

Nurses and Human Rights: Contents

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Nurses and human rights

Nursing shares with other health professions a commitment to the well-being of the patient and to a professional practice based on codes of ethics. Over the past two decades, national and international nurses associations have refined their principles to reflect an increasing commitment to human rights and the protection of the patient. However, because of their frontline work in areas of conflict and tension there are persistent risks of nurses being victimised as a result of their witnessing abuses or treating individuals seen by the authorities as opponents or subversives. On the other hand they may risk being pressured to collaborate in, or remain silent about, abuses occurring in their presence or with their knowledge. Even in daily routine work, ethical and human rights problems arise¹.

This paper reviews some of the risks of human rights violation faced by nurses, their role in the defence and promotion of human rights, including provision of care to refugees and asylum seekers, and argues for a continuing and stronger role by the nursing profession in the defence of patients under threat, and the protection of vulnerable nurses and nursing associations. It further argues for a constant monitoring by professional associations and human rights groups of pressures on nurses to engage in unethical behaviour.

Nursing ethics

Amnesty International (AI) is an international human rights organization with more than one million members in more than 180 countries or territories. It works for an end to torture, “disappearances”, judicial and extrajudicial executions; it opposes the detention of prisoners of conscience and campaigns for prompt and fair trials in political cases. AI believes that health professionals have an important role in the protection of human rights and the exposure of abuses² and that some of its own goals are coincident with principles of ethics as articulated by health professional and humanitarian organizations. A number of statements adopted by the International Council of Nurses³ (ICN) are relevant to AI’s work and goals.

The Nurse’s Role in Safeguarding Human Rights, a statement adopted by the ICN in 1983, notes that “nurses have individual responsibility but they can often be more effective if they approach human rights issues as a group”. The statement goes on to outline the rights of those in need of care and the rights and duties of nurses⁴.

1. Driscoll J. In defence of patient/person human rights within national health care provision: implications for British nursing. *Nursing Ethics*, 1997; 4:66-77.

2. Amnesty International. *Prescription for Change: Health Professionals and the Exposure of Human Rights Violations*. AI Index: ACT 75/01/96, May 1996.

3. The International Council of Nurses is the international representative body for nurses. It was founded in London in 1899 and is the oldest international health professional organization. Currently based in Geneva, it represents 1.4 million nurses from more than 110 national associations.

4. This and the other ICN declarations cited are available from the ICN and national nursing associations. They are also contained in: *Ethical Codes and Declarations Relevant to the Health Professions*. Revised Third Edition. London: Amnesty International Publications, 1994.

The Nurse's Role in the Care of Detainees and Prisoners, first adopted in 1975, reaffirms ICN support for the Geneva Conventions, endorses the Universal Declaration of Human Rights and "condemns the use of all [interrogation] procedures harmful to the mental and physical health of prisoners and detainees". The statement goes on to say that "nurses having knowledge of physical or mental ill-treatment of detainees and prisoners must take appropriate action including reporting the matter to appropriate national and/or international bodies". It also rejects demands for nurses to play the role of security personnel by, for example, carrying out body searches for security reasons.

Nurses and Torture. This statement, adopted in 1989, notes that nurses may be called on to carry out a number of functions which assist torturers. It commits the nurse to giving care to people seeking it, prohibits the nurse from assisting in any way in torture and urges national nurses associations to provide a mechanism to support nurses in difficult situations.

Nurses and the Death Penalty. This statement, adopted in 1989, concludes that "participation by nurses...in the immediate preparation for and the carrying out of state authorized executions [is] a violation of nursing's ethical code. ICN thus calls on national nurses' associations to work for the abolishment of the death penalty..."

In addition to these ICN statements, the United Nations Principles of Medical Ethics, adopted in 1982 enjoin health professionals to act ethically and specify that participation in, or tolerance of, torture is unethical (principle 2) and that the only ethical role for a health professional working with prisoners or detainees is to "evaluate, protect or improve their physical or mental health"⁵.

Some national nurses associations have also taken initiatives to enshrine human rights principles in their codes of ethics. For example, the Canadian Nurses Association adopted a position statement on human rights in 1991. It endorses the Universal Declaration of Human Rights and states that "nurses have an individual and universal responsibility to protect [human rights]"⁶. The Association created a volunteer Human Rights Officer post to bridge the potential gap between principle and action. Among the duties of the officer is urgent action letter writing. One Canadian nurse has suggested an amendment to the ICN policy to permit their action on behalf of nurses who have been abused for a wider scope of reasons such as their race, religion, politics, or ethnicity⁷. In 1983 the American Nurses Association stated their view that participation in an execution was in breach of nursing ethics⁸, and in 1991, adopted a position statement on ethics and human rights which notes, *inter alia*, that "the principle of justice is one point at which

5. See: *ibid*.

6. Canadian Nurses Association (50 The Driveway, Ottawa K2P 1E2). *Position Statement: Human Rights*. November 1991.

7. Agar-Newman K. Comments on the ICN position statements regarding human rights. *Nursing Ethics* 1994, 1: 242-243.

8. American Nurses Association (600 Maryland Ave, SW, Washington DC 20024). Statement by ANA Committee on Ethics, 1 November 1983.

issues of ethics and human rights intersect”⁹. The British Royal College of Nursing (the professional body of nurses in the United Kingdom) published in 1994 a paper on female genital mutilation “to raise nurses’ awareness of the issue and give them a greater understanding of the issues involved”¹⁰.

Nurses as victims of human rights violations

The risks faced by some nurses in their professional, social or political activities are illustrated in the following cases.

Torture of nurses in Turkey

In Turkey, torture, ill-treatment, death threats and political killings are widespread and continuing problems. Health professionals are not immune from the routine detention and torture which occurs. Mediha Curabaz, a nurse working in the southern city of Adana, was arrested, tortured and raped with an electric truncheon during her detention at Adana Police Headquarters in August 1991. She subsequently made a formal complaint supported by a medical report. Her case against the police was blocked by a decision of the Adana Provincial Governor's office. Mediha Curabaz's objection to the Appeal Court was rejected. However, she also filed a civil suit for the injury she sustained in police custody. She won this case and was awarded a small sum in compensation.

Another nurse, Nazli Top, then aged 23 years, was arrested in April 1992 in an Istanbul street. She was three months pregnant at the time but was nevertheless subjected to torture including sexual abuse¹¹. After 10 days she was released without charge by the Istanbul State Security Court. She was examined the day after her release at the Istanbul office of the Human Rights Foundation where medical findings consistent with her allegations were documented. She brought a formal complaint of torture against the police but this was rejected by the prosecutor's office and an appeal to a local criminal court was also rejected. Her baby was subsequently born, apparently healthy¹².

