

Physicians for
Human Rights

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Truth Matters: Accountability for CIA Psychological Torture

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About Physicians for Human Rights

For nearly 30 years, Physicians for Human Rights (PHR) has used science and medicine to document and call attention to mass atrocities and severe human rights violations.

PHR is a global organization founded on the idea that health professionals, with their specialized skills, ethical duties, and credible voices, are uniquely positioned to stop human rights violations.

PHR's investigations and expertise are used to advocate for persecuted health workers and medical facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.

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Cover: A Guantánamo detainee's feet are shackled to the floor as he attends a life skills class inside the Camp 6 high-security detention facility.

Photo: Michelle Shephard-Pool/Getty Images

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Introduction

One year after the Senate torture report's partial release, impunity for CIA torture persists. The United States must pursue full transparency, accountability, and redress to restore the rule of law and ensure these human rights abuses are never repeated.

On December 9, 2014, the U.S. Senate Select Committee on Intelligence released the executive summary, findings, and conclusions of its 6,700-page report on the CIA's post-9/11 torture program. The Senate torture report documents the "abuses and countless mistakes" which followed the decision of "CIA personnel, aided by two outside contractors, [to] initiate a program of indefinite secret detention and the use of brutal interrogation techniques in violation of U.S. law, treaty obligations, and our values."¹

The two contractors — psychologists James Mitchell and Bruce Jessen — developed a comprehensive program of detainee torture which sought the wholesale psychological destruction of human beings. Mitchell and Jessen set out to prove to the CIA that they could break down detainees to such an extent that any resistance on a detainee's part would be impossible. Human beings need to have some sense of control over their own bodies and minds and some order or certainty in their lives. Mitchell and Jessen used their understanding of these needs to destroy people's minds and bodies, as a tool in the "war on terror."

The psychologists developed the torture techniques, personally tested them on detainees, and supervised the roll-out and scale-up of their methods throughout the CIA program. The torture program eventually encompassed at least 139 detainees, with over 50 countries supporting illegal rendition and detention at secret "black sites."²

Despite the claims of torture apologists, the brutality of this program was not confined to a handful of techniques. Nor does it matter whether these techniques were "authorized." As the Senate torture report reveals, the operational goal of Mitchell and Jessen was to destroy human beings using methods and

practices long recognized and clearly manifest as torture. In doing so, they and the health professionals who became involved in the program compromised their humanity and integrity as healers.

One year later, transparency and accountability – let alone redress to victims – remain stalled. Torture is absolutely prohibited under domestic and international law, and the United States' failure to reject impunity has come at a very high cost. CIA torture has damaged the lives of its victims, the integrity of health professionals who were complicit in these crimes, the integrity of democratic institutions, and hard-worn norms prohibiting torture and other cruel, inhuman, or degrading treatment or punishment.



*A roll of protective wire rings a detainee camp in Guantánamo Bay.
Photo: John Moore/Getty Images*

Physicians for Human Rights (PHR) has long called for transparency and accountability on the part of health professionals involved in any of the government's torture practices. In the past year, there have been positive developments, including the American Psychological Association's (APA) resolution to ban all psychologists from participating in national security interrogations or working in detention settings that operate in violation of international law. Additionally, the American Civil Liberties Union (ACLU) has filed a civil lawsuit against Mitchell and Jessen on behalf of three detainees who were subjected to their torture methods.

But the public's knowledge of the program remains fragmented. The government must take the actions necessary to ensure that these systematic violations of well-established norms are not repeated. Only transparency and the pursuit of a full understanding of both what happened and how it happened can prevent a reoccurrence. Truth is crucial in helping survivors to process what happened to them, countering misinformation previously disseminated by the government, and highlighting factors that led to abuses. It helps societies to understand why abuses were committed.

Preventing a reoccurrence of these violations and ensuring justice are the primary responsibility of the U.S. government. It must ensure that those who have broken the law are properly investigated and prosecuted, while protecting those individuals' due process and fair trial rights – protections denied to their victims. It cannot use national security or state secret laws to evade and eviscerate this obligation.

Legal Protection

U.S. officials attempted to reinterpret the law to permit torture and used health professionals to legitimize these policies and practices and indemnify those responsible for torture against prosecution.

