New study: US use of psychological torture systematic and unabated

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One year since the first photographs surfaced of US personnel torturing Iraq detainees at the Abu Ghraib prison in Iraq, evidence indicates that the wholesale use of torture by the American military as a method of interrogation continues unabated.

A central feature of the torture techniques employed by American forces in the Bush administration's "war on terror" is the use of psychological torture, according to a study by the Physicians for Human Rights, the Cambridge, Massachusetts-based group. The 135-page PHR report, *Break Them Down*: *Systematic Use of Psychological Torture by US Forces*, is the first comprehensive review of the use of such methods by the US.

The report bases itself on "evidence now available from witness accounts, documents released under the Freedom of Information Act, official investigations, leaked reports from the International Committee of the Red Cross (ICRC), media reports, and inquiries by Physicians for Human Rights, [which] shows that physical forms of torture and cruel, inhuman and degrading treatment served only to punctuate the pervasive use of psychological torture by US personnel against detainees."

The study argues that the US military's use of psychological torture, even if not always as graphic and shocking as the specific forms of abuse captured in the notorious photographic images, has been and continues to be at the heart of the treatment of detainees in American custody in Afghanistan, Guantánamo and Iraq since 2002.

The organization's executive director, Leonard Rubenstein, notes on the PHR web site that "the Bush administration decided to 'take the gloves off' in interrogations and 'break' prisoners." Far from being the depraved activity of a few rogue soldiers, the PHR report maintains that the use of psychological torture "followed directly from decisions by the civilian leadership as well as high ranking military officers, including those in the Executive branch.... Psychological torture was the product of decisions taken at the highest levels to use far more coercive forms of interrogations than had been allowed in the past ... and those approved by [Secretary of Defense] Rumsfeld for use at Guantánamo."

The report's authors contend that a December 30, 2004 opinion by the Office of Legal Counsel of the Justice Department continues to interpret the federal anti-torture statute so as to permit the use of psychological torture, essentially immunizing military and intelligence officials from liability for such practices. In April 2005, a leaked draft of the administration's new detainee operations policy formalized the category of "enemy combatant," declaring that their treatment is subject to so-called "military necessity"—i.e., anything goes. The Bush government invented the term "enemy combatant" to circumvent adherence to the Geneva Conventions' statutes on the treatment of war prisoners.

PHR describes this policy as "contrary to international and domestic law. It is the position that created the space for the ill-treatment and torture of detainees. This policy, especially when understood in tandem with the Administration's continued interpretation of psychological torture, is a signal that nothing has changed, despite the public outrage over Abu Ghraib. The Administration will continue to seek justifications and legal maneuvers for using coercive interrogation methods."

The most common types of psychological torture discussed in the study (which obviously are not entirely distinct from physical torture) include sensory deprivation, isolation, sleep deprivation, forced nudity, cultural and sexual humiliation, the use of military working dogs to instill fear, mock executions and the threat of violence or death toward detainees or their loved ones. In most cases, victims of psychological torture are subjected to a combination of techniques, rendering it virtually impossible to determine the specific cause of the psychopathology of the victim.

The closed facilities where detainees are kept and interrogated, in which a "regime of psychological torture" prevails (in the report's words), insure that much of what takes place remains secret, particularly, according to the study, the practices of the CIA, which "are almost completed shielded from public scrutiny." Because the government refuses to disclose information about its treatment of detainees and allow any independent investigation of its practices, it is impossible to determine how many detainees have been subjected to psychological torture and what types of techniques have been used since 2002.

The PHR investigation attempts to expose the short- and long-term destructive health consequences of systematic inhuman and degrading psychological treatment. Memory impairment, depression, vegetative symptoms, suicidal tendencies and post-traumatic stress disorder are some of the most severe.

PHR sources with knowledge of interrogation techniques at Guantánamo claim that some detainees suffer from incoherent speech, disorientation, hallucination, irritability, delusions and paranoia. In mid-2004, some 500 detainees (up to one quarter) were kept in isolation and a new isolation facility, Camp Five, opened in May 2004. This latest facility is modeled on the US

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“supermaximum” prisons, which often keep prisoners in near-total isolation for years on end. To effect “overstimulation and monopolization of perception,” Camp Five apparently has over 100 isolation units, where lights are kept on 24 hours a day. At Abu Ghraib, sleep deprivation—lighting cells for 20 of the 24 hours—has been part of the extended IROE (Interrogation Rules of Engagement).

