MPs and some conscientious people based in Delhi have been advocating the cause of the refugees and the democratic forces. This group should be followed by other democracy-lovers in India. The people of India can lobby their representative in the union parliament to raise the Bhutanese issue. The solution to this problem could lead to lessening of tension, suffering and trauma in the region.

Citizenship Law of 1958
The National Law of Bhutan

Having found necessary to amend the law relating to the acquisition and deprivation of Citizenship which has been in force till date. His Majesty the Druk Gyalpo, in accordance with the suggestions put up by the Royal Advisor,

people and the monastic body, is pleased to incorporate the following change :

1. This law may be called the national law of Bhutan 1958 and shall be effective throughout the Kingdom of Bhutan.
2. This law shall be in force throughout the Kingdom of Bhutan from the day of its enactment.
3. Any person can become a Bhutanese National :
   a. If his/her father is a Bhutanese National and is a resident of the Kingdom of Bhutan; or
   b. If any person is born within or outside Bhutan after the commencement of this law provided the previous father is a Bhutanese National at the time of his/her birth.
4. a. If any foreigner who has reached the age of majority and is otherwise eligible, presents a petition to an official appointed by His Majesty and taken an oath of loyalty according to the rules laid down by the Government to the satisfaction of the concerned official, he may be re-enrolled as a Bhutanese National provided that
      i. the person is a resident of the Kingdom of Bhutan for more than ten years; and
      ii. owns agricultural land within the Kingdom.
   b. If a woman, married to a Bhutanese National submits petition and takes the oath of loyalty as stated above to the satisfaction of the concerned official and that she has reached the age of majority and is otherwise eligible, her name may be enrolled as a Bhutanese National.

c. If any person has been deprived of his Bhutanese Nationality or has renounced his Bhutanese Nationality or forfeited his Bhutanese nationality the person cannot become a Bhutanese national again unless His Majesty grants approval to do so.

5. a. If any foreigner submits petition to His Majesty according to rules described in the above sections and provided the person has reached the age of majority and is otherwise eligible and has served satisfactorily in Government service for at least five years and has been residing in the Kingdom of Bhutan for at least 10 years, he may receive a Bhutanese Nationality Certificate. Once the certificate is received, such a person has to take the oath of loyalty according to the rules laid down by the Government and from that day onwards he will be enrolled as a Bhutanese National.

b. Any foreigner who has reached the age of majority and is other wise eligible, can receive a Nationality Certificate provided that, in the opinion of His Majesty, his conduct and his service as a Government servant is satisfactory.

6. Any person who :

i. becomes a national of a foreign country and resides in that country; or

ii. has renounced Bhutanese nationality and settled in a foreign country; or

iii. claims to be citizen of a foreign country if pledges oath of loyalty to that country; or

iv. registered as a Bhutanese national but has left his agricultural land or has stopped residing in the Kingdom; or

v. being a bona-fide national has stopped residing in the country or fails to observe the laws of the Kingdom as per his National Certificate, shall forfeit his nationality.

7. a. If a Nationality certificate has been obtained on presentation of false information or wrong facts omission of facts, the government may order the certificate to be cancelled.

b. i. If any citizen or national engages in activities against His Majesty or any national of Bhutan; or

ii. When Bhutan and India are engaged in a war with some other country if any citizen or national of Bhutan is found indulging in business correspondence or helping the enemies; or

iii. If any person, within the period of five years from the day when he was enlisted as a Bhutanese National, if imprisoned in any country for more than one year, the person is liable to be deprived of his nationality without prior notice.

8. To implement this law, if necessary, His Majesty may incorporate any additional rules.

9. This law supersedes all laws, rules and regulations, ordinances relating to the acquisition and forfeiture of nationality from the day of its commencement.

Citizenship Act – 1958

(As revised by the Lhengyel Shungshog in its 8th session held on March 22, 1977)

Conditions required for the grant of Citizenship

1. In the case of government servants an applicant should have completed 15 years of service without any adverse record.
2. In the case of those not employed in the Royal Government an applicant should have resided in Bhutan for a minimum period of 20 years.
3. In addition, an applicant should have some knowledge of the Bhutanese language both spoken and written and the history. Only those applicants who fulfill the above requirements may apply for grant of Citizenship to the Ministry of Home Affairs which will ascertain the relevant facts and submit the application to the Royal Government for further action.

Eligibility and Power

1. The power to grant or reject an application for Citizenship rests solely with the Royal Government. Hence, all applicants who fulfill the above conditions are not necessarily eligible for grant of citizenship.
2. Any applicant hold the citizenship of another country or with criminal records in other countries or those who are related to any person involved in activities against the people, the country and the King should not be granted Citizenship even if all the other conditions are fulfilled.

3. A person granted citizenship by Royal Government is required to register his/her name in the record of the Royal Government from the date of the grant of Citizenship.
4. All those granted citizenship are required to pledge (ascribe) to the following oath to be administered by the Home Minister.
   a. Henceforth, I owe allegiance only to His Majesty the King of Bhutan.
   b. I shall abide by and observe the rules and regulations of the Royal Government with unswerving reverence.
   c. I shall observe all the customs and traditions of the people of Bhutan.
   d. I shall not commit act against the TSA-WA-SUM : the king, country and people.
   e. As a citizen of Bhutan, I hereby take this oath in the name of Yeshey Geompo and undertake to serve the country to the best my abilities.

Special Grant of Citizenship

1. A foreigner in possession of special or extraordinary qualifications will be granted citizenship without consideration of the required conditions except for the administration of the oath of allegiance.

Renouncement and Re-application for Citizenship

1. In case a Bhutanese citizen, who having left the country returns and applies for citizenship, the Royal Government shall keep the applicant in probation

for a period of at least two years. On successful completion of the probation period, the applicant will be granted citizenship provided the person in question is not responsible for any activities against the Royal Government.

