

# the storycloth

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## CVT Celebrates

# 20

# Years

## of Hope and Healing

### **1981 — UN Voluntary Fund for Victims of Torture established**

The UN General Assembly established the fund in December 1981 to provide humanitarian assistance to victims of torture and members of their families. The fund now distributes more than \$7 million annually to 200 organizations in 77 countries. The United States is the largest contributor to the fund.

### **1984 — UN General Assembly adopts Convention Against Torture**

The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment makes clear that torture is an affront to the inherent dignity of all human beings. The convention entered into force June 26, 1987, and was ratified by the United States in 1994. Today, 139 countries are a party to the convention.

### **1985 — Center for Victims of Torture founded**

The Center for Victims of Torture began with a conversation between an Amnesty International volunteer at Stanford Law School, Rudy Perpich, Jr., and his father, then Minnesota Governor Rudy Perpich. The governor contacted the Minnesota Lawyers

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## CVT Opens Center in Liberia

As Liberian refugees return to their home country after decades of conflict and oppression, they will face the challenge of rebuilding their lives and healing from their trauma in a country with almost no mental health resources.

CVT, which has been serving Liberian refugees in camps in Guinea for four years, will open a healing center for returnees later this summer. At the same time, CVT has closed down operations in Guinea because of the shift in refugee populations. Several employees and much of the equipment from the Guinea office are being transferred to Liberia. Together, a head office in the capital Monrovia and a field office in Gbarnga will serve about 700 clients and train about 30 people as mental health paraprofessionals.

The project will operate on the same model that CVT has used in Guinea and Sierra Leone: expatriate clinicians will lead the

local staff through an intensive training regime, preparing them to lead group therapy sessions and do community outreach work. This model not only serves a larger affected population, it also creates a cadre of local mental health workers.

There are an estimated 340,000 Liberian refugees in the region and another half million internally displaced people. The UN High Commissioner for Refugees expects that as many as 150,000 refugees will return to Liberia in 2005. Studies have shown that violence, rape, killings, abductions and other trauma are nearly universal experiences among refugees.

The \$1.1 million project is made possible by an \$800,000 grant from the U.S. State Department's Bureau of Population, Refugees and Migration. CVT is currently seeking co-financing for institutions and individuals in order to raise the remaining funds.

PostScript Picture  
(Grad Lens)

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International Human Rights Committee (now Minnesota Advocates for Human Rights) for advice. The legal group collaborated with University of Minnesota Law School Professor David Weissbrodt, a prominent expert in international human rights law, and presented a list of ten action items to Governor Perpich. The most aggressive recommendation was to establish the first treatment center in the United States for victims of torture. Governor Perpich embraced that recommendation and led a delegation to Copenhagen, Denmark, to visit the Rehabilitation and Research Centre for Torture Victims, now the International Rehabilitation Council for Torture Victims. The Center for Victims of Torture was founded in May of 1985. At first, care was provided at the International Clinic of St. Paul Ramsey Medical Center (now Regions Hospital).

## 1987 **CVT moves into house on campus of University of Minnesota**

CVT staff quickly learned that clients, who were victims of government-sponsored torture, would feel most secure in a non-institutional atmosphere. In May 1987, as a result of a challenge grant from Northwest Area Foundation and the promise of a home from the University of Minnesota, CVT moved to a small residence on the University of Minnesota campus. In February 1991, CVT moved again, to its current home, a beautiful three-story Victorian house overlooking the Mississippi River, donated by the University for a nominal rent of \$1 per year. Donations and in-kind contributions of materials and work from many local businesses and individuals made possible a complete renovation of the facility.

## 1993 **CVT begins training care providers in the former Yugoslavia**

During the war in Yugoslavia and in its immediate aftermath, CVT clinicians traveled to Zagreb, Sarajevo, Tuzla and several smaller towns to train care providers in the specialized field of caring for torture survivors.

## 1996 **CVT begins work with Turkey**

Working with the Human Rights Foundation of Turkey and the Turkish Medical Association, CVT initiated a project to expand the capacity of Turkish medical professionals and nongovernmental organizations to help victims of torture.

