

PHR

Physicians for
Human Rights



BROKEN LAWS, BROKEN LIVES

**Medical Evidence of Torture by
US Personnel and Its Impact**

A Report by Physicians for Human Rights
June 2008



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Detail from Abu Ghraib 44 (right panel), 2005, 191 x 107 cm

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PHYSICIANS FOR HUMAN RIGHTS

Physicians for Human Rights (PHR) mobilizes health professionals to advance the health and dignity of all people through actions that promote respect for, protection of, and fulfillment of human rights. PHR has a track record of more than 20 years documenting torture around the world, including in Turkey, Chile, Chechnya, Kosovo, Israel, India, and Chiapas, Mexico. PHR has extensive expertise in evaluating survivors of torture as well as experience with prisoner health issues. PHR was one of the lead initiators and authors of the Istanbul Protocol on the investigation and documentation of torture, adopted as an official document by the United Nations in 1999.

As one of the original steering committee members of the International Campaign to Ban Landmines, PHR shared the 1997 Nobel Prize for Peace.

About PHR's Campaign Against Torture

PHR has documented the systematic use of torture by the United States during its interrogations of detainees at US detention facilities, including those at Guantánamo Bay, in Iraq and Afghanistan, and elsewhere. It has previously published two groundbreaking reports on the human impact and the legality of abusive interrogation tactics authorized by the Bush Administration: *Break Them Down: Systematic Use of Psychological Torture by US Forces and Leave No Marks: "Enhanced" Interrogation Techniques and the Risk of Criminality*. PHR has repeatedly called for an end to the use of the "enhanced" tactics by all US personnel, an end to all health professional participation

in interrogations, a full Congressional investigation of the use of psychological and physical torture by the US Government, and accountability for perpetrators.

PHR has successfully organized and mobilized thousands of health professionals and helped to secure the leadership of the major health professional associations to develop ethical guidelines related to interrogation that protect against medicine and science being employed to aid the abuse of prisoners. PHR's work contributed to the adoption of ethical standards by the American Medical Association, the World Medical Association, and the American Psychiatric Association prohibiting direct participation of physicians in interrogations. PHR has helped move the American Psychological Association (APA) to prohibit the involvement of its members in the Central Intelligence Agency's "enhanced" interrogation techniques and has supported a movement within the APA to end the direct participation of psychologists in interrogations.

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LIST OF ACRONYMS

BHS:	Behavioral Health Science Teams
CIA:	Central Intelligence Agency
CIDT:	Cruel, Inhuman, or Degrading Treatment
DoD:	Department of Defense
DTA:	Detainee Treatment Act of 2005
ECHR:	European Court of Human Rights
ERB:	Ethics Review Board
FBI:	Federal Bureau of Investigation
IACHR:	Inter-American Court of Human Rights
ICRC:	International Committee of the Red Cross
ICCPR:	International Covenant on Civil and Political Rights
ICTR:	International Criminal Tribunal for Rwanda
ICTY:	International Criminal Tribunal for Yugoslavia
IRF:	Immediate Reaction Force
IRCT:	International Rehabilitation Council for Torture Victims
MCA:	Military Commissions Act of 2006
MDD:	Major Depressive Disorder
NOS:	Not Otherwise Specified
OLC:	Office of Legal Counsel, Department of Justice
PHR:	Physicians for Human Rights
POW:	Prisoner of War
PTSD:	Post-traumatic Stress Disorder
SERE:	Survival, Evasion, Resistance, and Escape training
SOP:	Standard Operating Procedure
TVPA:	Torture Victims Protection Act of 1991
WCA:	War Crimes Act

PREFACE

This report tells the largely untold human story of what happened to detainees in our custody when the Commander-in-Chief and those under him authorized a systematic regime of torture. This story is not only written in words: It is scrawled for the rest of these individual's lives on their bodies and minds. Our national honor is stained by the indignity and inhumane treatment these men received from their captors.

The profiles of these eleven former detainees, none of whom were ever charged with a crime or told why they were detained, are tragic and brutal rebuttals to those who claim that torture is ever justified. Through the experiences of these men in Iraq, Afghanistan, and Guantanamo Bay, we can see the full-scope of the damage this illegal and unsound policy has inflicted —both on America's institutions and our nation's founding values, which the military, intelligence services, and our justice system are duty-bound to defend.

In order for these individuals to suffer the wanton cruelty to which they were subjected, a government policy was promulgated to the field whereby the Geneva Conventions and the Uniform Code of Military Justice were disregarded. The UN Convention Against Torture was indiscriminately ignored. And the healing professions, including physicians and psychologists, became complicit in the willful infliction of harm against those the Hippocratic Oath demands they protect.

After years of disclosures by government investigations, media accounts, and reports from human rights organizations, there is no longer any doubt as to whether the current administration has committed war crimes. The only question that remains to be answered is whether those who ordered the use of torture will be held to account.

The former detainees in this report, each of whom is fighting a lonely and difficult battle to rebuild his life, require reparations for what they endured, comprehensive psycho-social and medical assistance, and even an official apology from our government.

But most of all, these men deserve justice as required under the tenets of international law and the United States Constitution.

And so do the American people.

**Major General Antonio
Taguba, USA (Ret.)**

Maj. General Taguba led the US Army's official investigation into the Abu Ghraib prisoner abuse scandal and testified before Congress on his findings in May, 2004.