In November 1993, AI issued an urgent appeal on behalf of Olcay Kanlibas, a 23-year-old nurse from Diyarbakir who was feared to be at risk of torture and disappearance¹³. She was detained a week earlier at the State Hospital in Diyarbakir where she worked. On that night, an

9. American Nurses Association. *Position Statement on Ethics and Human Rights*. September 1991.

10. Royal College of Nursing (20 Cavendish Sq., London W1M 0AB). *Female Genital Mutilation: The Unspoken Issue*. March 1994.

11. Amnesty International. *Alleged torture and rape of nurse: Nazli Top, Turkey*. AI Index: EUR 44/53/92, 18 June 1992.

12. Amnesty International. *Turkey: human rights and the health professions*. AI Index: EUR 44/159/96, December 1996

13. Amnesty International. *Turkey: Olcay Kanlibas (female), nurse aged 23*. AI Index: EUR 44/100/93, 3 November 1993.

entry in the hospital's register noted that she had been admitted to the casualty ward but no information was given regarding her problems or the treatment she needed. The police denied that she was in custody. No reason was acknowledged for her detention though she was known to be a member of the Turkish Health Workers Union. AI later learned that she had been released after interrogation and torture.

Assault of nurses in Mexico

In 1996 AI included the cases of three female nurses in a report on the violations of human rights of women in Mexico¹⁴. The nurses were participating in a vaccination program in Chiapas and were travelling in an official *brigada sanitaria* with four other women and three men. Their vehicle was stopped on the evening of 4 October 1995 by 25 masked men carrying weapons. A group of armed men attacked the nurses when their vehicle was forced to stop to remove stones on the road. Two of the women had to be hospitalized.

In response to AI's expression of concern about the case, the Mexican government replied that the Office of the Attorney General of the State of Chiapas (*Procuraduría General de Justicia del Estado*) initiated an investigation which was referred to the Office of the Attorney General of the Republic of Mexico (*Procuraduría General de la República*). According to the government, "the only person who has had contact with the victims, the Head of No 2 Health district, San Cristobal de las Casas (Chiapas), declared that they [the victims] were unwilling to be interviewed or undergo any form of medical examination".

Nurse beaten in Guatemala

In 1995 Amnesty International learned of a wave of intimidation against the family of trade union leader Luis Lara, Secretary General of the Public Health Workers Union¹⁵, and also a member of the Executive Committee of the umbrella trade union confederation, the United Trade Union and Popular Action¹⁶. This had apparently been intended to force him to cease his trade union activities. In April 1995 he began receiving telephone calls during which the unidentified caller warned him to cease his trade union activities or his family would suffer. On 14 July 1995, an attempt was made to kidnap his 14-year-old daughter, Corina, but the attempt failed when neighbours intervened. On 7 September, another of his daughters, a nurse, 22-year-old Olimpia Azucena Lara, who worked in the San Juan de Dios Hospital in Guatemala City, was waiting for a bus in the Zone 12 area of Guatemala City, when she was approached by an unknown man who threatened her with a pistol. The man took her to a nearby field where he brutally beat her and

14. Amnesty International. *Mexico: Human rights violations against women*. AI Index: 41/09/96, March 1996

15. *Asamblea de Trabajadores de Salud Pública*.

16. *Acción de Unidad Sindical y Popular (UASP)*,

left her unconscious. She was found by neighbours with her face swollen and unable to speak¹⁷. No one was prosecuted for this attack.

Arrest of nurse in Kenya

Susan Wangui, a nurse and the wife of Mirugi Kariuki, a human rights lawyer and former prisoner of conscience, was arrested on 18 September 1993. She and several others were arrested with prominent political activist Koigi wa Wamwere while travelling to the town of Burnt Forest in the Rift Valley Province. With five others they were held incommunicado in Nakuru police station where some of the men were tortured. After six days in custody they were taken to court and charged with possession of weapons (which they denied) and “seditious publications”. The publications in question were leaflets produced by the National Democratic and Human Rights Organization and similar pamphlets. They were also charged with violating security regulations enforced in areas of “tribal clashes”. The security regulations were published on 20 September and back-dated to 17 September 1993. The detainees were all released on bail. Susan Wangui, a nurse at a government hospital, was suspended without pay after her arrest. This was the second time she had been arrested in connection with her husband’s political activity¹⁸.

Imprisonment of nurses

Imprisonment of Vietnamese nurse

Vo Van Pham is a nurse who is serving a sentence of 12 years’ imprisonment and who has been adopted as a prisoner of conscience by Amnesty International. He was arrested on 6 July 1991 in central Viet Nam and sentenced as someone “who organizes, incites, or actively participates in the establishment” of an “organization aimed at overthrowing the people’s government” and “causes grave consequences”. It appears from the official indictment that his crime had been to make comments in favour of multi-party democracy in Viet Nam and allegedly planning the organization of a political grouping to participate in a democratic political system. In addition to his 12 year sentence of imprisonment, he was also sentenced to a further two years’ probation to take effect from the end of his prison term. Vo Van Pham is currently held in Z30D/K1 “re-education” camp at Ham Tan, Binh Thuan province. Amnesty International believes it likely that he was not afforded a fair trial and also that he may not have had proper access to a legal representative of his choice.

Vo Van Pham is aged 49 and is married with six children. He was born in 1947 and was resident in Quang Ngai city at the time of his arrest in 1991. He studied at Danang Nursing School from 1968-1969 and subsequently worked as a nurse in Quang Ngai General Hospital. At the end of 1969 he joined (or was conscripted into) the local armed forces. After the communist victory, he was detained for “re-education” without charge or trial until February 1976, as were hundreds

17. Amnesty International. *Guatemala: maquila workers among trade unionists targeted*. AI Index: AMR 34/28/95, November 1995

18. Amnesty International. *Women in Kenya: Repression and Resistance*. AI Index: AFR 32/06/95, 1995.

of thousands of other people known or suspected to be associated with the defeated South Vietnamese regime. He is believed to have resumed his career as a nurse prior to his re-arrest in 1991.

Amnesty International has called upon the Vietnamese authorities in the past to release Vo Van Pham and recently renewed its appeals for his immediate and unconditional release on the grounds that he is a prisoner of conscience¹⁹.

