Medical meanderings of the mind, looking back at 30 years of experience visiting victims of torture in custody

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Abstract
The paper summarises some highpoints from my past field experience of thirty years, to illustrate different issues, difficulties and best practices when visiting prisoners. I recount some of my most relevant experiences, both positive and negative, with individuals who had been tortured, interviewing and examining them whilst they were still in custody. They might be of interest to younger generations of physicians working on these issues.

The examples, all from the field, should demonstrate the importance of showing true “empathy” for the victims, so as to obtain their trust – and hence their stories. The examples are as varied as have been the different settings and encounters with both victims and perpetrators. I have tried to illustrate the many pitfalls to avoid, and provide suggestions on how best to avoid them.

Introduction
My connection with documenting torture relates to my many years visiting prisoners of war and political prisoners as a physician for the International Committee of the Red Cross (ICRC), and reporting back the information obtained in the somewhat ambitious endeavor to put a stop to torture. Although initially trained as a clinical Ob/Gyn, I eventually ended up changing my field of work, and becoming a full-time physician visiting prisoners. I have tried my best to share my thus acquired experience through articles and publications, as well as contributing to the first version of the Istanbul Protocol on the documentation of Torture.

This will not be just another piece on “torture documentation”. The context I was privileged enough to work in is quite different from usual ones, where “torture survivors” are debriefed after having been released from custody, and are in safe, literally post-traumatic settings, weeks, months, sometimes years, after their torture experience. My visits were to women and men in custody, who remained in custody after the visits. (Reyes, 2002) Hence my deliberate use here of the term “victims” and not “survivors”.

While prisoners are still in the hands of the perpetrators who have tortured them, they have not yet survived. They are in a stressful situation still, and may fear, rightfully so, being tortured again. This difference of context needs to be understood.

The role of the ICRC when visiting prisoners is not only to document torture, but to assess all aspects of being in confinement.
However, when torture is the main concern, establishing rapport with, and demonstrating empathy towards, the prisoners, so as to obtain their trust, will be the most important first step – before beginning to inquire about any possibility of maltreatment or torture.

The examples that follow illustrate best practices and best approaches, as well as some pitfalls often encountered, with suggestions on how to avoid them.

First visits to prisoners in Latin America, first dilemmas

My first field mission for the ICRC was in 1982-83, based in Buenos Aires, covering three countries: Argentina, Chile and Uruguay. The prisoners visited were “political” in all three countries, although of course this label was not the one used by the detaining authorities, who considered them as agitators, radicals or terrorists. For memory, this was during the period of the Latin-American military regimes, each dictatorship different from the others.

At the time, the ICRC was one of the few organisations allowed to enter prisons and speak to prisoners in private – not only in Latin America but worldwide. One sine qua non ICRC condition for visiting prisoners is to be able to speak in private to prisoners of our choice and not just those chosen by the authorities. The price to pay for this exceptional access to prisoners in such settings is that all findings, submitted to the authorities in a Report, are to remain confidential.\footnote{The physician also has to have access to the prisoners’ medical files and be allowed to examine them in private as well.}

Torture was reportedly widespread in all three countries, and I was thus immediately confronted during my interviews with the prisoners with allegations of torture, in its different forms and with varying consequences.

When interviewing prisoners, it was primordial to immediately reassure them than anything they said would not be relayed to the prison authorities. Besides the recommendations already mentioned, the time factor had to be considered for the interviews. Many prisoners obviously needed more time than others to get their thoughts together and be able to converse without any stress. How much time should be allotted to each interview will depend on different factors, and the degree of communication with outside sources, such as family members, prisoners have. The main point is to take whatever time is necessary to establish rapport and understand their situation.

The torture methods used in Chile and Argentina were brutally physical and similar to methods used in many other countries. Submarino torture, electric shocks, brutal suspensions and beatings were just some of the ones most commonly used. Very early on, I was to learn from the victims themselves, that the psychological sequelae of torture, the disturbances of the mind and soul, were profound, and very often lasted much longer than the physical pain and suffering (Reyes, 1995).

I also examined the prisoners to understand the effects of torture on their bodies and check for muscular, skeletal or other sequelae. More often than not, however, there were no visible scars or signs left on the body, as the maltreatment inflicted had taken place weeks, sometimes months ago or more. Functional sequelae (shoulders blocked at a certain angle; internal pain related to certain movements...) were sometimes present, but there were very few “visible” signs that could be de-
scribed as typical, or pathognomic of torture, which was not surprising. I relied mostly on the description of what “had happened” to the prisoners, confronted to what effects they described and what state they were in, for my assessment. In some cases, prisoners showed me what they had been through, mimicking for example, forced positions they had been coerced into, or how a certain blow had been given – and received.

The visiting team always gave a final summing up to the local authorities at the end of the visit, before writing up the official report. At this local level wrap-up, the authorities listened attentively, sometimes less so, to what was reported. As expected, they inevitably gave blanket denials of any use of coercion, let alone torture. Even the medical argumentation was rejected, which was my first confrontation with “absence of evidence” being considered “evidence of absence”.

The allegations of torture received during these visits, to me were indubitably credible, mainly because the same methods producing the same effects concurred between different people, at different places and different times, and in some cases produced similar functional, objective sequelae. Apart from what the prisoners actually described, their demeanor in describing what had happened to them gave me sufficient “confirmation until proven otherwise”. This reasoning was however the one rejected outright by the authorities. They insisted on inquiring whether there was any proof for any of the allegations, meaning whether there were any “scars or signs” that would confirm the prisoners’ stories. As in most cases there was nothing of the sort, all allegations were summarily dismissed as “mere hearsay”, or worse, were said to be “lies meant to tarnish the reputation of the Armed Forces”. We were accused of “being naïve” in believing what the “terrorists” had invented.

In Argentina and Chile, the military applied brutal methods when interrogating, punishing and extrajudicially executing political prisoners and opponents. In the 1980’s, torturers were beginning to realize that brutal, scar-leaving, forms of torture were to be avoided, which merely meant replacing iron batons with wet-towels for beatings, or using electrodes sparingly or replacing them with a grid-iron bed for electric torture. Uruguay was a case apart, and is discussed in detail further on.

I need not explain to seasoned workers in the field of Human Rights that physical forms of Torture have physical as well as psychological consequences and sequelae, and vice-versa. The term “psychological torture” can relate to two different aspects of the same entity. On the one hand, it can designate methods – that is in this case the use of “non-physical” methods. While “physical methods” of torture can be more or less self-evident, such as thumbscrews, flogging, application of electric current to the body and other similar techniques, “non-physical” means a method that does not hurt, maim or even touch the body, but touches the mind instead. Just as readily recognizable as methods of torture in this category are prolonged sleep deprivation, total sensory deprivation or having to witness the torture of family members, to cite only three examples. On the other hand, the term “psychological torture” can also be taken to designate the psychological effects (as

4 Pathognomonic is a term, used in medicine, that means characteristic for a particular disease or aggression. A pathognomonic sign is a particular sign whose presence means that its cause is self-evident, beyond any doubt. Such is the case with so-called “tram-line” scars, pathognomonic bruises inflicted by beatings with a blunt, elongated instrument such as a metallic or wooden rod on the back. Beatings with a bicycle chain, leave pathognomonic imprints of the chain structure on the skin.
opposed to physical ones) of torture in general – torture “in general” meaning the use of either physical or psychological methods, or both. There is sometimes a tendency to merge these two separate concepts into one, which leads to confusion, between methods (or “input”, as it were) and effects (or “output”). This confusion has led some authorities to deny the very existence of “psychological torture” as a separate entity (Reyes, 2008).

Sleep deprivation would warrant a chapter by itself, as it is considered by those who have been submitted to it (Begin, 1957) as perhaps the worse form of torture, along with Solitary confinement – both often administered simultaneously. It is a form of torture without the use of physical violence, and not needing any special equipment nor installation.

Prisoners interviewed often asked how I justified inquiring about their torture stories, “prying” so to say into their painful past, and to what end I wanted to know “what had happened”, which for them brought back “bad memories” they wanted to forget, or at least lock away until they had been released from prison.

My requests for information I can compare to asking prisoners to open their individual “Pandora’s Box of Horrors” so to say. Making them recall what they called bad memories, could and would indeed bring back all the thoughts and nightmares they had put away in a box under the bed, not to be opened. Some serious empathy, and as caring an approach as possible, were thus absolutely necessary before convincing them to talk about their torture experience. With the proper approach, however, most prisoners understood that although what the ICRC was trying to do (put a stop to torture) was realistically a very long shot for dictatorships well seated in power, most of them accepted to speak up, hoping that recording their overall stories might somehow influence and improve the situation for future political prisoners.

One thing was paramount: in no way should our interviews be perceived as a “second interrogation”. The second point we had to explain very clearly was that the ICRC had no influence on their imprisonment sentences, and could not help them get out of prison, except for exceptional cases, needing transfer out for specific treatment.
As the physician of the visiting team, I had an additional advantage, as many prisoners who suffered from sequelae, physical or mental, from their experience were glad to be examined, and receive whatever medical counselling I could give them, as they didn’t trust the prison doctors.

A description of the “psychological methods” used by the Uruguayan military will be helpful. Contrary to Chile and Argentina, in Uruguay the “politics” were rarely executed.

Militants of the suburban MLN - Tupamaro movement had been arrested, tortured and imprisoned, most of them incarcerated in a huge prison, ironically colloquially called “Libertad”, which was only for political prisoners. In one “less formal moment”, during a midday meal during the visit to this prison, the Uruguays mentioned that a visiting Argentinian delegation to the prison had recently told them: the “...you [Uruguayans] must be mad to keep all these terrorists in prison... We [the Argentines] would have killed them all!”

In Uruguay, hundreds of Communists and other leftist militants had been arrested as well, and were imprisoned in the same prison as the Tupamaros. There, the psychological management of all the prisoners was designed and monitored by a team of psychiatrists and psychologists, and purposely tailored to the individual.

Knowing the Tupamaros and Communists loathed each other, the prison psychiatrist purposely matched up one Tupamaro and one Communist in the same, small, dual occupancy cell, its surface measuring some 3 x 2.5 meters.

