



Statement of Leonard S. Rubenstein

President, Physicians for Human Rights

Before the U.S. Helsinki Commission

Briefing on Medical Evidence Of Torture By U.S. Personnel

July 24, 2008

Thank you for the opportunity to participate in this important briefing on behalf of Physicians for Human Rights. I am accompanied by two colleagues, Dr. Allen Keller, who is a member of Physicians for Human Rights' Advisory Council and directs the Bellevue/NYU Program for Survivors of Torture; he is one of the physicians who engaged in the detainee medical evaluations which we will discuss today. Also with me is Dr. Scott Allen, a former Medicine as a Profession Fellow at Physicians for Human Rights and now Co-Director of the Center for Prisoner Health and Human Rights at Brown University. My colleagues and I will be discussing the findings and recommendations of a recent report by Physicians for Human Rights entitled *Broken Laws, Broken Lives: Medical Evidence of Torture by US Personnel and its Impact*.

Physicians for Human Rights is an organization that has, for more than 20 years, employed medical and scientific methods to document violations of human rights so that the truth can be determined and perpetrators held accountable. We have used those methods not only to generate human rights reports but to advance justice through war crimes tribunals for former Yugoslavia, Rwanda, and Sierra Leone as well as truth commissions and domestic courts. It is likely that evidence we obtained from mass graves at Srebrenica will be used in a trial of Radovan Karadzic, who was finally arrested this week. For all of the two decades, we have particularly engaged in medical examinations of torture throughout the world and led the process that led to the adoption of the international standards for such examinations contained in the *Manual on Effective*

Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, known as the Istanbul Protocol. For the past five years we have been engaged in investigations and analysis concerning interrogation methods used by the United States to determine whether the United States itself engaged in torture or cruel, inhuman and degrading treatment or punishment. *Broken Laws, Broken Lives* was the third report we released on actions by the United States.

Let me begin by providing some context for the report. Over the past four years, as a nation we have increasingly learned about the process by which extremely harsh interrogation methods, such as isolation, stress positions, sleep deprivation, sensory deprivation, severe humiliation, and many more, were authorized and adopted-- first by the CIA and then the Department of Defense. We have come to understand how the use of these techniques were facilitated by the manipulations of law by the Justice Department and approved by the highest officials of our government. In recent months, new information has emerged about the "re-engineering" of methods used to train American soldiers to withstand torture to use affirmatively on detainees, and even the medieval practice of waterboarding came to be approved and used. We have also learned how officials who opposed the use of torture were marginalized in the policy process.

What has been missing from the picture, though, is an understanding of the consequences of these decisions on thousands of human beings who became detainees in U.S. custody, only a tiny handful of whom have been charged with any crime, especially in the period before any public disclosure, that is 2001-2004. Often the discussion has had an abstract quality, though torture and cruel treatment is anything but abstract. They result in searing pain and suffering and rob people of their humanity. So we decided to find out what happened to some of the victims.

To do this, we identified eleven men formerly in U.S. custody who were willing to undergo intensive two day medical and psychological evaluations of allegations of torture and ill treatment and their severe, long-term physical and psychological effects. The sample was not random, but we did not exclude anyone who was willing to participate. We used the standards of the Istanbul Protocol to engage in the assessment, and in each case we used a team consisting of an internist and either a psychiatrist or psychologist. Four of the men were either arrested or brought to facilities in Afghanistan -- Kandahar and Bagram Air Force Base -- and then brought to Guantanamo. The others were held in Iraq, most in Abu Ghraib, some of these in the so-called hard site. Each of the former detainees was brought into custody some time between 2001 and 2003. All were eventually released, and none of them were charged with a crime.

These medical evaluations are a key tool because they can reveal physical and psychological evidence of torture such as scars from burns, muscular pain from suspensions, and evidence of rape, and profound symptoms of depression and Post Traumatic Stress Disorder resulting from such torture and humiliation. The evaluations also illuminate the connection between the men's current physical and mental suffering and level of functioning and their experiences in US custody. Finally, they include sophisticated assessments of the credibility of the men's own stories. Moreover, in one

case from Guantanamo, we were also able to obtain a 1200 page medical record. We relied on it to gain more information about his experience, compare it to the detainee's story and examine the role of medical personnel.

What we found was that the men experienced a horrific stew of methods torture and ill treatment that brought about intense pain, degradation, and suffering that endures to this day. As always happens when a government starts down the torture road, moreover, intelligence gathering gave way to a regime of widespread cruelty that destroyed many of the men and demeaned the nation.

I'd like to share five major findings from the report and Dr. Keller will describe the experiences of some of the men he evaluated. First, in all the locations, almost all of the men were subjected some combination of the practices authorized at various times during the period of their incarceration: prolonged isolation, stress positions that included suspensions and forced into contorted positions for long periods of time, exposure to extremes of heat and cold, severe humiliation, sensory bombardment (especially incessant deafening noise) and deprivation, use of dogs to instill fear, and sleep deprivation. They were all threatened -- some with death, others with rape of their wives, and for Iraqis, with transfer to Guantanamo. Dogs were used to instill fear. There were also some differences:

- Though detainees were forced to be naked for some periods in Guantanamo, in Iraq, almost all the men were forced to be naked for very long periods of time, often while isolated and in cold and dark rooms or cells.
- In Guantanamo, three of the four men we interviewed reported being shackled to the floor for 18-20 hours at a time.
- Also in Guantanamo, men were forced to take drugs without being informed of what they were or why they were taking them.