Nurse imprisoned in Cuba

The Cuban nurse, Reynaldo Soto Hernández (born 2 November 1966), who is also a poet and human rights activist—he is a member of the *Comité Cubano Pro-Derechos Humanos*, Cuban Committee for Human Rights—was arrested on 7 September 1994. On 14 September 1994 he was brought to trial at the People's Municipal Tribunal (*Tribunal popular municipal*) in Morón, Ciego de Avila, where he was sentenced to three years' imprisonment for dangerousness (*peligrosidad*), under Article 72 of the Cuban Penal Code. He was reportedly sentenced on the same day that he was told of the charges. He was thus not given enough time to find himself a lawyer and was assigned a state lawyer.

He is serving his sentence at the *Prisión Provincial de Ciego de Avila*, nicknamed "Canaleta". During his first month in prison his books, pencils and paper were reportedly confiscated because he was accused of producing a clandestine magazine called *Transición*. He was not allowed any reading material and family visits were suspended until January 1996. He was also threatened with being transferred to another prison far from the province of Ciego de Avila, if he did not stop publicly criticising prison conditions.

His state of health has apparently deteriorated: he has lost some 30 kilos and has chronic ear-ache and a skin disease, caused by the lack of hygiene in the prison. The authorities reportedly refuse to provide him with the necessary medical treatment. In August 1996 he was kept for two months in a punishment cell after going on a five day hunger strike.

Reynaldo Soto Hernández had previously been arrested on 3 May 1990 and sentenced to three years' imprisonment, charged with disrespect (*desacato*), under Article 144 of the Cuban Penal code, for having written a letter to a newspaper, opposing the execution by shooting of General Arnaldo Ochoa and three military officials in 1989²⁰. In addition to the three years' sentence he served an additional three months' imprisonment for arguing with a prison officer. Following his release he was briefly detained a number of times.

Reynaldo Soto Hernández has written several poetry books, published outside Cuba, such as *The Sick God (El Dios Enfermo)*, written while in prison in 1992. He has won several literary competitions and was awarded the provincial poetry prize in Ciego de Avila in 1994 for his book

19. Amnesty International. *Imprisoned Nurse: Vo Van Pham alias Vo Thanh Long, Viet Nam*. AI Index: ASA 41/05/97, 4 February 1997.

20. General Arnaldo Ochoa and other senior military officials were tried in 1989 on charges of drug trafficking and smuggling. Ochoa and three others were subsequently executed.

Rooms (Habitaciones). He wrote the book *Fango* in 1994 when he was detained. He also had his poems published in national Cuban magazines such as *We are young (Somos jóvenes)*.

East Timor: independence activist imprisoned

Gregorio da Cunha Saldanha, aged 31 and a nurse at the Bidau General Hospital in East Timor's capital Dili, was arrested on 12 November 1991 during a peaceful demonstration at the Santa Cruz cemetery in Dili. At the demonstration, East Timorese unfurled banners and shouted slogans calling for East Timor's independence from Indonesian rule. Indonesian soldiers opened fire on the crowd of some unarmed 2,000 East Timorese, many of whom were students and other young people. An estimated 270 people were killed during and after the massacre and a further 200 people may have "disappeared". Despite Indonesian Government claims to have investigated the massacre, the fate and whereabouts of the dead and missing have yet to be properly clarified.

Gregorio da Cunha Saldanha was arrested at the Santa Cruz cemetery after being shot and wounded by Indonesian soldiers. At the end of December 1991 the police chief in East Timor told the press that Gregorio da Cunha Saldanha had been seen "*holding a microphone and giving instructions to the demonstrators*".²¹ According to the authorities, his main "crimes" were his organization of the demonstration which ended with the Santa Cruz massacre, and his membership of a group known as the *Comité Ejecutivo (CE)*, which had assigned to him the task of leading the Santa Cruz demonstration. The prosecution argued that the actions of Gregorio da Cunha Saldanha and other members of the CE had themselves caused the deaths of the 50 people killed on 12 November because they had encouraged East Timorese to demonstrate against Indonesian Government rule in East Timor.²² For the first week of his detention he was held at the Military Hospital, Wirahusada.

At his trial, which began in March 1992, Gregorio da Cunha Saldanha was accused of being the principal organizer of the Santa Cruz demonstration. He was charged and convicted under Indonesia's sweeping Anti-Subversion Law and sentenced to life imprisonment. Like all political trials in Indonesia and East Timor, his trial was highly unfair and it appears that at least some of the evidence against him was extracted under duress. Throughout the trial Gregorio da Cunha Saldanha denied charges of subversion. He acknowledged that he had engaged in peaceful and open activities for East Timor's independence from Indonesian rule. He has been adopted by Amnesty International as a prisoner of conscience²³.

21. *Jakarta Post*, 30 December 1991.

22. Despite considerable evidence pointing to the killing of an estimated 270 people by Indonesian troops during and after the Santa Cruz massacre, the Indonesian Government has claimed that "about 50" people were killed.

23. Amnesty International. *Indonesia & East Timor. 30 years in power - 30 prisoners*. AI Index: ASA 21/01/95, January 1995.

More than 100 East Timorese were arrested in the immediate aftermath of the unrest²⁴. A further two were detained by the military intelligence unit of the Sub-Regional Military Command for East Timor in Dili: Hendrique Belmiro da Costa, and Matheus Gouviea Duarte, a nurse and civil servant with the Health Department. Amnesty International expressed concern that the two may have been subjected to torture, including electric shocks, while in military detention. Hendrique Belmiro da Costa was reported to have had stitches to his head as a result of wounds sustained through torture. Both men were both charged under Article 108 of Indonesia's Criminal Code which punishes armed rebellion against the government with between 15 and 20 years' imprisonment²⁵. In the event, Hendrique Belmiro da Costa was sentenced to six years and two months' detention, and Matheus Gouviea Duarte to four years.

Singapore: imprisonment for religious belief

Yu Nguk Ding, aged 72, a former nurse and Jehovah's Witness for more than 40 years, began a one-week prison sentence on 2 July 1996 after refusing on conscientious grounds to pay a fine of 700 Singapore dollars (about 500 US dollars) for her conviction under Singapore's Undesirable Publications Act. She had faced a maximum sentence of two years in prison in connection with possession of religious publications. This was the second time Yu Nguk Ding had served time in prison for her religious conviction. She had reportedly been imprisoned for five days in April 1996 after being convicted on a similar charge of possession of illegal literature.

Since November 1995 more than 60 Jehovah's Witnesses have been convicted of membership of an illegal society or possession of banned literature. All were sentenced to fines but most were then imprisoned for up to four weeks after refusing to pay the fines on conscientious grounds²⁶.

