

**UNITED STATES POLICY TOWARDS VICTIMS OF
TORTURE**

HEARING
BEFORE THE
SUBCOMMITTEE ON
INTERNATIONAL OPERATIONS AND HUMAN RIGHTS
OF THE
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INTERNATIONAL RELATIONS
HOUSE OF REPRESENTATIVES
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CONTENTS

WITNESSES

	Page
Ms. Leslie Gerson, Deputy Assistant Secretary, Bureau of Democracy, Human Rights and Labor, U.S. Department of State	3
Ms. Lavinia Limon, Director, Office of Refugee Resettlement, Department of Health and Human Services	6
Ms. Ann Van Dusen, Deputy Assistant Administrator, Bureau for Policy and Program Coordination, U.S. Agency for International Development	8
Mr. Bo Cooper, Acting General Counsel, U.S. Immigration and Naturalization Service	11
Dr. Judy Okawa, Director, Program for Survivors of Torture and Severe Trauma, Center for Multi-Cultural Human Services	24
Mr. Ali Hoxhaj, Torture Survivor From Kosovo	27
Ms. Ladi Olorunyomi, Torture Survivor from Nigeria	29
Mr. M., Torture Survivor from Iran	34
Mr. Douglas A. Johnson, Executive Director, Center for Victims of Torture	36

APPENDIX

Prepared Statements:

Hon. Cynthia A. McKinney, A U.S. Representative in Congress from the State of Georgia, Ranking Member, Subcommittee on International Operations and Human Rights	50
Hon. Christopher H. Smith, a U.S. Representative in Congress from the State of New Jersey, Chairman, Subcommittee on International Operations and Human Rights	53
Dr. Judy Okawa, Director, Program for Survivors of Torture and Severe Trauma, Center for Multi-Cultural Human Services	55
Addition Material submitted:	
Question submitted for the record by Chairman Smith to Deputy Assistant Administrator Ann Van Dusen and response thereto	60
Question submitted for the record by Chairman Smith to Deputy Assistant Secretary Leslie Gerson and responses thereto	63
Question submitted for the record by Representative Cynthia McKinney to Deputy Assistant Secretary Leslie Gerson and responses thereto	66
Question submitted for the record by Chairman Smith to Deputy Assistant Secretary Leslie Gerson and responses thereto	68

HEARING ON UNITED STATES POLICY TOWARDS VICTIMS OF TORTURE

Tuesday, June 29, 1999

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON INTERNATIONAL OPERATIONS AND
HUMAN RIGHTS,
COMMITTEE ON INTERNATIONAL RELATIONS,
Washington, D.C.

The Subcommittee met, pursuant to call, at 1:35 p.m., in room 2172, Rayburn House Office Building, Hon. Christopher H. Smith (Chairman of the Subcommittee) presiding.

Mr. SMITH. The Subcommittee will come to order.

Good afternoon. Today's hearing is on the United States policy toward victims of torture around the world. This is the latest in a series of hearings in which the Subcommittee on International Operations and Human Rights has heard testimony on torture and on the lasting damage it causes to its victims and to their loved ones. Many of our witnesses have been victims themselves. We have heard in the past from a native of Uganda who suffered at the hands of the Idi Amin regime, a Tibetan physician who was tortured by the Chinese Communists, and an American who became a torture victim in Saudi Arabia after he had a falling out with his employer, the Saudi Arabian government. We have heard testimony from the torture victims, dissidents in China and in Vietnam, members of ethnic minority groups in Burma and Turkey, of slaves in Mauritania and Sudan, and of people the world over whose only offense was their belief in God. Today, we will focus on what the U.S. Government is doing to help these people and what we ought to be doing.

In the last year, the United States law with respect to torture victims has taken two giant steps forward. The first step was the enactment on October 19, 1998 of a section 2242 of the Foreign Affairs Reform and Restructuring Act, Division G of Public Law 105-277, which finally implemented the non-return provision of the U.N. Convention Against Torture and other Forms of Cruel, Inhuman, and Degrading Treatment or Punishment. Although the United States had ratified the Convention in 1994, Congress had never passed legislation implementing article three of the Convention, which imposes an obligation not return people to countries in which they face subjection to torture. So, there was a conflict between our international obligations and our domestic immigration law, which allowed, and in some circumstances even required, the deportation of people to places where it was more likely than not that they would be tortured. Section 2242 declared such deporta-

tion to be contrary to U.S. policy and required the Executive branch to promulgate regulations implementing this policy. I am happy to say that the Immigration and Naturalization Service recently issued the rule required by section 2242, and we will hear testimony today on the rule and its implementation.

The second step came a few days later on October 30 with the enactment of Public Law 105-320, the Torture Victims Relief Act. I am proud to have been the principal sponsor of this act. It authorized \$12.5 million over two years for assistance to torture victims treatment centers here in the United States, of which there are currently 14 and another \$12.5 million to treatment centers around the world, of which there are about 175. It also authorized a U.S. contribution in the amount of \$3 million per year to the U.N. Voluntary Fund for Torture Victims and required that Foreign Service officers be given specialized training in the identification of torture and its long-term effects, techniques for interviewing torture victims, and related subjects.

The only provision of the Torture Victims Relief Act that has been fully implemented so far is the authorization for an increase of U.S. contribution to the U.N. Voluntary Fund. As recently as Fiscal Year 1993, the U.S. contribution to the fund was only \$100,000. In Fiscal Year 1995, it went up to \$1.5 million. For the 1996, the administration proposed to reduce by two-thirds that amount, to \$500,000. That was the year that I first introduced the Torture Victims Relief Act along with 50 bipartisan co-sponsors. In response to our efforts, the administration held the contribution to \$1.5 million, and this year, I am happy to say, the administration has fully funded the \$3 million authorization envisioned in the Torture Victims Relief Act.

In other areas, the Executive Branch has not fulfilled the mandate of the act. The \$5 million authorized for contributions of domestic treatment centers during Fiscal Year 1999 has apparently not resulted in any increase in contributions to such centers, although the Department of Health and Human Services has included the \$7.5 million authorization for Fiscal Year 2000 in its budget request. The news on the foreign treatment centers is even less encouraging. AID did not manage to find any money in the Fiscal Year 1999 budget for contributions to international torture victims treatment centers and has not requested an appropriation in Fiscal Year 2000 for this purpose. I look forward to hearing from our Administration witnesses about the reasons for the slow start in implementation as well as the future prospects.

In the meantime, I am proud to announce that today I introduced H.R. 2367 along with Tom Lantos, Mr. Gilman, and my Ranking Member on this Subcommittee, Ms. McKinney, the Torture Victims Relief Act Reauthorization Act. This bill will extend and increase the authorization of last year's act to Fiscal Year 2003. In each of the three fiscal years covered by the proposal, \$10 million is authorized for domestic treatment centers, \$10 million for international centers, and \$5 million for a U.S. contribution to the U.N. Voluntary Fund for Torture Victims.

Finally, just let me say that I believe the basis for sound political policy can be found in the Gospel of Matthew where our Lord said that whatever you do to the least of our brethren, you do to him.

It seems to me that when people have been tortured, have been suffered the most cruelest of indignities, and have suffered so immensely, the least we can do is provide for those individuals through the kind of legislation that we have passed in the past and to provide the help through the treatment centers. I want to thank in advance all of our witnesses who are here today and, beginning with our first panel, I would like to begin to introduce them at this point.

Our first panel will consist of Ms. Leslie Gerson who is serving as Principal Deputy Assistant Secretary in the Bureau of Democracy, Human Rights and Labor. Ms. Gerson's responsibilities include multilateral affairs, country reports and asylum, indigenous issues, Latin American affairs, and bureau management issues. She has previously had positions at the Department of State that included Management Analyst, Senior Watch Officer, and an Instructor in Consular Law and Practice.

Ms. Lavinia Limon has more than 22 years of professional experience in refugee resettlement beginning in 1975 when the first refugees from Southeast Asia were sent to Camp Pendleton. Ms. Limon became Director of the Office of Refugee Resettlement at the U.S. Department of Health and Human Services in August 1993. As Director, Ms. Limon has managed the resettlement process of 6,000 Kurdish asylees airlifted from the border of northern Iraq to Guam. In addition to her work at HHS, Ms. Limon has extensive background and knowledge of international voluntary agency non-profit organizations from various work capacities overseas.

Dr. Ann Van Dusen is serving as Deputy Assistant Administrator for the Bureau for Program and Policy Coordination at the U.S. agency for International Development. Dr. Van Dusen has served the agency for the past 22 years. Some of her prior positions were in the Bureau for Asia and Near East, Bureau for Global Programs, as well as the Director of the Office of Health. She has also done extensive work and headed up the program for child survival, and we have had many dealings in the past working on those important issues, and I applaud her for that. Dr. Van Dusen earned her Doctorate in sociology from Johns Hopkins University.

Mr. Bo Cooper is Acting General Counsel at the United States Immigration and Naturalization Service. Since joining INS in 1991, Mr. Cooper has served as the Deputy General Counsel and as Director of the Asylum and Refugee Law Division of the Office of the General Counsel. Mr. Cooper studied law at Tulane University in New Orleans.

Again, I want to thank our very, very distinguished witnesses for being here and ask them to please begin. Ms. Gerson.

STATEMENT OF LESLIE GERSON, DEPUTY ASSISTANT SECRETARY, BUREAU OF DEMOCRACY, HUMAN RIGHTS AND LABOR, UNITED STATES DEPARTMENT OF STATE

Ms. GERSON. Thank you very much, Mr. Chairman.

Mr. Chairman, as you know, the Bureau of Democracy, Human Rights and Labor is headed by Assistant Secretary Harold Hongju Koh. I will limit my oral remarks but ask that my full written statement be included as a part of the record. Assistant Secretary Koh asked me to convey his regrets that he cannot be with us

today and to thank you for holding this hearing. I am, however, particularly grateful and gratified to be Assistant Secretary Koh's representative today.

Like others in this room, my interest in this issue is personal. My father and his siblings came to this country as victims of pogroms in Belarus. My husband and his family in Haiti have been victims for a number of years of a range of human rights abuses, including death. You have my personal commitment to strive to eradicate the odious practice of torture. It is clear that its repercussions cut across generations and mark us all.

This is my first appearance before this Committee. However, I am familiar with your dedication to human rights and democracy issues. I am also familiar with the domestic and multilateral support for victims of torture provided by the Torture Victims Relief Act of 1998, which was offered by you, Mr. Chairman, and signed into law by the President last year. For many of us, torture is virtually inconceivable. It is simply not part of our frame of reference, but for all too many it is a brutal reality that leaves scars for a lifetime. The stories of the victims are indeed horrific, and the NGO's, institutions, and individuals that serve victims, working to heal their physical and psychological wounds are to be commended for their important work. They make a positive impact on shattered and traumatized lives and make it easier for torture survivors to recover and become an integral part of the larger community.

In the second panel this afternoon, you will be hearing testimony from experts and witnesses who work with torture survivors. Because these witnesses are well-equipped to discuss the horrors of torture, the motivation of tortures, and the long-term effects of torture, I will limit my remarks to U.S. Government efforts to support the international fight against torture and to aid those whose lives have been unjustly damaged by that torture.

The United States is formally committed to ending torture and helping individuals who have suffered from the debilitating practice of torture. As President Clinton said last October when he signed the Torture Victims Relief Act, and I quote, "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."

We can be proud that the United States has long played a vigorous leading role in the formulation of the United Nations Declaration on Protection from Torture and in the negotiations on the Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, which was ratified in 1994. The United States is the largest single donor to the United Nations Voluntary Fund on Torture, providing \$3 million in Fiscal Year 1999. I would also briefly mention that Assistant Secretary Koh has discussed with Ambassador Swett, our representative to Denmark, ideas for working with the Danish government to honor and give moral support to torture victim support organizations worldwide.

In addition, we speak out regularly against torture in our public statements and public diplomacy. In our reporting in the annual Country Reports on Human Rights Practices, we fully cover internationally recognized individual, civil, and political rights set forth in the Universal Declaration of Human Rights, including freedom

from torture. The report on each individual country includes a section covering findings of torture or other cruel, inhuman, or degrading treatment or punishment. We are very proud of the fact that in the Country Reports we criticize those who torture, whether they are allies or foe, and we believe that criticism itself contributes in many cases to a reduction in abusive practices.

When we find evidence of torture, we use bilateral channels to raise our concerns forcefully with responsible governments, consistently raising these important concerns at the highest of levels. We also work through a number of multilateral organizations to press our specific concerns about torture situations. For example, at the U.N. Commission on Human Rights, we support country-specific resolutions that mention cases of torture and also the thematic resolutions that support the work of the U.N. Special Rapporteur on Torture.

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 for the former Yugoslavia and Rwanda, in part, to bring to justice those responsible for torture and other crimes. Most recently, we have worked very closely with the Yugoslavia Tribunal 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, as well as supporting the work of truth commissions the world over.

But demanding justice is only half the battle. This administration also tries to help torture survivors. The administration does this in a variety of ways, ranging from technical assistance, to facilities that focus on the treatment of victims, to blocking the return of survivors to countries where there is a substantial risk of torture. The United States is the leading contributor to the U.N. Voluntary Fund on Torture, which has provided international humanitarian assistance and has funded psychosocial treatment and other aspects of health care in response to the needs of refugees and conflict victims in many regions who have suffered torture.

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 completed by the end of the summer. In addition, Assistant Secretary Koh is looking forward to an opportunity to brief the Committee on this report after it has been submitted to the U.N. 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 World Centers for Victims of Torture 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 troubling issues.

Thank you very much.

Mr. SMITH. Mr. Gerson, thank you very much for that excellent statement. Let me just ask Mr. Faleomavaega if he has any open-

ing comments, but I do want to commend you for your fine statement and for the good work of the Department on this issue.

Mr. FALEOMAVAEGA. Mr. Chairman, I do want to note for the record the outstanding leadership that you certainly have demonstrated over the years about this very important issue that the Committee is now taking into consideration, and we certainly we want to offer our personal compliments and welcome of Members of the panel that will be testifying this afternoon.

Because we don't have the advantage of calling the hearings and consultations with the Minority Members, I have the unfortunate experience of having to be given a fancy title of being the Ranking Democrat on Fisheries, and we are having a Subcommittee hearing right now at two o'clock, and in as much as I really would love to listen to the testimonies, I would like to say, Mr. Chairman, that I absolutely support the work of our Subcommittee in this effort and certainly compliment your leadership in seeing that this is carried through, and certainly with the support of the Administration, we should have this taken fully by the Congress. And, again, my apologies to the Members of the panel. I would have loved to have listened to the testimony, Mr. Bo Cooper especially who I call an American Samoan too, because he was on my island some years back and hope it was a positive experience for him being there among the natives, but certainly welcome Mr. Cooper here in our presence.

Mr. Chairman, unfortunately I have to go because of this hearing that I have to be part of in the Subcommittee on Fisheries.

Mr. SMITH. Thank you, Mr. Faleomavaega.

Mr. FALEOMAVAEGA. Thank you, Mr. Chairman.

Mr. SMITH. Thank you for your good work on this. This is a bipartisan effort, and you have been there on every issue, including co-sponsorship for the Torture Victims Relief Act.

Mr. FALEOMAVAEGA. Absolutely. Let us go to West Papua New Guinea next time. Thank you.

Mr. SMITH. Ms. Limon.

STATEMENT OF LAVINIA LIMON, DIRECTOR, OFFICE OF REFUGEE RESETTLEMENT, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Ms. LIMON. Good afternoon, Mr. Chairman. I appreciate the opportunity to testify at today's hearings on U.S. policy toward victims of torture. As Director of the Office of Refugee Resettlement, ORR, I am pleased to talk about the activities we have funded and to speak to the President's Fiscal Year 2000 budget request of \$7.5 million for domestic services and rehabilitation for victims of torture.

Shockingly, victims of torture come from around the world, but ORR is most aware of those who come from Kosovo, Bosnia, African nations and the Middle East and arrive as refugees to the United States. Today, you will hear from individuals who have been tortured, and they will speak more directly and eloquently than I can about their experiences. However, through ORR programs we have learned about and have become sensitized to the experience of torture victims.

For three years, ORR has been awarding funds to assist torture victims who have refugee status. Beginning in 1996, we have gradually increased our support, and this year, we have, so far, awarded \$1.5 million to 10 different organizations. The programs these funds support identify torture victims among refugee communities and assist the survivors in obtaining help. The kinds of activities funded by ORR include training of refugee resettlement staff, English language teachers, volunteers, and all community services staff so that torture survivors can be identified and referred to the services they need. Second, they orient refugees themselves to the help available from existing mental health services and specially funded torture victim centers, and they orient mental health professionals to effectively serve refugees and torture survivors across language and cultural divides.

The services needed by torture victims are a unique combination of medical care, psychological help, social services, and spiritual healing, and I would like to describe just some of the programs that we support. The Center for Victims of Torture in Minnesota established a training program for school teachers in their classrooms who are either themselves victims of torture or whose family members have been tortured. Survivors International in San Francisco has established peer support groups and a community center which offers the survivors a path out of their isolation. The International Institute of Boston is training mental health organizations throughout New England to treat torture survivors, and in New York City, the organization, Solace, helps survivors of torture reunite with their families and obtain services, such as employment and housing.

At ORR, we have come to know the network of non-profit organizations around the country whose mission it is to serve torture victims. They are dedicated and hard working, and they provide services to victims of torture without regard to their nationality, politics, socio-economic class, or immigration status even though the Office of Refugee Resettlement funds can only be used to assist refugees. They solicit funds from private sources, and a few have been funded by the United Nations Fund for Victims of Torture. Several years ago, the Minnesota legislature provided seed money that launched the Center for Victims of Torture, but the prevalence of torture has only recently become widely recognized, and support for services has not kept pace with the need. Many of these agencies have far more clients than the current funding can serve.

