

BRAZIL

Human rights violations and the health professions

Brazil provides an important case study of the role doctors can play in the protection of human rights and the dangers faced and opportunities missed when they do not live up to that role. During the period of military rule in Brazil, 1964-1985, many doctors were alleged to have aided and abetted the torture of political detainees: determining their weak points and assessing their health ('preparing them for torture'), testing their physical capacity for further interrogation, restoring them to health when they collapsed, or falsifying medical and, particularly, death certificates, to cover up deaths under torture and extrajudicial executions. Now some 20 to 30 years after many of the cases in question, Brazilian society and the medical community are still trying to account for these state-directed crimes. The failure of the Brazilian state to address these abuses is a matter of record. There has been total impunity for all human rights violations committed under military rule. No-one from either the security forces nor the medical profession has been brought to justice. Such prosecutions have effectively been blocked by a 1979 Amnesty Law (*Lei de Anistia*) and the statute of limitations. The tortuous path that some of these cases have taken through medical ethics committees and, most recently, in Brazilian courts, illustrates the difficulties that the medical and human rights communities have in tackling such a sensitive issue.

One obstacle to more forthright medical exposure and documentation of the practice of torture has been the subordination of forensic services in Brazil to the security forces. In recent years, forensic pathologists have campaigned for autonomy from Public Security [Police] Secretariats. The government itself in a recent Human Rights Program has recognised the need to "strengthen Forensic Medicine and Criminalistic Institutes, adopting measures that assure their technical excellence and progressive autonomy, linking them with universities with a view to increasing technological advances."¹

A number of doctors, forensic pathologists and other health professionals have, despite all institutional and material obstacles worked hard to document and expose evidence of human rights violations. It is hoped that with the removal of some of these obstacles more health professionals will be able to contribute their skills to ensure wider respect for human rights in Brazil.

This paper examines some of these issues and makes suggestions for an increased role by doctors and other health professionals in the prevention and exposure of torture and other abuses.

Medical ethics and professional bodies in Brazil

Each of the 27 states in Brazil has an elected Regional Medical Council (*Conselho Regional de Medicina*: CRM) which regulates the ethical conduct of medicine in the state and elects two representatives to the Federal Medical Council (*Conselho Federal de Medicina*: CFM), which sets standards and can act as an appeal body in disciplinary cases. In addition to the councils, two other kinds of medical body exist. These are the Medical Associations (*Associações de Medicina*) which focus on scientific aspects of medicine and the Doctors' Unions (*Sindicatos dos Médicos*) which focus on conditions, remuneration and medico-political issues. Few of the Regional Medical Councils where torture is known to have taken place appear prepared to discipline doctors accused of collaboration in torture.

¹ "Fortalecer os Institutos Médico-Legais ou de Criminalística, adotando medidas que assegurem a sua excelência técnica e progressiva autonomia, articulando-os com universidades, com vista a aumentar a absorção de tecnologias." *Programa Nacional de Direitos Humanos, Presidência da República*, May 1996. National Action Plan on Human Rights, launched by President Fernando Henrique Cardoso, May 1996.

Both at the Federal and State level the Medical Councils have stalled, then proceeded, stalled again and proceeded again on hearings of the allegations of unethical behaviour by doctors during the military period.

The range of penalties available to the CRMs to deal with any infraction of medical ethics comprises: two levels of confidential censure; public censure; suspension for 30 days; and being struck off the medical register (*cassação*). Registration with the CRM is compulsory, although in 1979 the Military Government introduced special legislation, decree law 6681, to exempt military doctors from discipline by CRMs. Appeals against any penalty administered by a CRM can be made to the CFM at the federal level where they are heard by a commission of three doctors. The decision of the CFM is binding.

Past involvement of doctors in abuses and attempts to discipline them

In September 1990 the Rio de Janeiro Regional Medical Council (Cremerj) received denunciations against 44 doctors for acquiescence in torture during the military period. By mid-1996 disciplinary proceedings had been opened against 15 of those denounced. The São Paulo CRM received similar denunciations against 66 doctors in October 1990 and, by mid-1996, disciplinary proceedings had been opened against 25 doctors.

One of the first cases to achieve public notoriety was that of the forensic doctor, Dr Harry Shibata, who was struck off the medical register of the São Paulo CRM in 1980. This followed investigations into his part in signing a medical certificate stating that a political prisoner, former deputy Marco Antônio Tavares Coelho, showed no marks of torture after prolonged interrogation in January 1975 at military intelligence headquarters in São Paulo. A subsequent examination by military doctors confirmed that there was clear evidence of torture. At the time, Dr Shibata was Director of the São Paulo State Forensic Medical Institute (*Instituto Medico Legal*). He signed death certificates in several other notorious cases, such as the death in custody in 1975 of journalist Vladimir Herzog (although he later admitted not having actually viewed the body before signing the certificate). Dr Shibata was the first doctor to have been sanctioned in connection with torture. The case was brought before the CRM in 1976 but hearings were repeatedly postponed until a newly-elected board of the Council reopened the investigation, culminating in the unanimous ruling in 1980. The ruling was overturned by the CFM in 1982 which at that time chose not to uphold the finding of the state council, and Dr Shibata was reinstated. However, hearings on his case recommenced in 1995, and were continuing at the time of writing².

The scale of medical involvement in torture—principally false certification and cover-up but also more active forms of assistance—was extensive. Some doctors became well-known public figures following media interviews in which they discussed their activities during the military period. Dr Amilcar Lobo, a military psychiatrist, gave several detailed interviews to the Brazilian press in 1986 and 1987³ and appeared in a BBC television documentary on doctors and torture in 1990⁴. He was suspended by the Cremerj in 1988 for preparing political detainees for torture, testing their physical capacity for interrogation and reviving them when they were unconscious. The decision was ratified by the CFM in the following year.

O Globo, 3 August 1995.

Istoé, 1 April, 8 April, 15 April 1987.

Doctors and Torture. Penumbra Productions (HO Nazareth, producer) 1990. Screened BBC television, 12 September 1990.

However in April 1996 the Regional Federal Court in Brasília ruled that Dr Lobo should be reinstated to the medical register. Dr Lobo had lost two previous appeals against having been struck off. This time the court ruled that a statute of limitations should apply in his case. At the time, Dr Lobo vowed he would seek compensation for his loss of earnings during eight years' suspension. Cremerj will appeal the decision to the Supreme Court.