EXECUTIVE SUMMARY

This report provides first-hand accounts and medical evidence of torture and cruel, inhuman, or degrading treatment or punishment (“ill-treatment”¹) of eleven former detainees who were held in US custody overseas. Using internationally accepted standards, Physicians for Human Rights (PHR) conducted medical evaluations of the former detainees to document the severe, long-term physical and psychological consequences that have resulted from the torture and ill-treatment. The evaluations provide evidence of violation of criminal laws prohibiting torture and of the commission of war crimes by US personnel.²

Four of the men evaluated were either arrested in or brought to Afghanistan between late 2001 and early 2003 and later sent to Guantánamo Bay, Cuba, where they were held for an average of three years before release without charge. The other seven were detained in Iraq in 2003 and released without charge later that year or in 2004, with an average period of detention of six months. All of the former detainees evaluated by PHR reported having been subjected to multiple forms of torture or ill-treatment that often occurred in combination over a long period of time.

The medical evaluations were based in each case on intensive two-day clinical interviews that included diagnostic testing and, in two cases, review of medical records. With this evidentiary record, this report provides the most detailed account available thus far of the experience of detainees in US custody who suffered torture — a

war crime — at the hands of US personnel. Additionally, this report provides further evidence of the role health professionals played in facilitating detainee abuse by being present during torture and ill-treatment, denying medical care to detainees, providing confidential medical information to interrogators, and failing to stop or document detainee abuse.

Methods of torture experienced by the former detainees evaluated by PHR included interrogation and detention practices such as isolation, sleep deprivation, forced nakedness, severe humiliation and degradation, and sensory deprivation that were officially authorized by military and civilian officials during certain periods when these men were incarcerated.³ Additional practices recounted by the interviewees including beatings and other forms of severe physical and sexual assault that, while not officially authorized by government documents now part of the public record, came to be part of a regime of brutality at the facilities where the detainees were held.

This report demonstrates that the permissive environment created by implicit and explicit authorizations by senior US officials to “take the gloves off”⁴ encouraged forms of torture even beyond the draconian methods approved at various times between 2002 and 2004.⁵ In an environment of moral disengagement that countenances authorized techniques designed to humiliate and dehumanize detainees, it is not surprising that other forms

¹ Ill-treatment refers to “cruel, inhuman or degrading treatment or punishment” as is defined in the UN Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment. Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, G.A. Res. 39/46, U.N. GAOR. 39th Sess. Supp. No. 51, entered into force June 26, 1987, U.N. Doc. A/Res/39/46, available at http://www.unhcr.ch/html/menu3/b/h_cat39.htm [hereinafter UN Convention Against Torture].

² The definition of US personnel for the purpose of this report encompasses: service members with the US Armed Forces, US civilian personnel of other government agencies outside the Department of Defense, and US government private contractors. This definition is intentionally broad due to the fact that the detainees evaluated often knew little specific information about the affiliation of the personnel at the facilities where they were held, other than that they were Americans in most cases and often wore US military uniforms.

³ Relevant documents containing these authorizations are included in two published books: JAMEEL JAFFER & AMRIT SINGH, ADMINISTRATION OF TORTURE (2007); THE TORTURE PAPERS: THE ROAD TO ABU GHRAIB (Karen J. Greenberg & Joshua L. Dratel eds., 2005).

⁴ Cofer Black, head of the CIA’s counterterrorist center, famously told a September 26, 2002 Congressional hearing, “After 9/11, the gloves came off.” *Joint Investigation Into September 11th: Hearing Before the Joint House-Senate Intelligence Comm.*, 109th Cong. (2002) (statement of Cofer Black, Former Chief of the Counterterrorist Center, Central Intelligence Agency). According to a July 2007 *Vanity Fair* article, William Haynes, General Counsel of the Department of Defense, told the “admiral in charge of detainees in Afghanistan” to “take the gloves off” and ask whatever he wanted” in the questioning of John Walker Lindh.” Katherine Eban, *Rorschach and Awe*, VANITY FAIR ONLINE, July 17, 2007. available at <http://www.vanityfair.com/politics/features/2007/07/torture200707?printable=true¤tPage=all>.

⁵ See *supra* note 3.

of human cruelty such as physical and sexual assault were practiced. The fact that these unauthorized torture practices happened over extended periods of time at multiple US detention facilities suggests that a permissive command environment existed across theatres and at several levels in the chain-of-command. This climate allowed both authorized and unauthorized techniques to be practiced, apparently without consequence.

Given the limited number of detainees evaluated, the findings of this assessment cannot be generalized to the treatment of all detainees in US custody. The patterns of abuse documented in this report, however, are consistent with numerous governmental and independent investigations into allegations of detainee ill-treatment,⁶ making it reasonable to conclude that these detainees were not the only ones abused, but are representative of a much larger number of detainees subjected to torture and ill-treatment while in US custody.

Methods

PHR identified individuals through referring non-governmental organizations and law firms that provide legal representation to former and current detainees in US custody. The evaluations were conducted between December 2006 and September 2007, after consent was obtained by the individuals. No former detainee PHR

located who was eligible and consented to an evaluation was excluded from the study. For each former detainee, a team of two experienced clinicians evaluated the individual and documented allegations of torture and ill-treatment in accordance with the guidelines for assessing physical and psychological evidence of torture set out in the *Istanbul Protocol, Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (hereafter *Istanbul Protocol*).⁷ Sources of information for the medico-legal reports include the clinical interview, psychological testing, physical examinations and medical diagnostic tests. The Guantánamo Bay detention medical records of one individual and an independent medical record of another former detainee were available for review as well. In each case, the clinicians provided opinions on possible torture and ill-treatment based on correlations between individual allegations of torture and specific physical and psychological evidence. They found no evidence of deliberate exaggeration in any case. The study was approved by PHR's Ethics Review Board. In order to protect confidentiality, the names of the individuals evaluated were changed and information that could potentially identify the former detainees has been omitted.