The President's request under this new authority would enable us to provide a higher level of support to domestic centers and programs for victims of torture. We would be able to provide direct clinical services, including social and legal services, and we would be able to extend the understanding of how torture has affected those who survive and which services and treatments are most effective.

Last week, I met with a young woman who had been tortured and who spoke with me about her experiences. She said, "The torture experience traumatized and intimidated me. As a result, after I left my country, I hid from everyone. Please remember we need time and space to put distance between the torture and our next steps, but we don't need this help forever. Most importantly, we

need each other. We need to be together. Being together brings support in a safe place to begin to discuss and understand what we have experienced by being tortured and what this means in the world. Then we can once again take charge of our lives. Then we can begin again; we can raise our voices; we can be proud of what we endured for our human rights.”

After working 24 years in refugee work, I have come to understand that for refugees, building a new life is not just about establishing a home, learning a language, accessing health care, and getting a job. The most important accomplishment for refugees and torture survivors is the healing of the spirit. For survivors, their tasks are the same, but the pain is greater and the challenge is deeper. The people these funds are intended to serve are survivors. They will help themselves, but they need a helping hand and a caring heart.

Thank you for the opportunity to appear before the Subcommittee today, and I would be pleased to answer any questions you might have.

[The prepared statement of Ms. Limon follows:]

Mr. SMITH. Ms. Limon, thank you very much for your testimony and for your fine work.

I would like to ask—Dr. Van Dusen.

STATEMENT OF ANN VAN DUSEN, DEPUTY ASSISTANT ADMINISTRATOR, BUREAU OF POLICY AND PROGRAM COORDINATION, UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Dr. VAN DUSEN. Thank you, Mr. Chairman. I appreciate this opportunity to outline the U.S. agency for International Development's efforts to prevent and control the worldwide problem of torture.

This weekend, as you know, many people gathered in Washington to commemorate the second annual U.N. 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, are directed at preventing torture from occurring in the first place. Others are directed at the treatment of victims.

Our definition of torture is an inclusive one. It includes a man who is beaten or maimed, a woman who is raped for reasons that are in part political and psychological rape as an instrument of war, and the individual—unfortunately, often a child—who is forcibly recruited to a rebel army by threats or beatings. All of these human beings will need help and understanding in dealing with the trauma that lasts long after the initial act of violence.

For years, USAID has provided assistance to non-governmental organizations and others for programs directed at torture. I have submitted my full statement for the record. I just want to highlight, in the next few minutes, some of the specific activities that AID is supporting around the world. Many of these were outlined in a recent report to Congress. I want to speak to you briefly about Kosovo, because it is on all of our minds and then to conclude with a word about prevention and what we can do to prevent this horrible practice from occurring.

It is hard to speak about good news in this area, but if there is any, we might look to Latin America where the spread of democracy in recent years has dramatically reduced the incidents of torture and human rights abuse in the region. AID has encouraged that trend in a number of ways. Our funding of justice and rule of law programs in Latin America began more than 15 years ago. These programs have worked in a variety of ways to overcome the long history of police and governmental abuse that exists in many countries.

USAID has also supported the work of the Inter-American Institute for Human Rights. The current program that we are supporting with that organization supports the work of about 14 ombudsman offices. The purposes of these offices is to create a visible mechanism to deal with government-sponsored abuses of human rights, and torture is an important part of that work. The Institute has also created a program for integrated prevention of torture. Initially, the focus of that program was on training health professionals in the rehabilitation of torture victims. The current objective, interestingly, is to train prison officials, improve prison conditions, and otherwise give priority to prevention of torture.

In Africa, USAID has a variety of programs directed at torture and related forms of trauma. For example, 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 Liberia, the Displaced Children and Orphans Fund supported a number of programs to assist children and youth who have been severely affected by years of conflict in that country. This program has also worked in a number of African countries, including Angola, Rwanda, Mozambique, and Sierra Leone. The War Victims Fund supports clinics that in addition to dealing with landmine victims, also treats people who have been tortured, and we may talk later about a program that may get underway in Sierra Leone where we have found that the needs of torture victims is quite acute.

In Cambodia, to address the harsh aftermath of the Khmer Rouge reign of terror, we have supported the Harvard School of Public Health Program of Refugee Trauma. That program trains primary health care physicians to recognize and treat mental illness and trauma. In that program, we are looking at refugees, children, landmine victims, and widowed women.

In Bosnia, USAID has supported programs that provide trauma counseling and medical assistance for war victims, including those who have been tortured by rapes and other means. Other funding to local NGO's has been provided to offer counseling to victims of torture, rape, and other atrocities. Fortunately, the incidents of these crimes has greatly diminished since the signing of the Dayton Accords.

Finally, let me turn to Kosovo. As USAID and many other organizations and nations begin the massive program of humanitarian relief and recovery there, we are extremely aware of the many Kosovars who have suffered from rape, torture, and other forms of brutality. We have supported the treatment of these victims in the refugee camps, and we will continue to assist them as they return to their homeland. Already, in the refugee camps, USAID has support psychosocial assistance in the form of training for health pro-

viders, teachers, parents, as well as the strengthening of local service providers.

In Macedonia, we have supported programs by the International Catholic Migration Committee and Medicine 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 have provided trauma counseling to girls and women, and in the next week, we will be seeking new proposals for services in Kosovo that will include psychosocial treatment for victims of torture and rape. Supplemental funds made available in Fiscal Year 1999 under the Kosovo Economic and Social Recovery Program will be in part used for this purpose.

In short, Mr. Chairman, we 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 those abuses from happening and to care for its victims. Our focus is twofold: first, to develop the institutions, whether it is free press, independent judiciary, human rights watchdog groups, that can help prevent torture and can hold perpetrators accountable, and, second, in treatment, to focus on the community and to strengthen local institutions to deal with the effects of torture and trauma. Our goal is to strengthen these organizations so that they can continue to serve their communities after U.S. funds have been expended.

Our recent report to Congress outlines the support the USAID has provided to victims of torture. I would just comment that report, which was prepared three months ago, doesn't mention Kosovo. As a result of the atrocities that have occurred in the last three months, we will probably be doubling what we are doing to address the victims of torture, and the need for flexibility when these events occur is just critical. So, that report, which estimated about \$5 million of activity this year, is probably wrong by half, given what we know will be our programs starting up in Kosovo and the neighboring states.

I can assure you that even with the increased constraints on discretionary funding in the 150 account, we will not stop with what we have already achieved. We have already sent you a notification of our intent to obligate funds in Kosovo dealing with the dire situation there, including support for the Kosovar victims of torture, and we will continue our efforts in other parts of the world where this remains a critical social issue.

Thank you.

[The prepared statement of Dr. Van Dusen appears in the appendix.]

Mr. SMITH. Dr. Van Dusen, thank you very much for your testimony, and I will like to yield to Cynthia McKinney, Ranking Member of the Committee, if she has any opening comments.

Ms. MCKINNEY. Thank you, Mr. Chairman. I do have an opening statement, which I would like to submit for the record, and I look forward to hearing from our panelists.

Mr. SMITH. Without objection, so ordered, and thank you.

[The prepared statement of Ms. McKinney appears in the appendix.]

Ms. MCKINNEY. Thank you.

Mr. SMITH. Mr. Cooper.

**STATEMENT OF BO COOPER, ACTING GENERAL COUNSEL,
UNITED STATES IMMIGRATION AND NATURALIZATION
SERVICE**

Mr. COOPER. Mr. Chairman, Representative McKinney, I am very grateful for the opportunity to address the Subcommittee today on important developments in U.S. immigration policy toward victims of torture.

The United Nations Convention Against Torture is, from our perspective at the INS, the most important human rights instrument to which the U.S. has recently become a party. In our view, the cardinal obligation under that Convention is contained in article three, and under article three, the U.S. has agreed not to expel, return, or extradite a person to another state where he or she would be tortured.

Last year, the President signed into law the Foreign Affairs Reform Act and Restructuring Act of 1998. Section 2242 of that act you referred to correctly, Mr. Chairman, we think, as a giant step in human rights law in the United States, required regulations to implement the U.S. obligations under article three of the Convention. Within the deadline set by Congress, on February 19 of this year, the Department of Justice published an interim rule to establish procedures for an alien to raise a claim to protection from removal to a country where he or she fears torture.

This afternoon, I would like to outline briefly for you our new regulations to implement article three. To our knowledge, no other country in the world has put into place a domestic determination system under article three that is anywhere near as comprehensive or transparent as ours. We believe that the various safeguards built into the system will ensure that it renders fair and accurate decisions.

In developing these regulations, we were called upon to balance a number of important but often competing interests. Our primary goal was to create procedures that ensure that no alien is removed from the United States under circumstances that would violate article three. At the same time, we sought to ensure that the new procedures do not unduly disrupt the issuance and execution of removal orders. To this end, we have designed a system that will allow aliens subject to the various types of removal proceedings to seek protection under article three. At the same time, we have created mechanisms to quickly identify and resolve frivolous claims to protections so that the new procedures cannot be used as a delaying tactic by aliens who are not in fact at risk.

Generally, the regulations provide that an immigration judge will consider a claim to protection under the Convention Against Torture, along with any other applications, during removal proceedings. Either party would have the ability to appeal decisions of the immigration judge to the Board of Immigration Appeals. This decision, to place article three claims within context of removal proceedings, is one of the key features of the new rule and was made in spite of concerns that the availability of this new form of protection could become a last resort for aliens, especially those with criminal backgrounds who are ineligible for any other form of protection, whether or not the person is actually at risk of harm. But we made this decision for a number of reasons. First, we wanted

to create a transparent system with clear legal standards articulated and applied. Second, we believe that placing these claims in the removal proceeding, where they are heard with all the process attending that forum, is an important safeguard to ensure fair and accurate decisions. Third, we think that it is in fact in the interest of efficiency for these claims to be raised and developed before the immigration judge at the same time that asylum or other claims that may involve the same facts are raised. Finally, the availability of appeal to the BIA will allow the alien to seek review of this important decision and will also allow the INS to use the review mechanism to ensure that decisions about the applicability of article three are made consistently and according to the standards of proof required by article three itself. Further, it will allow for the development of a body of jurisprudence on the standards and definitions of article three in the same way that a body of case law on the Refugee Convention has developed.

Current immigration law provides for several categories of cases to be handled in streamlined processes outside of the immigration judge hearing context. For example, aliens who arrive at ports of entry with fraudulent or with no documents, aliens who are convicted of aggravated felonies, and aliens who illegally re-enter the country after having left under a removal order, all are subject to expedited administrative removal processes. For these cases, the rule employs screening mechanisms to identify quickly potentially meritorious claims to protection and to resolve frivolous ones with dispatch.

One of the most important questions in developing these regulations was how to deal with aliens who would be tortured in the country of removal but who are barred from other forms of protection because of criminal or other background. The legislation implementing article three provides that "to the maximum extent consistent with the obligations of the United States under the Convention" the regulations must exclude from their protection aliens who are barred from withholding. There are no exceptions to article three's prohibition on the term, and the statute clearly demands that the regulations be consistent with article three. The starting point for the Department of Justice, therefore, was that the regulations must prohibit the return of any alien to a country where he is likely to be tortured, even if the alien would be barred from withholding under the Refugee Convention. To comply with both aspects of the legislative directive to limit protection for aliens who are withholding-barred, therefore, the rule creates two separate provisions for protection under article three of the Convention Against Torture for aliens who would be tortured in the country of removal.

The first provision establishes a new form of withholding of removal which is only available to aliens who are not barred from withholding. The second provision creates deferral of removal, which will be available to aliens who would be tortured in the country of removal but who are barred from withholding. Deferral of removal is a less permanent and less extensive form of protection which will be accorded to an alien only for so long as he is likely to be tortured in the country of removal. To accomplish this, the regulation provides for a new streamlined mechanism to termi-

nate deferral of removal if the alien no longer faces likely torture in the country in question.

As part of our commitment to implementing our new regulations, the INS has turned its attention to survivors of torture who come into contact with the immigration system. We have undertaken a number of training initiatives which we intend to expand to help immigration officials identify and respond with sensitivity to the needs of survivors and the effects that results of such severe trauma may have had on them. For example, the Asylum Division of the INS has maintained a close working relationship with experts in the field, including, for example, the Center for Survivors of Torture in Minneapolis, Minnesota and the Bellevue/NYU Program for Survivors of Torture in New York City. Professionals from these and other organizations have participated in the basic month-long training session attended by all asylum officers. Incorporated into this course is training on interviewing survivors of torture and other severe trauma. Professionals who work with survivors helped to develop our lesson plan on this topic, and over the past several years, this training has increased in length from two hours to an entire day. The training includes lectures and discussions with experts in the field on the physical and psychological effects of torture, implications for the interview, and stress or burnout that the interviewing officer may experience.

Mr. Chairman, that is a summary of our efforts to carry out our obligations under 2242. A lot of the complex issues that are raised by the convention and the statutory instruction lie ahead of us rather than behind us, but it is an effort that we have been proud of, and I would be delighted to provide more details about the new regulations or to answer any other questions you may have.

Mr. SMITH. Thank you, Mr. Cooper, and thank you all for your testimonies. I will just ask a few opening questions, and then I will yield to my good friend from Georgia, Ms. McKinney.

In talking about overseas treatment centers, we know that there are, counting U.S. centers, approximately 200 treatment centers in existence, the overwhelming majority of which are overseas; some of which are actually in countries where torture is ongoing and pervasive. What is the relationship between our embassies, our embassy personnel, and those treatment centers? Are they ever included in grants or exchanges that USAID, perhaps, might undertake? I was discouraged to see that in Fiscal Year 1999 money was not provided to those overseas centers as envisioned by the legislation, nor is there a request in the Fiscal Year 2000 budget, unless I missed something somewhere, and perhaps you can tell me that. But it seems to me that we could have found some money in the AID budget to give to these in many cases struggling centers that, by all accounts, are always underfunded. If it had not been for the almost overdedication of their staffs and the use of volunteers, they would never be able to do their jobs—and that is domestic and abroad. So, what is the relationship? Why is there not an appropriation or a line item request in the budget for Fiscal Year 2000? And why wasn't any money found last year for those overseas centers?

Dr. VAN DUSEN. Mr. Chairman, maybe I could start with the question, and my colleague from the State Department may want to talk about the role of the embassies.

There is in fact a grant to the Peru Coordinator for Human Rights, which is one of these centers, and this is a new grant this year to basically work on—to put together studies on human rights abuses that are related to torture. And we have met with the staff of the Minnesota center and certainly are encouraging them to make application for the Kosovo program, which has a very aggressive element looking at the treatment of torture victims.

I think the—there isn't a line item. It is partly the way our budget is structured. We certainly are committed to continue to do the programs that we have started. We are not going to cut back on that. In fact, before the Kosovo atrocities occurred, we were looking at a program for next fiscal year in the \$6 million range. I am sure that is an underestimate. But because our focus is on the community and making sure the services are integrated into the community and that we are building capacity, the decision is at the local level very often. Rather than having a central line item, we rely on the people who are designing the program to call upon appropriate centers. I know in many of the countries where we are working on torture issues, there doesn't appear to be a center. That shouldn't preclude their getting involved, but I do think that may be part of the reason, but there is nothing preventing our programs from working with these centers, but I think through sharing information about the work of these centers, there is a good likelihood that they will become more involved.

Mr. SMITH. Does AID maintain a list of centers and what is the relationship is with our own embassy personnel? How do they interface? Again, I was so encouraged when the President in his signing statement noted the expanded funds for treatment centers. I served for 19 years in the House, and I will never forget in my first term when we tried—and I worked with Tom Daschle, as I was the Republican and he was the Democrat sponsor—to attack the issue of post-traumatic stress in our Vietnam veterans, and one of the key ways was having centers that were proximate to the people who would be served, and it seems to me that closeness is very important to those who can't get out of the country. Many of these centers are harassed by the countries in question, and they are loathed by the offending governments. It seems to me that this should be a priority. And if we had—and perhaps you can provide it to us for the part of the record—a list of those centers and the kind of relationship we have with them so that relationship could be further forged and more money could be provided. I happen to think the \$10 million we envisioned in the current bill is still an underfunding. I mean, these people are in dire need, as we all know—and I am preaching to the choir here—but we need to be making sure that the money does match our concern so that they get the treatment they so rightfully need.

Dr. VAN DUSEN. I would be happy to provide that for the record. Our support often goes to private, voluntary organizations. It is harder to track the way they reach out than to centers in the area, but we will try to get that information for you.

[The information referred to appears in the appendix.]

Mr. SMITH. Do you or anyone else have any knowledge of any instance where a treatment center has at least appealed to our embassy personnel for assistance when they were being harassed or in any way maligned by a government? Yes?

Ms. GERSON. I am not familiar with any appeals as a result of harassment. I do have a couple of examples where our embassies have been working with centers that I believe—if my information is correct—are part of the IRCT group of 175 to 200 centers. For example, we have a longstanding relationship in Turkey—our embassy and consulates there—with the Human Rights Foundation of Turkey, which runs treatment centers for victims of torture, and we try to work together on our mutual goals there. The advances are slow, but there are some.

Also, in Nepal, our embassy there worked with AID, actually, and the Department of Defense to secure the donation of a plane-load of surplus medical supplies—this was a couple of years ago, not part of the 1998 report—surplus medical supplies and other equipment to the center for victims of torture there, and I understand that material included two vehicles and some other necessary equipment.

I would just like to advise, also, that on the issue of USIS exchanges, in the past two years, USIS has funded 350 exchange visitors in the human rights field. I don't have a breakdown of how many of those were themselves, perhaps, victims of torture or worked on torture issues, but certainly, some of them, including two presidents of women's associations in Africa who visited with Mrs. Clinton earlier this year would be among those.