We learned, after many interviews over several visits, that the “Libertad” prison was in fact an experimental laboratory for trying out many forms of psychological torture.

The Communist-Tupamaro pair was thus in what amounted to duo-solitary confinement for days, even weeks, on end. Tensions and sometimes explosions of violence between the two inmates were carefully monitored by the guards and military nurses, through the cell’s “peep holes” in the doors. If the two inmates eventually managed to come to terms and somehow “get along” together, the psychiatrist would change the pair, putting each one again with a different “incompatible” cell mate.

But the psychological pressure of confinement worked even in less conflictual cases. I remember one case where two prisoners in a doubled-up cell had managed to tolerate one another, yet one of them told me in private, and I paraphrase from memory: “Doctor, I love my wife dearly, yet I would not dream of spending 24 hours with her in the same room! Even though we both care for each other, that would be impossible. Here I have to live 24/7 with my cell mate, who snores, who tells bad jokes, who has...”
bad breath and smelly feet – apart from being a Communist – and I just can’t take it anymore!"

The nine leaders of the Tupamaro movement were not in Libertad prison. They were imprisoned in particularly harsh conditions in military outposts, in squalid cells or worse, for months or years on end, then transferred to equally miserable army barracks in another part of the country – and in total were held in total solitary confinement for eleven to twelve years. They were known as “hostages”, and no one was allowed to interview them. I only got to visit and interview in private these nine Tupamaro leaders some six months before the end of the dictatorship, when all prisoners were released. One of the nine, told me that “we were all tortured, on again, off again, but the other forms of torture, such as beatings or electric shocks, were mere child’s play compared to solitary confinement... That was really the most difficult part of imprisonment”.

Another of “the nine” told me how he had to actively struggle so as not to lose his mind in the prolonged solitary confinement. He wrote poems and stories inside his mind, memorised them, and kept going back to them, expanding and modifying his thoughts as he felt necessary. One of his many creations were the “Conversations with [my] Slipper” (Conversaciones con la Alpargata), in which he relates (here I paraphrase) how

5 The true story of three of the nine Tupamaro leaders in extremely long solitary confinement has been made into an excellent film (“Compañeros”) by Alvaro Brechner, one of the best I have seen on solitary confinement, which totally conveys the mental suffering inflicted by this form of torture.
he has decided never to speak to his slipper again, it is wrong to do so, as he knows it is an inert object, not worth speaking to... merely a thing... What about you? answers the slipper back to him... This prisoner, already a writer before imprisonment, became a leading author and playwright after surviving his long ordeal, and became Director of Culture in Montevideo.

Many of the other politicals were kept in single cell imprisonment in the prison, with no contact with any other inmates. I interviewed more than fifty such prisoners individually. The first time I sat down and could speak to them, many had great difficulties in getting their thoughts together and expressing themselves, as for years they hardly ever spoke to anyone – talking to the guards was strictly forbidden – even if they did always manage to exchange written messages with other inmates by lowering them down on a string to the cell underneath theirs through the window. All prisoners in Libertad prison had been deprived of regular family visits, so it was essential that our visiting team take the time necessary to speak with all of them. The interviews easily lasted up to an hour per person during the first visit; less during the following ones. This “one hour” period may seem “normal” to those who interview ex-prisoners in post-custodial settings, but it exceptionally long for visits to political prisoners in most cases.

I was to expand my personal knowledge on Torture and its Consequences during the years to follow, and spend a year “tele-working” with an international team led by Vincent Iacopino, the first draft of what would become the Istanbul Protocol, which would include a solid rebuttal of both of these false argumentations.

An important lesson from a prisoner in an Ethiopian prison
On my first missions to visit prisoners in Africa, I learned that the main problems to be addressed were not torture nor even abuse, but rather unsatisfactory basic living conditions, such as the need for sufficient and adequate nutrition, water and sanitation and access to proper health care. These requirements were not being met in the majority of prisons I would eventually work in, and not only in Africa. Most often the major problem, which influenced all the others, was that of...
severe overcrowding. This was an issue practically everywhere! The magnitude of the overcrowding, and its effects would of course differ from context to context.

This is a complex issue, and I shall not expand on it here in any detail. Suffice to say that overcrowding is not only a “lack of space” per person, but also a functional lack of necessary facilities, services and fundamental needs for bloated prisoner populations. The causes are multifarious as well, and not merely a question of insufficient financing, but also inadequate functioning of the whole judicial system and its processes. Overcrowding also has to be weighed against local customs, economic realities, and even climate issues. Extreme overcrowding, in some African, Asian and South American prisons, has been considered a form of torture. I shall not take up this discussion here, as it goes beyond what I want to focus on.

A reference document issued by the Human Rights Council to the UN General Assembly in 2015 deals in great detail on this issue of overcrowding. Even if it can be argued, in some cases, that an “intentional” motive for overcrowding may not be the case, the effects of overcrowding can certainly be characterized as a form of Cruel, Inhuman and Degrading treatment.

It was in Addis Ababa and Harrar that I visited Somali inmates, who were technically POWs, as they had been taken during the then...
protracted war between Ethiopia and Somalia. The POWs were imprisoned in the same prison as common-law inmates, which was a violation of the stipulations for POWs by the IIIrd Geneva Convention (hereafter GE III), but we were told the authorities had no other place to put them. I did however speak to a non-POW prisoner, who requested to see me, who told me a long story of allegations of torture. The events he described had taken place some years ago, and were not in any way related to the conflict between Ethiopians and Somalis.

This Ethiopian prisoner told me he was a “political opponent”. He started by telling me that if I had visited him some years previously, he would have refused to speak to me outright, to me, a foreign visitor.

He had then been in a cell with four other prisoners. One day, two foreign visitors had come to interview them and had asked all of them whether they had been ill-treated or tortured. The four other prisoners told the visitors openly they had indeed been severely abused, without any guard within earshot. “My” prisoner had also been tortured, but he told me he had not said anything at all.

A day or so later, all four cell-mates who had spoken were taken from the cell. He himself, who had said nothing, was left alone. From the brief and violent exchanges between guards and the other four, he had immediately realised that one of the four had obviously been “planted” there by the prison authorities, and had reported what the others had told the visitors. The three who “talked” had never been seen again.

This vivid example illustrates why talks with prisoners in groups are to be seriously weighed and considered before going ahead with them. Interviews “in private” mean specifically that – with no one else present. This is to protect prisoners from any harm, even from fellow prisoners. Such a group visit in this case had unintentionally caused mortal harm.

Visits to prisoners of war: the Iran – Iraq war

The war between Iran and Iraq lasted eight years, from 1980 till 1988. This was what one would call a “Conventional War”, in the sense that it involved two States, more or less balanced in war capacity and size, with land, air and even maritime forces. There was also a “war front”, with trenches, infantry and tank attacks, and on the Iraqi side the use of illegal toxic war gases against infantry attacks and against civilians. It was, in a way, the bringing back of the worst of the First World War, forty years after the Second one began. Thousands of POWs were taken on both sides.

I was involved with POWs on both sides of the conflict. The International Humanitarian Law regulating treatment of POWs is stipulated in GE III, but these rules were unfortunately not being strictly followed to say the least. There was imbalance in the number of POWs. Iran held some 30 000 Iraqi POWs, whereas Iraq only held around 10 000 Iranians.

It should be recognised that the ICRC did have access to POWs in camps on both sides, but this was not without serious caveats, mainly on the Iranian side. Violations of some requisites of GEIII became so flagrant, with the use of maltreatment, coercion and even torture by the Iranian side, that the ICRC as the institution entrusted in overseeing the application of the Geneva Conventions, drew up a special Memorandum in 1983, which was circulated to all the States parties to GE III, describing in detail these violations.

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6 1925 Geneva Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or Other Gases, and of Bacteriological Methods of Warfare.
I first visited the Iranian POW camp at Gorgan, a city close to the Caspian Sea, that held hundreds of Iraqi POWs. Gorgan camp already had a history of serious problems with the ICRC, which had protested strongly about the Iranian authorities actively encouraging Shiite Iraqi POWs to betray their country and join their religious Iranian “Shiite brothers” in the war “against Saddam Hussein”. They had succeeded in enlisting a considerable number of these Iraqi POWs and created an “Arab Legion” from their group, which was meant to be sent to the frontline to combat the Iraqis. This Iranian “converting” of Iraqi POWs to commit what amounted to outright treason, and hence a capital offense against their country of origin, was most definitely against GE III stipulations.

The previous visit to Gorgan camp had had to be interrupted, as there had been a riot between POWs loyal to their government and Shiite Iraqis who had converted to the Iranian cause. The riot became a revolt and grew out of all proportion. The Iranian camp guards ended up using their firearms, resulting in six dead Iraqi POWS and more than fifty others wounded.

This serious incident ended up with Iraq accusing Iran of “murdering Prisoners of War” at the United Nations in New York. On the ground the results were more down-to-earth. The Iranians accused the ICRC of having been the cause of the riot in the first place. Hence suspension of visits for many months before the one I was to participate in.

I give this background information to describe the context of these visits, so as to better understand the lessons learned.

But I am getting ahead of myself. The Gorgan camp was extremely vast. I did not get to see the full extent of it by doing a general tour of the premises, as this was a very “touchy” visit, and the camp layout was well-known to the ICRC. The interviews in private to any POWs who requested to talk to us, were to take place in a large tent set up by the Iranians in the middle of the camp, where tables and chairs had been installed.

Two significant incidents to mention here. First of all, the whole ICRC visiting team, upon entering the camp, was led to a clearing that had been arranged for a welcome ceremony, which had been “spontaneously” prepared to greet us, supposedly by the POWs. On the pathways we had to take, between barbed wire fences delineating different spaces, we found that US and Israeli flags had been drawn in colored chalk, clearly quite recently. The width of the path was such that one had to tread on both flags on the way to the “ceremony”, which of course was an intentional provocation, meant to “test us”, the ICRC team. Stepping on the chalk drawings did not particularly fluster us and we just walked on, but it was meant to see how we foreigners reacted, and see if we balked at treading on the symbolic flags. When we arrived at the clearing, we found some twenty or thirty POWs lined up in military fashion, in uniforms, who snapped to “attention” and followed the orders of one of them who was in command. These POWs were clearly all Shiite Iraqis who were collaborating with the Iranian authorities.

