

**U.S. POLICY TOWARD VICTIMS OF TORTURE**

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**HEARING**  
BEFORE THE  
SUBCOMMITTEE ON INTERNATIONAL OPERATIONS  
OF THE  
COMMITTEE ON FOREIGN RELATIONS  
UNITED STATES SENATE  
ONE HUNDRED SIXTH CONGRESS

FIRST SESSION

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## **U.S. POLICY TOWARD VICTIMS OF TORTURE**

**FRIDAY, JULY 30, 1999**

U.S. SENATE,  
SUBCOMMITTEE ON INTERNATIONAL OPERATIONS,  
COMMITTEE ON FOREIGN RELATIONS,  
*Washington, DC.*

The committee met, pursuant to notice, at 2:03 p.m., in Senate Foreign Relations Committee room S-116, U.S. Capitol, Hon. Rod Grams (chairman of the subcommittee) presiding.

Present: Senators Grams and Wellstone.

Senator GRAMS. I would like to bring this hearing to order.

Of course, we apologize for the delay, but we thank you for taking the time and staying around. I know we are 4 hours late because of all the votes that we are having on the floor today. We still have a number of them left. So we might have to just take brief recesses and run back and forth. But we should be able to get the majority of the hearing in. It will probably be a little more abbreviated than we had hoped or expected.

I would just like to say a couple words to start with. I know Senator Wellstone will be here momentarily to join us as well. I talked to him on the floor, and he told me that he will be here. So we are expecting him to come in in just a moment.

I think most Americans are aware that torture still occurs. And they may have heard about the rape camps in Bosnia or the cellar at the police station in Pristina, Kosovo. But I do not think they believe it is as widespread or so crippling the effects that it has on societies.

And torture is practiced or condoned in more than 100 nations around the world. And torture, as we know, is not used as a weapon just against an individual, but it is used as a weapon against democracy.

Now the only provision of the Torture Victims Relief Act that has been fully implemented is the authorization of the increased U.S. contribution to the U.N. voluntary funds. No other funds have been forthcoming to date, although the Department of Health and Human Services did include the full \$7.5 million authorization for fiscal year 2000 in its budget request for domestic treatment centers. USAID did not request any funds for treatment centers abroad.

It remains possible for USAID to designate funds in our multi-billion dollar foreign aid budget for grants to torture victims treatment centers. And I encourage USAID to do so.

Today Senator Wellstone and I are going to raise the bar by introducing the Torture Victims Relief Reauthorization Act. This bill

will increase the authorization level to \$10 million for domestic treatment centers, \$10 million for international centers, and \$5 million for a United States contribution to the Voluntary Fund for Tortured Victims through fiscal year 2003.

I look forward to hearing from the administration witnesses today about the reasons why it has not fully implemented the Torture Victims Relief Act and steps that can be taken to move that process forward. And I hope the administration listens to experts like Doug Johnson from the outstanding Center for Victims of Torture in my home State of Minnesota and also Dr. Inge Genefke of the International Rehabilitation Council for Torture Victims, because they have a real proven record of excellence in this field.

And as we will hear from a very courageous torture survivor, Ms. Angelique Cooper who we know, that lives do hang in the balance.

So I would like to also just make a motion that my entire statement be offered into the record as read. But I wanted to just abbreviate it a little bit, so we can take a little more time hearing from our witnesses today. And like I said, when Senator Wellstone comes, he will have a chance, also, if he wants to make his opening statement, as well.

[The prepared statement of Senator Grams follows:]

PREPARED STATEMENT OF SENATOR ROD GRAMS

I think most Americans are aware that torture still occurs. They may have heard about the rape camps in Bosnia, or the cellar of the police station in Pristina, Kosovo. But they don't realize that it is so widespread, or its crippling effect on entire societies. Torture is practiced or condoned in more than 100 nations. And torture isn't used as a weapon just against an individual—it is used as a weapon against democracy. It is designed to physically and emotionally cripple individuals, to render them incapable of mounting an effective opposition to a regime or a system of beliefs. Torture doesn't affect just the victim—it sends a strong message to the victim's family, community, and nation that dissent will not be tolerated. That's why torturers so often target the leadership of political opposition. As a nation, we cannot stand by and continue to let the victims of torture suffer in silence. We must do more than proclaim that the practice of torture is abhorrent. We must provide assistance to torture survivors, for they truly are not able to help themselves.

While the practice of torture is not a problem in this country, many victims of torture flee to the United States to seek refuge. As many as 400,000 torture survivors now live in the United States, and many of the survivors are not getting the assistance they need. Other survivors of torture remain abroad; they deserve effective treatment as well. These foreign torture treatment centers not only help individuals physically and mentally heal, they give people a safe place to go where they can create the networks necessary to continue their missions.

Last October marked two important steps toward greater efforts by our government to address the needs of victims of torture. First, the enactment of the Foreign Affairs Reform and Restructuring Act of 1998 [Public Law 105-277] effectively imposed an obligation on the U.S. Government not to return people to countries in which they face subjection to torture. It's hard to believe that before that change our law actually permitted the deportation of people to places where it was more likely than not they would be tortured, but that was the case. I am proud to have been the author of that provision, along with Congressman Chris Smith.

Second, the Torture Victims Relief Act [Public Law 105-320] which Senator Wellstone and I cosponsored was finally enacted. It authorized \$12.5 million over two years for assistance to torture victim treatment centers here in the United States and another \$12.5 million for treatment centers around the world. It also authorized a U.S. contribution in the amount of \$3 million per year to the United Nations Voluntary Fund for Torture Victims, and required that Foreign Service Officers be given specialized training in the identification of evidence of torture and the techniques for interviewing torture victims.

The only provision of the Torture Victims Relief Act that has been fully implemented is the authorization for the increased U.S. contribution to the UN Voluntary Fund. No other funds have been forthcoming to date. While the Department of

Health and Human Services did include the full \$7.5 million authorization for fiscal year 2000 in its budget request for domestic treatment centers, USAID did not request any funds for treatment centers abroad. It remains possible for USAID to designate funds in our multibillion-dollar foreign aid budget for grants to torture victim treatment centers. I encourage USAID to do so.

Because today Senator Wellstone and I are going to raise the bar by introducing the Torture Victims Relief Reauthorization Act. This bill will increase the authorization level to \$10 million for domestic treatment centers, \$10 million for international centers, and \$5 million for a United States contribution to the Voluntary Fund for Torture Victims through fiscal year 2003.

I look forward to hearing from the Administration witnesses today about the reasons why it has not fully implemented the Torture Victims Relief Act and steps that can be taken to move this process forward. I hope the Administration listens to experts like Doug Johnson from the outstanding Center for Victims of Torture in my home state of Minnesota and Dr. Inge Genefke of the International Rehabilitation Council for Torture Victims, because they have a proven record of excellence in this field. And as we will hear from a very courageous torture survivor, Ms. Angeliqe Cooper, lives do hang in the balance.

Senator GRAMS. So I am going to probably go through this a little bit faster and ask some of the questions a little quicker than normal. But again, I want to thank you all for being here.

I would like to start out by asking a couple questions from the State Department. Mr. Bennett Freeman, who is here, the Deputy Assistant Secretary of State from the Bureau of Democracy, Labor and Human Rights.

Also, let us see who else we have. Ms. Ann VanDusen, who is Deputy Assistant Secretary from the Bureau for Policy and Program Coordination, USAID. And, of course, Dr. Genefke, secretary-general of the International Rehabilitation Council for Victims of Torture, and Doug Johnson, who is the executive director for the Center of Victims of Torture in the Twin Cities. And, as we mentioned, Ms. Cooper is also here to lend us some testimony here today.

I am going to kind of take the questions from left to right, if that is all right.

So, Mr. Freeman, I would like to start with you. Many of the nearly 200 treatment centers for victims of torture around the world exist in countries where torture has been, and continues to be, a very serious problem. Often the host governments are hostile to these centers and to their clients, and the safety of the personnel and their ability to do work that can benefit from an acknowledged relationship with U.S. Embassy personnel.

So my first question is: Are you aware of any U.S. Embassies which have made contact or been able to establish any kind of relationships with treatment centers for the victims of torture?

Mr. FREEMAN. Yes, Senator. Let me begin by thanking you for chairing this important hearing on this extremely sensitive topic. I want to salute you, as well as Senator Wellstone, for your leadership on this very important issue.

To answer your question directly, the State Department, both here in Washington and our embassies abroad, is very well aware and very appreciative of the important work done by the centers around the world. In order to get an even sharper appreciation and more specific information on these efforts, recently the State Department sent out a cable to every one of our diplomatic posts in the world asking for any information they had available on centers where victims of torture can be treated and counseled.

We have gotten back a number of interesting and encouraging responses from our posts. I can give you an example of one in particular, which I provide more detail on in my statement, and which I would like to have included in the record.

Senator GRAMS. Without objection, it will be included.

Mr. FREEMAN. Thank you very much.

That is the example of a very good effort in Sri Lanka. Our embassy in Colombo has established a direct relationship with a torture center. And, there is another very good effort underway in Nepal, where our embassy has worked directly with USAID and with the Department of Defense to secure the donation of a plane load of surplus medical supplies and other equipment to benefit the Center for Victims of Torture in Kathmandu.

Those are just two examples of the very many positive efforts underway around the world. The people who are working in these centers with the support of Dr. Genefke and, of course, with Doug Johnson and his center in Minneapolis, are really doing the Lord's work. We salute them for it.

Senator GRAMS. You have to excuse. I forgot to ask if anybody had opening statements. If you did, I would go ahead and entertain those statements.

And, Mr. Freeman, I apologize. So if you had a statement that you would like to read parts of or all—it will be all entered into the record. But if you have some comments that you would like to start out with for the committee, it would helpful as well.

**STATEMENT OF BENNETT FREEMAN, DEPUTY ASSISTANT SECRETARY OF STATE, BUREAU OF DEMOCRACY, HUMAN RIGHTS AND LABOR, DEPARTMENT OF STATE**

Mr. FREEMAN. Well, thank you, Senator. I will very briefly just highlight a few aspects of my prepared statement. Again, I want to salute you, together with Senator Wellstone, along, of course, with Congressman Smith and Congressman Lantos on the House side, for your outstanding and sensitive leadership.

I also want to salute Dr. Genefke, whom I had the privilege of meeting the other day, as well as Doug Johnson, for their fine humanitarian work in this area.

I should say on a personal note that I had the privilege of visiting the center in Minneapolis in the spring of 1993 with then Secretary of State Warren Christopher. It was that visit that brought home to me personally for the first time the very important, caring work that is done in your home State.

I am not going to go into any discussion of the substance of the work that is done in the centers, both in Minneapolis and elsewhere around the world. You have two of the foremost experts in the world who can do just that. But I want to emphasize that the United States is firmly committed to ending torture and to helping individuals who have suffered from this debilitating practice.

We are pleased that the Clinton administration has been able to work together with the Congress to advance these goals. My Bureau is headed by Assistant Secretary Harold Hongju Koh, who is not with us today for one reason, and that is he is in Turkey undertaking discussions with Turkish officials on human rights issues.

The single-most important thing that our Bureau does in order to shine a spotlight on the practice of torture is to publish every February, our Country Reports on Human Rights. As you know, Mr. Chairman, the report on each individual country includes a section covering findings of torture and other cruel, inhuman or degrading treatment or punishment.

It is a hallmark of our Country Reports that they openly report on torture wherever it occurs. We believe that that criticism itself helps to curtail the practice of torture in some countries.

In addition to this essential reporting function, our Bureau works through its Offices of Bilateral and Multilateral Affairs, in particular, to advance our diplomacy against torture around the world. I am delighted that my colleague, Steve Wagenseil, the Director of our Office of Multilateral Affairs and a very experienced diplomat, is behind me today. He has spearheaded much of our work through the U.N. Human Rights Commission in Geneva, where we have been very active in supporting resolutions against torture in both generic and country-specific contexts.

I should say very clearly that not only do we document torture through our report, not only do we work multilaterally and bilaterally, but we also demand an accounting. We feel strongly that torturers must be shown they cannot act with impunity.

It is for that reason above all that we have worked very closely with the Tribunal for the Former Yugoslavia to document a wide array of human rights abuses, war crimes, and crimes against humanity, including torture, in Kosovo.

But demanding justice is only half the battle. I would also like to emphasize that the United States is the largest single donor to the United Nations Voluntary Fund on Torture. We provided \$3 million to the fund in this current fiscal year. And by the way, that \$3 million is both an increase of \$1.5 million over the last fiscal year and dramatically and quite necessarily up from what was just \$100,000 contribution as recently as 6 years ago.

We also strive to help torture victims in a variety of other ways, ranging from protecting survivors from return to countries where there is a substantial risk of torture, to providing technical assistance to victim treatment facilities.

Let me say a very quick word about asylum, which of course is an important focus of the U.S. Government's overall efforts on torture. As stipulated by the U.N. Convention Against Torture, asylum seekers are not returned to countries where they are most likely than not to suffer torture. In fact, in response to the legislation passed last year, the State Department and INS have together promulgated regulations establishing procedures to ensure that people in the United States are not returned to face likely torture in other countries.

I have already mentioned, in direct response to your question, Mr. Chairman, how the State Department has encouraged our posts throughout the world to look for ways to work with and to help local torture centers. But we are doing this in other contexts as well, perhaps no more dramatically or urgently than in the Balkans, where, sadly and tragically, torture has taken place in Kosovo in recent months.



In a report the State Department released on May 10 entitled, "Erasing History, Ethnic Cleansing in Kosovo," we detailed human rights abuses in Kosovo up to that point, including many instances of torture. A second volume will complete the story and highlight new evidence about mass graves, burning of bodies and evidence, as well as using civilians as human shields.

Let me emphasize that in the Kosovo context, and also more globally as well, we have focused on different aspects of torture. One I want to highlight just for a minute is very specific violence directed against women. This has been a horrifying reality in Kosovo and elsewhere.

We have been working hard to try to address the special needs of those who have suffered such atrocities in the context of our larger efforts to aid all Kosovar refugees. We have funded a \$10 million Kosovar women's initiative, which will be the centerpiece of the U.N. High Commissioner for Refugee's efforts to provide psychosocial support to Kosovar refugees affected by violence against women.

I want to underline the section in my testimony that explains that our support to countries for military and police training takes into account human rights violations, including perpetrators of torture. The Leahy amendment has been an important tool in that regard.

I would like to address one other specific area that is very precisely laid out in the landmark act passed last year, and that is the provision of training for State Department personnel, specifically for our consular officers. We have been well aware of concerns about the administration's compliance with that specific portion of the act.

I would like to tell you, Mr. Chairman, and Senator Wellstone that I met recently with Ambassador Ruth Davis and Steve Browning of the Foreign Service Institute, together with several of their colleagues, to discuss in very specific terms the Department's efforts to ensure compliance with this provision.