## 1998 **President Clinton signs Torture Victims Relief Act**

The Torture Victims Relief Act authorized funding for torture treatment centers in the U.S. and abroad and increased the U.S. contribution to the UN Voluntary Fund for Victims of Torture. The act was reauthorized in 2001 and 2003 and is up for consideration again in 2005. The 2005 bill authorizes \$25 million annually for domestic programs, \$13 million for programs abroad and \$8 million for the Voluntary Fund.

### **First UN International Day in Support of Victims of Torture**

CVT marked the occasion, on June 26, with a program at the State Capital Rotunda. CVT now holds two events each year, one in Washington, D.C., and one in Minneapolis.

### **UN Secretary General Kofi Annan visits CVT**

Introduced by Minnesota's U.S. Senators Rod Grams and Paul Wellstone, Annan told the audience gathered at the Minneapolis house, "Now I know where to send people if they want to learn how to deal with this problem."

### **CVT hosts first meeting of U.S. torture treatment centers**

Representatives of 14 torture treatment centers from 11 states gathered in Minnesota to develop strategies for coordinated national activities. This meeting marks the origins of the National Consortium of Torture Treatment Programs, which now has 30 members.

## 1999 **Istanbul Protocol submitted to United Nations**

Known as the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Istanbul Protocol is the first set of international guidelines for documentation of torture and its consequences. One of CVT's founding staff, Dr. Jim Jaranson, is a contributing author.

## 2000 **CVT begins operations in Guinea**

With a U.S. State Department grant, CVT opened treatment centers in refugee camps in Guinea, providing care to victims of the conflicts in Sierra Leone and Liberia. The program is built on a training model: refugees are hired by CVT and trained as mental health paraprofessionals. To date, CVT has trained about 100 people and served thousands more. CVT's Guinea program closed in early 2005, as refugees began returning to Liberia.

### **National Capacity-Building Project starts**

A major grant from the Office of Refugee Resettlement kicked off CVT's National Capacity-Building Project, which now provides technical assistance and training to more than 40 torture treatment programs in the U.S. Within the project, CVT holds training institutes, facilitates data collection and provides consultation services.

**2001 International Capacity-Building Project starts**

CVT works with 15 treatment centers throughout the world in its International Capacity-Building Project, funded by a grant from the United States Agency for International Development. The goals of the program are to make each center more stable organizationally and financially; to expand the centers' clinical capacity; and to help them develop effective advocacy campaigns, including community outreach and public education. The participating treatment centers are located in Bulgaria, Cambodia, Ethiopia, Guatemala, India, Nepal, Pakistan, Palestine, Peru, Romania, South Africa, Rwanda, Kenya, Bangladesh and Uganda.

**2002 CVT begins operations in Sierra Leone**

As the conflict in Sierra Leone ended and refugees began returning to the country, CVT opened community-based mental health centers based on the same training model as those in the refugee camps in Guinea. Many of the Sierra Leonean mental health paraprofessionals trained in Guinea moved with the project.

**2004 St. Paul Healing Center opens**

The St. Paul Healing Center, CVT's second in Minnesota, is located in a renovated Victorian house and serves mostly clients from the western metro Twin Cities area. The opening of the new house also gave CVT the chance to pilot a new group therapy initiative.

**2004 — New Tactics in Human Rights International Symposium**

CVT's New Tactics in Human Rights Project hosted a Symposium for 450 people from 89 countries in Ankara, Turkey. The Symposium was both the culmination of a series of regional training workshops and a springboard for further work, including collaboration among diverse groups of human rights advocates. The New Tactics project promotes tactical innovation and strategic thinking within the international human rights community.

**2005 Treatment centers open in Liberia**

This summer, CVT is opening a healing center in Liberia to serve returning refugees there.

**CVT launches campaign to stop U.S. use of torture**

As government and news reports continue to reveal stories of inhuman treatment, torture and deaths, CVT is calling on President Bush to issue an executive order providing clear, detailed guidance to all U.S. personnel on acceptable interrogation procedures and stopping the practice of sending prisoners to countries that use torture. The campaign begins officially on June 26, UN International Day in Support of Victims of Torture, when prominent Minnesotans and supporters of CVT's work will sign a joint letter to President Bush.