“Takbir!” the POW-in-command shouted. This term is a commonly used phrase in the Muslim faith, and is heard in the call to prayer, the faithful then reciting the well-known

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7 There had been, I do not remember exactly when, an incident in a POW camp in Iran, when a newly-arrived young delegate decided to jump over the US flag so as not to tread on it. This caused a scandal of sorts; the delegate was expelled from the camp, and the visit suspended, and there was thus “much ado about nothing much”, caused by the pro-Iranian Iraqis, who had the full support of the camp authorities in this.
The welcoming party chanted the first phrase of the shahada as described. The second half, however, instead of referring to Muhammed being his prophet, had been changed into what I transcribe loosely as: “Saddam Hadu_llah”, mean “Saddam is the enemy of God”. Clearly these POWs had taken the full step of allegiance to the Iranian cause – a full-fledged betrayal of their country, as well as chanting what surely had to be a blasphematory version of the shahada.

We then proceeded towards the large tent for interviews, when suddenly my ICRC interpreter, hearing an announcement broadcast full blast over loudspeakers, translated the message for me. The camp authorities were ordering all POWs to “stay away from the Red Cross visitors”. They were not to seek to speak to any of us. There would be overseers (meaning “kapos” – overseers – POWs working for the Iranians) who would filter and stop any POW they did not approve of, approaching the Red Cross.

The stage was thus set for the visit. I myself as physician was not required for any specific medical interviews that day, as the POWs who did turn up for interviews with the delegates were those who had nothing to say. I thus decided to go visit the camp infirmary, hoping I might get to speak to some “normal POWs”.

My idea turned out to be fruitful, as there were no filters there. I was accompanied there personally by our liaison officer, an Iranian who must have been around 55 – 60 years old, who spoke impeccable English with traces of an American accent. He was from Kerman. I was told that under Reza Shah Pahlavi, he had worked for the Intelligence service (Savak).

He had subsequently switched his allegiance to Iman Khomeini, and had been since the beginning of the war the main liaison officer for visits to POWs in Iran, accompanying ICRC visitors to practically all the POW visits. I discovered that he knew and understood the articles of GE III far better than most ICRC delegates. At the final talks with the camp commanders, he knew exactly how to tackle any point of disagreement, and could quote the specific article of the Convention that might sustain his arguments, and do his best to make the ICRC look non-professional!

Despite our liaison officer trying to peek into the few interviews I did manage to have with Iraqi POWs in the infirmary, I got him to respect what he most certainly knew was the right of all POWs to speak to us in private. One POW I remember particularly well spoke to me in very moving terms. He approached me, trembling with fear, at a moment when the liaison officer was not present. He told me he was a captain of the Iraqi army. As the Iranians had systematically refused us any access to Iraqi officers – they were being held in a camp the whereabouts of which we did not even know – at first, I was not sure my POW could really be the captain he said he was. From his relatively good English, and obvious education and demeanor, he soon convinced me he was. Had he managed to conceal his rank? I did not pry.

What is important is that he confirmed the heavy-handed pressure, to put it lightly, the Iranians were putting on Iraqi POWs to betray their country, to switch sides, and ultimately

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During my visit to Gorgan, I inquired whether the members of previous ICRC teams had ever been able to speak in private to these “Iraqi traitor POWs” (sic), to inquire whether they had been perhaps forcibly converted to betray their country. I was told that as far as they knew, it was simply impossible to speak with any of them, as they refused any form of interview with the ICRC.
join the so-called “Arab Legion”. There were constant punishments for offenses, imagined or provoked, some physical, some humiliating. The worst was the treatment by the “converted” Shiite POWs on the other POWs, loyal to their country. He told me the Iranians despised the Iraqis as “inferior Arabs”, including the Shiite converts who themselves “hated” all loyal Iraqis... When speaking about this, he was very frightened, and his words came out in phrases, not sentences, which I had to put together as best I could. We spoke half in whispers in the small lab of the infirmary, where I pretended to be verifying the lab equipment with him, but he glanced constantly all around fearing my liaison officer or someone else would see him talking to me. His last words struck me, and here I paraphrase from memory: “Please doctor, the Iranians beat us and make our lives miserable; they constantly punish us – but I do not want to betray my country. What can I do? Can you help us?”

I was at a loss. He was so frightened that I did not ask him to further expand on what he had said. He himself put an end to our “interview” at that point, apparently having heard a noise in the back room of the infirmary, not wanting to take any more chances of getting caught.

I had a few other interviews that day, some in broken English, and others once my ICRC interpreter had caught up with me. The complaints I received all concerned tensions in the camp created by the Iranians giving free rein to the Shiite Iraqi kapos to do as they pleased harassing and coercing the “loyalists”. This interview with the captain summed everything up.

In a nutshell, when working in such contexts where it is obvious that any visit by an outsider will be “prepared”, and where prisoners will be warned not to say anything about torture or similar treatment, it will be paramount to find a difficult balance between obtaining information and putting prisoners in danger. “False Flag” visitors are also used by the authorities in coercive contexts, making the establishment of real trust even more difficult.

There was unfortunately not much the ICRC could do about this serious problem of the Iranians putting pressure on POWs to switch allegiances. Needless to say, those who did manage to complain about these problems mostly refused that their stories be mentioned other than in a general context, as they were terrified of reprisals. This major issue was of course fully described in the official reports by the ICRC9.

On the Iraqi side of the conflict, I did not do field visits to the camps, but I did accompany the field ICRC physicians a few times to prepare their medical evaluations for the so-called called the “Mixed Medical Commission” (MMC). GE III gives clear guidelines on the categories of wounded or ill POWs that are eligible for immediate repatriation on medical grounds, and other cases judged to be “serious” are assessed by the MMCs, which comprise physicians theoretically from both camps. In practice, the “opposite” camp can be and is often represented by an ICRC physician.

One MMC case of an Iranian POW in Iraq I shall never forget. One of our local ICRC doctors, a seasoned colleague of mine, described the case of this POW to me. The soldier had been suffering from severe depression for several years, caused by shellshock, a form of post-traumatic stress disorder which can occur after prolonged bombardments. Since he had been captured, he was apathetic

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9 For international wars between states, the ICRC sends its reports to both sides, the detaining authorities, and the authorities of the country of the POWs detained.
to all and everything around him, totally impervious to his condition. His case seemed clearly severe enough to merit repatriation, but his case had been somewhat controversial. Since his arrival in the camp, this POW had been totally “absent in his head”, as my interpreter translated what one of his fellow POW’s said. He did not speak nor answer questions, did not seek to communicate in any way with anyone, always looked straight ahead or down at his feet, and sat in silence all the time. His fellow POWs in his Cell Block helped him go out for an accompanied walk for some fresh air every now and then. Physically he was in relatively good health, his fellow POWs helping him take nourishment, attending to his sanitary and other needs.

He had been examined several times by different Iraqi doctors, who confirmed he was “shell-shocked”, but did not agree on the severity of his case. One had even wondered whether he might be a simulator, and had twice refused repatriation. Further exams had revealed nothing one way or the other. My colleague was certain that he was not faking his post-traumatic trauma, and had put him on the list for repatriation, and had finally convinced the other members of the MMC to put him on the next plane back to Iran. The day of his repatriation, with some other incapacitated POWs, my colleague said goodbye to him and the group, but the shell-shocked man gave no sign of any kind, as mute and indifferent to his entourage as ever. However, once he started to walk away to get on to the plane, he turned around ever so slightly, and looked straight at us – and gave my colleague an applied and knowing wink! He then continued on up into the plane, mute as ever.

My colleague and I were both flabbergasted. How had this POW managed to conceal his simulation for so long? None of his cellblock mates could have known he was simulating, as sooner or later the camp overseers would have discovered his ruse. My colleague had known this POW personally for two or more years, and he convinced me that the wink – which had been directly intended for him – was absolutely intentional, and conveyed both the POW’s thanks and the satisfaction of having “had” the Iraqis. We never found out how he was received at the other end on arrival, but my colleague and I both agreed that he well deserved being repatriated for his courage, persistence and cunning during his years of captivity.

Visits to detainees in the Israeli – Palestinian conflict
The context of the conflict between Israel and the Palestinians is a more than complex one which I shall not even begin to describe, as again that is not the purpose here. During my years with the ICRC, I visited prisoners on all sides – Israel, West Bank and Gaza – on many occasions, and gave seminars for prison and camp doctors in all three as well.

My first visit to Palestinians in Israeli custody was in the very large camp of Ketziot, in the desert close to the Egyptian border. This was before the first Intifada, which began at the end of 1987. This prison camp in the Negev desert was very close to the Egyptian border. The Palestinians were held in huge tents for 20 – 30 people, in different sectors separated from other by walls of gravel and sand, and there was another walled sector with sub-divisions, all covered by steel netting. The netting was there to prevent escapes. The Palestinians in these more closed sections constantly wrote messages on pieces of paper they would then crumple up and throw up through the netting over to a different sub-section. This they called “sending faxes”. Many of the faxes got stuck in the mesh of the netting...
This was my first contact with Palestinian detainees and prisoners. Some were just youngsters who had thrown stones at Israeli soldiers. Sentenced prisoners were held in real prisons, such as the one in the city of Ashkelon in Israel proper, which I would visit many months later. At that time, some detainees were held in a temporary detention center in the city of Hebron/Al- Khalil, which was at the time in the Israeli-occupied West Bank. There were regular ICRC visits to the different places of detention and the prisons for sentenced inmates, managed by the Israeli prison service.

I visited Palestinians in the so-called Russian Compound in Jerusalem twice. It was more properly known as the “Moscobyeh Detention Center” (MDC) and had a Hebrew name as well which I do not recall. Of all the many medical meanderings that come to mind, I would like to mention a few significant ones. The lessons learned may be of interest.