In March 1996 the same court had ruled that Regional Medical Councils have no jurisdiction to discipline military doctors. This followed the FMC's sanctioning of Dr Ricardo Fayad. Cremerj's decision to suspend him in 1994 for collaborating in the practice of torture in military establishments in Rio de Janeiro 1972-1978, was ratified by the CFM in August 1995. Dr Fayad, a military doctor, had been promoted to the rank of General under the civilian government of Itamar Franco 1993-94. The military immediately cited Decree Law 6681, passed in 1979, which prevented military doctors being subject to civilian discipline. Thus although suspended from civilian medical practice, Dr Fayad continues to work as a military doctor in the southern state of Rio Grande do Sul.

The significance of the two rulings was not lost on the Vice-President of Cremerj, Aloísio Tibriça, who commented: "The Lobo and Fayad cases have created dangerous jurisprudence; other doctors who are struck off could take the same route. Torture is a crime against humanity, for which there is no statute of limitations."⁵ Indeed, under Brazil's 1988 Constitution torture is defined as a crime that is not subject to bail or a statute of limitations. In the eight years since its promulgation, the Brazilian Congress has failed to pass complementary legislation to include torture as a crime in the penal code.⁶

'Calumny' is a crime in the penal code, however, and the charge has been used to inhibit investigations of medical connivance in torture. On 7 April 1993 Helena Greco, the then 76-year-old president of the Minas Gerais Branch of the Torture Never Again Movement (*Movimento Tortura Nunca Mais*: MTNM) was convicted of calumny and defamation and given a one year suspended prison sentence. The court case against her had been brought by two doctors named in a list of 12 forensic pathologists which the MTNM had submitted to the Minas Gerais Regional Medical Council in 1991. MTNM had sought an investigation of their role in signing death certificates ratifying official versions of the deaths of political prisoners from "suicide" or "armed confrontations", when it was believed they may have died under torture. Although the Minas Gerais CRM never acted on the list and closed the file, two doctors took out criminal actions against the human rights group for its request for an investigation. The one year suspended prison sentence was handed down, even though Helena Greco had no prior knowledge of the legal proceedings opened against her.

On 22 June 1996 the Ethics Committee of Cremesp - the Regional Medical Council of São Paulo, voted to strike off Pêrsio José Ribeiro Carneiro from the medical register. This related to his work as a forensic pathologist during the military period. The Cremesp cited the death of political prisoner Joaquim

"As causas de Lobo e Fayad criaram uma jurisprudência perigosa; outros médicos que venham a ter seus registros cassados podem seguir o mesmo caminho. A tortura é crime contra a humanidade, não pode ser prescrito."

Evidence of torture is considered an aggravating circumstance to the crime of homicide, however, which may affect the length of a sentence. The crime of torturing a child or adolescent is included in the 1990 Children's Statute, and carries a one to five year prison sentence, Amnesty International is unaware of any convictions brought under this law.

Alencar Seixes whose injuries the pathologist noted but failed to register them as the result of torture on his death certificate. The case now passes to the Federal Medical Council.

Such cases have sparked a wide-ranging debate amongst the forensic professionals about the definition of torture and the role of doctors in certifying injuries that may have been caused by torture.

Forensic doctors and the search for the “disappeared”

The continuing search for the truth about the fate of those who “disappeared” and those who died in unclarified circumstances in official custody during the period of military rule has thrown up further evidence of medical involvement in false certification and demonstrates the importance of forensic skills in human rights investigations.

Prior to the return to civilian rule in Brazil in 1985, human rights groups started to document the widespread torture in the country during the military period. As a result of this research, a major study and document, *Brasil Nunca Mais* (BNM: Brazil Never Again)⁷, was published in 1985. Drawing on official court records, this report documented torture in Brazil in considerable detail and included testimony of significant medical participation in torture. After the return to civilian rule a number of states allowed access to former secret police files. Relatives and human rights groups began to discover photographs of former political detainees taken at the time of death—many showing signs of torture or execution which clearly contrasted with medical certificates ratifying the security forces version of deaths through ‘car accidents’.

Since January 1996 a Special Commission has been operating in the Ministry of Justice to examine relatives’ claims in relation to those who “disappeared” and “those who died of unnatural causes in official custody during the military period” with a view to finally granting compensation to families, and seeking to locate remains. Analysis by forensic doctors of photographs in official files has been crucial to determining what may have been the true cause of death in many of those cases. However no forensic pathologist has been seconded to or contracted by the Special Commission, and this work has had to rely on the good will of individual pathologists.

University Forensic Centres have also been called in to assist in identifications following the discovery of clandestine cemeteries believed to contain the remains of some of the “disappeared”. In September 1990, a clandestine mass grave containing 2,000 human remains was discovered in the Dom Bosco cemetery in Perus, São Paulo. In the main, these were the bodies of poor indigents which it was the cemetery’s practice to move after three years. Yet it was believed that the bodies of up to 15 political prisoners had been buried amongst them. The then mayor of São Paulo authorized the exhumation of the entire grave. The University of Campinas’ Forensic Medicine Department took charge of the grave and has been using photo-imaging techniques to match pre- and post-mortem photographs to identify some of

Brasil Nunca Mais. Sao Paulo: Vozes, Petropolis, 1985.

the remains. Progress has been extremely slow and a matter of some frustration to relatives of the “disappeared”. Six positive identifications of bodies from the Perus cemetery, have been made however⁸.

In September 1992 exhumations of 2,100 remains from a clandestine grave within the Ricardo de Albuquerque Cemetery in Rio de Janeiro were undertaken by pathologists from Cremerj and an anthropologist from the University of Rio de Janeiro under the supervision of the Argentine Forensic Anthropology Team (*Equipo Argentino de Antropología Forense*). The remains of 14 political prisoners including two of the “disappeared” were believed to be buried there. Work was suspended in March 1993 for lack of funds.

In April 1996, further evidence about the possible fate of some 60 people who “disappeared” in the Araguaia region of northern Brazil⁹ emerged after a military officer passed files containing photographs to the newspaper *O Globo*. The Ministry of Justice’s Special Commission announced it would interdict the area of eight alleged clandestine cemeteries. Amnesty International has strongly recommended that experts in forensic anthropology are brought into the initial excavation of clandestine graves—previous experience in many countries has shown that such expertise is crucial to prevent vital evidence being lost through clumsy or careless digging. Members from the Argentine Forensic Anthropology Team travelled to the site in June 1996 to survey the area.