Summary of Findings

Synopses of the Cases of Former Detainees Profiled

The following summaries of three evaluations of the eleven cases illustrate the torture and ill-treatment that the detainees experienced and the resulting long-term physical and psychological harm. The torture and ill-treatment described were corroborated by the medical evidence.

Kamal is in his late forties. He served in the Iraqi Army during the 1980s and later became a businessman and Imam of a local mosque. In September 2003 he was arrested by US forces. At the time of his arrest, he was beaten to the point of losing consciousness. After being brought to Abu Ghraib prison, he was kept naked and isolated in a cold dark room for three weeks, where both during and in between interrogations he was frequently beaten, including being hit on the head and in the jaw with

⁶ HINA SHAMSI, HUMAN RIGHTS FIRST, COMMAND'S RESPONSIBILITY: DETAINEE DEATHS IN U.S. CUSTODY IN IRAQ AND AFGHANISTAN [2006], available at <http://www.humanrightsfirst.info/pdf/06221-etn-hrf-dic-rep-web.pdf>; AMNESTY INTERNATIONAL, CRUEL, INHUMAN, DEGRADES US ALL. STOP TORTURE AND ILL-TREATMENT IN THE "WAR ON TERROR" [2005], available at <http://web.amnesty.org/library/index/engACT400102005>; HUMAN RIGHTS WATCH, "NO BLOOD, NO FOUL": SOLDIERS' ACCOUNTS OF DETAINEE ABUSE IN IRAQ [2006], available at <http://www.hrw.org/reports/2006/us0706/> [hereinafter HRW NO BLOOD]; GEN. RANDALL SCHMIDT & BRIG. GEN. JOHN FURLOW, U.S. ARMY, INVESTIGATION INTO FBI ALLEGATIONS OF DETAINEE ABUSE AT GUANTANAMO BAY, CUBA DETENTION FACILITY [2005], available at <http://www.defenselink.mil/news/Jul2005/d20050714report.pdf> [hereinafter SCHMIDT REPORT]; MAJOR GENERAL ANTONIO TAGUBA, ARTICLE 15-6: INVESTIGATION OF THE 800TH MILITARY POLICE BRIGADE [2004], available at <http://www.globalsecurity.org/intell/library/reports/2004/800-mp-bde.htm> [hereinafter TAGUBA REPORT]; *Situation of Detainees at Guantánamo Bay*, U.N. ESCOR Comm'n on Human Rights, 62nd Sess., Agenda Items 10-11, U.N. Doc E/CN.4/2006/120 [2006], available at http://www.ohchr.org/english/bodies/chr/docs/62chr/E.CN.4.2006.120_.pdf [hereinafter UN GUANTÁNAMO REPORT]; Allen S. Keller, *Torture in Abu Ghraib*, 49 PERSPECTIVES IN BIOLOGY AND MEDICINE 553 [2006], available at http://muse.jhu.edu/login?uri=/journals/perspectives_in_biology_and_medicine/v049/49.4fabrega.pdf; OFFICE OF THE INSPECTOR GEN., U.S. DEP'T OF JUSTICE, A REVIEW OF THE FBI'S INVOLVEMENT IN AND OBSERVATION OF DETAINEE INTERROGATIONS IN GUANTÁNAMO BAY, AFGHANISTAN, AND IRAQ [2008], available at <http://www.usdoj.gov/oig/special/s0805/final.pdf> [relating interagency dissent over the use of interrogation techniques considered to be illegal and referrals of complaints about the tactics to the highest level of the US government] [hereinafter OIG REPORT].

⁷ Office of the U.N. High Comm'r for Human Rights, *Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, U.N. Doc HR/P/PT/8/Rev.1 (1999), available at <http://www.unhcr.ch/pdf/81stprot.pdf> [hereinafter *Istanbul Protocol*].

a rifle and stabbed in the cheek with a screwdriver.

He was then placed in isolation in a urine-soaked room for two months. When Kamal was allowed to wear clothes, they were sometimes soaked in water to keep him cold. On approximately ten occasions he was suspended in a stress position, causing numbness that lasted for a month. He was made to believe that his family members were also in prison and that they were being raped and tortured. He recounted, “[T]hey were telling me, making me hear voices of children and women, and told me they were my children and [wife].” He was eventually transferred to a tent area of Abu Ghraib, where he remained for seven months until his release in June 2004.

PHR’s clinicians found physical and psychological evidence consistent with the abuse Kamal reported. He continues to experience chronic pain in his jaw and numbness from the suspensions. He also meets diagnostic criteria for several psychiatric diagnoses, including major depressive episodes, a panic disorder, and post-traumatic stress disorder (PTSD) that are attributable to his experience in detention. Particularly striking is the severity of Kamal’s depressive symptoms, with feelings of hopelessness, worthlessness, and guilt, and difficulty sleeping. His symptoms are indeed so severe that, in the opinion of PHR’s clinicians, they would qualify him for hospitalization in the United States.

Amir 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 forced, while shackled, to stand naked for at least five hours. For the next three days, he and other detainees were deprived of sleep and forced to run for long periods, during which time he injured his foot. After Amir notified a soldier of the injury, the soldier threw him against a wall and Amir lost consciousness. Ultimately, he was taken to another location, where he was kept in a small, dark room for almost a month while being subjected to interrogations that involved shackling, blindfolding, and humiliation. Approximately one month later, he was transferred to Abu Ghraib. At first he was not mistreated, but then was subjected to religious and sexual humiliation, hooding, sleep deprivation, restraint for hours while naked, and dousing with cold water. In the most horrific incident Amir recalled experiencing, he was placed in a foul-smelling room and forced to lay face down in urine, while he was hit and kicked on his back and side. Amir was then sodomized with a broomstick and forced to howl like a dog while a soldier urinated on him. After a soldier stepped on his genitals, he fainted. In July 2004, he was transferred to the prison

at Camp Bucca, where he reported no abuse. He was returned to Abu Ghraib in November 2004 and released two days later.