The expertise of medical specialists utilized in the interrogation process is a particular chilling phenomenon. At Abu Ghraib and Guantánamo, “behavioral science consultation teams (BSCT),” composed of psychologists and psychiatrists, were formed for the purpose of facilitating interrogation. In fact, BSCT gave interrogators information regarding detainees’ mental health and vulnerabilities. PHR was told that detainees refuse to discuss their psychiatric problems with US physicians, aware that information is passed on to interrogators and subsequently used against them.

There is also evidence that health professionals participate directly in interrogations. PHR points out that this it not surprising given that a January 2004 government memo for Iraq specifies that dietary manipulation, sleep management and sensory deprivation must be “monitored by medics.”

The lack of physical signs can make psychological torture appear less damaging even though it generally causes more severe and long-lasting damage than the pain inflicted during physical torture. “Psychological torture is designed to destroy the victim’s sense of privacy, intimacy, trust of others and security, as well as one’s sense of self and how one relates to one’s surroundings.... Psychological torture often makes victims feel that they are responsible for the pain and suffering that they experience and induces feelings of intense humiliation leading to feelings of worthlessness.

“Victims often feel that they had a choice, or even that they share responsibility of what was done to them, when in reality they were powerless. Victims of these techniques are often told that their lack of cooperation will lead to the torture of others, causing the victims of torture to believe that he or she shares the responsibility for the pain and suffering of others. The effects can be particularly harmful when the victim is forced to witness pain being inflicted on others as a result of not giving information to interrogators,” write the authors of *Break Them Down*.

Far from being the result of random acts of a few psychopaths, mental torture is employed to generate a very specific dynamic between torturer and victim. For example, forced nudity—the most widely documented form of sexual humiliation—is expressly intended to create a power differential between the detainees and interrogators. Stripping the victim of his/her identity induces immediate shame and establishes an environment of ever-present threat of sexual and physical assault. “Forced nudity was used not as a punishment, nor as an exception, but as an accepted method of interrogation,” explain the study’s investigators.

The effects of isolation are augmented when prisoners are not told about the reasons for their confinement or how long they will be held. This is particularly relevant to detainees currently held by the US, who are in legal limbo and kept totally in the dark regarding all aspects of their incarceration. Detainees held under these conditions face significant risk of the development of irreversible psychiatric symptoms. Effects include depression, hallucinations and perceptual distortions, paranoia and problems with impulse control.

Long-term isolation, according to one study referred to by PHR, can lead to increased withdrawal of prisoners into themselves to the point that their environment is “so painful, so bizarre and impossible to make sense of, that they create their own reality—they live in a world of fantasy instead.” Another researcher found that solitary confinement “results in deep emotional disturbances. Aggression is mobilized in two directions, suicidal and homicidal. A third reaction is a withdrawal into the self leading to a psychotic-like state or a psychosis.”

The most pervasive use of threats of death or injury occurred in Iraq, with the earliest use of mock executions beginning in April 2003.

Post-traumatic stress disorder (PTSD) is extremely common among survivors of torture, with some researchers even arguing that PTSD inadequately describes the exact nature of the symptoms resulting from torture. In a telling sign of the prevalence of torture in American foreign policy, some researchers are making the case for the creation of a specific “torture syndrome,” while others promote the argument that torture victims suffer from a heightened form of PTSD, dubbed “complex PTSD.”

A significant portion of the PHR report deals with the history of how the US government set about to create the pseudo-legal justification for torture beginning in early 2002 with the reclassification of prisoners of war. “The repudiation of the Geneva Conventions’ applicability to Al Qaeda and Taliban detainees left a void, that as soon as the ‘war on terror’ began, so too did the use of psychological abusive interrogation methods,” summarizes the report. The chronological outline of the “descent into routine use of psychological torture” presented by PHR clearly refutes any claim that torture is not an integral part of US militarism.

Break Them Down: *The Systematic Use of Psychological Torture by US Forces* confirms what has been exposed recently on a nearly daily basis—that, largely endorsed by the Democratic Party and the media, the Bush administration employs a methodical regime of psychological and physical torture and terror in its prosecution of illegal, colonialist wars. The experiences of untold numbers of victims, devastated mentally and physically by coercion at the hands of American forces, are the most telling and horrifying comment on Bush’s “commitment to spread democracy.”

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