Second, they all reported that the experience of being subjected to these and techniques brought on an alarming level of physical pain and agony. Former detainees described the inability to move muscles for up to 18 hours following their abuse, or being suspended by their arms, as excruciating. A number of them lost consciousness in the process. Their psychological pain and suffering was, if anything, worse. They experienced despair, fear and terror from being kept alone and often naked in cold, lightless rooms accompanied only by incessant loud noise; from fear of dogs; from threats to their families from the degradation that was a hallmark of their lives; from the severe disorientation and agony brought on by lack of sleep; and from the incessant taunting and humiliation to which they were subjected. Despite the prohibition in Muslim law, seven of the men we interviewed reported contemplating suicide. One of them attempted suicide many times. Others simply wished for death. For some, the severity of psychological abuse also led to physical symptoms including chronic headaches, chest pain, and difficulty breathing. .

Third, we found that the men's suffering has lasted for years after release. They continue to experience pain in joints, limbs, muscles and ligaments. And though free from detention, the horrors from their detention lives on in their minds. Many can't sleep or experience

nightmares when they do. Some are terrified of dogs. They are severely hampered in social and family relationships and in their work. All but one felt that their lives have been shattered. Almost all were found to meet diagnostic criteria for severe depression, anxiety disorders and Post Traumatic Stress Disorder.

Fourth, we found that the authorized techniques -- many of which themselves amount to torture -- begot yet additional forms of torture, proving again that once torture starts, it cannot be contained.

- In the facilities in Afghanistan, when men were held before being sent to Guantanamo, beatings were especially severe and often relentless. One man lost multiple teeth as a result of beatings; another had to be hospitalized after losing consciousness. Beatings were also common in Iraq.
- Two, and possibly three men in Iraq, were sodomized.
- Two men in Iraq were subjected to electric shock and a third, in Afghanistan, was shocked when pushed into a generator
- In Iraq, the men described an environment of gratuitous cruelty. One man was suspended by a winch; another was stabbed in the cheek with a screwdriver.

Finally, medical personnel played a problematic role in these facilities. The detainees were unable to identify names or roles of the medical personnel they encountered because their names were shielded from them, but nevertheless shed light on their role. Some of the detainees reported receiving good medical care for injuries or health conditions and were grateful for it; there were occasions, too, where medical personnel intervened to stop abuse. But others reported occasions where medical care was seriously delayed or denied altogether. Most disturbing of all, they reported instances in which medical personnel were caught up in the abuse, sometimes by sharing medical information with interrogators, sometimes by turning a blind eye to abuse they witnessed, but most often by providing medical interventions whose effect was to allow abuse to continue. In one case, a medic or other medical official put the arm of a detainee that had been dislocated from stress positions back into place, and torture continued. The medical record of a detainee from Guantanamo, moreover, revealed how medical personnel declined to connect the isolation and stress positions that were part of the interrogation regime and his severe deterioration -- to the point of psychotic symptoms and multiple suicide attempts. They did nothing to address the source of his decompensation and left to interrogators the decision whether to remove the detainee from isolation. There is no record in the medical file that they reported any abuse to anyone.

There is a name for what was done to these men and we should not shy from the word because of its power and legal implications. These men were tortured. The practices inflicted on them have been determined to be torture by courts, by international bodies responsible for monitoring torture and by our own State Department Country Reports.

In 2006 the Army repudiated almost all forms of torture and ill treatment these men experienced. The new Army Field Manual on human intelligence collection does, however, continue to allow isolation for up to 30 days and permits limiting sleep to four hours for

certain detainees. This should end. The CIA has repudiated none of the practices inflicted on these men. So our first recommendation is for a firm prohibition on torture and ill treatment, including the techniques and methods used on these men as well as other extremely harsh methods employed by any agencies of the U.S. government on detainees in their custody.

Second, there must be accountability. And that process of accountability must begin, as always, with a full understanding of the facts. Despite many investigations and hearings, we have only a small glimpse of what the thousands of men who passed through U.S. custody during this period were subjected to. We have seen only a fraction of the documents that shed light on what happened, and heard from a relative handful of soldiers, contractors and detainees. Interrogation logs remain classified and most medical records have not been released. We believe a full record of what happened is the only way to get at the truth, reveal other lessons, and put policies and mechanisms into place that can prevent a recurrence of these horrors. We therefore urge that a full investigation in the form of an independent, non-partisan commission that has access to all documents and has subpoena power to obtain relevant documents as well as the testimony of officials. I want to emphasize that this must include a full and robust investigation of the role of medical personnel in abuse of detainees. For the past three years Physicians for Human Rights has asked the Defense Department to engage in an investigation of the role of medical personnel in abuse. We have never had a reply.

Accountability must also include prosecuting individuals who have committed war crimes, whatever their place in the chain of command. As General Antonio Taguba states in the Preface to our report, the question is no longer whether war crimes were committed, but whether those who committed them will be held responsible.

Finally, our government owes the victims. To begin, that requires an apology for what was done to them. It also requires some form of compensation and making available rehabilitation services to men who suffered.

Most of all, in setting future policy, we must not just talk about ticking bombs, but talk about what happens to human beings when a regime of torture unfolds.

Thank you very much.