Amir continues to experience physical symptoms consistent with the abuse he reported. Physical examination revealed features consistent with his account, including tenderness of one of his testicles and rectal tearing. Psychologically, he continues to suffer from debilitating symptoms of severe PTSD, disturbed sleep, moodiness, anxiety, sexual dysfunction, hostility and outbursts of anger, and very frequent suicidal thoughts. He has changed from a stable provider for his family to an unemployed man. Although stressors related to the war in Iraq may exacerbate his symptoms, his most debilitating symptoms are attributable to his experience of torture and sexual violation. “No sorrow can be compared to my torture experience in jail,” he said. “That is the reason for my sadness.”

Youssef is in his early thirties. Unable to find work in his country of origin, he sought employment in Afghanistan. In late 2001 or early 2002, Youssef was detained as he attempted to cross the Afghanistan-Pakistan border without a passport while trying to return home. He was held in a Pakistani prison for two months, where he was often shackled in unsanitary conditions and given little food. During this time, he was interrogated by US personnel and eventually hooded, shackled, and transferred to the US detention facility in Kandahar, Afghanistan.

In Kandahar, Youssef was immediately interrogated and subjected to beatings with sticks and fists as well as kicking, although he did not sustain serious injuries at the time. After that, he was stripped naked. The first night he was not allowed to sleep, as guards hit the detainees and threw sand at them. While in Kandahar, Youssef endured forced nakedness, intimidation by dogs, hooding, and repeated assaults by being thrown against a wall. He was subjected to electric shock from a generator, feeling “as if my veins were being pulled out.”

After about six weeks, he was transferred to the US detention facility at Guantánamo Bay, Cuba. During the transatlantic flight he was dressed in an orange suit, fitted with dark goggles and headphones and shackled to the floor of the plane. The tight cuffs caused his wrists to swell. Upon arrival, he was stripped, sprayed with water and examined by a doctor. Like other detainees, he described the conditions at Camp X-Ray as deplorable, with detainees living in cages that were extremely hot and denied anything but a bucket for a toilet. In Camp X-Ray lengthy interrogations accompanied by sleep deprivation began. Small infractions such as speaking

with other detainees led to beatings, and a person whom he perceived to be a doctor checked the injuries of the detainees after the beatings. In order to avoid beatings, Youssef was compliant. Nevertheless, the Immediate Reaction Force (IRF) team forced him into stress positions, including sitting on his knees with his hands pressed together behind his back or head and tied to his feet, forcing his legs up.

After approximately three months, Youssef and others were transferred to Camp Delta, where general cell conditions were better, although detainees were rarely let out of their cells. He was beaten once for hiding food in his cell. An IRF team also sprayed him in the eyes with what may have been pepper spray, so that “my whole body would feel like it was burning — not just my face, but my whole body...I felt like I was losing consciousness from the burning.”

His interrogations, which took place almost every other day during his initial period at Guantánamo and he would be kept in the interrogation room for as long as eighteen to twenty hours. He denied having been beaten during the lengthy interrogations or while being held in the interrogation room. Youssef described these episodes as some of his most painful experiences at Guantánamo. He was chained and forced to assume stressful positions; at times, ice-water was poured on him and, at other times, loud music was played. He was deprived of access to the toilet and time for prayer. While being held in the interrogation room, the temperature in the room would be made extremely cold or hot for extended periods of time. Demands for confessions were constant, accompanied by claims by interrogators that his name was found on documents and that his brother, who has leukemia, had been arrested; soldiers also threatened to shoot him. Humiliation was part of the interrogation regime: he was forced to look at pornography, and soldiers ripped the Koran apart and threw it in the toilet in front of him. He described being horrified by an incident in which a naked woman entered the interrogation room and smeared what he believed to be menstrual blood on him. He reported being given injections of unknown substances against his will, and these injections often caused rashes several hours later. He believes that in some interrogations medical personnel were present and that they examined him periodically. Although he was not privy to the discussions between the medical personnel and interrogators, it appeared to Youssef that the medical personnel were being consulted as to whether interrogations should continue. They always did.

At one point while at Camp Delta at Guantánamo,

Youssef asked to speak with a psychologist because of the distress and sadness he felt due to the separation from his family. He believes that not only did his interrogators have access to the information he shared with the psychologist, but that they exploited it by threatening that he would spend the rest of his life in Guantánamo. Following this interrogation session, he was moved to what he believed to be the worst section of Camp Delta, where he was not allowed to have a blanket or mattress.

After being transferred out of Camp Delta and signing a form, he was released in the fall of 2003. He was again handcuffed and chained to the floor of the plane during the lengthy flight. Upon returning home, he served over a year of military service, during which he was mostly confined in a psychiatric hospital because he was deemed “too aggressive.”

On physical examination, Youssef was noted to have surgical scars on his wrists consistent with his report of surgery following his release for chronic wrist pain as a result of shackling during his detention. Pain in his right wrist still persists. He also has a scar on the back of his left wrist consistent with the handcuffing he described. While Youssef experienced symptoms of depression before detention, PHR’s evaluators concluded that these symptoms became more pronounced, disabling and chronic as a result of his experience; he also now suffers from moderate PTSD. Many of his physical symptoms, including shortness of breath and “heart problems,” are consistent with a panic disorder. Youssef acknowledged difficulty functioning and has not found steady employment since his detention.

Common Experiences of Torture and Ill-Treatment

Even though the eleven detainees examined by PHR were held at different places, and each person’s experience was unique, certain detention and interrogation practices appear over and over again in the accounts.