One aspect of the Israeli interrogation system, implemented in their prisons for “suspected terrorists”, particularly struck me. It was a well-worn scheme used to get information from Palestinian detainees. The Israelis conceived what became to be known as the “cell with the Birds”, these so-called Birds being a small group of genuine Palestinian detainees, kept in a special cell together. These Palestinians had, for whatever reason, agreed or been “convinced” to collaborate undercover for the Israelis. All the information I have on them came to me in bits and pieces from Palestinian prisoners I interviewed long after their interrogation and sentencing. I also got information from my colleagues in the field. No-one from the ICRC – as far as I know – ever got access to speak to actual Birds.

The principle was quite simple. Any newly arrested Palestinian whom the Israelis suspected knew more than what he was saying, could be sent for a short period of time, to be put into the cell with the Birds, who had been instructed to claim to be true-blue, patriotic, Palestinian militants. The Palestinian newcomer who came into the cell, was told by the Birds that they had to test him, “as they did all newcomers”, to make sure he was not a collaborator working for the Israelis. This introductory talk was tailored of course to the newcomer’s perceived or suspected status and age, but the Birds made it immediately clear there was to be “no nonsense”. If the newcomer did not convince them he was a genuine militant, or at least a loyal Palestinian, he would suffer the consequences. These could be beatings or worse, credible serious threats of violence to the newcomer’s family outside.

The Birds thus “ordered” the newcomer to tell them his real name (in case he had given a pseudonym), tell them who he was exactly, where he came from, who is family members were, and what allegiance he and his family had. He should also tell them all and anything he had “done” outside for the Palestinian cause, so they could check if he was indeed genuine and telling the truth, and of course he had to tell them anything else “he knew”, so as to help establish his status. This included the names of any superiors or significant contacts he might have had outside.

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10 Some places of detention, which were also for interrogation, such as the so-called Russian compound, were run by the Shin Bet or Israeli Security Agency (ISA). Other temporary detention centers, mainly for “small fry” detainees, such as young stone-throwers, were run by the military.

11 The Russian compound got its name from the Russian pilgrims who sought refuge in it during the second half of the 19th century. It comprised a number of different buildings, among which the Detention Center.
The newly arrested Palestinian was thus confronted with a no-win, “catch 22”, situation. If he refused to say anything, he could be found implicating his “guilt”, and thereby his untrustworthiness. Merely saying “he knew nothing” was of course unacceptable. The Birds had experience passing for “legitimate” Palestinian militants, which thus justified their use of rough man-handling and threats to “obtain the truth”. Most newcomers who knew anything at all would usually spill whatever beans they had, and say whatever they thought would get them off the hook. If they indeed had nothing to conceal, and knew nothing more of interest (to the Israelis) this would soon become quite obvious, and the newcomer would end up being released, at least back into the general population of detainees.

Any detainee implicating himself by revealing information that was of interest, would be then taken marked for further interrogation, one of the Birds having transmitted the information to the Israelis. The detainee would then be taken out of the bird cage, and sent back for interrogation tailored to their individual situation.

This form of “outsourced coercion” as one might call it had heavy psychological consequences – and sometimes physical as well – on many detainees, and can arguably be called a form of “outsourced psychological torture”, the responsibility resting on the creators of the system.

During the years I visited in the Middle East, the Israelis had abandoned the use of heavy-handed forms of coercion, which were deemed “sloppy” and could leave “evidence”. They had devised instead, in addition to the Birds ploy, a panoply of methods which they described as “Moderate Physical Pressure”, a term coined and recommended by a Commission presided by Judge Moshe Landau, in 1987, to justify a panoply of forms of physical coercion. These practices were ultimately banned by the Israeli Supreme Court in 1999.

Coming back to the Bird system, the ruse should seem, to seasoned militants, quite obvious and transparent – all the more so with the high turnover of Palestinian detainees and prisoners throughout the system, who obviously must have amply reported its use once released from custody. How then, one could arguably wonder was it that the system kept on being used for so long? It must have worked for identifying lower or medium echelon militants, because it has been working on and off ever since! A crude, unsophisticated form of the Bird system was even in place in one Palestinian prison I visited many years later, once the Palestinian Authority had come into being. I confronted the director of this prison, this may have been in Nablus, with this query, asking him how they, the Palestinians, could be implementing the same kind of trickery they had sorely complained about, and rightfully so. They had suffered the consequences the ploy used by the Israelis. My question was all the more pertinent as I had myself visited some years ago the director I was speaking to, in Israeli detention! He merely shrugged his shoulders, and gave me a rubber-stamp answer.

This type of ruse should be known by anyone working with prisoners. It is most important to be as fully briefed as possible on all the circumstances around the overall system of arrest, interrogation and imprisonment, before interviewing prisoners about their trajectory. This will allow a thorough understanding of the ploys and counter tricks in play; and it will also give credibility to the interviewers with the interviewees, as it will be obvious they have “done their homework” and are familiar with the situation.
One of these methods I was able to actually attest, due to an error of shunting of an ICRC physician colleague of mine, during a visit to the Russian compound. The ICRC was never allowed to visit detainees held there in their actual cells, let alone inspect the corridors of the Moscobyeh center itself. All interviews and medical exams had to be performed in a specific cell at ground floor level, well apart from any of the living quarters or other premises. The detainees were brought to that cell by a guard, and the interviews could be held in private.

One time I accompanied our field physician, who was based in Tel Aviv as the doctor of the local ICRC team, to the Russian compound to do a few interviews, as I wanted to get an update on the situation. My colleague then had to go out for some reason or other, which I have forgotten. When he tried to come back to the interview cell, he wanted to come back via the main corridor. For some reason, maybe because we ICRC visitors were, as they say in French, practically “part of the furniture” by then, he was not accompanied just that time, and somehow took a wrong turn somewhere. He found himself rather “lost”, and asked a young soldier where he could find his ICRC “doctor colleague”, or something to that effect. The soldier spoke no English, and clearly misunderstood what he had asked, but then with his hand, indicated the way up a nearby staircase. My colleague knew this was wrong, but decided to play dumb and follow this “instruction” to proceed to the floor upstairs, where neither he nor anyone else from the ICRC had ever been. He was certainly not expecting what he was to find.

At the top he reached a dark corridor, with cells on either side. The main attraction was however in the corridor itself. There was a small chair in front of each cell, with a detainee sitting on it – if it can be called “sitting”, with one’s hands handcuffed behind one’s back, thus forcing the upper part of the body to lean forward towards one’s lap. Each detainee had a loose hood over his head. There were thus some ten or twelve of them, sitting down, leaning over in this uncomfortable position. So, this was the infamous “chair-sitting” form of “positional torture” we had heard so much about! The detainees were silent, some uttered a few grunts but nobody was saying anything. My colleague suddenly saw there was someone at the far end of the dark corridor, in what may have been a white coat, who

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12 Any medical “check-up” was theoretically prohibited – I normally would have had to request to have the Israeli doctor to be present, and the exam had to take place in his office. A total waste of time. I performed perfunctory exams as needed, at the request of some of the detainees, for minor complaints and for mainly for reassurance.
was slowly coming towards him, every now and then lifting a hood to see the face of the detainee underneath.

The man in the white coat suddenly saw my colleague and bellowed out something, probably in Hebrew. Whatever it was he said, he made it clear to my colleague that he was not supposed to be up there, and he immediately retreated back down the stairs, and was not followed by whoever the white-coat man (possibly a doctor) was. I vaguely remember hearing my colleague exchanging words with whomever it was he met back downstairs who led him back to “our cell”. By then all had simmered down. I don’t recall the incident having had any consequences either for my colleague or for ICRC work, but the supervision was probably enhanced from then on.

Chair-sitting was one of the Moderate methods. It had replaced the now abandoned Wall-standing as a method of coercion through what is known as forced positioning. The fact that the chairs were, when they were first introduced at least, the size for children, was of course to render their use as uncomfortable as possible.

Forced positioning has been rightfully considered to be a form of torture, and not only because the position itself causes severe discomfort to whomever is submitted to it. The procedure is usually modulated to the person. A beefy militant will not have the same “chair schedule” as a lanky young teenage newcomer.

The forced sitting position may last for many hours – or even days. Used in many countries, this form of torture often implies not having access to toilets, with the ensuing consequences, both physically disgusting and psychologically demeaning and humiliating. Food and especially water are withheld as well, again for periods of time tailored to the person. All is part of the overall procedure of obviously intentional torture modulated to the victim. Hooding or other forms of blindfolding is often used during “forced positioning”. In other contexts than the Middle East, a panoply of different “niceties” can be put inside each individual’s hood. In Asia, strong chili powder is often used. Feces, urine and vomit inside are also widely present inside the hood during torture sessions. (IFEG, 2011)

One form of forced positional torture is the so-called “Palestinian suspension”. Although the term is widely used, it is an ordeal as old, at least, as the Inquisition, during which it was modulated in degrees, hence the term “third degree”, and officially known as “Strappado”.

I have always argued that when documenting what prisoners have suffered at the hands of their tormentors, the description of methods meeting the UN 1984 definition of torture is not enough. Use of the term “torture” should not depend only on the methods used, or simply their being “intentional” and “for a purpose”, but more important, on the effects the said methods have on the actual person. To moderately or not torture a well-trained, muscular militant of whatever allegiance, who fully knows what to expect from his captors, will not produce the same effects as applying the same treatment on a civilian bystander, who doesn’t expect it, with little or no physical nor mental resistance to pain, and who is certainly not trained to withstand any coercion.

Are militants “trained” to resist torture? Some certainly are. In my discussions with IRA inmates at HMP (Her Majesty’s Prison) Maze, outside of Belfast in Northern Ireland, I was told, and could confirm this later, that all of their militants had received orders from their superiors on what to do if they were arrested. They were to resist any and all torture methods that the British applied to them, for at least 24 hours. That was the time the IRA re-
quired them to remain silent – after that they could say whatever they had to.

Those twenty-four hours gave the IRA hierarchy sufficient time to take all measures necessary to render any information the militant then revealed totally useless. A full discussion on whether – and how – torture actually “works” is a topic I have discussed many times, but it would go beyond the scope of this paper. What I have been able to confirm in discussion with more experienced colleagues than myself is that the same instructions/orders had been given in other contexts, such as the Algerian FLN facing French torturers. In fact, with of course notable exceptional cases, practically no one can resist more than 24 hours of torture by determined torturers.

