



Making the State Pay:

Mobilizing Public Resources for Victims of Human Rights Violations

By Camelia Doru
Edited by Liam Mahony



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Disclaimer

The views expressed in this report do not necessarily reflect those of the New Tactics in Human Rights Project or its funders. The project does not advocate specific tactics or policies.

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I also feel grateful for and indeed proud of the trust that several thousand former political prisoners and their leadership – especially their president senator Ticu Dumitrescu – have placed in me and my colleagues.

A very special, warm and deep thought is reserved for the most patient, loyal and loving man in my life, my husband Erik.



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April 2003

Dear Friend,

Welcome to the New Tactics in Human Rights Tactical Notebook Series! In each notebook a human rights practitioner describes a tactical innovation that was successful in advancing human rights. The authors are part of the broad and diverse human rights movement, including educators, librarians, health care workers, law enforcement personnel, and women's rights advocates. They have developed tactics that not only have contributed to human rights in their home countries. In addition, they have utilized tactics that when adapted can be applied in other countries and other situations to address a variety of issues.

Each notebook contains detailed information on *how* the author and his or her organization achieved what they did. We want to inspire human rights practitioners to think *tactically* to reflect on the tactics they have chosen to implement their larger strategy and to broaden the realm of tactics considered to effectively advance human rights.

In this notebook, we read about the efforts of the ICAR Foundation to mobilize public resources for a socially marginalized group – victims of torture. The Foundation recognized that many citizens had suffered torture during the communist regime, and created an organization to provide treatment and care to the thousands of torture survivors. While there was international support, the Foundation knew that provision of this care was actually the responsibility of the state itself. The notebook outlines ICAR's effort to pressure the Romanian government to pay for rehabilitation of torture survivors even though it was not willing to officially assume responsibility for past abuses. In effect, ICAR forced the state to begin to fulfill its moral and legal responsibilities as laid out in international and national laws. ICAR's story provides ideas about how to pressure a state to carry out its obligations to a socially marginalized group and compel it to take a step toward justice.

The entire Tactical Notebook Series will be available online at www.newtactics.org. Additional notebooks will continue to be added over time. On our web site you will also find other tools, including a searchable database of tactics, a discussion forum for human rights practitioners, and information about our workshops and symposium. To subscribe to the New Tactics e-newsletter, please send an e-mail to newtactics@cvt.org.

The New Tactics in Human Rights Project is an international initiative led by a diverse group of organizations and practitioners from around the world. The project is coordinated by the Center for Victims of Torture (CVT) and grew out of our experience as a creator of new tactics and a treatment center that also advocates for the protection of human rights from a unique position—one of healing and reclaiming civic leadership.

We hope that you will find these notebooks informational and thought provoking.

Sincerely,

A handwritten signature in cursive script that reads "Kate Kelsch".

Kate Kelsch
New Tactics Project Manager

Camelia Doru, M.D.

Camelia Doru, M.D., graduated from the Faculty of Medicine at the University of Bucharest and is licensed as a specialist in intensive care and anesthesiology. Camelia performed her clinical fellowship at Regional Hospital Sion (Switzerland). From 1979 to 1991, Camelia was a general practitioner, an anesthesiology and intensive care specialist in Bucharest and in Sion, Switzerland. She has participated in international training seminars on the health professions and medical ethics as they relate to human rights.

While serving at the hospital, Camelia experienced the most brutal effects of the communist regime's "health policy," which required woman to bear five children. Many women, when faced with the birth of a child they simply couldn't afford, chose the life-threatening option of an illegal abortion. The disastrous consequences left an entire generation of women victimized by this criminal policy. Camelia did her best to help these women, trying to save their lives and diminish their suffering.

After the overthrow of the communist regime in 1989, Camelia began to work with victims of the old regime, helping obtain compensation for the survivors and their families and taking part in protests to stop former perpetrators from infiltrating the new government. She participated in the marathon demonstration at the University Square, and for more than six weeks assisted the hunger strikers. She was then targeted by a group of governmental paramilitary supporters clearly angry at her opposition efforts, and had to flee her home, hide and ultimately leave the country.

After her return, she decided to dedicate her energies to those who had been in the forefront of the fight against communism—those who had survived torture as political prisoners. In 1992, she became the founder and medical director of the ICAR Foundation.

ICAR Foundation

The ICAR Foundation is a Romanian NGO, created in 1991 and legally registered in 1992. The first rehabilitation center opened in Bucharest in 1993, the second in Iasi in 1995 and the third in Craiova in 1998.

ICAR is the first and currently the only institution providing qualified assistance to torture survivors in Romania—people who fought in Romania for a democratic and open society during the political repression of 1945–1989—and in the process experienced torture, violence or other inhuman treatment in the communist prisons. The foundation's basic goals are to improve the health of these survivors, help them become integrated into a normal social life and prevent future acts of torture. ICAR's demonstration of respect for survivors also represents an important step toward healthy political reconciliation, which the organization considers the least a society can do when its torturers often go unpunished.

Since the beginning of its activity ICAR has been very active in the field of human rights and has taken part in all important human rights-related demonstrations at the national and international level.

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Editor's Preface

In this tactical notebook Camelia Doru, founder and director of the ICAR Foundation in Romania, describes how her organization's tenacious efforts convinced the Romanian state to accept significant steps toward fulfilling its treaty obligations to former political prisoners tortured under previous regimes. ICAR began this struggle at a time when, despite an apparent political transition, torture survivors were still ignored and treated with disdain by both the state and much of the population. Survivors thus lacked adequate medical and psychological services.

Through nearly a decade's work, ICAR succeeded in creating a political climate for the state to help fund torture treatment services. First local authorities provided physical premises for torture treatment centers, then the state gradually provided access to free medicines and partial insurance coverage for the specialized care and services required by torture survivors. It is a long and still unfinished effort, but ICAR's success to date shows the power of persistence and creativity, and the importance of creating a political demand that is both believable and trustworthy.

Many human rights organizations believe they can not accept money from the government – particularly from those that were involved in human rights abuses. ICAR demonstrates how through advocacy and lobbying they were able to gain public funding for torture treatment services, and help the government fulfill their treaty obligations, while assuring that ICAR's values, mission and independence were strengthened rather than compromised.

This was much more than a struggle to provide services to torture survivors, or a search for government funding. The state's reluctance to support the needs of torture victims belies a much deeper problem of democracy, and illustrates that the post-communist political transition in Romania is still far from complete. Torturers have escaped with impunity, and many now occupy influential positions in society. The people they tortured, in contrast, face a society in which powerful forces would prefer to forget the past – and its victims – rather than use its lessons to build a deeper civil commitment to democracy and human rights. ICAR's tactic of mobilizing public resources to provide treatment to former political prisoners is thus part of a larger strategy to encourage a nation to take responsibility for its past in order to strengthen its future. That ICAR recognizes this long-term strategic goal, even while immersed in the daily struggle to find money for urgently needed medicines, gives its success even greater importance.