Beatings During Arrest, Transport, and Initial Custody

Many of the most severe injuries from beatings that the former detainees reported were sustained shortly after they were arrested. All seven of the men who were detained in Iraq (hereafter referred to as “the Iraqi former detainees”) recounted experiencing violent treatment during their arrests, some of which involved severe physical assault on their family members as well as destruction or looting of their homes.

The beatings inflicted on detainees at US facilities at

Bagram and Kandahar in Afghanistan were particularly intense, and included beatings with sticks and fists, kicks to the stomach and genitals and blows to the head. As a result, Haydar, who was held at Kandahar before being transferred to Guantánamo, lost three of his teeth and Rasheed, who was held at both Bagram and Kandahar facilities, lost consciousness and was hospitalized. Similarly, all former detainees held at Guantánamo reported that the most intense and widespread physical beatings they experienced at the facility took place during transfer and shortly after arrival there.

The Iraqi former detainees also reported severe beatings during the first days and weeks of detention at facilities including one at Baghdad International Airport. Hafez, who was held at a US facility at Baghdad International Airport and Abu Ghraib for over seven months, was forced to the ground and beaten severely on his legs and back, causing his lips, forehead, and nose to bleed; he also reported being stripped and having his chest and pubic hair ripped out by hand and being simultaneously beaten, hit, and choked while being doused with cold water.

While physical evidence of beatings often may not be detectable in later medical evaluations, findings from bone scans of six of the former detainees as well as scars and lesions visible during physical examination are consistent with the history of beatings described by the victims.

Deprivation of Basic Necessities and Sanitary Conditions

All of the former detainees reported frequent denial of basic necessities during periods of their detention; over half of the men evaluated reported being denied food on at least one occasion. Each former detainee also reported being subjected to extreme temperatures during his confinement.

The conditions detainees in Iraq endured were particularly appalling. Among the conditions one or more of the detainees reported were placement in a urine-soaked punishment room, being forced to wear soiled underwear, often for weeks or months at a time, denial of access to food, water and toilets of any kind, and exposure to cold without blankets.

Two of the detainees who were held in Guantánamo during the first year the facility was in operation reported harsh physical conditions and being housed in steel cages. Although as time passed, the physical conditions improved there, deprivation sometimes accompanied by acts of cruelty continued. Haydar reported that in Guantánamo the soldiers would often either spit in or

throw out part of their food rations.

Stress Positions: Forced Standing, Handcuffing, and Shackling

All of the former detainees reported having been subjected to painful stress positions that involved having their hands and feet bound for extended periods of times, or suspension from walls or barbed wire. These positions were often coupled with the use of blindfolding, sleep deprivation, isolation, and exposure to temperature extremes, either as components of interrogations or conditions of confinement.

For example, three former detainees evaluated by PHR reported that in Guantánamo they were kept in extremely hot or cold interrogation rooms, chained in a crouching position to a ring on the floor for eighteen to twenty hours. Two of the Iraqi former detainees reported losing consciousness as a result of being subjected to stress positions.

Findings on medical examination were consistent with these accounts. All of the former detainees reported that they continue to suffer from a wide range of musculoskeletal pains. For example, Laith, an Iraqi former detainee who was held in Abu Ghraib for nine months, reported arm numbness and weakness following being suspended by his arms, which is highly consistent with a brachial plexus (nerve group supplying the upper extremity) injury that often results from suspension.

Isolation, Sensory Deprivation, or Bombardment

A) Prolonged Isolation

All of the former detainees reported being subjected repeatedly to lengthy periods of isolation that ranged from ten days to as long as two months in duration. The interviewees reported that, while being kept in isolation, they were subjected to shackling, blindfolding, physical abuse, humiliation, sexual humiliation, and stress positions, as well as temperature extremes and light control.

During periods of isolation, the Iraqi former detainees consistently reported being kept hooded and naked in small, dark holding cells that made Rahman, who was held at Abu Ghraib for nine months, feel “claustrophobic.” Similarly, former Guantánamo detainees reported that they were repeatedly held in isolation. The psychological impact of isolation and other forms of abuse was enormous. Rasheed engaged in hunger strikes, exhibited psychotic behavior, and even became suicidal after prolonged isolation.

B) Hooding/Blindfolding

Sensory deprivation by means of hooding or other types of blindfolding was frequently used in combination with other techniques in the places the former detainees were held (Afghanistan, Iraq, and Guantánamo Bay, Cuba). According to the detainees, blindfolding and hooding instilled in them a sense of fear, disorientation, and dependency on their captors.

According to the detainees evaluated, sensory deprivation was employed in Afghanistan during arrest and transportation between facilities as well as during interrogations. At Guantánamo, however, the four detainees evaluated experienced hooding only when being transferred. In Iraq, hooding was routinely used during interrogations and general detention and was combined with forced nakedness and isolation, among other techniques.

C) Sensory Bombardment

Eight former detainees reported that sensory bombardment with loud noise or music was utilized frequently in what appeared to be a strategy to disorient them or disrupt detainees' sleep.

The detainees who were held in Afghanistan reported that they were subjected to loud music over long periods of time, and in one case exposed to powerful flood lights twenty-four hours a day. At Guantánamo, Rasheed reported that during a period of isolation and frequent lengthy interrogations, his cell was bombarded with loud unpleasant noise.

The former detainees reported that in Iraq this technique was combined with forced running, isolation, and sleep deprivation. Similar to three other Iraqi former detainees, Morad, who was held in various facilities for a total duration of ten months, was subjected to "deafening, loud music" while being held in Saddam Hussein's former ranch (used as a US detention facility).