Human rights of nurses in conflict

Peruvian nurse killed after protection refused

Among the thousands of cases of political killing in Peru which remain unresolved (and will in all likelihood remain so in the light of the amnesty law introduced in 1996) is that of Marta Crisóstomo García, a 22-year-old nurse who was killed on 8 September 1989 by eight hooded men in army uniform when they broke into her home in the neighbourhood of San Juan Bautista, district of Huamanga, Ayacucho department. Marta Crisóstomo had witnessed a massacre by members of the security forces in which at least 30 peasants from the town of Cayara, in the province of Víctor Fajardo, Ayacucho department, were killed on 14 May 1988. Marta

24. See Amnesty International. *Indonesia & East Timor: The 12 November Protests*, (ASA 21/53/94), 15 November 1994, and *Indonesia & East Timor: Update on the 12 November Protests*, (ASA 21/56/94), 23 November 1994.

25. Amnesty International. *East Timor: Twenty years of violations. Statement before the United Nations Special Committee on Decolonization - 11 July 1995*. AI Index: ASA 21/33/95, 1995.

26. Amnesty International. *Singapore: Amnesty International condemns imprisonment of 72-year-old woman for possession of banned religious literature*. AI Index: ASA 36/5/96, 2 July 1996

Crisóstomo had given extensive testimony to the public prosecutor in charge of the case about the events on that day. She had also helped identify the body of her aunt, Jovita García Suárez, one of the victims of the massacre. Before Marta Crisóstomo was killed she had appealed to the Public Ministry for protection in the light of the “disappearance” and killing of other witnesses to the massacre. Her appeals were unsuccessful and she was tracked down by armed men and shot dead.

The Peruvian authorities have never carried out impartial or thorough investigations into the deaths of Marta Crisóstomo or any other witnesses to the Cayara massacre. In March 1990 Amnesty International joined Americas Watch (now known as Human Rights Watch Americas), an international human rights monitoring organization, as co-complainants on the Cayara case before the Inter-American Commission on Human Rights, and requested for the case to be submitted to the Inter-American Court of Human Rights. In its report, the Commission concluded *inter alia* that agents of the Peruvian state killed Marta Crisóstomo García, and that they did so with the aim of avoiding her testifying in the future regarding the Cayara massacre. In February 1993 the Inter-American Court of Human Rights accepted procedural objections raised by the Peruvian Government and ruled that the case be shelved on the grounds that the Commission had failed to adhere to certain procedural regulations. Nine years after the massacre, those responsible for Marta Crisóstomo García’s death, the death of her aunt and the other 30 victims of the Cayara massacre are still at large.

A number of health professionals became victims of a law introduced by the Peruvian authorities in 1996 to encourage alleged members of the armed opposition (particularly the *Partido Comunista del Peru - Sendero Luminoso* [PCP]) to identify further members in return for lesser penalties. In 1996, AI appealed for two doctors who had been sentenced to 22 years imprisonment after being falsely accused by PCP members seeking to lower their sentence through provisions of the Repentance Law.

Nelly Baldeón, another victim of those seeking to benefit from the Repentance Law, was a nurse who was studying at San Marcos National University in Lima. She was detained on 21 September 1993 by members of the anti-terrorist police branch, DINCOTE, after an alleged member of the PCP had accused her of having supported *Socorro Popular*, a PCP welfare organization. Nelly Baldeón and three other women on her course had presented a project on “Subversion and Terrorism in Peru”. During police investigations Nelly Baldeón was shown this project and acknowledged it was hers. As a result, she was charged with “crimes of terrorism” and sentenced to 20 years’ imprisonment by a lower court.

Nelly Baldeón was released on 26 July 1995 after an appeal was filed on her behalf to the Supreme Court of Justice²⁷.

Nurses killed in Colombia

In October 1993, in El Bosque, in the municipality of Riofrío, Valle de Cauca department, six women were among members of two families dragged from their homes, tortured and killed

27. Amnesty International. *Women in Peru*, AI Index: AMR 46/19/95, 1995.

by army and paramilitary personnel. According to witnesses, men in combat fatigues, some wearing police or army uniforms and some with their faces covered, arrived in the community early in the morning. Seven members of the Ladino family and a man staying in their house at the time were tortured and killed by the armed men later that morning, together with five members of the Molina family.

Military commanders immediately claimed that the 13 victims were members of the ELN, who had died in a confrontation with armed forces from the Palacé battalion. However, this version was contradicted by eye-witnesses, who claim the dead were peasant farmers who were unarmed when shot. The women victims were: Carmen Emilia Ladino (aged 33), a Gregorian nun who taught at the local school and acted as community nurse; Luz Edelsi Tusarma (aged 16), who was four months pregnant when she was murdered (her boyfriend was a member of the Molina family); María Zenaída Ladino (aged 35); Lucelly Colorada de Ladino (aged 35); Dora Estela Gaviria Ladino (aged 16) and Rita Edilia Suaza de Molina (50). Five of the women were raped before being shot. Both families had settled in El Bosque some 40 years earlier after fleeing violence in other parts of the department. Following this massacre, the government announced that the commander of the Palacé Battalion, Lieutenant-Colonel Luis Felipe Becerra, had been honourably discharged from the army. Subsequent investigations led to arrest warrants being issued against him and several other members of the armed forces²⁸. In March 1997, Lieutenant-Colonel Becerra was one of 34 soldiers acquitted of the killings.

Another nurse killed in Colombia was Hildegard María Feldmann, a Catholic lay missionary, who was shot with José Ramón Rojas Erazo and Hernando García, two peasant farmers from El Sande, in Guachaves municipality, Nariño department, by soldiers from the Caballería Mecanizada No 3 Cabal, attached to the army's III brigade. Hildegard Feldmann was a member of the Community of Lay Missionaries of Fribourg, Switzerland, and had worked as a nurse and midwife in rural Colombia since 1983. On 9 September 1990, she was tending a sick woman in the home of José Ramón Rojas Erazo when troops opened fire on the house without warning. Hildegard Feldmann and José Ramón Rojas Erazo died instantly. Hernando García, who had sought refuge with his wife and other villagers behind Ramón Rojas' house, was wounded in the leg by the soldiers and tried to hide under some rocks near a river. Soon afterwards, a group of soldiers found and killed him.

