Profile

African Commission of Health and Human Rights Promoters

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Health and Human Rights occasionally profiles organizations in health and human rights from around the world, to help inform readers about useful publications, training programs and other opportunities to broaden skills and capacity for health and human rights work.

Seventy-five percent illiterate and rural, the African people have, in many ways, been left by the wayside in national development strategies. Although approaches are conceived in their name, decisions are made elsewhere and by others. Power is generally concentrated in the hands of a few—the elite and the army—and development strategies continue to focus on marginal development issues and areas.

Political independence has been achieved in Africa, at least formally. Today, whatever the attitude of its opponents in African countries, democracy is the "horizon indépassable" (horizon which cannot be surpassed), to borrow Jean-Paul Sartre's phrase. In many places, democratic principles are deliberately kept in quarantine. How else can one explain the survival of colonial ideologies and practices which result in repression, torture and relegation, racism paired with slavery, chronic famines and the massive exodus of peoples?[1] In short, denials of justice in combination with other perils have not only surfaced but continue to intensify. More and more, political régimes are confound-

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ing the supremacy of state interests with colossal private gains.

After three decades of dictatorships, Africa has become a gigantic asylum for victims of torture and repression. It is a continent where absolute poverty encroaches upon fundamental values. It is a continent of violence and genocide.[2] Indifference to torture and permanent violations of other fundamental human rights remain common features of the political landscape. Insidiously, we witness the emergence of a veritable concentration camp on a continental scale.

For the unfortunate victims, however, there is no way to freedom, adequate treatment, and rehabilitation. One can only be frightened when considering the dramatic consequences of torture, given the number of victims and families directly affected by this inhuman practice. In numerous countries, survivors are crowding cities and countryside alike. Some have spent years in prison in their respective countries for the crime of expressing their opinions. There, together with thousands of companions, they were subjected to repeated torture. Even after their release, most suffer from long-lasting sequelae, severe handicaps and various physical and psychological infirmities.

The constant deterioration of the health and human rights situation on this continent is the most murderous of this century. Crimes against humanity reminiscent of the horrible and hideous specter of Nazi extermination methods haunt the African territory.

These conditions led to the creation of the Commission Africaine des Promoteurs de la Santé et des Droits de l'Homme (CAPSDH) in April 1989.[3] Led by Dr. Ousmane Keita, a Guinean physician—himself a victim of torture—this inter-African nongovernmental organization (NGO) has defined as its objective the eradication of torture and repression. CAPSDH seeks to boost the self-reliance of civilian populations, as well as national institutions, in the promotion and protection of human rights and in the democratic development of every African country.

The CAPSDH fights unrelentingly for the promotion and protection of human rights, health, and development. With virtually no financial and material resources, they nonetheless remain fully engaged in the battle against ignorance and the disintegration of African societies. The CAPSDH owes a great deal to their local and international partners who help to support their endeavors.

In 1991 the CAPSDH initiated two very active indigenous programs aimed at promoting and protecting human rights in Africa.

The first program, Centre Africain de Recherche et de Diffusion de l'Information sur la Torture et les Droits de l'Homme en Afrique (CREDITAF), owes its existence to the financial support of the Centre International des Droits de la Personne et du Développement Democratique (CIDPDD), a Canadian NGO.[4,5] This support made possible the creation of information networks on torture and repression in 17 sub-Saharan African countries. Today, some of these networks are extremely active in local discussions of human rights issues.

The second initiative created a program aimed at providing medical and psychological assistance to victims of torture, hence the name Centre Africaine de Rehabilitation des Victimes de la Torture et de la Répression (CARVITORE).[6] Since 1993, this program has received the financial support of the United Nations Voluntary Fund. The management of these programs (see appendix for sample project summaries) is handled directly by human rights and health professionals, in close collaboration with local associations and other UN agencies such as the United Nations Development Programme (UNDP), the World Health Organization (WHO), and the United Nations High Commissioner for Refugees (UNHCR).

As it is virtually impossible for survivors of torture and their families to receive treatment in specialized centers in Europe or the United States, the CAPSDH is stepping up its efforts to find the necessary funds to finance local programs for medical and psychological assistance in Africa. These programs all fit within the framework of the civil, political, economic, social, and cultural rights defined by international human rights instruments. The aim is to treat the thousands of victims of torture and help to rehabilitate them in order to facilitate their reintegration into society.