And, finally, I mentioned in my opening remarks just a little about working, through our embassy in Copenhagen, with the Danish government. In fact, at the end of July, Ambassador Swett will be here with a representative of the Danish government for a program sponsored, I believe, by the Human Rights Caucus where we hope to jointly endorse a program of "hands-out" and extensive interaction between the embassies of our two countries—Denmark and the U.S.—with some of these treatment centers worldwide as a way of informally or formally showing support—inviting them to more embassy functions, visiting the centers, being sure that we approach, as appropriate, members of the government to speak on their behalf without, of course, threatening their work. So, I think there are several areas where we can make progress.

Mr. SMITH. I do appreciate that, and certainly Mr. Lantos will be happy to hear that his son-in-law is coming back home for a visit.

In terms of members, am I correct that there are about 400,000 survivors living in the United States? And what is the estimation as to survivors worldwide, Ms. Limon?

Ms. LIMON. We do operate on the 400,000 figure. We have, unfortunately, not really been able to substantiate it, but in working with the groups who do treat victims of torture, that does seem to be an operable number. Overseas, I would have to defer to one of my colleagues.

Ms. GERSON. I am sorry, I don't have sort of an estimate, but I would be happy to work with others and research that—

Mr. SMITH. If you could provide that for the record. We want to be as accurate as we can be. We just want to make sure that we have a good handle on the problem.

Mr. SMITH. Ms. McKinney?

Ms. MCKINNEY. Thank you, Mr. Chairman. Of course, the U.S. Government has been identified very closely, unfortunately, with governments that participate in torture, and at one time, we even exported the implements of torture, such as cattle prods to the Africaners in South Africa. I am wondering, do we export such implements of torture still today to governments that torture, and do you monitor that?

Ms. GERSON. I can, perhaps, try to address that. Obviously, there has been legislation such as the Leahy amendment and related DOD legislation, which has assisted us in ensuring that instruments that could be used for human rights abuse do not reach the hands of military, police, or other security agents in countries that have a credible record of human rights abuse. The Bureau of Democracy, Human Rights and Labor, with the help of our embassies overseas and with the help of non-governmental organizations, vets sales of U.S. financed military and other equipment to countries worldwide, and—

Ms. MCKINNEY. I am sorry, I was distracted. Would you please repeat that?

Ms. GERSON. I was just pointing out that thanks to recent legislation, the Leahy amendment in particular and DOD related legislation, we are better able to vet sales of U.S. Government financed military and police equipment to countries, and we are required to identify countries where there is credible evidence of human rights abuse by units who might benefit from military equipment or training and to, therefore, recommend against the sale of that equipment or the provision of training to those units. Now, this works—

Ms. MCKINNEY. Has there been an instance of the denial of such sales?

Ms. GERSON. Yes. Sales have not been provided to some units in Colombia, to some units in Ecuador, to some units in Turkey. I believe that there are perhaps others, but those are three with which I have been most recently involved.

Ms. MCKINNEY. You could provide me the list and the reasons why those sales were denied?

Ms. GERSON. Yes.

Ms. MCKINNEY. I think we have sales pending right now to Colombia—transfers pending to Colombia and Turkey.

Ms. GERSON. Right. I would just like to point out that it is not blanket sales to the government, per se, but rather that equipment is destined for a unit or units where we have credible evidence that they have been involved in human rights abuse, and the government has taken no credible steps to deal with the abuses. So, it is not a question of just all sales but rather for those units.

Ms. MCKINNEY. Thank you.

My second question relates to the training that is provided—military and police training. Of course, the School of the Americas has become famous or infamous for its curriculum, which actually taught torture and murder. What steps have been taken to remove

such curricula from those who participate in our police and military training?

Ms. GERSON. I am not an expert on the School of the Americas, but I believe that their training has been revised. The School of the Americas continues to make a significant contribution to the professionalization of Latin America's militaries in that the Latin American and Caribbean areas remain among the most peaceful demilitarized regions of the world. We obviously deplore any human rights abuses—wherever they may occur—including those where persons have received training from any government who is attempting to assist them in democratization and human rights work. Human rights officers at every embassy, using information provided by the host government offices and NGO's, screen all applicants who might be going to the School of the Americas or where we may be training on the ground, in the country to ensure that they have no negative human rights record or record of abuse before they are trained.

Ms. MCKINNEY. So, are you suggesting that the participants in such trainings—police and military trainings—do not have any background of torture or human rights abuse?

Ms. GERSON. I am not suggesting that in the past that may not have been the case, but now we do use records from our embassies and from NGO's to try to determine if there is a record of abuse of a potential trainee. In that case, the unit is the individual, and if we have any credible evidence that they have been involved in an abuse, they will be denied training.

Ms. MCKINNEY. So, what about the instance of Colombia?

Ms. GERSON. If, for example, a group of 10 individuals who were to either come to the School of the Americas or we were to wish to train with them on the ground in Colombia or at another location, the names of those individuals would be forwarded for vetting from the several sources which might have information about their backgrounds, and if an individual is found to have a credible record of abuse, the training will not be offered to that individual.

Ms. MCKINNEY. Have there been instances where individuals have been denied acceptance into our training because of their backgrounds?

Ms. GERSON. I can find out any specific details for you, but what I do know is that some trainings have actually been delayed, because we were not able to accumulate the information in enough time to be sure that we were training people with backgrounds that were clear at that time.

Ms. MCKINNEY. My next question relates to torture and the use of excessive force here in this country, and I am wondering if, in the course of what you do to talk about this issue abroad, if there is any acknowledgement whatsoever of the fact that we have our own victims of torture and excessive force right here in this country, as amply demonstrated by the most recent report of Amnesty International? That is for anybody; that is not just for Ms. Gerson.

Ms. GERSON. I would be happy to start out, though, because at the recent U.N. Human Rights Commission in Geneva, one of the major issues the U.S. Government had to address was the very recent appearance of the Amnesty Rights for all U.S. citizens report. We obviously admit that we also have human rights defects here

in the United States and we intend to work on them. There was a fairly comprehensive report prepared to try to address those issues in time for the Human Rights Commission, and, as you probably are aware, on December 10, the President established an Interagency Working Group where Justice and INS and the Department of State and all of those who are supposed to be working on our own compliance with the various human rights conventions would work on our own issues. We have met every month since then, and a great deal of our effort has gone into looking at our own compliance, and, certainly, when we address folks worldwide about their problems, we often try to say "We are struggling also with a similar problem. Let us talk about how we can both work on it in our own situations."

Ms. MCKINNEY. I would like to see that report.

Ms. MCKINNEY. What it does is gives an assessment of where the United States is in the compliance with all of the conventions?

Ms. GERSON. No, this particular report tried to aim—it was an informal means for us going to the Human Rights Commission—tried to aim at the various chapters, the eight or nine chapters, of the Amnesty report so that we would have some idea of where we stood as a government on each of those issues and what areas we were working in so that we could exchange information with representatives of other governments.

Ms. MCKINNEY. I would certainly like to see a copy of that report.

Mr. Chairman, if I may, I have one more question.

OK, finally, I understand that Israel is trying to change the definition of "torture" so that its practices, as it relates to Palestinians are not considered to be torture. Could you tell what the definition of "torture" is that you work with?

Ms. GERSON. Obviously, there are many different interpretations of what might constitute torture, but sort of as a start, we often refer to exactly what it says in the Convention, which is—sorry, my page if flipped over—for the purposes of the Convention, the term "torture" means "any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession or punishing him for an act he or a third person has committed or is suspected of committing or intimidating or coercing him or a third person or for any reason based on discrimination of any kind when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity." There is a little bit more after that, but it is fairly comprehensive, and it certainly would include many instances of abuse.

Ms. MCKINNEY. What about the denial of available medicine? Would that be considered torture?

Ms. GERSON. I think what happens in a case of, for example, denial of medicine, some rapes, female genital mutilation, many things that are not clearly done in a detainee or prisoner situation, the standards are clear in the legislation, but we would have to take each instance on a case-by-case basis and apply that to the definition. Sometimes our common sense notion of what would constitute torture is not necessarily legally defensible with the defini-

tion. I think, as you know, there are other opinions of what constitutes torture. I think the important thing here is to whether or not one of these items would be encompassed by this definition of torture legally. They are human rights abuses, and for us, regardless of whether it reaches someone's standard of torture, it has to be dealt with as it is a very serious abuse of human rights, and we would consider that an issue of the utmost importance regardless of how someone would define it. In other words, we believe it would have to be prevented, punished, and that the victim of it would need to be assisted.

Ms. MCKINNEY. Did I understand you to say that the denial of available medicine could be considered a human rights abuse?

Ms. GERSON. This would depend on each situation, and I think we would have to look at this on a case-by-case basis.

Mr. COOPER. Excuse me, I just wanted to add a point from the Immigration perspective. We have set up the regulations here where obviously one of the questions that an adjudicator is going to precisely have to decide is what kinds of acts constitute torture to which a person ought not be returned. We have set the regulations up in a way that simply derives from the very definition that my colleague has read to you from the Convention, along with anything that the U.S. said about that definition at the time it became a party in the form of reservations or declarations or understandings. One of the key reasons why we decided that these claims ought to be heard in the context of an immigration judge proceeding with the possibility of an appeal to at least the appellate administrative tribunal is precisely because it seemed to us that an effort to answer questions like that in advance when setting up the rules to implement the Convention might not offer the sort of flexibility that is necessary in order to carry out your obligations appropriately, and that questions just like the ones that you posed are best answered in the context of an adjudication where the person who is making the allegation can come with fully developed arguments and evidence, and there can be a body of law that develops on questions just like that.

Ms. MCKINNEY. It is estimated that between 5,000 and 6,000 children per month die in Iraq as a result of U.S. sanctions, over a million people dead, and my common sense notion would suggest that perhaps not only is that a human rights abuse, but it is torture. The United Nations Commissioner on Human Rights has come very close to saying the same thing. What is the recourse when U.S. policy becomes an instrument of human rights abuse and torture? What do you do? Do you go along with it?

Ms. GERSON. I am sorry, I don't have an answer to that question. I will have to get back with you on that.

Ms. MCKINNEY. I appreciate your response.

Ms. MCKINNEY. Thank you, Mr. Chairman.

Mr. SMITH. Ms. McKinney, thank you very much.

Let me ask, Mr. Cooper, you had indicated that the training had gone from two hours to a day—

Mr. COOPER. That is right.

Mr. SMITH [continuing].—And certainly ought to be applauded for that. I would like—and perhaps you could provide this for the record—perhaps an Executive summary of exactly what that train-

ing looks like so we can have a feel of what is being conveyed to those individuals. But I understand that some Immigration judges, for example, dismiss testimony of health professionals who have provided treatment to torture victim applicants extended over periods of time. My question to whoever would like to take it and to you, in terms of the training issue, is do the Immigration judges get trained? I mean, we can't assume that they get it by osmosis. Are they given at least something equivalent to that which is given to the other people so they have a sensitivity toward torture? And is it your finding that these judges tend to dismiss this health care professional testimony? We have heard that from some of the treatment center workers who are very concerned about that. It is just dismissed, put off to the side, and not included in their final decision?

Mr. COOPER. First, we would be delighted to provide a summary of the training that we provide to the INS asylum officers.

Of course, that is a different body of adjudicators from the ones the Immigration judges that are part of the Executive Office for Immigration Review, and I am sorry, I don't today know precisely what sort of training it is that they provide, although I would be glad to pass the request along and see what sort of information they offer.

Mr. SMITH. If you could. If there is a deficiency there, hopefully that hole can be plugged.

Mr. COOPER. But with respect to the key question I think, to my knowledge, there is not a pattern of disregard for that category of evidence. I don't think it would be appropriate for such evidence categorically to be disregarded. If it were, I think that is something that would be worth looking into, if there was some more particular information about that sort of thing.

Mr. SMITH. We will provide it. It really acts as a conduit between what we have been hearing and getting in touch with those who have been saying that.

Do you give the same training to overseas refugee officers as to asylum officers, and do you also train—and this might go to maybe AID or to Mrs. Gerson—the Ambassadors and the DCMs about—and I say this with all due respect—some of the missions that I have been to over the years when I have gone on human rights efforts, including China, I have been met with blank stares and outright denials by the highest ranking people—that is to say the Ambassadors—when I bring up the issue of torture in their respective countries. I found it appalling that what is so readily available even in the public domain in the newspapers seem to have missed their notice. So, it seems to me that kind of training might also be applicable certainly to Members of Congress and to Ambassadors who are out there as our frontline person in a given country.

Mr. COOPER. Well, I can begin from the INS perspective. The training that we provide to our refugee officers overseas is not equivalent to the training that we provide to our asylum officers here in the U.S., and I should also make clear that the structure of that body of adjudicators differs a bit from the structure of the body of adjudicators here in the United States. An asylum officer in the U.S. does nothing more than decide every day whether or not a person is a refugee, and that is the only responsibility of that

body of officers. Refugee officers overseas may have additional duties to refugee status determinations.

But there have been a number of steps taken by the INS in recent years to try to equate the body of training available to those two different corps to a much greater extent. One is to offer a much expanded version of specific refugee training to our officers who are going overseas to become refugee officers in that context. The other is, there has been a much, much greater incidence and investment of resources to have INS asylum officers serve much more often amid the body of officers who are going overseas to adjudicate refugee claims there. So, there is a much greater number of people who actually are from the INS asylum corps domestically doing those adjudications overseas.

Although I should also make clear that obviously the principles of the Convention Against Torture are key for a refugee officer to understand, especially as they relate, for example, to dealing with someone who is suffering from the effects of torture, but it is important to make clear that the contours of the Convention Against Torture obligation differ from the asylum program that we have in the U.S. or a program where we would admit someone into the U.S. as a refugee. The Convention Against Torture just forbids someone from being returned to a place where he or she would be tortured, and obviously it would be contrary to U.S. policy for that to take place in an overseas context, but the people that we are admitting as refugees need to meet the Refugee Convention definition, which differs in certain respects from the article three obligation under the Torture Convention.

Mr. SMITH. Let me ask, perhaps, Mrs. Gerson, Ms. Van Dusen, or anyone else, shouldn't an equivalent training be given?

Ms. GERSON. Well, I believe that your legislation actually requested and required that some sort of training for consular officers who, as you know, are the frontline of interaction with people who might be seeking a visa as a way of escaping some sort of a torture or abusive situation. I know that the Foreign Service Institute has taken some steps, including meeting with staff of the Minnesota Center for Victims of Torture, to look at a training segment that could be used at the Foreign Service Institute. I will have to get back to you with a detailed report of progress. We have been thinking about it as something that folks would take at the very beginning of their service, but I think there is suggestion that maybe a refresher for Ambassadors and deputies is well taken.

Mr. SMITH. I appreciate that.

Dr. VAN DUSEN. If I could just add, Mr. Chairman, we also do training for our democracy officers at AID and certainly have done training recently in rule of law issues where human rights comes up. The other thing that I would mention is that AID works very closely with the embassy and the human rights reporting, which does certainly deal with instances of torture.

Mr. SMITH. Thank you very much. Mr. Tancredo? Ms. McKinney, do you have any follow-ups? Thank you.

I would like to yield to our Chief Counsel, Mr. Rees.

Mr. REES. Thank you. Ms. Limon, you pointed out that ORR funds can only be used to assist refugees. Of course the Torture Victims Relief Act authorization for HHS is broader than that. It

does not limit itself to ORR, although I think that Members of the Subcommittee all think ORR is a great place to administer it, and it is not limited to refugees. It could be, for instance, that torture victims would be immigrants whose status hasn't yet been adjudicated, asylum seekers; they could be people who came in because of their relationship with a U.S. citizen, their family relationship, and yet they could still need that help. Does the President's Fiscal Year 2000 budget request anticipate that broader scope so that if you get it, whatever assistance you provide to torture victim treatment centers will not be limited to refugees?

Ms. LIMON. Yes, absolutely. We anticipate that; we look forward to it, actually, because we do consider that a limitation that has been difficult out in the real world for the organizations that we fund. We hope that by funding them through ORR money, that they are able to release other money or leverage other money to treat non-refugees within their own centers. The money that we have requested in 2000, we expect to be used not for refugees but for other folks, and we expect to continue our refugee funding so that they receive—they are competitively, appropriately awarded a grant, receiving both refugee money from ORR and other moneys from this new act.

Mr. REES. Good. Ms. Gerson, following up on the Chairman's question about the training and the progress on the training, I think the act does anticipate that it not just something that you would get one time in your life, not just Ambassadors and DCMs. If there are people out there who are dealing either as consular officers or in some kind of refugee pre-screening before INS gets to visit the people, I think the act certainly anticipates that training should be given to them. I guess I have two questions, which if you don't know the answer, you could submit for the record. One is the extent to which you will involve non-governmental organizations that have some expertise in the training, and, second have you consulted with the INS Asylum Corps, which I think in conjunction with the General Counsel's Office has a program of training in these areas that has become something of a model?

Ms. GERSON. There is an individual with whom we have been working at the Foreign Service Institute. He had mentioned that he had consulted with the Center for Victims of Torture in Minneapolis, but he did not indicate to us what other preparations have been done to date. I think I have learned something here, and that is that I can put him in touch with the INS Asylum Corps if not already—if he has not already done that, because obviously a one day segment similar to that described here would be very much appropriate to adapt, perhaps, to our circumstances. I also wasn't suggesting that we would only train Ambassadors. I was thinking that a refresher later after people have that sort of in their basic training would be very useful. We also have a conflict resolution training course, which people can sign up for who are working in areas where conflict resolution and outbreaks of post-conflict situations exist, and we were looking at incorporating that in that particular course, as well.

Mr. REES. Has the training been not actually started yet? You are still planning it?

Ms. GERSON. It has not actually started yet.

Mr. REES. OK. Thank you, Mr. Chairman.

Mr. SMITH. Ms. McKinney has a follow-up question?

Ms. MCKINNEY. Thank you, Mr. Chairman. Yes, I do have one final question, and I suppose it would be for Mr. Cooper. What about victims of spousal abuse? Are they considered to be torture victims, and why not?

[Laughter.]