Torture and other cruel, inhuman, or degrading treatment and punishment are absolutely prohibited, without exception and in all circumstances, under international law and U.S. federal law, including the Constitution. The UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which the United States ratified in 1994, defines torture as the intentional infliction of severe pain or suffering, whether physical or mental, by or with the consent of the state authorities for a specific purpose. The U.S. government has a legal obligation to prevent torture under all circumstances and to investigate allegations, punish perpetrators, and provide reparations to victims.³

After the 9/11 terror attacks, the Bush administration declared that the war on terrorism was “a new kind of war” and began asserting exceptions to the absolute prohibition against torture. U.S. officials took several steps that eroded or eliminated traditional protections for detainees in U.S. custody, including determining that the Geneva Conventions did not apply to certain detainees and creating new definitions of torture, which attempted to preclude recognition of and liability under U.S. criminal law.⁴

The DOJ's Office of Legal Counsel (OLC) issued a series of classified “torture memos,” including the infamous Yoo-Bybee Memo which limited the definition of *physical torture* to only those acts that cause physical pain consistent with a “serious physical injury, such as organ failure, impairment of bodily function or even death.” *Psychological torture* was defined as only those acts that cause “prolonged mental harm” “lasting for months or even years” and in response to “threats of imminent death; threats of infliction of the kind of pain that would amount to physical torture; infliction of such physical pain as a means of psychological torture; use of drugs or other procedures to deeply disrupt the senses, or fundamentally alter an individual's personality.”⁵

The Bush administration's unfounded and now-rescinded legal opinions provided the underpinnings for the use of techniques long classified as torture by the U.S. State Department. These included hooding, painful stress positions, prolonged isolation, sleep deprivation, sensory deprivation and overload, forced nudity and sexual humiliation, exposure to temperature extremes, dietary manipulation, wall-slammings, and mock drowning by waterboarding, among others.⁶

Psychologists were intimately involved in the development and deployment of those techniques — conferring on them a patina of science. Psychologists, physicians, and other health professionals helped provide a façade of safety for torture through medical monitoring, in order to justify their alleged legality. The Yoo-Bybee Memo stated that a “good faith” argument could be made that health professionals’ monitoring of the application of the techniques would ensure that they did not cause “severe and long lasting” mental and physical pain and suffering to a degree that would violate U.S. laws prohibiting torture.⁷

Regime of Psychological Torture

Mitchell and Jessen helped develop and operationalize the CIA's brutal torture regime. They proposed weaponizing “learned helplessness” as an interrogation strategy – a calculated process to reduce detainees to profound psychological debilitation and helplessness.

In the face of intense pressure for “human intelligence,” the CIA began looking at the use of torture in interrogations and exploring potential legal defenses.⁸ It contracted two former military psychologists, James Mitchell and Bruce Jessen, to develop, operate, and assess “an entire program of exploitation of prisoners using torture as a central pillar.”⁹ Mitchell and Jessen had prior experience with the military’s Survival, Evasion, Resistance, and Escape (SERE) program, which trains service members to resist torture if captured by subjecting them to simulated harsh conditions and tactics.

By February 2002, Mitchell and Jessen developed a proposal to weaponize the theory of “learned helplessness” by using SERE-derived torture tactics to interrogate detainees. “Learned helplessness” is a psychological phenomenon in which individuals become passive and depressed in response to adverse uncontrollable events.¹⁰ Mitchell and Jessen theorized that they could induce learned helplessness in detainees by subjecting them to abusive conditions of confinement and harsh “interrogation” techniques. The goal was to reduce each detainee to a state of extreme psychological debilitation, suffering, and submission. Once learned helplessness had been achieved, the detainee would lack the will or ability to lie under questioning.

Mitchell and Jessen’s proposal drew on decades of U.S. government-funded research into the use of interrogation to produce certain psychological states. The genesis of this research was Cold War coercion techniques used by Soviet and Chinese interrogators to extract false confessions from American prisoners of war. U.S. researchers, trying to understand so-called “brainwashing,” studied tactics of isolation, environmental manipulation, stress positions, sleep deprivation, unpredictability, dependence, and the deliberate destruction of an individual’s personality, which were used to induce compliance.¹¹

The psychologists' proposal also drew on interrogation techniques that the CIA taught to military and security services in Latin America in the 1980s to support military dictatorships as part of the U.S. government's Cold War strategy. Interrogators were trained to inflict physical and psychological abuses on subjects to render them physically weak and exhausted (debilitation), helplessly dependent on their questioners (dependence), and intensely fearful and anxious (dread). These techniques are detailed in the KUBARK Counterintelligence Interrogation Manual of 1963¹² and the Human Resources Exploitation Manual of 1983:

*The purpose of all coercive techniques is to induce psychological regression in the subject by bringing a superior outside force to bear on his will to resist. Regression is basically a loss of autonomy, a reversion to an earlier behavioral level. As the subject regresses, his learned personality traits fall away in reverse chronological order.*¹³

The CIA's manuals focused not only on interrogation methods but also on the environment in which interrogations took place. The so-called "enhanced interrogation" regime that Mitchell and Jessen proposed followed these programs, using SERE techniques to condition and break down terror suspects.

But the CIA torture program was fundamentally different from the SERE techniques and research on learned helplessness with human subjects. The military's SERE training was conducted on volunteers and "carefully regulated, both for students' safety, and to ensure that the training increases rather than decreases their confidence in their ability to resist." Instructors made "maximum effort" to stop short of producing learned helplessness and to avoid breaking the will of the students.¹⁴

In addition, learned helplessness in humans is understood as a potential explanation for how depression develops, including the "stress and anxiety disorders that result from torture."¹⁵ It was first observed by Martin Seligman and his colleagues during electroshock experiments with dogs and later studied in human volunteers with substitute stimuli (e.g., unsolvable tasks).¹⁶ The misapplication of learned helplessness theory to abusive interrogation was untested and lacked any scientific basis.¹⁷ It was also profoundly unethical, as inducing learned helplessness and even setting up such an experiment violates the prohibitions against torture and ill-treatment.¹⁸



The floor shackles in the solitary recreation room in Cell Block C at Guantánamo Bay.

Photo: Jim Watson/AFP/Getty Images

Nevertheless, Mitchell and Jessen sold “learned helplessness,” weaponized as an interrogation strategy, to the CIA. They conceptualized and designed the techniques, personally applied them to detainees, conducted psychological evaluations of detainees they tortured, and trained other interrogators in the use of torture.¹⁹ Moreover, as the Senate torture report notes, they “played a role in convincing the CIA to adopt such a policy.”²⁰

The Mitchell and Jessen-devised techniques and objectives were integrated into CIA practice, as indicated in 2003 draft medical guidelines from the CIA’s Office of Medical Services (OMS):

*Captured terrorists turned over to the CIA for interrogation may be subjected to a wide range of legally sanctioned techniques, all of which are also used on U.S. military personnel in SERE training programs. These are designed to psychologically ‘dislocate’ the detainee, maximize his feelings of vulnerability and helplessness, and reduce or eliminate his will to resist our efforts to obtain critical intelligence.*²¹

Sanctioned techniques included so-called “standard measures” (those deemed to be “without physical or substantial psychological pressure”) and “enhanced measures” (those deemed to cause “physical or psychological pressure” beyond “standard measures”). The CIA noted: “In all instances, the goal of these techniques is psychological impact” – they are “designed to induce shock, surprise and/or humiliation.”²²

Intentional Infliction of Pain and Suffering

“Enhanced interrogation” is premised on inflicting profound psychological trauma. The intended result was predictable and no effort was made to avoid it.

The detention and interrogation program that Mitchell and Jessen proposed was a holistic effort to take apart detainees’ personalities and abuse their bodies, with the goal of turning them into compliant prisoners. It is easy to see the relationship between the intended result and torture. As stated in the international standard for effective investigation and documentation of torture and ill-treatment known as the Istanbul Protocol:

*One of the central aims of torture is to reduce an individual to a position of extreme helplessness and distress that can lead to a deterioration of cognitive, emotional and behavioral functions. Thus, torture is a means of attacking an individual’s fundamental modes of psychological and social functioning. Under such circumstances, the torturer strives not only to incapacitate a victim physically but also to disintegrate the individual’s personality. The torturer attempts to destroy a victim’s sense of being grounded in a family and society as a human being with dreams, hopes and aspirations for the future.*²³

The scientific literature establishes that learned helplessness is severe mental harm; intentionally inducing learned helplessness could therefore constitute mental torture:

*Experts have long considered “psychological techniques to break down the individual,” including accentuating feelings of helplessness, among the forms of abuse that can amount to torture or ill-treatment.*²⁴