Threats of Harm to Detainees and Their Families

Almost all of the detainees reported being threatened with severe harm, most commonly through verbal threats during interrogations. Eight of the eleven men reported that the US military utilized dogs to instill fear in the detainees. Two of the Iraqi former detainees were threatened with execution, and two others were threatened with forced disappearance since they did not have prisoner identification numbers, were unregistered, and therefore considered "ghost" detainees. Youssef recalled being threatened with being shot by a guard during an interrogation in Guantánamo.

Interrogators also told detainees that their families would be killed or severely harmed. Laith told PHR that the interrogators "were threatening me...they were saying 'Then you will hear your mothers and sisters when we are raping them.'" Interrogators also threatened detainees with harm or torture following their release. Strikingly, transfer to Guantánamo was a threat used on half of the former detainees held in Iraq. Yasser recalled being told he would be sent to Guantánamo "where even dogs won't live."

Use of Extreme Temperatures

All of the former detainees reported being exposed to extremes of temperature in their cells. For some of the Iraqi former detainees, this practice was coupled with weeks of isolation and sexual humiliation; for others, this practice was used as a form of group punishment. Four detainees, of whom three were held in Guantánamo, reported that cold water was poured on them during interrogation. In the cases of three individuals who were held in facilities in Iraq, cold water was used in combination with lengthy interrogations, sensory bombardment, beatings, and sexual humiliation.

Electric Shocks, Sexual Assault, and Physical Assault

In addition to the beatings upon arrest, initial detention and transfer described earlier, some of the detainees were physically assaulted again later during their detention. Two former detainees were sodomized with a broomstick or a rifle at Abu Ghraib and three were subjected to electric shock (two in Iraq and one while at Kandahar, Afghanistan).

Physical assaults during detention included being kicked, stepped on, dragged, slapped, and forcefully thrown against a wall. Adeel, who was later transferred to Guantánamo Bay, reported receiving daily beatings while he was held at the Bagram facility. The Iraqi former detainees described being struck with a rifle, stabbed in the cheek with a screwdriver, burned on the chest with a cigarette, and other episodes of severe physical abuse during interrogations that in some cases resulted in loss of consciousness. Five former detainees reported soldiers exploiting detainees' injuries. For example, Yasser, who was held at Abu Ghraib for four months, stated that his injured hand was deliberately stepped on and squeezed by soldiers at Abu Ghraib.

Of the Guantánamo detainees, only one reported routine physical abuse: Rasheed reported frequent beatings and one episode of harsh beatings during an interrogation. Youssef and Haydar stated that multiple times

the IRF teams (referred to by the former detainees as the “riot police”) subjected them to chemical spray and pressurized water, which left Haydar “writhing on the ground in pain.”

Many of the physical assaults reported would likely have resulted in bruises and soft tissue injuries that would not leave lasting physical marks. However, the bone scan findings of six individuals, and scars and healed lesions observed on physical examination of all detainees corroborated their specific allegations of physical assault. Scarring on Yasser’s thumbs was highly consistent with the scarring caused by electric shock. Further, reports of rape and sexual assault were corroborated in two cases by medical examination.

Sleep Deprivation

Nine of the eleven former detainees evaluated reported that they were often subjected to sleep deprivation, in combination with other techniques, through loud noise or banging, use of cold water, or stress positions. Laith explained: “If you ask me about being chained to the window [standing], it was every day. They were especially doing that at night, to prevent me from me sleeping.”

Sexual, Religious, Cultural, and Other Forms of Degrading Treatment

According to detainee accounts, humiliation was pervasive in detention facilities in both Iraq and Afghanistan. Guards taunted, shamed, insulted, spat and urinated upon, and embarrassed detainees, forced most to be naked, observed some on the toilet, wrote degrading phrases in indelible marker on the body of one, and forcibly cut the beards and shaved the heads of others. In one incident, Amir reported having been pulled by a leather dog leash in Abu Ghraib and was ordered to “howl like dogs do.” He was repeatedly kicked when he refused to do so.

Cultural and religious humiliation was reported by more than half of the individuals evaluated, and took many forms, including taunting men at prayer and desecrating the Koran. Rasheed stated that in protest of such practices, detainees in all five blocks of Guantánamo held a simultaneous uprising by banging their heads against the walls and demanding “an end to the mocking of their religion.”

One of the worst forms of humiliation detainees reported, though, was sexual, and it was reported by virtually all of the individuals evaluated by PHR, at facilities in Afghanistan, at Guantánamo, and in Iraq. The forms of sexual humiliation were as varied as they were cruel: parading men naked in front of female soldiers, forcing

them to disrobe before female interrogators, touching or provoking them in a humiliating way, and forcing them to watch pornography or real or feigned sexual activities. Furthermore, nakedness became the normal mode of operation in the Iraqi detention facilities, especially in Abu Ghraib, where the detainees were forced to be naked for long periods of time. Kamal stated that his genitals were touched multiple times during interrogations in Abu Ghraib. Further, he reported that when the American soldiers “got me naked, they used to bring all female soldiers to look at me and say, ‘Hello, Imam’.”

Witnessing Torture and Cruel Treatment

More than half of the former detainees evaluated by PHR recounted witnessing torture and other cruel, inhuman or degrading treatment towards other detainees by US personnel. Two detainees witnessed other detainees being bitten by dogs; others witnessed detainees being subjected to various forms of sexual humiliation. In Abu Ghraib, Rahman recounted that he was forced to watch other detainees being forced to simulate anal intercourse and recalled that the detainees “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 was more than half an hour and this was in front of our eyes.”