Guerrillas of the Revolutionary Armed Forces of Colombia (FARC) had been active in El Sande at that time. A group of them were reportedly bathing in a nearby river when the soldiers attacked the area, and an unidentified guerrilla was killed. Military authorities immediately issued a communiqué claiming to have killed four guerrillas, including Hildegard Feldmann, in combat. Later, the army changed its version of events, claiming that Hildegard Feldmann had been killed while working as a nurse in a house where an armed group had been found, and that she had been killed in the crossfire between the army and FARC guerrillas. This version of events was refuted by eye-witnesses who testified that no one in the house had fired at the military. Official investigations into the incident initially exonerated the army of responsibility for the killings but in

28. Amnesty International. *Women in Colombia: Breaking the silence*. AI Index: AMR 23/41/95, 1995.

April 1995 the Procurator Delegate for the Armed Forces brought disciplinary charges against two members of the III brigade²⁹.

Where members of the Colombian military are implicated in killings they are rarely prosecuted or charges brought against them are dismissed.

Zaire: attacks on hospital³⁰

A Zairian refugee who crossed into Tanzania in late 1996 testified to an attack made by members of the *Alliance des forces démocratiques pour la libération du Congo-Zaïre* (AFDL), the Alliance of Democratic Forces for the Liberation of Congo-Zaire.

“The attack began at about five in the morning. We fled, but the patients who had just been operated on could not move from their beds. When we went back the next day, we found them, killed in their beds by a bullet through the mouth.”

Lemera Hospital, about 85 kilometres north of Uvira, is the largest in South-Kivu, with about 230 beds. In early October 1996, about 300 patients were being tended there. Some were Zairian soldiers wounded in the armed confrontations that were taking place with increasing frequency in the area. Many others were from Burundi. The hospital management had asked for increased protection from the military in exchange for tending the soldiers. Military reinforcements from Kinshasa were sent to Kidoti, two or three kilometres away.

In the early hours of 6 October, members of the Tutsi-led armed group attacked Kidoti. There were fatalities both among the Zairian soldiers and the rebels. There were also civilian casualties, at least two of whom appeared to have been targeted and killed deliberately.

“Two priests were killed. One of them, Koko, was killed on the spot, the other, l’abbé Ndogole, was taken hostage first and was found dead later in the mountains.”

Then the armed group went on to attack Lemera Hospital.

“Those who could not flee in time were killed. The attackers entered the hospital, looted the medicines and killed the patients. Two nurses, Kadaguza and Simbi, and an assistant nurse, Maganya, were killed.”

When those who had fled returned to the hospital, at about four in the afternoon, they found a scene of carnage. According to eye-witnesses, around 30 patients had been killed in their beds, either with bullets or bayonets. Most were members of Burundian armed opposition groups who had been wounded in fighting in Burundi. Nurses had been killed in their quarters. A Burundian doctor whose house was riddled with bullets escaped moments before the attack.

29. *Ibid.*

30. On 17 May 1997, forces of the *Alliance des forces démocratiques pour la libération du Congo-Zaïre* (AFDL) entered Kinshasa, the capital of Zaire and declared victory after a seven-month armed campaign against the Zairian army. The AFDL leader, Laurent Desire Kabila, has declared himself President, suspended the Zairian constitution, changed the name of the country to Democratic Republic of Congo and installed a new government.

The killings of the wounded soldiers in their hospital beds and of civilian nurses in their quarters at the Lamera hospital were clear breaches of international humanitarian law³¹.

Shooting of nurse in Liberia

Guinean army officers, immigration officials and local authorities belonging to the Mandingo ethnic group are reported to have participated in the forcible return (in violation of international law) of Liberian refugees fleeing the forces of the *United Liberation Movement of Liberia for Democracy* (ULIMO), one of the armed groups contesting power in Liberia in the 1990s.

This reportedly happened to a Liberian nurse at Zorzor Hospital, Lofa County, who said that he had to flee when ULIMO attacked the hospital on 13 February 1993. When he attempted to cross the border into Guinea, a Guinean Mandingo soldier took all his money and then forced him at gunpoint to cross back into the fighting in Liberia. As he was walking away, the Guinean soldier shot him in the back. The bullet went through his body narrowly missing his heart and left lung. He survived in the bush for one week before he was able to cross into Guinea and obtain medical treatment³².

Conflict in Turkey leads to exodus of health personnel

In April 1992 a delegation from the Turkish Medical Association (TMA) visited the southeast of Turkey to examine conditions and problems for health personnel there resulting from the emergency legislation in force in the area. A State of Emergency applies in 10 provinces in the southeast where the security forces have been engaged in counter-insurgency operations against Kurdish secessionist guerrillas of the Kurdish Workers' Party (PKK). The security forces are alleged to be responsible for frequent human rights violations in the area where there are also reports of abuses committed by guerrillas.

The TMA's report indicated that security forces often occupied hospitals and other medical facilities. At the time of their visit Nusaybin State Hospital was frequently used as a base and shelter by security forces during periods of armed conflict.

Where doctors in southeast Turkey fail to report that they have treated gunshot wounds, they put themselves at risk of interrogation and possible prosecution under Article 169 of the Turkish Penal Code which forbids sheltering, guiding or assisting members of armed organizations with a maximum possible sentence of 7½ years under the terms of the Anti-Terror Law. As the TMA delegation's report noted:

“if they don't report these they may face three years in prison; if they do, they are afraid for their security...[Moreover] the workload is very heavy due to the shortage of doctors, nurses and other medical personnel, in addition to the large number of

31. Amnesty International. *Hidden from scrutiny: human rights abuses in eastern Zaire*. AI Index: AFR 62/29/96, 20 December 1996

32. Amnesty International. *Liberia: A new peace agreement - an opportunity to introduce human rights protection*. AI Index: AFR 34/01/95, 20 September 1995.

patients. A lot of self-sacrifice is required, particularly during incidents [of shootings].”³³

Attacks on Red Cross nurses in Africa and Russia

Under international humanitarian law, as embodied in the Geneva Conventions of August 1949 and the two Protocols of 1977, medical staff working for the ICRC and others working under the protection of the red cross symbol, should be accorded respect as non-combatants and not made targets of military aggression. Nevertheless there are abuses regularly reported. In August 1993, an ICRC convoy was ambushed near the town of Gorahun in Sierra Leone. In the attack, two nurses—Susanne Buser from Switzerland and Sarah Leomy, from Sierra Leone—were killed. A third, Swiss, nurse was injured. The ICRC condemned the killings and the disregard for the protective red cross symbol which was clearly visible on convoy³⁴.