In addition, techniques that are highly unpredictable or involve a high degree of uncontrollability are associated with higher degrees of distress than those techniques in which the victim feels that he or she has some degree of control over the level of pain and suffering that is inflicted.²⁵

Accordingly, “feelings of helplessness” is included as one of 21 types of torture methods listed in the Istanbul Protocol.²⁶ It is also included as one of thirteen types of psychological torture practices compiled by Almerindo E. Ojeda in the category of “induced desperation.”²⁷ According to Metin Basoglu, “Abundant research evidence shows that learned helplessness *is* mental harm that is severe enough to qualify as torture even by U.S. standards.”²⁸

Operational reliance on “learned helplessness”

The express aim of Mitchell and Jessen – to profoundly disrupt the senses and personality of detainees by inducing learned helplessness – was embedded in the design of their torture methods and program. This is evident in a cable they sent to CIA headquarters in August 2002, after interrogating detainee Abu Zubaydah:

Our goal was to reach the stage where we have broken any will or ability of subject to resist or deny providing U.S. information (intelligence) to which he had access. We additionally sought to bring subject to the point that we confidently assess that he does not/not possess undisclosed threat information, or intelligence that could prevent a terrorist event.²⁹

This goal became part and parcel of the CIA’s operational methodology, and was explicitly stated in the OLC memos. For example, the CIA’s 2004 *Background Paper on Combined Techniques* states:

Effective interrogation is based on the concept of using both physical and psychological pressures in a comprehensive, systematic, and cumulative manner to influence HVD [high value detainee] behavior, to overcome a detainee’s resistance posture. The goal of interrogation is to create a state of learned helplessness and dependence conducive to the collection of intelligence in a predictable, reliable, and sustainable manner.³⁰



An inmate stands at an interior fence in Guantánamo Bay.
Photo: John Moore/Getty Images

Intentional infliction of severe pain and suffering

The CIA program involved the application of detailed and personalized plans of severe, prolonged, and cumulative mental and physical pain and suffering, as the Senate torture report reveals. This pain and suffering was deliberate, given the extent to which the effects of the methods were not only understood in advance, but anticipated:

The pressures identified by the CIA were fully expected to cause detainees psychological suffering. The CIA regulated the anticipated infliction of pressures on detainees not by whether pain and suffering was expected, but by the intensity and duration of the pain and suffering expected from those techniques. The CIA anticipated a range of physical and mental effects from interrogation, even “severe” pain and suffering. The CIA anticipated that these effects would occur repeatedly, over extended periods of time, and/or in combination.³¹

What’s more, the medical literature has shown the severe physical and mental health consequences of the CIA torture practices. Helplessness or loss of control induced by unpredictable or uncontrollable stressors has been found to be the primary psychological process by which humans mediate torture-induced traumatic stress. Exposure to such stressors produces a cumulative impact, increasing the risk of helplessness and hopelessness, which degrade an individual’s ability to cope with and mediate physical pain and psychological distress. In short, stressors that are unpredictable or uncontrollable can increase a subject’s helplessness or loss of control, and torture intended to induce helplessness is likely to cause greater pain, suffering, and harm.³²

The CIA’s torture practices, both authorized and unauthorized, have resulted in severe and lasting physical and psychological pain and disabilities — consistent not only with the U.S. Torture Statute’s definition of “severe mental pain or suffering,” but also with the contemporaneous Yoo-Bybee definition of torture.³³ Descriptions of actual application of the methods, from the Senate torture report and the larger documentary record, establish that Mitchell and Jessen intended to induce learned helplessness and cause severe mental harm.

Failure to take measures to prevent known harms

Intent to commit torture can also be deduced from the failure of Mitchell, Jessen, and other CIA personnel to take measures to prevent the anticipated or manifested harms. The Senate torture report is replete with examples of detainees screaming, cowering, and becoming psychotic from deprivation of light, food, sound, human contact, temperature manipulation, waterboarding, and other torture methods. The cruelty, and intent to commit cruelty, are apparent from the failure to intervene.

There is no indication that OMS health professionals or CIA psychologists conducted any meaningful assessments of the potential physical and/or psychological harms of enhanced interrogation techniques. It is not possible to claim that these techniques, formerly recognized by the U.S. government as torture, were “safe, legal, and effective” without assessments of the physical and/or psychological harms.

