

Senate Select Committee on Intelligence
Hearing on U.S. Interrogation Policy and Executive Order 13440
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Thank you for the privilege of testifying before this committee today. I am testifying on behalf of the Bellevue/NYU Program for Survivors of Torture and Physicians for Human Rights. As a physician, I want to share with you my perspective on torture and abusive interrogation practices. My perspective is not a theoretical one. It is based on more than 15 years of experience as a doctor in evaluating and caring for victims of torture and mistreatment from around the world, and studying the health consequences of such trauma. I will also address the ethical restrictions for health professionals regarding interrogations as well as the impact of US policies on torture and mistreatment worldwide.

The focus of my comments are on the profound and dangerous health consequences of torture and interrogation techniques, often referred to as seemingly benign “enhanced interrogation techniques.” While the full spectrum of such techniques used by U.S. authorities including the Central Intelligence Agency has not been disclosed, there have been reports that the “enhanced” interrogation program includes methods such as stress positions, shaking and beating, 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, cultural or religious humiliation, and water-boarding. From a medical, scientific and health perspective, there is nothing benign about them. Such techniques are gruesome, dehumanizing and dangerous. Noted one torture victim I cared for: “As someone who has experienced torture, I know these things are torture.” And in fact based on the medical evidence he is correct. Clinical experience and data from the medical literature are clear and unequivocal. These techniques can cause significant and long lasting psychological and often physical pain and harm. I have treated traumatized, damaged people who were subjected to every one of these techniques. Furthermore, these methods have been implicated in the deaths of several detainees in U.S. Custody since the tragic events of September 11th, 2001. For example, stress positions can kill you. I have patients who were nearly killed by it and are still suffering years later. Likewise the psychological trauma they cause is very real.

I urge the Committee to conduct a full investigation into the use of these techniques; ensure transparency with regards to what interrogation techniques are used, given that transparency is crucial in preventing torture and abusive interrogation techniques; and ensure that torture and abusive interrogation techniques such as those cited above are prohibited.

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 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 over 2,000 men, women and children from more than 80 countries. Our

Program is a member of the National Consortium of Treatment Programs (NCTTP) whose approximately 30 member organizations care for torture victims in more than 20 states across the United States. Additionally we are members of the International Rehabilitation Council of Torture Victims (IRCT) which includes more than 130 torture rehabilitation centers and programs worldwide. Individuals cared for in the Bellevue/NYU program have been persecuted for daring to question ruling powers; for expressing religious beliefs; or simply because of their race or ethnicity.

Additionally, I am co-chair of the Bellevue Hospital Bioethics Committee and oversee bioethics education at NYU School of Medicine. I have also served as a member of the American College of Physicians Ethics and Human Rights Committee.

I am a member of the Advisory Council of Physicians for Human Rights (PHR). I have participated in PHR's asylum network examining victims of torture and mistreatment applying for political asylum here in the United States. I have also participated in several PHR investigations and studies documenting torture and mistreatment, and training health professionals in conducting such documentation. I served as an advisor and reviewer for the recent report from PHR and Human Rights First "Leave No Marks." This report documents the harmful health impact of enhanced interrogation techniques and the risk of criminality. In my testimony today, I draw on my own clinical and research experience, including evaluation of several former U.S. detainees, as well as information presented in the PHR report and data from the medical literature.

In my work with torture victims, I have seen the scars from shackles, the marks from cigarette burns inflicted during interrogation and the wounds and broken bones from severe beatings. I have listened to stories of shame and humiliation from individuals raped or sexually humiliated, of haunting nightmares, and memories that will not go away. One patient of mine, for example, who was repeatedly submerged in a vat of water while being interrogated, years later still felt as if he was gasping for air whenever he showered or went out in the rain.

Torture can have devastating health consequences on the victim's physical, mental and social well being. Severe beatings or being restrained in painful positions can result in bruises, broken bones, severe and chronic pain including joint and muscle pain. Neurological symptoms including headaches, dizziness, hearing loss and loss of sensation are also common. Burns from cigarettes, beatings with whips or sticks can result in scars.

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 forced to witness the rape or torture of a family member, or 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. One patient of mine while being interrogated had a gun pointed at his head which was abruptly pulled away and shot into the air. He told me "Until now I still hear the sound of the gun in my brain. This psychological torture is encrusted in my brain."

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.

Psychological distress is alarmingly common among survivors of torture and trauma. This includes posttraumatic stress disorder (PTSD) manifested by recurrent terrifying memories and nightmares and profound social impairment; as well as depression manifested by extreme feelings of sadness and hopelessness, including suicidal thoughts. Severe and chronic sleep difficulties are also signs of both depression and PTSD and common sequelae of torture and abuse. Extreme stress results in a physiologic response that involves release of stress hormones, such as cortisol, that have immediate effects on cardiac function, and blood pressure and may even have long lasting effects on insulin resistance and immune function.

