

Human Rights

A Framework for Survival: Health, Human Rights, and Humanitarian Assistance in Conflicts and Disasters, edited by Kevin M. Cahill (conference, September 1992), 340 pp, paper \$25, ISBN 0-465-02513-7, New York, NY, Council on Foreign Relations and BasicBooks Inc, 1993.

Since the start of the decade, the US medical community and its professional press have increasingly focused on human rights issues, although, as is pointed out by H. Jack Geiger, one of the speakers at a September 1992 conference of the Council on Foreign Relations, whose remarks are included in this book, "There is nothing new about . . . violations of medical neutrality, torture, and other blatant human rights violations . . . and nothing new . . . about the deliberate destruction of civilian populations."

Nevertheless, this increased attention to human rights issues, largely stimulated by media coverage of the relief efforts directed toward Kurdish refugees in the wake of the Gulf War, by the televised horrors of Somalia, and by the seemingly insoluble war in the former Yugoslavia, is certainly both warranted and welcome. The speeches published in this book are by a diverse group of politicians, physicians, administrators, and development professionals. Together, they have both the breadth of knowledge and the depth of experience needed to consider the complex relationships between national sovereignty and human rights, foreign assistance and economic development, government responsibility and volunteer enterprise, and, perhaps the thorniest issue of all, the relationship of the United Nations (UN) to its member states.

By trying to touch on all these issues, however, *A Framework for Survival* has trouble focusing on any. The first sentence of the introduction sets the tone for the content of the book: in 101 words, Cahill alludes to the current pandemic of economic collapse, civil war, ethnic struggle, massacres, famine, and epidemics. One suspects that one will read about all of these problems and more in the ensuing pages, and one does.

Another problem with compilations of this nature is that, unlike the conference participants, it is impossible for the reader to move from speech to discussion. Each author presents his or her thoughts and issues independently of those addressed by the others, leaving a host of unanswered questions. In his conclusion, Cahill recalls "the exciting but exhausting debates" that took place at the symposium. The reader regrets being deprived of the excitement—the book appears to present only the bases

of discussion, not the discussion itself, which must have been the heart of the conference.

Despite these constraints, the book has much to offer. Although the quality of the papers varies considerably, many are informative and to the point. In the first section, "Legal and Economic Issues," Princeton professor Richard Falk's academic description and illustrations of the different dimensions of the "sovereignty problem" are particularly enlightening. His conclusion is that "sovereign rights are definitely giving way to human rights" (except when it is to the advantage of the more powerful nations to respect sovereignty). Ghanaian ambassador Awoonor's sometimes emotional argument that economic underdevelopment is the cause of human suffering and that the rich and powerful nations are responsible for it, while partially true, is balanced by Cambridge University economics professor Partha Dasgupta's point that underdeveloped countries spend a far greater proportion of their meager gross national product on their armed forces than on social services, including health and education.

The "Health Issues" section is perhaps the most perplexing. Its various chapters offer a prescription for the resolution of the crisis in Somalia (now outdated), descriptions of the specific, unrelated, problems of mines and severe malnutrition, an epidemiologic review of the causes of morbidity and mortality in disaster situations, and critical discussion of the failure of the American medical teaching establishment to pay adequate attention to international health issues. Each of the chapters is interesting and important in its own right, but there is no semblance of a coherent theme.

Representatives of four important nongovernmental organizations (NGOs) present their views in the next section. The NGOs are frequently the first on the scene of a conflict or disaster, and their point of view is in some ways the most interesting, although in the talks included here, it is sometimes difficult to separate the more general and substantive points from descriptions of specific activities, which read, at times, like reports to the board of the directors. Nevertheless, these organizations have a unique perspective on humanitarian assistance operations, especially the "donor" community and the UN organizations. Several comments regarding the latter are worthy of note. Among these are the feeling that "United Nations specialized agencies tend to present themselves as representing some independent world power" (Aengus Finucane) and the sentiment that the UN must

guard against making coordination an end in itself, rather than a means to effective action, thereby "reducing all interventions to their 'slowest' common denominator" (Larry Minear quoting Charles LaMunière of the UN's Department of Humanitarian Assistance). As I write this, the World Conference on Human Rights is taking place in Vienna. Alan Riding of the *New York Times* News Service reports in the June 17 *International Herald Tribune* that "nongovernmental organizations . . . were ejected . . . from the committee drafting the meeting's final document," a decision that should be widely regretted.