We reviewed our efforts to enhance existing training programs for our consular officers on how to identify and interact with victims of torture and to direct them toward expert assistance.

The statement you have kindly accepted for the written record, Mr. Chairman, includes several paragraphs about the ongoing training efforts, particularly for consular officers. It also includes a couple suggestions as to how we might further enhance those efforts in the months ahead, so that we can be absolutely sure that our training efforts are fully consistent with the letter and the spirit of the landmark act.

I would like to conclude by simply saying that it is a privilege and a responsibility to be part of the Bureau of Democracy, Human Rights and Labor. We expend a considerable amount of effort working on the horrifying reality of torture, that is still too much with us.

It is the efforts of the NGO's, in your home State of Minnesota, as well as organizations like Dr. Genefke's around the world, that really show the way. We appreciate the leadership of our two Senators from Minnesota, as well as Members on the House side. The State Department looks forward to continuing to work with you to

do the best job we are able to, to confront these very, very painful issues.

Thank you.

[The prepared statement of Mr. Freeman follows:]

PREPARED STATEMENT OF BENNETT FREEMAN

Mr. Chairman and Members of the subcommittee: It is a privilege to testify on such an important topic on behalf of the Bureau of Democracy, Human Rights and Labor, and Assistant Secretary Harold Hongju Koh. Before leaving for Turkey on Wednesday evening, Assistant Secretary Koh spoke at the reception honoring you, Mr. Chairman, and Senator Wellstone, together with Congressmen Smith and Lantos, for your work on the Torture Victims Relief Act and your commitment to helping victims of torture. The reception also paid tribute to the individuals and organizations, including the Center for Victims of Torture in Minneapolis, and the International Rehabilitation Council for Torture Victims in Copenhagen, that are doing so much to help.

I want to salute you, Mr. Chairman, and Senator Wellstone, for your sensitive work on behalf of the Center for Victims of Torture in Minnesota and other torture treatment centers around the United States. Moreover, your leadership on behalf of legislation to help torture survivors and their families is an inspiration and an investment in healing wounds and repairing lives.

I first gained an appreciation for the importance of this work in May 1993, when I visited the Center in Minneapolis with then-Secretary Christopher. It was a moving experience that made me understand the difficult challenge of overcoming both the physical and psychological wounds brought about by torture. For most Americans, torture is virtually inconceivable; it is simply beyond our frame of reference. But for all too many around the world, it is a brutal reality that leaves scars for a lifetime. Those organizations and individuals that work with the victims make a positive impact on shattered and traumatized lives, helping torture survivors to recover and become an integral part of the larger community.

In the second panel you will be hearing testimony from expert NGO witnesses who work with torture survivors. Therefore, my statement focuses on U.S. Government efforts to support the international fight against torture and to aid those whose lives have been horribly and unjustly damaged by torture.

Let me emphasize that the United States is firmly committed to ending torture and to helping individuals who have suffered from the debilitating practice of torture. Both the Clinton Administration and Congress share these goals, and we are pleased to work toward them together. As President Clinton said last October when he signed the Torture Victims Relief Act "The United States will continue its efforts to shine a spotlight on this horrible practice wherever it occurs, and we will do all we can to bring it to an end." Even prior to passage of that legislation, and since, the Administration has been working on the commitments embodied in the bill.

One of the backbones of my Bureau's—and indeed the U.S. Government's—work to promote human rights is our annual Country Reports on Human Rights. In these reports, which we submit to the Senate Foreign Relations Committee every February, we strive to cover the internationally-recognized individual, civil, and political rights set forth in the Universal Declaration of Human Rights, specifically including freedom from torture. Mr. Chairman, as you know, the report on each individual country includes a section covering findings of torture and other cruel, inhuman, or degrading treatment or punishment. It is a hallmark of our Country Reports that they openly report on torture wherever it occurs. We believe that that criticism itself helps to curtail abusive practices in many countries.

In addition to this essential reporting function, our Bureau for Democracy, Human Rights and Labor works on these issues on a regular basis, especially in our Offices of Bilateral and Multilateral Affairs. When we find evidence of torture, we use bilateral channels to raise our concerns forcefully with offending governments, consistently raising these important concerns at the highest levels. I had the opportunity to raise concerns related to torture with the governments of Vietnam and Cambodia when I visited those countries two weeks ago. In what was the 7th round of our bilateral human rights dialogue with Vietnam, I discussed prison conditions, including beatings of prisoners, with Vietnamese officials. In Cambodia, because torture in that country is closely bound up in its culture of impunity and is common in police custody when securing confessions from suspects, I gave the Minister of Justice a copy of a recent report on impunity authored by Human Rights Watch together with two leading Cambodian NGOs.

Mr. Chairman, we also work through a number of multilateral institutions to press our specific concerns about torture. We can be proud that the U.S. has long played a vigorous leading role in formulating the United Nations Declaration on Protection from Torture and the Convention Against Torture, and Other Cruel, Inhuman or Degrading Treatment or Punishment, which we ratified in 1994. We are proud to comply with the terms of the Convention. At the same time, we urge countries that have ratified the Convention to abide by its tenets, and we urge countries that have not yet ratified to do so.

At the United Nations Commission on Human Rights, we support country-specific resolutions that mention cases of torture and thematic resolutions that support the work of the United Nations Special Rapporteur on Torture. We urge all countries to cooperate fully with the Rapporteur, underscoring how vitally important it is that the Rapporteur be independent and have full access to human rights activists and abuse victims with full safeguards protecting these sources.

Simply put, where there is evidence of torture, we demand an accounting. Torturers must be shown that they cannot act with impunity. For example, the United States took the lead in pushing for the formation of International Criminal Tribunals on the former Yugoslavia and Rwanda, to bring to justice those responsible for torture and other crimes. Most recently, we have worked very closely with the Tribunal for the former Yugoslavia to document a wide array of human rights abuses, war crimes, and crimes against humanity, including torture in Kosovo. We are also seeking to establish mechanisms of accountability for the Khmer Rouge and the current regime in Iraq, and we support the work of truth commissions the world over, including the Truth and Reconciliation Commission in South Africa, as well as those in Guatemala and El Salvador.

But demanding justice is only half the battle. Let me also emphasize that the United States is the largest single donor to the United Nations Voluntary Fund on Torture, providing \$3 million in FY99, and increase of \$1.5 million over FY98. We also strive to help torture survivors in a variety of ways, ranging from protecting survivors from return to countries where there is a substantial risk of torture to providing technical assistance to victim treatment facilities.

We are committed to protecting those at risk of torture by ensuring that, as stipulated by the U.N. Convention Against Torture, asylum-seekers are not returned to countries where they are more likely than not to suffer torture. In fact, in response to legislation passed last year, the Department of State and the Immigration and Naturalization Service promulgated regulations establishing procedures to ensure that persons in the U.S. are not returned to face likely torture. The Department of Justice is also establishing a working group that will be dedicated to identifying and taking appropriate action—prosecution, extradition, or deportation—against torturers who may be in the U.S.

Mr. Chairman, the State Department also encourages our posts throughout the world to look for ways to work with and help local torture centers. One recent example is a cable we sent all of our posts asking them to contact and establish relationships with treatment centers and report examples of financial and diplomatic support of such centers' activities. We have received many encouraging responses from posts around the world. To cite just one example, our Embassy in Sri Lanka maintains close contact with two organizations that treat torture victims, the Family Rehabilitation Center and a group called Survivors Associated. In addition, the U.S. has funded a \$4,400 grant to the Family Rehabilitation Center administered through the Asia Foundation to raise awareness in Sri Lanka about the issues that torture victims face.

Often, torture is accompanied by a wide range of other human rights abuses or occurs in the context of humanitarian crises, as we have seen in the Balkans and the Great Lakes region of Africa. Therefore, a full response to torture requires addressing the broader situation in which it has been perpetrated. The United States is the leading contributor to international humanitarian assistance and has funded psychosocial and other aspects of health care in response to the needs of refugees and conflict victims around the world who have suffered torture.

In Kosovo, our current human rights and democratization priorities focus on long-term structural goals such as judicial training and establishing a human rights ombudsman. Of course, we seek to find long-term solutions while at the same time ensuring that the human rights protection mechanisms in the immediate post-conflict environment provide effective remedies for all Kosovars. We will continue to work with the U.N. Mission in Kosovo toward these important goals.

On May 10, the State Department released a report entitled, "Erasing History: Ethnic Cleansing in Kosovo," which detailed human rights abuses in Kosovo up to that point, including instances of torture. A second volume will complete the story and highlight new evidence about mass graves, burning bodies and evidence, using

civilians as human shields, and other violations of human rights. We hope to release this report later this year and we will be prepared to brief interested Senators and staff as soon as that report is available.

As we noted in "Erasing History," Kosovo is among the recent conflicts in which we have seen rape and other violence against women used as a weapon of war. Because violence against women is of great concern to us, the U.S. is working hard to address the special needs of those who have suffered such atrocities in the context of its larger efforts to aid all Kosovar refugees. We funded a \$10 million Kosovar Women's Initiative which will be the centerpiece of the U.N. High Commissioner for Refugees' efforts to provide psycho-social support to Kosovar refugees affected by violence against women. The UNHCR has also sought to identify victims of such violence in its overall assistance efforts to Kosovar refugees. As relief efforts continue to shift from short-term to long-term efforts, more programs will emerge that address refugees' psycho-social needs.

The U.S. has also funded a project by the World Health Organization (WHO) that will provide counseling and health follow-up to survivors of violence against women. This initiative is being designed and will begin to be implemented soon.

To aid victims of rape and other women's human rights abuses around the world, the U.S. has established the Women Survivors Project. This project, which my Bureau is in the process of funding, will work with indigenous non-governmental organizations in several countries to provide counseling, social reorientation activities, and training in income-generating activities to mainly women survivors of genocide. The project includes a \$100,000 grant to an indigenous nongovernmental group in Rwanda called Rwanda-Women-Net that is working particularly with traumatized survivors of genocide and rape.

Through its Polyclinic of Hope project, Rwanda-Women-Net provides treatment services to women of different ethnic backgrounds who shared a common trauma of rape and violence during the 1994 genocide. In addition, it constructs shelters for vulnerable women and their families. Our grant will assist widows and girl heads-of-household and their families in psycho-social adjustment, shelter building, and skills training activities.

We also maintain a firm commitment to see that U.S. military and police training do not benefit known human rights violators, and that security forces that engage in abuses do not use U.S.-produced equipment to do so. The Administration's commitment to this principle was reinforced by recent legislation requiring increased attention to the record of security force units receiving our assistance. We have worked hard to ensure that our embassies understand the new provisions of the Foreign Operations and the DOD Appropriations and that each embassy has in place a plan to ensure that it will comply with the law.

In sum, we believe that our efforts against torture, especially our support for treatment programs gives hope to those seeking human rights and democracy. We believe that this support reflects and reinforces our national commitment to combating the practice of torture and upholding our most cherished American values.

We are well aware of concerns about the Administration's compliance with the portion of the Torture Victims Relief Act that calls for training for consular personnel on how to interact with victims of torture. This issue was highlighted again at a hearing on the House side last month on this same topic. I recently met with Ambassador Ruth Davis and Dean Steve Browning of the Foreign Service Institute (FSI) and several of their colleagues to discuss the Department's efforts to ensure compliance with this provision. We reviewed our efforts to enhance existing training programs for our consular officers on how to identify and interact with victims of torture and to direct them toward expert assistance. This is an interagency process involving not only my Bureau and FSI, but also the Bureau of Consular Affairs, and potentially others like the Bureau Population, Refugees, and Migration (PRM).

Currently, FSI's basic consular training course includes a role-playing session in which an American citizen has been tortured in a foreign jail, and the consular officer must know how to identify symptoms of torture, be sensitive to the victim's needs, and point the person toward help. We plan to enhance this important segment by emphasizing more fully and explicitly that such concerns and need for sensitivity apply to non-American citizens as well.

In the advanced consular course, my Bureau and others have the opportunity to conduct a class on our issues, and we are committed to ensuring that torture victims' concerns are included in the human rights dimension of this training. FSI's training for political officers also includes components on torture, along with a wide range of other global issues, including human rights concerns.

Mr. Chairman, I know you have heard from other Administration representatives that the U.S. report to the Committee on Torture, as required by the Convention on Torture, is near completion. I am pleased to inform you that we expect the report

to be submitted shortly, and we would be pleased to brief the Committee on this report when it has been submitted to the United Nations Committee Against Torture.

In closing, we extend our concern and regard to individuals who have experienced the cruelty of torture. We honor those at the Center for Victims of Torture, and others, who labor at direct care, education, and prevention. And finally, we reaffirm our commitment to this cause, as well as our desire and willingness to work closely with Congress on these complex and wrenching issues.

Thank you, Mr. Chairman. I am ready to take any questions you may have.

Senator GRAMS. I would also like to hear from Ms. VanDusen and the other members of our panel today. But Senator Wellstone has joined us, and I would like to give him an opportunity, if he has any, to give any remarks that he would like to make as well.

Senator WELLSTONE. I appreciate it. I actually a little later on to maybe get a chance to speak, but let us—we still have a final vote. And I just apologize that we have had all these votes all day. Let us just hear from the panel. I appreciate your courtesy, though.

Senator GRAMS. All right.

Ms. VanDusen.

**STATEMENT OF ANN VANDUSEN, DEPUTY ASSISTANT ADMINISTRATOR, BUREAU FOR POLICY AND PROGRAM COORDINATION, U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT**

Ms. VANDUSEN. Thank you, Mr. Chairman, Senator Wellstone. I appreciate the opportunity to be here today to talk a little bit about the USAID's efforts to prevent and control the worldwide problem of torture.

And given that you still have another vote and time is short, I am just going to make five points. My testimony for the record has a lot of details about specific country programs. But if I could focus just on how we approach this very difficult issue and deal with some of the questions that USAID is asked about our program, I think that will set the framework for the discussion that I know you want to have.

First, our definition of torture is an inclusive one. It includes a man who has been beaten or maimed, a woman who has been raped, especially when rape is used as an instrument of war, or an individual, and it is often a child, who has been forcibly recruited into a rebel army through beatings and threats. All of these people badly need help and understanding in dealing with their trauma, trauma that lasts long beyond the initial acts.

USAID's focus is also a broad one, focusing both on treatment and on prevention. In treating the victims of torture, we try to focus on the community and strengthening the community's capacity to deal with the effects of the trauma. And our goal ultimately is to establish and strengthen the programs that will continue to serve the community after U.S. funds are withdrawn.

In the prevention area, our goal is to encourage the development of institutions, such as free press, independent judiciaries, human rights watchdog groups, that have been proven effective in preventing torture from occurring, and helping to develop the mechanisms that hold perpetrators accountable.