The physical, psychological and social dimensions of health are interdependent. For example, an individual who was severely beaten may experience musculoskeletal pain. The recurring pain may trigger significant psychological symptoms, such as intrusive thoughts of the trauma. Because of these symptoms, the individual may be socially isolated, withdrawn and distrustful of society. Torture also impacts on the health of the community through fear and intimidation, which can become pervasive.

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. Settings are designed to maximize the detainee's sense of loss of autonomy and control and complete vulnerability to the interrogator. 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 with individuals who have underlying psychological or medical 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.

It is essential to understand the very real and harmful effects of these methods and not minimize them or erroneously take them out of context. For example, people have mocked the impact of standing for extended periods. When commenting on interrogation techniques for use at Guantanamo, Former Secretary of Defense Rumsfeld reportedly noted "I stand for 8-10 hours a day. Why is standing limited to 4 hours?" Such a comparison ignores the profound difference between someone working who is on their feet and able to move around in contrast to a prisoner forced to maintain a standing position in one place for prolonged periods, which in addition to being very painful is dangerous in part because of the risk of developing potentially fatal blood clots.

To think that abusive methods, including the enhanced interrogation techniques, are harmless psychological ploys is contradictory to well established medical knowledge and clinical experience. These methods are intended to break the prisoners down, to terrify them and cause harm to their psyche, and in so doing result in lasting harmful health consequences.

While the health consequences of these methods are clear, it is dubious at best, that such brutal methods elicit accurate information. I know from the torture victims I have cared for that individuals so brutalized will often say whatever they think their interrogator wants to here in order to stop the torture. Noted one torture victim I cared for: "I would say anything to stop the torture. Even if what I was saying was not true. I would say what every they wanted to hear to make them stop."

There must be no mistake about the brutality of the stress and duress "enhanced interrogation methods" and that the harmful medical consequences, both physical and psychological, of such coercive methods can be long lasting and severe. Each tactic, by itself or in combination has the potential to cause significant harm. These methods should be called for what they are: torture. Let me give some examples:

Sleep Deprivation

Prolonged periods of sleep deprivation can result in confusion, significant cognitive impairments and psychosis-delusions and paranoia- clearly not predictors for eliciting accurate information. It can also result in long-term psychiatric disorders such as depression. Physical symptoms include headaches and dizziness and chronic disruptions of normal sleep patterns. In describing the use of sleep deprivation by the Soviet police in the 1930's, Aleksandr Solzhenitsyn writes in the *Gulag Archiplego* "Sleeplessness befogs the reason, undermines the will, and the human being ceases to be himself, to be his own, 'I'."

One patient of mine who in his country of origin was kept in a prison cell with bright lights and loud noises described the following. "The absence of sleep made me feel so sick. I felt dizzy. I had headaches. It affected my mind. I had trouble in my mind I felt like I was going crazy." When I first saw him years after his abuse, he was still unable to have a normal night's sleep. Sleep deprivation also weakens the immune system and deprives vital organs of needed time to repair damage inflicted to the body.

Stress Positions

Restraining persons for extended periods, keeping individuals in painful positions can lead to significant and potentially long-term musculoskeletal pain as well as torn ligaments and other injuries and disabilities. Forcing individuals to stand for prolonged periods results in pooling of the blood and painful swelling of the lower extremities. It may result in blood clots in the legs (deep vein thromboses), which can subsequently travel to the lungs as pulmonary embolism-a potentially life threatening condition. Individuals forced to stand for extended periods are also more likely to faint and collapse, resulting in head trauma.

One patient of mine, a woman who was a professor at a university in her African country was arrested there for criticizing the ruling party. She was beaten, sexually assaulted and forced to stand naked. She described how her captors mocked and laughed at her while she stood there.

They refused her access to a toilet and she subsequently urinated on herself. Unable to stand any longer she fell to the ground, but was forced to stand up again. As a result of her abuse she suffered chronic deep vein thromboses in both of her legs, which caused painful swelling, and required anticoagulation medication for several years following her abuse.

Another patient of mine-a Tibetan monk, arrested after working to promote freedom in Tibet- suffered deep vein thromboses and subsequently pulmonary embolism as a result of prolonged standings and beatings. At the time I initially evaluated him he could barely breathe from the pulmonary embolism and nearly died. Several deaths of detainees in US custody in Iraq and Afghanistan are believed to have resulted directly from the use of stress positions, according to an analysis of coroners' reports.

Sensory Deprivation

Sensory deprivation, such as being held for prolonged periods in a dark cell or hooding can result in disorientation, severe anxiety and long term psychological damage, particularly when combined with mock execution or other psychological methods. Years after being held in isolation in small dark cells, patients of mine are still traumatized and describe experiencing profound nervousness and fear particularly in the dark or in enclosed spaces. This is not because they were weak persons. To the contrary, they were commonly individuals who prior to their abuse were high functioning, strong and self-confident.