One last word on lessons from Israeli detention. During the many years the ICRC visited detainees in Israel, and now Palestinian, prisons, new field workers would often ask “to what avail” the ICRC continued visiting and reporting what it documented, seeing as “nothing ever changed”. Moderate physical pressure, as well as less moderate psychological methods, were still being used; the Birds system was ever-present; etc. Their frustration was such, that many ICRC staff openly wondered whether it would not be better to discontinue the visits totally, apart from the “maintaining-family-links” aspect, as the interviews to document torture, intended to help prevent torture were visibly having no effect at all. They were merely giving the detaining authorities a “voucher of good conduct” so to say, which they could use to loudly declare that they allowed ICRC visits to their detainees, which was true, whereas neighboring countries such as Syria, Iraq, Egypt, Turkey, Iran... did not, which was also true.

I was asked this question during one of my visits to Israel. I found it to be a legitimate question, which I determined to answer. I was there to visit detainees in the (at the time) Israeli-held detention center at Hebron/Al-Khalil, in the “Occupied Territories” as they were called. The ICRC had visited detainees there for some years, and the allegations of often brutal abuse had not changed nor diminished. I was convinced our visits did have a useful impact, although perhaps not in the way initially intended – to put a stop to maltreatment and torture. I decided to inquire from those directly concerned – the Palestinians themselves – whether and how they perceived any utility of our visiting and interviewing them.

One of the Palestinians I interviewed in Hebron was a man roughly my age at the time, in his mid-forties, who turned out to be a physician as well. He himself, he said, had no specific complaints, not even the “normal beatings” described by many young Palestinian stone-throwers.

I told him I would like his honest opinion on the utility or non-utility of ICRC visits, and I explained why I wanted to hear his views – now all the more so, as he was a physician. He himself, seeing that the situation seemingly never changed, those arrested month after month being submitted to the same maltreatment as those before them, did he think it was worthwhile for us to continue our visits?

He pulled his thoughts together for a moment, then started by telling me he had noticed the ICRC presence in the West bank for years, but as this was his first time in prison, he had never understood exactly what they were for, nor what their purpose could be. Now that he had seen the ICRC teams interview the (mostly) young detainees in Hebron, where he had been for some months, he had an answer to my question. I paraphrase his answer from memory from here onwards. “Your visits to all these young Palestinian boys”, he said, “are very important for them, even if they don’t
understand them to be so. I have seen how lost most of them are when they arrive; they are afraid! For many, it is the first time they have been arrested, the first time they have seen the inside of a jail. They come in here having been beaten up during the arrest, especially during the transportation in lorries to the detention center, by the military. Here they have no visits, nor news from their families during the first weeks, and they are shouted at, threatened and therefore frightened. The fact that you people from abroad come and talk to them politely, call them by their names, sit down with them, inquire how they are, and ask them about their families – it is like someone who is drowning and who all of a sudden can grasp a tree branch and hold on to it to avoid sinking into the water!”

He unequivocally then said, “Yes, by all means, do continue visiting. We all know nothing is going to change, we know the Israelis better than you do! But your intervention, just at the right moment, is valuable to them – this I can tell you doctor to doctor!”

I have conveyed this assessment by the Palestinian doctor in Hebron to several generations of ICRC physicians visiting prisoners in the Middle East, and elsewhere as well, to reassure them of this useful aspect of their work.

An anecdote from the First Gulf War
During the First Gulf War several U.S. pilots and airmen, as well as some U.K. SAS men had been captured by the Iraqis early on during the hostilities. The media called them “Saddam’s hostages”, as he refused to let them be visited by ICRC or anyone else. He did however put them on display in the media, for his own propaganda purposes. From the images shown on international television channels worldwide, it seemed evident that the “hostages” had been coerced into saying they had been “well treated”. Their physical aspect, however, was anything but “good”. Some of them seemed to have been severely beaten up. One stocky young American airman had a bloated face, and was swollen around both eyes. It also must have struck everyone watching the propaganda clips how false their recited words rang. One of the UK SAS men seemed deeply depressed, and what little he spoke came out in drawled, thick, language and he hardly looked at the camera at all. If Saddam had intended to give the world a good impression of how “well” he treated his POWs, it was a total fiasco.

I was part of the team given the task, at the end of the hostilities, to go fetch those “hostage” POWs in Baghdad, to receive them from the Iraqi authorities, and examine them summarily to determine whether they could travel or not. With a senior non-medical colleague, we were to take them by car all the way from Baghdad airport to Amman, where they would be handed over to their respective authorities and would receive any medical or psychological treatment they might need.

I had been particularly worried about the two hostages I have mentioned above, as their physical and particularly their psychological state had struck me when I had seen the propaganda airings. When I met them in person, they seemed totally healthy, well-groomed, in excellent moods both of them and quite jovial in fact. During the all-day drive through the desert, we had ample time to gradually become familiar with one another, and I was able to inquire how “they had been treated” during their detention – and hinted that they hadn’t looked well at all on the broadcast.

13 Another similar testimony, from an internee at Guantanamo Bay to one of our interpreters: “You are our only windows, you alone make it possible for us to breathe...”
I told the SAS man, “frankly, you looked awful...” The Brit smiled to himself, looked at me straight in the eyes, and said: “I did my best to look awful.” He was very loquacious and later wrote me a thank you letter for having been there to receive him and his fellow SAS mate, and to have talked and listened to them freely.

When I commented to the American airman how his appearance must have worried his entourage, he was not surprised in the least. He then actually showed me how he had beaten his face repeatedly with his clenched fists before the filming, causing the bruising and swelling, “so that everyone would think I had been tortured”.

This is “food for thought” for when working with victims of torture. Situations can be complex, and these survivors had taken it upon themselves to thwart the propaganda efforts of their captors in their own somewhat cunning way. This is a case of the exact opposite of “what you see is what you get...” treatment.

A visit to prisoners in a particularly harsh Uzbek prison – and its suspension

The Republic of Uzbekistan had only recently recovered its independence from the suddenly defunct USSR when I went there to visit prisoners in their most notorious prison by reputation, called Jaslik.

This prison in the Autonomous Republic of Karakalpakstan, was further west than the dying Aral Sea. Jaslik prison had a sinister reputation. Various Human Rights publications had repeatedly denounced cases of brutal torture employed during interrogations and in the prison itself, including sexual assault, electric shocks, long periods of solitary isolation and more. Jaslik was a prison that apparently held and concentrated the “heaviest” political cases, deemed by the authorities to be “the worst of the worst”.

This was a “first visit” for the ICRC, and our team had been briefed at Headquarters to expect a harsh prison regime and contentions of torture. We were also warned that the prison authorities might not necessarily be most helpful with us. I was thus a bit surprised when, upon arrival in Tashkent, we were met by a Deputy-Minister (D-M) of the all-powerful Interior Ministry, who took a very friendly approach towards us. He welcomed us warmly, and accompanied us for our preliminary meetings at Ministry level in Tashkent. We were told that all requisite conditions for visiting and speaking to prisoners in private had been accepted by the authorities. Our D-M further informed us that he himself would be accompanying us all the way to Jaslik, “to ensure everything went smoothly”, or words to that effect and was accompanied by a senior physician from the Pententiary hospital in Tashkent, to “clarify any medical questions I might have”.

Jaslik prison was truly “in the middle of nowhere”, some 1400 km from Tashkent by road. As our ICRC driver/interpreter could not be sent alone in the vehicle for the very long drive from Tashkent to Karakalpakstan, I accompanied him, during which time he gave me a full background briefing on the prisoner situation in Uzbekistan. It was quite grim, and
I was soon to see for myself that what he told me was no overstatement.

Arrangements had been made to speak with the prison Director, in a small building 300 yards from the prison.

During this initial talk, we were able to ask all the questions we had prepared, our team leader on general issues and I on health and medical ones. However, it was either the Deputy-Minister or his accompanying senior prison doctor who answered, and not the local prison Director. Tact and experience dictated that we not “protest” this interference by Tashkent as yet, and at any rate, our accompanying duo had pre-empted any such objection, telling us that the local Director did not have the latest information and figures, as he was “new” to his posting.

We were told the prison had some forty or fifty cells on two floors, each cell holding up to twelve prisoners, with bunk beds. We would first do a cell-by-cell “tour of the premises”, explaining to the prisoners who we were and the purpose of our visit, and in the afternoon, speak in private to those who might want to speak to us. I would myself also interview the local prison doctor.

We left the Director’s office for the short downhill walk to the white prison building, so as to begin as agreed with the general tour of the premises. We were accompanied by our own expat interpreters as part of our team. It had furthermore been clearly explained to our attendant duo from Tashkent that they, of course, would not accompany us into the actual cells. Local prison guards would accompany us to guide us around and open and close whatever doors needed to be so.

What followed next surprised us all, to say the least. Walking down the path towards the white building, we approached an open space halfway down which served as a football field, with some benches for the supporters, the whole enclosed by a loosely knit, wire fence. As we came closer to the field, we could see there were two teams of inmates, wearing shorts and T-shirts, playing against each other. The players were all visibly giving it all they had, playing in what looked like an overly aggressive way. It reminded us of rugby play, more than football. The closer we got, the more we could see how they were all really giving it their maximum exertion level. But something was amiss... At first, we didn’t “get it”, but then it suddenly dawned on us, or rather struck us in the face.

There we had twenty-two, young, fit, muscular football players, playing football as if their lives depended on it, surrounded by fellow inmates, at least equal in number, perhaps a bit more, as supporters. Both teams were playing, and the spectators were watching, without making the slightest noise, without any exclamation, without a word of support or encouragement or possible blame for a fault committed or supposed. The field was as silent as a graveyard. Not a sound from anyone, no yelling, nothing! Clearly this was totally unrealistic. Something was definitely amiss! The suspicion that this whole “sports event” was being staged by the authorities for our benefit clicked in the back of our minds. We would very soon understand that something was indeed very wrong with Jaslik prison.

We entered the building and split into two groups. My group entered the first cell on the left. It had six bunk-beds, and could indeed accommodate a dozen inmates. There was a sink and a toilet. Everything was clean and tidy. The prisoners all stood up when we entered, and listened attentively to what our interpreter translated. I introduced myself and my team and briefly explained what we intended to do during the visit. I told them we would allow time for any prisoner who wanted to speak to us, to be able to do so in confidence. We would
come back to each cell after the tour, and I underlined that the talks would be in private.