Mr. COOPER. That is a question that, as far as I know, has not yet been posed to the adjudication system under the Convention Against Torture. I would imagine that one of the key considerations in evaluating a claim of spousal abuse under the Convention Against Torture would be that the Torture Convention has a much more rigid requirement than the Refugee Convention of state action on the part of the person who is causing the harm. The Refugee Convention recognizes as a persecutor either the state or an agent the state is unwilling or unable to control, but the Torture Convention has a much more rigid requirement of state action. A related question has to do with whether a victim of spousal abuse is a refugee under the Refugee Convention, and, as you may know, there has just been a decision by the Board of Immigration Appeals that sort of claim, at least in the context presented to the board, did not make out a claim under the Refugee Convention.

Ms. MCKINNEY. So, what you just said is that a woman who is victimized by an abusive spouse is not considered to be a refugee? Is that what you said?

Mr. COOPER. That is probably broader than is correct under the law, but in most cases, yes, that would be correct under this recent Board of Immigration Appeals decision.

Ms. MCKINNEY. And how recent was that decision?

Mr. COOPER. I think it was about three weeks ago.

Ms. MCKINNEY. OK. Thank you.

Mr. SMITH. Thank you. I just want to, again, thank your panel. Ms. Limon, you spent some time in Fort Dix recently, didn't you?

Ms. LIMON. I sure did.

Mr. SMITH. I hope you enjoyed the hospitality there, and I want to thank you for the good work you did, and when we did meet with you up there, I thank you for the hospitality. My daughter—just a parenthetical—has been doing an internship at Amnesty International, and she made a trip up there, as well.

Ms. LIMON. Did she?

Mr. SMITH. But thank you for that.

And I just want to thank our panelists. We look forward to working with you in your respective positions. The Subcommittee is very interested in a good, close partnership, and keep up the good work, and thank you for being here today.

I would like to invite our second panel to the witness table, beginning with Dr. Judy Okawa, the director of Survivors of Torture and Severe Trauma at the Center for Multi-Cultural Human Services. Dr. Okawa is a licensed clinical psychologist. Her expertise is in the evaluation and treatment of severe trauma and torture. Dr. Okawa has worked extensively with adult and adolescent survivors of torture, combat-related war trauma, rape, sexual abuse, and the multiple forms of trauma experienced by refugees, both pre-flight and after resettlement.

Second, we will have Mr. Ali Hoxhaj who is a Kosovar refugee and torture survivor who is now living in the United States. Mr. Hoxhaj was taken, along with his brother and 15 other ethnic Albanian Kosovars, by Serb police. They were tortured, and they were beaten. Mr. Hoxhaj was shot at several times but was not killed. Mr. Hoxhaj managed to survive by pretending to be dead.

Our next panelist will be Ladi Olorunyomi, a torture survivor who was detained three different times by the military policy in Nigeria. She was held in solitary confinement at a military base where she was subjected to severe psychological torture. Last year, Ms. Olorunyomi escaped another threatened arrest and left Nigeria with her two children. Her family reunited in February 1998, and they are currently living in the United States.

Mr. M. is a pseudonym of a torture survivor born in Iran. During mandatory military service, Mr. M. was arrested because of his support of Iran Azad, a party that opposed Khomeini. He was then imprisoned and tortured from August 1992 until February 1993. Mr. M. was placed under a death sentence but was released due to connections and bribes from his family. He then came to the U.S. in 1988 under a student visa. He was advised not to return to Iran and was granted political asylum in the United States.

And, finally, Mr. Douglas Johnson is Executive Director of the Center for Victims of Torture. The center, founded in 1985, is the first treatment center for rehab of torture survivors in the United States. Mr. Johnson is also a member of the Advisory Panel on the Prevention of Torture, which was recently formed by the Organization for Security and Cooperation in Europe to build an OSCE strategy to end torture in the region. Mr. Johnson received his Masters in public and private management from Yale School of Organization and Management.

I would like to ask Dr. Okawa if she would begin.

STATEMENT OF Dr. JUDY OKAWA, DIRECTOR, PROGRAM FOR SURVIVORS OF TORTURE AND SEVERE TRAUMA, CENTER FOR MULTI-CULTURAL HUMAN SERVICES;

Dr. OKAWA. Good afternoon. Thank you for the opportunity to speak to you today on the crime of torture and the devastating impact on the human mind, body, and spirit. I want to start by thanking you for your clear commitment to survivors of torture; they certainly deserve it. I am happy to see that you are caring.

In the interest of time, I will abbreviate my statement and refer you to the testimony in the record. Torture is designed to break down the human spirit and the personality and to terrorize communities. It has effects that are not time limited. Torture survivors report feeling changed for life. They are profoundly affected physically, emotionally, cognitively, and spiritually by the horrendous experiences they undergo, such as having their head dipped in a barrel of fluids that contain excrement to the point of near drowning or being forced to witness a child be tortured or being forced to drink a gallon of gasoline and live in fear that you will then be burned afterwards.

So, the sequelae of torture are profound, and they can be disabling if the survivor does not have appropriate treatment. Survivors suffer from physical ailments, which you would expect, such

as chronic back and joint pain, sexually transmitted diseases, incapacitating headaches every hour of every day, and foot pain, difficulty walking from *falanga*, which is the form of torture where a person is inverted, their feet are softened, perhaps in water, and the soles of their feet are beaten, sometimes for hours on end. Nightmares and flashbacks bring the torture a reality in the present moment. Sleep disturbances are common. Survivors sometimes report sleeping less than an hour a night for years, and always there are the memories, which are intruding at times when they least expect them.

A torture survivor's ability to trust is shattered, and their sense of a safe world is obliterated. Many survivors are hypervigilant; they are constantly on alert for danger. For example, one survivor put his fist through my wall when he heard my colleague in the next room slam a file cabinet drawer shut. He was alert constantly for harm. This hypervigilance cannot be changed by an act of will. Torture can destroy a person's ability to feel joy. Anger comes quickly, explosive anger, with slight provocations, and people around the survivors cannot understand why can they not control these emotions?

Profound guilt and shame plague a survivor. Many times survivors are forced to do things that violate their values, such as rape or stab or torture other people or give false information when they know that will result in this other person suffering terribly under torture. I sometimes wonder if this shame isn't one of the most difficult things for survivors to cope with. It is very difficult to work with in therapy. I remember a survivor telling me that she absolutely was worthless. She was unforgivable; God could not forgive her; she could not forgive herself, and no one would ever be able to forgive her. She said, "I am worse than filth." Torture is a deeply isolating experience. Survivors often report going through long periods of time where they wish they could be dead. Many make attempts.

Survivors of torture also suffer from cognitive impairments, such as disturbances in memory, difficulty concentrating, even difficulty staying present in the moment. A survivor might be here listening to me speak and have the sensation of going somewhere else; maybe even have the sense of leaving their body or of going somewhere else in their mind. One adolescent, 18-year old, who is a survivor of gang rape by 15 soldiers told me that she thought that the reason that the women killed themselves afterwards compared to the rape victims who did not kill themselves afterwards was that the ones who killed themselves were not able to get out of their bodies like she was. She was able to leave her body and that was how she felt she was able to survive. This is called dissociation. You can imagine that if you are a survivor who has memory problems, cannot remember dates, has separated from the traumatic experience, you may well be disbelieved at a time like your immigration interview, because you cannot give a coherent history of what has happened to you.

Healing is a long, painful process; it can take years; it can take decades. As Sister Dianna Ortiz, an American who was tortured in Guatemala said, "For survivors, getting out of bed in the morning is an act of survival." The smallest thing can trigger a trauma reac-

tion. Someone in my office was triggered by my using a clipboard in the interview. I no longer do that. Other survivors report feeling a trauma flashback by having to sit in the waiting room waiting for their appointment, because, often, survivors are made to sit and wait for their turn to be tortured while they listen to others being interrogated and screaming. A survivor of rape explained that just a whiff of cigarette smoke took her back to being surrounded by torturers who blew their cigarette smoke in her face and then raped her.

The refugee experience itself is described by some survivors as another experience of torture. The refugee survivor loses their identity. No longer is this young woman an attorney; she is a refugee. She feels demoted to a lower stage in society, loss of career, loss of ability to communicate. Can you imagine trying to deal with your life using the language of Somali or Serbo-Croatian or Bosnian? People lose their ability to provide for their family members.

Survivors of torture have many gifts that they bring to us, and certainly the survivors who were here last week for the International Day in support of survivors of torture are examples of people who bring great strength. There are survivors in the audience today. Dr. Dodo Mahari is the general secretary of the Sindh Tarique Passand political party. A number of survivors that are mentioned in my testimony have great gifts. They are attorneys; they are priests; they are writers; they are people that are worth our attention and caring for.

They have extraordinary accomplishments yet the fact that they have survived doesn't mean that their life is not a perpetual struggle. As one survivor told me, "It is as if I were a delicate piece of glass that someone put in a paper bag and then bashed over the rocks over and over. The bag looks intact from the surface, but inside I feel like thousands of pieces of glass, all fragmented and only held together by this thin paper skin that keeps the pieces apparently in one place."

There are over 400,000 survivors of torture in the United States, and most of these survivors are unrecognized; they are invisible. Many desperately need our help to move from being surviving to thriving. Because of the extreme traumatic experiences they have endured, survivors of torture have multi-faceted needs that need to be addressed by treatment centers providing comprehensive services. These needs include medical care to address their physiological sequelae, including depression, anxiety, sleep disturbances. Survivors desperately need medical insurance; they need Medicaid—this is not possible particularly in those who do not have asylum status—psychotherapy in their own language by a clinician who is familiar with their culture, social services that address basic needs like food, shelter, medical care, jobs, language, and need for referrals, legal referrals, trained professionals to work with them.

There is a paucity of treatment centers in this country to meet these complex and interrelated needs of survivors, and there are absolutely minimal sources of funding for these centers. In October 1998, 15 U.S. treatment centers formed a coalition of U.S. torture treatment centers. Although the Torture Victims Relief Act was passed in 1998, the funds necessary to provide this relief were not appropriated, as you are well aware. Funding for the TVRA must

be appropriated to help the U.S. torture treatment programs provide urgently needed services to the nearly half million survivors in this country.

You and I are fortunate. Most of us have never had to experience torture. Once your life has been touched by that of a survivor, you begin to see the world differently. It is no longer possible to stay silent in the face of these crimes against people. So, I ask you to stand in strong support of the Torture Victims Relief Act to provide funding to torture treatment centers, both in the United States and abroad. I ask you to uphold article three of the Convention Against Torture to protect survivors of torture from being deported to the countries where they were so severely abused. I ask you to support the Leahy amendment and the Freedom of Information Act, and, above all, I ask you to join in the effort to protect the rights of human beings across the world.

Thank you very much, and thank you for your commitment.

[The prepared statement of Dr. Okawa appears in the appendix.]

Mr. SMITH. Thank you very much, Dr. Okawa. Thank you very much. I would like to ask our next witness if he would proceed.

**STATEMENT OF ALI HOXHAI, TORTURE SURVIVOR, KOSOVO;
LADI OLORUNYOMI, TORTURE SURVIVOR, NIGERIA**

Mr. HOXHAI. My name is Ali Hoxhaj. You will understand that this is a pen name I am using for security reasons. It is a pleasure for me to appear before you and tell you about the misfortune that befell me and my fellow countrymen.

From 1974 until 1993, I worked as a mason in construction in Croatia. After 1993, I performed the same job in Kosovo. When the war started in March 1998 and until September of that year, I lived in my house with my family—my wife, eight children, three brothers, their families, and my mother. On September 25, the life of my family changed forever.

About three months before the Serbs attacked our village, some 2,000 to 3,000 people displaced from different parts of Kosovo had sought refuge in our village since it was high in the mountains and did not have paved roads. In the morning of September 25, the Serbs began their offensive against our village. We were forced to flee our homes and the village. We went about a kilometer away but could not travel further, because we were surrounded on all sides. That night, we slept in the forest. The next day, September 26, the Serbs arrived in our village and started to burn it. Then they came in the forest where we were. They told the first people they saw to surrender or else they would start firing into the crowds. There was no chance that we could escape, and we were all unarmed. The Serbs started to separate the males of 15 years or older from the children and women. Then they forced women and children to one side. They searched us for knives or weapons and lined us up. We were then joined with another group of men. A Serb separated, one by one, a group of between 20 to 25 men and gathered us in one place. From that group, he released about 10. Altogether, there were 14 of us left. Among them were my brother, my sister's sons, my sister's brother-in-law. My sister's two sons, age 16 and 17, were released. They beat me up the most, because I had to translate for my sister's sons since they did not speak Ser-

bian. They placed a wool hat with a Kosovo Liberation Army patch on my brother's head, and one policeman took a picture with him. They asked us whether we were members of the KLA. Groups of policemen would come while the village was burning. They came to us after setting fire to our homes.

After a while, a landrover full of policemen came. We were all gathered together and were sitting down. The police ordered us to get up. Three policemen separated my sister's brother-in-law from the rest of us and started beating him. Then they ordered us to raise our hands above our heads and to follow the landrover as it drove away. As we walked, they kept beating us. They sent us to my neighborhood in the village. We saw our houses burning. Then they marched us to the third neighborhood of our village. There, they stopped us and ordered us to stand on our toes, knees, and head with our hands tied behind our heads. We were forced to stay in this position for about an hour and a half to two hours. Then they sent us to the yard of a villager. Here they ordered us to lay on our stomach near a fence. They started to beat us, and as other groups of policemen came, they kicked us and hit us with their rifles, garden tools, and in some cases they even used knives to stab some of us. This continued from about eight or nine in the morning until that evening. Before they started executing us, I raised my hand to see whether I could ask a question. I asked whether there was a police inspector who would question us. A policeman approached me and said he was my inspector. He hit me on the forehead with the handle of a pitchfork. I started to bleed and fell to the ground. As it got dark, the policemen started making loud noises. They called one policeman. As far as I could tell, that one policeman carried out all the executions. Immediately after he came, he did not say anything, just started shooting. He first shot at a person next to me. He then went to the other end and started shooting continuously from one end to the other. He then did the same from the other end. During the first round, I was hit twice—on my left shoulder and left arm. During the second round, I was hit on my left hip and right knee. After the two rounds, he kicked one of the victims in the ribs and said he was alive, and then he shot him again. He then kicked me, but I didn't move. He assumed I was dead. I just waited for him to shoot me again.

Thirteen people were executed. I was the only survivor. The executed were from 25 to 55 years old. Among the dead were my brother, my sister's brother-in-law, one person from my village, while the others were from neighboring villages. After the executions, the police burned a civilian car and then left immediately. When they arrived in the next village, you could hear them firing their guns. Then I realized they had left and forced myself to get up. I could see the houses burning. I checked to see if anyone was alive. No one moved, and you could only see the bodies steaming. Then I started walking toward my house. It took me about 30 minutes to get there. My new house had been burned, while the old one was still OK. Inside, I found my family, which had just returned from hiding. I stayed in my house for 11 days. On the 12th day, I was picked up by UNPROF. They sent me to the Skopje with my pregnant wife, eight children, my mother, and my younger brother. During those 11 days that I stayed home, doctors from

UNPROF visited me every other day and took care of me. In Skopje, I stayed 1 month in the hospital and then I came to the United States.

Thank you very much.

[The prepared statement of Mr. Hoxhaj appears in the appendix.]

Mr. SMITH. Mr. Hoxhaj, thank you very much for that moving account and to be willing, as are other witnesses, as well, to retell a harrowing experience. It is amazing to me how you and our other witnesses who are survivors have been able to overcome such adversity, and in your case to evade additional bullets by the assassins. So, I just want to say we appreciate it. It also gives us additional motivation on this Subcommittee and hopefully those who will read the record to do more on behalf of torture victims. So, thank you.

I would like to ask Ms. Olorunyomi if she would present her testimony?

STATEMENT OF LADI OLORUNYOMI

Ms. OLORUNYOMI. Good afternoon. My name is Ladi Olorunyomi, and I am a Nigerian journalist, a wife, and a mother. Unlike Mr. Hoxhaj's testimony, I am going to talk about Nigeria in peacetime not in wartime, and my experience dates back to 1993 after the annulment of annihilation.

Like I said earlier, I am a journalist, and my husband also happens to be a journalist. In all, I have been detained three times. The third detention led me to seek refuge in the United States. On all three locations, I was never detained for any political activity or even for my own license as a journalist. I was always held hostage; on the first two occasions for my husband and the third occasion for a colleague of his.

The first time I was detained was June 1993—I think it was June 24 or June 23; I am not quite sure of the date now—and it was by the special branch of the police, they came for my husband. They didn't find him. They found me at home with my kids. My little baby who was three months old at the time and who had pneumonia, they took myself and the baby away, and they only released us after 24 hours, because, like I said, the baby had pneumonia and was really in need of medical attention. They released us because of him.

The second detention was in 1994—sorry, 1997 for—I can't remember how many days—but it was from March—the ordeal started on March 20, and, again, it was because of my husband who was already here in the United States on exile then. He happened to have spoken out against the government from here, and they saw it on television and as punishment, since they can't find him, they can get his wife, so they came for his wife. And it was really a very traumatic experience. I am talking now of the arrest, because you have a house full of soldiers—I mean, three soldiers coming to arrest an unarmed woman in the presence of her two kids who just did not understand what was going on, because my bigger kid was seven, the little one was four, and they don't know the first thing about what was going on. I was kept in solitary confinement for the first 20 days of the detention and allowed to mix with other detain-

ees for the remaining time—I can't quite recall the number of days now.

I don't want to go into too many details, not to waste our time, but I would like to touch on the culture, the political culture, that led to that kind of treatment. It was just the dictatorship by the military, because as of 1993 when my first detention happened, we were in the 27th year of rule by military, and military governments by their direction are not accountable to anybody. There was a complete suppression of all civil and civic activities. They were not accountable to even the judiciary, which was still functioning partially. So, there was a culture of silence and apathy.