The doctor’s role in documenting and exposing torture

Since the return to civilian rule from 1985, torture for political reasons has been restricted to torture of peasants in land conflicts. Torture for the purposes of crime control, which has always taken place, became more visible. Torture was, and continues to be, frequently used to extract confessions from those arrested in connection with crimes. However, it is also used indiscriminately against those in police custody whether or not there is a plausible criminal case to be made against them, and is often used as a method of extortion.

Full medical investigation of injuries sustained in police custody is vital. A medical report is often the only evidence a torture victim has to substantiate a complaint, just as an autopsy report is often the only evidence of death under torture. Each state has its own Institute of Forensic Medicine, *Instituto de Medicina Legal* (IML), which is a branch of the state Public Security Secretariat. Forensic pathologists have recently campaigned for the institutes to have an autonomy from the police. Under Brazilian law, only a medical examination authorised by a police authority is valid in court. A well-founded fear of reprisals has meant that victims have often been reluctant to seek authorization for a medical examination from the police station in which they were tortured; instead some have sought independent medical examinations of injuries sustained in custody, and then had these registered by a public notary.

Those identified to date from the Dom Bosco cemetery in Perus are Sonia Maria de Moraes Angel Jones, Antônio Carlos Bicalho Lana, Dênis Casimiro, Hêlber José Gomes Goulart, Frederico Eduardo Mayr, Emanuel Bezerra dos Santos.

This was a region where military forces were engaged in counter-insurgency operations against a small guerilla force in the early 1970s and where many “disappearances” occurred during this period.

The following brief case studies illustrate the possibilities and difficulties in gathering medical evidence of ill-treatment or torture.

Brasília

In October 1995 two forensic doctors examined Benjamin de Jesús, following his detention at the Robbery and Theft Police Station (*Delegacia de Furtos e Roubos*) in Brasília and concluded that he had been tortured. The case received considerable press coverage. The doctors later complained that when called to give evidence to investigating police officers they were jeered at and generally intimidated, and their qualifications questioned.

Ceará

The use of surprise visits to police stations in the State capital, Fortaleza, had revealed a pattern of torture by civil police in Ceará. A full investigation began after the Bar Association and Legislative Assembly Human Rights Commission paid a surprise visit to the Robbery and Theft Police Station in Fortaleza on the 12 April 1993 and walked in on Antônio Ferreira Braga being tortured. With his hands handcuffed behind his back he had been rolled in a rug and beaten with a wooden club. The club, electric wires and the rubber inner-tube of a tyre (with which he had been semi-asphyxiated) were all on view, and photographed. The delegation had to seek the permission of the neighbouring 2nd district police station for the medical examination of Antônio Ferreira Braga - who was then taken to the IML. The IML doctor confirmed that he had ecchymoses to the wrists, right shoulder, shoulders, neck, buttocks and the right side of his face.

An internal disciplinary inquiry recommended the dismissal of two police officers and suspension from duty for 15 and 60 days respectively of the police station chief for negligence and another officer for illegal arrest. Three years after the event, in May 1996, the prosecution service offered criminal charges against the same four officers for abuse of authority and causing injury. On 8 August 1996 two of these policemen were given a suspended six month sentence for their involvement in the detention and torture of Antônio Ferreira Braga. The police station chief and other officer were acquitted.

Piauí

On 29 January 1996 some 29 prisoners escaped from the Vareda Grande Prison in Floriano, in Piauí state. On 4 February a number of the prisoners were recaptured in the neighbouring state of Maranhão at which time they were said to be in good health. The family of one of them, Elzimar Antônio da Silva, learned that he had been severely beaten and was being kept naked in solitary confinement without medical assistance. Amnesty International issued a special appeal on his behalf seeking immediate access to medical attention. He received medical attention and was removed from solitary confinement. The President of the Piauí branch of the Brazilian Bar Association visited the prison and was allowed access to Elzimar Antônio da Silva, now with a bandaged arm, who recounted that he had been beaten on arrest. An internal administrative, and an external police inquiry were opened into the ill-treatment. As a result of their intervention in this case, the Bar Association subsequently received other denunciations of ill-treatment in Piauí prisons and jails, especially of adolescents. This has resulted in the opening of five inquiries into the torture of adolescents in the state.

São Paulo

The importance of medical visits to prisons after riots or attempted breakouts is demonstrated in the case of a riot at a juvenile detention centre in São Paulo on 30 March 1993. The riot, by a group of young offenders at the Tatuapé Juvenile Detention Centre, São Paulo, was quashed by a joint force of FEBEM security personnel¹⁰, São Paulo military police and members of a private security firm. According to the young inmates, they were beaten with truncheons and sticks after the riot was put down. Immediately after the riot was quashed, the State Secretary for Children stated that no children had been hurt. However, two days later, members of the Juvenile Court Prosecution and Welfare Service (*Promotoria de Justiça da Infância e Juventude*) of São Paulo visited the detention centre with a forensic doctor. They found that, out of the 113 young inmates in the centre at the time of the riot, 75 had wounds and bruises which the doctor stated were consistent with beatings with blunt instruments. Moreover, six young inmates required hospital treatment. The São Paulo authorities later replied to Amnesty International that only 53 adolescents were injured, only two seriously. According to reports, the Chief of Security of FEBEM, who was in command of the operation to quell the rebellion, was already under investigation following allegations of beatings and ill-treatment made by inmates of another juvenile detention centre where he had been in charge of security in 1991. A police inquiry was opened into these allegations but in none of the São Paulo authorities' replies to Amnesty International did they make mention of any proceedings either disciplinary or criminal opened against those found responsible.

Early intervention by medical staff in the detention process can have an important effect in preventing torture and ill-treatment. A forensic medical post was set up in 1992 within the offices of the Juvenile Court Prosecution and Welfare Service, also known as *SOS Criança* (SOS Child), of the city of São Paulo. This allowed immediate medical examination of children who claimed to have been ill-treated by police. Children were encouraged to identify police officers who had assaulted them, without fear of retribution. Previously, after such an allegation was made the detaining policeman would accompany the child across the city to one of the IML centres for medical examination - a recipe for intimidation. After the journey the child would invariably withdraw its complaint. By placing an IML post in *SOS Criança*, abuses could be more quickly verified and offending policemen no longer assured of impunity. It would also protect policemen from false allegations. The deterrent effect was immediately visible. *SOS Criança* reported an 80 per cent fall in police violence against juveniles in the city of São Paulo between the third quarter of 1992 and the third quarter of 1993. The IML post continues to operate within *SOS Criança* and is credited with being a curb against violence by police against juveniles at the point of detention.