Our report to Congress, which was submitted in April, has many specific details on the program that we are undertaking now. But

it was prepared in March and submitted in April when the full dimension of the Kosovo conflict was only barely understood.

Must we stop?

Senator WELLSTONE [presiding]. No. No. Please. And by the way, when I said another vote, we will run out quickly and come right back. I do not think you should rush. This is too important. It is way too important. Do not rush.

Ms. VANDUSEN. All right. Well, thank you. There are only three other points.

I do want to provide you with update on our program, because a significant amount of additional work has been done in the last 3 months because of the Kosovo crisis.

As everyone is very acutely aware, many Kosovars suffered torture and other forms of brutality, as well as the trauma of being forced from their homes, seeing their friends and family killed, and return to a devastated homeland. And I would say the systematic use of rape has been particularly traumatic given the terrible stigma that it places on the women in that society.

We have mounted major programs just in the last several months to try to address the psychosocial counseling needs of the refugees and the returned refugees. I have detailed information which may be of interest to you. What we have tried to do is set up programs that can follow the refugees when they go back to their homeland.

For instance, in Macedonia we have been supporting programs by the International Catholic Migration Committee and the Doctors of the World that include therapeutic activities for girls and women suffering from rape and other forms of trauma.

Doctors of the World is also working with local Kosovar NGO's, including the Center for the Protection of Woman and Children, to improve their ability to take on more programs.

In Albania, the Catholic Relief Services social workers have provided trauma counseling to woman and girls. The activities range from simple trauma counseling, although hardly simple, to training of social and community workers in the identification and referral of severe cases.

In addition to this, which we estimate has added another \$3.7 million in specific psychosocial work to our ongoing program, we are currently reviewing proposals for a 3-year program focused on social rehabilitation in Kosovo.

The other two points I want to raise have to do with questions that keep coming up about the USAID program. I want to try to clarify. The first one has to do with why the administration has not requested funds specifically authorized in the Torture Victim Relief Act.

The answer is that the administration does not see the need for a separate appropriation in order to fund these programs. Rather, USAID draws on funds that are already appropriated for health programs, for democracy programs, for humanitarian assistance programs, for programs in Eastern Europe to fund programs that prevent torture and treat torture victims. It is comparable to the way we fund programs for orphans, for displaced children, for victims of war.

In our report, which was submitted in April, we estimated that we would be committing roughly \$7.5 million to programs that prevent, treat and deal with the consequences of torture.

The \$3.7 million additional that has gone so far into the Kosovo program and the additional amount that will be committed as a result of the social rehabilitation programs means that this year we will probably be committing in excess of \$10 million to this specific area.

The second question that we are often asked is why do we not support the work of treatment centers affiliated with the International Rehabilitation Council for Tortured Victims. The simple answer is that we do, and we hope to do more.

In Sri Lanka, as Mr. Freeman mentioned, we are supporting the work of the Family Rehabilitation Center, which provides trauma counseling to victims of torture, as well as physical and psychological therapy for victims of war.

And we are working with the center specifically to continue a campaign on preventing torture and raising public awareness of the legal and human rights aspects of torture.

In Peru, we have been working with another affiliate of the International Council, the National Coordinator on Human Rights. There, we are doing studies on human rights abuse related to torture. And we will be following that up with a public campaign against torture.

But we are not stopping there.

Senator WELLSTONE. If you could—I might make you summarize, because then I will have to quickly vote. And then we will come right back for your testimony.

Ms. VANDUSEN. Let me conclude by saying we are not going to stop with that. That is not enough. We have met with Dr. Genefke. She has provided us with specific proposals related to centers in countries where USAID has programs. And we are sharing those with our missions. We are quite certain that this will result in increased collaboration.

Senator WELLSTONE. Well, let me thank you.

[The prepared statement of Ms. VanDusen follows:]

PREPARED STATEMENT OF ANN VANDUSEN

Mr. Chairman and Members of the Subcommittee: I appreciate this opportunity to outline the U.S. Agency for International Development's efforts to prevent and control the worldwide problem of torture, and to assist in the treatment of victims of torture.

In December, we celebrated the fiftieth anniversary of the Universal Declaration of Human Rights, which prohibits torture and reaffirms the rights of all individuals to life, liberty and security. USAID has recommitted itself to ensuring that U.S. foreign assistance helps to secure all the rights outlined in that Declaration. Certainly the concerns of both Congress and the Administration were embodied in the Torture Victims Relief Act of 1998, which the President signed last October.

Last month, many people gathered in Washington to commemorate the 2nd annual UN International Day in Support of Torture Victims and Survivors. We at USAID strongly support their cause. Many of our programs, especially those in the democracy and human rights area, focus on preventing torture from occurring in the first place. Other programs fund activities that address victims of torture and severe trauma, and that train health care workers and others who must treat these victims.

Our definition of torture is an inclusive one. It includes the man who is beaten or maimed, the woman who is raped for reasons that are both political and psychological—rape as an instrument of war, and the child who is forcibly "recruited" for

a rebel army by threats and beatings. All of these people need help and understanding in dealing with trauma that lasts far beyond the initial act of violence.

USAID has long provided assistance to non-governmental organizations (NGOs) and other institutions for programs to prevent torture and trauma and to treat their victims. Let me summarize some of our specific activities around the world.

#### LATIN AMERICA

The spread of democracy in Latin America in recent years has dramatically reduced the incidence of torture and human rights abuse in the region. USAID has strengthened that trend in a number of ways.

Our funding of justice and rule of law programs in Latin America began more than fifteen years ago. In Fiscal Year 1999, our Bureau for Latin America and the Caribbean designated about \$42 million, or 42 percent of its democracy programs budget, for rule of law programs. About \$10 million of that was designated for police reform programs, implemented by the Department of Justice's International Criminal Investigation Training Program, with programs in Bolivia, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua and Panama. These programs work in a variety of ways to overcome the long history of police abuse that exists in some countries.

We have supported regional institutions that protect and promote human rights, including the Inter-American Commission on Human Rights, the Inter-American Court of Human Rights (which marks its 20th anniversary this year), and the Inter-American Institute of Human Rights. As part of its regional democracy programming, USAID supports the work of the Inter-American Institute for Human Rights with a three-year grant of \$4.7 million that started in 1997. As part of its program, the Institute supports the work of about fourteen ombudsman offices, through a federation of ombudsmen. The purpose of these offices is to create a visible mechanism to deal with government-sponsored abuses of human rights. Torture is an important focus of their work.

The Institute also has created a Program for the Integrated Prevention of Torture. Initially, the focus was on training health professionals in the rehabilitation of torture victims. The current objective is to train prison officials, improve prison conditions, and otherwise give priority to prevention of torture.

In Colombia, USAID is assisting torture victims through assistance to human rights training programs, including training of the Human Rights Units of the Office of Prosecutor General. In Guatemala, USAID has supported work in two relevant areas. The Historical Clarification Commission received \$1.5 million in FY 1997 and FY 1998. Another \$2.7 million has been invested in treating victims of human rights abuses in the last two fiscal years. Most of this funding was managed by the International Organization for Migration (IOM), which in turn makes subgrants to local and community groups best suited to respond to a variety of human rights abuses, including torture.

In Haiti, since 1994 USAID has supported the Human Rights Fund. The initial year's funding of \$1 million assisted victims of human rights abuses, including rape, beatings in custody and other forms of torture. More than \$1 million was spent during the next two years, also exclusively on assisting victims. The most recent extension of the fund through the end of August 1999 is for \$2 million, of which approximately \$600,000 is for victim assistance and treatment. This funding is directed where it can do the most good, primarily to individual physicians who run their own treatment programs and who work to establish a countrywide network for referral and treatment. The remainder goes to prevention programs directed at police/community relations and public human rights education. We are pleased that the incidence of human rights abuses in Haiti has declined in recent years, in part because of improved training of the national police.

In Peru, since 1994, USAID has extended assistance to victims of gross violations of human rights through an umbrella agreement with Catholic Relief Services, which in turn provides grants to local NGOs. These groups provide legal assistance to those wrongly accused of terrorism, many of whom have been tortured. Other programs document torture cases. Last year about \$375,000 was used to support the Legal Defense Institute and the Legal Coordinator for Human Rights, and the government's Office of the Ombudsman. This year's commitment of \$125,000 funds studies on human rights abuses related to torture, to be used in a public campaign against torture.



## AFRICA

In Africa, USAID has a variety of programs directed at torture and trauma. For example, in 1998 the Agency provided \$1.5 million for a human rights program in South Africa, with strong emphasis on victims of violence and torture.

In Angola, twenty years of civil war have taken an enormous toll on the emotional, psychological and physical health of Angola's people. The USAID program includes treating and rehabilitating war-traumatized children, landmine victims, widows and former child soldiers. USAID supports several interventions addressing the impact of this violence on children and other war victims.

In Liberia, the Displaced Children and Orphans Fund supports a number of programs that assist children and youth who have been severely affected by years of conflict in that country. The Patrick Leahy War Victims Fund supports clinics that assist landmine victims and treat people who have been tortured.

In Sierra Leone, USAID is providing \$1.3 million through UNICEF to assist children who have been separated from their families, involuntarily conscripted into military groups or otherwise severely affected by violence. Many of these children were physically or psychologically tortured.

In Uganda, with financing from the Displaced Children and Orphans Fund, USAID initiated a \$1.5 million program to treat and rehabilitate demobilized child soldiers and other affected children who were recruited or impressed into insurgent armies and who suffered beating, torture and rape. Many of these children and youths were forced to practice, or were witnesses to, extreme forms of cruelty.

## ASIA/NEAR EAST

In Cambodia, to address the harsh aftermath of the Khmer Rouge reign of terror, the Harvard School of Public Health's Program of Refugee Trauma has joined with the Ministry of Health in training primary care physicians to recognize and treat mental illness and trauma. We have supported this program, which has refugees, children, landmine victims and widowed women as its target beneficiaries.

USAID is also taking action to address one of the most serious human rights, health and economic problems in Asia: the trafficking of women and girls in a modern-day slave trade, for both labor and sexual purposes. This year, USAID launched the Anti-Trafficking in Women and Children Initiative. Among other goals, this five-year effort will help develop and implement innovative, on-the-ground trafficking prevention efforts in South and Southeast Asia.

## EUROPE/NEW INDEPENDENT STATES

In Bosnia, USAID has supported programs that provide trauma counseling and medical assistance for war victims, including those tortured and raped. Implementing partners include the International Human Rights Law Group and Delphi International. Other funding to local NGOs has been provided to offer counseling to victims of torture, rape and other atrocities.

In Georgia, assistance is provided through the Horizontal Foundation for organizational development and training to such groups as the Committee Against Torture, Organization for the Defense of Human Rights and Social Security of Prisoners, Media (medical experts), and other human rights NGOs. Also, the Liberty Institute has received funding to track human rights abuses, particularly by police.

Finally, we are all painfully aware that many Kosovars suffered rape, torture and other forms of brutality, as well as the trauma of being forced from their homes, seeing their friends and loved ones killed, and returning to a devastated homeland. Rape has been particularly traumatic. In Kosovo, to have been raped places a terrible stigma on a woman. The community, even her family, may shun her for a violent act of which she was the innocent victim.

In general, no matter the cause of the trauma, the symptoms manifested are the same, and include depression, nervousness and tension. The more severely traumatized require trained and skilled assistance to work through the crisis. USAID moved rapidly to address the counseling and treatment needs of Kosovo's refugees while they were in camps in Macedonia and Albania.

In the refugee camps, USAID supported assistance to trauma victims, mostly through our Office of Foreign Disaster Assistance, by training health providers, teachers, and parents, and by strengthening local service providers. In Macedonia, we supported programs by the International Catholic Migration Committee and Medecins du Monde that included therapeutic activities for girls and women suffering from rape and other forms of trauma. In Albania, Catholic Relief Services social workers provided trauma counseling to girls and women. We estimate that

USAID's total funding so far this year in Kosovo for trauma treatment and training activities has been about \$3.7 million.

USAID intends to use supplemental funds made available for FY 1999 to continue treatment services for victims of torture and rape in Kosovo. The Kosovo Humanitarian and Social Assistance Program will provide \$20 million over three years to design and implement activities that respond to the most crucial and evolving needs of Kosovars as they rebuild their lives. A major objective of this program is to provide treatment and training efforts that assist communities, and particularly children, to cope with trauma, displacement and loss.

Mr. Chairman, we at USAID share your concern about torture wherever it exists. In Kosovo and throughout the world, we intend to use every means at our disposal to prevent these abuses from happening and to care for the victims of torture and trauma.

Thank you. I will be glad to take your questions.

REPORT TO THE SUBCOMMITTEE ON FOREIGN OPERATIONS, COMMITTEE ON APPROPRIATIONS, U.S. HOUSE OF REPRESENTATIVES, CONCERNING USAID PROGRAMMING TO PREVENT AND TREAT TORTURE

HAC Report No. 105-719, accompanying H.R. 4569, recommends that USAID make best efforts to allocate \$5 million to support treatment centers and programs in foreign countries for victims of torture. The Committee requested USAID to report by December 1, 1998 on implementation of this recommendation.

This year, we celebrated the fiftieth anniversary of the Universal Declaration of Human Rights, which prohibits torture and reaffirms the rights of all individuals to life, liberty and security. USAID has recommitted itself to ensuring that U.S. assistance helps to secure the "universal and effective recognition and observance" of the rights outlined in that declaration. Many Agency programs, especially those in the democracy and human rights area, are directed at preventing torture from occurring in the first place. We are confident that, with a variety of program interventions suited to local circumstances, USAID is meeting the intent that we address the specific needs of torture victims. From experience, the Agency believes that both treatment and prevention are necessary for an effective response to the scourge of torture. Overall, USAID treatment, prevention and related programs amount to more than the \$5 million benchmark recommended by the Committee.

BACKGROUND

For many years, USAID has, particularly through its democracy and human rights programs, provided assistance to non-governmental organizations (NGOs) and others both to help prevent the occurrence of torture and to treat directly the victims of torture. For instance, in 1998 the Agency's human rights program in South Africa totaled \$1.5 million and placed strong emphasis on victims of violence and torture. In 1995, the Minnesota-based Center for the Victims of Torture received a \$250,000 grant to provide training and technical assistance for Turkish doctors and human rights workers. Additional sums also went to the Center to train Bosnian and Croatian torture treatment volunteers. With USAID funding, the Inter-American Institute for Human Rights initiated in 1995 a region-wide effort to train medical personnel to recognize and to treat torture victims. These programs are designed to help rehabilitate the victims of torture both physically and psychologically, and to help reintegrate them into society.

There are many other examples of torture treatment programs, but their recognition within USAID as a unified, discrete programming element has not been distinguished from Agency responses to a range of other human rights abuses. Nonetheless, in order to be responsive to the Subcommittee's request, USAID surveyed country programs where the Agency has undertaken programs that address the different aspects of the crime of torture. For a variety of reasons, the data has been difficult to gather.

