To Witness and Heal: What Science Can Do to Respond to Human Rights Abuse

These are stories of despair and hope, and of what science can do to help.

N.A. was a prisoner in Tehran. One day a guard led him to a prison wall known to be an execution site and told N.A. he would be killed. The guard turned the man toward the wall, pulled his hair and pushed a gun barrel against his skull. N.A. heard the gun cock, the trigger slide, the hammer snap forward. But the gun was empty. When N.A. was freed and resettled in the United States, he tried to drown his memories in alcohol.

Mrs. Trinidad Herrera, a community organizer in the slums of Manila, was arrested by Philippine authorities, stripped, and wired to an army crane telephone. Her interrogators applied electric shocks to sensitive parts of Herrera's body until she signed a prepared confession of illegal acts.

These people—and tens of thousands of other individual men, women, and children—are at the heart of two new books written with the support of the American Association for the Advancement of Science's (AAAS) Science and Human Rights Program.

Serving Survivors of Torture, by Glenn R. Randall and Ellen L. Lutz (AAAS Press, 1991), is the "first systematic overview of treatment approaches" for health professionals and other service providers working with this troubled population, according to Douglas Johnson, executive director of the Center for Victims of Torture in Minneapolis. Human Rights and Statistics: Getting the Record Straight, edited by Thomas B. Jabine and Richard P. Claude (University of Pennsylvania Press, 1992), describes what the editors say are "ways to show how [human rights] abuses represent policies rather than individual aberrations."

Both books reflect "program emphases that have been part of [the AAAS Human Rights Program] from the very beginning," says program director Audrey Chapman.

Glenn Randall is a physician in Los Angeles who also works with torture survivors. Ellen Lutz is the California director of Human Rights Watch. It took the couple 5 years to research and write their book, Servicing Survivors of Torture.

"There are next to no services for survivors of torture," says Lutz. "This book is a practical manual based on research with a wide variety of torture survivors that should provide a solid introduction to what any health care provider can do to help."

The book's 11 chapters and five appendices define the problem, describe what physical and psychological ailments are likely to afflict the torture survivor, and discuss ways to document and treat the person's trauma.

Obstacles abound, say the authors. Survivors rarely identify themselves as such, and their stories are often difficult for Americans to listen to or even believe. There are cross-cultural barriers as well, such as the tendency of some Asians to feel they are responsible for their suffering because of their karma.

Nonetheless, the need is real. Since 1945, more than 2 million immigrants and hundreds of thousands of illegal refugees have entered the United States, many from countries plagued by human rights abuses.

"These persons are at an increased risk for...infectious disease, malignancies, strokes, and heart disease," write Randall and Lutz, "and are prone to psychosomatic complaints, depression,....[and] post-traumatic stress disorder."

While Randall and Lutz want to help individual survivors of torture, the authors of Human Rights and Statistics want to gather individual stories into larger, quantified accounts that can document—and perhaps help stop—human rights abuse on a large scale.

The book's two editors write that "an individual case, although irreducible in its importance, does not evidence a pattern or policy. But in combination with other cases, it creates a moral imperative...."