Violent Shaking

Shaking can result in intracranial hemorrhages (bleeding of the brain), cerebral edema (swelling of the brain), resulting in increased intracranial pressure and permanent neurological deficits including cognitive impairments and/or death.

Sensory Overload

Sensory bombardment with light and noise can inflict extreme mental and physical harm whether it is used as a discrete interrogation tool or to disrupt sleep. These methods are intended to cause physiologic distress and disorientation. The body interprets such over-stimulation as danger signals, and an adrenergic response ensues with the release of stress hormones, which result in increased heart rate, increased blood pressure. This can potentially increase the risk of life threatening conditions such as myocardial infarctions (heart attacks).

Exposure to loud noises can result in chronic decreased hearing loss or even deafness or chronic tinnitus (ringing in the ears). Many of the patients I have cared for continue to suffer from poor hearing, tinnitus, and the sense that "the noise is still in their head."

Exposure to Extreme Cold or Heat

Subjecting a prisoner to extremes of temperature clearly can cause enormous physical discomfort and suffering. The body is highly regulated to maintain core body temperature within a narrow range which is essential for human survival. Thus prolonged exposure to either extremes of cold or heat is potentially life threatening resulting in hypothermia or hyperthermia.

Exposure to cold for example, by being placed in a room where it is very cold or forced to stand outside naked in the cold, and having cold water thrown on you, can have harmful consequences even if the environmental temperature is well above freezing. Even moderate cold exposure can lead to significant shifts from peripheral circulation-the body's way of maintaining core body temperature. This in turn can result in life threatening cardiac arrhythmias, slowing of gastrointestinal functioning and possible decreased resistance to infection, and neurologic and cognitive impairments. Such methods conjure memories of the infamous hypothermia experiments conducted by the Nazis where concentration camp prisoners were immersed in vats of cold water from which many died.

Exposure to heat can result in dehydration, delirium, unconsciousness, and heat stroke-a life threatening condition. One patient of mine who was held in an overcrowded prison cell which was extremely hot and had bright lights described to me how dehydrated, weak and confused he became. He described how his skin became dry, cracked and even changed color "like a snake." Many of his fellow cellmates fared even worse. "People died in my arms," he told me.

Sexual Humiliation

Forced nakedness and sexual humiliations, such as being forced to perform sexually humiliating or embarrassing acts; being naked in front of members of the opposite sex; sexual touching or insults or threatening with rape; result in feelings of shame, guilt and worthlessness. Witnessing others subjected to this can be extremely traumatizing as well. While many individuals I have evaluated who were subjected to sexual humiliations were raped and sodomized, even those who were not, commonly feared this would happen to them.

Individuals whom I have evaluated, including those formerly detained in U.S. custody, subjected to sexual humiliations commonly described how utterly helpless, terrified and degraded they felt by such acts which destroyed their sense of dignity and self-confidence. Many of these victims shared their strong belief that such sexual humiliation was far worse than any beatings they may have experienced, and years later are haunted by shameful memories, nightmares, and loss of libido (decreased sexual functioning). While sexual humiliations are potentially traumatizing in all cultures, in certain cultures their impact may be even more traumatizing.

Water-boarding

Water-boarding or mock drowning, where a prisoner is bound to an inclined board and water is poured over their face, inducing a terrifying fear of drowning clearly can result in immediate and long-term health consequences. As the prisoner gags and chokes, the terror of imminent death is pervasive, with all of the physiologic and psychological responses expected, including an intense stress response, manifested by tachycardia, rapid heart beat and gasping for breath. There is a real risk of death from actually drowning or suffering a heart attack or damage to the lungs from inhalation of water. Long term effects include panic attacks, depression and PTSD. I remind you of the patient I described earlier who would panic and gasp for breath whenever it rained even years after his abuse.

Beatings

Beatings can clearly result in serious bruises, soft tissue injuries, acute and chronic pain and broken bones and death. Some forms of beating in U.S. interrogation of detainees have been called more benign names such as the “attention” slap or “belly slap.” Such beatings can potentially cause significant injuries and harm as well. Slapping with an open hand can result in serious injury, for example when an individual is hit in a particularly vulnerable area such as the face. Neck injuries from an “attention slap” to the face where the head suddenly jolts back is predictable. I have cared for many individuals with chronic visual problems as a result of being struck on the face. Individuals subjected to beatings are also at risk of significant psychological symptoms including depression and PTSD. The combination of beating and stress positions has been implicated in at least two deaths of U.S. detainees.