2. A foreigner who has been granted Bhutanese Citizenship may apply to the Royal Government for permission to immigrate with his/her family. Permission will be granted after an investigation of the circumstances relating to such a request. After grant of permission to immigrate, the same person may not re-apply for Bhutanese citizenship. In the event of an adult family member of any person permitted to leave the country, does not wish to leave and makes an application to that effect, the Home Minister will investigate the matter and will permit such persons to remain in the country after ascertaining that the country's interest is not harmed.

3. If anyone, whether a real Bhutanese or a foreigner granted citizenship, applies for permission during times of crisis such as war, the application shall be kept pending until normalcy returns.

Procedure for Acquisition of Citizenship

CHA

1. When a Bhutanese woman is married to foreigner, only she is a citizen, her husband and children will not be considered a Bhutanese citizen. If they desire Bhutanese citizenship, such cases will be considered in conformity to the procedure laid down in this Act applicable to foreigners applying for citizenship.

2. When a Bhutanese man is married to a foreign woman the children will be considered Bhutanese. The wife will have to fulfill the requirements of this Citizenship Act as applicable to foreigners applying for citizenship.
3. In the case of Bhutanese citizens residing in other countries, the citizenship law subhead KA-12 No. 2 which is reproduced below, shall be applicable.

Reproduction of Thrimshung KA 12-2

1. With the exception of a genuine Bhutanese whose family domiciled in Bhutan but he himself has to stay away in other country in connection with works of the Royal Government, private business or religious practices but other who live in foreign countries, serve the government and people of such countries or have settled in a foreign country or holding official post of a foreign government are considered non-nationals.

Registration Procedure

CHA

1. All children born of a father who is a Bhutanese citizen should be registered in the official record one year of their birth whether the children are born inside or outside the country.
2. All children born within the country are required to be listed with the Dzongkhag or the Dhungkhag of their birth. Children of Bhutanese parents born in other countries should be recorded with the Royal Bhutanese Embassies. Where there are no embassies nearby the information should be conveyed

to the Home Ministry through correspondence.

3. If a child is more than one year and not registered within that period, registration is not permitted but may apply for registration to the Home Ministry by the concerned local authority. The Home Ministry will then investigate the matter before granting permission for the registration.

4. Validity of Census Record

JA

1. all census reports must bear the Seal of the Royal Government and the signature of an officer not lower in rank than a Dzongdag. Other records will not be acceptable.

Enquiry of Kashog

NYA

1. All Kashogs with the people which were not granted by His Majesty will be investigated into by the Home Minister and reported to the Royal Government.

Penalty for Violation of Rules

TA

1. Anyone having acquired Bhutanese citizenship involved in act against the King or speaking against the Royal Government or being in association with people involved in activities against the Royal Government shall be deprived of their Bhutanese Citizenship.

2. In the case of any person knowingly presenting false information at the time of applying for citizenship,

the Kashog granting him/her citizenship will be withdrawn after due verification of the false information presented.

THA : Status of the Provision

1. In case of conflict between the provisions of this Act and the provisions of any previous laws, rules and regulations, provisions of this Act shall prevail.

THE BHUTAN CITIZENSHIP Act 1985

1. THIS ACT MAY BE CALLED THE BHUTAN CITIZENSHIP ACT, 1985

   It shall come into force from Twenty-third day 4th month of wood bull year of the Bhutanese calendar corresponding to June 10, 1985. In case of conflict between the provisions of this Act and the provisions of any previous laws, rules and regulations relating to citizenship, the provisions of this Act shall prevail.

2. CITIZENSHIP BY BIRTH

   A person whose parents are both citizens of Bhutan shall be deemed to be a citizen of Bhutan by birth.

3. CITIZENSHIP BY REGISTRATION

   A person permanently domiciled in Bhutan on or before December 31, 1958 and whose name is registered in the census register maintained by the Ministry of Home Affairs shall be deemed to be a citizen of Bhutan by registration.

4. CITIZENSHIP BY NATURALIZATION

   A person shall be deemed to apply for Bhutanese citizenship to the Ministry of Home Affairs in Forms

KA-1 and KA-2 must fulfil all the following conditions to be eligible for naturalization :

i. The person must have attained the age of 1 years and 15 year in the case of a person either of whose parents is citizen of Bhutan

ii. The person must be mentally sound.

iii. The person must have resided in Bhutan for 15 years in the case of Government employees and also in the case of applicants, either of whose parents is a citizen of Bhutan and 20 years in all other cases and this period of residence must be registered in the records of the Department of Registration;

iv. The person must be able to speak, read and write Dzongkha proficiently;

v. The person must have good knowledge of the culture, customs, traditions and history of Bhutan ;

vi. The person must have good moral character and should not have any record of imprisonment for criminal offenses in Bhutan or elsewhere;

vii. The person must have no record of having spoken or acted against the King, country and people of Bhutan in any manner whatsoever; and

viii. The person must be prepared to take a solemn Oath of Allegiance to the King, Country and people of Bhutan according to the prescribed form KHA On receipt of the application

tion Form KA-1 and KA-2 for naturalization, the Ministry of Home Affairs will take necessary steps to check all the particulars contained in the application The Ministry of Home Affair will also conduct written and oral tests to assess proficiency in Dzongkha and knowledge of the culture, customs, traditions and history of Bhutan. The decision of the Ministry of Home Affairs on the question of eligibility for naturalization shall be final and binding. The Royal Government of Bhutan also reserves the right to reject any application for naturalization without assigning any reason.

GRANT OF CITIZENSHIP

a. A person whose application for naturalization ahs been favourably considered by the Ministry of Home Affairs shall take the Oath of allegiance according to the Form KHA of this Act.

b. A person shall then be deemed to be a citizen of Bhutan upon receiving a Kashog from His Majesty the King of Bhutan in accordance to Form GA of this Act.