This is a story of a "grand" tactic involving many years of work, multiple strategic objectives and smaller scale tactics, and numerous obstacles encountered along the way. It is essential that we absorb not only the tactical lessons Ms. Doru has to offer, but also the story itself, which should both illustrate the nuances of this complex tactic and inspire us to replicate it.

– Liam Mahony, *notebook series editor*

Introduction

In October 1991 the International Rehabilitation Council for Torture Victims (IRCT) invited me to Budapest to take part in the first international symposium in Eastern Europe on "Doctors, Ethics and Torture." During this symposium I met people from all over the world, people engaged in providing medical rehabilitation to victims of torture under many different circumstances and often in politically adverse conditions. This experience, along with the support I received from IRCT colleagues, encouraged me to create a non-governmental organization in Romania to address the terrible problem of torture. I knew there would be political resistance, but I also saw that I could count on professional international training, management and financial support.



The ICAR Foundation was registered in April 1992. Its name commemorates the Greek mythological figure Icarus, who needed help after successfully

escaping from long imprisonment and finding that his wings did not survive the heat of the sun. Our logo contains the wings as a symbolic representation of the Icarus. We began to

search for resources that would allow us to provide services for the thousands of torture survivors in Romania. Throughout the subsequent decade of work, we have found our international colleagues and donors to be crucial. The treatment and care of torture survivors, however, should not depend on the international community. We believe that this work is the moral and political responsibility of the state itself. What I will describe in this notebook is our long-term strategy to pressure and persuade Romanian local and central governments to start accepting this responsibility.

We opened our first center in 1993 with only three doctors, two supporting staff, and a budget of \$20,000 USD. We saw 85 clients, and our private and international supporters covered all expenses. In 1994 and 1995 our attempts to mobilize public resources began to succeed as we convinced local government officials to provide premises for our operations; we now estimate the value of this local government contribution at over \$100,000 USD per year. More recently we also obtained government support in prescribing free medicines for our clients – a public contribution worth over \$150,000 USD per year. By 2002, the ICAR Foundation had grown to three centers with a staff of more than 50. We provide services for 2,000 clients and receive annual international contributions of \$300,000 USD.

The Problem and Its History

The communist regime in Romania between 1947 and 1989 is characterized by one of its most terrifying torturers, who stated that "It was a party of assassins, like me: thieves, bandits, vagabonds, outlaws."¹

This unpopular regime survived by repression and intimidation, and through methods that inflicted a deep fear of and mistrust in humankind. People did not trust their children, rela-

tives or friends, and were suspicious of everyone. Before 1989, it was forbidden even to talk about political prisoners, opponents, or dissidents.

This political suppression was at its worst from 1947 to 1964 when communist rule was forcibly established against the wish of the majority of Romanians. After 1964 many political prisoners were released and political suppression became less visible, but it was no less effective, and dissidents were treated as common criminals. To escape the gradual reforms introduced in the USSR by Nikita Khrushchev and then by Mikhail Gorbachev, the communist elite in Romania began to play the sovereignty card against Moscow. While this earned some unjustified

¹ *Damascus Road, Confession of a Former Torturer*. Doina Jela.

praise from the West, what it demonstrated was a shift toward the Chinese and North Korean models of totalitarianism complete with increasing abuse of state power and glorification of the leadership.

With the fall of the Berlin Wall and the dramatic political changes in other countries behind the Iron Curtain, the call for change in Romania became irresistible. This led to public uprisings in December 1989, first in Timisoara and then in Bucharest, and to the subsequent fall of Nicolae Ceausescu. But while the dictator was gone, the power structure remained intact. The government installed after the revolution in December 1989 consisted of a second line of communists, intimately connected with the previous regime. Their approach was to maintain confusion about the past and distribute the responsibility for past atrocities on everyone's shoulders, implanting in the public mind the convenient idea of widespread impunity. They wanted to make peace, to forget the past – but also to retain their privileges.

After the revolution in December 1989 the open political suppression exercised by the Securitate – the former secret political police – came to an end, but no one was punished for participating in systematic human rights violations under the communist regime. For a time, perpetrators kept a low profile, perhaps fearing legal action against them. But such fear has proven unfounded: these people still occupy many important positions in the public sector, as well as in the new private business sector. Some even enjoy the immunity earned by members of parliament. Perpetrators of systematic violations of human rights have thus blended invisibly into society. They tend to live in better social and economic conditions than the majority of their victims. And they still control many aspects of Romanian society.

The basic rights promised by the democratic transition were introduced to the public as if they were privileges bestowed by the new power, rather than rights earned by people themselves. The partial restitution of land or other property was presented as a "gift" from the new power, not a right of the owners, while the minimal compensation to former political prisoners was a sign of "generosity," not

a necessary start in the much needed reparation process.

During this transition Romanian society became polarized into two groups: A majority of people were cynical, indifferent, or naive supporters of the newly installed power, while a much smaller group opposed that power, recognizing the old faces behind the new masks.

The Survivors

The former political prisoners ICAR hoped to serve were but a small number of the more than three million Romanian citizens arrested during 43 years of communist repression.² An estimated 300,000 died in captivity.³ All were victims of the Securitate, the secret police that controlled every aspect of Romanian life on behalf of the narrow political elite. Securitate's powers were unlimited. Members worked closely with the judicial system – especially with the military courts – since all actions were justified on the basis of protecting national security.

These courts handed down harsh sentences for even the smallest sign of opposition to the system. Sentences included long prison terms under inhumane conditions, years of slave labor, and loss of property the victims might own. Since many victims were young, their education was interrupted – in most cases never to be resumed. If they survived, they were effectively doomed after their release to live in very humble conditions.

Having endured long periods in prisons or labor camps, survivors were often forced to relocate for an extended time to distant corners of the country. Survivors and their families were constantly harassed by security police, and required to report to police stations at frequent intervals. When seeking employment or housing they were frequently victims of extortion or blackmail, and their children were denied access to higher education and occupational opportunities. The situation improved after 1989,

² *Golden Book of Romanian Resistance Against Communism*. Cicerone Ionitoui, p 3-5.

³ *The Red Holocaust*. Florin Matrescu, p 79-86.

but the regime's more outspoken critics were still subjected to surveillance.

Because few marriages could survive this kind of forced separation and socio-economic segregation, the former political prisoners often ended up living alone. They were outcasts without family contacts or social networks. Any interactions between them or with other citizens were seen as new "sabotage" attempts, and were very risky.

After the 1989 revolution, these victims – who had survived prisons, camps, or deportation – hoped to breathe freely in a democratic society. Instead they were again isolated, marginalized, and seen as unpleasant reminders of their

fellow citizens' bad conscience. Society as a whole felt guilty for directly participating in or cooperating with political oppression, or for silence in the face of gross human rights violations committed in the name of the people.

Our clients – enemies of the former political system – had of course been systematically blacklisted, and their colleagues forced to publicly criticize them. People had thus been taught that the political prisoners deserved their fate. At the same time, however, most also knew that injustices had been committed, and after the revolution did not mind that something as uncontroversial as medical treatment was provided for victims in need.