Health Professional Complicity and Denial of Medical Care

Health professionals in detention settings are required by domestic and international standards not only to provide medical care to detainees but to protect their health and well-being. A few of the former detainees reported that they received appropriate care from health professionals while in US custody.⁸ Adeel was diagnosed and treated for tuberculosis while detained in Guantánamo, and Morad received “humane treatment” from a doctor for his diabetic foot ulcer.

At the same time, former detainees reported that medical personnel played a role in facilitating torture and ill-treatment in all three theatres of operations through the monitoring of abuse during interrogations, providing medical information to interrogators, denying medical care, and failing to take action to stop and/or document detainee abuse. Three of the Iraqi former detainees and one former Guantánamo detainee reported that individuals acting in a health professional capacity examined their condition during an episode of torture or

⁸ The detainees often did not know what kind of health personnel interacted with them (e.g., doctor, nurse, medic, or psychologist).

physical abuse but made no effort to stop it. Two former Guantánamo detainees suspected that the psychologist shared information about them with interrogators.

Several men reported facing difficulties accessing care while in detention. At Guantánamo, Youssef recounted that he never received treatment despite his “many, many” requests for medical attention to his persistent stomach pain, as well as for swelling in his wrists. Two men detained at Abu Ghraib reported being denied medical treatment, including for injuries inflicted by soldiers. In response to PHR’s query whether or not any doctors treated Amir’s injuries in Abu Ghraib; he responded: “Did I need to ask for help? I was there naked and bleeding... These were not real doctors.”

In addition, all the former detainees from Guantánamo reported that they were given injections or medication without their consent and medical procedures were performed on them against their will.

The medical records of one of the former detainees, Rasheed, illuminate the role of medical personnel at Guantánamo, and PHR’s evaluators were able to compare his account with entries in his medical file. The records are largely consistent with his own account: shortly after arriving at Guantánamo in 2002, Rasheed’s mental health began to deteriorate; he attempted suicide and other acts of self-harm, including self-mutilation. Mental health staff at Guantánamo responded with heavy doses of medication, which made him feel unbearably hot and made his skin and joints ache. When his acts of self-harm continued, medical staff placed him in restraints and treated his access to bottled water and blankets as privileges. In response to his repeated requests to be removed from isolation, the medical files note that the psychiatric personnel “informed him that [they] had no control over that and told him to ask his interrogator to have him moved.”

It is not clear exactly how long Rasheed was kept in isolation or how long Rasheed’s interrogations continued after his severe signs and symptoms appeared — although it appears to have been at least one year. What is clear, though, is that during the critical periods in 2002 and 2003 when his health severely deteriorated, his health condition did not result in halting interrogations, nor in relieving a regime of isolation and sleep deprivation; nor do the records indicate that the medical staff connected his ill-treatment — including use of isolation, sleep deprivation, physical assault, violation of his religious and moral codes, and the use of sexual humiliation — to the obvious decline in his mental condition. Nor is there evidence from the records that the medical

staff intervened to end his torture, except for one note with a recommendation that resulted in a brief move out of isolation. Instead, the thinking of the medical staff appears reflected in a medical note that mentions him being subject to “routine stressors of confinement.” Further, one of the most likely diagnoses for Rasheed’s psychological symptoms, PTSD, is never mentioned in the medical record. The medical staff thus not only failed to document that Rasheed was being tortured through the use of isolation and other methods (and presumably did not report it), but also became complicit themselves in his abuse. Indeed their mental health interventions may have worsened Rasheed’s suffering by patching him up so that further interrogation and torture could be inflicted.

Short-Term and Lasting Harm from Torture and Ill-Treatment

All the detainees experienced severe, even excruciating physical pain from being kicked, punched, choked, shocked or sodomized, and many were terrorized by both the experience of the assaults on them and threats of more to come. Most of the detainees lost consciousness at least once as a result of beatings or other physical assaults. Some experienced bruising and trauma to their genitals. Some of the men were not only severely injured as a result of torture, but they then had to endure additional pain from the exploitation of those injuries by their tormenters. Almost all of the men PHR interviewed continue to experience physical after-effects from the torture they experienced, including chronic headaches as well as persistent pain in their limbs, joints, back, muscles, and ligaments from being beaten or kept suspended or in other stress positions for long periods of time.

The experience of torture was horrifying to the men as it was taking place. Men experienced shame, humiliation, and terror that they or their loved ones would suffer even more; others were terrified by the claustrophobic conditions of isolation. These in turn brought about symptoms ranging from chest pain to severe anxiety to sleeplessness. One reported: “I was having really bad nightmares... I felt like I couldn’t breathe.” According to medical files, during an interrogation session in Guantánamo one detainee had a seizure and “was unresponsive and fell... [while] his feet [were] buckled.”

Lasting Psychological Consequences of Ill-Treatment

With one exception, the former detainees have experienced and continue to experience severe psychological effects of torture and ill-treatment as a result of their

detention in US custody. All but one feel utterly hopeless and isolated, and lack the ability to sleep well, work, or engage in normal social relationships with their families. Seven individuals disclosed having contemplated suicide either while in detention or after being released. Most of the released detainees, to this day, live with severe anxiety, depression, and post-traumatic stress disorder, including intrusive recollections of trauma suffered in detention, hyperarousal (persistent symptoms of increased arousal, e.g., difficulty falling or staying asleep, anger, and hypervigilance), avoidance and emotional numbing behavior. PHR's clinicians determined that these symptoms were directly related to the torture and ill-treatment reported having taken place while in US custody, even after taking into account the fact that the released Iraqi former detainees are living in a war-torn environment. Amir explained, "These are the memories that I can never forget. I want to forget, but it is impossible."