6. TERMINATION OF CITIZENSHIP

a. Any citizen of Bhutan who acquires the citizenship of another country shall cease to be a citizen of Bhutan. The wife/husband and children of that person if they are Bhutanese citizens shall have the right to remain as citizens of Bhutan provided they are permanently domiciled in Bhutan and are registered annually in the Citizenship Register maintained by the Ministry of

Home Affairs.

b Any citizen of Bhutan who has acquired citizenship by naturalization may be deprived of citizenship at any time if it is found that naturalization has been obtained by means of fraud, false representation or the concealment of any material fact

c Any citizen of Bhutan who has acquired citizenship at any time if that person has shown by act or speech to be disloyal in any manner whatsoever to the Kin, Country and People of Bhutan.

d If both the parents are Bhutanese and in case the children leaving the country of their own accord, with the knowledge of the Royal Government of Bhutan and their names are also not recorded in the Citizenship register maintained in the Ministry of Home Affairs, then they will not be considered as citizens of Bhutan, (Resolution No. 16(2) adopted by the National Assembly of Bhutan in the 62nd Session.)

e Any citizen of Bhutan who has been deprived of Bhutanese citizenship must dispose off all immovable property in Bhutan within one year, failing which, the immovable property shall be confiscated by the Ministry of Home Affairs on payment on payment of fir and reasonable compensation.

THRIMSHUNG CHHENPO TSA-WA-SUM CHAPTER SEVENTEEN*LAW OF BHUTAN (ENGLISH TRANSLATION)

Articles

TSA 1 Matters regarding anti-nationals – those averse to the development of the Kingdom and those who assist the enemies

TSA 1-1 The King of Bhutan, the Kingdom of Bhutan and the Government of Bhutan are the three main elements of Bhutan.

TSA 1-2 Whether beneficial or harmful to one, whether big or small matters, whether high or low as mentioned at (O), person any who with the intention to cause harm to the three main elements or any of them as mentioned under the above clause TSA 1-1, if commits offenses or does not commit or attempts to commit offenses falling under the clause TSA 1-3 to TSA 1-10 shall be treated as a traitor and shall be liable to the punishment of treason as written under the clause TSA 1-11.

TSA 1-3 If death is caused to the three main elements of Bhutan or any one of them or if an attempt is made, if harm is caused to the body of the five organs or if such attempts is made.

TSA 1-4 If the three main elements or any one of them is challenged with weapons or without weapons.

TSA 1-5 If defamation is caused to the three main elements or any of them within Bhutan or outside o if such an attempt is made.

TSA 1-6 If attempt is made to create differences between Bhutan and a foreign country.

TSA 1-7 If with the intention to cause harm to the three main elements or any one of them, the people within Bhutan or people of a foreign country are instigated or such an attempt is made.

TSA 1-8 If with the intention to cause serious harm to the three main elements or any one of them, correspondence is made or conversation is held (whatever the topic may be) with person within Bhutan or with foreign nationals or if correspondence is made or conversation is held with persons in Bhutan and foreign nationals (who are not supposed to be conversed with).

TSA 1-9 If any conspiracy is heard or seen with intentions to cause harm to the three main elements or any one of them, if someone known to be anti-national, if such matter is concealed and not reported immediately to the Government.

TSA1-10 If know to be rebels or enemies against the three main elements or any one of them (if known or recognised to be a rebel or an enemy), if arms are sold to them or given freely or given for use, if guided, if secrets are disclosed, if food-water is provided or if any help is given to increase the rebel manpower or earnings.

TSA 1-11 All those who commit offenses or do not commit or attempt to commit them as described under the above clause TSA 1-3 to TSA 1-10 shall be treated as anti-national and shall be liable to treason to punishment for treason.

Note : TSA WA means main elements i e King, country and People Sum means three in Dzongkha, national language of Bhutan The National Assembly of Bhutan confirmed and approved death punishment for offenses against TSA WA SUM during its 69th session held between March 19-26, 1990.

The Treaty of Sinchula, 1865

Article 1 : There shall henceforth be perpetual peace and friendship between the British Government and the Government of Bhutan.

Article 2 : Whereas in consequences of repeated aggressions of the Bhutan Government and of the refusal of that Government to afford satisfaction for those aggression and of their insulting treatment of the officers sent by His Excellency the Governor-General-in-Council for the purpose of procuring an amicable adjustment of differences existing between the two States, the British Government has been compelled to seize by an armed force the whole of the Doars, bordering on the District of Rungpoor, Cooch Behar and Assam, together with the Talook of such point as may be laid down by the British Commissioner appointed for the purpose is ceded by the Bhutan Government to the British Government for ever.

Article 3 : The Bhutan Government hereby agree to surrender all British subjects as well as subjects of the Chiefs of Sikkim and Cooch Behar who are now detained in Bhutan against their will, and to place no impediment in the way of the return of all or any or such persons into British territory.

CONFRONTING STATE VIOLENCE

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BACKGROUND

The situation in Punjab had been a cause for concern for the civil Liberties activists especially since 1982. The massive violation of human rights in Punjab had been the subject of discussion and documentation by both the National as well as International Civil Liberties Organizations. The situation also led to the rise of a number of Civil Liberties groups within Punjab which were involved with confronting the state violence as well as documenting the instances of disappearances, extra judicial killings, torture and illegal detention.

In January 1995 a petition was filed in the Punjab and Haryana High Court by the Human Rights Wing of Akali Dal a political party that more than eight hundred bodies had been cremated by the Punjab police in two cremation grounds of Amritsar City alone by showing them as unidentified during the years 1992 to 1994. The said petition was dismissed by the High Court of Punjab and Haryana. Thereafter a petition was filed in the Supreme Court stating therein that the number of bodies cremated by the police as unidentified was more than 3000 and the police knew about the names and addresses of a large number of persons who had been cremated as unidentified. The copies of the register of the cremation grounds were made as an annexure to the petition. An inquiry by the Central Bureau of Investigation on the directions of the Supreme Court revealed that more than 850 persons who had been cremated, were persons who could have been extra judicially executed and their bodies cremated by the police in order to destroy evidence. It was also revealed that a number of these people had earlier been picked up by the Punjab Police. The matter has been referred to the National Human Rights Commission and the final outcome is pending but the thing which is most relevant for the purpose of this paper is that inspite of regular visits and investigations, publication of reports and press statements of various International, National and State Civil Liberties and Human Rights Organizations the information received by various civil liberties and human rights organization the number of disappearances reported to these organizations was not more than 150 for the entire State of Punjab. The number of those reported disappeared from the Districts of Amritsar and Gurdaspur to these civil liberties organizations was not more than 50. Even though it goes to the credit of the National, State and Local level human rights activists and organizations that they kept the banner of civil liberties flying in the most difficult of and trying circumstances but it also points out to a dismal situation that more than 800 families did not report to any of the civil liberties groups and nor did it come to the knowledge of any of the civil liberties groups about the disappearance of these persons.