First, while the definition of torture is relatively clear, the term torture is not officially used as a programming category, although USAID programs may address problems associated with torture. For instance, USAID is increasing activities designed to reduce the incidence of rape, trafficking in women and girls, and other sexual crimes. Although rape is often used as a weapon of war and is one of the most pervasive and demonic torture methods, USAID programming in this area is not explicitly identified as addressing either the prevention or treatment of torture. Similarly, USAID is involved in treating victims of landmines and other terrifying means of intimidation resulting in loss of limbs. Yet these, too, are not categorized as torture treatment programs. There is also important programming to de-

mobilize child soldiers, many of whom have been tortured to inflict the requisite level of fear to keep them under arms. Money spent to treat them medically and to provide psychosocial counseling is not recorded as a torture treatment program, although certainly this is the goal of the effort.

Second, to limit program focus on treatment of torture victims often miscasts the importance of addressing prevention concerns. The sheer magnitude, for instance, of treating the torture and other victims of the Khmer Rouge in Cambodia highlights the need to direct attention to prevention work. Activities falling under the prevention rubric include assistance in the drafting of anti-torture legislation and training police officials to do their jobs without resort to torture. Furthermore, in settings where funds are used for truth commissions and other reconciliation tools, the line distinguishing prevention from treatment is not clear.

Third, with rare exception, budgeted amounts which might include funding for victims of torture are characterized as programs assisting victims of human rights abuses or war.

Finally, and based on the above, dollar amounts associated with either prevention or treatment programs necessarily are imprecise.

#### USAID PROGRAMMING FOR VICTIMS OF TORTURE

The following provides short summaries of the types of specific program activities that USAID implements which address either torture prevention or treatment concerns. Many of these programs will continue in FY 2000, but, given the informational constraints described above, we are providing approximate figures for this year.

##### *Latin America (LAC)*

**Regional:** Offices of the Human Rights Ombudsman have been supported by USAID in a number of countries, including Bolivia, Ecuador, Nicaragua, Guatemala, and Peru. Legislation creating these offices exists throughout the region. The purpose of these offices is to create a visible mechanism to deal with government-sponsored abuses of human rights. As is outlined in a few of the following entries, but is generally the case throughout the region, an important focus is torture, including promoting treatment for its victims but increasingly to prevent it from occurring in the first place.

USAID also supports, as an element of its regional democracy programming, the work of the Inter-American Institute for Human Rights. The current three year grant of \$4.7 million was signed in 1997. The Institute supports the work of the various Ombuds offices. It also has created a Program for the Integrated Prevention of Torture, initiated in 1995. Initially, the focus was on training health professionals in the rehabilitation of torture victims. The current objective, set in 1997, is to train prison officials, improve prison conditions, and otherwise give priority to prevention of torture.

**Colombia:** USAID is assisting torture victims through assistance to human rights training programs, including training of the Human Rights Units of the Office of Prosecutor General. Specific, dedicated amounts are not easily segregable.

**Guatemala:** USAID has supported work in two relevant areas. The Historical Clarification or Truth Commission received \$1.5 million in FY '97 and '98. Another \$2.7 million has been invested in treating victims of human rights abuses in the last two fiscal years. Most of this funding was managed by the International Organization for Migration (IOM), which in turn makes sub-grants to local and community groups best suited to fashion responses for a variety of human rights abuses, including torture.

**Haiti:** Beginning in 1994, USAID has supported the establishment of a Human Rights Fund. The initial year's funding of \$1 million assisted victims of human rights abuses, including political rape, beatings in custody and other forms of torture. More than \$1 million was spent during the next two years, also exclusively on assisting victims. The most recent extension of the fund through the end of August 1999 is for \$2 million, some \$600,000 of which is for victim assistance and treatment. This funding is directed where it can do the most good, primarily to individual physicians running their own treatment programs and who are working to establish a country-wide network for referral and treatment. The remainder is going to prevention programs directed at police/community relations and public human rights education. The move to more forward-looking prevention oriented activities is noteworthy, as well as the fact that the incidence of gross human rights abuses in Haiti has declined in recent years due, in part, to increasingly better trained and self-disciplining national police.

**Peru:** Since 1994 USAID has extended assistance to victims of gross violations of human rights through an umbrella agreement to Catholic Relief Services, which in

turn provides grants to local NGOs. These groups provide legal assistance to those wrongly accused of terrorism. A significant number report they have been tortured. Unspecified amounts also have gone to document torture cases. In the last fiscal year about \$375,000 was used to support the Legal Defense Institute and the Legal Coordinator for Human Rights (NCHR), and the government's Office of the Ombudsman, Human Rights Division. This year's commitment of \$125,000 to the NCHR funds studies on human rights abuses related to torture, to be followed by a public campaign against torture.

#### *Africa*

Angola: Twenty years of civil war has taken an enormous toll of the emotional, psychological and physical health of Angola's people, especially children. The USAID program includes treating and rehabilitating war-traumatized children, landmine victims, and widows and former child-soldiers. USAID supports several interventions addressing the impact of this violence on children and other war victims. Assistance is provided through the Displaced Children and Orphans Fund to identify, reunite, and reintegrate children who have been separated from their families, including underage soldiers. USAID supports a nation-wide program to strengthen family and community capacity to identify and address symptoms of psychological and social distress in children. The process uses elements of western psychology and traditional Angolan culture to provide teachers, parents, and other child-care providers with the understanding and tools to assist in the reintegration into the social, educational and communal mainstream of about 350,000 children. USAID also provides, with resources from the Leahy War Victims Fund, support for the manufacture, fitting, and maintenance of orthopedic devices for landmine victims provides, and support for counseling and vocational training for these victims.

Liberia: The Displaced Children and Orphans Fund supports a number of programs that assist children and youth who have been severely affected by years of conflict in that country. The Patrick Leahy War Victims Fund also, in part, supports clinics assisting amputees through psychological and medical treatment. The percentage of these victims who were tortured is quite high.

Sierra Leone: USAID is providing \$1.3 million through UNICEF to assist children who have been separated from their families, involuntarily conscripted into military groups or otherwise severely affected by violence. Many of these children were physically or psychologically tortured. Funds also are available in this country to assist the many victims of amputation and other forms of physical mutilation.

Uganda: With financing from the Displaced Children and Orphan's Fund, USAID initiated a \$1.5 million program to treat and rehabilitate demobilized child soldiers and other affected children who were recruited or impressed into insurgent armies. Many of these children and youths were trained to practice, or were witnesses to, extreme forms of cruelty.

#### *Asia/Near East*

Cambodia: To address the harsh aftermath of the Khmer Rouge reign of terror, Harvard's School of Public Health's Program of Refugee Trauma has joined with the Ministry of Health in training primary care physicians to recognize and treat mental illness. Geared to training some 100 doctors and then institutionalizing the training program in the curriculum of the National School of Medicine, the effort will invest some \$800,000 from January 1996 through the end of 1999. Target beneficiaries are refugees, children, landmine victims and widowed women.

#### *Europe/New Independent States*

Regional: USAID programming in this region, as in the other parts of the world, generally does not explicitly target torture treatment programs. However, through our strong emphasis on human rights programming throughout the region USAID funds a number of programs, generally through NGOs, seek both to prevent torture and to assist the victims of torture.

Bosnia: USAID has supported programs that provide trauma counseling and medical assistance for war victims, including those tortured by rape and other means. Implementing partners have been the International Human Rights Law Group and Delphi. Other funding to local NGOs has been provided to offer counseling services to victims of torture, rape and other atrocities. The incidence of these crimes has greatly diminished since the signing of the Dayton Accords, resulting in more expansive human rights and training programs.

Russia: Assistance to work on torture issues is provided indirectly, in part through the Andrei Sakharov Museum and Center, which focuses on memorializing the horrors of the previous regime as a way of ensuring that they are not repeated.

Georgia: Assistance is provided through the Horizontal Foundation for organizational development and training to such groups as the Committee Against Torture,

Organization for the Defense of Human Rights and Social Security of Prisoners, Media (Medical experts), and other human rights protection NGOs. The Liberty Institute received funding to track human rights abuses, particularly by traffic police.

BUDGET SUMMARY

With the caveats noted above, USAID estimates the following amounts addressing issues relating to treatment, prevention and other related human rights matters.

Fiscal Year 1999  
 [\$ estimates]

	Treatment	Prevention	Other Related
LAC Regional .....	\$150,000		\$1,500,000
Haiti .....	600,000	\$700,000	700,000
Guatemala .....	50,000		
Peru .....	80,000	125,000	
Colombia .....	na	na	na
Sierra Leone .....			1,300,000
Liberia .....	na		
Uganda .....			1,500,000
Bosnia .....	na		
Russia .....	na		
Cambodia .....	200,000		

na = not available.

Senator WELLSTONE. And, Dr. Genefke, we will go forward with your testimony in a moment. You have not testified yet, I gather.  
 Dr. GENEFK. No, I have not.

Senator WELLSTONE. And I would be interested in the response to what Ms. VanDusen has said. I am particularly interested in getting USAID to put more of a focus on the centers. I mean, we may have a semantics problem here, as to what it means to put more of a commitment to the international part of this.

But I think we need to get some of these centers that have a proven record into some of these developing countries where the people who have been tortured live. And so I do not think it is enough just to do it here. I would like for us to focus on that as we go forward.

Rod, have you voted?

Senator GRAMS [presiding]. Yes.

Senator WELLSTONE. Then we can move right along. But then, I—can you do the—I would much appreciate it if you would give me a 3-minute break. I would like to hear the testimony of Dr. Genefke.

Senator GRAMS. Sure.

Senator WELLSTONE. I will just run right up there and vote.

The Senate does not do anything unless I tell it to.

Senator GRAMS. They are waiting for Paul.

Maybe I can ask a question while he is gone, because I know—that was our last vote for the day. But I know a lot of us have airplane flights that we have to catch at 5:30.

So, Ms. VanDusen, I would like to ask you a quick question. We were talking some of the most recent examples of torture, of course, comes out of Kosovo, Pristina. In the cellar of the Pristina, Kosovo, police station, where NATO forces found wooden batons, heavy metal chain, black ski masks, bloodstains, a lot of other evidence

that mass torture had been carried out by Serb forces before they fled.

Has USAID or any other U.S. Government entity provided direct grants now to any treatment centers for torture victims in Pristina as part of the USAID package?

Ms. VANDUSEN. We have provided resources to a variety of non-governmental organizations that are working specifically with victims of rape, victims of torture. These programs range from work with the Catholic Relief Services, with Doctors of the World.

They have focused on treatment and counseling. They started out in the camps, because that is where the victims were. The victims have gone back to Kosovo. The programs are moving back to Kosovo.

And we currently are reviewing proposals for a major \$20 million, 3-year program to continue services in the social rehabilitation area in Kosovo.

Senator GRAMS. Where will those fundings come from? Will they come from the \$500 million emergency aid package that has been put together?

Ms. VANDUSEN. The second, the 3-year program will come from the emergency supplemental. The earlier ones that dealt with the refugees in the camp were drawn from our humanitarian assistance funds.

And as I mentioned earlier, we draw from a number of accounts to fund these programs, from our health account, from our democracy account, from our humanitarian assistance account, from funds that are set aside for Eastern Europe in the case of the Kosovo women.

Senator GRAMS. I am interested, too, in whether the enactment of the Torture Victims Relief Act has had any impact on priorities of USAID. In other words, what is USAID now doing that is different than maybe before this act became law?

Ms. VANDUSEN. Well, I think it has provided greater focus in a number of respects. I think it has caused us to look at what we are doing in a variety of centers and how they fit together to both deal with the victims of torture and to establish the institutions that will prevent it from recurring.

We also have initiated training of all of our democracy officers, so they are aware and are able to identify situations where torture will occur and are knowledgeable about the types of programs that are meaningful in terms of addressing it.

So I think it is not that we were not dealing with this before the act, but the act has helped to focus on the full range of activities that are needed to deal with this very difficult problem.

Senator GRAMS. And also, I would hope that all the statements could be entered into the record as if they were following each other. And then the questions be put in the same kind of order, so anybody reading back on this transcript will not hear opening statements, questions, opening statements. So I hope we can have that done where all the opening statements can be put in order into the record.

Now that Senator Wellstone is back, Dr. Genefke, we would like to hear your comments.

**STATEMENT OF DR. INGE GENEFKE, SECRETARY-GENERAL,  
INTERNATIONAL REHABILITATION COUNCIL FOR VICTIMS  
OF TORTURE, COPENHAGEN, DENMARK**

Dr. GENEFKE. Yes, I would be very happy. But first, I want to thank you, Senator Grams, and to Senator Wellstone for the leadership you have had during all these years and for the very important work you have been doing and so that now there is this great Torture Victims Relief Act. I think on behalf of all the victims, we thank you very deeply.

I will just give a short overview of the 25 years of professional, medical, psychological health professionals work we have been doing and then some visions for the future.

The International Rehabilitation Council for Torture Victims is the health professional organization working for victims of torture and against the practice of torture. We work to heal shame and horror so unspeakable that we still, after many years, become deeply affected when confronted with it.

Torture is horrible. What it does to people is truly a nightmare. It makes strong people weak. It induces grief and horror into their souls, altering them forever. Everybody can be broken.

Luckily we have found that survivors of torture can be helped, and we believe that they should. Thus, the main focus of IRCT is to ensure that necessary treatment is offered to torture survivors all over.

Historically, the work began 25 years ago. A group of medical doctors was founded under the auspices of Amnesty International in Denmark. As physicians, we began to document torture and to diagnose torture victims. We soon learned that there was a pattern in how victims reacted and kept reacting years after the torture had taken place.

We felt competent in treating the bodily wounds, but we soon realized that the victims were often even more devastated psychologically. Torture is extreme trauma, physically and psychologically. And we realized what the torturers had known all the time. Torture is a psychological weapon, a very effective one.

The same story was true over and over again by the victims we examined. How the fear was even bigger than the physical pain. How they kept having flashbacks, unable to live normal lives.

Treatment should have a holistic approach, where you take the psychological, somatic, social, legal, spiritual, familial and cultural aspects into consideration, as all these areas are affected by torture.

Early in our work, we discovered that the victims had often been strong and courageous persons. Torturers target leadership, seeking to silence the leadership of political opposition. We met ethnic minority leaders, student leaders, politicians and journalists, who had spoken out on human rights conditions in their country, people who had fought for freedom of speech.

And now, after the torture, they could barely look us in the eyes, so shamed by what had happened to them. Even if they rationally knew that they were not at fault, they could not get away from the horrible feeling of shame and humiliation.

With torture, we face the most devastating attack on any sort of freedom. This is why we see our work to rehabilitate torture sur-

vivors not just as an important support to restore the lives of these people. We also see it as an indispensable way of ensuring true democracy.