In order to effectively expose torture and other abuse, doctors and other health professionals require institutional backing from hospitals and professional associations. If the Brazilian authorities are serious in attempts to stamp out torture, they should facilitate more regular medical checks and access for medical personnel to police stations and prisons.

The prevention of torture was one of the challenges referred to in the Brazilian Government's first periodic report to the UN Human Rights Committee on the country's compliance with the International Covenant on Civil and Political Rights. In that report, dated November 1994, the Brazilian Government asserted "Finally a measure which has been highly effective in diminishing the number of cases of torture is the institution of a compulsory medical examination to assess the health of prisoners before and after

FEBEM is the State Foundation for the Welfare of Minors. It helps run the Centre.

they are detained”¹¹ Expert members of the Human Rights Committee examining this report at the UN in Geneva in July 1996 repeatedly asked the official Brazilian delegation for information as to which states in Brazil this new norm was effectively in practice. The delegation was unable to provide the examples asked for.

Amnesty International greatly welcomes the provision for pre and post detention medical examinations which it believes may well contribute to the reduction in the incidence of torture in both police stations and prisons. However the organization has no knowledge of anywhere in Brazil where this provision is routinely in operation. Following the July 1996 Human Rights Committee Session the organization wrote to the Ministry of Justice in this regard, seeking confirmation of the relevant legislation and where it could be seen in practice. At the time of going to press [September 1996] the Ministry of Justice had not replied.

Should this new federal legislation be made operational in all the states of the Federation, this would provide a great opportunity for the medical profession to rise to the challenge of the defence of human rights and prevention of torture through an inspection role at the time of detention. The implications of such routine medical examinations are great, including with respect to organization and relevant training, and need to be considered in full by Regional Medical Councils.

Deaths in Custody

The death of a prisoner should trigger an appropriate investigation to determine the cause and manner of death. In Brazil, the extent to which this happens and the resistance of law enforcement officers to open investigations, are illustrated by the following case studies.

Ceará

On 25 October 1995, José Ivanildo Sampaio de Souza was found dead in the Federal Police Headquarters in Fortaleza, Ceará. He had been detained the day before in connection with alleged drugs offences. Forensic doctors from the Forensic Medical Institute gave the cause of death as acute internal haemorrhaging brought about by traumas to the kidney and liver, caused by a blunt instrument. The forensic doctors registered marked bruising to the chest and buttocks, four broken ribs, a ruptured left kidney and damaged liver. Bruising on the wrists was consistent with handcuff marks.

An investigation was opened headed by the federal police officer in charge of the police station in which José Ivanildo Sampaio had died. After considerable protest by the State Legislative Assembly's Human Rights Commission the investigation was transferred to a federal police officer from the neighbouring state of Paraíba.

Ceará Federal Police went to great lengths to avoid being attributed responsibility for the death in custody. They produced several versions of events including that José Ivanildo Sampaio had been injured in an unconnected fight prior to arrest; that he had been beaten up by cell mates who believed he had given police their names; that he had been tortured outside Federal Police headquarters and that he had

”Finalmente, medida relevante para diminuição dos casos de tortura foi a que instituiu a obrigatoriedade de perícia médica para averiguar as condições de saúde do proso, antes e depois de efetuada a prisão.”

been killed in a crime of passion by a cell-mate who shared the same girlfriend. Ceará Federal Police went as far as suggesting that José Ivanildo Sampaio's body was mutilated in the IML after death, by pathologists in order to discredit the federal police. The ostensible reasons for this being that IML doctors were taking revenge for the prior detention of an IML telephone operator by federal police, on drugs charges. The federal police were so insistent on this version that the body was exhumed and a second autopsy conducted by forensic pathologist Dr Fortunato Badan Palhares from Campinas University's Forensic Medicine Department in São Paulo. Dr Palhares's autopsy confirmed the original Ceará IML's findings.

Campinas University was then called into undertake extensive tests on a series of plastic coca-cola bottles. This followed the federal police contention that José Ivanildo Sampaio had been beaten to death by a cell-mate with a plastic coca-cola bottle - the only available implement in the cell. The coca-cola bottle was attributed with causing him broken ribs, an injured kidney and liver. The tests demonstrated that an ordinary person could not hold the bottle and strike it with sufficient force to cause the injuries.

After the investigation was completed the case was passed to the Federal Prosecution Service where it awaits a decision on whether to prosecute seven federal policemen implicated in the death in custody.

On 5 July 1996 the Federal Chamber of Deputies approved draft legislation presented by the Ministry of Justice granting a monthly pension of \$R 300 (\$US 300 approx.) to José Ivanildo Sampaio's widow and children. The bill awaits a vote in the Senate.

Sergipe

On 12 May 1990 José Ailton de Souza, a 26-year-old builder was detained by members of the *Delegacia de Roubo, Furtos e Produtos Controlados* (DEROF: Robbery, Theft and Controlled Substances Squad) in Aracajú, state capital of Sergipe state. He was accused of having stolen a bicycle. His corpse was sent to the IML on 13 May 1990 with a form stating that he had fallen off a bicycle near the police station. The next day a replacement form was sent to the IML stating that he had died inside a cell at the police station from an unknown cause.

The forensic pathologist on duty, Dr Jorge Martins, noted that the body was covered in injuries consistent with heavy beating and that he had a mark on his right scrotal area indicating the application of electric shocks. He called the Director of the Forensic Medical Institute and asked for an experienced forensic professor to accompany him in carrying out a detailed autopsy. In the interim, the police secretariat issued a third account: that José Ailton de Souza had been beaten by members of the public on stealing a bicycle, had been saved by members of the police who took him to a police cell where he died as a result of injuries. Dr Jorge Martins alleged to the press that he had been threatened with dismissal by the acting Secretary of Public Security, Barreto Mata.

The local section of the Brazilian Bar Association, the CRM, the *Sindicato dos Médicos*, and the Sergipe Medical Society (*Sociedade Médica de Sergipe*) called a special meeting to discuss the situation. The State Legislative Assembly summoned the acting Secretary of Public Security, Colonel Barreto Mata, to answer questions on the practice of torture in the State. When Colonel Barreto Mata appeared before the Legislative Assembly, civil police disrupted proceedings with jeers from the gallery.

An internal administrative inquiry was opened into Dr Martins' allegations of pressure from police authorities over the case and into the death of José Ailton de Souza. The latter inquiry was presided over

by a police officer who had himself been put under investigation the fortnight previously in relation to allegations of torture. Dr. Martins was forbidden by the superintendent of the Civil Police to make any further comments to the press on the case.

