

**U.S. Helsinki Commission**  
**Briefing on the Medical Evidence of Torture by U.S. Personnel**  
**Physicians for Human Rights Report: “Broken Laws, Broken Lives”**  
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Thank you for the privilege of speaking at this briefing on behalf of Physicians for Human Rights (PHR). My name is Dr. Allen Keller and I was one of the expert medical evaluators for the PHR study “Broken Laws, Broken Lives: Medical Evidence of Torture by US Personnel and its Impact.”

I am an Associate Professor of Medicine at New York University School of Medicine. I am Director of the Bellevue/NYU Program for Survivors of Torture (PSOT) in New York City and the NYU School of Medicine Center for Health and Human Rights. Since our Program began in 1995, we have cared for approximately 3,000 men, women and children from more than 80 countries. Our Program is a member of the National Consortium of Treatment Programs (NCTTP) and the International Rehabilitation Council of Torture Victims (IRCT). I am a member of PHR’s Advisory Council. I have participated in PHR’s asylum network examining victims of torture and mistreatment applying for political asylum in the U.S. I have also participated in several PHR investigations and studies documenting torture and mistreatment, and training health professionals in conducting such documentation. I have also served as a member of the American College of Physicians Ethics and Human Rights Committee

In this study, I worked with a group of highly skilled colleagues with substantial experience in evaluating individuals alleging torture and mistreatment. My colleagues and I conducted detailed medical evaluations of former Abu Ghraib and Guantanamo detainees and found clear physical and psychological evidence of torture and abuse, often causing lasting suffering. As a physician with over 15 years of experience evaluating and caring for torture

victims from all over the world, I can tell you the torture and abuse these men endured while in U.S. custody are sadly and tragically second to none.

I will briefly discuss two individuals I evaluated for PHR's report-one from Guantanamo and one from Abu Ghraib. They put human faces to the horrific abuse these former detainees experienced and the devastating health consequences from which they continue to suffer. These 2 individuals also provide chilling descriptions of medical complicity in their torture and abuse. It is a gross breach of professional ethics for health professionals in any way to countenance, condone or participate in the practice of torture, or other cruel, inhuman or degrading treatment or punishment of prisoners.

The individuals evaluated for this study were subjected to a variety of dangerous and harmful forms of abuse and interrogation techniques, (often simultaneously) several of which have been referred to as seemingly benign "enhanced interrogation techniques." This includes methods such as stress positions, beatings, temperature manipulation, threats of harm to person or loved ones, prolonged isolation, sleep deprivation, sensory overload, sensory deprivation, sexual humiliation, exploitation of fears and phobias, and cultural or religious humiliation. From a medical, scientific and health perspective, there is nothing benign about these methods. Such techniques are gruesome, dehumanizing and dangerous. They should be called for what they are: torture. Clinical experience and data from the medical literature are clear. These techniques can cause significant and long lasting psychological and often physical pain and harm.

Many forms of torture and abuse, including the "enhanced interrogation techniques," may leave no physical scars but can nonetheless cause severe physical and psychological suffering. For example, if someone is subjected to the sexual humiliation of forced nakedness, or a gun is held to their head and the trigger pulled in a mock execution, there may be no physical scars, but the nightmares, the terrors can persist for years after the trauma. According to one recent study published in the medical literature, the significance of harm caused by non-physical psychological abuse is virtually identical to the significance of the harm caused by physical abuse. In a study conducted by our own program, we found that psychological symptoms were significantly higher among those who experienced death threats.

It is important to note that any one form of torture or mistreatment rarely occurs in isolation, but in combination with several abusive methods. The harm caused by the combination is greater than the additive effect of individual techniques. Prolonged isolation, for example, combined with sleep deprivation, exposure to loud noises, and exposure to cold, compound their devastating psychological impact. Furthermore the potential of these techniques to cause harm is intimately related to the context and setting in which they are used. Fear of harm or even death is real, not imagined. Cultural and religious humiliations, and language barriers heighten stress. Such methods are potentially harmful to even individuals who were previously healthy. When used on individuals with underlying health problems, such as heart disease which may or may not be known, they can be potentially lethal for example by causing heart attacks or strokes.