Our Tactic: Mobilizing Public Resources

Our long-term strategic goal was to convince the state to take full responsibility for its actions by acknowledging and treating former political prisoners justly and humanely. The process of mobilizing public resources for this goal was a long one, with small and large successes along the way. As we tell this story, it will become clear that we needed to pay constant and careful attention to two closely intertwined strategic areas:

- The building and strengthening of relationships and/or alliances outside ICAR – needed to help us pressure the government to provide resources (see Box 1).
- The ICAR organization itself: its professional conduct, its political and economic survival, and its relationship with its clients (see Box 2)

The interaction between these areas is crucial. We could not have built as strong an organization had we not succeeded in mobilizing external support. And we would not have gained this support had we not paid careful attention to the organization and its clients. The client constituency, for instance, had political influence of its own, which helped us achieve our goals. And our reputation for medical profes-

sionalism was crucial in building supportive links with the medical establishment and in gaining the trust of our clients.

The chart below shows the strategic links between our objectives and the steps we took to

Box 1: Critical relationships and alliances

- Survivors, first and foremost
- Local civil society organizations
- Members of political parties and elected officials
- International governmental organizations
- International nongovernmental organizations
- Re-emerging leaders of historic parties
- Civil servants and officials at city, municipal and state agencies
- Health community in general, and specifically:
 - The General Medical Council
 - The Ministry of Health
 - Medical professionals willing to provide services to clients
- External laboratories and specialty clinics to guarantee the provision of necessary services

achieve them. As it shows, our practical needs and political goals coincided in this effort, with the attainment of state support becoming a

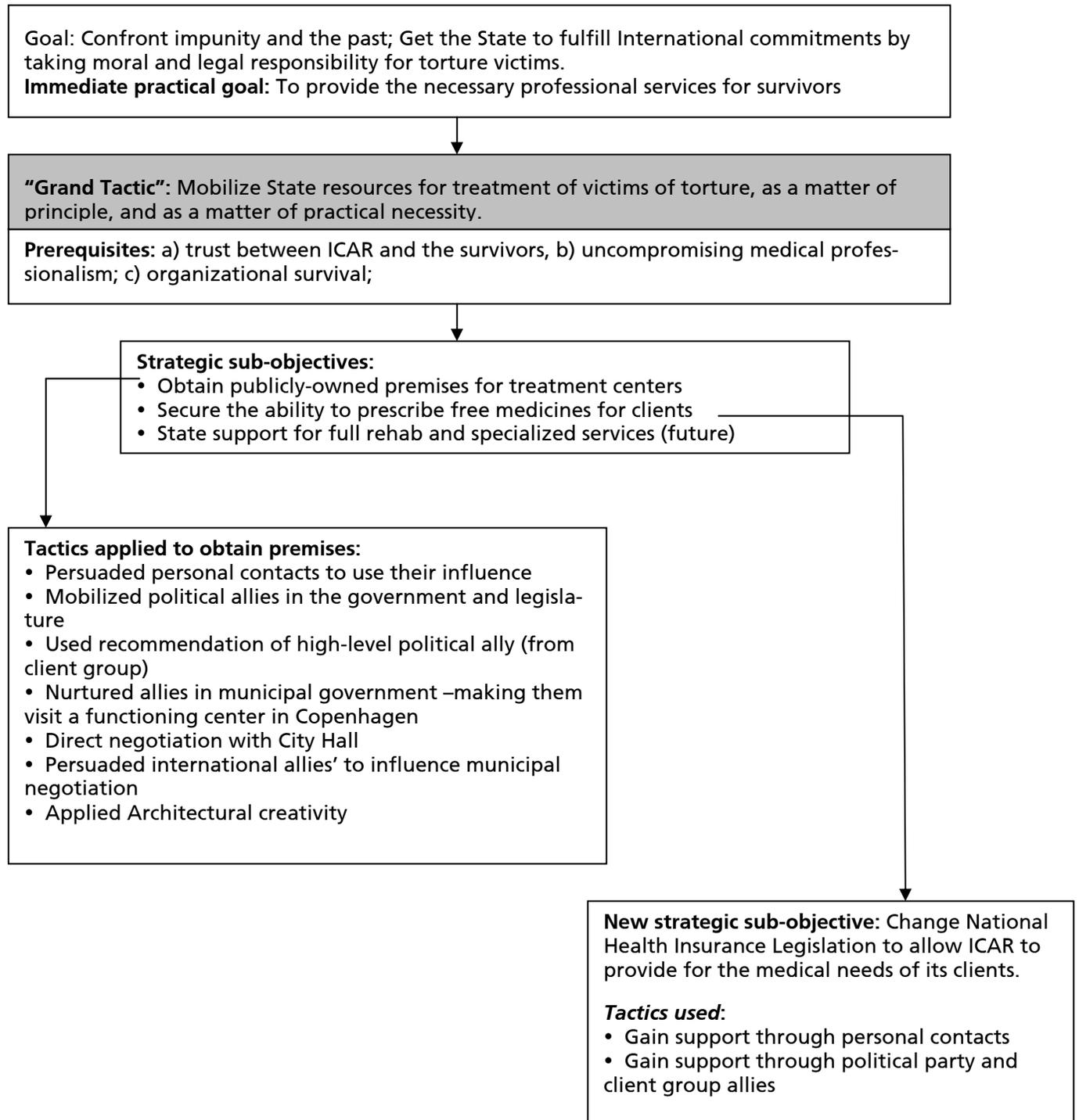
“grand tactic” that demanded a great deal of our energy. The following pages describe how we constructed the alliances needed to persuade the government to accept some of its

obligations, a process that eventually involved us in the proposal of new National Health Insurance Legislation.

Box 2: Organizational factors

- Maintaining an unassailable medical professionalism
- Keeping a low profile, given the Romanian political context – protecting ourselves from sabotage, infiltration or harassment
- Maintaining an open and transparent organization
- Paying attention to internal organizational conflicts caused by secondary trauma

ICAR - Mobilizing State Resources: Strategy Chart



Building the Primary Alliance: ICAR and the Survivors

One of our first and most important tasks was to gain the trust of the former prisoners themselves. They were disillusioned, isolated and understandably suspicious of everyone. Earning this trust not only allowed us to provide medical support, but gave us, in the former prisoners themselves, an important political ally.

Our strategy in working with the survivors was to contribute to the reconciliation process on a rather small scale, working to build a solid bridge linking our professional and social networks to the former political prisoners, their families and their friends. This was our contribution to the larger goal of persuading the nation to take responsibility for its past in order to build a better future. Our intervention was based on the professional medical knowledge and support we could offer.⁴

Based on the experience of rehabilitation centers in Western Europe and North America, we planned a center that would provide similar services to torture victims within the indigenous population in Romania. In an attempt to learn which kinds of services were most needed among our clients, we decided to begin with part-time health professionals from various professions and specialties.