Dr Martins, who had a series of longstanding disagreements with the Forensic Medical Institute hierarchy, was dismissed in July 1991 and has since moved into a different branch of medicine. In August 1991 he received a formal request to sign the original autopsy report of 17 May 1990. He had passed his autopsy notes to the IML for typing in May 1990. The version he was asked to sign in August 1991, although containing the reference to torture, omitted his first two-page description of the different versions presented by police to obscure the case. Since he believed the entire story should be included, he refused to sign the amended autopsy. The fact that it took over a year for the typed autopsy report to be presented for signature, demonstrated that the investigation of the case was not an official priority.

Extrajudicial killings

Fundamental to the investigation of an unexpected death is the autopsy: the post-mortem examination of the body to determine the cause of death (i.e. the medical reason for the death), the mechanisms of death (i.e. the factors which led to the death) and the manner of the death (accident, homicide, suicide, natural death, or unknown nature).

Each of Brazil's 27 states has its own autopsy format although they are similar in nature. The pathologist is asked five basic questions regarding the type of injuries and possible instruments causing them. The pathologist is required to give the physical cause of death, for instance cerebral trauma, but not encouraged to offer extensive comment on the mechanisms of death nor to give an opinion as to the manner of death, for example, natural, suicide, misadventure, homicide.

Crucial information relevant to future criminal proceedings is thus often lost, because more precise questions are not asked of, and therefore not answered by, the pathologist (though in many cases, they provide as much supplementary information as possible). The formulation of the tasks allotted to him or her and, therefore, the judicial procedures governing the provision of expert testimony are inadequate. The professional experts often work without any guidance from the official investigation, and are limited to providing autopsy reports based on a routine formula, on bodies that are not accompanied by any relevant information regarding the circumstances of the death.

Principles 12 and 13 of the United Nations Body of Principles on the Effective Prevention and Investigation of Extra-Legal, Arbitrary and Summary Executions provide clear guidelines for the conduct of autopsies in such cases, which include provisions for pathologists to be given access to relevant information, the necessary time to conduct a thorough investigation and a recommendation for them to take colour photographs of the deceased, "in order to document and support the findings of the investigation."

Brazil suffers from particularly high levels of extrajudicial executions which occur on the streets as police take the law into their hands to control crime, and in periodic massacres affecting vulnerable groups: landless peasants, street children, shanty town residents and prisoners. The common thread in all such cases is the almost universal impunity for such killings.

Accurate forensic examination in such cases is crucial to determining whether victims were executed on surrender or whether they were killed in "shoot outs" which is invariably the official version. However

the task of forensic doctors in trying to determine the cause and manner of death is often greatly hampered by deliberate obstruction and tampering with evidence by the police forces concerned.

A routine technique for obscuring evidence in cases of fatal shootings by police is that of removing corpses to hospitals. This was first brought to public attention in the book '*ROTA 66: The Story Police Who Kill*'¹², a study of fatal shootings by police in São Paulo, 1970-92, written by journalist Caco Barcellos. The apparent purpose in taking corpses to hospitals rather than city morgues is (a) it makes it appear that police were trying to assist the victim and provide medical assistance—even though the victim is already dead on arrival at hospital; (b) it prevents 'scene of the crime' evidence being collected, the position of the body and location of other material evidence being established; (c) clothes may be removed and the body washed in hospital, removing further vital forensic evidence.

A survey of 147 fatal shootings by police in Rio de Janeiro, January 1995 - April 1996, revealed that, in 102 cases, corpses were taken to hospitals and not to Forensic Medicine Institutes (IMLs) for autopsy. In some instances medical staff have refused to accept these corpses or to certify that they died after arrival at hospital. Hospital directors' support for administrative staff in these difficult circumstances would help end this practice.

The use of lethal force against alleged criminals detained by, or otherwise under the control of, the police is a major concern to Amnesty International. The role of medical personnel in documenting the nature and context of the killings is also of concern. In rural areas doctors work in precarious conditions and there is a need to strengthen the role of these, as well as urban, doctors.

Democracia

In the village of Democracia in Amazonas State, three escaped prisoners were killed on 6 September 1992 in circumstances indicative of a plan of 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 Manicoré 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. At the scene of the killings the investigators allegedly made 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

Rota 66: A História Da Polícia Que Mata. Caco Barcellos. Editora Globo 1992.

performed, however, and thus there was only scant medical documentation for future criminal proceedings against military police later charged with the killings.

The investigation of massacres

The investigation of massacres provides an even greater challenge to forensic doctors.

The Casa de Detenção, São Paulo

On 2 October 1992, a rebellion erupted in the *Casa de Detenção* prison in São Paulo. Fighting broke out between prisoners some of whom then seized control of Block 9 of the prison. Shock troops of military police stormed the prison to quell the rebellion. When they withdrew 11 hours later, 111 prisoners were dead.

In the aftermath of the military police operation it became clear that defenceless prisoners had been massacred in cold blood as squads of police raided different floors of the block and shot prisoners huddled in cells. The survivors were forced to strip and made to run a gauntlet of military police who beat them with truncheons and set dogs on them. Wounded prisoners were shot dead. After the massacre, military police destroyed evidence which could have determined individual responsibility for the killings. According to the Prison Director of Discipline, "For four hours the military police were more interested in altering the scene of the crime than removing the wounded prisoners".

Police forced prisoners to carry bodies from cells and pile them in one place, preventing vital scene-of-crime, position-of-body-on-impact, information from being collected. Some of these 'body-carriers', who could have provided information as to which cells bodies came from, were subsequently shot dead.

The autopsies were carried out by 23 forensic pathologists from four different IMLs in São Paulo. Investigations into the massacre were hampered by the destruction of evidence mentioned above, and by the pressure of sheer numbers of dead and poor investigational practices. Possibly working under the constraints of time, the pathologists limited themselves to removing bullets which in the opinion of the experts were fatal.¹³

When following the standard autopsy format, Brazilian pathologists are not routinely required to indicate the trajectory of bullets (although some did in this case). In a number of autopsies from the *Casa de Detenção*, pathologists mention "lack of information", "technical limitations" and effects "caused by the manipulation and transport" of the bodies which prevent them from "estimating the internal trajectory of bullets". No photographs were attached to the autopsy reports.