Of course, I was not the first detainee. I was not even the first hostage. There had been many before me, and there were many after me. It was always the case that if they cannot find who they are looking for, they will take the next of kin who happens to be over 10. I say over 10 because when I go to detention, I met a detainee who is 12. He was held because they couldn't get his father, and the oldest detainee there was 79 years old. He was held because they couldn't get his son, and it usually was that kind of thing.

I was lucky I was never subjected to physical torture, but I was impressed by the lady earlier who asked the question about denial of medical attention earlier on, because I don't know if that counts as physical torture, because I was denied medical attention. Of course, I fell ill. I was in solitary confinement in a little cell that was infested by rodents and often you wake up at night, if you get to sleep at all, to find some animal gnawing at your feet or any other part of your body, and you can't stop, you can't protest, you can't even ask for anything, and initially I was fed like once a day, and then later it improved; I was fed twice a day, and they allowed my family to bring food down for me, which I consumed.

But, you know, for me, that was just the limit of my experience, but I was witness to all kinds of the torture, which—I mean, they were enjoying telling me that "Well, if your husband does not keep quiet where he is, this is what you are going to get next." I witness people going through the electric shocks, being hung by their feet from trees, being tied to trees all day, and of course there were the beatings. There was a woman like me held because of her husband who was beaten. They made it a case so that people don't hear her shout. They beat her only at night, and they beat her night after night for like two weeks until her husband showed up, and they let her go. The case of the 79-year old, for instance, was really pathetic because he lost his—he suffered, what is it called, cardiac arrest and lost the use of one part of his body before they finally let him go, and there were so many others which I don't think—Now, the effects of this in many cases were outright death.

Being in detention, I was able to see firsthand how they really maltreat so many people. Like, for instance, we got to read some of the things they do. We know, for instance, that when soldiers come in with some clubs, just plain, ordinary clubs, and they tie up some jelly cans full of water, we knew somebody has been tortured today, and that person is about to get up and get dumped somewhere, and usually they would do these things at night so you don't see. I can't recount how many bodies I saw being taken out

of that place, and in most cases, I couldn't identify those people, because they were too burned in the underground detention center. I saw them dug into the ground somewhere. For instance, we lost a journalist who until this moment we don't know where he was buried. They actually only confessed to having picked him up only last year after he has been missing since 1996, and there were so many people there who nobody knows where they were picked from, and nobody knows what eventually became of them.

I met several people there who had really lost their mind. When I say they lost their mind, I mean they had gone completely stark crazy, and from what I understood, they came in there as sane as you and I. I don't know what they did to them or how they became that way, and I don't know what happened to them afterwards. For this was for me why I survived, why I was not physically tortured. I want to make that special case to this Committee as a recommendation of the way from incidents like this.

I was not tortured, because as soon as I was arrested, my husband, who happened to be here, and other friends and colleagues who are journalists waged, first, an international awareness about my case and an outcry. Indeed, I should say that it was that and only that saved me. Because the colonel who was in charge of the detention camp called me my first day there and told me that I was going to be there until my husband returns and that if he does not return before my son who is seven years old turns 10, they will bring my son in there, too, to join me, and there was nothing anybody could do about that. But then when the international outcry started, they just had to let go. Indeed, when the Ambassador, the United States Ambassador to Nigeria at that time made a plea on my behalf, that was only when I was released, and those who did not enjoy that kind of privilege stayed on and God only knows what happened to them.

So, my first—I don't know whether to call it a recommendation or a plea to this good Committee is that this kind of treatment there should be two steps of measures to counter it, one in the short run and in the long run. In the short run, always, I think there has to be a monitoring of situations in all countries, especially in countries where there is conflict and where there is potential of conflict. As soon as it is apparent that there is a potentially conflictive situation in any country—I don't want to just talk about mine, but in my country, this was the case—there has to be an international outcry over the fate of those who are in the opposition to the government or who are seen as being in opposition to the government who are going to end up as victims of this government, because when there is no outcry, a lot of things happen which nobody will ever be aware of the depths to which it has gone.

As I am talking to you now, in Nigeria, a Committee has already been formed by parents who lost their children in the crisis in Nigeria from 1993 to 1998; parents who lost their children, whose children have not been accounted for, which is similar to the situation in Chile, in the years of penochia. We have such a Committee coming up now, because there are so many people who disappeared and nobody knows where the hell they are. The assumption is that they are dead or mad or something, but nobody knows and nobody has accounted for them. If there were some kind of international

outcry at the beginning of the conflicts, I think it would have helped a lot.

Second, I have learned that this Committee is thinking of sending out refugee officers to different countries. I think that as part of the bilateral relations—perhaps one of the things you should insist on as part of the bilateral relations between the United States and any other country like mine that are happy to have relations with others, there should be a transparency in the prison system and other holding centers. There has to be some kind of insistence on that, that there should be a monitoring of these prisons and the holding centers, because a lot of horrors go on there which I don't feel comfortable, I must say that. Even the little eyewitness, I don't feel comfortable talking about it, because it won't do any good to have any kind of emotional breakdown here. A lot of real horrible things go on there. I mean, like human beings being forced to eat their own excrement, but it does happen, and it did happen; I did see it, such horrors which really have to be prevented, and if we have the United States and any other international monitoring Committee insisting on the transparency of prisons and other holding centers, a lot of this can be prevented. They may not be stopped, but a lot can be prevented, and I think it would go a long way in helping the situation.

In the long run, for a longer kind of solution, I think that, first, we should insist on the enforcement of international conventions against torture on human rights abusers, because there are so many such conventions. I know that, for instance, the one of 1984, the U.N. Convention, I think, Against Torture and Punishment—I don't remember the exact title, I am sorry—but I know this was a 1984 thing. I know, for instance, that Nigeria is significant to that Convention, but Nigeria is not a party to it, and not being a party to it means that it was not translated into the laws of the country and also, the U.N. monitoring body does not have the right to come into the country to look at the human rights situation in that country, and I think that there has to be an enforcement of such conventions even if a country as much as signs it, because torture and the human rights abuses, the governments that perpetrate it, they are not happy. They are ashamed of it themselves, and they are not happy to lose their own human quality, and it is not something they are proud of that they don't come out to say it. So, if there is an enforcement of these conventions and they get translated into laws, into the local laws in the country, it will at least save us from a lot more trouble than what is seen now.

Second, I think that in the long run there has to be the United States and this Committee will have to encourage the building of civic associations; civic associations to discourage apathy, to encourage free speech, debate, and of course democracy, because what will happen in my country, for instance, is that people for 27 years—up to 1993 and now it is more than that; it is going on 30 years—for several years, we lived under a culture of silence, and all the civic rights we enjoyed were dismantled one after the other, one after the other. People just grew so used to being abused, they grew silent, very faithful. You bring—when I was arrested, two loads of soldiers came to arrest me. In my apartment—there were four apartments in the building in which I lived, and my neighbors

felt quite sympathetic, yes. They took care of my kids and all that, but they did not raise their voice, because they knew that to raise a voice means that they will face the same thing, and it is just like that all the time. This is the situation that happens every day and perhaps still happens, and the civic society has almost been completely destroyed, and it has to be resuscitated for incidents like this to be stopped.

Last but not least—and I know this is a very contentious issue—where it works, there should be some kind of sanctions against countries that do things like this. I repeat where it works. I know, for instance, that it would work in a country like mine, and I will give you reasons why. At the onset of the political crisis in Nigeria in 1993, the commonwealth to which Nigeria belongs, after the slaying of Kansalowua, one of the most famous writers in Nigeria in 1995, the commonwealth suspended Nigeria. They also suspended military training, any kind of collaboration between the military in Nigeria and Britain and other commonwealth countries. This really hit them hard. They didn't like that, because a lot of these soldiers are trained abroad anyway. The colonel in command of my detention camp was trained in Germany, Brazil, and Britain, and it really hit him hard that he couldn't go for more training and to get more equipment. A lot of the equipment they also use to torture people come from these places. So, the enforcement of that very limited sanction—it was very limited, you know, because they had some equipment they were still using anyway—was bad enough for them. It hit them bad. Of course, they took it out on us, but at least in the long run it has done some good now.

So, that kind of sanction, yes, really would work. That kind of disengagement, lots of multilateral and bilateral relations really does work, but more severe than that, I think that multilateral and international aids should be tied to good human rights standing in countries where there is any kind of conflict and where there is any kind of political desterilization and most especially in countries that are ruled by dictatorship. It is very important that human rights standing be tied to any kind of multilateral credit coming from either the World Bank or IMF or even just on bilateral relations between countries, because what is happening, what we see happening in some of these countries is that they pick loans and use it to buy guns. They don't use it to buy guns to defend the countries; they use it to buy guns to oppress the citizens, and this is—first of all, that really is not productive anyway, because it is not used for anything. When you suppress your citizens, the citizens are useless. They can't produce anything that will help to repay those loans back in the first place. In the second place, it only adds to the bottom of that part of that country and the countries to which refugees will now start flooding from that repressed country. So, I think that is indeed important that kind of sanction has to be there. There should be more normal to not to write credit to countries that have bad human rights records.

Thank you.

[The prepared statement of Ms. Olorunyomi appears in the appendix.]

Mr. SMITH. Thank you very much, Ms. Olorunyomi. Your points certainly rang very loud and clear with this member. We have tried

in our Subcommittee repeatedly to condition the provision of non-humanitarian aid, military training, and military hardware to a number of countries, including Rwanda, including Indonesia where we have military training and where there have been serious human rights abuses, including the use of torture by military units. Your background as a survivor and overcomer but also a writer from a country where human rights have been trashed so completely for so long certainly helps to underscore your testimony. So, we thank you for that, and I can assure you we will be using your testimony to try to encourage others to see that there is a link and that governments do stand up and take notice when you bar training. We are doing right now even with northern Ireland a resolution that would bar training of the northern Ireland police, called the RUC, with the FBI Academy in Virginia because of its ongoing problems and suspicion of collaboration with terrorism. So, your points were very well taken, and we do thank you.

Mr. M?

STATEMENT OF MR. M, TORTURE SURVIVOR, IRAN

Mr. M. Good afternoon, Mr. Chairman and Members of the Committee.

I was born in 1961 in Iran and graduated from high school in 1979. I owned a construction company, a very successful one. I was arrested for being politically active against Khomeini and was imprisoned and tortured from August 1982 until February 1983.

I came to the United States to continue my education at Hamline University in St. Paul. Then the government of Iran seized all my assets and my family assets, and they were looking for me. I decided that I could not go back. I had become homeless and was sleeping by a grocery store. Even after I had a place to live, I felt wasted and sat home depressed.

Then I was referred to the Center for Victims of Torture. They helped me to feel safe in this country by supporting me emotionally and physically. It was very effective treatment, and I got back to work. My first job was dishwashing. Then I worked on an ice cream truck on the street. Then I was a taxi driver; then a gas station owner. Now, I own four or five companies and employ about 40 to 50 people, and I am sure this will grow.

But these are not the most important things. I am married; a very successful marriage. My wife is in medical technology. I have a beautiful baby who is four and a half years old. My son can talk and read at four and a half years—talk in two languages and read English. I am really proud to be here to talk about these things.

But the main reason for being here, is to talk about the torture from the bottom of my heart. It takes a long time. The money, the business—these things everything come and go. They are not the main issue; but the feeling of safety in the heart. When I hug my son, still I am scared. When he is smiling at me, I am scared someone will torture him.

I remember at night. During my torture, one of my tortures was “Sit up, sit up, what is your name? Sit up, sit down, stand up, sit down, stand up, what is your name?” Not for only one hour or two hours or 10 hours or 100 hours; snide looks behind the knives. It was tough. Then they put me out the door and shot me in the hand

as if they were going to kill me. I hadn't done anything wrong. I just had some ideas. I was young, just graduated from the high school. I didn't know about politics that much, but they didn't care.

I remember the night they were killing everybody—it is tough. When I talk about the torture, I cry. It is so difficult to describe and to talk about what I feel. When I think about myself, my wife, and my child seeking room, I am scared. Now I have money; I have a beautiful house; I have a beautiful wife; everything is mine, but still I am scared. Still, I am afraid to sit in my house. I came half an hour early to this room. I came to the staff; I walked away. The only way I go to a meeting is to have my attorney with me. Everybody has to be behind me to work. Still, I am scared. It is difficult to talk about these things.

I got back on my feet, and was angry at times. I remember the night I was homeless by a grocery store in St. Paul, and I wasn't able to think. I was scared; I just went behind the garbage and hid there. Mr. Chairman, lots of people are wasting in this country like I was. We are able to work; we are able to be very successful in our life for ourselves and our community, but we need help. We need lots of help.

We need a center like the Center for Victims of Torture. They are the angels in my life. When I hug my son, I am thinking no one can hurt him again like they hurt me, my wife, my family. This is tough * * * and it is not meaningful to talk about the torture, how they do it, and what is the best way. These things can only hurt us. It is important for the community to feel safe. The Center for Victims of Torture helped me a lot, but not everybody does so well. I remember one time there was a meeting at the Center. I saw some Iranian people. One of them is a dentist now. He is successful like me. But some others are not so successful. We need a chance to get back and do good for ourselves and our family and the community.

Still, I sometimes have nightmares. Last week, I talked to Mr. Johnson, and he told me, "If you need it, come back." It is like my home; it is my real home. After everything that happened, where should I go to talk about my nightmares, about my emotions? How could I talk to my son about that? The only place that I have to go is somewhere like the Center. Everybody opens up their hands and hugs me, and they understand what I am talking about. This is the main point. And that is the safeness. I was talking about.

It is really an honor for me to talk about this and also painful. I would like to ask you this please help us as much as possible. To talk about the torture is not easy. I know lots of people myself, who need help. Sometimes I wake up in the middle of the night, and I look at my son, and I still cry. One night when a thunderstorm was coming, my son woke up and saw me sitting by his bed, and he told me, "Dad, you are safe. Don't worry." How could I explain to him? Please help by giving something—whatever is possible—to the centers. And I hope one day all torture will be done.

There are lots of heroes. If someone in prison is executed in another country, they call them a hero. But for those who somehow get out alive, they are also dying, or thinking about suicide in silence, and no one knows what has happened. It is very important to me to support the centers around the world. I hope one day no

one will use them because no one will need them, but this is reality, and we see people who need them every day. This is not politics, this is humanity, to help each other to achieve these goals, good goals.

Thank you very much. I appreciate your time.

Mr. SMITH. Mr. M, thank you very much for your very moving testimony, and it will be a very strong and persuasive appeal that Congress and I think all interested people will hear, in support of the treatment centers, and I do thank you for that. It does help us to have your testimony and amplify it and hopefully get others to see the wisdom of more fully supporting the treatment centers. So, thank you very much.

Mr. Johnson?

STATEMENT OF DOUGLAS A. JOHNSON

Mr. JOHNSON. Thank you, Congressman Smith, for your leadership and for holding these hearings; Mr. Tancredo, for your support and participation.

I would like permission to depart from my text and simply have it inserted. Perhaps the advantage- or disadvantage- of being ninth on a panel is that the most useful things have been said, beginning with your own statement at the very beginning where you noted what had been done and what had not been accomplished by the Administration. There is no need for me to repeat that.

I am moved by the testimony before me to reiterate that what we have learned at the Center for Victims of Torture is that torture is, first of all, targeted at leaders. The only reason that governments invest all of the technology and training people and establishing secret detention camps and so forth is that this is an effective way of dismantling the leadership of the opposition. As we have reviewed our client records, we are constantly amazed at the quality of the people who walk into our door—people who have been business leaders, people who have been labor leaders, peasant leaders, religious leaders. Time and time again, they are people in whom their societies have invested a tremendous amount of education and other resources. Their governments have turned against them and sought to eliminate them. And they do that because by decapitating the leadership of the opposition, they are able to create a culture of fear, a culture where people learn to be uninvolved in public life. Torture is a form of governance, a very perverse form of governance designed to create a culture that is able to be easily controlled by a small number of people. That is what we have learned from the lives of our clients over 14 years.

Second, although we still have much to learn, we are filled with the hope that people can recover, that they can become future-oriented again, that they can be risk takers again, and like our friend here, that they often have very broad shoulders that other people stand on in order to help them deal with their resettlement needs.

In America, providing care for victims of torture is recovering leadership for the refugee communities here to help them get along with the process of integrating into our societies. And for societies abroad, treatment is recovering leadership for the processes of rebuilding democratic cultures and societies and civic organizations.

That is fundamentally what treatment and the treatment centers are about.

I would like to thank the Members of the Administration who were here before, because, certainly, we at the Center for Victims of Torture have been working with all four of the offices as well as other parts of the State Department, in particular, to develop programs for victims of torture. There are parts of that process that have been extremely encouraging and parts of that process which have been, if not discouraging, at least have indicated that more education, funding and negotiation needs to occur for there to be more progress.

I would like to focus a bit on that. I call attention to the testimony from the representative from USAID, which was very similar to the report that they submitted to the Appropriations Subcommittee earlier this year. The programs that were outlined are all very interesting, and many of them are very creative and important for working toward the prevention of torture. But I think very few of them actually respond to the needs of torture victims as promote the development of treatment programs. We find that somewhat discouraging and still quite puzzling. It is a very important issue for us, because, of course, when survivors of torture can't get care in the countries where they were tortured, they are going to seek that care in the United States or in Europe or elsewhere.

Recently, three Members of my staff, including myself, attended a meeting in Copenhagen convened by the International Rehabilitation Council for Torture Victims (IRCT). It was the second meeting of a new consortium of treatment centers in the industrial world created to do training abroad and invest resources to try to create treatment centers in countries of repression or recent repression. At that meeting, the Torture Victim Relief Act was widely lauded by representatives from treatment centers from other parts of the world. They promised to take this home to Sweden, to Canada, and elsewhere, to use as a model to stimulate their governments to develop an equally comprehensive approach to the problem.