In view of the shortcomings of the Romanian public health system, the ICAR Foundation committed itself to providing appropriate, qualified and free medical assistance for former political prisoners. To earn their confidence we needed to provide torture victims with consistently humane and professional treatment, and show that we understood the complexity of their needs, with medical, psychological, and societal efforts all required to overcome the damage inflicted by the past. Any variation in the quality of this care would have compromised the trust we worked so diligently to earn.

In the city of Iasi, in December 1995, at the the opening ceremony of our second medical rehabilitation center, we experienced a special moment demonstrating that trust. Several hundred representatives of the local branches of the Romanian Association of Former Political Prisoners (AFDPR), from cities

and villages across the country, were gathered for their annual meeting. For the first time they had invited outside guests to join them, and we were there representing the ICAR Foundation and the International Rehabilitation Council for Torture Victims. In a very emotional moment one participant expressed his feelings in broken German, his only means of international communication: "This is the first international recognition of the holocaust which the Romanian population has lived through under more than 40 years of communist terror."

It is a sentiment that the president of the AFDPR, Ticu Dumitrescu, senator 1990-2000, has often echoed in public statements: "The international support for the medical rehabilitation centers of the ICAR Foundation has been the only visible – but all the more welcome – sign of international recognition of the sufferings of the hundreds of thousands of victims of the Stalinist regime in Romania between 1947 and 1989".

⁴ Ideally such a program should reach out to all torture victims among former political prisoners, but in practice we needed to limit ourselves to the provision of outpatient services in one location. It was natural to start in Bucharest, which had the largest concentration of former political prisoners. We decided to first offer services only to primary victims of torture, although international experience had proven the need for services among secondary victims (i.e. immediate relatives) as well. The Ministry of the Interior had issued identifying certificates to victims of political persecution and punishment; this documentation, together with membership in the Romanian Association of Former Political Prisoners, made it easier for us to identify persons eligible for admission to our program.

Mobilizing Resources: Initial Allies and Barriers

Having secured our relationship with the survivors, we began the ambitious task of mobilizing all of the Romanian national resources that could help us provide services to this target group. There was a national debt to be paid to the survivors. We kept a constant pressure on state and municipal authorities, especially those in a position to secure clinic sites such activities and those responsible for allocating funds for public health services.

The problems we faced were both political and practical. On the political side, we needed to circumvent the resistance or even outright sabotage of our efforts from former oppressors. We needed bridges of communication to those in power who might choose to help us. And we needed allies. On the practical side, we needed physical premises, professional experts

and a considerable amount of money.

We were not alone in our struggle. Our immediate allies were a number of small civil society organizations created right after the revolution, foremost among them Alian a Civic . There was also the Association 21 December, the Group for Social Dialogue, and the Society for an Independent Television. Together they formed a network promoting various democratic developments, including our initiative. We also had press support from Rom nia Liber and other independent media, such as Revista 22 and Radio Contact.

We had additional allies in the so-called historical (pre-communist) political parties, the PNT (National Peasants Party) and the PNL (National Liberal Party), which re-emerged after the revolution. In the first elections after the revolution, in May 1990, these parties gained administrative power in all major cities. Their moral support did not immediately produce visible

Stimate domnule Primar General

Vă rog să dispuneți să-mi acorde un spațiu potrivit pentru sediul Fundației ICAR.

ICARU este o organizație umanitară de ajutorare a persoanelor bolnave care au fost victimele torturilor, tratamentelor inumane și persecuțiilor cu caracter politic. Activitatea pe care o desfășurăm în România este benefică și remarcabilă.

Cu deosebită considerație

Corneliu Coposu

Letter of recommendation from Mr. Corneliu Coposu,
the leader of the Peasant Party

results, but it may to some extent have protected our initiative from direct interference by unsympathetic national powers. We also obtained the backing of the most prestigious among the re-emerged leaders of the historical parties, Corneliu Coposu, who gave us his written recommendation. Once we started operation at our first center in Bucharest, several other leading personalities from these parties became clients and close friends of the initiative.

The former political prisoners themselves were some of our most important allies. Immediately after the revolution 65,000 of the estimated 100,000 survivors of political persecution formed the AFDPR, and elected Ticu Dumitrescu as its president. A few months later he was also elected to the Senate of the Romanian parliament on the ticket of one of the revived historical parties.

During the months following its creation the AFDPR obtained concessions from the new powers, including official papers documenting their detention and political persecution, exemption from payment of income taxes, a few free railway passages per year, and – on paper – the right to free medical care and medicine.⁵ The strength of the AFDPR helped break down some of the political barriers we too were facing. Individually, the survivors were weak social players, but in force they exerted a certain political influence, and gained discrete support from the opposition parties. ICAR benefited from this acceptance and from the protection afforded by our strong relations to the international governmental as well as non-governmental organizations.

The fact that we were tolerated at the beginning was also due, however, to the very low public profile we maintained in the early years – a policy that received criticism from some members of the European Union, who wanted publicity around the activities they supported. Because we considered the initiative's survival and the protection of services for our clients more important than donor satisfaction, we did not change our policy.

⁵ Law 118/1990

We also had to protect the initiative against infiltration by the former Securitate. At one point we noticed that a new colleague was discretely checking client files. When we asked him for documentation of his background and work history, he left and never returned. After this, the security police did not bother us. None of our confidential information has ever been revealed publicly, and we have never been targeted for the sorts of scandalous attacks or internal sabotage that had made Securitate so notorious. We are of course as vulnerable to infiltration as any organization, and have made sure to maintain a very clean and transparent operation.

Finally, we had to protect our initiative from political in-fights within the AFDPR. This was accomplished by insisting on the professional character of the initiative and the need for its complete independence from the AFDPR.

On the practical side, we had to be able to provide free medicine and medical care to our clients, not just for the direct medical consequences of torture and ill treatment, but for all other kinds of medical problems our clients suffered. Considering the relatively advanced age of these survivors, this was a particularly large task. The provision of medical care demands a costly investment in initial infrastructure, and significant daily costs for trained personnel, medicines and much more. We initially obtained international funding for our activities. But not only did we believe that the state was ethically obligated to fund these activities, we also faced a very practical reality: the relative shortage of international funding.

Targets for Pressure and Eventual Collaboration

In order to achieve our long-term goal, we needed to build and maintain collaborative relationships with many people and organizations, starting with responsible political figures at the city halls. The fact that the historical parties conquered most city halls in the May 1990 municipal elections greatly helped our initiative.

Even with this political support it was sometimes difficult, however, to find civil servants in the central administration who were suffi-

ciently motivated to help us and our clients. Our initial approaches to the National Health Authorities were unsuccessful, and improved gradually only over time and with political changes. The local health authorities were more accessible, and personal relationships at all levels proved useful.

We developed good relationships with key persons close to the General Medical Council,⁶ which helped us attract a number of qualified health professionals to our clinic as center staff or external consultants. It must be understood that those joining this initiative in its early phase, even in a strictly professional medical capacity, bore the risk of being considered politically suspicious, which could be “unhelpful” to career prospects in the public health services.

