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The Senate Judiciary Committee Hearing
"Due Process Guarantee Act: Banning Indefinite Detention of Americans"
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I am a Clinical Associate Professor of Medicine at the University of California, Riverside and a medical advisor to Physicians for Human Rights. PHR is an independent, non-profit organization that uses medical and scientific expertise to investigate human rights violations and advocate for justice, accountability, and the health and dignity of all people. We are supported by the expertise and passion of health professionals and concerned citizens alike.

I am very grateful for the opportunity to submit my written testimony to the Senate Judiciary Committee in a hearing regarding the “Due Process Guarantee Act of 2011” and I would like to thank Chairman Senator Leahy and Senator Feinstein as well as the other Members of this Committee for holding this important and timely hearing.

I have worked in the field of correctional health for over fourteen years including full-time work in a state prison facility as both a primary care doctor and a medical director. In addition, I have also worked with refugee and immigrant populations in indefinite detention situations. Finally, I worked on and oversaw the report, Punishment Before Justice: Indefinite Detention, which was issued by Physicians for Human Rights in June 2011. This report, as well as my recent letter to the editor of the New York Times regarding the medical effects of indefinite detention, are attached as exhibits to my testimony.¹

Indefinite detention refers to a situation in which the government places individuals in custody without informing them when—if ever—the detainee will be released. Indefinite

Detention is vastly different from imprisonment because the detainee does not know whether he will be charged with crimes, if he will receive a trial or hearing, when he will see his family again (if ever), or if he will ever be released. Yet, a person indefinitely detained is not serving a jail sentence. Naturally, these many attributes of indefinite detention create a heightened degree of uncertainty, unpredictability and uncontrollability over the elemental aspects of one’s life, causing severe harms in healthy individuals, independent of other aspects or conditions of detention.

The harmful psychological and physical effects of indefinite detention have been documented (varying by individual) to include:

- Severe and chronic anxiety, acute fear, and dread;
- Pathological levels of stress that damage the core psychological functions of the immune, cardiovascular, and central nervous system;
- Hypertension;
- Depression and suicide;
- Post-traumatic stress disorder;
- Dissociation, schizophrenia, and psychosis; and
- Enduring personality changes.

Some individuals even manifest physical symptoms of the psychological trauma they are suffering such as breathing difficulties, physical pain and skin disorders. In cases where the individual who is subject to indefinite detention has also previously experienced trauma, such as war, torture, or abuse, the physical and psychological effects of indefinite detention are exacerbated.

Moreover, indefinite detention affects individuals beyond the detainee himself. When a loved one is indefinitely detained, families are separated. Consequently, parents, spouses and children can and have suffered similar feelings of uncertainty, unpredictability and uncontrollability leading to the physical and psychological effects described above.

As a health care professional, having seen first-hand the physical and psychological effects of indefinite detention, I can attest to the devastating harms an individual suffers. These are medical, documented harms that in some cases may rise to the level of severe abuse of individuals, or torture in extreme cases. As a health care professional, I would conclude that the medical effects of indefinite detention are both physical and psychological and they result in lasting severe harms to individuals. Therefore, as a physician with first-hand knowledge of the real harms caused by indefinite detention, I must recommend that indefinite detention not be utilized as a long-term solution for detaining individuals.
To that end, I would recommend that the United States government reject solutions to national security problems that permit or rely on indefinite detention and, until the time that indefinite detention is abolished as a matter of policy, the United States government should provide measures that mitigate the social, psychological, and physical harms such detention causes among detainees. Further, if indefinite detention of individuals is allowed to continue, I would recommend permitting non-governmental, independent medical and psychological experts to evaluate the mental and physical health of detainees.

Again, I thank you for this opportunity to provide my testimony on this issue of extreme importance to the American people and Congress and am available to answer any questions or further discuss these issues.

Scott A. Allen, MD
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