During the course of investigations into violation of Human Rights I came across a person who stated that he had been illegally detained in a police station for several days

as the police wanted information regarding his son and held him as a hostage for the production of his son. This old man stated that nothing had been done to him by the police authorities. This itself was surprising as on seeing the general situation it could be presumed that there would have been some torture, indignities and humiliation inflicted. On further questioning it was revealed that even though the person had been slapped, abused, kicked and made to stand for long hours with his hands above his head he did not consider the same to be torture, cruel or inhuman treatment. It was further revealed that during the course of further investigations that there were several people in that village who had been similarly treated but were not coming forward to report as they did not consider it fit to report as they considered the infliction of these 'minor' indignities as a normal part of police duties. Most of them considered as torture only if severe injuries had been inflicted and slapping, kicking and abusing was considered a normal part of a police officers duties.

The Times of India in a news story published on February 7, 1995 in their Delhi edition reported that the Delhi Police were routinely torturing people detained at the anti kidnapping cell at R.K.Puram, New Delhi and that the residents of the area were mute witnesses to the police showering batons, boots and the choicest of abuse. What was most distressing was that the residents were not opposed to torture but wanted the police to torture only after closing the windows, or not to torture when they were eating their grub as they found the shrieks to be very disturbing. During the course of a lecture session to senior police officials, I was informed by a senior police official that they were frequently approached by a father who wanted his delinquent son to be given a drubbing or a wife who wanted her errant husband to be taught a lesson. Examples where influential persons have used their influence in getting their scores settled with the intervention of the police are not few. It is considered usual to get 'delinquent' workers, domestic servants or inconvenient neighbors taught a lesson with the intervention of police officials who may be willing to oblige. It was best summed up in what one person told the correspondent of Times of India " Chor ko marenge nahin to kaya pyar karenge" (They will obviously beat up the culprit and not be affectionate to him).

HYPOCRACY OF THE STATE:

In 1977 the Indian Government co-sponsored United Nations General Assembly Resolution 32/62 which requested the drafting of a convention against Torture and other forms of ill treatment. In 1977 it was also the chief sponsor of resolution 32/64 which called on member states to reinforce their support for the declaration against torture and ill treatment. In 1979 India made such a unilateral declaration.

Every year hundreds of deaths are reported to take place in custody. Wide spread practice of torture and terror has become an ingrained way of law enforcement in the Country. Every citizen knows from his own experience that the police are a law unto themselves. The attitude of the government, the politicians and the senior level police officials at the senior level is to either dismiss as outright that torture and ill treatment takes place in police custody or to dismiss it outright as an aberration on the part of some lower level police official and to not to show it as part of state policy. Thus in 1988 when

the Late Prime Minister Shri Rajiv Gandhi was questioned on the British Television programme 'Panorama' about India's Human Rights record he said " We don't torture anybody. I can be categorical about that. Wherever we have had complaints of torture, we have had it checked and we have not found it to be true." It is difficult to imagine that bodies of over 800 victims of extra judicial execution can be cremated without it being a part of the state policy and that too only in one district. In fact the scale of massacre itself is sufficient to put dictators like Pinochet to shame, but some how the largest democracy of the world has escaped attention on this score. The views expressed by Shri Rajiv Gandhi were in sharp contrast to the views of his mother Late Prime Minister Smt Indira Gandhi in 1980 when she remarked that there must be "basic faults in police training to make them so inhuman" and calling for changes in police manual. The recent statements of Maharashtra Chief Minister Shri Manohar Joshi as well as that of Shiv Sena supremo Bal Thackeray on the indictment of Mumbai police by the Sessions Judge Mumbai on the killing of two persons in two separate incidents of alleged "Encounter" and the manner in which support was intended to be provided to the guilty police officials clearly points out to the fact that fake encounters, extra judicial executions, torture, custodial deaths and ill-treatment and illegal detentions have not only had the tacit support of the ruling parties but has also been an integral part of State policy. The hue and cry raised by the Punjab Government, the various political parties and the police officials on the setting up of a people's commission in Punjab also glaringly points out to the fact that the extra judicial executions, disappearances and torture were being carried out as an integral part of State policy and not as an aberration. The manner in which two unarmed innocent business men in the heart of Delhi Connaught Circus can be shot dead and similarly an unarmed businessman can be shot dead by the police officials on Delhi Meerutt highway a few kilometers away from Delhi points to a disturbing trend and is a clear indication that in an atmosphere of apathy and under those regimes who rule by fear no one is safe. The manner in which Jaswant Singh Khalra the person who filed the case regarding the cremation of bodies in Punjab just disappeared after having been picked by the police and the increasing attacks on human rights activists especially in the North East and Andhra Pradesh with no or negligible action against guilty officials have put several question marks on the efficacy of both domestic and international human rights groups. It is time when Human Rights activists should ask themselves some uncomfortable questions and then prepare a strategy for the future.

SOME SUGGESTIONS

The human rights circles in India have been of the considered opinion for a long time that the Indian Government (irrespective of which party has been in power) has been a repressive government. The government has attempted to rule by fear especially in those areas which have witnessed a serious challenge of state authority. It has been using torture, cruel and inhuman treatment as one of the forms of repression in conjunction with extra judicial executions, death squads, disappearances and custodial death. Even though people from all walks of life, men women and children are targets but the worst sufferers are the poor, downtrodden and the under privileged. Most of those killed in custody belong to the weaker sections of society. It is always attempted to put the blame on the lower level police officials who are often projected to be monsters in uniform and

a number of state agencies are involved in this cover up either in the name of security of state or saving the country from threats of secession or protecting the society from criminal elements and providing the people with safety and security. The self justification of torture or extra judicial executions or disappearances may come from a distorted vision of nationalist feeling or as a good object of protecting the society from evil or from getting quick results. There is need to understand how certain people can inflict physical and mental pain on others. To dismiss them as animals or unnatural means that the forces in society which shape and influence human behaviour are also being dismissed. In order to fight against state violence especially torture, cruel and inhuman treatment it is also necessary to understand what brings people to a point where they can become part of this practice. The logic which is given by the police officials as a part of self justification need to be countered.