Nelson Mandela is a torture survivor. Despite the cruel and prolonged detention Mandela suffered, he was able to overcome this suffering and promote reconciliation in South Africa. In popular terms, one can speak of the Nelson Mandela effect. He symbolizes the difference in establishing decent, uncorrupted democracies.

I am convinced that a much more comprehensive rehabilitation effort can boost such a Nelson Mandela effect in many more countries. By providing rehabilitation services, a country is less likely to be afflicted by revenge and more likely to provide an environment where uncorrupted people like Mandela can be leaders in transitional societies.

Rehabilitation can provide infant democracies with leaders, the leaders they need so desperately, uncorrupted leaders, who know their country and have suffered with their people.

One of the strongest assets of IRCT is that we are an organization based on a strong network of treatment and rehabilitation centers across the world. IRCT cooperates with almost 200 treatment programs, professional programs, and centers globally and has conducted training and awareness activities all over the world.

IRCT has a unique expertise in developing and supporting new centers and programs. The overall strategy for funding of rehabilitation centers and programs is to use the expertise of rehabilitation centers in OECD countries, to support centers in less developed countries. This is to take place in a partnership with the bilateral development agencies in the respective OECD countries.

Danish NGO's working with rehabilitation are currently administering rehabilitation programs with funding from the Danish International Development Assistance. We are hoping to witness such a construction develop in other countries, too, also in the United States.

A recent grant of \$2.5 million from the European Union to the IRCT has encouraged us to pursue this strategy. The donation from EU will make it possible to expand rehabilitation work in less developed countries. The aim of this grant is to strengthen the regional professional capacity for rehabilitation of torture victims and to initiate 15 new rehabilitation projects for torture victims.

Still the EU grant cannot provide a long-term financial support to many of these centers. In this respect, the Torture Victims Relief Act can play a crucial role. It can enable centers in the U.S., like the Center for Victims of Torture, to engage in developing rehabilitation centers in less developed countries through a partnership with USAID.

As a matter of fact, IRCT hopes and expects that USAID, together with the Center for Victims of Torture in Minneapolis, which is the oldest and most experienced center in the U.S., will join this effort in supporting rehabilitation internationally.

With the Torture Victims Relief Act, this is all possible. Indeed, I am greatly pleased that it now seems that the United States will also play a major role in financing and developing treatment facilities. I wish to thank you, Senator Grams, and you, Paul Wellstone, as well as Tom Lantos and Christopher Smith for the genuine com-



mitment and remarkable work you have shown in working for the Torture Victims Relief Act.

And also, I want to thank Douglas Johnson and John Salzburg from the Center for Victims of Torture in Minneapolis for the tremendous job they have been doing and for their dedication to the cause.

The Torture Victims Relief Act, signed into law by President Clinton, authorized nearly \$31 million to assist victims of torture in the United States and abroad. As secretary-general of the network representing thousands of extremely courageous health professionals dedicated to the work of treating torture victims, I wish to thank the United States for this very important step. On behalf of the victims, I am grateful. Their needs can now be given well-deserved priority.

What is required now is the timely appropriation by Congress of this act, as well as a commitment to renew this act this year. As the only surviving super power in the world, the United States has the main responsibility for supporting the humanitarian work and treatment of torture survivors.

The improvement in the life quality of the survivors is a goal in itself. Treating torture survivors also builds the foundation for establishing true uncorrupted democracies in the world. These are two noble objectives that the United States not only should but must fully support.

Torture is the strongest obstacle to democracy in the world. It is a big step forward that the United States as the strongest democracy in the world today has taken action against the strongest obstacle to democracy, torture.

It is my sincere hope that other countries will follow the lead you take. If countries are not part of the solution, they are definitely part of the problem.

Thank you.

[The prepared statement of Dr. Genefke is on page 36.]

Senator GRAMS. Thank you, Dr. Genefke.

Ms. Cooper.

And again, your entire statements will be entered into the record.

**STATEMENT OF ANGELIQUE COOPER, TORTURE SURVIVOR  
FROM LIBERIA, MINNEAPOLIS, MN**

Ms. COOPER. My name is Angelique Cooper. I am a West African woman and a survivor of the 7-year civil war in Liberia.

My life before 1990 was what one would consider a normal, day-to-day life. I was brought up in a Christian home, which instilled discipline and morals. I went to school and then to the university with the goal of becoming a lawyer. Unfortunately, these dreams were shattered in 1990, when the civil war started in my country.

My life changed overnight from what we would call normal to a world of mental torture. I watched family members being killed because of their personal beliefs. Innocent people were beaten and killed because they did not belong to a certain ethnic group or because they did not support the so-called revolution that was going on.

I was tortured mentally and physically because of my personal beliefs, because I believe that this revolution had no meaning, and because of my involvement in an organization I started, the Liberian Youth Anti-Drug Campaign.

Liberian children between the ages of 10 and 18 were deprived of a chance to grow up as any normal child should. They were turned into animals by the warlords, who gave these children drugs and guns and made them believe that the guns were an easy way to survive. Women and young girls were harassed and taken away from their families. Some parents were made to watch their daughters being raped. After such incidents, most of these young women were affected mentally and physically by the trauma. They lost hope of having a normal life. Some committed suicide because the mental torture was too much to handle.

I look at myself as being extremely lucky. I was able to escape Liberia and came to the U.S. But I still had sleepless nights when I cried and had nightmares about what I experienced. I wondered how I could start over. In the process of applying for political asylum, my attorney referred me to the Center for Victims of Torture because he had heard what I had experienced and thought that the center would be the best place for me.

I was never really able to talk about the war until I started my treatment at the center. I attend weekly counseling that has helped me regain confidence in myself and a hope for a better future. I was given medication to help me sleep, which also has done wonders for me. I now work full time as a travel agent and plan to start work on a business degree in the fall.

I hope my story has helped you understand a little bit of what Liberians have been through and are still going through. There is no safety in Liberia. The warlord who started the war now runs the country. There are a lot of Liberians with temporary protected status in the U.S. who deserve the same opportunity I have had for a safe refuge in this country and treatment.

Thank you.

Senator GRAMS. Ms. Cooper, thank you very much.

Senator WELLSTONE. Thank you very much.

[The prepared statement of Ms. Cooper is on page 39.]

Senator GRAMS. Mr. Johnson, I know you can comment on that. I was just going to say what a great job you do at the center.

And I think the important work the center has done and is doing is kind of representative of the people who have visited there, all the way from former Secretary of State Mr. Christopher to Bill Richardson, Richard Holbrooke, nominee for U.N. Secretary—or Ambassador for the United States. So there are a lot of people who have made stops to look at what is just a small home in Minneapolis, but which does such great work.

So now we would like to hear from you.

**STATEMENT OF DOUGLAS A. JOHNSON, EXECUTIVE DIRECTOR, CENTER FOR VICTIMS OF TORTURE, MINNEAPOLIS, MN**

Mr. JOHNSON. I would also like to thank the two of you for bringing Secretary General Kofi Annan to visit the Center for Victims of Torture as well. That was a very important opportunity, I think, to bring a message of hope. I would like to ask that my statement

be included in the record and to divert myself from it somewhat, both in the interest of time and to move things forward.

One thing we have learned over the last 14 years is that torture is an extremely powerful weapon that creates fear in communities. Knowing that intellectually, I was still very surprised at one point when we had a focus group of wealthy people in Minnesota. We were asking the question: Why do some people donate and some people do not? Why is it so hard to raise money for client care and for the work that we were doing?

And as I sat on one side of one of these special windows, not able to interfere with this conversation, within 2 minutes this group of prominent Minnesotans focused on the problem of fear, that even they, living very safely in our community, found the word torture so filled with fear that it was much easier to turn the page, to move along, to pretend, really, that this is not occurring than to act.

Two points on that. First, I think it has been remarkable that we have had such incredible support from the political leadership of Minnesota, not the least of which are our two Senators, who have faced their own fears on this issue and are willing to speak out and take political risks on behalf of torture victims in our communities.

But second, I want to underscore that the fearsomeness of torture operates even more powerfully in places where torture occurs. There is a phenomenon that some psychologists call the art of knowing what not to know about, where communities deny that torture exists, because it is too fearsome to admit, and because to admit it is often to call oneself to moral action. And that, of course, is to put one's self in danger.

Torture is, we say, the most powerful weapon against democracy, because it targets leadership to destroy leadership for the long term. It also creates a culture of fear and apathy in the communities that have experienced it. We believe that it is very important to underscore that part of the difficulty in the transition to building democratic cultures in post-repressive regimes is not just that the police have not been trained, and not just that there are not all the institutional frameworks in place, but that there is a legacy of fear that has been the intentional strategy of repressive regimes. We also have to pay attention to this legacy in order to build democratic societies.

We are extremely grateful for the leadership of the Torture Victims Relief Act. We are also grateful that the State Department, in particular, has moved forward with the very important support of the United Nations Voluntary Fund for Victims of Torture. Part of that support is, of course, the donation. But equally important is the leadership that it entails. It enables us to talk to other governments about not only the importance of the fund, but the importance of renewed public commitments against the work of torture.

We are also very grateful that the Office of Refugee Settlement, although no funds were distributed in fiscal year 1999, as called for by the bill, has nevertheless requested the funds for fiscal year 2000. And ORR appears to be very willing to move forward with us.

But we were disappointed that USAID did not request the funds for fiscal year 2000. The funds may still be taken from other funds and there is very good work that is being done with groups on the issue of prevention. It is nevertheless disappointing because not requesting the funds directly for the Torture Victims Relief Act misses the opportunity for the United States to clearly define itself on this issue in our foreign policy. USAID in particular misses the opportunity to avow publicly that it is part of the solution, valued by the American people, not only to work to prevent torture, but to value the individuals who have been targeted by torture by helping them to recover.

Law, of course, has two important dimensions. One of those dimensions is the very concrete, practical, programmatic results that emerge when we pass legislation. And we want that; we want the funds. But law also has a very important symbolic and moral effect. And the later is, I think, particularly important right now. We need USAID, the Department of State, and all American institutions to declare that this is a priority for the American people, and that in turn through its visibility, welcomes torture victims as well as treatment programs to step forward, not to thread their way through a bureaucracy or thread their way through other programs, but rather reaches out to them, recognizing that torture is fearsome for people. Let us make it easy for people to step forward, knowing that they will get support, not create roadblocks that will keep them away from support.

The second point I wanted to make on this is that over the history of the human rights movement the last 50 years, we have largely emphasized the leadership of the legal community. It has been very important leadership. It has established many breakthroughs. But it is still only one form of thinking and one group of tactics. Those institutional tactics have developed, but they are still highly limited.

As an example, I work on the OSCE Advisory Panel on Victims of Torture. I am very pleased to say that the OSCE has created a new training manual for all their field staff on the issues of torture to help them focus on the question of torture wherever they are. I have been asked to review that manual. Because of the interaction with the treatment centers, this new manual does train people to ask a series of questions to torture victims about what happened to help document.

But at the same time, it was written by lawyers. And so reading the manual, there is not a hint that a torture victim would have a great deal of fear as they come to the interview. There is not a discussion of how the OSCE field staff should conduct an interview in a way that is supportive and helpful to get the information they want, but also to create a bond of trust with the survivor. There is not a discussion that the human rights worker, the OSCE staff person himself or herself, will have tremendous reactions to their own fear as they hear these stories. These are all insights that have been developed within the community of learning centers and treatment programs abroad. I would argue that we need this broadening of the experience and the understanding of the effects of torture in order to broaden our tactical responses to it, and not solely focus, as so much has in the past, on institutional changes.

Third, I think what was extremely important about the way you all constructed the Torture Victim Relief Act, by looking at domestic issues, international issues and bilateral issues, was not simply to create three different programs and three pots of money, but rather to see that this is a problem that fits of a whole, that the domestic treatment centers need the international treatment centers. We need to be able to have colleagues in Ethiopia that we can consult to understand our Ethiopian clients better. They need us to see more clients in order to produce more experts, so that we are helpful to them in training them in their circumstances. The administration, the State Department, USAID, ORR, need to come together to look at how these programs interrelate with each other.

ORR, for example must cope with the problems that refugees have as they come here. If there are not treatment centers in Africa, then torture victims must come here for care. We need treatment centers in Africa so that many of those leaders can remain in their country and still get the resources and the care that they deserve. So this issue must be dealt with as an interdependent strategy with different tactics to pull it together to be more effective.

We believe it is extremely important to see the treatment centers as learning centers that affect their communities, that accumulate knowledge, that push the envelope on what we know about torture and its impact, that accumulate sufficient intellectual knowledge and intellectual capital that local people can begin to experiment with new ways of approaching community care in their areas, and so that the rest of us can learn from their efforts. And of course, fundamentally, the process of creating the treatment centers is creating the opportunity to recover leadership that many of us thought was lost, but now we know from the experience in the treatment centers can be regained, can be put back to work once again.

Thank you.

[The prepared statement of Mr. Johnson is on page 40.]

Senator GRAMS. I would mention the center, too. I always like to mention that Governor Rudy Perpich was pretty farsighted when he encouraged the center and helped support the opening.

And then we talk about important visitors, I think people like Ms. Cooper and other residents are very important visitors, too. And as you said, leadership can be put back to work. And I think it is very important.

I have had a chance to make a statement and ask a couple questions. So I will turn to Senator Wellstone.

Senator WELLSTONE. I appreciate it. I think what I would like to do is—I am also going to have to leave town soon, but I want to—

Senator GRAMS. Voluntarily?

Senator WELLSTONE. Voluntarily today, yes.

I think that, again, recognition of Ms. Cooper—thank you very much for your courage. It is people like you that inspire both of us as Senators. And I think the center in Minneapolis, Minnesota, is something that we are very proud of.

I would like to thank all of you for being here. Dr. Genefke, you are a giant. And you never once say it, but it is true. Everybody knows that.

I think I want to focus really on one—I guess it is more—and please thank Secretary Koh and thank you for your testimony today, Mr. Freeman. I would really like to see—and I talked to Mr. Anderson when he came to my office. We had a discussion about this.

And I really would like to see USAID have a—when we passed this legislation and the President signed it, he said that this would lead to expanded assistance to treatment centers around the world. And I would like to see USAID make that more of a priority. I really do believe that if there is any one thing we could do that would sort of add to the work and really would be excited, important.

And I think, Ms. VanDusen, I appreciate all that USAID is doing, but I really am going to, I guess, in a loving way, I am going to really push hard for you all to think about how you can more directly provide assistance to some of these centers in some of these developing countries, where, again, these poor people, who have been tortured where they live, far better may be able to get treatment there.

In a sense, it would be better. And if it does not happen there, then they come here. And there is only so much that we can do here.

So I do not know whether you want to respond, but I guess I am not—I am persuaded by the good work you do, but I am not persuaded actually by your testimony in relation to what I think USAID ought to do specifically.