### **Youseff (Former Guantanamo Detainee)**

One individual, whom I evaluated with Dr. Barry Rosenfeld, a forensic psychologist at Fordham University who has worked extensively with the Bellevue/NYU Program for Survivors of Torture, is a former Guantanamo detainee identified in the report as Youseff. It is important to note that Youseff, as with all of the individuals we evaluated, was never formally charged.

Youseff was first in U.S. custody in Kandahar Afghanistan beginning around late 2001. Youseff was interrogated, beaten and stripped naked. He also was subjected to intimidation by dogs, hooding, thrown against a wall, and sustained electric shocks from a generator. Six weeks later he was transferred to Guantanamo. During the flight, he was blindfolded, forced to wear headphones, and shackled to the floor of the plane, causing pain in his wrists, which was later exacerbated by prolonged cuffing and having his handcuffs tugged on while at Guantanamo.

Initially, he was kept at Camp X ray in cages, where guards would come and beat him and other detainees for small infractions such as speaking to other detainees. Someone, whom he believed was a physician was present during these beatings, and did nothing to stop them.

After 3 months, he was transferred to Camp Delta, where conditions were better. He was subjected to frequent interrogations. While being held in the interrogation room, he was shackled for extended periods and subjected to extremes of heat and cold. Someone whom he believed was a physician periodically checked his vital signs- a clear violation of medical ethics.

Youseff was also subjected to sexual humiliations including forced nakedness and being forced to watch pornography. He also described an incident where a naked woman entered the interrogation room and smeared what he believed to be menstrual blood on him.

At one point, Youseff asked to speak with a psychologist because of sadness from being separated from his family. In subsequent interrogations, this information was exploited. He was threatened with staying in Guantanamo the rest of his life. Youseff believed the psychologist shared information with his interrogators. Again, a clear violation of medical ethics.

Youseff was released in Nov. 2003 after signing a false statement that he fought for the Taliban. He explained that he agreed to sign because “I was already under so much pressure.” He was released without any charges brought against him as were other detainees who signed confessions. He was chained to the floor of an airplane, and returned to his home country.

Since his release he has continued to suffer from significant physical and psychological symptoms. He has persistent wrist pain. He continues to experience great feelings of sadness, and symptoms of post traumatic stress including nightmares, recurrent intrusive memories, avoiding anything that reminds him of his imprisonment. He becomes extremely anxious if he sees individuals dressed in orange, reminding him of his prison uniform, or if he sees police. He describes shortness of breath and heart problems, likely manifestations of anxiety. He has had difficult functioning since his release and has not found steady employment.

Physical examination revealed scars consistent with his report of undergoing wrist surgery following his release, and a scar on the back of his wrist consistent with handcuffing. He had tenderness in the muscles of his right wrist. His nose was slightly deviated to the left, though he acknowledged uncertainty about the etiology of this. A bone scan showed increased focal activity of both shoulders consistent with degenerative arthritis.

In sum, the available evidence provides strong support for the validity of Youssef’s reports of abusive treatment while in US custody. In turn, this abusive treatment appears to have resulted in lasting physical and psychological symptoms that far exceed the mild level of distress Youssef reported experiencing prior to his arrest and detention by the United States.

### **Amir (Former Abu Ghraib Detainee)**

Another individual I evaluated with Dr. Leanh Nguyen, a psychologist with the Bellevue/NYU Program for Survivors of Torture, is a former Abu Ghraib detainee identified in the report as Amir. He is in his late twenties and grew up in a Middle Eastern country. He was a salesman before being arrested by US forces in August 2003 in Iraq.

After his arrest, he was brought to another location where, while shackled, he was forced to stand naked for at least five hours. When the detainees asked the soldiers for permission to sit down, they were told, "Now, we will make you dance." The soldiers played "a very frightening voice" loudly over a stereo and forced the detainees to run around in a narrow room. This forced running continued for the next three days. The detainees were denied rest or sleep.