"United Nations Response," the fourth and final section, confirms the sentiment of previous chapters that the UN does not seem to be adequately organized to respond quickly to emergency situations. A. A. Farah, a former Under-Secretary General of the UN and consultant director of the Center for International Health and Cooperation, which cosponsored this conference, describes the UN's response to the recent crisis in Somalia as "abysmally slow, uncoordinated, and totally inadequate." Jan Eliasson, the current Under-Secretary General for Humanitarian Affairs, sums up the situation by stating that "the humanitarian agenda today is both much longer and more critical than ever. Yet we are very far from consensus on how to address this agenda."

In sum, *A Framework for Survival* addresses timely problems of a crucial nature. Although many of the authors present thoughtful and incisive analyses of the relationship of health to human rights and humanitarian assistance, the book falls far short of fulfilling the promise of its title. No framework for survival is presented, nor does one seem likely in the near future. It is difficult, after reading the book, to agree with Cahill that "there is more reason for hope than for pessimism." For that to be true, the issues discussed will have to be addressed in a more focused, more organized, and more unified manner, including in books like this one.

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Torture

Torture and Its Consequences: Current Treatment Approaches, edited by Metin Başoğlu, 527 pp, \$95, ISBN 0-521-39299-3, New York, NY, Cambridge University Press, 1992.

"The prison doctor was the interrogator's and executioner's right-hand man. The beaten prisoner would come on the floor only to hear the doctor's voice: 'You can continue, the pulse is normal.' After a prisoner's five days and

five nights in a punishment cell, the doctor inspects the frozen, naked body and says "You can continue."¹¹ That one person can harm another so severely, whether mentally or physically, truly represents the "satanization" of man. There is something monstrously obscene that a book such as *Torture and Its Consequences* can be written about contemporary behavior. Perhaps it might have belonged to the flesh-scourging era of Cortés in Mexico or the Nazi Holocaust, but can it really apply to civilized people nearing the 21st century?

The definition of torture can be found in the United Nations declaration of December 9, 1975, and also the 1984 UN convention against torture, which, as described in a recent article, is "an act by which severe pain or suffering (physical or psychological) is intentionally inflicted on a person for such purposes as: (a) obtaining information; (b) obtaining a confession; (c) punishment; (d) intimidation or coercion; (e) any reason based on discrimination." The UN convention also makes explicit that torture "is always carried out by, or with the agreement of, a public official."^{26(p475)} All forms of psychological and physical torture have a similar goal, ie, breaking the resistance of the victim. The torturer does this to obtain information, to transform the victim into an informant, and, in the most extreme instances, to force the victim to abandon his/her stance as an active or political dissident. The death of a prisoner during torture is generally accidental.

The editor, Dr Metin Başoğlu, is a Turkish-trained psychiatrist associated with the Experimental Pathologies Section at the Institute of Psychiatry of the University of London. The book represents the most detailed collection and useful documentation on torture and its treatment that I have ever seen. It features the sectioning requisite for reference works with seven parts: "Torture and Its Consequences," "Theory," "Assessment, Diagnosis, and Classification," "Rehabilitation Programmes for Torture Survivors," "Psychotherapy," "Torture in Particular Countries: Experience With Survivors of Torture in Their Home Country," and "Modern Ethics and International Law." Each part is further subdivided, and a clear table of contents quickly directs the reader to areas of interest. For example, in the part 1 section "The Physical Sequelae of Torture," the reader has the opportunity to learn about the effects of blunt violence, falanga, suspension, electrical torture, torture of the teeth, etc. The book is excellent because the repugnancies are not sim-

ply glossed over into kindly theoretics, but, rather, all the issues, psychological and physical, are given more than just objective shrift and treatment is covered based upon modern understanding of the experience of survivors.