Ms. VANDUSEN. If I could just make a couple of comments—  
Senator WELLSTONE. Sure.

Ms. VANDUSEN [continuing]. Because a lot has been said. And I agree with virtually all of it. We do see the work on preventing and treating torture as integral to building democracies. It is one of the fundamental goals of USAID.

And I also agree that if you can build the capacity in the country where the abuse is occurring, the capacity to prevent abuse from occurring, it is much more effective. And that is really the goal of what we are trying to do.

No question, we can do more, and we are going to try to. And Dr. Genefke has been very helpful to us in coming up with specific suggestions in specific countries. I think you will see a lot more collaboration between USAID and specific centers, as well as with programs outside those centers that are dealing with similar issues.

Just a final point that has to do with the United States demonstrating its leadership, we probably can do more to make visible what we are already doing. And I will certainly spend some time with my colleagues at the State Department looking for ways that we can highlight how important this is to the United States and what we are prepared to do.

Senator WELLSTONE. Do you think we can see USAID supporting more foreign treatment centers?

Ms. VANDUSEN. We already are, and I think with the help of the international Council, we will be able to expand our efforts.

Senator WELLSTONE. I guess the only—I was going to ask you, Doug, about the role of the centers in advocating for human rights and democracy abroad. I think the way you spoke to it in your testimony—this is really the piece that I want to focus on is what we can do by way of supporting these centers in other countries, and particularly some of the developing countries.

And I think Rod and I will work very closely together in this to make sure that we can get the job done. And we have, I think, from the time I first came to the Senate, every year, worked on this piece of legislation. And the last couple of years the two of us have worked together, and I think we are both very committed to making this happen.

Since I have to leave, I just again would like to thank everybody. I would like to thank you for what you are doing, and I would especially like to—it is not polite to point; I should not have pointed. But thank you for your testimonies.

Senator GRAMS. Thank you, Paul.

Speaking of funding quickly, I would like to go to Mr. Freeman real quick because I have one question here about the funding.

Do you know of cases in the State Department funds for democracy and human rights have been used for grants to overseas treatment centers for torture victims? I know there is always a lot of different areas of funding, but has the State Department been committed?

Mr. FREEMAN. The State Department focus in terms of funding, is directed at the U.N. voluntary fund. That \$3 million contribution is significant and, as was underlined by Doug Johnson and also Dr. Genefke, it has a symbolic, as well as a substantive value. It demonstrates that we are unequivocally on the side of torture victims and are doing what we can to lead by example.

That is the State Department role in this issue, as distinct from the USAID funding.

Senator GRAMS. Dr. Genefke, the IRCT solicited comments and response to the recent USAID report to the House Foreign Operations Subcommittee on support for torture victims treatment centers and programs in foreign countries, as we talked about.

The question I would like to ask first, does the IRCT believe the USAID report contains a number of activities outside the scope of support for the treatment and rehabilitation of torture victims?

Dr. GENEFKE. Well, I think, like Doug has expressed, Dr. Johnson has expressed, we have been also disappointed concerning exactly this. We have been very concerned with the USAID support for what they call rehabilitation programs, because we have seen the—we have seen the analysis. And I think we had a positive meeting, and I think we have had some positive answers here. But we have been very concerned.

And rehabilitation programs are something which should have high technical knowledge. There should be really knowledge and also rehabilitation knowledge, medical, psychological knowledge. And we have had that during so many years. We have built it up. It should not be given scattered like that. And that should be taking off really as a rehabilitation program.

And I hope we can work out that it could be more like that in the future.

Senator GRAMS. Has the International Council applied to USAID for grants for treatment centers abroad? And were any of those grants rejected?

Dr. GENEKKE. In our network, yes, there have been centers in different countries who have applied directly and have not got the money. I was a little surprised hearing that the extremely well-functioned centers—that some has got money, because I heard it was not given to them. But Russians have applied. Romanians have applied and have not gotten this money.

And I know also that our close-working consortium partner, IRCT, the center which operates in Minnesota, has applied several times. They have got one positive answer concerning Turkey. But other applications have been without response or with a negative response so far.

But as was also mentioned by Ms. VanDusen, we have handed over this list of 36 program centers, where there are 19 existing centers. We are working with nearly no money for consideration. And there are 17 new projects. And we are very happy to provide much more background material, anything. And it can be started, may I say, tomorrow to assist them.

And may I also add that we are asking for a very modest amount of money. To run centers out in developing countries is not something extremely expensive. It is about \$150,000 to \$250,000 a year. So what we have handed over here 2 days ago to USAID is a demand for between \$7.5 million up to \$9 million. And we hope very much that we will have a positive reply.

Senator GRAMS. In our bill, we were hoping that the funding would lead by example. In other words, the U.S. showing the commitment and taking a leadership role and hoping that other countries would join in. Are there other developing countries that have shown an interest, or do you have information on a number of other centers? But what are some of the most supportive developing countries?

Dr. GENEKKE. Well, maybe I should say that amongst developing countries, there are not very many who can themselves provide money. I mean, Nepal has given some money to the Voluntary Fund for Victims of Torture. But I may mention that my own government in Denmark has given—I have had really high priority, having consistently providing this kind of support, have given it high priority. They are now for this year, they are giving \$3 million to rehabilitation efforts in Denmark.

They are giving \$2 million out to developing countries to different projects through the NGO's in Denmark, just as we want USAID to supply the money through the very professional working consortium party we have in CVT in Minneapolis, because then you have the technical skills. I think that is very important, the technical skills, the knowledge. We know how to do it. We are working together. We have the training programs. We have all of this ready.

And that is with \$2 million from the Danish Government. And they give our organization \$1 million they give for the voluntary fund. So \$3 million in the total.

But I must say I am going regularly to the government, pushing them to give more money because this is still not enough. But I am



pushing them. And I am always received very positive. So it would be—I think that that will also be giving more money next year.

Senator GRAMS. Mr. Johnson, you know, a lot of your clients, I know, come from a lot of countries where torture is still being practiced. Are there torture treatment centers in many of those countries, or are they being established?

Mr. JOHNSON. You know that IRCT was the first center, and the Center for Victims of Torture in Minneapolis was the third in the world. We think there are now over 250 centers around the world. But this is an idea whose time has come. It was a breakthrough in thinking that we could actually do something. What is particularly encouraging is the number of new treatment programs that are starting in countries where repression has recently occurred or where torture is still active.

With the help of USAID, and really at the request of USAID, we went to Turkey to work with our colleague organizations there. And I think this was a very interesting experience, because it again shows what the treatment centers can do. They do an incredible job of documenting and publicizing that torture occurs, which helps, of course, maintain pressure on the government generally, in addition to helping specific individuals recover.

But what has been particularly interesting in the Turkish example is the way our colleagues there have organized the medical community and stimulated the Turkish Medical Association itself to be an extremely active human rights organization. In other words, they built a constituency, a new constituency for human rights, and a very prestigious one, I might add, that brings new political weight in the struggle against torture in Turkey.

Out of that, we, along with the medical association, also spent quite a bit of time, again with USAID support, training the forensic doctors of Turkey, the government officials who have the responsibility to testify that prisoners have not been tortured.

I might note that one of the requests we made of Secretary Koh on his current trip to Turkey is to visit one of those forensic doctors, who, after going through both the technical and ethical training programs on identifying torture, began the very forthright way of making medical reports, stating that a given person was tortured. This doctor is now being prosecuted by the Turkish Government for allegedly supporting terrorist organizations with false reports, essentially because they did not like the results of his medical exams.

So we have an ongoing role with colleagues we train who are in those kinds of circumstances, as does IRCT, in that when we also need to protect them so that they can do the work that they set out to do.

And I am pleased to say—going back to the question you asked Deputy Secretary Freeman about places where the embassies have been very supportive—that this is a place where there has been a very good interrelationship of support from USAID, technical assistance from a treatment center, and protection from the embassy, that is really making a significant difference in a country where torture is, unfortunately, very active.

Dr. GENEFKKE. May I just add a few remarks? Because I should not only mention Denmark. I mean, we have also been in contact

with New Zealand, supporting through consortium parties, also have been assisting in Cambodia; Sweden, also through an NGO in their country, assisting consortium partner for us and for CVT, assisting in Zambia.

Canada, I think, are very interested in helping us through their NGO's. We are working together helping in Nigeria. And Greece, I could say are also—they are already helping. So the Greek center for victims of torture in West Bank and so on. But it is not the amount of money which U.S.—we are hoping for having when they are appropriated for the Torture Victims Relief Act.

So you will have the lead, and that is what we want to take with us when we go around to governments, when we go around to the governments in countries. And then we can say "Look here." So that is very, very important. And of course we want to have their money, as I said, through the CVT.

Senator GRAMS. We have talked about a lot of funding through USAID. But one question I had maybe for you, Doug, would be, why do you believe it is important for USAID to give grants toward the treatment centers instead of just giving to NGO's, who a lot of those organization have experience dealing with victims who have been traumatized? Why is it important then to also include USAID in the picture?

Mr. JOHNSON. Why is it important to include USAID or to focus on the treatment centers? Why do we think USAID should focus on the treatment centers?

Senator GRAMS. Well, why they should—I mean, have the NGO's done a good job? Was that a good way to support the treatment centers, or why is it a good idea also to bring USAID into it as well?

Mr. JOHNSON. Well, we have been involved in training some of the NGO's who have traditionally been involved in refugee situations. And it has really been a new idea for them that they should include psychosocial work in this area, and in particular work on trauma. So, first of all, I am a bit concerned how deep the knowledge is in this area and, in particular, whether or not it is sufficiently detailed and technical to meet the needs of victims of torture. All organizations do what they know how to do. And it is important not to confuse what we know how to do with what is appropriate to the situation. I am not arguing that we are necessarily better, but that the treatment centers add a new dimension and expand the capabilities and tactics that can be brought to bear on the situation. That is why it is very important.

I think that the treatment centers push the envelope by working with the most difficult cases. Based on our understanding of how people respond to trauma, we can help in the most difficult cases. The most difficult cases are people who are targeted for torture. It is incumbent on us to understand that governments establish often elaborate infrastructures in order to eliminate those individuals. We are arguing that we need to also create the infrastructure to help those individuals recover.

When there is a learning center in Africa that is truly pushing the envelope, they can create trained people who can help bigger NGO's intervene in the situation. But right now, when those NGO's must request training from us, we literally have to steal time away

from our own clients in order to lend our expertise to them. We need more colleagues in the field who are doing this work in the same depth that we are, so that we can cover more territory in the future.

Senator GRAMS. Ms. VanDusen, how can USAID be more supportive of more treatment centers in the future?

Ms. VANDUSEN. Well, I think there are a number of things that we can do and will be doing. Certainly making those that currently are established known to our missions. We have a very decentralized structure. And we are basically now letting our field offices know about these organizations and encouraging them to learn more about them, to see how they can contribute to the programs. So one is from Washington encouraging our field programs to get involved.

Another I think is basically we will continue to encourage the Minnesota center to get involved in our central programs. And we have met with Mr. Johnson and told him about some of the competitions that are coming up, where we think the center can really make a contribution. And we will continue to do that.

USAID, as you know, makes its awards through a competitive process. But we certainly can encourage organizations like the center in Minnesota to respond, and we will continue to do that.

Senator GRAMS. I think what we would all like to see is all of you be able to work yourselves out of a job.

Ms. VANDUSEN. Exactly.

Senator GRAMS. Ms. Genefke, do you think that a lot of the work and efforts that we have done in showing some leadership that it has had an effect on reduction in the amount of torture going on, or is it a battle that is a big fight ahead?

Dr. GENEKKE. No. I think it is really very positive. And I think it is extremely helpful. And I think the torture government, they can see some sort of signs when the struggle for democracy has taken this very important step. And I hope for more steps forward, and I am sure that will come. But I am really sure that it has a preventive effect.

May I also add that in many of the centers there are around in the world, they are doing rehabilitation, of course because we have treatment, but after a while, after some years, in some of the places they have been able to take preventive measures in a very good way. Because before making really prevention, you have to know what is really out there to prevent and study the thing. And they have done it. So they can make this preventive measures. And some of them are doing it in a very good way.

Maybe I should add that also it is a sign for a fragile democracy that they permit some of the countries, where there are torture, that they permit—that there are centers, that there are even small centers. That is the first fragile sign that it is going in a good direction.

And I know, for instance, in EU who is supporting us, we have been working for having also a line, a rehabilitation line also for rehabilitation.

And they are looking most positive, and the countries would permit this work to be done. And I think that has also added to the prevention.

Senator GRAMS. For countries that have permitted it to be done, are there countries that reject?

Dr. GENEVKE. Yes. Yes, there are. But I do not think I can mention them here, by prudence. I do not think it will be dangerous if I say it, because we have contacts. In fact, ICRT has contacts all over the world, except in 16 countries. So you imagine, some of them are dangers, and some of them—I mean, it is dangerous work. It is extremely courageous colleagues we have here. Some of them are arrested, also.

So of course if there are assistance from your country, it will mean enormously. And I may say, I cannot mention the countries here now, but in old times I could mention that it was dangerous for our colleagues in there, that we were there and under the dictatorship. It was very difficult in the Philippines where I was also under the dictatorship and so on.

And we were secretly training people there. And that was with risk for their lives. And torture—and I have recently been in a country where the people were saying to me, “If it was only me, but it is my family they will take.”

So, you see, that is what we are up against. This is power instrument. All over the world there are these courageous people. We need to assist and help them. And really what we need is the finance, but also that you take the leadership and say this is not acceptable in our days.

Senator GRAMS. Ms. Cooper, I think most of us sitting here cannot really understand what goes on in the minds of people who can commit these acts of torture, very gruesome acts. What do you think were the motivations of the people who tortured you?

Ms. COOPER. To instill fear. They try to stop you from talking or stop you from doing things that are not in support of what they want. If you are not actually supporting them or speaking out for them, then you are not their friend. And so they try to do things that will keep you quiet. And they will personally attack you or make you watch your relatives being killed. For myself in particular, my uncle and his wife were shot in cold blood, just because they did not really believe in or support the revolution that was going on. My granddad, I watched him die and live as a vegetable for 1 week straight, because he had a heart attack. And his son was murdered for no reason, just because of his beliefs. They do whatever it takes to keep you quiet. They do whatever it takes to make you afraid.

Senator GRAMS. Now were you held captive, charged with any crime, or are people tortured and then really kind of sent back into the community as an example of what they want you to do?

Ms. COOPER. In my situation, we had fears of uprisings. During the third one, I was organizing an NGO, because the situation in my country, was that a lot of kids, babies between the ages of 10 and 18, were combatants. They were sent to the front lines. A 10-year-old would not—normally will not be able to go out on a battleground. But they gave them drugs, anything they felt would make them brave to go out there. So I decided, with some friends at the university, to organize a NGO called the Liberian Youth Anti-Drug Campaign to create awareness among the little children to under-

stand that you are taking these drugs, but this is what happens to you.