During this time, Amir's left foot was injured: "I noticed my blood everywhere." Nonetheless, he was forced to continue running. He described that he leaned against a stretcher, and reported his foot injury to the soldiers. One of the soldiers raised the stretcher sharply and he was thrown against a wall, hitting his head and losing consciousness. After regaining consciousness, Amir recalled that an interpreter hit him on his nose with a plastic water bottle, causing it to bleed. Amir believed that his nose was broken. Subsequently, he was forced to stand and was questioned along with the other detainees. After this incident Amir noted marked difficulty walking, and there was swelling in his knees and foot. He recalled that forced running and sitting on knees continued for about ten days.

Amir was then taken to another location. In the course of being transferred, plastic handcuffs placed on him were tightened to the point of causing his hands to swell and turn blue. Amir was held at this facility for twenty-seven days in a small dark room, where he was fed only twice daily and had to use a bucket as a toilet. He added, "You make your toilet in this bucket and you eat right next to it." During one of the many interrogation sessions, interrogators pushed his head against the wall. He recalled the soldiers humiliated him for having swollen knees. In one interrogation, while blindfolded and with his hands bound behind his back, he was forced to bend over and "walk zig zag and sometimes pushed into the wall."

In September 2003, Amir was taken to Abu Ghraib prison. Except for abuses he experienced on arrival, Amir recalled that he was generally treated well during his first month at Abu Ghraib. The food was better than before, and he was allowed to help soldiers distribute food to other detainees. However, he remembered that his situation changed when a new group of soldiers arrived at Abu Ghraib. He recalled that a soldier mistakenly suspected him of throwing a piece of food to a prisoner in another cell. The soldier yelled at him, "Bullshit, fuck you, fuck you." Amir recounted, "I can never forget these words because I knew he was insulting me." He was denied food that day, and that night soldiers took him to another room, restrained one of his hands to the wall, and put a bag over his head. A soldier lit a cigar and

blew smoke into the bag over Amir's head. Amir recalled having a gun run up his body, poking at him, and pressed against his face. He was then taken back to his regular cell and told to sleep but, after fifteen minutes, the soldier returned screaming at him, took him back to the other cell, and tied him to the wall. Over the next two days the procedure was repeated four to five times. Amir described being deprived of sleep because the soldiers would hit a barrel or the doors of a cell with a hammer. "Because of this we could never sleep. Even if they permit you to sleep you could not because of this."

During the course of detention, Amir experienced several other abuses. On one occasion, Amir was playing with a broken toothbrush while sitting in front of his cell. When the soldiers saw this, they confiscated the broken tooth brush and accused him of manufacturing a dangerous weapon. They told him to take off his clothes. Amir recalled that he pleaded that his religion forbids nakedness. He was nevertheless restrained naked to the bars of his cell's door for two to three hours. He was then returned to his cell naked and without a blanket. The soldiers would come to his cell and humiliate him because of his nakedness.

Amir recounted remaining naked and being forced to pray in that condition. During that time, he recalled that a soldier came to his cell and started shouting. Amir was praying, so he did not answer. The soldier entered the cell, and pushed Amir's head to the floor. He was then suspended with his arms up and behind his back for several hours, with only his toes touching the ground. During this time, Amir also heard increasingly high-pitched screaming from, in his words, "others who were tortured. The screaming was getting higher and higher."

Subsequently, Amir was taken to a small foul-smelling room and was forced to lay face down in urine and feces. He noted, "You can't even breathe because of that smell... [The soldier] pushed me to lie down. They brought a loudspeaker and started shouting in my ear. I thought my head would explode." Amir subsequently described being sodomized with a broomstick that was forcibly inserted into his anus. He was pulled by a leather dog leash and was ordered to "howl like dogs do." When he refused to do so he was repeatedly hit and kicked on his back and side. Amir felt a hot liquid on his back and guessed that someone was urinating on him. At this point, he was bleeding from his feet and shoulders, and the urine exacerbated the pain from these wounds.