However, these limitations aside, forensic pathologists were able to provide a clear picture of the kind of massacre that had occurred and dispel versions that a confrontation had occurred. The University of Campinas Forensic Medicine Department contributed a statistical analysis of their results. They determined that more than 30 per cent of the prisoners killed were shot with more than 13 bullets; 41 prisoners were shot in the back, at least 12 of whom were lying face down when shot in the back. Powder burns associated with bullet wounds indicate that three of the prisoners were shot at a close range (less

Recommended practice in the case of victims possibly fired on by more than one person is to log all bullets, their calibres, and the site from which they were extracted, and to label and store each bullet separately.

than 50 centimetres)¹⁴. Twelve prisoners had classic “defence wounds” on their forearms and hands. The high proportion of bullets in the thorax (one third of cases) and head (one quarter of cases) indicate that shots were fired with the objective of causing fatalities. The medical evidence therefore demonstrated the chilling truth of the Secretary of Public Security's statement, “in a situation like this, orders are to shoot to kill”¹⁵.

However, greater problems were caused by failings in collection and testing of other kinds of forensic evidence. Although a crime-scene investigator arrived at the prison on the night of the massacre and made some written observations, he did not return to make a full examination of the cells in which the prisoners were killed until a full week later. In the meantime vital evidence had vanished. The investigator reported that he was unable to find a single bullet or spent cartridge. However, the investigator concluded from the remaining physical evidence that the majority of shots were fired from cells doors into the back and sides of cells, and were met with no resistance.

The Criminologic Institute of São Paulo has repeatedly refused to carry out ballistic testing on bullets found in corpses, asserting it would take 70 years to match these with bullets from police weapons used that night. Despite repeated calls for such testing, which is necessary to ascertain individual responsibility for the killings, no progress has been made to date. The Ministry of Justice has promised it will assist in acquiring relevant ballistic testing machinery for the state.

Manipulation and destruction of evidence and sabotaging of ballistic testing have been witnessed in other recent massacres in Brazil making independent forensic investigation all the more vital.

Corumbiara, Rondônia state

On 12 August 1995, military police carried out an eviction order against 500 landless peasant families on the Santa Elina estate in Corumbiara, Rondônia state. After an initial confrontation, two military police and at least nine peasants were killed. Military police sealed off the area for 48 hours allowing no access, while large parts of the forest were burned. Vital evidence was destroyed. Peasants alleged that after firing indiscriminately into the crowd of fleeing men, women and children killing Vanessa de Silva aged seven, police extrajudicially executed a number of those who had surrendered or were already wounded. Since two police had also been killed, the peasants' story was not immediately accepted. Two forensic doctors travelled from the neighbouring state of Mato Grosso to assist in autopsies. They confirmed that six of the peasants had been shot in the back of the head.

Eldorado dos Carajás, Pará

On 17 April 1996 two troops of military police closed in on a group of 1,500 landless peasants blocking the PA150 road in Eldorado dos Carajás, Pará state, who were demonstrating in order to be settled on some land, and opened fire. Much as in the Corumbiara case, after initial confrontation and some indiscriminate firing it appears that police selectively targeted certain individuals for extrajudicial execution. The initial death toll was 19 landless men. Witnesses claimed having seen the bodies of women and children being

Forensic pathologists from the University of Campinas surveyed the results of the Sao Paulo pathologists and produced these figures.

Diario Popular, 4 October 1992

taken away by police, although as yet the Landless Peasants Movement (*Movimento dos Trabalhadores Rurais Sem Terra*) has not published a list of those considered missing.

As in the *Casa de Detenção* and Corumbiara massacres, bodies were immediately removed from the locations where they fell. The PA150 was opened up to traffic which then drove over vital pieces of evidence.

The bodies were taken first to Curionópolis and then to the morgue at Marabá where they were lain on the floor of the store room. Three forensic pathologists from the Pará State IML travelled from the state capital Belém to Marabá. They began autopsies in the afternoon of 18 April 1996 and concluded them at 3am the next morning.

An Amnesty International delegate travelled to the scene, together with Dr Nelson Massini, a forensic pathologist from Rio de Janeiro Federal University, designated by the Brazilian Congress to monitor autopsy findings. The Pará pathologists were writing up their autopsy reports in a room at times crowded with both policemen and journalists. The pathologists had not been provided with desks or files in which to store each autopsy report separately. Two of the pathologists were sitting on sofas writing up their notes on their knees, with piles of notes and papers beside them. Although some prior information on the identity of a few of the corpses had been obtained, all of the autopsies were marked 'unknown' and given a number. In one case a pathologist failed to give a case number and was reminded to do so by Dr Massini. Although the pathologists were undoubtedly tired from working through the night they did not appear to appreciate the significance of the case they were working on, or to have any interest in discussing their findings with an outside expert of the reputation of Dr Massini. The senior pathologist told the Amnesty International delegate that the injuries found were "typical of the kinds of conflicts we get here all the time".

The Pará state pathologists had first promised the Federal Procurator for Citizenship that the bodies would not be released for burial until Dr Massini had reviewed the autopsy findings. However, on Dr Massini's arrival the Pará state pathologists were reluctant to share their findings with him. Only after the intervention of the Minister of Justice, the Governor of the State of Pará gave orders for all 19 coffins to be reopened and autopsies to be reviewed in order to ensure total transparency in the investigation. Each pathologist discussed his findings and demonstrated wounds on corpses to Dr Massini who took his own notes and photographs. With the exception of two autopsies which needed to be altered Dr Massini agreed with the findings and methodology in all cases. The official autopsies therefore remained those conducted by Pará IML. The difference brought about by the presence of an independent forensic expert, with experience in human rights investigations, lay in the willingness to interpret the findings and draw conclusions that would contribute to future proceedings on the case.

Thus, according to Dr Massini, twelve of the 19 bodies had shots to the head and thorax demonstrating the intention to kill rather than injure. Three of the bodies showed evidence of being shot at point blank range. Seven of the bodies had no bullet wounds, but evidence of lacerations and other injuries indicating that, after they had been dominated, the peasants were been beaten or hacked to death with their own farm implements.

Doctors and the treatment of victims of human rights violations

Massacres such as at the *Casa de Detenção*, Corumbiara and Eldorado dos Carajás provide maybe the most extreme example of the need for urgent medical attention for those wounded by agents of the state in human rights violations. Yet such attention is not always forthcoming.