In the early morning of 17 December 1996, six delegates of the International Committee of the Red Cross were shot dead while sleeping in their quarters at the Red Cross hospital in Novye Atagi in Chechnya. Five of the six delegates were nurses: Fernanda Calado, Spanish member of the ICRC, Ingeborg Foss and Gunnhild Myklebust from the Norwegian Red Cross, Sheryl Thayer from the New Zealand Red Cross and Nancy Molloy, a nurse manager from the Canadian Red Cross³⁵. In his address to the memorial service in Geneva for the victims, the ICRC president Cornelio Sommaruga called for

“reflection above all on the best manner to guarantee protection and assistance to victims of these conflicts without rules, where even the fundamental principle at the base of the Red Cross movement— respect for medical personnel, respect for the protective [red cross] emblem, respect for hospitals, humanitarian sanctuaries — is deliberately violated.”

Nurses and the infliction of punishments

Death penalty in the USA

Nurses are sometimes called on to assist the state to carry out punishments. When lethal injection was introduced in the United States as a method of execution in the late 1970s it gave rise to

33. See: Amnesty International. *Turkey: human rights and the health professions*. AI Index: EUR 44/159/96, December 1996.

34. Sierra Leone: two ICRC nurses killed in ambush. *International Review of the Red Cross*. 296:446, September-October 1993.

35. Homage to assassinated delegates pronounced by ICRC President Cornelio Sommaruga. ICRC News, 20 December 1996. <http://www.icrc.ch/icrcnews/45fe.htm>. The sixth victim was Hans Elberbout, a Dutch construction manager from the Netherlands Red Cross, who had joined the ICRC in Chechnya.

much debate and ethical reflection in health circles³⁶. Among those who adopted a position on this subject was the American Nurses Association which adopted a statement that “[r]egardless of the personal opinion of professional nurses regarding the morality of capital punishment, it is a breach of the nursing code of ethical conduct to participate either directly or indirectly in a legally authorized execution”³⁷. With physicians taking an increasingly strong line against medical participation in executions³⁸, the pressure on nurses and paramedical workers to play this role is likely to increase. Currently in the USA, doctors appear to be directly involved in executions in few states, with their anonymity protected in at least one state³⁹; in others, a variety of paramedical staff assist in establishing intravenous lines to enable execution to proceed.

Corporal punishment in Afghanistan

In Afghanistan, the increasing use of cruel corporal punishment has serious implications for both the victims and those who may see them as patients. According to AI’s information, convictions and punishment under the Taleban can be arbitrary and brutal. In Kandahar, for example, former prisoners reported that the *moulavi* (religious official) presiding over the court had only a vague knowledge of *shari’a* and imposed sentences completely arbitrarily. Local people quoted him as saying that he favoured executions and amputations over detention. Most Taleban appear to believe in the deterrence of these punishments.

Reflecting a belief in the deterrent effect of this punishment, amputations are carried out in public. In some instances reported to Amnesty International, ordinary Taleban guards have believed themselves entitled to act as both judges and executioners. On 6 April 1996, Taleban arrested Abdullah and Abdul Mahmood, two men from Uruzgan, on charges of theft. Reports suggest that they were first severely beaten. Then the Taleban guards cut off their left hands and right feet. The guards, whose mood was described as “jubilant”, then pressed red-hot iron plates against the wounds to stop the bleeding⁴⁰. It is not known what nursing care was available to the victims but their treatment suggests that proper care was not a priority.

Some nursing staff working in hospitals in Kabul were reported to have been harassed for infringing strict dress codes imposed by the Taleban. Two nurses had been told by Taleban officials that they should continue working at the one of the capital’s hospitals while others had been sent home. On 30 October 1996, the Taleban official in charge of the security of the area

36. Amnesty International. *The death penalty in the USA: an issue for health professionals*. AMR 51/40/86, 1987.

37. Amnesty International. *The death penalty in the USA: an issue for health professionals*. AMR 51/40/86, 1987. See also: *Health professionals and the death penalty*. AI Index: ACT 51/03/89, 1989.

38. Physicians for Human Rights. *Breach of Trust*. Boston: PHR, 1994.

39. Amnesty International. *Medical concern: Death penalty legislation in Illinois, USA*. AI Index: AMR 51/67/95, May 1995.

40. Amnesty International. *Afghanistan: Grave abuses in the name of religion*. AI Index: ASA 11/12/96, November 1996; Urgent Action 112/97: *Fear of further amputations*, AI Index: ASA 11/03/97, 24 April 1997.

— reportedly a 17-year-old youth — came to the hospital. The nurses were not wearing *burqas* [full length traditional dress] as they considered it was not practical clothing for a nurse in a hospital, but they were fully covered with scarves and long coats. The young man became very angry and grabbed the women by their hands, dragging them to a nearby tree and hitting them with a broken branch. One of the women tried to run away. The young man forced her onto the floor and held her between his feet while beating her with the stick⁴¹.

Nurses working in inadequate conditions

Prison conditions in Zambia

Amnesty International has concerns about the conditions in many prisons around the world. One of the problems which AI has documented is the inadequate provision for medical care. In Zambia, for example, conditions in Lusaka prison are extremely poor and insanitary, medical care is minimal and there is a high incidence of deaths in the prison. Lusaka Prison was opened in 1930 with a capacity for 260 inmates. At present, there is an estimated prison population of between 1,200 and 1,400. One recently-released detainee stated that prisoners have to sleep in a sitting position with their knees raised as there is insufficient space for them to stretch their legs.

In November 1995, a delegation from the Human Rights Committee of the Law Association of Zambia visited the prison and found the overcrowding shocking. In the report of their visit, they noted that there was a lack of water in the prison which meant that inmates were unable to wash regularly, while basic necessities such as blankets, clothing and medical supplies were limited or non-existent.

Sanitation in the prison is extremely poor. There are open pit latrines outside the cells, in a communal holding area about half the size of a football pitch. Prisoners complain that the latrines become choked despite attempts to sluice them with water. The severe overcrowding, poor sanitation, inadequate medical facilities, meagre food supplies, and lack of potable water result in a high incidence of disease and illness. Dysentery and tuberculosis are particularly intransigent problems and prison officials told the Human Rights Committee that, between January 1995 and the time of their visit in November that year, 75 prisoners had died of tuberculosis and related illness. One ex-prisoner estimated that more than 40 people had died in the prison during the period of his confinement from early June to 10 September 1996. Prison conditions have not improved since the visit of the Human Rights Committee's delegation, and a similarly high death toll can be expected to continue until improvements are made.