Amnesty International has reported the use of brutal torture and ill treatment in over 90 countries. In some, genocide and torture have taken place on a massive scale, giving scholars ample data. A great deal of descriptive material on torture exists, but this book provides the framework to see how geographically and historically disparate victims might react based on the individual's psychological and physical constitution. In general, survivors develop damage characteristic of posttraumatic stress disorder. They suffer in varying degrees of intensity conditions such as anxiety, depression, alterations in concentration, insomnia, social withdrawal, lack of energy, and apathy, as well as emotional numbing and intrusive phenomena.

Most interesting to me, owing to personal background, is the section "The Holocaust: Survivors and Their Children." Dr Norman Solkoff has written a clear and extremely brief chapter on the horrors perpetrated on victims of the Nazi camps. He describes the intensity of the persecutory experiences and the life-threatening and mutilating experiments that were carried out. He lists nine ways in which inmates coped with camp life, ranging from the seeking out of small pleasures, such as gazing at a sunset, to something of more difficulty, such as gaining the sympathy of an SS guard. He notes that the survivors, again, often are left with a posttraumatic stress disorder. Insufficiently discussed is that the disorder can sometimes be passed on almost intact to the children of survivors, even those born in a free country living with advantaged economic status.

Since the medical profession was intimately entwined with the Nazi regime, it is appropriate that the book ends with a small section on medical ethics. Following principles that should be expressed by all professional medical associations, the section defines the role of the doctor, specifically prohibits participation in any procedure that harms prisoners, and states that a "doctor shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offense of which the victim of such procedures is suspected, accused or guilty."

This is a fine resource for students and educators involved in the plight

of international political displacement victims and the ethics of health professionals.

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1. Solzhenitsyn A. *The Gulag Archipelago*. New York, NY: Harper & Row: 1973:208.
2. Turner S, Gorst-Unsworth C. Psychological sequelae of torture: a descriptive model. *Br J Psychiatry*. 1990;157:475-480.

Nuclear Power, Nuclear Testing

No Breathing Room: The Aftermath of Chernobyl, by Grigori Medvedev, translated by Evelyn Rossiter, 330 pp, \$20, ISBN 0-465-05114-6, New York, NY, BasicBooks, 1993.

American Ground Zero: The Secret Nuclear War, by Carole Gallagher, 425 pp, with illus, \$50, ISBN 0-262-07146-0, Cambridge, Mass, MIT Press, 1993.

It is now seven years since the explosion of the Chernobyl nuclear power plant in north central Ukraine. In the past year reports to the journal *Nature* have confirmed an increase in thyroid cancer in Belarus, where 70% of the Chernobyl fallout was deposited. Studies sponsored by the World Health Organization have begun to track the clean-up workers, who were exposed to some of the highest radiation doses. Documentation of adverse health effects in these and other exposed populations will require decades of careful follow-up.

Civilian nuclear power has been far safer in the United States, but nuclear weapons production and testing have extensively contaminated soil and groundwater, particularly in the states of Nevada, Utah, Washington, Colorado, South Carolina, and Ohio. Two new books examine how government secrecy has obstructed investigation of radiation hazards in the former Soviet Union and the United States. The parallels are intriguing and at times disturbing.

No Breathing Room was written by the Russian nuclear engineer and writer Grigori Medvedev. He is best known for his vivid 1989 book *The Truth About Chernobyl*, which drew on his experience in the Soviet nuclear industry and firsthand interviews of the principals to reconstruct that catastrophe. In this work he traces his struggle from 1979 to publish thinly veiled "fictional" short stories warning of the pervasive corruption in Soviet nuclear industrial design, construction, and management that would culminate in the Chernobyl disaster. He details a Soviet bureaucratic labyrinth of editors and censors worthy of Kafka and excoriates their stupidity and cowardice with an obsessive scorn nursed by years of rejection and tragic vindication. The book is largely a series of running battles: "her censor's voice rang out, 'the word *safety* is absolutely banned in works intended for the gen-