So, there was that great enthusiasm. But were somewhat chagrined to have to point out that so far, despite the legislation, no money has been made available to help the IRCT strategy. That strategy is to develop new treatment centers in about 15 countries as well as to support existing centers, many of which are operating but not at a level which would allow them to really be learning centers and to disseminate knowledge in their communities as well as provide adequate levels of care.

There are now over 200 treatment centers now in the world, and currently at least 100 of those are in the developing world. The later require support from the outside. The IRCT estimates that about \$33 million is needed to provide support for those centers. The United Nations Voluntary Fund for Victims of Torture just met last month in Geneva. They had only \$5.2 million to distribute. The European Union has separate granting programs for victims of torture of about \$6 million. This leaves a gap of about \$22 million needed to help secure these centers and help them grow. The important thing in our work in the IRCT Consortium, is to give a message both to Congress and to AID that the expectation is not

that they will work alone in this. All of the centers represented in the Consortium are going back to their aid agencies to try to stimulate a coordinated response so that we can work together to maximize the impact of our resources and maximize the impact of bilateral aid.

In contrast to AID, we would particularly like to salute the State Department's energetic support for the U.N. Voluntary Fund. That has been a very critical piece of work, although I believe much more work could be done by the Department to help stimulate other governments to match the American contribution and to build the U.N. Voluntary Fund to the level that it ought to be in order to signify a new resource to the world community in the fight against torture.

We would also like to laud the work of Lavinia Limon and the Office of Refugee Resettlement on stimulating new programs to train of refugee resettlement workers and health care workers in the United States so that they can learn to recognize victims of torture and, as she said, make appropriate referrals for care. She reminded us, however, that it is a rather cruel joke to train a refugee service provider about the need to refer someone to appropriate care when there is no appropriate care available or when they are referred only to face a long wait. At the Center for Victims of Torture, the waiting list can be as long as six months before people in desperate need can get access to our services.

In fact, what we need is a more comprehensive Federal response to this issue. During the war in Bosnia, we were asked by the government for the first time how many torture survivors we could take at the Center, and we had to say very few, because we were so small. We argued then that the United States 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 support available to highly traumatized Kosovars and survivors of other very serious human rights atrocities, and yet our capacity is still limited. In some ways, the strategy that has been adopted by ORR up to this point, which was really to ask us to do training of others, has worked in conflict with our own need to build our clinical resources. Training increases services overall, but the only way we can create people who have the expertise in the field to be good trainers is to first have them involved in very intensive clinical programs where they learn from the experiences of working with torture survivors, what their needs are and specifically what helps them to recover.

We are proposing to ORR that they should make less of a distinction between programs of training and programs of clinical work. To meet the strategies of ORR and the USAID and other agencies who want to begin responding through training to the needs of survivors, to these needs, we first need to create experts in the field, and that requires an investment into the clinical programs in the United States and established the clinical programs abroad. The latter centers need to be the community agencies, for example, that AID invests in, so that they become learning centers in their countries and cultures and are able then to train others in appropriate responses to the needs of torture survivors, be they the most serious cases or less serious cases.

So, assuming that Congress appropriates the funds for the Torture Victim Relief Act to ORR, we hope it follows the above approach. Investment in client care is a most effective way to expand the treatment services available to torture survivors around the world. Mr. Chairman, I was going to note to you that the Torture Victim Relief Act was only authorizing funds through 1999 and 2000. Once again, you are ahead of us. I want to express our gratitude for introducing H.R. 2367, which authorizes money under the Torture Victims Relief Act for Fiscal Years 2001, 2002, and 2003. Also, I appreciate that the amounts are an increase over current levels. As more centers develop, they will need the investment of Congress, and we are grateful to you for taking leadership in this area.

Under your leadership, in both the field of the prevention of torture and in the care of victims of torture, we have already seen significant changes in the attitude of our government toward torture victims. But what has been done so far is really just the tip of the iceberg of what should be done. We need your continued leadership and the leadership of everyone on this Committee to appropriate the level of funds that are necessary, and while we must not let up our efforts to prevent torture, we also cannot let down those who have been afflicted by this horrendous human rights abuse.

Thank you.

Mr. SMITH. Mr. Johnson, thank you very much for your testimony, for your kind remarks, and I just want to publicly state how grateful this Subcommittee is for your wise counsel, for your insights that you have provided us. The information has been of tremendous value in crafting legislation, holding hearings, and, on a day-to-day basis, trying to mitigate torture on the prevention side and then, on the treatment side, to encourage the Administration by legislation and by jawboning to do more on this very, very important issue. I am very happy and pleased to hear you say that some of the other countries are looking to even do more. Certainly, the people in Copenhagen have done their fair share, and I think we all need to be doing much more than we have been doing.

There are a couple of questions that I would like to ask. In terms of national awareness or international awareness, U.N. conferences sometimes get a bad name, because they don't really focus on something where the whole world has already spoken—as they have already spoken with U.N. documents outlawing torture. Very often, dictatorships, including the People's Republic of China and many other countries, go through great pains to sign the document to get all of the international accolades that go along with that, as the Chinese recently did with the International Covenant on Civil and Political Rights, only to continue with impunity to violate the rights and to engage in torture. The Torture Convention certainly is violated with impunity. As Ms. Olorunyomi has pointed out, Nigeria signed but there is no implementation; therefore, there is no enforcement.

Perhaps the time has come for a U.N. Conference on Torture to really focus the world's resources on this barbaric practice that doesn't belong in any age but certainly not in an enlightened age, as we hope we are. It certainly ought to be eradicated from the face of the Earth. To have governments of the world participate, cer-

tainly might lead to a checking of the use of torture in their countries. Accountability does have some impact, and there seems to be very little of it. We don't want you, Mr. Johnson, to have to be in the business forever of dealing with torture victims. Although, sadly, it will probably go on for a long time. So, I just throw that out as something that I think we ought to be thinking about very seriously, and I ask you to give it some thought.

Let me also say, Mr. Johnson, that I am as frustrated as you and I believe all of our witnesses are that the Administration was not forthcoming with money in Fiscal Year 1999 for the overseas treatment centers. In our budget for this year, they looked long and wide to try to find some evidence that they plan on meeting the authorized levels for overseas treatment centers, as well. Hopefully, today's hearing and the participation of all four of our distinguished witnesses earlier will get them more energized to find the money; it is out there. They loathe earmarks on the appropriations side, although we obviously did it with the authorizing bill. But it certainly begs the question. If you are not going to meet the authorization level, then you put the onus on us to earmark, even though they tell us they don't need it, and they are going to do it anyway, because the money has not been forthcoming. So, we will work trying to make sure that money is there for Fiscal Year 2000.

In terms of questions just for our survivors, it struck me in hearing all of you, how did you escape? You got out, obviously, but could you just briefly tell us how you eventually got out of the country and to the U.S. and whether or not any of you have any plans of going back? Obviously, going to Iran anytime soon would be—

Mr. M. Oh, that is impossible.

Mr. SMITH. Impossible.

Mr. M. Yes.

Mr. SMITH. But how did you escape?

Mr. M. I waited in a third country until there was some way under the table that I could find my family. Let me put it this way: Mr. Chairman, even our home telephone has been seized by the revolutionary guard. When I got out of the prison, finally, my father got one of these houses and some money to a third person to get me out of there, and by help of the organization and key people, they got me out of the country to continue my education. Then bad things happened at home and I could not go back.

Mr. SMITH. Were U.S. immigration officers at all sympathetic to the fact that you had been tortured?

Mr. M. That is a problem. One time, we had a meeting at the Center with INS people. The biggest problem when people like me go to a company, when we go to a bank, or somewhere, is that they want documents what is my financial statement, what is going on? When I got out of prison, how could I show a passport? How could I go back to Iran to ask Mr. Kohmeini for the passport? How could I ask them to give me documents after I was in the prison? How could I fell my torturers "Sir, they need documents"?

Mr. SMITH. Understood, were they disbelieving of your story?

Mr. M. Oh, absolutely. They need the documentation. They need documentation. I was probably one of the luckiest people at being believed in the United States, because the organization was behind

me, but how about the rest of people? My brother escaped from the prison of Iran three years ago. I got him back to Europe; a lot of things were involved; the Center for Victims of Torture was involved. Even Mr. Johnson went to the Netherlands to visit him with two other people. The INS in Rome looked at his case. They asked us, "Where is the documentation?" I tolded the guy, "He will be in the jail until he is 50 years old, if I need documents. How could I show documents to INS? Could I ask Iran for a birth certificate for my brother? A Passport?" That is tough, but hopefully they understand now and it is much easier, I believe.

Mr. SMITH. Ms. Olorunyomi, you mentioned that the Ambassador had interceded on your behalf?

Ms. OLORUNYOMI. Excuse me?

Mr. SMITH. That the U.S. Ambassador had helped you?

Ms. OLORUNYOMI. Yes. What happened, in 1997, I was beaten twice. The first, March 20, it was only because the United States Ambassador did request that I should be released that I was finally released even though there was the international outcry, which saved me from the torture but didn't get me released.

The second time I was detained in 1997, the night of November 2, this time it wasn't because of my husband; it was because of a colleague of his whom they wanted, and they didn't get him, and they wanted me to lead them to his house to wherever they could get him. In this case—I don't want to go into details—what happened was that, at this point, there was no Ambassador. It was someone in your embassy in my country, and there was no Ambassador then. But I was contacted by other officers of your embassies and was offered refuge, if I so desired. But I was reluctant to accept at that point because of my kids and all that. It took only a week to help me make up my mind, because exactly a week after that incident, I got a call from a friendly person who told me that they were coming again that night and that I had better get out of the house. So, we got out of the house; we went into hiding, and so I went back to contact this same gentleman in your embassy who had told us before that if we ever needed help, they would be there to help. But we had no papers of any kind—myself and the kids—and we had to arrange for some people to smuggle us out of the country one night. So, what eventually the embassy did was to get us some contact in the American embassy in Ghana. "Just tell them to expect us, and I will be there, and if they could help us with documentation to come here," and that was eventually what happened. That was quite a week. It took such a long time to get here.

But like he said, the problem of resettling is related to just business, because, first, we came in with just our documentation we were given that day in Brazil and that brought us into the country, but it does not get past the INS, all the procedures of the INS, and all that we still have to get a lot more papers, which often are not forthcoming, because of the way we lived, and we have to get collaborative evidences from all our sources and all that, which sometimes is like you need a lot of luck to scrape through.

Up to this moment that I am talking to you, I still don't have any kind of permanent status, and that is important for me and especially for my kids, because the trauma we went through. I

haven't been to the Center for Victims of Torture, because I have told myself that I have to fight to go through this myself. But for my kids, for instance—I don't know if the Center for Victims of Torture have anything for kids—for my kids, for instance, it has been really a bad week. Up until this moment that I speak to you, they can't sleep in their room by themselves, because I don't know what happens to the psychology of kids seeing guns and having soldiers visit your house at night and all that stuff. I don't know what it does to them. I really am trying, but it has been more than and by sticking them back so further because immediately so far they don't feel safe. Forget the nightmares and all that; that is standard. Of course, they have been through it, and they are still going through it, OK, but I don't know if your center has anything for kids, but you know it has become almost a medical condition which we are managing, which we cannot manage back in the country, because it is not stable. It is not quite that civil yet.

And while I am still on that topic, I must say that whatever support the Center for Victims of Torture is looking for, it is more than words of cause. In a country like mine, if we really do need such a center, and we need it not just for the victims, we need for the torturers themselves. I encountered soldiers in detention who were torturers, but the process of making them into what they became destabilized them so much that they themselves lost it, and they were dismissed, and let into the streets to do God knows whatever. And they made the whole streets unsafe for business, for anybody. We need a support structure like the Center for Victims of Torture back home, and all that.

So, I don't know if that has answered your question.

Mr. SMITH. I appreciate that. Mr. Hoxhaj? Do you want to just do it in English? I saw your translator.

Mr. HOXHAIJ. [speaking through a translator] The way he got out was that I guess the OSC had just gotten in and about three days after the massacre they showed up, and I think it took him like about 12 days to work out a way for them to get them out of the country, and they got them out. And it is funny that you ask, will he go back? When I first met him, the first question he asked me is, "Will anybody stop me from going back?"

Mr. SMITH. That says a lot. Thank you. Mr. Johnson?

Mr. JOHNSON. I did want to say, regarding your question and issues that have been raised here, that we are concerned that the immigration reform bills that passed Congress several years ago really put, I think, an undue burden on torture survivors who arrive in the United States without proper documentation. The case that was referred to was one example, but, typically, people are escaping and often their documents are in the hands of the police. They are not going to get them back. We have several cases in Minnesota that we have been concerned about where torture survivors, when they have arrived, have simply been put in county jails and often kept there for extended periods of time. This is in itself re-traumatizing. One client of ours was jailed through an extremely sloppy INS process, and began having heart problems almost immediately for the fear of being sent back.

So, we know that these situations are extremely frightening. People don't know what is going to occur and it isn't explained well

to them. They often have no access to legal counsel, and the threat to the survivor is "We are just going through a process to send you home," which is precisely what they have struggled against. I know that there are situations, certainly, where we need to secure our borders, but at the same time it is extremely important that these procedures are sensitive and responsive to the needs of torture victims, the people we should be protecting.

Mr. SMITH. Is it your view that the training is proceeding sufficiently in such a sufficient way—

Mr. JOHNSON. No.

Mr. SMITH [continuing].—that there are enough people out there to make sure that doesn't happen?

Mr. JOHNSON. No. And I think if you talk to the people in the INS training program, they would also say with some frustration that the resources are not available for adequate training, and we would say that it was too bad that section of the Torture Victim Relief Act was removed for various reasons. Certainly working with people for half a day to try and get them some skills is a way to start; but then they need to be coming back for follow up. After they have some experience in the field and they start having doubts and questions, then they need more intensive training on how to handle these issues. So far, we have only had the opportunity to work with one group from INS political asylum leadership for an very extensive program of two weeks conducted by our center and the one at NYU/Bellevue. We have recommended one week of intensive training for all the roughly 350 political asylum officers. They, as a first priority all need to go through some form of training of this sort. But then we haven't even addressed, for example, training for INS officers at the ports of entry to determine credible fear and so forth. As far as I know, there has been no training whatsoever for that group of people.

So, there is progress. We are also talking with the Foreign Service Institute about how they could implement the requirements of the Torture Victim Relief Act, but there is a lot of work left to be done.

Mr. SMITH. Earlier, one of the witnesses had said that some of the people might even appear to be stark crazy or that such an ordeal obviously could drive somebody to that status. How many people do you think we turn back who just appear don't have it together? Their story has holes in it, because they can't remember in a way that somebody who hasn't been through such trauma might remember it. They might have their dates wrong; they might have their years wrong, and somebody says "Oh, fabricator, out they go." They are not going to be given a real shot. Dr. Okawa? Because it seems to me that we miss a lot of real victims. I mean, there is layer upon layer, and they are confused, and that is where that training, perhaps, might help.

Dr. OKAWA. You are absolutely right that the survivors are not recognized. There is a mass of survivors that are not known, and their symptoms are not understood. I couldn't give you a number estimate, but the cases that I get are often survivors who have been denied and have gone through two legal processes already with INS. The point where I come in is at their final chance to stay. An immigration attorney may refer the client to me for a

trauma evaluation to determine if their symptoms are consistent with the reported experiences. In many cases I cannot understand how they ever could have been turned down, because their histories of torture are profound. But because the client cannot tell a consistent story, a coherent story, and because often they may be so emotionally numb, which is one of the symptoms of trauma, that they don't cry so it doesn't appear that they really did experience the torture, they are denied. So, I think many, many survivors are turned back, and they are petrified to be sent back to their country.

Mr. SMITH. Thank you. Mr. Tancredo?

Mr. TANCREDO. Thank you, Mr. Chairman. Just, actually, a couple of very basic questions I think for Mr. Johnson in regard to the centers, and it goes to what we are talking about here, my first one. How do you actually determine that the people with whom you are dealing are the people who they say they are?

Mr. JOHNSON. Well, it is a complicated issue for us, because when people have been tortured, they are told that no one will believe them, and as a therapeutic stance, our stance has to be to believe them. People need to know that they will be believed, and that is an essential part of the bargain of building a trusting relationship necessary for treatment. This is one of the reasons that our program does not provide documentation for political asylum cases. We don't see ourselves as an advocate at that level. We only do that for clients who have been seen by us for 50 to 100 hours, so that we know them pretty well. And being very experienced, our staff is able to understand when inconsistencies might have something to do with hiding a story as opposed to an inability to remember. When that has happened in the past, occasionally we have discovered that people are hiding that they themselves have been perpetrators as well—something that has just been raised as an important problem. More commonly, people feel that there is some part of their story that is still so shameful that it would keep them from being accepted by others and so they feel a need to hide it. Generally, these things work out clinically over time. There have been a few times when we have been surprised, not that the person was a survivor, but about their right name or something of that nature, and to what degree they are hiding it.

An INS officer really does have a responsibility to sort out the facts and make those judgments. That is not our responsibility or our role. I think we hope to help the officer understand that even we might feel we make mistakes, even though the officers are going to have an hour with them and we might have 50 hours, and that it is okay on some level to make mistakes. But our view is that it is better to err on the side of protection of torture victims than on the side of restrictions that would destabilize a torture survivor.

The other important issue is for INS officers to understand the range of emotions that they can expect from someone, something that Dr. Okawa just referred to. People often have an uneducated image of what a torture victim should look like that doesn't usually fit the clinical picture. And so it is important to work with INS officials to help them understand what the range of emotional responses, and intellectual responses could be from a survivor, so that they can pursue their job within a more scientific framework.

Mr. TANCREDO. Thank you. Of the 400,000 that we have—that figure that we have referenced several times indicating that was the number of victims of torture who are present in the United States, how is that arrived at? How did we come up with that? Is that an INS—

Mr. JOHNSON. I would say it is a “guesstimate” from the community and from us based on a number of studies and factors. It is partly based on a series of clinical studies of various populations of refugees in the United States and in Europe. The clinical studies revealed the numbers of torture victims in the clinical groups and these numbers were applied, for example, to the Cambodian population. A number of early studies in the early eighties indicated that about 30 percent of the Cambodians had gone through Pol Pot’s camps and experienced torture.