A government-appointed Human Rights Commission which investigated prison conditions between 1993 and 1995 also found that prisoners were without basic necessities such as soap and clothing, that food was unfit for consumption and that prisoners were denied medical treatment. Former detainees have told Amnesty International that prison officials do not take prisoners to hospital until they reach a critical stage of illness and that they fear escape attempts. However,

41. Amnesty International. *Afghanistan: Grave abuses in the name of religion*. AI Index: ASA 11/12/96, November 1996

the prison infirmary—staffed by a nurse and by a doctor who visits once a week—has no facilities for dealing with serious illness and medicines are said to be limited to analgesics⁴².

Harsh conditions in US prisons

It is not only in developing countries that nurses may find themselves working in unacceptable conditions, facing either inadequate facilities or abusive treatment of prisoners. In 1995, Amnesty International wrote to the Texas authorities to express its concern at information it had received from three prisoners at Ramsey 1 Unit (Rosharon County) alleging that prisoners there had died because of lack of, or delay in, medical care. The prisoners further alleged that it was normal practice at the Unit to deny prisoners medical treatment, and that five nurses including the Director of Nurses and the Charge Nurse had resigned because of general conditions regarding medical treatment at the Unit. Particular concern was expressed about two inmates, Bobby Felder, who died during the night of 17/18 March 1994, and Walter Newsome, who died on 29 August 1994. It was alleged that Bobby Felder submitted a number of written requests about pain in his abdomen over several months prior to his death, but that medical care had been refused or delayed, and that Walter Newsome had complained to medical and custody staff about “unbearable pain in the abdomen” for two years prior to his death.

Other allegations from the three prisoners about conditions at the Unit include lack of psychiatric care, and delays in receiving life sustaining medicines in cases of AIDS sufferers; that prisoners are hand-cuffed and shackled for long periods causing pain and suffering; that handicapped prisoners are made to do hard labour or work beyond their capacity; that prison officials deliberately place incompatible prisoners together; and that rapes, sexual assaults and physical assaults occur among inmates without intervention from prison officials. It is also alleged that on or about 15 April 1994, while the entire unit was placed on “lock-down” (confinement to cells), 1,100 prisoners were taken to the gym and stripped naked by female guards, while male guards and supervisors stood by, laughing⁴³.

A reply from the Director of Health Services of the Quality Control Division of the Texas Department of Criminal Justice stated that the deaths (referred to above) had been investigated extensively and appropriate corrective action taken where necessary. Although Amnesty International sought details of the specific action which was taken, no further information was received.

The failure to provide proper care, adequate medication and security against violence by staff and fellow prisoners constitutes a pattern known to prevail in prison infirmaries and hospitals in many countries around the world. Nurses regularly have to deal with this reality and to face the

42. Amnesty International. *Medical concern: Inyambo Yeta, Zambia*, AI Index: AFR 63/07/96, 1 October 1996.

43. Amnesty International. *Allegations of ill-treatment in five prisons in Texas*. AI Index : AMR 51/48/95, March 1995.

evident gulf between the ethical principles underlying practice and the practical situation applying in prisons and detention centres world wide.

Forensic nurses

Forensic sciences are those sciences applied within a legal or judicial framework, usually in support of the investigation and prosecution of crimes and the management of victims and those accused or convicted of crime. Forensic nursing has been defined as “the application of the forensic aspects of health care to the scientific investigation of trauma”. Likewise, clinical forensic nursing was defined as “the application of clinical nursing practice to trauma survivors or to those whose death is pronounced in the clinical environs”⁴⁴. One area in which the work of forensic nurses could have a significant impact is in the investigation of rape⁴⁵.

However, the nurse can play other roles, including as a protective force within the justice system, and the potential importance of this protective role was recognized in the report of a protracted inquiry into the death of a young Australian man in a police lock-up in 1988.

Death in custody in Australia

Stephen Wardle died, aged 18, at the East Perth Police Station, Western Australia, within hours of his arrival there on the night of 1 February 1988. According to the police, he was “arrested [...] for his own safety” on suspicion of drunkenness at the Entertainment Centre in Perth at about 9.30pm. Following formal registration at the police station at 9.40pm he was detained in a police cell some time after 10.40pm. When he was processed for reception in the cell block, police recorded “No Visible Injuries” upon him. Fears for his health, for example when he could not be roused, were repeatedly expressed by several people in the police station during the night, yet no action was taken. At 5.05am the next morning, Stephen Wardle’s dead body was discovered in a cell with rigor mortis well established, and bruises, bumps and abrasions clearly visible.

After various enquiries into his death—none of which were found to be satisfactory by the family of the deceased—the matter was referred to the state Ombudsman. After completion of the inquiry, the Ombudsman invited Stephen Wardle’s family to his office to advise them about his findings and to tell them that he did not recommend any action to be taken against any of the police officers on duty at the East Perth Police lock-up on 1-2 February 1988. In his view, allegations made by the family about the unanswered questions relating to their son’s death were “without substance” and “resulted from an exacerbation and transference of the Complainant’s natural grief beyond the actual cause of death.”

However, “[n]otwithstanding this, [the Ombudsman held] the view that the death of Stephen Wardle was an unnecessary death in custody. It might well have been avoided if there had been

44. Lynch VA. Clinical forensic nursing: a new perspective in the management of crime victims from trauma to trial. *Critical Care Nursing Clinics of North America*, 1995; 7:489-507.

45. Voelker R. Experts hope team approach will improve the quality of rape exams. *Journal of the American Medical Association*, 1996; 275: 973-4.

in place in the Lock-up a full-time nurse, a better system of inspections of detainees and increased awareness of the part of the officers.”

According to a letter sent by the Western Australian Minister for Police to an Amnesty International member in May 1993, “a nursing post has been established in the East Perth Lock-up [which] operates from 8pm until 4am on Thursday, Friday and Saturday nights.” To Amnesty International’s knowledge, this nursing post did not continue to be fully functional for more than a few weeks after its establishment⁴⁶ though the authorities deny this. In any event, the short operation hours of the nursing post—on end-of-week nights only—were highlighted in an inquest report of 19 March 1997 which found them unsatisfactory and recommended extending the hours to the benefit of both prisoners and police. Western Australia was the first state in Australia to consider introducing a nursing post in a police station when deaths from lack of adequate medical care became an issue during the Royal Commission into Aboriginal deaths in custody.

Death investigation in Brazil

Forensic nursing is a new field and nurses without training may be called on to take part in a forensic investigation. An example of the failure of such an investigation involving a nurse is illustrated in the following account. In the village of Democracia in Amazonas State, Brazil, three escaped prisoners were killed on 6 September 1992 in circumstances suggesting extrajudicial execution. The three men, Mario César Bastos, Deusmar Demo and Roselei Fernandes Rosa, escaped from a jail in the village of Maricoré on 5 September 1992. They headed by foot to the village of Democracia, where they were recaptured by a military police patrol without a struggle. Instead of being taken back to Maricoré they were taken along minor roads into the bush. Witnesses subsequently heard firing and the bodies later showed several bullet wounds in the head and shoulders. Rosalei Fernandes Rosa had his mouth gagged with a piece of cloth and the other two men had had their thumbs cut off.