He received more kicks on his left side and in the groin, and one of the men stepped on his genitals, causing him to faint. Amir subsequently woke up to cold water being poured on

his head. He recalled hurting all over his body, particularly on the left lateral side of his chest, his right middle finger, and his groin and genitals. He noticed that his genitals were swollen and had wounds.

When asked about his internal responses to this episode of abuse, Amir described, “My soul was flying away. Like my body was not there. I started to think about my family ... When I woke up [from the beating], I felt like I was not of this life. But my body was there, the pains in my body were there.”

Following this episode, Amir was kept naked in his cell for about four days. During that period, representatives of the International Committee of the Red Cross (ICRC) visited him and he told them about his mistreatment. The ICRC personnel provided him with clothing and blankets, which were confiscated after they left. Amir noted, “After four days, they gave me back my clothes and blankets and I went back to normal prison routine. By normal I mean they stopped hitting and torturing me.” Amir reported that the soldiers started calling him “Tarzan.” That nickname was written on a piece of paper and pasted on his cell door for six days. Explained Amir, “They called me this, because I had the toothbrush in my hand and I was naked like Tarzan, who held a knife and was naked. The interpreter explained this to me in detail.”

When asked “Did any doctor help you with your injuries?,” Amir uncharacteristically interrupted the interviewer and cried out, “Did I need to ask for help? I was there naked and bleeding. They were supposed to help....These were not real doctors. They had no compassion. They were not there to practice medicine but to make war.”

Amir remained in that cell, alone, for another two months and then was transferred first to the communal tents at Abu Ghraib, and then to Bucca prison. In November 2004 he was released without charge.

In addition to the abusive treatment Amir reported directly experiencing, he also reported witnessing other prisoners being tortured and humiliated. Once, he saw naked prisoners being forced into a pile that formed a human pyramid. On another occasion, he was forced to watch two prisoners appearing to enact anal intercourse. Amir stated, “[The prisoners] were begging ‘This is a sin against our religion, please show mercy.’ The soldiers were pushing them into each other, and these guys were trying to [push] away, and this [lasted] more than half an hour and this was in front of our eyes.”

Amir reported feeling extremely weak, losing a great deal of weight, and experiencing severe headaches during his detention. While the headaches have improved, they persistently occur approximately once every one to two weeks. The headaches can be induced by feelings of nervousness, hunger, or anger; are often associated with vomiting and sensitivity to light; and can last from one hour to several hours or even an entire day. Amir also experiences periods of dizziness since his detention.

After being sodomized, Amir described having rectal bleeding and painful bowel movements that lasted approximately two weeks. The injuries to his genitals caused him chronic penile pain (lasting more than two months); blood in the urine (for about two weeks); and significant scrotal pain that gradually improved. He continues to have chronic discomfort in his left testicle, including during sexual intercourse.

Following the beatings, Amir described having pain all over his body. He continues to experience pain in his back and knees (particularly when walking) and discomfort in his right middle finger and his left big toe while walking. Moreover, since the trauma to his nose while in prison, Amir has had difficulty breathing. He continues to experience discomfort when sleeping on his left side, which worsens when he takes a deep breath.

Amir described experiencing palpitations (irregular heartbeats) multiple times a day, which he attributed to his memories of abuse. "These are the memories I can never forget...I want to forget, but it is impossible."

Many of the beatings Amir described would likely have resulted in bruises and soft tissue injuries that would not leave lasting physical marks. However, his physical symptoms and findings on physical examination strongly support Amir's reports of torture and mistreatment. Physical examination revealed a slightly curved and depressed scar on the left lower side of the nose, a slight bony prominence on the top left side of his nasal ridge, and a faint crackling sound on palpation at the tip of the nose. Several scars noted on his head are consistent with the kicks or other blunt trauma injuries he sustained during detention. Further, several scars were noted on his hands. Thickening of skin and prominent linear scars on the knees is consistent with Amir's reports. The two-centimeter raised hypo-pigmented (i.e., lighter than the surrounding skin), slightly angled, fibrotic band at the base of his left big toe is highly consistent with a scar resulting from a significant laceration as Amir described.