Appendix
Selected CARVITORE Projects of the African Commission of Health and Human Rights Promoters

Ghana

Housed since 1992 in the RABITO clinic, the CAPSDH Center for Rehabilitation in Accra, Ghana, attends to the medical and psychological needs of about 250 torture victims and their families. Forty-seven victims and their families live at the center, where they are treated and nourished. Ongoing construction and lack of equipment, however, make for poor lodging conditions. The support given to the victims' children for their education and various needs is considered one of the essential elements of the reintegration process. Participation in democratic debate and working with the national section's networks and activists on health and human rights issues is constant and beneficial.

Despite the very difficult economic situation, the local mobilization of funds and different types of support (including that of the Ghanian government) has been exemplary. The Center has benefited from small donations, and its medical personnel have been trained by the Rehabilitation Center for Victims of Torture in Denmark.

Sierra Leone

As a result of the war that has ravaged Sierra Leone, forcing close to 500,000 refugees into Guinea, rehabilitation work with Sierra Leone's victims of torture is currently occuring on the Guinean border territory, notably in the Prefecture of Guéckédou. An important part of CAPSDH's work consists of identifying the victims and the after-effects of their ordeal, in view of providing medical assistance. About 40 victims of torture are currently being treated.

Rwanda

In this country demolished by genocide, the task is gigantic and urgent. First, the partner organization of CAPSDH, KANYARWANDA, has slowly reconstituted itself after losing three quarters of its 300 members to the April 6, 1994 genocide. About 30 victims are currently undergoing treatment in Kigali hospitals; other more serious cases are being directed to neighboring Kenya for treatment. Here too, it is far more difficult to heal trauma than physical mutilations or disabilities.

Uganda

The program of medical and psychological assistance in Uganda is integrated with that of the Medical Foundation, a British humanitarian organization. The program started in 1990 and in 1996 has a provisional budget of about $175,000. The work is carried out at 25 centers in four districts. This is a perfect example of CAPSDH's strategy to treat victims in their own social, cultural and political environment. An estimated 5,000 people are currently receiving medical assistance.

Eritrea

CAPSDH has extended its program in this country, which only became independent in 1993 after having been literally torn apart by years of war. In addition to the aid extended to maimed ex-servicemen, widows and orphans, one of the most important aspects of the local program consists of helping victims of rape and sexual abuse. This program targets a population of about 500 to 1,000 victims.

Guinea

This program is considered the pilot program of CAPSDH because it was the first (1990), and because its work was carried out by the survivors of torture and repression of the camps of Boiro, Kèmè Bourama, Alpha Yaya, Samory—camps that were legion in Guinea under Sékou Touré. These camps were centers of torture which swallowed thousands of persons, who, in large part, represented the intellectual heart of Guinea.

The rehabilitation activities for victims of torture and repression were preceded by thorough studies and research with the goal of setting up systems for the collection and diffusion of information on torture and human rights. This became a separate program known as CREDITAF. Using this data, CARVITORE also collects its own information and examines dossiers—a practical arrangement aimed at improving the aid process.

Mali

This program was started in 1995. Managed by a lawyer, it has been well received. It targets political prisoners, and other victims of political repression exiled in the old prison of Taoudenit, north of Tombouctou, in the middle of the desert.

References

1. Relegation goes back to the nineteenth century, when many people involved in African resistance against the colonial invasion were deported. It involves the forced displacement of a person, after he or she has been subject to torture and cruel and inhuman treatment, from one place to another within the same country. Today, relegation continues to be a repressive method practiced by all African dictatorships. Examples of this are legion in Africa—to cite but one: the relegation of Etienne Tshékédi in Zaire. An entire volume would not suffice to bring all the testimonies we currently have, or have known about, to our readers and in particular, to the African people, to whom relegation is of immediate concern.

2. By this we understand the attempted destruction of a people.

3. In English, African Commission of Health and Human Rights Promoters. Originally called the African Commission of Health and Human Rights Professionals, the Commission took on its new name in April 1991.

4. In English, The African Center for Research and Diffusion of Information on Torture and Human Rights in Africa.

5. In English, International Center for Human Rights and Democratic Development.

6. In English, African Center for the Rehabilitation of Victims of Torture and Repression.