The key international non-governmental organization working in support of medical rehabilitation services for torture victims, the IRCT in Copenhagen, also helped us maintain and expand our support network. With their advice we managed to obtain financial assistance first from the European Union and later from the United Nations. This also involved the open support of the Danish Embassy in Romania, a level of diplomatic support that gave us some protection against harassment from those who might prefer to see our efforts frustrated. IRCT also channeled private donations to the ICAR Foundation, which eventually allowed us to turn the premises made available by the municipalities in Iasi, Bucharest and Craiova into up-to-date clinical facilities.



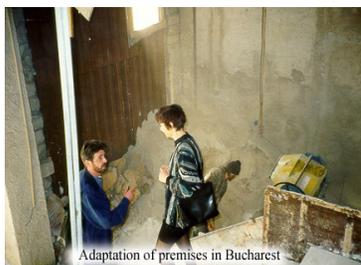
"Founder of ICAR welcomed at the Danish Embassy"

⁶ The General Medical Council is the professional association to which all doctors in Romania belong, and which issues licenses for both private and public practice.

The First Hurdle: Obtaining Premises

Bucharest I

We initially turned to Bucharest city hall, at that time controlled by the political opposition. We were well received by a civil servant whose father had been a victim of political repression, and we obtained a list of available, publicly owned premises in Bucharest that might be put at our disposal. Unfortunately, they had all been too damaged by the great earthquake in 1977. We eventually had to rent a centrally located apartment on the private market – a large expense, but our only option. In the meantime we had obtained our first grant from the European Union, which allowed us to



make the basic investment in office and medical equipment, hire the core clinical and support staff, and pay for necessary supplies, especially medicine. And so with one

year's delay – mainly due to the lack of a clinic site – we were able to start receiving clients in July 1993. Because the premises were not well suited to our purposes and soon became too small, we continued to look for a more appropriate and less expensive location.

We next approached all the district mayors in Bucharest, working to convince them that ours was an important service and that such activities were well established in most Western European countries. To further encourage support we convinced the mayor of District Four to visit the IRCT treatment center in Copenhagen. After the visit he gave us his support, and in 1995 offered us a somewhat larger apartment on the ground floor of a building owned by

the municipality of District Four.⁷ The building was in a rather sad state, but required only a nominal rent and was fairly close to our original location.

Through private international donations, and with the help of a local architect, we were able to complete the most necessary external and internal repairs, and adapt these premises for our purpose. We were also able to buy basic medical and office equipment to which we were able to add a dental unit, donated by the School of Dentistry in Copenhagen. The premises were approved for use as a clinic by the local health authorities. We had still, however, not found the ideal solution, since we had to maintain certain functions in the original premises.

Iasi

Together with the president of the local branch of the AFDPR, we met in 1994 with the mayor of Iasi, a city in northeastern Romania that has a large number of former political prisoners. This mayor was also from the political opposition and very sympathetic to the idea of creating a center for the former political prisoners in his city. After a few months he offered us an empty department store on the ground floor of a relatively new building in a good location. The city hall gave us a contract for 20 years at a nominal rent and, again thanks to private international donations, our architect was able to convert this space to an ideal setting for medical rehabilitation activities. The center was officially inaugurated in the late autumn 1995.

Back to Bucharest

With this very positive experience we again turned to Bucharest city hall. Corneliu Coposu died in the fall 1995, but had given his written recommendation to the mayor of Bucharest that the initiative receive assistance. We now

⁷ This tactic of encouraging government officials to attend international meetings and visit progressive international organizations in order to open them up to ideas of reform common in other countries is detailed in a separate tactical notebook: *Making Allies: Engaging Officials to Advance Human Rights*, by Boris Pustincev.

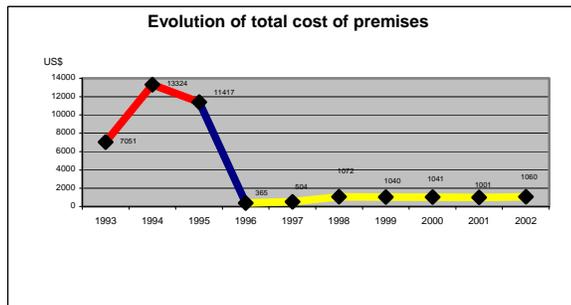
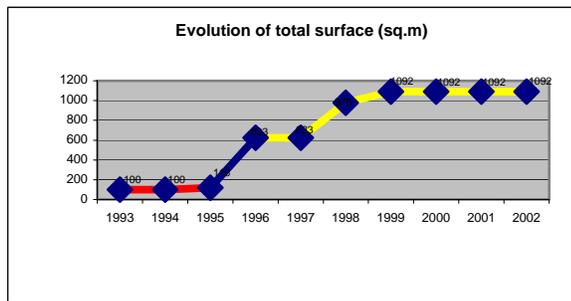


presented this document, and the mayor immediately instructed the city administration to make a new effort to find larger premises for the center. We were finally offered a larger space in an unfinished building on the main Unirii Boulevard. With the generosity of our international private donors (particularly the Parker Family of the Oak Foundation) and the vision of our able architect we were able to bring all our activities (except our dental cabinet) under the same roof, and took residence in 1999. The city gave us a temporary contract at a nominal rent and indicated that this contract would be renewed as needed.

Craiova

Finally, in 1998, we were able to establish our third, but smaller center in Craiova, in the southwestern part of the country. This required lengthy negotiations with the city hall. We found it helpful to have representatives from

the IRCT in Copenhagen accompany us in some of these meetings, as their presence lent a level of support and pressure to our case. The city government eventually decided to support our



effort by making premises available. After repair and adaptation these became a good setting for clinical activities.

Between these three municipalities more than 1000 sq. m. was put at our disposal at a nominal rent. The market value for such centrally placed office space in these cities easily exceeds \$100,000 USD per year, one-third of the annual operating costs of the three centers.

Keeping Up With Caseload and Costs

Our continuing challenge was now to provide free medical care and medicine to a constantly increasing number of clients. News of the center's existence spread rapidly among former political prisoners, and our appointment books were always full.

We had hoped to obtain practical assistance from the public health services, especially diagnostic and therapeutic services we could not

provide. When we approached the ministry of health soon after our official registration in the spring of 1992, however, we received a completely negative response.

We therefore began to build a network of sympathetic colleagues willing to provide their professional services at an affordable price. We also made contracts with external laboratories and specialty clinics, including geriatric hospitals, to guarantee our clients free access to such services. As a consequence, the cost of medical services and especially of medicine was rapidly increasing with the increase in the number of

clients, and soon created serious budgetary problems for ICAR.

After the revolution, recognized former political prisoners became entitled by law to free medical care from the public health system. But the capacity of the Romanian health care system was quite limited and access to care continued to be dependent on the patients' ability to pay health care providers "under the table." Since our clients had no money for such payments, they simply did not receive the services they needed – irrespective of the law.

ICAR's commitment to securing appropriate and qualified medical assistance at no cost to our clients was thus possible only through grants from our international donors. The staff was paid a decent salary to attract qualified professionals, but they were told never to ask for or accept supplementary payments from our clients.