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*Our mission: To heal the wounds of torture on individuals, their families and their communities, and to stop torture worldwide.*

**Restoring the dignity of the human spirit**

## Join the Circle of Hope

More and more Friends of the Center for Victims of Torture are participating in the Circle of Hope, the monthly giving program that helps underwrite the long-term treatment of torture survivors. Individuals are choosing to pre-authorize their bank or credit card company to send a monthly contribution directly to CVT. Even a small amount each month adds up to significant annual support for CVT's torture treatment programs.

These monthly gifts provide a steady stream of revenue that creates a dependable financial foundation for the Center's work. CVT also saves the cost of having to process gifts, as well as the cost of mailings to request gifts.

When you participate in the Circle of Hope, your annual membership is automatically renewed, and you have a handy permanent record of your giving with your bank or credit card statement. The biggest benefit of participating in the Circle of Hope is that your ongoing support sends a powerful message of encouragement to torture survivors who receive care at CVT.

For more information about how you can take advantage of the convenience of monthly giving, please call Belma Demirovic at 612 436 4870. You may also e-mail her at [bdemirovic@cvt.org](mailto:bdemirovic@cvt.org).

**Save the Dates!**  
UN International Day in Support  
of Victims of Torture Events:  
**June 23: Washington, D.C.**  
**June 26: Minneapolis**

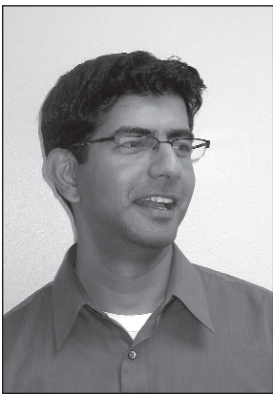
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In 2004, CVT's volunteer speakers presented information about torture and torture treatment at

**34**

events. We're aiming to reach even more people in 2005. Contact Beth Wickum at 612 436 4824 or [bwickum@cvt.org](mailto:bwickum@cvt.org) to join the speakers bureau.

Do you know anyone who would be interested in learning more about CVT? Please pass on this newsletter or contact us at [cvt@cvt.org](mailto:cvt@cvt.org) or 612 436 4800.



## Volunteer Profile: Alan D'Souza

By Anne F. McCoy

"In India there is a saying," Alan D'Souza paused while he translated in his head, it was something that English would not carry precisely, "If you need support, find someone else to support." He had been feeling that way a few years ago, when he started volunteering at CVT.

After earning a degree in architecture from the University of Bombay, D'Souza left his native India. In September 1991, he arrived in the United States, where he would earn a master's degree in architecture from the University of Minnesota.

D'Souza and his wife now live in Minneapolis. He works for BWBR Architects in St. Paul. When he chanced across a notice advertising the need for community guides at CVT, he thought his own experience with adjusting to life in the United States might be of use to someone else.

He and his client typically meet weekly, often at a public library. They usually work on English, which is not D'Souza's first language either. English is quirky, a fact best appreciated by non-native speakers. At times, the pair have resorted to drawing pictures in order to communicate. Reading the newspaper together is valuable because it offers opportunities to explain subtleties of American culture, politics and humor.

When he receives complimentary tickets to events like baseball games, D'Souza has taken a client along to broaden his exposure to the culture. Once his client was given a gift certificate for a nice restaurant, D'Souza went along, explaining how American restaurants work, helping with the menu, then sitting back while his client ordered the meal. It was a good opportunity to explain American etiquette when dining in a formal situation.

D'Souza's clients have both held college degrees. In their home countries they worked in professional positions and were influential in their communities. D'Souza has helped them to understand how to go about finding a job in the United States. They now work in entry-level positions, for low pay.

Clients rarely discuss why they have sought refuge here – and community guides never ask – but D'Souza can sense when something is wrong at home. They talk about fears for family members, for friends and colleagues, who are still in their home country. In their descriptions of what could happen to their loved ones, D'Souza glimpses what the client himself may have endured.

While there is sometimes a temptation to try to fix things for a client, D'Souza has to trust that his client has ample personal resources to cope. In the meantime, he meets with a client once a week as he develops the skills to make a new life here. D'Souza at times wonders how much of a difference he is making in a client's life. But things that appear small can make all the difference.