



**Convention against Torture
and Other Cruel, Inhuman
or Degrading Treatment
or Punishment**

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COMMITTEE AGAINST TORTURE

Twenty-third session

SUMMARY RECORD OF THE FIRST PART (PUBLIC)* OF THE 407th MEETING

Held at the Palais des Nations, Geneva,
on Thursday, 18 November 1999, at 10 a.m.

Chairman: Mr. BURNS

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* The summary record of the second part (closed) of the meeting appears as document CAT/C/SR.407/Add.1.

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The meeting was called to order at 10 a.m.

ORGANIZATIONAL AND OTHER MATTERS (agenda item 2) (continued)

Appointment of country rapporteurs and alternate rapporteurs for the reports of States parties to be considered by the Committee at its twenty-fourth session (1-19 May 2000)

1. After consultations, the CHAIRMAN announced that the following members had agreed to serve as country rapporteur or alternate country rapporteur, respectively, it being understood that the alternate rapporteurs for the Netherlands and Slovenia would be appointed from among the new members of the Committee when the time came:

<u>Country</u>	<u>Country Rapporteur</u>	<u>Alternate country rapporteur</u>
United States	Mr. Burns	Mr. El Masry
Poland	Mr. El Masry	Mr. Yakovlev
El Salvador	Mr. González Poblete	Mr. Silva Henriques Gaspar
Armenia	Mr. Camara	Mr. Yakovlev
Paraguay	Mr. González Poblete	Mr. Camara
China	Mr. Mavrommatis	Mr. Silva Henriques Gaspar
Portugal	Mr. Burns	Mr. Yu Mengjia
Netherlands	Mr. Yu Mengjia	
Slovenia	Mr. Yakovlev	

Statement by Mr. Sørensen on torture

2. Mr. SØRENSEN said that he wished to give the Committee a brief account of medical thinking on torture prevention.

3. Preventing torture was comparable to preventing a disease. For example, to eradicate tuberculosis, it was necessary to identify and combat the bacteria responsible - that was primary prevention. In the meantime, it was possible to reduce the number of cases of tuberculosis by isolating persons who had contracted it - that was secondary prevention.

4. The fight to prevent torture involved primary, secondary and tertiary prevention. Primary prevention focused on society. The point was to prevent the practice of torture by identifying the causes and agents of torture, the system which tolerated, organized or spread the phenomenon, groups at risk and places where it occurred. That was what the Committee sought to do with its procedure under article 19. It was also essential to heighten awareness in society. The public must accept that torture must be stopped, decision-makers must demonstrate the necessary political will, opinion-makers must lend their support, and civil servants must obey the rules.

5. Secondary prevention acknowledged that torture existed; its objective was to reduce the number of cases by targeting the police, prison staff, lawyers, doctors, health-care personnel etc., inter alia by providing information and training. That was the goal of article 10 of the

Convention. It must be made clear that torture was degrading to the tortured, to the torturer and to society. He stressed the role of training courses on human rights, including the right not to be tortured, and on alternative methods for interrogating and for ensuring prison security.

6. The point of tertiary prevention was to palliate the after-effects of torture for the victims. That could be achieved with the aid of rehabilitation centres and programmes. The International Rehabilitation Council for Torture Victims, a non-governmental organization with which he had closely worked, had opened a centre in Pristina three months earlier, and it was currently active in Dili; the quicker the torture victims could be reached, the easier it was to treat them.

7. The CHAIRMAN said that Mr. Sørensen, who had been on the Committee since its inception 12 years previously, would probably not be returning in the future, and he therefore wanted to express the Committee's appreciation to him for the many years of devoted work. A distinguished surgeon with an international reputation in torture rehabilitation, Mr. Sørensen had also been a driving force behind the International Rehabilitation Council for Torture Victims; he had been instrumental in introducing the procedures adopted by the Committee in its early years, and his presence on the Committee was certainly one of the reasons why it had been so effective. He had succeeded in making a body that was composed largely of lawyers aware of the medical aspects of the problem of torture; that was a considerable achievement. On behalf of the Committee, he expressed gratitude to Mr. Sørensen for his many years of service.

8. Mr. SØRENSEN thanked the Chairman for his kind words.

The public part of the meeting rose at 10.40 a.m.