Amnesty International delegates (including Dr Mariano Castex, an Argentinean forensic pathologist), visiting the *Casa de Detenção* prison in the immediate aftermath of the 2 October 1992 massacre, were shocked at poor medical provision for wounded prisoners. José Iran de Oliveira was lying on a foam mattress on the floor of the infirmary in clear need of hospital treatment which he never received. His entire face, neck and one of his arms had sustained first and second degree burns from being caught in a fire in the riot. Some of the burns on his hand and elbow were suppurating. The only first aid material to which he had access was a bandage, which he had removed, because it was dirty.

Luis Carlos dos Santos Silva had been sent to the Mandaqui hospital on 2 October with five bullets lodged in his body. He spent 24 hours on a stretcher in a corridor of the hospital and was returned to the prison without any attention “They didn't do anything. They didn't take out the bullets. They didn't give me anything, not even a pill” he said. Only ten days later was a bullet, lodged near his spine, removed in the prison infirmary.

Other human rights observers visiting the prison on 6 October gained access to the punishment wing in Block 6 where they reported seeing wounded prisoners from Block 9 in punishment cells. One, Luis Carlos Alves, said he was urinating blood and needed treatment. The authorities said that some of these men had been involved in the initial fight in Block 9 and were being kept in the punishment wing for their own protection.

The Amnesty International delegates made representations to the authorities to provide proper medical treatment for the wounded prisoners. In a subsequent visit on 12 October 1992 the delegates noted slight improvements: prisoners had been moved from the floor onto beds and had fewer complaints. Treatment, nevertheless, left much to be desired.

According to prison doctors, wounded prisoners not moved to the infirmary in Block 4 remained in Block 9 and either visited the infirmary daily or were sent medicines. Doctors attended to some 80 prisoners a day from the entire prison in this way. The doctors did not visit Block 9. Treatment in general in the infirmary was administered by prisoner nurses - prisoners who would act as orderlies, and assist in first aid and other minimal procedures. Some of these “nurses” had previous training, others did not.

In the light of these problems members of the Federal Medical Council had meetings with the São Paulo Secretary of Health to suggest that doctors from outside the prison service visit the prison to help attend the wounded. Although this was agreed, no such visit ever took place, since no doctors volunteered. A team of doctors from the Emílio Ribas Institute did visit the prison, however, specifically to carry out HIV testing on surviving prisoners, who had requested tests following their fears their open wounds and abrasions had been exposed to blood from other dead and wounded prisoners.

After the Corumbiara massacre in Rondônia 30 gravely wounded peasants were transferred to hospitals in the towns of Colorado do Oeste, Cerejeiras and Vilhena. A further 100 wounded were among the 730 detained in police stations, the gymnasium and community centre of Colorado do Oeste, until their release a few days later. The State Secretary of Health led a delegation of two surgeons, an anaesthetist and a nurse from the state capital to Vilhena to assist local doctors attending the wounded. Two of the wounded were transferred to the state capital Porto Velho. Military Police from the Special Tactical

Actions Group (*Grupo de Ações Táticas Especiais*) allegedly tried to invade the room in which one of the wounded, a leader of the Landless Peasants Movement, was being treated at the *Hospital de Base Dr Ari Pinheiro*. Hospital staff intercepted them after they had entered the hospital through a back entrance.

After the Eldorado dos Carajás massacre of at least 19 landless peasants in April 1996 the most seriously wounded peasants were transferred to the state capital Belém. Lawyers seeking access to the wounded were impeded by a directive from the Secretary of Public Security that only relatives could see the wounded (penniless relatives were some 500 kms away and could not make the journey, but desperately wanted news of their relatives' state of health). When access to the wounded was granted it was noted that they were accompanied by a police guard and were in the humiliating position of being treated as criminal suspects.

The State government of Pará announced that it would fund all medical treatment of the wounded. An Amnesty International delegate visiting the wounded in Marabá learned however that a radiologist had to pay from his own pocket for x-rays of the wounded and that vital tetanus anti-sera had not been provided by the state. Official forensic doctors were so slow in visiting the wounded that many were discharged without having their injuries legally registered for future court proceedings.

Violation of hospital security

Reinaldo Silva, Corumbá, Mato Grosso do Sul

It is not only penal institutions which are entered by police with intent to kill. Hospitals also have seen attacks on patients as well as extrajudicial executions. One example is that of Reinaldo Silva, a Paraguayan citizen. He was wanted by the police on suspicion of killing an off-duty police officer on 19 March 1993 in Corumbá, Mato Grosso do Sul. During an exchange of fire, he was wounded in the cheek. The following day he gave himself up to the police under the protection of the Paraguayan consul in Corumbá, who received assurances from the authorities that Reinaldo Silva would be safeguarded.

Reinaldo Silva was taken under police guard to the local hospital, to be treated for his wound. The hospital was reportedly later invaded by more than 40 uniformed military police officers who stormed the hospital's emergency treatment room, overcame the resistance of the hospital staff and the police guard, and shot Reinaldo Silva dead. The police officers then reportedly celebrated in the street by firing their weapons into the air.

The general command of the Mato Grosso do Sul military police subsequently ordered the removal of the commander of the Corumbá military police force from his post and the detention of the police officers involved in the killing. However, after a demonstration in support of the military police officers by local people, they were set free pending a military police inquiry. To Amnesty International's knowledge the military police officers accused of involvement in the killing were never disciplined and continue to serve on active duty¹⁶.

Brazil; Beyond Despair: An Agenda for Human Rights, London: AI Publications, 1994.

Amnesty International has also received other reports of patients being dragged from their hospital beds for torture and interrogation, or to be killed by police officers. In such circumstances the medical staff face serious dilemmas in trying to protect patients since their own lives may be put at risk.

Medical Provision in Prisons

The need for improved medical care for Brazil's prison population is one of the most serious consequences of the country's prison overcrowding problem. The problem affects not only large and overcrowded prisons but also police stations which are increasingly used as overspill facilities—not only for remand prisoners, but also for convicted prisoners serving their sentences. This is an area too vast to be tackled in this paper. Nevertheless the problem of medical provision for detainees and prisoners is one that the medical community cannot ethically afford to ignore.

Medical staff in prisons are subordinate to each Prison Director. Thus doctors' professional judgements and budget requirements may be overruled by other considerations. Doctors and prisoner nurses complain of a chronic lack of equipment. One of the obstacles to obtaining medical care for prisoners are the problems encountered in trying to transfer prisoners for treatment to public hospitals. Such hospitals do not welcome prisoners for security reasons. However another major obstacle is the need for police escorts. Doctors have reported that military police use these opportunities to taunt prisoners, and often, through delays, make prisoners miss fixed appointments, which then take months to re-book. These problems have prompted some prison administrators to see the solution as a creation of greater hospital facilities inside the prison system, rather than trying to attempt a greater inter-change between prisons and medical provision serving the wider community. However Regional Medical Council's could be encouraged to have a greater role in monitoring medical provision in prisons and police stations and in providing representatives on Prison Councils.