An excuse usually given by the law enforcement officials and accepted by the public is that if they will not torture how are they expected to investigate a case and what is wrong in punishing the guilty and are we not helping the criminals by saying that they should not be beaten and are the police expected to treat them to a cup of tea when they are caught and made to stay in a hotel. A common statement also given is that if these rights are implemented the criminals will have a field day and it will contribute to the spread of crime. Police officials are also usually heard to say that there is pressure from the higher officials to show results and it is quicker method of producing results.

Human Rights Trust is not opposed to criminals being brought to book for the crimes that they have committed. Human Rights Trust believes that the criminal justice system should be revamped and made more efficient and honest, so that criminals do not escape punishment. But the work of the police is to investigate and not to punish. There should be a system of checks and balances. Once the police is given the power to punish there is no check. How is it to be ensured that the person who is being tortured is guilty or not? Is it not unjustified that to locate one criminal tens of persons should be tortured? Excessive power to the police is bound to cause excesses in a civil society. The police need to be trained in modern scientific investigative methods so that they can build up a fool proof case and not a case built upon torture which they are unable to prove in a court of law. People need to be aware that the penal justice system provides for punishment for different types of offences and our own constitution says that only punishment according to law will be given and no more. The work of awarding punishment to the guilty is that of the judiciary and not of the police.

Some Human Rights organizations are of the opinion that there should be more laws to punish the guilty police officials and the burden of proving their innocence should be shifted on the accused police officials. We do not agree with the said contention and consider that simply having more laws or declarations that torture, cruel or inhuman treatment is bad and the violators will be strictly punished but the fault lies in the implementation part of it. The local police man who mishebaves, hurls abuses or just beats up a rickshaw puller may be doing it with a clear conscience that he is helping the society move in an orderly manner and it is necessary for the implementation of the rule of law and knowing fully well that no harm would come to him. Moreover officials torturing so called secessionists and terrorists may consider themselves satisfied that they

are doing it for the cause of their nation and the general public out of a sense of nationalism may consider persons who get results by torture and other inhuman means to be the symbols of national pride and give them a high place in society thereby unwittingly endorsing their illegal and inhuman acts. Moreover if we demand that the burden of proof be shifted on the accused police officials why should the same logic not apply in the case of alleged terrorists. The state only takes this as an excuse to grab more and more power. Presumption of innocence till proved guilty is an important concept of modern jurisprudence and needs to be protected if the trial is to be independent and not a hoax and the accused should have the full right to defend himself.

It is necessary that the public be made aware about the ill effects of torture, cruel and inhuman treatment as well as extra judicial executions, disappearances and custodial deaths on the society as well as on the victim and his family members alongwith the lower level police officials in order to enable them to refuse any illegal orders that they may receive from the senior police officials. It is not enough to criticize the police but we should consider the police officials are also a part of the big human family who will be subject to reason and logic and we can make them understand that not only ill treating people of torturing or giving them cruel treatment is morally wrong and illegal but also has adverse affect on the person and family of those who torture or indulge in extra judicial killings or disappearances. The people will also have to be made aware that torture, cruel and inhuman treatment is a form of intimidation and punishment governments use to perpetuate their own rule and police training is also geared towards that. Once we are able to raise public opinion it will help in better monitoring of violations of human rights and we will also not be looked upon as adversaries of police, bureaucracy and judiciary who will be more willing to listen.

It is not meant to be stated that only public awareness should be done but it should definitely form part of any strategy of all human rights organizations and should be used in addition to the modes already being adopted only then is it likely to have a long term impact and usher in a better society.

Com H-62.

GUIDELINES FOR HEALTH CARE PROFESSIONALS: RESPONDING TO WOMEN FACING VIOLENCE

I. Introduction

Violence against women is a global phenomenon. It cuts across all boundaries of class, caste, religion, race, and education. A report recently released by the United Nations Development Fund for Women (UNIFEM) reveals a startling statistic—one in three women around the world will be raped, coerced into unwanted sexual relations, or abused in another form during her lifetime (UNIFEM, 2003). These figures are not drastically disparate from those specific to India and the City of Mumbai. According to the National Crime Records Bureau (NCRB), in 2000 an average of 480 cases of crimes against women were reported every day. It was also determined that in this year, 45 women were raped every day and 19 dowry deaths occurred on a daily basis. In 1999 in Mumbai alone, over one thousand cases of sexual crimes were reported—including rape, molestation, sexual harassment, immoral traffic, and indecent representation of women (NCRB, 1999).

Domestic violence—also called "intimate partner abuse," "battering," or "wife-beating"—refers specifically to gender-based violence that occurs within the context of an intimate relationship, including marriage. Domestic violence can be physical, psychological, financial, or sexual in nature and is one of the most common forms of gender-based violence. It is also characterized by long-term patterns of abusive behaviour and control (Human Rights Watch, 2003). Because the home is considered a safe and private space, violence within the home is often not discussed. In our society, it is often not questioned when a husband, father, brother, and/or son inflicts violence upon women in the family. Rather, such behaviour is viewed as a man's prerogative and women are left with no choice but to endure the resulting pain silently.

Such violence negatively impacts the health of victims and their families—physically, psychologically, and socially. For the treatment of these violence-related injuries and health complaints, women approach the health care system. However, this is generally only after the violence has escalated to a severe and dangerous level. When these women do come in contact with providers, only the current and obvious health complaints are investigated and there is usually no

evidence or documentation of earlier episodes and injuries. Documentation of violence by the health system is crucial in building a woman's case, as it serves as Medicolegal proof within the criminal justice system. It is crucial that this documentation not only describe physical injuries but also other health consequences not immediately apparent, details of the current violent episode (location of incident, relationship to abuser) and the history of violence (severity and frequency of earlier episodes of violence).