One of the inmates who had been up front then spoke up, in a civil tone but very sure of himself, his demeanor bordering on arrogance. He thanked us for being there, but told us right off that he and his fellow inmates had nothing to complain about. Everything was provided for by the authorities. The food was good, and no one had anything to complain about. I asked him who he was, and he said something to the effect of being their “cell leader”. Obviously, he was a detainee appointed by, or at least trusted by, the authorities. No prisoner said a word either to confirm or infirm what “the cell leader” had said to us.

During his discourse I looked around at the other inmates. Most detainees had blank stares, without any emotion, most of them were looking down at their feet. One detainee at the back was however looking directly at me with a tormented expression with what I interpreted as furious eyes. Not rage against us visitors, but what seemed like an internal rage that I suspected he might possibly want to convey to us.

After his speech, I asked the cell leader, without looking at anyone in particular, if there were any other detainees who wanted to talk to us. Two or three hands rose, but no raised hand by the one with the enraged look. I mentally took note of the latter’s face, to summon him up for a talk after we had interviewed those who had requested to talk to us.

In the next cell we entered, we found their cell leader giving a lecture to the other prisoners, all seated in front of him, listening to him almost “religiously”. This time nobody stood up when we entered. Apart from the lecture there was no noise, no comment, no asides whatsoever. A totally peculiar attitude for prisoners. The silence at the football match came to mind. Had this docile, obedient audience lapping up the words of their cell leader also been staged for our benefit? By then, we all knew the answer...

The lecture broke off after a few sentences. I then went through the same routine, through our interpreter. Icy silence. No reaction. The cell leader gave us a homily similar to the one heard in the first cell. Everything was fine; no complaints; the authorities give them everything, etc. Obviously all well prepared in advance. This time I didn’t ask if anyone wanted to talk to us. Each step of the visit seemed to confirm that the situation was being presented in a way that left no space for any contradictions to the official version. I certainly didn’t want any headstrong prisoner to blurt out a statement against the authorities, and thus put himself in serious danger of suffering reprisals or worse.

Prisoners sometimes think that, as the ICRC is allowed to visit them, we give them some sort of protection from the prison hierarchy and guards from then onwards. This is certainly not the case. Care should always be taken to not have prisoners put themselves “on the spot” and risk punishment after we visitors leave. Any remarks should be conveyed in private only.

This confirms an old internal saying among ICRC old hands: “Granted, our visits may not be useful, but at least we shouldn’t cause any problems!” A colloquial version of “primum non nocere” (first of all, cause no harm).

More cells; same scenario. Then we came upon a group of inmates who were watching a television program in total silence. Their leader again gave us the official “party line speech”. Not one inmate looked up from the television program to see who we visitors were. A totally unnatural reaction in usual prison situations.

I then went to speak to our team leader across the corridor, and explained the situation to her. She also feared might be counter-
productive, as the prisoners were obviously frightened, not even daring to look up at us visitors. We decided on the spot to finish the cell tour so as not to give any space for any unfortunate incident. We would later in the day conduct a few interviews in private, with those inmates who had requested to speak with us, and would then play the rest by ear.

I then went to see the prison doctor in his office, while the rest of the team visited the workshops. The Ministry prison doctor insisted on accompanying me to the medical room, where the local prison doctor was waiting for us. Through my interpreter I asked the local doctor the questions I had prepared. Like many doctors in the former Soviet Union, he wore a tall, inflated white hat similar to a vintage baker’s hat, all puffed up and almost as tall as a bearskin. He looked somewhat uncomfortable, and I would quickly see why.

I started asking about his medical staff and consultation schedule. It was the Tashkent doctor who answered the questions. He would occasionally consult the local doctor on some minor point, but otherwise it was he doing all the answering.

Quickly fed up with this supervising, and censoring, of my talk with the local doctor, I saw him turn pale, white even and become frozen with apprehension. He seemed paralysed and didn’t respond to anything I asked. He managed to tell me through my interpreter that I had to address all my questions to his supervisor, the doctor from Tashkent. He admitted he himself “could not” answer me. End of the interview then, I would get nowhere with him. I somewhat regretted having insisted speaking alone with him, as he would surely be debriefed by his superiors.

At the lunch break, the D-M again overdid himself with welcoming remarks, and the usual vodka toasts which couldn’t be declined. We said nothing about the way our visit had obviously been staged, as we didn’t want to influence the few interviews with prisoners we planned to have.

In the afternoon, I called up the first of the two prisoners who had requested to speak to us. He came to the empty cell I had been allotted, where I was waiting with my interpreter. He seemed a bit worried, but not really afraid. He then merely repeated that everything was fine, and that he actually wanted to reiterate what the cell leader had told us. He had no questions, no other remarks. There was no opening for any questions, as obviously he had been told what to say – and not to say. The second prisoner, and the third one, gave me similar prepared talks. Three thus totally sterile. I then went back to the first cell, with my interpreter, and asked to see a further two prisoners, whom I chose “as randomly as I could pretend”. One of them was of course the prisoner whom I had spotted, who had looked at me with rage in his eyes.

The first one had nothing to say, and was visibly scared that I had chosen him, so I quickly let him go back to his cell. The one I had really selected then entered. His attitude had changed, and I immediately saw he
also was frightened. He did give me his name, said he was from Tashkent, and in broken sentences, constantly looking towards the (closed) cell door, said that the conditions were not as we were being shown, but said he couldn’t say any more. I asked him whether any inmates had been transferred out of the prison before our visit, he hesitated, then responded with a very tense and hardly audible “da”, and added that “many” had been taken away. I then asked him where he had been held before Jaslik, and he told me “SIZO Tashkent”14. How was SIZO in Tashkent compared to here, I asked him. Here he turned livid, looked down, and his whole body started to shake slightly. “I cannot tell you...” he said. Then he broke down, and said he had to go back to his cell, insisting he had to leave us. He begged me to say, when “they asked me” what we had talked about, that he had talked about his old grandmother, who was very ill. He insisted on this, and of course I let him return to his cell.

Two or three further interviews only confirmed what I had already concluded. The visit itself had to be interrupted. I spoke again with our team leader, and we decided that we obviously were putting any detainees we tried to talk to in danger. Those who came to see us voluntarily had nothing to say, or repeated that “all was well”. Those we tried to call up on our initiative were afraid, some terrified. I had even put the local prison doctor in danger!

My colleague had learned that the prisoners had been warned, meaning “ordered”, not to speak to any of us, clearly implying that they all knew what to expect if they did. We therefore decided, on the spot, to suspend the visit and head back to Tashkent. There was no other choice. This had to be taken up at the highest Ministry level, and Geneva had to be informed.

Our D-M played dumb with us, raising his eyebrows and inquiring why we did not want to continue the work we had begun. Initially, we had planned to stay two full days, maybe even three. We told him we had to report back to our office in Tashkent, which would then report to the Ministry.

When taking leave of the local prison Director, and in the presence of the D-M, we told him we counted on him to ensure no detainees would be punished for having talked to us, and that we would be back to see them again. They did not comment, other than to say we would always be welcome.

I left Jaslik, fearing the worst. Some eighteen or so months later, I learned that prisoners had indeed been held for many months in the basement cells, where punishments, beatings, and various forms of abuse and torture, had taken place. These prisoners had been transferred out shortly before our visit, as they obviously might have told us about their treatment, having nothing to lose.

We also learned that it was the Deputy-Minister himself, who had done his own tour of the cells, going systematically into each one of them well before we did, so we would not catch up with him. In each one, it was he who warned the prisoners not to complain to us foreign visitors. One family member told our office in Tashkent that the Deputy-Minister had said to them: “the Red Cross will leave the prison – you will be staying behind!”

As we had feared, all the prisoners who had spoken to us in private had been called up for questioning after our visit. Some had been beaten up, one apparently severely, according to their families.

I have given this example of Jaslik prison, even though the visit was a fiasco, because it

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14 A SIZO is a jail or a remand prison, Jaslik was for sentenced prisoners, and therefore was a Colony.
illustrates the difficulties and dangers of seeing and interviewing prisoners when they are still in custody, in contexts where torture and repression are on-going. Our ICRC Head of delegation in Tashkent complained officially to the higher Uzbek authorities the visit having been visibly “staged”. Geneva Headquarters reported the same through official channels. This of course could not “undo” what had been done.

ICRC visits would eventually resume, though not easily. Eventually, there would be visits to Jaslik, until its closure a few years later.

The question of possible “reprisals after visits” is always in our mind when visiting prisoners. This is the reason one of the *sine qua non* conditions demanded from the detaining authorities is to be able to *repeat* the visit and again interview any and all prisoners who might have been submitted to reprisals. A first visit to a prison only ends when the second, follow-up, visit begins.

A colleague once commented to me that “You cannot make an omelet without breaking some eggs”, implying that some prisoners may indeed be put in danger by a visit, but if it is for the better good, so be it. This is not ethically acceptable on humanitarian and ethical grounds.

At Jaslik, prisoners were removed from the prison, so as to subtract them from reporting any maltreatment or torture. A few other examples of prisoners thus “subtracted” from the visiting teams deserve to be mentioned.

**Two examples of prisoners transferred out to subtract them from ICRC visits: Pul-i-Charkhi prison near Kabul and a Police Station in Sri Lanka**

In 1987, I was part of an ICRC team sent out to visit prisoners in Afghanistan, our visits there having been suspended in 1980. Briefly a few words on the context. Afghanistan has seen almost constant warfare since the late 1970’s – early 1980’s, following three successive “coups”, the last one immediately leading to the Soviet invasion at the end of 1979.

Afghan society and history are complex, with a great many ethnic groups, with a clear dichotomy between the rural populations and the cities. Suffice to recall here that the Soviet invasion, arguably a proxy conflict for the Cold War, led to ten years of bloody conflict, with the Soviet departure ten years later only ensuing further violence and another bloody civil war.