Musculoskeletal examination was significant for some slight tenderness over his scapular regions bilaterally, and tenderness over the area of the left lateral sixth rib with a slight prominence noted on palpation. The genital examination showed there was tenderness to palpation of the left testicle and a fibrous band between the base of the head of the penis and the shaft of the penis that Amir reported did not exist before. This is highly consistent with the events Amir described, including a traumatic injury and subsequent scarring process. Examination of the peri-anal area showed signs of rectal tearing that are highly consistent with his report of having been sodomized with a broomstick. The continued scrotal discomfort that he described is likely as a result of the injuries to this area that he reported sustaining.

Chronic headaches and dizziness are common among torture survivors who have experienced head trauma. The headaches and dizziness that Amir described, which he did not have prior to his imprisonment, are likely to be a result of the head trauma. Moreover, his continued psychological symptoms and distress likely contribute to these headaches as well.

Bone scan findings are consistent with a history of trauma to his ribs. Further, accumulation of the nuclear materials in both feet and ankles are consistent with a history of trauma to these areas.

Prior to his arrest, Amir described himself as a “calm and gentle person”, who was “good” to his family, and “smooth” and “patient” with everyone. In contrast, he described feeling that his family has been shattered and that much calamity had fallen on them because of him, and he spoke at length about feeling helpless to protect or provide for his family.

Following his release, Amir found himself constantly being “nervous” and “on edge”. He described a high level of stress caused by bombings, nightly raids, uncertainty about personal safety, frequent funerals of neighbors and acquaintances due to the war, and ongoing sadness about the losses that his family had sustained. Moreover, as a result of war conditions, Amir was unemployed at the time of evaluation. Nevertheless, Amir emphasized that his post-prison, war-related stressors are not the primary reason for his emotional “disturbances.” He stated, “No sorrow can be compared to my torture experience in jail. That is the top reason for my sadness. I cannot forget it.”

Amir’s reported symptoms and behaviors conform to all three clusters of PTSD symptoms including intrusive recollections of the trauma, hyperarousal, and avoidance. These symptoms are directly traceable to the traumatic experience that he reported. Amir described

suffering from flashbacks and nightmares about his imprisonment. His days are preoccupied with images and thoughts of his imprisonment. He added, “It is like in my head I have never left Abu Ghraib.” He experiences fear and outrage, and exhibits physiological reactivity (i.e., startle response, throat constriction, chest pain, heart palpitations) when exposed to cues that are reminiscent of the trauma, such as the sight of US soldiers or the recollection of his torture.

Amir reported numerous symptoms of hyperarousal including suffering from severely disturbed sleep, often sleeping approximately two hours a night; moodiness; outbursts of anger; and exaggerated startled response.. Furthermore, he described symptoms of avoidance and emotional numbing, including avoiding open space, people, and social activities; and feeling flat or constricted in his emotions. He also confirmed feeling isolated, and detached or disinterested in forming social relations after his release from prison.

Amir described feeling helpless and having a “dark” sense of the future. Moreover, he articulated a sense of wounded pride and stolen honor. He explained that the dissemination of photographs from Abu Ghraib on the Internet had exposed his humiliation to the world. He is concerned that this public knowledge has ensured that his children will suffer the blame and dishonor of his reputation as a former detainee and will thus be at risk for a life of shame.

Amir disclosed that he constantly harbors suicidal ideation, although he adheres to Islam’s teachings which prohibit suicide. While in prison he tried to kill himself by banging his head against a hard surface. He reported frequent thoughts of revenge and homicidal fantasies.