Mr. TANCREDO. I see.

Mr. JOHNSON. Then there are certain other factors. For example, in 1990 to 1995, the U.S. admitted 100,000 survivors of the Vietnamese reeducation camps. When we look at the human rights reports of the reeducation camps, we would have to conclude that pretty well everyone who was there is a survivor of torture in one form or another. And, so, basically, the estimate comes from an amalgam of different considerations.

Now, in April 1997, under the leadership of Senator Wellstone, the National Institute of Mental Health, ORR, INS, and a couple of other Federal agencies met with the treatment centers around the world to try and address precisely this issue of “How do we know? How do we really get a grip on the extent of the need this?” One result was a small series of the National Institute for Mental Health grants including one, for example, received by the medical Director of the Center, which are attempts to do more in-depth, scientific studies of particular communities so that we can build a better way of documenting the numbers of people. One problem is that torture victims, largely, don’t self-disclose. There is a lot of shame and fear about self-disclosure. Many medical people don’t want to ask the question, because of their fear, “What would I do if I knew?” And so the guesstimate needs to be replaced by more serious scientific inquiry.

I might add again that the first version of the Torture Victim Relief Act that you introduced, Congressman Smith, called for CDC, I believe, to do a national study of the torture victim population. They basically said, “We don’t know how to do that.” The April 1997 meeting and resulting NIMH grants were thought of as a way to build some experience in the field before a more specific national demographic study.

Mr. TANCREDO. Yes, well, it just seems as you attempt to do a number of things, including siting a center, where do you put it? How did you decide where you were going to be and if there were more that we were going to establish, where would they be? How would we come to those conclusions unless we had a pretty good idea of exactly what population we are talking about, where they are, and where their needs are greatest?

Mr. JOHNSON. Exactly. Well, we do know which communities are most heavily affected by torture and where those communities tend to settle. For example, as I understand it, about 24,000 Somalis

have come to the U.S. in the last three or four years, and of that group, 16,000 are in Minnesota. So, here is a population grouped in one area that has been very highly traumatized by torture and by war and is in need of services. There are other pockets of substantial groups of torture victims, but you would have to assume that almost every major city in this country that has a refugee population has a substantial number of torture survivors.

Mr. TANCREDO. And are most of the people who come in to your center—is it just by word of mouth? How do they—is that how they find you?

Mr. JOHNSON. Well, we don't advertise, because we always have a waiting list. We try to create a situation where people are referred to us by refugee leaders, by other health care groups, or by human rights or related sorts of organizations.

Mr. TANCREDO. And is it primarily psychological services? Does it expand beyond that?

Mr. JOHNSON. We have on our staff a team of physicians, including family practitioners and internists, a team of psychiatrists, a nurse, and social workers, in addition to our staff psychologists. There is also a whole network of surgeons and dentists and others who work as volunteers. We also have a team of volunteer physiotherapists and a team of volunteer psychologist. There are about 150 additional volunteers who work every week with clients on finding housing, setting up food, organizing in our churches for getting people involved in rebuilding community of various sorts, tutoring English as a second language or doing day care. We try to provide programs for families to help our clients become leaders again in our community. Eventually, many of our clients, because they have been leaders, go out to start their own non-governmental organizations or businesses. We also recruit volunteers to sit on our board of directors.

Mr. TANCREDO. Well, you can see how difficult it is in the way that you could become a victim of your success in that going back to the very first question about how you know with whom you are dealing. If you are providing the kind—if you are looking at this holistic approach toward treating these folks—dealing with them, I should say, your clients, it certainly could—I could see a situation where people would desire your service even if they, perhaps, have not experienced the——

Mr. JOHNSON. The most extreme forms of torture.

Mr. TANCREDO. Exactly. And, therefore, resource allocation becomes a problem, and that is what I was trying to get at.

Mr. JOHNSON. Exactly.

Mr. TANCREDO. Anyway, I really appreciate it, because I had mentioned these are basic questions. I am on the other side of the learning curve here on the Committee.

Mr. JOHNSON. Could I tell you what we did in response to that very important question?

Mr. TANCREDO. Oh, absolutely.

Mr. JOHNSON. We have seen ourselves not only as a treatment center but as a constituency organization trying to make Minnesota, as an example, a safe place for survivors. We found that our legislature and our political leaders understood the view, that torture victims were targeted because they were leaders, and if

given care, will be leaders again, capable of making tremendous contributions to our State. I should note that Lavinia Limon mistakenly said we never started with state funding; we have been privately funded for the most part. But for the first time two years ago, the legislature challenged us to train all of the health care systems in the State of Minnesota so that what we believe to be about 14,000 victims of torture would get greater access to care. We are essentially making a deal with those health care providers that they will open up their doors to the people who are already in their system but who aren't being treated as torture victims. They will begin to develop that expertise, and we, in turn, will take from them the most difficult cases, the ones that require the most comprehensive level of services. So, we can set up layers of services within the state so that we can respond as a State to the full range of needs, while not assuming that every survivor needs all of the kinds of services that the Center offers.

The legislature also took this question of children survivors. We know that children of holocaust survivors have higher rates of depression and suicide than the population at large, and yet in St. Paul, Minnesota, our capital, something like 35 percent of the children in public schools and our State capital are refugee children. A large percentage of them are very likely to have gone through some kind of human rights atrocity in their families. So, we began a project funded by the legislature to work in Minnesota schools to teach how to work with refugee children as trauma survivors.

My point in bringing up these programs is that they show how we are trying to become a learning center for our State, to concentrate, certainly, expertise in a group of clinicians, people like Dr. Okawa, to give them a chance to work full-time in this area, but in turn, to spin off other services that more broadly affect the communities. In my view, again, when AID talks about the need of developing community responses, they are ignoring the need, first of all, to create real expertise on how to deal with the worst cases and then to let these experts begin to develop the learning for the rest of their community. That is what we are trying to do at the Center, and we think it has been an extremely productive model.

Mr. TANCREDO. Thank you very much, Mr. Johnson. Thank you, Mr. Chairman.

Mr. SMITH. Will the gentleman yield on that? Mr. Johnson, do you share that Minnesota statute, for example, and that policy with the League of States or some other entity with other States so they can pick up on that basic policy?

Mr. JOHNSON. Well, the other States don't have the centers, and so it is very hard for them to do it.

Mr. SMITH. Some of the States do.

Mr. JOHNSON. Yes, and we do share it within the consortium of treatment centers in this country that Dr. Okawa talked about and with the treatment centers abroad to encourage learning from each other as much as possible and new policies.

Mr. SMITH. Yes?

Dr. OKAWA. I would like to speak just a second to the incidence of torture survivors in the Washington area. Unlike CVT, the Program for Survivors of Torture here in Virginia, in Falls Church,

Virginia, is fairly new. We have been seeing torture survivors for years in the center in which we are located, but we received funding dedicated specifically to torture survivors a year ago, and in the first six months, with no advertisement, we had 96 referrals from Virginia, D.C., and Maryland. So, there are many, many survivors, and these survivors often say, "Oh, I wish you could see all my friends, all the people in my housing complex, all the people in my organization." So, there is a great need in the Washington area.

And one other point I would like to make is about the children. We do a lot of work with children of survivors, because there is an overflow effect of torture and trauma. It is almost like a big fountain where you have this huge deluge of water and it fills up the basins below and falls over into basins below. So, the trauma falls over to the children and then to the children's children and so on, unless there is some interruption of this cycle. And we have a specialist at our agency who works with children of war trauma and children of survivors of torture. We feel that it is a very important area. I'm glad you brought it up, because I know you worry about your children, and they do show the effects of the trauma experienced in their family or by their parents. As Yael Danieli quoted, "Children bear the burden of memories that are not their own."

Mr. SMITH. Thank you very much. First of all, let me conclude by thanking our distinguished panelists. I can tell you without any fear of contradiction, your testimony will make a difference in U.S. policy, with this Subcommittee and those who will read it. We will pursue the activist agenda that we do have with regard to legislation admonishing the Administration, being an adversary when they are dropping the ball, which regrettably they have done on occasion. But there are also some good things, as you pointed out, Mr. Johnson, that we can be very grateful for. In making sure that we all do the maximum possible and encourage other countries to do so as well, your testimony will make a difference. So, I want to thank you for taking the time and for your dedication. It truly is inspiring. Thank you.

The hearing is adjourned.

[Whereupon, at 4:50 p.m., the Subcommittee was adjourned.]

A P P E N D I X

JUNE 29, 1999

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**Statement of Representative Cynthia A. McKinney
Ranking Member, Subcommittee on International Operations
and Human Rights**

"United States Policy Toward Victims of Torture"

June 29, 1999

As this Subcommittee has a history of doing, this hearing is being held on a very timely issue. The news reports of the horrors in Kosovo include account after account of tortures inflicted on both Albanian and Serbian civilians, as well as by both sides on such groups as the Gypsies that are not part of the struggle at all.

In this climate, it is appropriate that we should review what has been done and is being done by the United States concerning torture victims, especially since the enactment into law last year of the Torture Victims Relief Act of 1998. This Act declared that "the American people abhor torture by any government or person." It authorized funding for a number of actions to assist victims of torture. It also called for the United States government to take other steps, from supporting development of new centers for torture victims overseas to strengthening training on torture issues, specifically including sexual violence, for Foreign Service officers. I look forward to hearing from our witnesses about how well these provisions are being carried out, and I join Chairman Smith in extending my appreciation to them for their attendance.

The world does not divide into those who support torture and those who don't. Rather, it divides into those who practice torture, and those who don't. Not very many of those who practice it, after all, defend it. And as we might expect, the world also divides into those who are willing to do something about torture, and those who aren't.

When the United States enacted the Torture Victims Relief Act last year, we put ourselves in principle strongly into the camp of those who support both unilateral and multilateral actions to help torture victims and to reduce the amount of torture in the world. But those intentions, by themselves, don't help anyone. Intentions never kept any torturer from reaching for a club, or a whip, or a knife; and they never helped anyone to recover from what torturers do. Only consistent actions carried out over time will do that. That is why we need to be clear and specific today about what we are doing and what we need to do to stop torture and to help its victims.

That is what I am looking forward to hearing. I want to know whether the Department of State has in fact improved training for our diplomats in working on torture issues and in working with torture victims. I want to know if we are visiting the nearly 200 treatment centers for torture victims worldwide, if we are using human rights funds to support them, and if we are inviting those who run them to our official functions. I want to know if Embassy Copenhagen has been in touch with the International Rehabilitation Council for Torture Victims (IRCT), and if these contacts have had practical results in terms of U.S. policy.

I want to know whether USAID has taken any steps to spend the \$5 million authorized in the Act to assist torture victim treatment centers. Since the Act authorized \$7.5 million in FY 2000 for treatment centers, I want to know why USAID did not request those funds in its budget submission, and whether USAID intends to meet or exceed that figure without an appropriation. I want to know what countries USAID has included in its country plans support for treatment programs. I want to know whether USAID has been consulting with IRCT and its U.S. member, the Center for Victims of Torture, on how it might be more supportive of treatment centers overseas.

I want to know what the Office of Refugee Resettlement in the Department of Health and Human Services has been doing in response to the authorization of \$5 million to support treatment centers for torture victims in the United States. There are only 14 such centers now, and many victims do not have access to them. How does HHS believe it can best allocate its help? How strenuously will HHS advocate for funds for treatment centers for FY 2000, since there is a gap between what the Administration requested for HHS and what the appropriators have allocated?

I want to know what steps INS is taking to train asylum officers, detention officers, and others in interviewing torture victims. I've heard that some immigration judges are dismissing testimony of health professionals who have treated torture victims—is this true? How is INS implementing regulations under Article 3 of the Torture Convention—for example, how many people are detained awaiting determination under Article 3?

From our private witnesses, I would like to hear how they are doing, and how they think the United States is doing, in helping torture victims, and where improvements are needed.

Just as importantly, I expect to hear what we are doing to reduce torture at home and to eliminate our sponsorship of it abroad. In the past, we exported electric cattle prods to apartheid South Africa; do we still ship such things to regimes that torture? Are we taking steps to ensure that graduates of the notorious School of the Americas are not becoming involved in torture and murder, as they have in the past? Are we addressing the use of excessive force in the United States, as documented recently by Amnesty International? Amnesty reported on incidents ranging from torture by electroshock for INS detainees in Florida to torture by strapping to a restraint board in Colorado. We cannot lead in dealing with torture overseas unless we also lead in abolishing it at home.

Like Congressman Smith, I support reauthorization of the Torture Victims Relief Act, for which I am an original cosponsor. I urge the appropriators to provide funding as well. But to support and guide this reauthorization process, we need concrete information about what is now being done. I look forward to receiving that information from our witnesses today.

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**COMMISSION ON SECURITY AND
COOPERATION IN EUROPE**
CHAIRMAN

Statement of Representative Christopher H. Smith
Chairman, Subcommittee on International Operations
and Human Rights

Today's hearing is on United States policy toward torture victims around the world. This is the latest in a series of hearings in which the Subcommittee on International Operations has heard testimony on the phenomenon of torture and on the lasting damage it causes to its victims and their loved ones. Many of our witnesses have been victims themselves. We have heard from a native of Uganda who suffered at the hands of the Idi Amin regime, a Tibetan physician who was tortured by the Chinese Communists, and an American who became a torture victim in Saudi Arabia after he had a falling-out with his employer, the Saudi government. We have heard testimony about the torture of political dissidents in China and Viet Nam, members of ethnic minority groups in Burma and Turkey, of slaves in Mauritania and Sudan, and of people the world over whose only offense was their belief in God. Today we will focus on what the United States government is doing to help these people, and on what it ought to be doing.

In the last year United States law with respect to torture victims has taken two giant steps forward. The first step was the enactment on October 19, 1998, of section 2242 of the Foreign Affairs Reform and Restructuring Act (Division G of Public Law 105-277), which finally implemented the non-return provision of the United Nations Convention Against Torture and Other Forms of Cruel, Inhuman, or Degrading Treatment or Punishment. Although the United States had ratified the Convention in 1994, Congress had never passed legislation implementing Article 3 of the Convention, which imposes an obligation not to return people to countries in which they face subjection to torture. So there was a conflict between our international obligations and our domestic immigration law, which allowed --- and in some circumstances even required --- the deportation of people to places where it was more likely than not that they would be tortured. Section 2242 declared such deportations to be contrary to United States policy, and required the Executive Branch to promulgate regulations implementing this policy. I am happy to say that the Immigration and Naturalization Service recently issued the rule required by section 2242, and we will hear testimony today on the rule and its implementation.

The second step came a few days later, on October 30, with the enactment of Public Law 105-320, the Torture Victims Relief Act. I am proud to have been the principal sponsor of that Act.

It authorized \$12.5 million over two years for assistance to torture victim treatment centers here in the United States, of which there are currently 14, and another \$12.5 million for treatment centers around the world, of which there are about 175. 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 torture and its long-term effects, techniques for interviewing torture victims, and related subjects.

The only provision of the Torture Victims Relief Act that has been fully implemented so far is the authorization for an increased U.S. contribution to the UN Voluntary Fund. As recently as fiscal year 1993, the United States contribution to this fund was only \$100,000. In fiscal year 1995 it went up to \$1.5 million, but in 1996 the Administration proposed to reduce it by two-thirds, to \$500,000. That was the year I first introduced the Torture Victims Relief Act, along with fifty bipartisan co-sponsors. In response to our efforts, the Administration held the contribution at \$1.5 million, and this year I am happy to say that the Administration has fully funded the \$3 million authorization in the Torture Victims Relief Act.

In other areas the Executive Branch has not yet fulfilled the mandate of the Act. The \$5 million authorized for contributions to domestic treatment centers during fiscal year 1999 has apparently not resulted in any increase in contributions to such centers, although the Department of Health and Human Services has included the \$7.5 million authorization for fiscal year 2000 in its budget request. The news on foreign treatment centers is even less encouraging: AID did not manage to find any money in its fiscal year 1999 budget for contributions to international torture victim treatment centers, and has not requested an appropriation in fiscal year 2000 for this purpose.

I look forward to hearing from our Administration witnesses about the reasons for the slow start in implementation as well as the future prospects. In the meantime, I am proud to announce that I have introduced today --- along with Representative Tom Lantos, Ben Gilman, and Cynthia McKinney --- H.R. 2367, the Torture Victims Relief Reauthorization Act. This bill will extend and increase the authorizations of last year's Act through fiscal year 2003. In each of the three fiscal years covered by the Reauthorization Act, \$10 million is authorized for domestic treatment centers, \$10 million for international centers, and \$5 million for a United States contribution to the Voluntary Fund for Torture Victims.

I believe the basis for a sound political philosophy can be found in the Gospel of Matthew, where Jesus says that what we do to the least of our brethren, we do unto Him. The Convention Against Torture, the Torture Victims Relief Act, and the Reauthorization Act are natural corollaries of this philosophy. They stand for the proposition that survivors of torture are to be understood and protected, not cast aside and not forcibly repatriated into the hands of their torturers. I look forward to hearing from our witnesses today --- from Administration officials, experts in the treatment of torture survivors, and especially from the survivors themselves --- about how we can continue the struggle to realize these fundamental principles.

**Testimony presented to the House Committee on International Relations
Subcommittee on International Operations and Human Rights
June 29, 1999**

by

**Judy B. Okawa, Ph.D.
Director
Program for Survivors of Torture and Severe Trauma
Center for Multicultural Human Services
Falls Church, Va.**

Good afternoon. My name is Dr. Judy Okawa. I am a licensed clinical psychologist and the director of the Program for Survivors of Torture and Severe Trauma at the Center for Multicultural Human Services in Falls Church, Virginia. I am also a member of the Torture Abolition and Survivors Support Committee. I am here today to speak to you about the crime of torture and the devastating impact it has on the human mind, body, and spirit.