The visit to Pul-i-Charkhi prison I want to mention here took place during the latter years of the Soviet occupation. The prisoners visited were on the one hand, Communist afghans from failed governments of the late ‘70s, and Mujaheddin who took up arms against the Soviets and the puppet government presided first by Babrak Karmal, and then by Mohammad Najibullah.

Pul-i-Charkhi prison was an enormous complex of six large buildings. I will focus here on one of these buildings, the largest one, known as Block III, shaped like an eight-spoke wheel, four stories high, and could contain “more or less comfortably” we were told, some ten thousand prisoners (many more uncomfortably...) The aim of the visit was to check the prisoners’ living conditions and of course interview them and document any cases of maltreatment or torture. According to reliable reports from different NGOs and trustworthy media, torture and extra-judicial executions were widely employed at the time.

We learned in Afghanistan that subtraction of prisoners could easily be done inside a large prison, even *during* the actual visit. It is impossible to see everything that happens in a colossal wheel-shaped building like Block III in Pul-i-Charkhi prison.
When our teams started the tour, we proceeded floor by floor, wing by wing, and of course cell by cell. This would seem easy to do, as a wheel is, after all, a symmetrical structure. It would seem not too hard to systematically visit one “spoke” of the wheel on the first floor, then proceed to the intermediary building leading to the next “spoke”, and pursue with the next “spoke”, then go up one floor and repeat the procedure three times, in a neat, organised way.

We quickly found out that any such orderly step-by-step tour of Pul-i-Charkhi’s Block III would be impossible, despite the apparently symmetrical structure. This was because there were countless different places within the structure where brick walls had been put up, blocking passages between two huge cells on the same floor, or the same “spoke”, impeding any passage from one section to another, or from one floor to the floor above or below. These impediments were present at all levels, and in a haphazard way, with dozens of unexpected dead-ends. All these blockages had been constructed for alleged “safety reasons”, and even the guards were often a bit lost on how to get from one specific place to another one geographically very close, as there were no direct passages, and thus it was necessary to do a long and confusing back-track of a detour, sometimes going back up or down the stairs.

In a nutshell, the structure was a labyrinth almost impossible to follow logically, and one could easily “miss” a whole floor somewhere while going through the building, and not even notice. The point I want to make here relates to the visit in 1987, which turned out to be a visit only to the premises (!), as the authorities blocked the next steps, and specifically forbade our interviewing any of the prisoners. Thus, the subtraction of the prisoners I shall now mention, which took place in 1987, we only learned about the following year, when the Kabul authorities finally allowed a real visit to take place, and we were able to speak to the prisoners.
In 1988, we learned from many interviews, that during our tour of the prison the year before, prisoners from a whole “spoke” of the Block III wheel, perhaps some eighty or so prisoners, had been transferred out of their cells, taken down the stairs and out of the building, and then simply walked all around the circular prison, well ahead of our team. We were advancing in the same direction, but had to go up and down and across different floors, and hence proceeded more slowly. The extracted prisoners were then simply marched back upstairs to their own floor into their empty cells when they reached their “Spoke”. Cells we had gone through very quickly, as they were empty when we got to them, and had been written down merely as being “empty”.

We had thus been tricked, and a large number of prisoners had been subtracted from us, and we hadn’t had a clue that we had been duped! Such was the perimeter of the “wheel” that it would have been impossible to see this maneuver, even if we had been looking out the windows. Although it may be difficult, sometimes impossible, to thwart such maneuvers, it is essential to be alert about them, to get the true picture.

During any visit of a large prison, it is hence essential to closely examine empty cells as well as occupied ones. In empty cells there may be tell-tale signs, such as fresh crumbs of bread on the floor, or traces of other foods that may be signs that the cells were very recently occupied. Fragments of old newspapers, left behind on the floor, or often glued to the wall, should be checked for dates. A recent date will refute allegations by the authorities that the cell has been “empty for months”.

Different scenario, same bad faith, in a small Police Station in Sri Lanka some years later. While our small visiting team of three was having its initial talk with the Head of Station, one member of the team all of a sudden had to go out to fetch a document in the car outside. To his (and the rest of the team’s) surprise, he saw how some detainees were being shepherded down a ladder from a cell on the second floor, as obviously the Head of Station did not want them to talk to us visitors!

In other Police Stations, in Sri Lanka and in other countries as well, detainees we specifically go to visit on a given day, are sometimes put into a car, and driven around and around the town, blindfolded, so they will not be present in their cells during our visit. This is again a procedure to subtract prisoners from telling their stories to outside visitors such as the ICRC.

A few words on Guantánamo Bay
I shall not here go into a flagrant example of subtraction of internees from ICRC visits, which involved the great number of abducted or detained individuals outsourced to interrogation and torture centers in different countries by the CIA. These interned persons with no legal status were the ones sent to what was to become known as the “Dark Sites”, and the ICRC was of course not informed they existed. (Mayer 2005, 2009)

This is not the place to describe the torture methods used at these Dark Sites, which we only learned about much later, when the ICRC finally got access to the ones who had been sent to Guantánamo Bay. The US denied the very existence of these sites for a long time, even when many internees having been through them were transferred to the base, that the ICRC had been visiting since 2002.

Guantánamo Bay would warrant a long essay of itself. I visited internees there, mainly in Camp Delta but in other blocks as well, in 2003 and 2004 I was asked to give two training seminars there for the US Navy reservist physicians, explaining the how-and-why and
purpose of ICRC visits, but more to the point, about Torture and its absolute prohibition.

It was in 2003, that a senior Army officer confirmed to me that (and here I quote) “This is essentially an Interrogation Center; we tend to give the Interrogators everything they need...”. The objective of interrogations there at the time was to obtain, by force, if necessary, “actionable” (in Army jargon) intelligence. At that time, the notorious general who ran the camp at Guantánamo Bay, justified medical participation (by psychiatrists and psychologists) in tailoring forcible interrogations to the individual internee. He also justified the violation of medical confidentiality by the physicians if necessary for “security” needs. Final point, in 2003, Guantanamo Bay had a great many dogs all around the camp. These left the island when the general was sent to Abu Ghraib. When one sees the later photos of Abu-Ghraib, with internees terrorised by dogs accompanying the interrogators, it is easy to deduce what the dogs had been used for in Guantanamo.

In 2003, I fully documented in my medical reports the fact that internees’ medical files were openly accessible to interrogators, information which was of course included in the overall confidential ICRC Report. The reason interrogators wanted access to the files was to know when an internee was at his “most vulnerable” state, or to know what medical weakness he may have had, so as to put the pressure on him. Hence this access to the files by the interrogators constituted a gross violation of medical ethics. To do them justice, I was informed of this practice by two different US. military nurses, who strongly objected to it. None of the reservist Navy doctors ever said a word about it to me.

Under the afore mentioned general in command, so-called “Behavioral Science Consultation Teams” of psychologists and psychiatrists, commonly known as “Biscuits”, whose duty was to streamline the interrogators’ access to medical knowledge were put into place. One of the BSCT’s duties was to serve the same purpose as previously, when interrogators had access to the medical files – devising and implementing individual interrogation schemes. With the BSCTs, there was no longer any need for non-medical interrogators to have access to the medical files, and furthermore informing the interrogators with what they wanted to know was streamlined by the psychologists of the BSCTs, who understood the files’ medical terms.

The overall purpose of what was at the time an “essentially “Interrogation Center” was to extract information by breaking down the internees. This whole experience has been discussed widely elsewhere, including what has been called the “reverse-engineering” of SERE tactics. In 2004, in the overall ICRC Report, I denounced this function of the BSCT system. On the ground, I also denounced it to the new commanding general, who had tried to tell me the interrogation system “was now ethical”, compared to the situation in 2003. It most certainly wasn’t.

**Documenting torture – pitfalls to avoid; a subterfuge that may work...**

What to do when prisoners give a credible and plausible description of treatment that clearly qualifies as torture, and may even have visible sequelae that would uphold their testimony – but insist that nothing be mentioned about torture in the visitor’s Report, because they are afraid the authorities will know they have “complained”, and they are afraid of reprisals?

As I have already underlined, victims of torture in prisons are still vulnerable and not yet survivors, and thus it is understandable that in some cases they may refuse to have
their stories reported, even in general terms, to the detaining authorities.

What to do, then, if most of the prisoners refuse their stories be reported?

I have been confronted with this type of situation several times. It can sometimes be the case when visiting a Police station, where the number of detainees is small, and it is easy for the Police to identify which detainee(s) “has talked”, even if one takes the precaution of interviewing all detainees present. In such cases, it is preferable not to mention any allegations of torture at the local level, unless there is a case so severe that some sort of protection need to be implemented on the spot, such as transfer out to a medical facility, where it may be possible to avoid reprisals. More often, the use of torture will be reported later, to the Higher Authorities, mentioning a place, but not identifying any specific person.

What about a larger context? In South America for example, visiting teams in Argentina decided to interview all 2000 prisoners in a very large prison, so as not to put any one person or group of persons on the spot just for having talked to the ICRC! Such a visit, even with a team of seven, took several weeks.

But what if every single prisoner refuses that ill-treatment or torture be mentioned, or even indirectly referred to in a Report? This was the case in a relatively large prisoner camp I visited in Sri Lanka, during the JVP (Janatha Vimukthi Peramuna) Marxist insurrection 1987 – 1989. The country was in turmoil because of the insurgency and prisoners were justifiably afraid of reprisals if they complained about having been tortured by the Police.

The Camp held several hundred prisoners. The visit focused not only on documenting torture, but on evaluating the conditions of detention and re-establishing links between the inmates and their families. As many of the prisoners’ family members had approached the ICRC and reported cases of serious abuse and torture, the main thrust of my medical visit ended up being mainly documenting the vast number of torture cases.

I interviewed dozens of detainees. Most of them willingly told me what they had been through. As is usually the case, brutal violence began at the moment of arrest, and continued without interruption during the interrogation phase. A few detainees did however say, they had suffered only “normal beatings”.

An aside here. This notion of a beating being “normal” astonishes some human rights workers, but it is a notion that one comes across quite often. Indeed, in a great many countries people who are arrested fully expect some “rough treatment” as part of the deal, so to say, and as long as it doesn’t go any further, they do not complain about their “normal beating”. The tolerance of any beating is of course not acceptable, and this should be explained to all prisoners. What may indeed be felt as a “normal beating” to one person, may well be experienced as torture by another. The bottom line is that beatings in general are not acceptable, and come at the very least under the category of “Cruel, Inhuman and Degrading treatment or punishment”.