According to retired brigadier general and PHR anti-torture expert Dr. Stephen N. Xenakis, “The act of attempting to inflict severe physical and/or mental pain, alone, imputes the intent of torture and/or ill treatment; it does not require material medical (physical and/or psychological) evidence.”³⁴

Select Methods of Detainee Abuse

The CIA used torture techniques which have been documented by PHR and a larger body of medical literature as causing intense psychological harm.

Researchers, health professionals, and forensic specialists have documented the harmful psychological and physical effects of abusive interrogation tactics, including on U.S. prisoners and prisoners of war. In addition, PHR has previously documented the harmful effects of “enhanced interrogation” techniques on detainees in U.S. custody, including prolonged solitary confinement, sensory deprivation, sleep deprivation, sexual humiliation (including forced nudity), stress positions (often to aid sleep deprivation), temperature manipulation, sensory bombardment, and waterboarding.³⁵

The Senate torture report illustrates how these brutal and coercive methods were typically inflicted on detainees prior to actual “questioning” – not to extract information directly but rather to break down the detainee’s ability to resist questioning.

Forced nudity and sexual torture

One of the first actions CIA personnel took was to strip detainees of their clothing and leave them naked for the majority of their time in detention. Forced nakedness aims to humiliate, intimidate, and destabilize the detainee, and implicitly carries the threat of rape or other forms of sexual violence.³⁶

Methods such as forced nudity are physical in nature, but do not necessarily cause physical pain to the victims. Nevertheless, they can have devastating mental health consequences for individuals, including PTSD, major depression, suicidal thoughts, severe feelings of shame, detachment from spouses and other family members, and sexual dysfunction.

Forced nudity is intended to create a power differential between the detainees and interrogators by stripping the victim of his or her identity, and establishing an environment where the threat of sexual and physical assault is always imminent.³⁷

Another technique applied by CIA interrogators that can be classified as sexual assault – albeit one that was not “authorized” – is rectal feeding and hydration. PHR analyzed the use of rectal feeding and hydration on five detainees detailed in the Senate torture report and found that rectal procedures were performed without evidence of medical necessity, and as a means of behavior control constituting torture.³⁸

Solitary confinement and sensory deprivation

Effects of solitary confinement include depression, anxiety, difficulty with concentration and memory, hypersensitivity to external stimuli, hallucinations, perceptual distortions, paranoia, and problems with impulse control.³⁹ Sensory deprivation, “including hooding and isolation, leads to severe anxiety, depression, and psychotic-like thinking with serious health consequences.”⁴⁰

The psychological and physical effects of solitary confinement and sensory deprivation have been well-documented, from prisoners held in high-security prisons to political prisoners held in isolation. For example, in Germany in the 1970s, members of the Red Army Faction were held in solitary confinement with sensory deprivation for periods ranging from months to years. When doctors examined the prisoners for fitness to stand trial, the doctors found that they suffered from physical and psychological constraints including irritability, exhaustion, sleep disturbance, chronic fatigue, trembling, sweating, loss of sense of reality, memory loss, lack of concentration, dizziness, walking difficulties, chronic headaches and generalized body pain, depression, and claustrophobia.⁴¹

Although some of the symptoms will diminish once an individual is removed from isolation, there are often long-lasting, harmful effects.⁴² One study of former prisoners of war found that even forty years after their release, some soldiers still suffered symptoms of anxiety, confusion, depression, suspiciousness, and detachment from social interactions.⁴³ People who have experienced long-term isolation may also show marked problems with relationships, including the dissolution of marriages, friendships, and parent-child relationships. Long-term exposure to extreme isolation can lead to an increased withdrawal of prisoners into themselves and an alienation from others.⁴⁴

Even the CIA’s KUBARK Manual and Human Resource Exploitation Manual stated that extreme sensory deprivation and solitary confinement “induces unbearable stress and anxiety and is a form of torture,”⁴⁵ a fact the CIA would have understood.