The definition of health is "a state of complete physical, mental, and social well-being and not merely the absence of disease" (Alma Ata Declaration, 1978). This definition implies that health care providers must not only restrict their practices to ***treatment***, but must incorporate both prevention and treatment strategies. Health care providers need to be aware about the social environment the patient is living in to prevent further damage and may be death. There is an urgent need to re-evaluate the role of the health care system in responding to victims and survivors of domestic violence. It is imperative that the agenda of domestic violence as a health issue be owned at various levels within the system. At each level, health care providers have roles to play in combating this problem and mitigating its harmful effects. In order for providers to assume these roles, it is necessary to sensitise them towards the issue of domestic violence and provide them with the information and tools necessary to effectively screen, identify, and respond to victims of domestic violence. These guidelines were written with the goal of contributing to this educational process and contain the following information:

- ☐ What we know about domestic violence in India: Summary of research studies
- ☐ Why health providers should care about domestic violence: The International Scenario
- ☐ Health outcomes and consequences of violence against women
- ☐ How can we identify victims? Overview of signs and symptoms of domestic violence
- ☐ What can ***nurses*** do?
- ☐ What can ***community health volunteers*** do?

II. What We Know About Domestic Violence in India: Summary of research studies

Domestic violence needs to be looked at as a public health issue and not just as a social issue, as it has reached epidemic proportions and creates a large burden of illness and injury. The Maharashtra Vital Statistics Hand Book (1996) indicates that the single largest cause of death among women in the state is burns, drowning and/or suicide (26.3%). Such violence extends to unborn girl children as well. The sex ratio for Maharashtra has dropped from 934 girls per thousand in 1991 to 922 girls per thousand in the year 2001, below the national average of 934. Of 8,000 foetuses aborted at a Mumbai clinic in 2002, 7,999 were female (UNICEF, *Reference Kit on Violence Against Women and Girls in South Asia*).

Studies conducted in health care settings indicate that women are approaching hospitals for treatment of health complaints and injuries caused by domestic violence. A 1996 Mumbai-based study examined cases of women recorded in the

Emergency Police Register of the Casualty Department in J. J. Hospital, a public hospital managed by the State Government (Daga et. al., 1998). Of the 833 women whose records were available, only those above 15 years of age (N = 745) were studied. The researchers found that 22.4% of cases were *definitely* due to domestic violence (the survivors themselves reported violence carried out by family members) and another 44.3% were possible cases of domestic violence (it was suspected that women suffered from domestic violence, but were unable to report the incident/s). Overall, two-thirds of the women above 15 years of age (66.7% or 497/745) were definitely or possibly victims of domestic violence. Considering the Casualty is generally confronted with the most serious injuries, the MLC register only touches the tip of the iceberg of the actual prevalence of injuries due to interpersonal violence. Furthermore, while all cases of reported assaults, poisoning, burns, patients brought by police and accident cases are recorded in the Casualty Police Register, violence faced by patients coming to the OPD for care go unreported unless the patient insists on making a Medicolegal case. Therefore, we should consider these data findings—as alarming as they are—as under-calculations of the actual prevalence and severity of violence against women accessing the facility.

III. Why Health Providers Should Care About Domestic Violence: The International Standards and Mandates

The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW, 1979) is the most extensive instrument addressing the rights of women. In 1992, CEDAW formally included gender-based violence in their charter. The new charter recommends that the state should provide support services to victims of gender-based violence, including refugees. India is a signatory to the CEDAW.

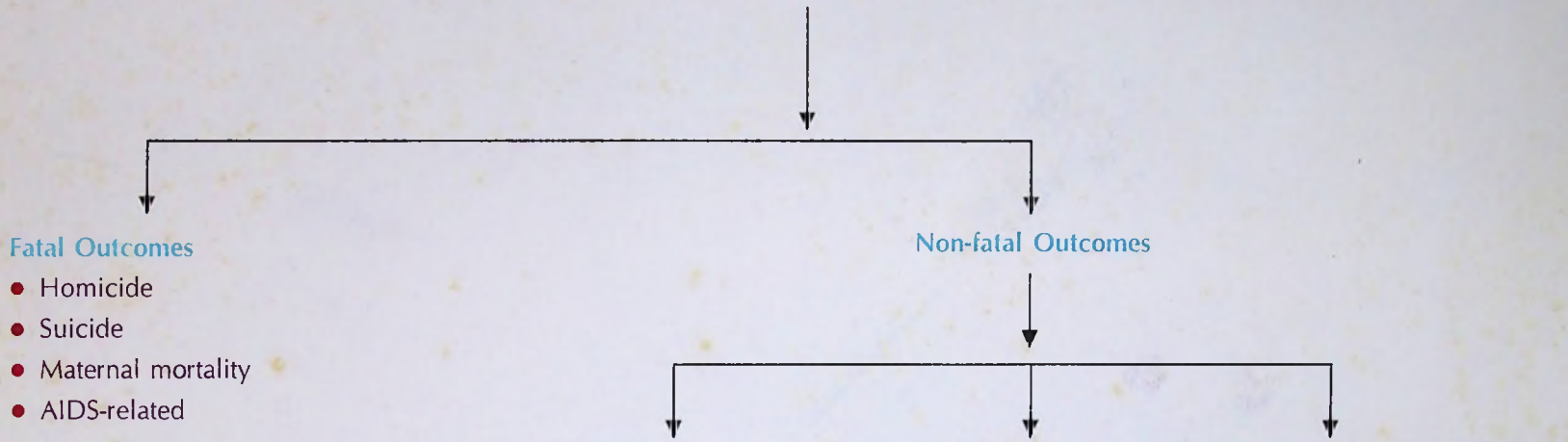
The issue of violence against women has recently gained explicit attention in many international meetings. The International Conference on Population and Development, held in Cairo in 1994, adopted a programme of action emphasizing the advancement of gender equality, the empowerment of women, and the elimination of all forms of violence against women, and incorporating them as the corner stones of population and development programmes. Governments were called upon to take full measures to eliminate all forms of violence against women, adolescents, and children—including preventive action and the rehabilitation of victims. The activities of the World Health Organization (WHO) in the area of violence against women were initiated by the Women's Health and Development Program (WHDP) in 1995. This work focuses on the role of the health care system in preventing violence against women and responding to its detrimental consequences. The long-term aim of these activities is to identify effective strategies within the public health framework to prevent violence and decrease morbidity and mortality among victims and survivors of gender-based violence. One of the outcomes of this critical work is the development of guidelines for health care providers which help them to identify and respond appropriately to women and girls who have been abused. The WHO issued a set of guidelines outlining the ethical responsibilities of doctors and other health care providers in responding to victims and survivors of violence. These guidelines detail the role these providers can play in screening, identifying, and assisting their patients facing violence.