Conclusions

While there have been signs of government commitment to change in Brazil, widespread human rights problems remain. Medical personnel are blocked from assisting in the protection of human rights by a number of factors. Forensic doctors are part of the police infrastructure and this link grossly impedes the independent investigatory role which they should play. In the past, medical personnel actively and systematically assisted in torture and only now are doctors being called to account for their past behaviour in any significant number. By making the IML responsible to the police, pressure can be effectively asserted on forensic doctors either to assist the police in covering up abuses or, at the least, to turn a blind eye. This institutional block is compounded by procedural regulations requiring a prisoner's request for a forensic medical examination to be made in the first instance to the police themselves who can either refuse the request or, more likely, intimidate the prisoner from requesting such an examination.

The development of effective independent forensic services is crucial, not only to the development of an effective criminal justice system, but also to the effective investigation of human rights violations committed by agents of the state. In many cases lack of effective forensic investigations have severely hampered human rights cases. Forensic doctors providing evidence of torture by security forces have suffered pressure.

The Brazilian Society of Legal Medicine and the Brazilian Society of Criminal Forensic Experts have, since 1989, sought financial and administrative autonomy from police services. They propose that Forensic Medicine, Criminology Specialities and Identification Procedures are all given autonomy from the Police Services. So far, the state of Amapá is the only one in which forensic services have been transferred from subordination to police authorities, and now report to a Secretariat linked directly to the Governor's office.

The federal government itself its National Human Rights Program has recognised the need to "strengthen Forensic Medicine and Criminology Institutes, adopting measures that assure their technical excellence and progressive autonomy, linking them with universities with a view to increasing technological advances."¹⁷ The relevant professional bodies have proposed draft legislation in this regard, yet the government has placed this as only a medium term objective in its Human Rights Program.

The IMLs could be made more responsive to rapid need by having posts in places where it is known that detainees and prisoners are tortured. This would speed up the documentation of torture and would act as strong deterrent. The example of the forensic post in the São Paulo Juvenile Protection and Prosecution Service suggests that major improvements could follow the expansion of this kind of forensic outpost.

Forensic autopsy forms are limited in scope and do not maximise the skills of the forensic doctors by restricting their role to determining the physical cause of injury or death and not requiring fuller evaluation of the circumstances in which the injury or death occurred. The ethos of forensic medicine should be changed to encourage expert evaluation of the circumstances and legal nature of deaths and to contribute more effectively to the documentation of injuries. In all cases more use of photographic documentation should be made, and particularly in the cases of deaths, the taking of competent colour photographs of various aspects of the body before and during the autopsy should be mandatory.

The justice system would be aided if the State Medical Councils and Bar Associations could arrange unannounced visits to police stations and lock-ups where much of the current torture takes place. Previous limited experience suggests that evidence of torture would readily be gathered by such initiatives.

New federal legislation requiring detainees to receive medical examinations when they are first taken into custody and thereafter presents a great opportunity for the medical profession to rise to the challenge of the defence of human rights and prevention of torture. The implications of such routine medical examinations are great, including with respect to organization and relevant training, and need to be considered in full by Regional Medical Councils.

Finally, doctors and other health professionals should be accountable legally for their involvement in human rights violations. The role of the Federal and Regional Councils in effecting disciplinary hearings in the cases of doctors alleged to have been involved in torture in the 1960s and 1970s is to be welcomed but equally important is that doctors be made effectively accountable before the law.

Recommendations

"Fortalecer os Institutos Médico-Legais ou de Criminalística, adotando medidas que assegurem a sua excelência técnica e progressiva autonomia, articulando-os com universidades, com vista a aumentar a absorção de tecnologias." Programa Nacional de Direitos Humanos, Presidência da República May 1996. National Action Plan on Human Rights, launched by President Cardoso May 1996.

To the Federal and State Governments

Independence of forensic medical institutes. Forensic medicine has as its purpose the impartial and accurate documentation of medical findings which are relevant to the investigation of a medico-legal problem. To be effective, therefore, forensic medicine must be practised in an environment which protects impartiality, which encourages professional skills and accurate work, and which ensures that the evidence gathered is used to further the ends of a just legal system. However it is not enough that such work is carried out impartially and professionally. To encourage confidence in the service, to maximise effectiveness, and to strengthen confidence in the rule of law, the service must be seen to be impartial and professional, and independent of the police services. Federal and state governments should investigate the most effective mechanism for ensuring independence of forensic services from the police services.

Harmonization of autopsy standards. Federal and state authorities should take steps to ensure that standards and procedures for autopsies are harmonized to ensure comparability of findings throughout the country and to facilitate training and a professional overview of procedures and results.

Medical examination of detainees. Work towards implementing a system whereby prisoners are routinely given medical examinations on entry into custody and periodically through their detention.

Prison councils. Federal and State governments should encourage medical professional participation in bodies having an overview of prison functions and State Medical Councils should nominate candidates to serve on prison councils and to stimulate interchange between civilian and prison medical services.

Prison medical services. Prison medical services should be dedicated to the effective and ethical delivery of medical care to prisoners and should be under medical control. Their relationship to the prison authorities should be based on the need to deliver an effective medical service and not on considerations of discipline, prison security, or other non-medical criteria.

To the Federal and Regional Medical councils

Professional monitoring of human rights. Regional Medical Councils should consider creating Forensic and Human Rights Committees to examine and monitor cases of violations of human rights and assist in collecting relevant evidence for the courts.

Medical examination of detainees. Councils should examine their role in promoting and arranging the medical examination of prisoners on entry into custody and periodically throughout their detention.

Promotion of medical ethics. Professional bodies and medical councils should renew efforts for the effective dissemination of medical ethics to Brazilian health professionals, particularly those working with detainees and prisoners.

Professional monitoring of human rights. Medical councils have a mixed record in their responsiveness to complaints of medical participation in human rights violations and their determination to investigate and discipline those breaching medical ethics. Councils should clearly state (or re-state) their commitment to uphold medical ethics and human rights standards. They should conduct impartial investigations of allegations of medical participation in abuses or unethical practices or their cover-up.