Later the same day, a six member investigating party, which included a local doctor and a nurse, arrived to investigate the killings. It is believed that neither the doctor nor the nurse had forensic expertise and certainly the conduct of the examination was inadequate. At the scene of the killings the investigators allegedly made only a cursory examination of the bodies. The doctor reportedly told the nurse that the each man had received a single shot and said that the cloth over Roselei Fernandes Rosa’s mouth was a “robber’s mask”. No bullets were removed, no photographs were taken and no villagers interviewed. The bodies were buried immediately and the commission was reported to have stayed on site for around one hour.

Six days after the killings a second investigation took place. Photographs of the location were taken and local witnesses were interviewed, though a line-up for the identification of military officers involved failed to include two of the three men thought responsible for the killings. No exhumations were performed, however, and thus there was only scant medical documentation for future criminal proceedings against military police later charged with the killings.

46. Amnesty International. *Australia: Too many open questions - Stephen Wardle's death in police custody*. AI Index: ASA 12/13/96, 17 October 1996.

Nurses and the care of asylum seekers and torture victims

A number of authors have written on the subject of the nursing needs of asylum-seekers and refugees, particularly those who have been tortured⁴⁷. A paper from the Dutch Refugee Health Care Centre (now re-organized and re-named as the Pharos Foundation and located in Utrecht) sets out the range of tasks a nurse may have in working in the field of refugee reception. These include taking a history of the refugee, making an preliminary evaluation of the presence of different types of trauma sequelae, ensuring proper medical examination of the refugee, giving information on the national health care system, advising on general hygiene, vaccination for children, and the prevention of disease including sexually transmitted diseases and liaising with local health authorities. Women and children are given special attention including provision of relevant information on family and child care⁴⁸.

Nurses who have no specialisation in the field of refugee health or trauma may nevertheless encounter victims of human rights violations during their work in hospitals and community clinics and for this reason a wider awareness of the effects of torture and trauma is desirable.

Nurses and human rights education

Each State Party shall ensure that education and information regarding the prohibition against torture are fully included in the training of law enforcement personnel, civil or military, medical personnel, public officials and other persons who may be involved in the custody, interrogation or treatment of any individual subjected to any form of arrest, detention or imprisonment

Article 10, Convention Against Torture

Aspects of human rights education are not just an optional extra for medical or nursing schools but, as article 10 of the Convention against Torture suggests, an obligation on the part of states parties to the Convention. To date, no comprehensive data exists on the extent to which states are meeting their obligations under article 10. However, there are serious questions as to the extent to which health professional education adequately addresses professional ethics and human rights. A pilot study in the field of medical education in the UK suggested that students perceived human rights education as inadequate⁴⁹. In an attempt to contribute to increasing awareness of these themes, nurses who are members of Amnesty International have been active in promoting the teaching of human rights to nursing students. For example, nurses in the German section of AI have produced an educational pack which discusses human rights standards, nursing ethics and care for victims of human rights violations. In Denmark, the AI nurses group has compiled

47. See, for example, Cowgill G, Doupe G. Recognizing and helping victims of torture. *Canadian Nurse*, 1985; 81:19-22; Jacobsen L, Vesti P. *Torture Survivors*. Copenhagen: IRCT, 1992; Thomsen KS. Torture survivors: a challenge to nursing practice. *Nursing Ethics*, 1994; 1:233-36.

48. *Initial medical reception of asylum seekers and the role of the nurse*. Rijswijk: Centrum Gezondheidszorg Vluchtelingen, 1990. 5pp.

49. Vincent A, Forrest D, Ferguson S. Human rights and medical education. *Lancet*, 1994; 343:1435.

a 50 page human rights guide for nursing students. It has been sent to all schools in Denmark. The dossier includes: the history of human rights, the role of the UN, nursing ethics, human rights conventions, discussion of nursing and human rights, a game to provoke discussion, a guide to further information on human rights and a literature list. The material has been accepted at all schools of nursing in Denmark. In Canada, nurse-members of AI corresponded with a number of levels of the Canadian Government and the Canadian nursing sector in order to promote more effective implementation of article 10 of the UN Torture Convention in their country. Nurses in Britain, Switzerland, Canada and other countries have also been actively involved in promoting human rights education among their colleagues.

Conclusions

Nurses have historically played a positive role in the provision of health care and the defence of humane values. These values are embodied in the existing codes of ethics and statements of principle of nursing associations. AI believes that nurses should ensure that national and international codes adequately address human rights issues and needs as they develop. The existing international codes make an excellent starting point but should be reviewed to ensure that they adequately address the kinds of abuses and needs documented in this report.

Some nurses have been persecuted for their clinical activities in areas where human rights violations are widespread. Others have been victimised for their legitimate political or social activity. The defence of nurses and other health professionals at risk is a major challenge facing the nursing profession and society at large. Nursing professional associations could investigate what further measures they might take to translate their position statements into concrete active support for nurses at risk of human rights violations. Associations could also investigate what further mechanisms are available to influence government policies which fail to adequately protect nurses.

It is not only individual nurses who are at risk. In some countries officers from the nursing association have been subjected to written or telephone threats or being followed and harassed by those who see the association as "subversive" or opposed to government policy. Nursing organizations could investigate strengthening already existing mechanisms to support associations under threat. These include rapid response by other associations which have the freedom to focus international attention on those under threat.

Where nurses collude in the practice of human rights violations or assist in their cover up, there should be resolute action by professional associations to ensure that such behaviour is exposed and stopped.

Flowing from nursing ethics, the nurse's role as a protector of, and advocate for, patients' rights needs clarification and defending. Nursing associations could investigate the possibility of establishing a human rights and ethics officer if such a post does not currently exist.

Amnesty International believes that human rights education can strengthen the ethical awareness of the nurse and her or his more effective role in defence of the patient. To this end, nursing associations should ensure that education in relation to government-sponsored torture, the

death penalty, breaches of international humanitarian law and other areas of human rights and professional ethics are given more prominent emphasis during the training of nurses.

Nursing associations might examine ways in which they could more effectively cooperate with other health professional associations to protect health services, human rights and the integrity of their members when they come under threat.