And there were certain individuals who did not like my organization, did not think it was wise. There were people who thought that a child stealer, if I may say, happened to be of a group called the Americo Liberian, a group that I am somehow related to because of my ancestors. And it was like, "Why are you not supporting someone that you are supposed to be a part of, you are supposed to be ethnically connected to?"

But I could not possibly support someone who thinks he comes and liberates me from a dictatorship government but who is committing all the things that are even worse than what the person is fighting ever did. My family was affected. My whole future just changed in a matter of seconds. And it was just unthinkable for me as an individual to support such a person. If you came to liberate me, why were you affecting me? I mean, I was being affected, and you are supposed to be—I just could not work with them or support this person. And that made people who were loyal to him really upset.

This individual, they are attacking personally, he is like a personal aid to this child stealer. He would stand in front of bullets to risk his life for child stealer's life. And that irritated him. And he had asked me before why I was not in support of the child stealer. And at that time, we had the West African peacekeeping forces around—ECOMOG. And I was a bit sarcastic to him, when he confronted me in public. But they were all involved in their elections of becoming president and their own personal things.

They really sort of forgot about me for a while, until the last incident took place on April 6, 1996. There are times before a child stealer goes to a certain area that he sends people to do mopping-up situations, to make sure that people who do not support him are not there. And in the process of this mopping up situation, this individual went to a house that I was sort of seeking refuge at. And he said, "Oh, so you are still here. I am coming back." But they were fighting at a front line. And we all talked that they were really concentrating on their front line.

And it was just this person's regular bluff until he came back to try to prove his point. And he promised to come back to take me away to teach me even more of a lesson.

And it was when he left that I just walked. I just got up that morning with just my passport and just walked to the free—strangely, ECOMOG was in our neighborhood. And they were manning checkpoints, the peacekeeping forces. So we felt safe when we went to bed at night. But when we woke up in the morning, ECOMOG was nowhere to be found. They had all retreated to their base. And we had guerilla fighters all around us. The checkpoints were all set up again, and we had to go through the same checkpoints. We had to go through the same questions of "What ethnic group do you belong to? Why do you not support this group," and all of that.

After what had happened to me, I just felt I had to get out. I did not care whether I had clothes. I just had to get out. And so I walked for 50 kilometers to where ECOMOG had retreated to.

I stayed in a container overnight which they usually used for shipping vehicles and stuff like that. I slept in there and got in the ship the next morning and went to a neighboring country and then on to the refugee camp, where I stayed for a couple months and then went on another ship and came over here.

Senator GRAMS. What difference has—this treatment at the Center for Victims of Torture, what difference has that treatment made in your life?

Ms. COOPER. It has made a lot of difference because I never really could talk about what had happened. My attorney has said, “Why did you not talk about it?” And I told him that I figured if I just put it behind me, tried to put it behind me, just get on with things, it would be OK. I did not want to talk about it because it was—I did not want to relive it. It was better to just try to forget about what had happened and try to see if I could just go on.

But my attorney said that it would help me a lot if I would talk to people about it. And then I started working with a Dr. Garcia at the center. And we talked about my life before the war, my life during the war, and what my plans are and what it is like to sleep at night. For years I do not really think I slept 5 hours straight at night. I would get up in the middle of the night and just—with cold sweats.

I would have dreams of watching war tanks roll down the street. And I would jump up from my sleep. I had to take a medication called Paxil. And that has helped me sleep a lot. I never really slept a full night through until I took that medication. And I have to take that every night in order to sleep and until I feel comfortable with readjusting into a normal way of life.

The center has really been a lot of help to me. They have helped me. I do not know how to say. They have really, really helped me on that. I can say that. I still go to counseling every Thursday.

Senator GRAMS. Are you working now?

Ms. COOPER. Yes. I work with a travel agency. And they help me with my concentration. Because normally, to study was not a problem for me. But after what happened, I would study at night, and I would read a paragraph, and my mind would just wander away. And things that before would take me maybe just 10 minutes to comprehend would take me 30 minutes to comprehend, because it was a problem. I always strayed away. I have to be on my medication to help me relax.

Senator GRAMS. Dr. Genefke, did you want to add something?

Dr. GENEKKE. Yes. I think I just would like to add also that I think we are all very moved by what you have been saying and courage of this young woman. What is needed also from the part of your country, I think, is—because this work could be expanded very much.

All over the world there are these courageous people, who want to help and assist your country. To go into this if there is more protection—and what is needed is protection to these people.

And I want also to underline that the rehabilitation centers, they are not doing political work. They are just doing their ethical duty as doctors and as nurses. That is the only thing they are doing. And they are in danger, life danger, danger of being tortured and

so on by people. It is nothing political. We are just doing our duty as medical doctors.

So the Torture Victims Relief Act and what you can do from USAID and what has been done from CVT, this is—this can change. It can make an enormous change. And it would be an enormous support for protection of these courageous people.

Senator GRAMS. I want to thank you all for being here. I know we need to—in case somebody has a plane to catch or whatever. But I will leave the record open. I would like to leave it open until the end of next week in case other members of the committee who could not be here today would like to submit questions.

I know Senator Boxer wanted to be here today and could not because of other commitments. But I am sure she will probably have a couple questions. And I want to answer Senator Wellstone's, as well as others.

So we would like to leave the record open. If you have anything else you would like to add, please do so. And if we do submit questions to you in writing, if you would promptly answer them and return them to the committee, it would be very helpful.

So again, I want to thank you all. Mr. Freeman, Ms. VanDusen, Dr. Genefke, Ms. Cooper, thank you very much. And, Doug, it is always great to see you. Thank you for all your good work as well. I appreciate it. Thanks.

This hearing is adjourned.

[Whereupon, at 3:36 p.m., the hearing was adjourned.]

PREPARED STATEMENT OF INGE GENEFKE, MD, DMSc HC

Ladies and Gentlemen:

The International Rehabilitation Council for Torture Victims is a health professional organisation working for victims of torture and against the practice of torture. We work to heal shame and horror so unspeakable, that we still, after many years, become deeply affected when confronted with it.

Torture is horrible. What it does to people is truly a nightmare. It makes strong people weak. It induces grief and horror into their souls, altering them forever. Everybody can be broken. Luckily we have found that survivors of torture can be helped. And we believe that they should. Thus, the main focus of the International Rehabilitation Council for Torture Victims is to ensure that necessary treatment is offered to torture survivors.

Historically, the work began twenty-five years ago. A group of medical doctors was founded under the auspices of Amnesty International in Denmark. As physicians, we began to document torture and to diagnose torture survivors.

We soon learned that there was a pattern in how victims reacted and kept reacting years after the torture had taken place. We felt competent in treating the bodily wounds, but we soon realised that the victims were often even more devastated psychologically. Torture is extreme trauma: physically and psychologically.

And we realised what the torturers had known all the time. Torture is a psychological weapon. A very effective one. The same story was told over and over again by the victims we examined. How the fear was even bigger than the physical pain. How they kept having flashbacks. Unable to live normal lives.

Treatment should have a holistic approach, where you take the psychological, somatic, social, legal, spiritual, familial and cultural aspects into consideration as all these areas are affected by torture.

Early in our work, we discovered that the victims had often been strong and courageous people. Torturers target leadership. Seeking to silence the leadership of political opposition.

We met ethnic minority leaders, student leaders, politicians and journalists who had spoken out on human rights conditions in their country. People who had fought for freedom of speech. And now—after the torture—they could barely look us in the eye, so shamed by what had happened to them. Even if they rationally knew that they were not at fault, they couldn't get away from the horrible feeling of shame and humiliation.

With torture we face the most devastating attack on any sort of freedom.

This is why we see our work to rehabilitate torture survivors not just as important support to restore the lives of these people. We also see it as a necessary means to improve and restore the freedom necessary to build democracies.

Nelson Mandela is a torture survivor. Despite the cruel and prolonged detention Mandela suffered, he was able to overcome that and promote reconciliation in South Africa.

In popular terms one can speak of the Nelson Mandela effect. He symbolises the difference in establishing decent democracies.

I am convinced that a much more comprehensive rehabilitation effort can boost such a Nelson Mandela effect in many more countries. By providing rehabilitation services, a country is less likely to be afflicted by revenge and more likely to provide an environment where uncorrupted people like Mandela can be leaders in transitional societies.

Rehabilitation can provide infant democracies with the leaders they need. Uncorrupted leaders who know their country and have suffered with its people.

One of the strongest assets of IRCT is that we are an organisation based on a strong network of treatment and rehabilitation centres across the world. IRCT cooperates with almost 200 treatment programmes and centres globally and has conducted training and awareness activities over the world.

IRCT has unique expertise in developing and supporting the initiation of new centres and programmes. The overall strategy for funding of rehabilitation centres and programmes is to use the expertise of rehabilitation centres in OECD-countries to support centres in less developed countries in a partnerships with the bilateral development agencies in the respective OECD countries.

Danish NGO's working with rehabilitation are currently administrating rehabilitation programmes in less developed countries with funding from the Danish International Development Assistance. We are hoping to witness such a construction development in other countries too. Also in the United States.

A recent grant of 2.5 million USD from the European Union to the IRCT has encouraged us to pursue this strategy. The donation from EU will make it possible to expand rehabilitation work in less developed countries. The aim of this grant is:

- strengthen the regional professional capacity for rehabilitation of torture victims.
- initiation of 15 new rehabilitation projects for torture victims.

The IRCT structure behind the implementation of this programme is five regional programme officers working in the headquarters, and a number of rehabilitation experts working as regional or sub-regional co-ordinators in the different parts of the world.

Still, the EU grant cannot provide a long-term financial support to many of these centres.

In this respect, the Torture Victims Relief Act can play a crucial role. It can enable centres in the U.S. to engage in developing rehabilitation centres in less developed countries through a partnership with USAID. As matter of fact, IRCT hopes and expects that USAID together with the Center for Victims of Torture in Minneapolis, which is the eldest and most experienced centre in the U.S., will join this effort in supporting rehabilitation internationally.

With the Torture Victims Relief Act this is all possible.

Indeed, I am greatly pleased that it now seems that United States will also play a major role in financing and developing treatment facilities. I wish to thank Senators Rod Grams and Paul Wellstone, as well as Representatives Tom Lantos and Christopher Smith for the genuine commitment and remarkable work they have shown in working for the Torture Victims Relief Act. From the bottom of my heart I also wish to thank Douglas Johnson and John Salzburg from the Center for Victims of Torture for the tremendous job they too have done and for their dedication to the cause.

The Torture Victims Relief Act, signed into law by President Clinton, authorised nearly 31 million USD to assist survivors of torture in the United States and abroad.

As Secretary-General of a network representing thousands of courageous health professionals dedicated to the work of treating torture victims I wish to thank the United States for this very important step. On behalf of the victims I am grateful. Their needs can now be given well-deserved priority.

What is needed now is the timely appropriation by Congress of this act. As well as the commitment to renew this act in due time.

As the only surviving superpower in the world, the United States has the main responsibility for supporting the humanitarian work and treatment of torture sur-



vivors. The improvement in the life quality of the survivors is a goal in itself. Treating torture survivors also builds the foundation for establishing true democracies in the world. These are two noble objectives that the United States not only should but must support fully.

Torture is the biggest obstacle to democracy in the world today. It is a big step forward that the United States as the strongest democracy in the world today has taken action.

It is my sincere hope that other countries will follow the lead you take. If countries are not part of the solution, they are definitely part of the problem.

Thank you.

[Attachment]

#### IMPLEMENTATION OF THE TORTURE VICTIMS RELIEF ACT

COMMENTS BY THE INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS ON THE REPORT TO THE SUBCOMMITTEE ON FOREIGN OPERATIONS, COMMITTEE ON APPROPRIATIONS, U.S. HOUSE OF REPRESENTATIVES, CONCERNING USAID PROGRAMMING TO PREVENT AND TREAT TORTURE

The IRCT has warmly welcomed the pioneering initiative of USA legislators to promote and adopt the first comprehensive legislation in the world providing direct assistance to the many victims of torture residing both inside and outside the USA.

The IRCT reiterates its claim that existing multinational funds currently available to support direct service provision to victims of torture are far from covering the need for international funding of such services especially in developing countries and countries in Central and Eastern Europe. This in spite of the substantial and most welcome increase in the US contribution to the UN Voluntary Fund for Victims of Torture received this year.

The IRCT has therefore increased its efforts to motivate National Development Assistance agencies to include direct support for centres and programmes for victims of torture among eligible candidates for financial support within the human rights and democracy programmes of these agencies.

The IRCT has seen the TVRA as a break-through in this context coming at a time where for a number of reasons many centres and programmes are facing serious financial problems or even closure due to lack of funding.

The IRCT has its basis in the need for and possibility of providing appropriate health care services to victims of torture and thereby assisting them in returning to their previous often important social and political roles in their communities.

The IRCT does not underestimate the importance of prevention in the fight against torture but as in many other public health challenges—and torture is a cancer on society—providing services to those already afflicted by the scourge cannot be neglected in a comprehensive approach to a health problem.

The IRCT therefore submits its deeply felt conviction that provision of direct services to victims of torture is such an urgent need that the TVRA cannot be properly implemented with a broadening of its purpose to include other forms of human rights violations or other approaches to the fight against torture—however justified these other needs are in an overall context.

The IRCT finds it justified to add that the accumulation of medical documentation of physical and mental consequences of torture which is a side benefit of systematic clinical work with victims of torture has proven the strongest indicia of past and current practice of torture. So any preventive action would need as control of its effectiveness the kind of credible data which can only be provided by centres and programmes providing direct services to victims of torture.

The IRCT therefore strongly recommends that the resources which—thanks to the TVRA may now be made available as bilateral assistance through USAID should as a first priority be reserved for direct service provision to primary and secondary victims of torture as defined in the UN Convention against Torture. As a second priority training programs aiming at enabling health professionals to better identify and provide appropriate care to victims of torture would also be justified.

The IRCT finds that using such criteria and priorities only few of the otherwise excellent activities enumerated in the USAID report to the Subcommittee could be accepted as falling within the strict purposes set out in the TVRA, viz.:

1. The part of the human rights program for South Africa went into direct service provision for victims of torture.
2. The part of the grant to the Minnesota based Centre for Victims of Torture used to provide training and technical assistance for Turkish doctors.

3. The part of USAID funding of the Inter-American Institute for Human Rights that supported a region-wide effort to train medical personnel to recognise and to treat torture victims.

4. The part of the funding of the International Organisation for Migration which has been used for service provision to victims of torture. (As far as we have been informed the IOM while providing general health care services to refugee populations has yet to engage in specific services for severely traumatised victims of torture).

5. The part of the funding of the Haiti Human Rights Fund that has been used to provide assistance and treatment to victims of torture.