Although the law also gave former political prisoners the right to free medicine, they were in fact not able to obtain it. Private pharmacies refused to provide medication free of charge, as they knew that high inflation and delays in compensation from the ministry of health meant they were unlikely to recover the full cost. To save face, the health system authorized a few doctors to prescribe from state pharmacies a few medications free of charge. Not surprisingly, this system was immediately flooded by clients and blocked.

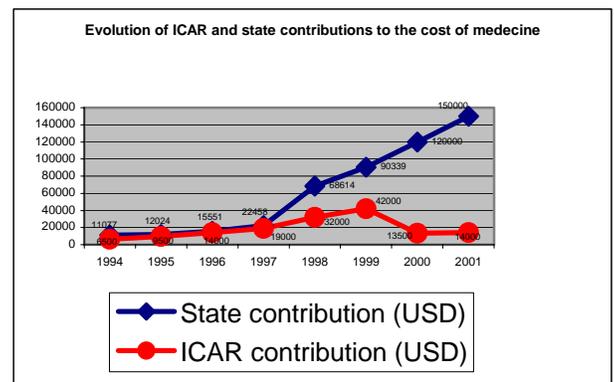
Given these funding difficulties, and the increasing number of clients to whom free medication was provided, ICAR began to face serious budgetary problems. We intended, however, to make certain our clients could obtain the medication to which they were legally entitled. We first invoked another law provision that allowed patients to choose their physicians. The ministry of health initially rejected our requests to allow ICAR's physicians to prescribe free medicines for our patients. But after persistent efforts they were obliged to make some concessions.

In the first round we obtained permission for the physicians at the ICAR Foundation to prescribe partially subsidized medicine within a limited per-person and per-prescription

budget. This lowered our medicine costs per client, but with an ever-increasing client load, and because we still had to cover the difference, medication costs continued to exceed our budget.

In 1997 we managed to convince a sympathetic city hospital director to help. He obtained permission to cover within his budget the cost of medicines prescribed by our physicians, as if they were on the hospital staff. This solved the problem in Bucharest, but not in Iasi or Craiova.

Through these steps, we have largely succeeded in protecting the right to prescribe free medicine to our clients. The value of this public contribution to our work from the National Health Insurance exceeds \$150,000 USD per year, one-half of the annual operating costs of the three centers.(graphic no.2)



Adjusting to National Health Insurance Legislation

To optimize the benefits that could be derived from the public system, we needed to constantly adapt to changes in legislation or administrative rules. This sometimes required us to significantly reorient our tactic, and even our organizational structure.

In 1998, a new National Health Insurance System was voted into law by the Romanian parliament, and all previous arrangements had to be reconsidered. Until now, ICAR had offered its clients both general and specialized medical care free of charge. Doctors who worked in consultation rooms at the center were paid monthly salaries, and were always able to pre-

scribe medicine according to clients' needs and refer them without charge to external specialists or treatment as needed. Regardless of changes to the national health care system, we needed to continue to provide our clients with the same level of complete and free medical care.

As a result of the new law, family doctors became the cornerstone through which insurance coverage was implemented for all medical care. In order to continue to provide free medicine, we thus had to organize two distinct group practices within ICAR: one for the general practitioners with whom our clients had to register, and another – in fact a professional association – for the specialists who before 1998 had worked for us individually as staff members.

Clients now became registered to individual doctors in their private capacity, a potential threat to the center's cohesion. This problem was temporarily solved by contractual agreements obliging ICAR's family physicians to release their clients and turn them over to their successors if they left the foundation.

An additional problem arose when the local branch of the National Health Insurance System noticed that our physicians were prescribing more costly medications, and more of them per patient, than the average family physician. They tried to put a monthly ceiling on the amount of medicine each of our physicians was allowed to prescribe. I had to explain that this apparent over-prescribing was a simple consequence of the very special composition of ICAR's clientele, patients with a high mean age and poor health. If ICAR's 1,000 clients in Bucharest were distributed among 50 family physicians they would need the same medicine at the same cost, but they would constitute only a small percentage of these physicians' patients. The insurance would not notice any excessive prescription of medicine by these physicians, and would simply pay the bills. ICAR centers

were now providing these people with optimal medical care, and at no extra cost to the insurance. Fortunately I was able to convince the insurance system of the logic of this argument.

Pressing for New Legislation

Because these solutions were not going to be satisfactory in the long run, we began to push for an amendment to the law allowing the ICAR centers to act as medical institutions providing medical care through staff physicians. ICAR clients would then be allowed to choose the Foundation as their provider of both general and specialized medical care within the National Health Insurance system.

Together with the AFDPR, we began lobbying for amendments to the existing health insurance legislation that would give foundations such as ours the right to provide family medical services to clients. We had access through personal contacts to the Public Health Department of Bucharest, to the ministry of health, and through them to the parliament's commission on health. Although we were not directly involved in drafting the law, it was through these pressures that the relevant amendments to the existing health insurance legislation were formally introduced in parliament in 2000 by the secretary of state for health. This led to adoption of the proposed changes by the outgoing parliament. The incoming government, a return to power of the former communist politicians, delayed publication of the implementation rules for a year, but did not try to annul the amendments.

Today, ICAR centers are registered as health care institutions that can provide general and specialized care for patients choosing these centers for their primary medical care – and the centers have the right to prescribe free medicine. Despite this gain, the detailed rules are written in such a way that it is not easy for us to comply with their practical application.

Seeking Reparation for Victims of Human Rights Violations

According to the UN Convention against torture, which has been ratified by Romania, the state parties have an obligation to provide victims of torture not only with compensation, but also with as full rehabilitation as possible. Given that our clients are victims of deliberate state human rights violations, we hope to convince the Romanian state that it should eventually take over the full cost of specialized care for these victims all over the country.

The torture survivor is a complex patient who needs comprehensive treatment for the physical, psychological and social consequences of torture, and requires spiritual, legal and financial assistance as well. The treatment of torture is a new chapter in medical education. In the 20 years since the first torture treatment center was opened in Denmark, rehabilitation centers around the world have accumulated a vast

amount of experience. Twenty years, however, is apparently not long enough to change the dominant attitudes of the broader medical profession, often still unaware of the complex needs of these special clients. The multidisciplinary team working in a rehabilitation center tries to meet as many of the survivor's needs as possible, something that cannot be done in an ordinary medical unit. We are aware that this very complex combination of services is not likely to be supported completely by the public health system, but we want to obtain from the state the maximum support guaranteed by law, and work to amend the law when necessary.

The non-medical aspects of reparation to victims of human rights violations – like legal redress, restitution and compensation, as well as moral reparation – should also become part of Romanian judicial and political tradition. Finally, there is an obligation for Romania to effectively pursue in court all perpetrators of gross human rights violations. Pursuing these problems will be a natural extension of the strategies and tactics we have used thus far.