Sleep deprivation

The use of sleep deprivation on detainees, often for periods of days or weeks, is described throughout the Senate torture report. CIA interrogators often placed detainees in standing or stress positions to keep them from sleeping, exposed them to extreme cold or extreme heat, and played loud Western rock, pop, or metal music in their cells for days at a time to prevent them from sleeping. At least two detainees on record reported loss of hearing that they believe is due to prolonged exposure to high volume music in an enclosed space.⁴⁶

Sleep deprivation causes both physical and psychological harm, the most serious being cognitive impairment. These include “attention deficits, decreases in short-term memory, speech impairments, perseveration, and inflexible thinking.”⁴⁷ The literature shows that psychotic features can emerge from sleep deprivation “within one week, and can lead to self-harm, including symptoms resembling paranoid schizophrenia.”⁴⁸ Sleep deprivation also leads to hypertension and other cardiovascular diseases.⁴⁹

Waterboarding

The CIA identified waterboarding – understood by the medical community as a form of “controlled drowning” or “suffocation by water” – as “by far the most traumatic of the enhanced interrogation techniques.”⁵⁰ The Senate torture report describes this torture technique as “physically harmful, inducing convulsions and vomiting,”⁵¹ and the risk of hyponatremia from water ingestion.⁵² The risks were such that emergency medical intervention was sometimes necessary.⁵³ The mental effects of waterboarding are difficult to know due to the lack of literature or access to detainees for forensic examination:

*Discerning the direct effects of waterboarding on their state of mind has been constrained without the possibility of direct examination including mental status evaluation Truthfully, we don't know, and probably will never know, the facts about waterboarding and psychologically based abusive interrogation practices. The findings and details of the interrogations are closely held secrets.*⁵⁴

Select Psychological Effects of Torture

Torture has harmful psychological effects – which CIA interrogators set out to achieve and which visibly manifested in detainees.

All torture aims to undermine victims psychologically. The aim of Mitchell and Jessen’s “learned helplessness” program was to erode the detainee’s concept of self and the outside world, and to deny his humanity. Reducing an individual to a position of extreme helplessness and inducing a constant state of fear through torture often leads to a deterioration of cognitive, emotional, and behavioral functions.⁵⁵

The lack of visible injury can make mental torture seem less significant than physical torture, but the long-term consequences of torture are more often psychological, according to studies of prison populations and political prisoners of war. When applied, the distinction between physical and psychological torture is artificial, as torture systematically employed for interrogation purposes is ultimately designed to break down the psyche and therefore the ability to resist, through physical and/or mental pain.⁵⁶ In the words of former UN Special Rapporteur on Torture Peter Kooijmans:

*Even when the most brutal physical means are used, the long-term effects may be psychological, even when the most refined psychological means are resorted to, there is nearly always the accompanying effect of severe physical pain. A common effect is the disintegration of the personality.*⁵⁷

Moreover, as Basoglu et al. have found, both physical and non-physical stressors caused similar levels of “severe mental pain or suffering” and “prolonged mental harm.”⁵⁸ One of the most common long-term effects of torture is post-traumatic stress disorder (PTSD). One study of torture survivors from six different countries showed that between 69 and 92 percent of survivors were diagnosed with PTSD:⁵⁹

Repetitive exposure to frightening and life-threatening circumstances contributes to debilitating [PTSD]. Victims of abusive interrogation suffer with anxiety and depressive disorders, manifest brief psychotic disorders, including delusions and hallucinations, develop obsessive-compulsive disorder, and are moved to the brink of suicide. Many are demoralized and hopeless. The combined techniques of sleep manipulation, social isolation, and sensory bombardment with loud music can lead

*to vivid imagery approaching hallucinatory and delusional processes, body image distortion, temporal disorientation, and cognitive impairment.*⁶⁰

Events and stimuli that remind the PTSD sufferer of the traumatic event can induce a state of panic and a sense of urgency to escape from the situation. PTSD symptoms can persist for years following a traumatic event.⁶¹ Other common emotional and psychological manifestations of distress in torture survivors are major depression and self-harm, damaged “self-concept,” psychosis, and substance abuse.

Detainees’ experiences of torture events

This type of severe and long-lasting harm is consistent with the experience of Suleiman Abdullah Salim, one of the ACLU plaintiffs subjected to torture designed by Mitchell and Jessen. Salim was held incommunicado for a total of five years and diagnosed with PTSD following his release. According to a recent interview by the ACLU, he suffers frequent nightmares and flashbacks to his time in detention, as well as dizziness and confusion. He continues to experience severe pain throughout his body, including his jaw, teeth, back, shoulders, and legs.⁶²

The CIA’s first detainee to undergo “enhanced interrogation” torture was Abu Zubaydah, on Mitchell’s recommendation. According to Mitchell’s interrogation plan to disorient him psychologically and “increase his sense of learned helplessness,” Abu Zubaydah was stripped naked, placed in solitary confinement in a cell kept “extremely cold,” and bombarded with “loud rock music or discordant noise”:

*Throughout, he was kept shackled to one of the two chairs in his cell...his diet was restricted...he was continuously deprived of sleep He was continually and repeatedly interrogated while held under these conditions for the next two or three weeks.*⁶³

Similarly, the three ACLU plaintiffs, Mohamed Ben Soud, Gul Rahman (deceased), and Salim, were held in the notorious “Salt Pit” black site in Afghanistan, where “detainees were kept in total darkness,” “loud music was played constantly in the facility,” and “detainees were shackled to the wall and given buckets for human waste.”⁶⁴

*A detainee being guided by two US Army MPs at Camp X-Ray.
Photo: Peter Muhly/AFP/Getty Images*



Upon arrival at the detention center, all three were stripped and kept naked for prolonged periods of time. In Salim's case, an object was forcibly inserted into his anus. Detainees were then hooded, shackled, and placed in solitary confinement.⁶⁵ Interrogations typically involved extensive use of stress positions, waterboarding or threat of waterboarding, nudity, standing sleep deprivation for multiple days, and other methods to induce a state of "helplessness" in detainees.

At least six detainees were stripped and shackled nude, placed in the standing position in order to deprive them of sleep, or subjected to other CIA "enhanced interrogation" techniques prior to being questioned by an interrogator in 2003. Five of these detainees were shackled naked in the standing position with their hands above their head immediately after their medical check.⁶⁶

The interrogation phase described in the plan included near constant interrogations, as well as continued sensory deprivation, a liquid diet, and sleep deprivation. In addition, the interrogation plan stated that the CIA's "enhanced interrogation" techniques would be used, including:

... the attention grasp, walling, the facial hold, the facial slap... the abdominal slap, cramped confinement, wall standing, stress positions, sleep deprivation beyond 72 hours, and the waterboard, as appropriate to... [the detainee's] level of resistance.⁶⁷

Real-time indicia of harm

The Senate torture report indicates that CIA interrogators and medical personnel observed and recorded harmful psychological and behavioral issues resulting from the torture techniques and practices, including "hallucinations, paranoia, insomnia, and attempts at self-harm and self-mutilation."⁶⁸

For example, in the case of Abdullah Rahim Hussein al-Nashiri, Jessen conducted a psychological assessment during the course of interrogation in 2003 and recommended the full use of "enhanced interrogation" measures including waterboarding, despite an email from the CIA's chief of interrogations stating his "serious reservations with the continued use of enhanced techniques with [al-Nashiri] and its long term impact on him":

Al-Nashiri has been held for three months in very difficult conditions, both physically and mentally. It is the assessment of the prior interrogators that [al-Nashiri] has been mainly truthful and is not withholding significant information. To continue to use enhanced techniques without clear indications that he is withholding important info is excessive and may cause him to cease cooperation on any level...continued enhanced methods may push [al-Nashiri] over the edge psychologically.⁶⁹

In 2003, al-Nashiri was diagnosed by CIA psychologists with "anxiety" and "major depressive" disorders.⁷⁰ Other detainees described in the Senate summary also exhibited psychological and behavior issues, particularly following prolonged solitary confinement:

- Ramzi bin al-Shibh began having visions, paranoia, and insomnia, and made multiple attempts at self-harm. CIA psychologists linked bin al-Shibh's psychological and behavioral issues with his solitary confinement and "inability to cope with long-term detention."⁷¹
- Majid Khan was subjected to rectal feeding and hydration in 2004, a procedure done to exhibit "total control over the detainee," not to address legitimate medical needs.⁷² Shortly after, Khan engaged in "acts of self-harm that included attempting to cut his wrist on two occasions, an attempt to chew into his arm at the inner elbow, an attempt to cut a vein in the top of his foot, and an attempt to cut into his skin at the elbow joint using a filed toothbrush."⁷³
- Abu Zubaydah was kept in isolation for 47 days between June and August 2002, to keep him "off-balance." His all-white cell had no natural lighting or windows, just "four halogen lights pointed into the cell." Security officers wore "all black uniforms, including boots, gloves, balaclavas and goggles" to disguise their identity and prevent him forming any human connection with them. Handcuffs, leg shackles, and loud music were employed to enhance a "sense of hopelessness." Throughout, he was kept naked and sleep-deprived.⁷⁴