GENDER-BASED VIOLENCE THROUGHOUT THE LIFE CYCLE

LIFE PHASE	TYPES OF VIOLENCE	
PRE-BIRTH	❖ Sex selective abortion ❖ Abuse of women during pregnancy (emotional & physical impact on woman; impact on birth outcome) ❖ Unequal access to food and health care	
INFANCY	❖ Female infanticide ❖ Physical, sexual, & psychological abuse	❖ Unequal access to food & health care
CHILDHOOD	❖ Forced child marriage ❖ Female genital mutilation ❖ Physical, sexual, & psychological abuse	❖ Incest ❖ Child prostitution ❖ Unequal access to food, health care, & education
ADOLESCENCE	❖ Dating and courtship violence ❖ Sexual coercion ❖ Unequal access to food, health care, & education ❖ Psychological, physical, sexual abuse by family members	❖ Sexual assault and rape ❖ Forced prostitution ❖ Trafficking ❖ Incest ❖ Sexual violence in the workplace ❖ Partner homicide
CHILD-BEARING YEARS	❖ Domestic violence (social isolation; physical, psychological, sexual, & economic abuse by family member/s) ❖ Rape (including marital rape) ❖ Dowry demands; Dowry-related homicide ❖ Partner homicide	❖ Forced abortions / forced pregnancies ❖ Sexual violence in the workplace ❖ Unequal access to food and health care ❖ Forced prostitution and pornography (sexual exploitation)
OLD AGE	❖ Physical, sexual, and psychological abuse by family members and/or other caretakers ❖ Neglect and maltreatment by family members and/or other caretakers ❖ Forced suicide or homicide of widows ❖ Unequal access to food and health care	

SOURCE: Heise etal, 1994

Health Outcomes of Violence Against Women



Fatal Outcomes

- Homicide
- Suicide
- Maternal mortality
- AIDS-related

Non-fatal Outcomes

Physical Health

- Injury
- Functional impairment
- Physical symptoms
- Poor subjective health
- Permanent disability

Negative Health Behaviours

- Smoking
- Alcohol and drug abuse
- Sexual risk-taking
- Physical inactivity

Chronic Conditions

- Chronic pain syndromes
- Irritable bowel syndrome
- Gastrointestinal disorders
- Somatic complaints
- Fibromyalgia

Reproductive Health

- Unwanted pregnancy
- STDs/HIV
- Gynaecological disorders
- Unsafe abortion
- Pregnancy complications
- Miscarriage/low birth weight
- Pelvic inflammatory disease
- Vaginitis
- Colpitis

Mental Health

- Post-traumatic stress disorder (PTSD)
- Depression
- Anxiety
- Phobias / panic disorder
- Eating disorders
- Sexual dysfunction
- Low self-esteem
- Substance abuse
- Nightmares
- Affective numbing
- Autonomic arousal
- Difficulty concentrating
- Hyper vigilance
- Heightened startle
- Memory loss

SOURCE: Center for Health & Gender Equity (CHANGE). Population Reports (Dec, 1999) Vol. XXVII.

IV. What are some of the signs and symptoms that can help you in identifying women facing domestic violence?

Department	Vital Signs		Essential Signs	
Gynaecology / Obstetrics	❑ History of assault ❑ MTP cases ❑ Spontaneous abortions ❑ Women repeatedly giving birth to girl child ❑ Pelvic Inflammatory Disease	❑ Chronic Leukoria ❑ Post-partum psychosis ❑ Injury marks on labia, breast, and/ or other sexual organs ❑ Abruption of placenta ❑ Unwed mothers/Pregnant widows	❑ Infertility ❑ Multiparty ❑ All ANC/ cases ❑ History of fall during pregnancy	
Surgery	❑ History of assault ❑ Abdominal trauma	❑ Burns ❑ Reporting Falls	❑ All women with CLW, IW, Contusion, lacerations, and/ or bruises	
Medicine	❑ History of consumption of poison. ❑ Breathlessness ❑ Fainting spells ❑ Swellings/tenderness ❑ Repeated health complaints despite normal reports		❑ Chronic Anaemia ❑ Tuberculosis (T.B.) ❑ Chronic patch of T.B. ❑ Irritable Bowel Syndrome ❑ Convulsions	❑ Pyrexia of unknown origin ❑ Constant bodyache, headache, and/or backache ❑ Sudden weight loss
Pediatric	❑ Child abuse (all cases) ❑ Sexual abuse ❑ Lack of concentration	❑ Chronic abdominal pain ❑ Repeated headaches ❑ CLW, IW, contusion, lacerations, bruises	❑ Mothers not breast feeding the child ❑ Bedwetting ❑ Anemia	
Orthopaedic	❑ All fractures ❑ All falls / assaults at home		❑ Minor sprains ❑ Ligament injury	❑ Contusions ❑ Chronic ache in back, shoulder, neck
Skin	❑ STIs ❑ RTI	❑ HIV+ and AIDS patients ❑ Repeated allergies	❑ Eczema ❑ Eczematous change ❑ Fungal infection	❑ Allergic rashes around the neck, thighs, waist, and/or forehead
Casualty	❑ All cases ❑ Poisoning ❑ Burns ❑ Fractures ❑ Falls	❑ Pregnancy with history of fall/assault ❑ Women with unexplained bruises, CLW, lacerations, and/ or abrasions ❑ Repeated health complains despite normal reports ❑ Assault	❑ All remaining patients	
Psychiatry	❑ Depression ❑ Insomnia	❑ Anxiety / tension ❑ Self harm	❑ Obsessive compulsive disorder ❑ Eating disorders	❑ Substance abuse ❑ Repeated health complaints
Dentistry	❑ Jaw fracture	❑ Broken teeth	❑ All remaining patients	
ENT	❑ Perforated eardrum ❑ All injuries and fractures	❑ Locked jaw ❑ H/o hearing capacity	❑ Chronic discharge from ears ❑ Sudden loss of voice	❑ Difficulty in swallowing
Opthalmology	❑ Eye injury	❑ Bruised eye	❑ All remaining patients	
VCTC	❑ All HIV+ cases		❑ All remaining patients	