Threats of Harm to Person, Family or Friends

It is well known through clinical experience and documented in the medical literature that threats to an individual’s life or physical well-being or to the well being of his family or friends can have profoundly harmful and long-last psychological impact. Such threats result in extreme fear and helplessness which are strongly associated with PTSD and major depression among trauma survivors.

Many of my patients I have evaluated have described how such threats and the anticipation of such harm were psychologically devastating. Individual’s have told me that even worse than their own torture was the feelings of guilt and helplessness from witnessing friends and loved ones tortured or that they might be subjected to such cruelty.

Exploitation of Fears and Phobias

Exploitation of fears and phobias, such as exposure to animals intended to terrify individuals can be psychologically traumatizing. For example, one Iraqi former Abu Ghraib detainee whom I evaluated, described being threatened with dogs. “I would hear the dog barking very close. Sometimes they would take (my) hood off so I could see the dog approaching.”

Medical Ethics and Interrogations

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. This has been clearly stated by major health professional organizations including the American Medical Association, the American College of Physicians, the American Psychiatric and Psychological Associations, and the World Medical Association.

Furthermore a health professional who becomes aware of abusive or coercive practices has a duty to report such practices to appropriate authorities. The American Psychological Association has specifically banned its members from participation in the tactics that allegedly make up the CIA’s “enhanced” interrogation program.

Regarding interrogations, all of these organizations, with the exception of the American Psychological Association, have stated it is a violation for health professional to participate in

interrogations in any way, including medical monitoring of the subject. The basis for this is that a dual role as health professional-interrogator undermines the health professional's role as healer, and thereby erodes trust in the health professionals and their profession. Furthermore, exploiting, sharing or using medical information from any source for interrogation purposes is unethical.

Throughout the 20th century, human rights groups have seen a clear pattern amongst governments that torture of co-opting the expertise, credibility and perceived neutrality of the medical profession to legitimize the use of many of the tactics in the CIA's "enhanced" interrogation program. Sadly, the US, a nation that has consistently spoken out against torture and the use of medical professionals in these practices is now seeking to cloak abusive and illegal interrogation techniques in the white coat of the medical profession. The Director of National Intelligence, Admiral Michael McConnell, claimed in July that the "enhanced" program is safe because of medical supervision. Health professionals that participate in the role Admiral McConnell describes violate the War Crimes Act, the Hippocratic Oath and the terms of their health professional license. By monitoring interrogations, health professionals cease to be healers and instead become calibrators of harm.

Health Impact of U.S. Interrogation Policies Worldwide

I am very concerned as a health professional 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 the United States 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.

Added a torture victim I cared for: "In order for the United States to be strong and speak truly to oppressive leaders around the world, the United States must not torture or mistreat its prisoners-even terrorists. The United States must lead by example. When the United States uses these methods to get the information they want, the other governments who don't care about the population use torture to oppress their populations. They say 'Even the United States uses torture. Why not us to protect our power?'" It is essential that we have clear standards for the treatment of all detainees in U.S. custody.

Conclusion

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. If you take nothing else away from my testimony, it is essential that you understand how degrading, cruel, traumatizing and dangerous these supposedly "enhanced interrogation

techniques” are. Through the Torture Survivors Program at Bellevue/NYU we have cared for more than 2,000 victims from over 80 countries. It is disheartening for me and devastating to them that this country with our tax dollars is doing to human beings some of the very things that were done to them.

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 that has stood inviolate since George Washington was Commander-in-Chief. I urge you to ensure that no one is authorized to violate these defining principles in the name of the United States.

Recommendations

1. The Intelligence Committee should conduct a full investigation regarding interrogation practices.

The Intelligence Committee should conduct a full investigation into what interrogation methods and related practices have been and are being used by the intelligence community, particularly with regards to the Central Intelligence Agency.

2. The Intelligence Committee should ensure transparency regarding interrogation methods used.

The idea that interrogation techniques must be secret is an invitation to torture. Arguably the most effective means of preventing torture is to ensure transparency

3. The Intelligence Committee should ensure that torture and abusive interrogation techniques are prohibited.

The restrictions contained in the Army Field Manual should apply to the treatment of all detainees during interrogations conducted by all U.S. personnel (including the CIA and any contractors) anywhere in the world. Additionally, torture and abusive interrogation techniques such as stress positions, shaking and beating, 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, cultural or religious humiliation and water-boarding should be explicitly forbidden through amendments to the War Crimes Act.

4. The Intelligence Committee should ensure that health professionals do not violate their professional ethics

Health professionals must uphold the ethical standards of their professions and must not be put in positions where they are expected or asked to violate them. Press reports and government documents have shown that health professionals, especially psychologists and other mental health specialists, have allegedly played a central role in the design, supervision, and implementation of these abusive and illegal tactics. Congress must ensure that role is uniformly prohibited without exceptions.