Discussion and Analysis

Factors Working in Our Favor

Our success was affected by the character of the prisoners as a group and by specific qualities of ICAR as well:

- The immediate creation of a national association of former political prisoners, the AFDPR. Their elected spokesmen were able to act effectively on their behalf using the window of opportunity created by the relatively fluid political situation in the winter of 1989-90.
- AFDPR's unconditional backing of our efforts provided both inspiration and support with some behind-the-scenes pressure at the political level. And individual sympathizers within the system were helpful in a number of situations.
- ICAR's ability to operate in complete openness in spite of the lack of real public sympathy for its target group.
- ICAR's ability, after some initial setbacks, to establish and maintain direct contact with relevant levels of government and agencies as well as with professional groups and individuals.
- ICAR's international support from Denmark, the European Union and the United Nations, as well as from the United Kingdom and later the United States. We are particularly grateful for the very generous grants from the Parker family in Switzerland, and in gratitude for their constant support named our center in Bucharest CASA PARKER.
- Skills and abilities of the ICAR staff, and their connections to the health system. Our medical staff was allowed to provide, free of charge, the diagnostic examinations and medical treatment they

felt were appropriate. This helped our clients trust our commitment to provide them with optimal care, which in turn restored some of the confidence in people that they had lost during their years of political persecution.

- There were broader contextual factors working in our favor as well:
- There was a general political wish, even among former communists, to help facilitate Romania's integration into Western Europe by meeting European standards, including those related to human rights. During meetings with Romanian officials we constantly used examples of how, in other democratic countries, rehabilitation centers function in relation to the national health system and other local and national authorities.
- Romanian legislation is multifaceted, and open for interpretation. Its implementation tends not to be coordinated between sectors or administrative levels. This lack of coherence was sometimes to our advantage, as something not acceptable to one institution might be acceptable to another. Though there was no great political commitment to reparation for the sufferings of former political prisoners, there was also reluctance to openly criticize what we were doing – as long as we kept a low profile.
- The law concerning the rights of former political prisoners (Law 118/1990) gave us legal grounds for our effort.
- Although the Securitate people were still very much in control behind the scenes, they kept a low profile and did not try to sabotage our activities.
- In 1996, the presidential election resulted in the first non-communist president, Emil Constantinescu, and there was a change of government. This gave us an opportunity to have more access, and to raise our profile. The former political prisoners were publicly recognized as deserving of public gratitude and assistance for their fight against repression. (Even so, the center/right governments during this presidency were unable to make any serious effort to improve the situation of the former

political prisoners. Nor were they able to move ahead with any trials of the former torturers of our clients.)

Factors Complicating Our Efforts

Romanian society after 1989 was only a superficially reformed communist society. After 50 years of passive and responsibility-avoiding behavior, there was considerable resistance to change, and the Romanian population did not welcome independent initiatives or actions. The majority of people retained paternalist attitudes, and distrust was rampant, not only among the former prisoners, but in society as a whole. The relationship between the government and civil society was particularly polarized. Former prisoners received no sympathy from either the general population or the political hierarchy.

Impunity

Romanian society has shown little interest in bringing former perpetrators to justice or providing reparations to victims, and extreme delays in the judiciary system have frustrated anyone trying to achieve justice for past crimes. Ten years after the massacre in Timioara, for instance, the two generals responsible for giving the order to use live ammunition on an unarmed civilian demonstration were finally sentenced to prison terms. Right after their sentencing, however, they were somehow able – or enabled – to leave the country unpunished.

Senator Ticu Dumitrescu, the president of the AFDPR, fought a ten-year battle in the parliament to open the extensive personal files of the former Securitate. But the majority of parliament members used every trick and every excuse for delay to frustrate his initiative, which finally ended in a much-diluted version allowing candidates who stand for election to parliament to be screened for possible connections with the Securitate. In the end, not surprisingly, many Securitate files were missing. Because the committee charged with examining the files had to fight with the authorities holding them for every scrap of paper, it was unable to produce a report until after the elections.

In November 2000, the former communists regained the presidency as well as a working majority in parliament. Fortunately they have

changed their style somewhat, in part due to their desire to secure entry into North Atlantic Treaty Organization (NATO) and the European Union.

The struggle against impunity is a new element of our work, one we undertake as part of a comprehensive response to the needs of our clients. A full psychosocial rehabilitation cannot be separated from the question of justice. This work requires us to carefully prepare our strategy and tactics, to understand the ways in which the system resists any pressure for reform, and to invest time, money and determination in our efforts to break the system.⁸

We are currently preparing a project with an experienced organization in this field, "Redress Trust," based in London. This shared project seeks to contribute to the development of human rights standards and the rule of law in Romania through enforcement of appropriate reparation to victims of torture – including cruel, inhuman or degrading treatment and punishment – and by ensuring that perpetrators of such human rights violations are brought to justice.

Organizational Factors – Overcoming Our Own Fears

Each of us involved in this initiative was aware that the activity represented a challenge to the new powers, and might damage our professional careers. But most of us also had a personal motivation to help our clients, having seen some form of political repression among our families or friends. Each of us, then, decided to take the risk of joining the staff, and no one left because of pressure to do so. We developed strong relationships with our clients, and each of us has felt that helping these victims was the most emotionally fulfilling professional activity we could engage in.

⁸ In fact in March, 2003 ICAR Foundation opened a trial against the Romanian state asking them to recognise the existence of the Communist Holocaust in Romania and to present public excuses to the victims and their families. It is also asked to be recognised that the "Securitate" was a political secret service and had a terrorist character.

Unity and Momentum

ICAR management kept staff updated at regular meetings, and involved everyone in finding solutions to problems. Even when we were temporarily unable to offer staff their full salaries, almost everyone was willing to accept a temporary pay cut.

In working with torture survivors it is not uncommon for some of the burden of the traumatic experiences to be transferred from the victim to the care provider, sometimes leading to provider burnout. This in turn may lead to conflicts among the staff members over apparently unrelated issues, or to a splitting of the staff into warring factions. ICAR Foundation has experienced these situations, but they were recognized and dealt with efficiently and did not lead to the breakdown of the initiative.

We knew we had to seek out different kinds of solutions for the work to survive, and this demanded a great deal of adaptability from the staff. The arrangements that helped us secure free medicines, for instance, were sometimes quite complicated. Sometimes the heavy burden of medication costs led to discussions about whether a client should receive a particularly expensive or long-term therapy. In almost every case we decided to go ahead and offer the best available treatment, irrespective of the cost.

Challenging and Sanctioning Officials

Our financial manager was not afraid to challenge government officials. In one situation the ministry of finance refused to refund the VAT, which we were not supposed to pay as a humanitarian organization. ICAR had fulfilled all the legal conditions and still the payment had been delayed for more than a year. After we threatened to take the ministry to courts, we finally received payment. In another case, a local administration was charging the ICAR Foundation unjustified taxes, and we took them to court. This created some respect for the foundation, and such actions did not have to be repeated.

Results/Outcomes

We ultimately succeeded in mobilizing substantial contributions from public resources, which

has allowed us to provide continued quality medical care and rehabilitation to a substantial number of former political prisoners in three Romanian cities. The centers have also provided social rehabilitation to their clients by showing them the respect they deserve and overcoming their isolation. As one client expressed it during a visit of European Union evaluators to the center in Iasi, "I often come here even when I am not in immediate need of medical services – just because this is the only place in this city where I feel genuinely welcome."