In Abu Zubaydah's case, the chief of interrogations at "Detention Site Green" in Thailand acknowledged the likelihood of harm, stating that "station personnel will make every effort possible to ensure that subject is not permanently physically or mentally harmed but we should not say at the outset of this process that there is no risk."⁷⁵

Indeed, at various points, CIA staff, including some health professionals, expressed concerns about Mitchell and Jessen's role in the program, the brutal nature of the techniques, and the role that OMS was being asked to play in monitoring interrogation sessions and certifying whether they caused impermissible levels of pain and suffering. Despite these concerns, the torture interrogations continued.⁷⁶

Conclusion

Permissive and corrupting effects

The work of Mitchell and Jessen had an impact far beyond the design and testing of a torture program. The U.S. Department of Justice relied on their claims – as well as those of other CIA health professionals and personnel – that these techniques were safe, effective, and, therefore, legal. Arguably, if psychologists had not signed off on the claim that the techniques were safe and effective, the lawyers would have had a harder time redefining torture.

But Mitchell and Jessen's work also had a corrupting effect on the health professionals who participated in the torture program. Indeed, the role of psychologists was abetted by the decision of the APA – in collusion with members of the Bush administration – to lower their ethical standards to allow psychologists to participate in interrogations of security detainees, effectively undermining respect for human rights and medical ethics.

Not only did health professionals participate in torture, but the CIA relied on their participation. In instances when objections were raised to this role within the OMS, they were overruled by the CIA.

The CIA scaled up their torture methodology and enlarged the scope of who would be subjected to the torture. This included the research and monitoring components that were central to their claims of legality as asserted in the now-rescinded DOJ Office of Legal Counsel torture memos. The program they devised had devastating consequences for the victims of torture. Their actions are a violation of medical ethics and of both domestic and international law, yet, while there has been some acknowledgement of these crimes, there has been no accountability. To the contrary, Mitchell and Jessen were paid more than \$1 million each, their company was paid \$81 million, and the two men were indemnified against legal costs up to \$5 million.

Transparency, accountability, and redress

The United States has an obligation under international law to conduct speedy, transparent investigations into allegations of torture in CIA detention centers, and, where evidence is found amounting to individual criminal responsibility, to prosecute alleged perpetrators in a court meeting international fair trial standards. It is crucial to ensure that those heading the chain of command responsible for authorizing torture are held to account.

Ensuring the right to know the truth about past human rights abuses – for victims and family members as well as the general public – is recognized in international human rights law as part of a state’s obligation to investigate and provide remedy for violations of human rights. Truth is crucial in helping survivors process what happened to them. At a societal level, it is also crucial to countering misinformation and highlighting factors that led to abuses. It helps institutions and societies understand why abuses were committed so that they can prevent their repetition.

On October 13, 2015, the ACLU filed a lawsuit against psychologists Mitchell and Jessen. While this is an important first step in pursuing truth and reparations for the victims, the U.S. government still has an obligation to pursue criminal accountability for allegations of torture.

Recommendations

The absolute prohibition against torture and ill-treatment and the obligation of all states to investigate and prosecute those responsible for torture are the means by which governments can effectively end torture. These two principles, taken together, send an unequivocal message that torture and ill-treatment can never be justified.

In the case of the United States, the government has simultaneously tried to deny that it uses torture and to provide a fig leaf of legal arguments. Those arguments are based on redefining torture through specious arguments by psychologists and claiming that, under exceptional circumstances, torture is justifiable. The U.S. has also invoked national security to obscure both the scope of the torture program and the identities of those who have committed acts of torture or ordered torture.

Such a posture is unacceptable in the United States, just as it was unacceptable in Chile under Augusto Pinochet’s rule, Uganda under Idi Amin’s rule, or South Africa under its apartheid governments. The U.S. government must end the cover-up and honor its obligation to investigate and prosecute those responsible. Specifically:

1. Based on a thorough investigation, the Department of Justice should bring charges against those individuals who designed the torture program, implemented the torture program, and/or ordered torture be used.
2. The U.S. government should release the entire Senate torture report and allow investigators access to other documents relevant to the investigation into the use of torture.
3. Detainees subjected to torture should be provided the means to seek redress against the government and individuals who tortured them.
4. Detainees subjected to torture by agents of the U.S. government – regardless of where the crime was committed – should be provided with a full range of reparations for their suffering and rehabilitation.

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