The symptoms of sexual dysfunction are consistent with a previous history of sexual violation. He reported having trouble being naked in front of his wife. Flashbacks of his torture, especially the sexual aspects, often intruded during sex with his wife. In such instances, he would then “lose all strength.” Along with erectile dysfunction, he also reported low sexual drive and minimal interest in sex. Amir specifically described triggers, context, and time frame that connect the sexual dysfunction to the traumatic violation of his experiences at Abu Ghraib. The impairment is likely linked to post-traumatic re-experiencing of the sexual violation.

Amir demonstrated historical, physical, and psychological evidence strongly supporting his allegations of torture. He provided substantial detail regarding many components of his abuse. He was forthcoming about what he does and does not recall. The manner in which Amir described his detention experience, both in content and in style, as well as the clinical findings lead us to conclude with high confidence that he is credible. Amir continues to suffer from

physical and psychological symptoms since his release from Abu Ghraib, and described subsequent marked impairments in his social, sexual, and emotional functioning.

## **Conclusion and Recommendations**

In summary, the evaluations of both of these men revealed clear historical, physical, psychological, and radiographic evidence corroborating their allegations of torture and abuse. Both continues to suffer from severe symptoms. In fact all 11 men evaluated for this study had findings consistent with their reports of torture and abuse.

As a physician and scientist who has spent much of his professional career evaluating and caring for victims of torture and abuse, I want to clearly state that torture and inhuman interrogation techniques are cruel, ineffective and can have devastating health consequences, as evidence by the two former detainees I described. As a health professional, these abuses and the harm they cause deeply offend medical ethics and values. As an American, they offend the traditions and principles we have long shared and cherished as a nation, including a ban on torture and cruel, inhuman or degrading treatment or punishment.

I am very concerned that when we as a country condone such methods, we are putting our soldiers and others U.S. citizens living around the world at risk. Furthermore, practicing or condoning torture by our country in any way runs the risk of increasing what is already a world wide public health epidemic of torture-documented to occur in more than 100 countries. Torture is frequently invoked in the name of national security, whether the victim is a Tibetan monk calling for independence or an African student advocate protesting for democracy. While torture is not effective in eliciting accurate information, it is effective in undermining community, trust and safety. Any condoning of torture or mistreatment by our country, puts innocent civilians around the world promoting democracy and freedom under despot regimes in harms way.

The United States must commit itself to repairing the damage done and restore our credibility. In order for this to occur, the following needs to happen:

1. The executive branch must repudiate all forms of torture and cruel, inhuman or degrading treatment. Uniform standards of conduct should be established prohibiting any military,

intelligence or other officials, including contract personnel, from engaging in such acts. Congress should enact laws prohibiting and establishing criminal liability for their violation.

2. There must be a complete and independent investigation of what happened in Guantanamo, Abu Ghraib and other places where terrorist suspects were detained. Individuals responsible for abuse-both in the field, including health professionals, and up the chain of command must be held accountable.

3. Our government owes formal apology to detainees who were subjected to torture and ill treatment as part of military and intelligence operations since fall 2001 in Afghanistan, Iraq, Guantanamo Bay, Cuba and Elsewhere. Furthermore, the government should establish a fair process for compensation and victim assistance, including access to rehabilitation and re-integration services, for individuals subjected to torture or ill-treatment in US custody.

4. All places of detention operated by the United States should be subject to monitoring by international bodies that investigate detainee treatment and are capable of reporting findings to the public and government, including the UN Special Rapporteur on Torture, the UN Committee Against Torture, and the International Committee of the Red Cross. Furthermore, congressional and executive branch oversight of US intelligence activities relevant to detainee treatment and interrogation should be immediately strengthened and improved.

5. The US Department of Justice should release all legal opinions and other memoranda concerning standards regarding interrogation and detention policy and practices.

In conclusion, we must ensure that torture and mistreatment, no matter what you call it, are neither condoned nor take place under our great country's watch. Though perhaps invoked, misguidedly in the name of national security, the abuses committed by the United States have undermined our integrity and made the world a much more dangerous place. We must take responsibility for what has happened, and see that it never happens again.

Thank you.