In financial terms the activity still depends heavily on international donors – especially the

European Union and the United Nations Voluntary Fund for Victims of Torture. But the combined estimated value of the premises that Romanian city authorities have put at our disposal and the contribution from the Romanian National Health Insurance System to cover medication costs now total \$250,000 USD per year – 45 percent of the total estimated cost of operating the three centers in Bucharest, Iasi and Craiova.

Looking back at ten years of activity, we can fairly claim that our success was far beyond our expectation.

Transplanting the Tactic

It is our hope that this experience will be instructive for any group trying to convince the state to take responsibility for providing a legally mandated service to a specific group of people. Although our experience is in the context of medical services there may be many other areas where such pressure on and collaboration with the state could have positive results such as legal services or education.

Most specialized services for disadvantaged groups have probably needed this kind of tactical approach. The pioneers of such services have had first to mobilize public sympathy for a group not previously recognized as being in need of special attention, a group often the object of public rejection and even insult—such as leprosy patients, the mentally handicapped, the mentally ill and most recently patients with HIV/AIDS. Once public sympathy has been created, these groups benefit from public health programs and socio-medical care financed mainly by public funds.

In the case of former political prisoners in a basically unreformed society, an appeal for public sympathy was not really possible. Too many individuals in the public system had direct or indirect responsibility for the sufferings of these prisoners and wanted to forget the past. Even those who had simply witnessed this human rights disaster found it easier to assume that these people had somehow brought their suffering onto themselves, or that their stories were exaggerated. We thus had to rely on indi-

viduals whose families had personal experience with the problem.

In other situations both avenues might be possible: a campaign could create public sympathy and broad-based political support while also mobilizing individual allies inside the system through informal channels and direct personal contact.

Our experiences reinforced time and again that for the success of this tactic we had to a) take advantage of every conceivable opportunity for external support and governmental influence, and b) pay close attention to our internal organizational situation and relationship with clients. We had to continually research, evaluate, adjust and adapt, depending on how situations were supporting or hindering our progress in mobilizing public resources for Romania's survivors of torture.

When transplanting this tactic into new contexts, it is essential to pay close attention to these areas on an ongoing basis. Take time to research public resources that may already be available or could be expanded, and to develop new resources. Evaluate the supports already in place and available. This will provide a good starting point from which to build relationships and alliances, and will also show you what systems, agencies and legal or legislative supports you may need to gain access to in order to move forward. Adjust and adapt each area to keep pace with the new relationships, alliances and support you create in the process of build-

ing and strengthening the public resources for your issue or constituency.

We cannot emphasize enough the importance of keeping a watchful eye on your own organizational conduct in all arenas. As organizations can all too easily take on the symptoms and conflicts of the people they serve. Particularly when they are working with vulnerable and victimized populations, it is especially important to keep the pulse of the dynamics within the organization itself. These dynamics can greatly hinder progress if not attended to with care. In addition, the mobilization of public resources is in part a question of political credibility and reputation and your organization's political reputation will greatly benefit from maintaining an impeccable professional reputation.

The following questions can help you reflect on your potential use of this tactic.

Key questions to consider before trying to implement this kind of campaign

- Are members of your target group automatically or legally eligible for the public (health) services you are seeking to provide for them?
- Do the available public (health) services meet the standard of quality your target group requires, or do you need to establish your own service organization to guarantee this quality? If they are adequate, your task is to have your target group accepted and treated by the national system. If services are unacceptable or non-existent, as was the case for torture survivors in Romania, the task might involve establishing a new institution to fill the gap, then convincing the state to support this institution's work.
- What are the financial and human demands you will face? Can the target group pay for such services, or will you need to find funding? Will you be able to do this? Can you provide adequate services? Can you promise consistency and dedication in order to earn the trust and loyalty of the target group? Can you find enough private and inter-

national support to sustain your efforts while you try to persuade the state to fulfill its responsibilities? Where would you need to begin building the financial and human support systems for the work you plan?

- What will be the state's response to your demands? Will there be inertia, incompetence, or outright resistance? Can you analyze the nuances behind these responses in order to overcome each one?
- Do you have allies inside the state system, in the ministries or administrative units that are responsible for the services you hope to mobilize? Do you have avenues and contacts for improving and expanding such alliances?
- Do you have allies within the political system? If you need to put pressure on a given administrative unit, can you do so?
- Will your effort require a legislative strategy? Will changes in law make it more feasible to obtain state support for services? Do you have the contacts and allies to develop and promote the necessary legislation?

If you think the answers to these questions are sufficiently positive, and you intend to implement such a tactic, consider how it would fit into your overall strategy. You may want to consider some of the steps taken to implement this tactic:

- Build trust and solidarity with the target group. Based on your own skills and expertise and the target group's needs, set goals regarding the services you intend to provide.
- Start working for the priority needs of your clients even on a volunteer basis if necessary.
- Begin looking for allies within the administration and the political bodies of the state.
- Study the legal opportunities and speculate on any lack of coherence or specificity within the law. Identify international human rights and humanitarian law that supports your claim.

Find the legal framework that will allow you to bring together the different rights of the group under a coherent formula that allows you to satisfy the needs you have identified. Find some smart lawyers sympathetic to your cause. Using existing legislation or legislation under preparation makes it easier for sympathetic administrators at various levels to provide for the special needs of a specific target group than if they have to push through specific legislation for one group.

- Study the political system to identify the most effective place to focus your attention, pressure or search for allies.

Never forget that your target group itself will have its own political power and connections. It may be useful to think of analogous groups that may already receive the kind of attention you want to secure for your target group.

- If your strategy involves a public campaign to gain sympathy and support for your clients, you will want to ally yourself with sympathetic journalists. Even in a low-profile struggle such as ICAR's, media allies can be important when you need certain kinds of pressure, or when you need to protect yourself against attempts to delegitimize your efforts.

Conclusion

Fortunately, in all societies at all times there are courageous, desperate or even "crazy" people who are willing to speak out. There is no completely silent civil society. But there is also no recipe for how to make people break the silence or decide to act. You should not give up on a tactic before exhausting all possible ways to adapt and implement it. We, for instance, realized that we needed to directly approach the responsible agencies and use the best possible legal arguments. We had to beat them with their own methods.

It was extremely draining to have to invent new solutions to constantly changing situations – and then to convince an unenthusiastic public system to support the implementation of such solutions. Sometimes the speed of the political

changes made it impossible for us to make plans at all. I was, in fact, a little afraid of what we were doing at times because the lack of an explicit legal framework required us to use so many imaginative interpretations to reach our goals. I believe that our tactic succeeded because of the lack of precedent, our element of surprise and the transparency of our organization in our determined but always correct relations with the public authorities.

If I had to do everything over there is not much I would change. I don't think we missed any opportunity to mobilize private or public resources in order to help the former political prisoners, though it took both time and patience to transform our expectations into reality.

Notes

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