According to the United Nations Convention Against Torture, torture consists of acts that are designed to cause extreme physical or psychological suffering and that are carried out by or with the approval of a public official or a person acting in an official capacity. Torture is designed to break down the human personality, to destroy the human spirit, and to terrorize communities. Survivors often describe being stripped of all dignity and feeling like they are "nothing."

The effects of torture are not time-limited: torture changes a person for life. Survivors are profoundly affected physically, mentally, and spiritually by unimaginably cruel acts such as being suspended by the legs and dipped repeatedly into a barrel of filthy liquids to the point of near suffocation, being forced to drink a gallon of gasoline, or being forced to watch a child be tortured. Sometimes what may sound to us as less traumatizing experiences are reported by a survivor as

being intolerable to the point of madness, such as living packed sixty people to a tiny cell and suffering from flea and insect bites for eight years.

Survivors suffer from chronic pain in their backs and joints, difficulty walking or tolerating the cold because of falanga (a form of torture that involves beating the soles of the feet), sexually transmitted diseases, and daily incapacitating headaches that make it difficult to work. Severely disturbed sleep is common. Many survivors report being able to sleep only an hour every night. Nightmares and flashbacks make the torture a reality again, and always there are the memories, intruding when least expected.

A torture survivor's sense of self-worth is deeply affected, his ability to trust is shattered, and his sense of a safe world is obliterated. Many survivors report startling easily and being hypervigilant, constantly on the alert for danger. One survivor nearly put his fist through my wall when a colleague slammed a file cabinet drawer in the next room. Torture decimates a person's ability to feel joy. Anger comes quickly, at times with slight provocation, and friends, family members, and community professionals have difficulty understanding why the survivor cannot control him or herself.

Ironically, profound guilt and shame are common reactions in people who have been victimized. Many survivors are forced to do things that violate their values and beliefs about the sanctity of life, such as stab, rape, or torture other inmates or give false information that results in the torture of friends, neighbors, or family members. I sometimes wonder if this shame is one of the most difficult consequences of torture for a survivor to live with. After two years of therapy, one survivor had to vomit four times in my wastebasket in order to admit what he had been forced to do to others. As another survivor explained, "I am not forgivable by anyone, God, myself, or anyone. I am worse than filth." Many survivors actually feel toxic, as if their mere presence is somehow poisonous to others. This is reinforced by the horrified, repulsed flinching they see in others when they dare to

allude to their torture experience. Many survivors report going through long periods of time where they do not want to live.

Survivors of torture often suffer from cognitive impairment, including loss of memory, problems concentrating, and even difficulty staying present in the moment while others are talking. This latter symptom, known as dissociation, is the body's natural defense mechanism to protect against unbearable experiences. It involves the sensation of leaving one's body, or separating from oneself. As an 18-year-old survivor of gang rape by ten soldiers explained to me in a moment of insight, "I think the difference between the girls who were raped that killed themselves and those who were raped that didn't commit suicide was that the ones who killed themselves couldn't get out of their body during the rape." Survivors who dissociate or who are amnesic for parts of their torture experiences are often perceived as not credible in situations such as their INS interviews.

Healing is a long and painful process, taking many years, even decades. As Sister Dianna Ortiz, an American who was tortured in Guatemala, says, "For people to get out of bed in the morning, that is survival." Just speaking of the torture experiences in therapy can cause a survivor to descend into another cycle of pain of flashbacks, nightmares, and intrusive memories. The smallest thing can trigger a trauma reaction. Being interviewed by a person with a clipboard can bring back memories of interrogations; waiting in a waiting room can remind the survivor of waiting for his turn to be tortured. One survivor reported that being offered a glass of water triggered memories of what her torturers did after torturing her. Being disbelieved or being called a liar (or worse) is perhaps one of the most devastating experiences a survivor can have. Not only does disbelief parallel the survivor's constant messages from her torturers and thus serve as a trigger; it also is a powerful slap in the face to the survivor who likely has long hidden her story out of shame and hurt. To dare to speak of the unspeakable and then to be told one is a liar is to be victimized again.

Many survivors succeed in becoming highly productive members of society. Certainly the survivors

who gathered in Washington for the last week to commemorate the UN International Day in Support of Survivors and Victims of Torture are. For example, Monica is an attorney specializing in international human rights law. Aisha from Oromia, Ethiopia, and Catherine from Nigeria are both writers working on books about their torture experiences. Orlando from the Philippines has just finished his Ph.D. in sociology. Fekadu from Oromia is an economist. Dr. Dodo from Sindh, Pakistan, is the General Secretary of the Sindh Tarique Passand political party. Sister Dianna Ortiz, an American tortured in Guatemala, has devoted her life to supporting survivors of torture and helping others understand their world. She lives with the pain of being disbelieved.

These are extraordinary accomplishments. Yet the fact that a survivor of torture can be productive does not mean that his or her life is not a perpetual struggle. Success can obscure distress within. As one survivor told me, "It's as if I were a delicate glass sculpture that someone put in a paper bag and smashed over and over against a rock. The bag looks intact from the outside, but inside I feel like thousands of shards of sharp glass, all fragmented, with only the thin paper skin holding my pieces in one place."

There is much that needs to be done to address the complex needs of the 400,000 survivors of torture in this country. Because of the extreme trauma they have experienced, survivors of torture have multifaceted needs that must be addressed by multiple treatment modalities. In many cases, survivors need medical evaluations and pharmacotherapy to address physiological sequelae of torture as well as anxiety, depression, and sleep disturbances. They need medical insurance. Psychotherapy is necessary to address emotional and cognitive symptoms. It is particularly important for psychotherapy to be provided in the survivor's own language by a therapist familiar with the survivor's culture. But many times survivors are not ready to address their traumatic experiences directly because of more urgent basic needs related to their experiences as refugees in a foreign land. The survivors who spoke last week in the Human Rights Caucus briefing alluded to a fact that

is rarely recognized: the act of becoming a refugee is a continuation of the torture process. The survivor/refugee struggles with being at the bottom of the social structure, with loss of identity, loss of career, need for food, need for shelter, difficulties with language, problems earning a living. The Office of Refugee Resettlement under the direction of Ms. Lavinia Limon has provided invaluable training through organizations such as Immigration and Refugee Services of America (IRSA) to resettlement workers to sensitize them to these critical needs of survivors.

Over 400,000 survivors of torture are estimated to live in the United States. Most of these survivors are unrecognized, invisible. Many desperately need our help to move from surviving to thriving. There is a paucity of treatment centers in this country with trained clinicians prepared to meet the complex medical, psychological, and social service needs of survivors. In October 1998, fifteen U.S. treatment centers formed the National Consortium of Torture Treatment Centers. Although the Torture Victims Relief Act (TVRA) was passed in 1998, the funds necessary to provide this "relief" were not attached. Funding for the TVRA should be appropriated to help the U.S. treatment programs provide badly needed services to the nearly half million survivors in this country.

You and I are fortunate. Most of us have never experienced anything like torture. Once your life has been touched by that of a survivor, you begin to see the world differently. It is no longer possible to stay silent in the face of such crimes against people. I ask you to stand in strong support of the Torture Victims Relief Act to provide funding to torture treatment centers. I ask you to uphold Article 3 of the Convention Against Torture and protect survivors of torture from being deported to the countries where they were tortured. I ask you to join in the effort to protect the rights of human beings across the planet as we would wish our own human rights to be protected.

Ann VanDusen
June 29, 1999
Page 39
Line 822

U.S. POLICY TOWARDS VICTIMS OF TORTURE

USAID is doing a great deal to support the treatment of victims of torture and war through the work of a wide variety of U.S. and international non-governmental organizations such as Save the Children and Catholic Relief Services, in addition to affiliates of the International Rehabilitation Council for Torture Victims (IRCT).

We have contacted every USAID mission where there is an IRCT-affiliated treatment center and have provided a program description of the treatment center(s) work in the host country. We also shared the information with our Washington Bureaus, since there are several ICRT affiliates working in countries where there is no USAID mission. We found that a number of our field missions have been in touch with and in some instances working with IRCT-affiliated centers. For example:

Family Rehabilitation Center (FRC), Sri Lanka

This IRCT-affiliated treatment center provides trauma counseling for victims of torture primarily in the north and east of Sri Lanka. FRC also provides physical and psychological therapy for victims of war. USAID/Sri Lanka, though the Asia Foundation, provided funding to FRC in FY 1998 and 1999 for a campaign aimed at preventing torture and raising public awareness of the legal and human rights aspects of torture. FRC receives its core support through 2002 from the Danish International Development Agency (DANIDA).

Coordinadora Nacional de Derechos Humanos, Peru

USAID/Peru has provided \$250,000 to support the work of this organization, which is undertaking studies to obtain credible information on human rights violations, related to torture. While this particular activity terminates at the end of FY 2000, the Coordinadora has been an excellent development partner, and USAID/Peru intends to continue collaborating with this group.

In those cases where there has been no contact between the USAID mission and the local IRCT treatment center, we

have encouraged our field personnel to contact the treatment center to learn more about its programs. We understand that ICRT has also encouraged its affiliates to get in touch with USAID field personnel as well.

USAID continues to be in touch with the Minnesota Center for Victims of Torture (CVT), in particular with its Washington representative, Mr. John Salzberg. As noted in USAID's 1998 report to the Subcommittee on Foreign Operations, Committee on Appropriations, US House of Representatives, concerning USAID's programming to prevent and treat torture, we have funded CVT training and technical assistance for Turkish doctors and human rights workers as well as their training of Bosnian and Croatian torture treatment volunteers.

Along with our work with CVT and other IRCT-affiliated centers, USAID supports several other organizations that provide assistance to victims of torture. In Kosovo, USAID has supported psychosocial activities by local NGOs through funding to Save the Children. Similar activities have taken place in the past in Bosnia and Croatia in order to respond to the needs of the victims of the earlier Balkan conflicts.

In 1994, USAID supported the establishment of a Human Rights Fund in Haiti. The initial year's funding assisted victims of human rights abuses, including politically motivated rape, beatings in custody, and other forms of torture. The funding that continued through August of 1999 was almost exclusively directed toward victim assistance and treatment.

One focus of treatment for Angolan torture victims is to rectify the effects of the particularly egregious practice of forced conscription of children. USAID supports programs through the Christian Children's Fund to treat children affected by prolonged displacement and exposure to extreme violence, including demobilized child soldiers. This effort has resulted in the training of 2,300 individuals to provide specialized assistance to 71,000 emotionally distressed and traumatized children. An additional 475 adults have been trained to facilitate the psychosocial and economic reintegration of child soldiers into local communities.

The Displaced Children and Orphans Fund (DCOF) whose implementers include the International Rescue Committee, Christian Children's Fund, UNICEF, and Save the Children, also provides assistance to children who have been adversely affected by armed conflict in such countries as Liberia,

Kosovo, Sierra Leone, Sri Lanka, Uganda, etc. Activities include, for example, support for identification and referral of children suffering from severe psychological and emotional distress and support for demobilization and counseling and reintegration of former child combatants, including exploited girls.

In the Sierra Leone context, amputation of limbs is another form of torture of both children and adult civilians. Assistance is being provided through Veterans International to treat and otherwise assist victims of amputation, torture, and other atrocities.

In Angola, Cambodia, Laos, Liberia, Mozambique, Sri Lanka and Vietnam, development assistance through the War Victims Fund supports prosthetic workshops serving amputees and other victims of war. The percentage of these victims that suffered additional forms of torture is high, but indeterminable.

Thank you for this opportunity to highlight our activities and partners in the Agency's commitment both to the prevention of torture and to the rehabilitation of its survivors. USAID looks forward to submitting a full report of our activities in this area to the Congress in February of 2000.

Question for the Record
Submitted by Chairman Chris Smith
To Deputy Assistant Secretary Leslie Gerson

Question: What is the estimation as to (torture) survivors worldwide?

Answer:

In our search for an estimate, the Bureau for Democracy, Human Rights and Labor has consulted with various experts on this topic, including representatives from non-governmental organizations that work regularly with torture victims. All the experts we have consulted tell us that, while it is known that torture is ubiquitous, it is virtually impossible to calculate numbers of torture victims worldwide.

Although developing an estimate of the total number of torture victims around the globe has proven to be extremely difficult, we do know that there are some 85 countries have centers for treatment of torture victims. In addition, we know that officials in at least 75 countries are described as frequently or regularly engaging in torture in the Department of State's annual *County Reports on Human Rights Practices*.

Thus, while we have not been able to quantify with any certainty the number of victims worldwide, we know that it is high. In addition, we know that the trauma of torture can affect not only the individual, but also his or her family, thus multiplying the effect within a society. Finally, we can attest to the fact that the effects of torture can last for a lifetime, and can even impact future generations. That is why we say that the torture of one individual is too high a number.

Question for the Record
Submitted by Rep. Cynthia McKinney
To Deputy Assistant Secretary Leslie Gerson

Question: I am wondering if, in the course of what you do to talk about this issue abroad, if there is any acknowledgement whatsoever of the fact that we have our own victims of torture and excessive force right here in this country, as amply demonstrated by the most recent report of Amnesty International?

Answer:

The U.S., like every other country in the world, is not perfect. As the Amnesty report notes, we face human rights challenges. Yet we are proud of our human rights record and believe that it compares favorably to that of any other country. We are confident that our democratic system has appropriate mechanisms in place to address problems. We continually take action to address abuses wherever and whenever they may occur. In fact, most of the cases cited by Amnesty are based on data collected from our justice system or state and federal governments. In many cases, appropriate action already has been taken by our legal system. We are proud of our political and judicial system and welcome any review of their elements, in keeping with our recognition of the universality of human rights and our openness as a democratic society. That is why we always welcome outside investigations – whether by NGOs like Amnesty International or by U.N. Special Rapporteurs. We welcome them even when we may disagree with their premises or conclusions.

The U.S. will continue to champion human rights around the world. Our advocacy abroad is a reflection of our support for human rights at home. We pursue such a high standard for the rest of the world because we demand it of ourselves.

Under the terms of the Torture Convention, States Parties must submit periodic reports to the Committee Against Torture on measures taken to give effect to the Convention. The U.S. submitted its report to the Committee against Torture on October 15. The U.S. report is nearly 150 pages long, and it provides thorough documentation of US implementation of specific articles of the Torture Convention. It was prepared by the Department of State, with extensive assistance from the Department of Justice and other relevant federal departments and agencies.

Question for the Record
Submitted by Rep. Cynthia McKinney
To Deputy Assistant Secretary Leslie Gerson

Question: It is estimated that between 5,000 and 6,000 children per month die in Iraq as a result of U.S. sanctions, over a million people dead, and my common sense notion would suggest that perhaps not only is that a human rights abuse, but it is torture. The U.N. Commission on Human Rights has come very close to saying the same thing. What is the recourse when U.S. policy becomes an instrument of human rights abuse and torture? What do you do? Do you go along with it?

Answer:

We are submitting for the hearing record an on-the-record briefing on Saddam Hussein's Iraq by Spokesman James P. Rubin and Assistant Secretary for Near Eastern Affairs Martin Indyk, released September 13, 1999.

The sanctions regime has always specifically exempted food and medicine. The Iraqi regime has always been free to import as much of these goods as possible. Unfortunately, Saddam Hussein refuses to do so, and is actually exporting food. Sanctions are designed to prevent Saddam from spending money on rearmament, but not to stop him from spending money on food and medicine for Iraqis. The August 1999 UNICEF Report on Child Health demonstrates that the Iraqi administration, not sanctions, is responsible for malnutrition and deaths. In Northern Iraq, where the U.N. administers humanitarian assistance, child mortality rates have fallen below pre-Gulf War levels. Rates rose in the period before oil-for-food, but with the introduction of the program the trend reversed, and now those Iraqi children are better off than before the war. In contrast, child mortality figures have more than doubled in the south and center

of the country, where the Iraqi government – rather than the U.N. – controls the program. If a reversal on child mortality rates can be made in the north, which is under the same sanctions as the rest of the country there is no reason it cannot be done in the south and center.

Question for the Record
Submitted by Chairman Chris Smith
To Deputy Assistant Secretary Leslie Gerson

Question: Shouldn't an equivalent training be given?

Answer:

We are well aware of Congressional concern about the Administration's compliance with the portion of the *Torture Victims Relief Act* that calls for training of State Department personnel on how to identify and interact with victims of torture. The Department, working through the Foreign Service Institute (FSI), wants to comply with the spirit and letter of the legislation, and has been seeking ways to update and enhance relevant training programs.

The Bureau for Democracy, Human Rights and Labor (DRL) is coordinating closely with FSI on a joint plan of action on this issue. More specifically, DRL Deputy Assistant Secretary Bennet Freeman has met with FSI Director, Ambassador Ruth Davis, to discuss the Department's 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.

FSI first met with the Center for Victims of Torture since December 1998, when this NGO first contacted the training center. We are pleased to report that on October 5, John Salzberg of the Center for Victims of Torture took part in a panel where he was able to discuss the issues contained in the legislation with 35 mid-level USG officials attending FSI's combined Global Issues and Human Rights Course. Your Subcommittee Chief of Staff

Joseph Rees also very generously went out to FSI to address that same group on a range of human rights concerns.

We would note that training in how to interact with victims is a complex task that involves a number of agencies and bureaus going well beyond FSI and DRL. For example, FSI is working directly with the Department of Justice (especially INS); the Department's Bureau of Population, Refugees and Migration (PRM); and also with the Bureau for Consular Affairs.

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. We would like to include for the hearing record a paper provided by the FSI entitled, "Consular Training: Dealing with Victims of Torture."

PRM recently included material on torture victims in an orientation course presented to their new employees. The course also included discussion of the Convention on Torture.

Finally, FSI has also been seeking ways to upgrade parallel training related to the International Religious Freedom Act of 1998.