V. What Can You, As A Doctor, Do?

As doctors, you are perceived as non-threatening and the patient has immense faith in you. Women are, therefore, likely to share their history of violence during medical visits. You should provide to all women you see materials relating to domestic violence, such as the brochures and pamphlets published by *Dilaasa* describing what constitutes domestic violence and what services are available to victims and survivors. In addition to distributing such materials to ***all*** women, you can also follow the set of guidelines presented below if you suspect the woman is facing violence.

- Start by sharing with the woman that, in your experience as a doctor, you have come across many women reporting domestic violence. You should assure her that whatever she shares with you will be kept confidential.
- You must understand that in case of domestic violence, women find it difficult to speak out as the abuse is by a family member. You therefore need to talk to her alone.
- For those doctors working in the **Casualty** Department, screening for cases of violence is particularly critical as all suspected cases of violence are reported at Casualty. In cases of violence reported by women, it is mandatory for you to record ***in the MLC Register*** details of the resulting injury/injuries and of the violent episode (such as location of incident, relationship to abuser, severity and frequency of earlier episodes of violence, and other health consequences not apparent at the time of the medical visit). The Medicolegal Complaint (MLC) is the only record that a woman can use as evidence of the violence she has faced. The importance of keeping an MLC as documentation should also be explained by you to women. In case of a woman who comes at night and you suspect any threat to her life, you can admit her in the hospital and refer her to the social worker or *Dilaasa*.
- While working in an **OPD**, you should refer women reporting a violent episode to the Casualty to file an MLC and also refer her to the *Dilaasa* Crisis Centre (Department No. 101) or to a social worker who can provide emotional and psychological support, assist in filing a formal police complaint against the abuser, provide referrals to other needed services (such as legal help, shelter, job training, and other women's groups), facilitate joint meetings with the abuser(s), and provide general social support.
- While treating patients admitted in the **wards**, you should document any history of violence that the woman may share with you in the indoor papers. In case you suspect violence and you are unable to speak to the woman please ask the social worker to talk to her.
- While treating patients for any illness, it is your duty to not only prescribe treatment but also to speak of prevention. For example, when a patient reports loose motions, patients are asked to undergo a stool examination. Based on the results of this examination, further treatment is prescribed and simultaneously there is a discussion about preventing further infection—you may instruct the patient to drink boiled water and/or avoid oily food. This mode of practice also extends to women reporting domestic violence. In addition to treatment, you must also provide additional information about the availability of other services—counselling, shelter, and legal assistance—that can help reduce the severity of violence and/or protect women from further episodes of violence that may otherwise prove to be fatal.
- Please remember that failure on your part in identifying and documenting cases of domestic violence can be viewed seriously by the court of law.

VI. What Can You, As A Nurse, Do?

As a nurse, you spend maximum time in direct contact with the patients—whether assisting a doctor at an OPD or Casualty or in the inpatient department. Hence you are able to see the relatives of the patient and also observe her interactions with them.

Given your unique position, you are able to...

- Distribute informational pamphlets and brochures on domestic violence and available services to each patient admitted in the ward
- Attempt to talk to all women, especially those who may have consumed poison, reported falls or pelvic bleeding, come for an abortion, or had a still birth. You have the authority to ask the relatives to leave the bedside. This is the time you can ask the woman questions in a sensitive manner and private space.

- Assure her of confidentiality. Otherwise, the woman may not be able to reveal her experiences of violence.
- Start the conversation by saying that, in your experience of talking with women, some do report domestic violence but some hesitate to talk about it. Ask her, "Have you ever faced any such incident?" Or, you can share your observations, such as "You seem tense whenever your family members visit...would you like to share something that is bothering you?"
- Convey the importance of a formal police statement and assure her that doing this ensures her safety and also serves as evidence of the violent episode. If she has given the doctor a different history of the source of her sustained injuries, notify the doctor immediately to document her desire to change her statement.
- Refer her to the *Dilaasa* Crisis Centre, Department No. 101 or to the social worker.

VII. What Can You, As A Community Health Volunteer (CHV), do?

Remember that you are an important link between the hospital and the community. You are also viewed as non-threatening in the community because you handle issues related to immunization of children, family planning, and reproductive health. Your work provides an important entry point into women's lives, as it puts you in direct and personal contact with the women. You are in a unique position to ask women whether they face violence at home in any form.

- In order to ease the process of asking about violence, you can share with women that you come across many other women who talk about violence at home. Let them know that there is help available if they are willing to share the history of violence, tell them about the *Dilaasa* Crisis Centre for Women, and give them the necessary informational brochures and pamphlets containing contact information of service organizations that can help them.
- Provide her emotional support by sharing that she is not alone. Impart information on filing a police complaint as well as seeking medical help whenever she faces violence. Give her information about the social work department in the hospital as well as the community centers and counseling centres that may be addressing the issue of violence.
- While doing this, it is important to assure her of confidentiality.
- You need to assess women's safety. In case there is a threat to their safety, you need to provide them with information on emergency shelters and encourage them to use them
- You must reach out to all the women whom you meet.

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Dilaasa – Crisis Centre for Women

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