For the four detainees who had experienced symptoms of depression or other mental disorders prior to detention, torture and ill-treatment by the US Personnel severely exacerbated these conditions, and in one case it ignited such deep despair and dysfunction as to lead the detainee to repeated suicide attempts while at Guantánamo.

Diminution of Social and work Life After Detention

Many former detainees reported encountering social stigma and fear in their communities as a result of their status as former US detainees. Some relocated, and others attempted to do so unsuccessfully. All except one have lost their livelihood and are facing financial hardships, and many were concerned about their physical safety and security. These fears are not unfounded as three Iraqi former detainees were rearrested and detained by both American forces and the Iraqi government, though subsequently released. Since the interviews were completed, PHR has authoritatively learned that one of the former Guantánamo interviewees has been arrested in his home country and is still being detained.

Legal Prohibitions Against Torture and Ill-Treatment

All of the abusive interrogation techniques and patterns of ill-treatment endured by these eleven men — including beatings and other forms of severe physical and sexual assault, isolation, sleep deprivation, forced nakedness, severe humiliation and degradation, and sensory deprivation, many of which were experienced over long periods of time and often in combination with other prohibited acts — constituted

acts of torture as well as cruel, inhuman or degrading treatment under domestic criminal statutes and international human rights and humanitarian treaties, including the Convention Against Torture and the Geneva Conventions, that were in effect at the time the acts were committed.

According to courts and entities responsible for interpreting the Convention Against Torture, including the UN Special Rapporteur on Torture and the UN Committee Against Torture, each of the interrogation techniques and conditions of incarceration and treatment identified in this report, when considered on its own, constitutes prohibited conduct in the form of torture or cruel, inhuman or degrading treatment or punishment. In fulfilling its obligation to assess and report upon the human rights conditions in other countries, the US State Department relies upon international human rights treaties including the Convention Against Torture; in innumerable instances, it has identified the very practices evidenced by this study, when committed in foreign countries, as torture or cruel, inhuman or degrading treatment or punishment. In addition, based on the severity of physical and psychological pain and suffering caused by these practices, the *Istanbul Protocol* has determined that they constitute torture and/or ill-treatment.⁹ Likewise, the medico-legal evidence leaves little doubt that the interrogation methods used by US personnel constitute torture under the US Torture Act,¹⁰ the Uniform Code of Military Justice (UCMJ),¹¹ and other laws.

Recommendations

Based on the findings of this investigation, the United States should take the following actions:

1. The executive branch must repudiate all forms of torture and cruel, inhuman or degrading treatment. It should explicitly and in writing establish a uniform standard of conduct for all agencies that prohibits any of its military, intelligence or other officials, including all forms of contract personnel, from engaging in torture and cruel, inhuman or degrading treatment, including but not limited to any of the following interrogation or conditions of confinement methods, either alone or in combination:
 - Stress positions
 - Beatings and other forms of physical assault

⁹ *Istanbul Protocol*, *supra* note 7, ¶ 144, at 28.

¹⁰ Torture Convention Implementation Act of 1994, 18 U.S.C.A. § 2340 (2004).

¹¹ Uniform Code of Military Justice, 10 U.S.C. §§ 801–946 (2007).

- Use of extremes of temperature
- Waterboarding or any other form of simulated drowning¹²
- Threats of harm to the detainee, his family, or friends
- Sleep deprivation
- Sensory bombardment through the use of extreme noise and/or light
- Violent shaking
- Religious, cultural, and sexual humiliation including, but not limited to, forced nakedness
- Prolonged isolation
- Sensory deprivation, including, but not limited to, hooding and blindfolding
- Use of psychotropic, mind-altering, or other drugs for the purpose of decreasing resistance or gaining information
- Mock execution
- Exploitation of phobias, psychopathology, or physical vulnerability
- Rape and sexual assault
- Electric shocks
- Deprivation of basic necessities and sanitary conditions

Congress should enact into law the prohibitions listed above and establish criminal liability for their violation.

2. The executive branch and Congress should establish an independent commission to fully investigate and publicly report on the circumstances of detention and interrogation in Bagram, Kandahar, and elsewhere in Afghanistan, Iraq, Guantánamo Bay, and other locations since 2001. This independent commission should have subpoena power to compel witnesses and have full access to all classified materials concerning interrogation techniques and conditions of detention, including medical records and documentation by behavioral health science consultant personnel, in order to establish a full public record. The investigation should extend to individuals in the position of making policy as well as those who carried those policies out, including all healthcare profes-

sionals who were in the position of providing care or supporting the interrogation of detainees.

3. All individuals who played any role in the torture or ill-treatment of detainees, including those who authorized the use of methods amounting to torture or exercised command authority over them, should be held to account through criminal and civil processes (such as disciplinary action). Officials at every level should be held accountable for crimes they committed or for the acts of officials subordinate to them. Health professionals, both civilian and uniformed, who engaged in or facilitated the abuse of detainees and/or failed to report torture and ill-treatment should be investigated, appropriately sanctioned, and disciplined via the Department of Defense, other executive branch agencies, and state licensing boards.
4. The government should issue a formal apology to detainees who were subjected to torture and/or ill-treatment as part of US military and intelligence operations since fall 2001 in Afghanistan, Iraq, Guantánamo Bay, Cuba, and elsewhere.
5. 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.
6. 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. These organizations tasked by treaties to which the United States is a party must be granted full access to detainees, their medical records, and all other pertinent files documenting past and current treatment of detainees during their incarceration. Furthermore, Congressional and executive branch oversight of US military and intelligence activities relevant to detainee treatment and interrogation should be immediately strengthened and improved.
7. The US Department of Justice should publicly release all legal opinions and other memoranda concerning standards regarding interrogation and detention policy and practices.

¹² None of the detainees evaluated experienced waterboarding.