6. The support given in Cambodia to the training of primary care physicians and medical students to recognise and treat mental illness in the aftermath of the Khmer Rouge reign of terror.

7. The part of the programs supported in Bosnia that provided trauma counselling and medical assistance to war victims tortured by rape and other means as well as other victims of torture.

The IRCT is bound to conclude that the USD 1,680,000 listed as FY'99 estimates for treatment related activities almost exclusively addresses short term projects and does not provide support for the large number of institutionalised centres and programmes (more than 160 such centres exist globally).

The IRCT hope that the review of the current low level of USAID support for such services will lead to a change in policy and allow a determined effort to support a number of these centres from now on. This support should preferably be in the form of several year commitments that will allow the dedicated staff of these centres to concentrate on providing care to a most deserving population rather than spending too much time on writing applications and constantly worry over even the short term survival of their programmes.

The IRCT is convinced that a determined lead by the USA in this respect will convince other national development assistance agencies to follow suit.

MARIA PINIOU-KALLI, MD,  
*President, IRCT*

ERIK HOLST, MD,  
*Deputy General Secretary*

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PREPARED STATEMENT OF ANGELIQUE COOPER

Senator Grams and Members of the Committee:

My name is Angelique Cooper. I am a West African woman, and I am a survivor of the seven-year civil war in Liberia. My life before 1990 was what one would consider a normal, day-to-day life. I was brought up in a Christian home, which instilled discipline and morals. I went to school, and then to the University with the goal of becoming a lawyer. Unfortunately those dreams were all shattered in 1990 when the civil war started in my country.

My life changed overnight from what we would call normal to a world of mental torture. I watched family members being killed because of their personal beliefs. Innocent people were beaten and killed because they didn't belong to a certain ethnic group or because they did not support the so-called revolution that was going on. I was tortured mentally and physically because of my personal beliefs, because I believe that this revolution had no meaning, and because of my involvement in an organization I started, the Liberian Youth Anti-Drug Campaign.

Liberian children between the ages of 10 to 18 were deprived of the chance to grow up as any normal child should. They were turned into animals by the warlords who gave these children drugs and guns and made them believe that the guns were an easy way to survival. Women and young girls were harassed and taken away from their families. Some parents were made to watch their daughters being raped. After such incidents, most of these young women were affected mentally and physically by these traumas. They lost hope of having a normal life. Some committed suicide because the mental torture was too much to handle.

I look at myself as being extremely lucky. I was able to escape Liberia and come to the U.S., but I still had sleepless nights when I cried, and had nightmares of what I had experienced. I wondered how I could start all over. In the process of applying for political asylum, my attorney referred me to the Center for Victims of Torture because he heard what I had experienced and thought the Center would be the best place for me. I was never really able to talk about the war until I started my treatment at the Center. I attend weekly counseling that has helped me regain

confidence in myself, and hope for the future. I was given medication to help me sleep, which has also done wonders for me. I now work full time as a travel agent and plan to start work on a business degree in the fall.

I hope my story has helped you understand a little bit of what Liberians have been through, and are still going through. There is no safety in Liberia, the warlord who started the war now runs the country. There are a lot of Liberians with Temporary Protected Status in the U.S. who deserve the same opportunity I have had for a safe refuge in this country and treatment.

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PREPARED STATEMENT OF DOUGLAS A. JOHNSON

Senator Grams and Members of the Committee:

Thank you for the opportunity to address the issue of United States policy towards victims of torture.

June 26, 1999 commemorated the second annual United Nations International Day in Support of Victims of Torture. As Secretary-General Kofi Annan said last year on this occasion "This is a day on which we pay our respects to those who have endured the unimaginable. This is an occasion for the world to speak up against the unspeakable. It is long overdue that a day be dedicated to remembering and supporting the many victims and survivors of torture around the world." He went on to pay tribute to the efforts of governments, organizations, and individuals to "relieve the suffering and assist the recovery of torture victims around the world."

This hearing is timely because the Torture Victims Relief Act (PL 105-320)—the first comprehensive U.S. program to address the needs and hopes for recovery of torture victims—hangs in the balance.

We deeply appreciate your leadership, Senator Grams, that of Senator Wellstone and the other principal sponsors of TVRA, in winning the bill's enactment in October 1998. The Act recognizes that the effects of torture are long term both on the individual and the society in general, and that "repressive governments often use torture as a weapon against democracy." It endorses the ethical and economic imperative that the many torture victims living in the United States "should be provided with the rehabilitation services which would enable them to become productive members of our communities." For fiscal year 1999 the Act authorized \$5.0 million for the Department of Health and Human Services to support services for rehabilitation of victims of torture in the U.S., \$5.0 million for USAID to support foreign treatment centers, and \$3.0 million as a contribution to the United Nations Voluntary Fund for Victims of Torture. For fiscal year 2000 the Act authorizes \$7.5 million for the Department of Health and Human Services, \$7.5 million for USAID to support foreign treatment centers, and \$3 million to the UN Voluntary Fund for Victims of Torture.

On October 30, 1998, the President signed the Torture Victims Relief Act into law and stated: "This Act authorizes continued and expanded U.S. contributions to the treatment centers, both in the United States and around the world, for persons who suffer from the mental and physical anguish of having been tortured." And on December 10th, the President committed in fiscal year 1999 \$3 million to the United Nations Voluntary Fund for Victims of Torture. This amount was contributed to the UN several months ago in time for the annual board meeting; thanks to the American contribution, the Fund was able to distribute its largest support for treatment programs. Despite this fact, about one third of the requests still could not be fulfilled.

But with this one exception, no other funding has been forthcoming. And without the funding, the Act remains only a set of unrealized principles. It is my hope that this hearing will serve to help reinvigorate the Congressional will to see that the appropriations for fiscal year 2000 will include this funding, and that the Administration will find emergency funds in 1999 to begin the investments Congress authorized and endorsed.

We are pleased that the President followed through with requests to Congress for appropriations for fiscal year 2000 for two of the three categories of aid to victims of torture. President Clinton requested \$7.5 million to assist victims of torture in the U.S. through the Office of Refugee Resettlement of the Department of Health and Human Services and he requested \$3 million for the UN Fund. Now it is up to Congress to ensure that these funds are appropriated.

We were very disappointed, however, that the administration did not request the \$7.5 million authorized by TVRA for USAID to support treatment centers for victims of torture in the developing world and in the former Soviet block. This omission is not consistent with the President's pledge in his signing statement to support

treatment centers around the world as well as domestically. TVRA calls for support of foreign treatment centers because many of the victims of torture are grass roots leaders who have been in the forefront of the struggle for human rights and democracy. Support for them is an effective way for the U.S. to support democratic movements throughout the world. Moreover, documentation by health professionals at foreign treatment centers provides credible evidence of torture. The Department of State, Amnesty International, and other NGO's use these reports, as shown by the excellent work of the physicians in Turkey. Documentation provides the basis for pressuring governments to end the practice of torture.

Yet despite passage of the Torture Victims of Relief Act as well as repeated recommendations by the appropriations committees, USAID has been unresponsive to Congressional calls for financial support for foreign treatment programs for victims of torture. USAID has never explained why it apparently is uncomfortable helping people who have received the cruelest form of treatment. When asked by the appropriations committee to report on how it had implemented the committee's recommendation to support treatment programs, USAID responded as though it had followed the letter and spirit of the recommendation. In fact, most of the projects it cited as complying with the recommendation did not involve treatment programs for victims of torture. And the projects with some semblance of supporting victims of torture involved organizations that are not recognized internationally for competence in the field.

We are grateful that in contrast to USAID the Department of State has responded energetically to Congressional calls to increase the U.S. contribution to the UN Voluntary Fund for Victims of Torture. The 1999 \$3 million contribution is an increase from only \$100,000 six years ago. Even so, some European countries exceed us on a per capita basis, an especially humbling fact given that the European Union has its own (separate) grant program totaling about \$6 million, in addition to bilateral support from their development agencies.

The UN Voluntary Fund assists nearly 100 projects in more than 50 countries. It provides significant support to U.S. centers whose clients are frequently not covered by any form of health insurance. We are encouraged that that the Department of State authorization bill provides for a \$5 million yearly contribution.

The Center for Victims of Torture is the U.S. member of a consortium of treatment centers from eight industrialized nations, working together to coordinate resources to create and support treatment centers in areas of repression or recent repression. We meet under the auspices of the International Rehabilitation Council for Torture Victims (IRCT), an association of treatment centers around the world. IRCT received a grant of about \$2.5 million dollars from the European Union to help the start-up of new programs to aid torture survivors, with the objective of finding bilateral foreign aid agencies to provide longer term operating support until the programs can be self-sustaining. We met last month in Copenhagen to review the urgent needs of survivors where there are no treatment facilities and to determine which of us could provide technical assistance and funding.

Representatives of the other nations lauded American action to pass the TVRA, and indicated they were using the legislation as a model for their own government actions. So we were somewhat chagrined to point out that there was actually no money available for the needs we were reviewing. Hence, the funding authorized in TVRA is critical. We are pleased that both and Senate and House committees on appropriations have recommended that USAID allocate \$7.5 million for this purpose. We urge you to press USAID to comply with this recommendation.

There are now over 200 treatment centers for victims of torture around the world with more than 100 in developing countries and the countries of eastern and central Europe. This results in an estimated worldwide need for funding of at least \$33 million. The UN Voluntary Fund for Victims of Torture provides slightly more than \$5 million, and the European Union about \$6 million. This leaves a gap of about \$22 million. The EU grant to IRCT is being made with the purpose of obtaining more support from the industrialized countries with development aid programs. USAID will not be alone in this venture. We fervently hope that USAID will join with other countries in making this investment in recovering the leadership stolen by repression.

So far, my comments have been largely limited to the international scene. We believe that the U.S. should not only provide support to torture survivors abroad but certainly to those in our own country as well. Many of them have also been grass roots leaders in their own country. Now, they are becoming adjusted to a new land. But, in addition to all the cultural and linguistic adjustments that have to be made as an immigrant, they must also overcome the effects of torture. Clearly they deserve our help and not only for altruistic reasons. With treatment they can recover their lives and become productive members of our communities.

The Office of Refugee Resettlement has done some groundbreaking work in providing outreach to resettlement workers and others who come in contact with torture survivors. Its training programs have helped people learn how to relate to torture survivors and how to make referrals for care. Trainers for these purposes need to be health professionals with clinical experience in the care of torture victims. There are only a handful of centers in the U.S. with experienced clinicians. The Center for Victims of Torture and the other leading treatment programs have tried to fill ORR's call for trainers, as we've also responded to the call of the Minnesota legislature to train the health care systems in our state in order to mainstream services. But we have reached our limit, still unable to meet the many requests we have for training.

Mr. Chairman, there are not yet formal training programs that can produce experts in the field outside the current treatment centers. When we try and meet training demands, we must pull our experts away from client care. We've fine-tuned our system to strike a balance between our responsibilities to our clients and our obligations to help others become involved. And we've realized that the only way we can meet these demands is by producing more experts ourselves: finding good clinicians and putting them to work with torture survivors under the guidance of our staff. This means that to create the long-term resources to make care widely available, we must first invest in the treatment centers capable of being learning centers for the nation.

During the war in Bosnia, when we were first asked by government agencies how many torture survivors we could take for them, we argued that the U.S. should create the capability to respond to emergency needs as part of our national strategic repertoire. Once again, the same calls have come, asking about the support available to highly traumatized Kosovars, survivors of another series of human rights atrocities. Our capacity is still highly limited.

We need to expand the capabilities of the current treatment centers, as emergency sites in times of catastrophe, and as learning centers, producing the experts needed for disseminating knowledge and stimulating commitments. Assuming Congress does appropriate funds under TVRA to ORR, we hope it follows this approach. We need investment in client care as the most effective way to expand treatment services available to torture survivors.

It should be noted that the investments in both domestic and international treatment programs are not only parallel initiatives, but will be most effective when conceived and conducted in an interdependent fashion. We can not produce enough trainers and technical expertise to assist our international colleagues without increasing our own treatment capacity. But unless we also create and support the creation of learning and service centers in countries of repression, the victims must seek refuge in the U.S., Europe, and other places where adequate care is available.

Finally, it should be mentioned that the Torture Victims Relief Act only authorizes support for treatment programs in fiscal years 1999 and 2000. Congress needs to authorize for fiscal year 2001 and succeeding years. Given that the administration begins preparation of the fiscal year 2001 budget shortly, this needs to be done as soon as possible. We are also very pleased, Mr. Chairman, that you and Senator Wellstone are introducing legislation to authorize increased appropriations for future years under the Torture Victims Relief Act. Given the huge gap between the domestic and worldwide need for treatment services and available resources, significant increases should be made in the authorization dollar amounts.

While the focus of this testimony and the Torture Victims Relief Act is on care for the victims, United States must do everything possible to prevent the practice of torture around the world. It is appalling that the U.S. is several years late in filing the required initial report as a state party to the United Nations Convention Against Torture, and Other Cruel, Inhuman or Degrading Treatment or Punishment. How effective can we be in impressing upon other governments to comply with the convention if we do not fulfill our own obligations?

There are other key areas where American leadership would be welcomed in the struggle against torture. Negotiations are underway at the United Nations to create an optional protocol to the torture convention that would allow the Convention's Committee against Torture to make visits to prisons in countries where it has special concerns. States ratifying the protocol would give the Committee authority to visit its prisons at any time. This would parallel an agreement for transparency in the European Convention against Torture, which has proven to be one of the most effective tools against torture in that region. This Committee should encourage the negotiators to move forward and the U.S. participants to assist in completing the text as soon as possible.

The United Nations Special Rapporteur on Torture, Sir Nigel Rodley of the United Kingdom, has been doing an excellent job uncovering the practice of torture around

the world. He must carry on this difficult assignment as a volunteer. To make matters still worse, he has almost no support staff available to him. This Committee could encourage the Department of State to make a voluntary annual to the advisory services trust fund for technical assistance and training of prison authorities and to assist in providing staff for the Special Rapporteur and the Committee Against Torture. They are both severely understaffed.

Regional organizations, such as the Organization for Security and Cooperation in Europe, have made renewed commitments in the struggle against torture, including a call to establish at least one treatment program for torture survivors in each member state. The State Department should encourage these partners in the struggle against torture by supporting broad initiatives as well as experimental projects that advance our understanding of how we can end the scourge of torture in our region and in our lifetime.

Mr. Chairman, your leadership in the field both of prevention of torture and care for the survivors has led to significant changes in the attitude of our government towards torture victims. But what has been done so far in concrete terms is just the tip of the iceberg in terms of need in the U.S. and worldwide. We need your continued leadership so that appropriate treatment is available to every torture victim. While we must not let up in our efforts to prevent torture, we also can not let down those who have been afflicted by this horrendous human rights abuse.