In this case, however, the majority of detainees I interviewed had been severely beaten during arrest and interrogation, on the back and arms, with what is called a sjamboek. This is a semi-rigid whip, made of heavy leather, traditionally from hippopotamus or rhinoceros hide. A sjamboek leaves a distinctive scar on the back, with the mark of the tip of the whip making this type of beating easy to identify. This is another pathognomonic sign: until proven otherwise, the tell-tale sign can only have been produced by the instrument or method corresponding to it. A sjamboek leaves such a scar. As the detainees had been recently arrested and beaten, the scars
they had on their backs (and on their arms, when they tried to protect themselves from the whip), were still quite evident.

I took down all their stories, and made drawings in my notes describing what I had seen. I then informed each detainee that all information they had given me would remain strictly confidential. It was here I was confronted with the dilemma. Every single detainee pleaded with me not to mention his case, not anonymously, not even in general terms. They did not want me to mention anything about the sjamboek beatings, as they “knew” that if they “complained”, word would get back to the Camp Governor, who would have the guards beat them.

What to do? A whole prison camp where the majority of the prisoners have suffered severe beatings with a cattle whip... Clearly, I could not merely write a report about the cleanliness of the sanitary installations and the quality of the rice!

I perfectly understood the reasoning behind the prisoners’ demands. As I had been asking open questions about how they had been treated, and had only discovered their torn backs when they told me about the beatings, they logically knew that any reporting of the torture would be attributed to their having “complained”.

With this in mind, a simple way to go around this reasoning occurred to me. I would show the Camp Governor “that no one had complained to me about any beatings whatsoever.”

The next day, I informed the Governor that I wanted to carry out a “health inspection” of all the prisoners. I asked him to please have them all in ranks in the courtyard, and invited him to kindly accompany me for this inspection, to which he gladly consented.

All the prisoners assembled in the yard in “sarongs” and T-shirts. I then explained to all of them that I was going to check their general state of health, and asked them to remove their T-shirts, which they did in unison. The Governor and I then passed through the ranks. Lo and behold, I was “surprised” to see that a good half of the camp population had scars of different sizes and shapes, on their backs and their arms... I asked the Governor what those scars could be, and he told me we would discuss that later. But the point was made. We went up and down the ranks, me taking notes I didn’t really need at that point, but getting the message through – I was “discovering” all of this, no one had complained to me about anything!

In short, such a subterfuge, invented on the spot, might prove useful when confronted with similar dilemmas. Each situation being different, any such ploy will have to be adapted accordingly. This was a case of physical evidence for once being present, which is most often not the case.

Documenting maltreatment and torture is difficult for any prisoner. As has been said, it opens “old wounds on body and soul”. The importance of establishing good rapport and a relation of confidence, and not rush into “documenting torture” has been hopefully sufficiently stressed. One should always begin with open questions, and then as gently as required, but without letting the story go in every which direction, slowly lead the interview to where it goes best and most sparingly for the prisoner. One should then proceed with tact and caution—never forcing anyone to give details which may be too traumatic for them. These may, or may not, be provided during a subsequent interview.

15 Unlike the Council of Europe’s visiting mechanism, the CPT (Committee for the Prevention of Torture), the ICRC has no mandate allowing it to take photographic evidence of anything during visits to prisoners.
Taking notes during interviews about torture is a particular challenge. I shudder when I remember the way one of our doctors used to conduct interviews. This I observed when I accompanied him to one of my first visits to prisoners. As indeed, the coercive methods used in the country were more or less “standardised”, so to say, the recounts received during interviews of what had happened during arrest and interrogation in the majority of cases were often similar. In this case, the interviews were done through an interpreter. The said doctor worked in the following way. He would have a first interview, ask a few basic questions, and then ignore the prisoner, and write down his notes from the interview. While he did this, he called in the next prisoner, and told his interpreter to give him the initial introduction directly, and begin asking “the usual questions” he said. He, the doctor, just barely introduced himself, and then looked away from the prisoner, and concentrated on filling in his notebook. He would then take the interpreter’s notes, and fine tune the rest of the interview from there on, as needed, mainly asking closed, “Yes or No” questions. Then the procedure would continue on the same lines. When I confronted him on his lack of empathy, not even looking at the prisoner most of the time, he merely told me that “the prisoners don’t look at me anyway, they look at the interpreter!”

No rapport, no empathy whatsoever, merely asking a standard list of questions – and effectively getting “only answers”. An appalling way of interviewing victims of torture!

Some prisoners will be more at ease speaking about torture. This is often the case with seasoned militants for example. This does not mean they have not been deeply affected by it. Torture always merges both physical and psychological components, but sometimes torture victims tend to separate what they see as two different forms of coercion. An African detainee once told me during a long interview we had, that it was easier for him “to talk about the scars on his body, that about the scars on his soul!” The worst scars in the mind and soul do indeed last longer than most physical ones.

Returning to documentation, one has to balance the taking down of important facts, dates or even names during the prisoner’s discourse on the one hand, and giving the impression of conducting what may seem like a second interrogation because of the note-taking on the other hand. One should always look at the prisoner one is speaking and listening to, even if s/he does not look back. Doing this of course will hinder note taking. I have found that what works best when the interview is long and complex, is to frankly and honestly ask prisoners every now and then for a very short pause, just to “jot down a few notes”. This prisoners usually find quite acceptable. Taking down notes furiously while the prisoners speak, and obviously not looking at them, is certainly not.

It is also appropriate, to take a couple of minutes between interviews to sort out the main points of what has been said and seen during the last one. Even when the prisoner looks at the interpreter, one should look at the prisoner and observe body language, facial expressions and occasional mimicking of a situation or position. Any sequelae observed or action mentioned by the prisoner can be taken up during the interview. Two examples to illustrate this:

- A prisoner who had been suspended many times from his hands tied behind his back, could no longer take up his water bowl and raise it to his lips. This he mimed to me, and showed me at what angle exactly his arms were blocked. This is a significant physical sequel worth mentioning.
Another prisoner, a woman militant, when describing how she has been “treated badly” during the interrogation, said to me fleetingly, looking away, and with her hands falling back into her lap: “¿sabés? Te hacen de todo...” [You know... they do all sorts of things...] The way she said it told me she had been probably sexually man-handled, or even worse, but possibly not raped (?). She left it there, and did not want to tell me anything further on this topic, which I of course respected.

I once described, during a Ministerial interview in Sri Lanka, the way military interrogators introduced barbed wire into the rectum of young detainees – and then pulled it out roughly, in order to obtain confessions. I did not need to justify my use of the word torture; my recounting to the Authorities was met by icy silence. As for the methods employed at for example Abu Ghraib or Guantánamo Bay, the description of the suffering caused should have been more than sufficient for calling torture by its name. US authorities when discussing the ICRC findings in Guantanamo or in the Middle East would sometimes get into disdainful discussions over what they called use of “The T word”, strongly rejecting it being used by the ICRC, despite it being most often absolutely appropriate to the cases at hand.

The bottom line: in contexts where torture is widely employed, the purpose in reporting the use of torture is not to simply verify whether the UN definition of torture applies to what is inflicted on the prisoners, but to be able to demonstrate that what they have been through could not be qualified as anything but torture, or at the very least as a form of Cruel, Inhuman and Degrading treatment.

Obstacles and pitfalls of interpretation
When taking histories from former prisoners in Centers for torture survivors, care is always taken to have interpreters adapted as best as possible to each person. Preferably of the same nationality and region, preferably not from their own families. All interpreters have to be briefed on how to work with torture survivors, and informed on what possibly ghastly, always upsetting, and sometimes unspeakable horrors they may hear. Some may need psychological support when doing such work. They should be taught any specific vocabulary necessary for comprehension – on methods and sequelae for example – and for comprehending and translating the torture story back and forth.

When I began visiting with the ICRC in the eighties, I was lucky to begin in Spanish speaking countries, my mother tongue. At the time, all ICRC staff working in Spanish Latin America had to be fluent in the language, and interpreters were never used. This was however not the case in the majority of worldwide contexts, as the ICRC did not have a panoply of staff speaking non-European languages, and local interpreters were not employed for this type of interpretation. This was so local staff would not be harassed or debriefed by the authorities, to learn what had been said to the ICRC. The ICRC had often worked in situations of international war where it had been easy to find interpreters among the hundreds of POWs themselves, speaking English or French respectively, particularly among the officers.

Working through fellow POWs in the mentioned situations had been the solution, those interpreting being obviously protected as POWs themselves. In the Iran-Iraq war, this turned out to be a bit more complicated. I have already mentioned the many difficulties in the Iranian POW camps, between Sunni and Shiite POWs. In the Iraqi camps, with the Iranian POWs, the situation was again different. The Iranian POWs in Iraqi captivity may well all have been Shiite, but they came from
very different backgrounds. Some of them were ex-military officers of Shah Pahlavi’s armed forces, and would have refused having to translate for a Revolutionary Guard POW. Ex-officers of the Shah would not be acceptable either to translate for the Basij, or children “Soldiers of God”. (Mendelson 2011)

For the Iran-Iraq war, precisely because of these differences, all ICRC interpreters were expats. However, this being said, a Swiss interpreter of Afghan origin for example, with an obvious “Dari” (the afghan form of Farsi) accent, would not have been acceptable to many Iranian POWs. As expat interpreters of Iranian ancestry were not acceptable to many Pashtun prisoners visited in Afghanistan later. But there can be other difficulties regarding interpretation in different situations.

During the already mentioned visit to Pul-i-Charkhi prison in 1987, ICRC Headquarters had not provided the visiting team with expat interpreters. The reasoning of the Delegate General had been that among the several thousand prisoners at Pul-i-Charkhi there would inevitably be enough prisoners who spoke either French, English or German, who could help us with interpretation from Farsi or Pashto. In principle, he was not totally wrong; there were indeed prisoners who could have and would have helped us with the translation. However, during the tour we immediately discovered that the prison guards, accompanying us to open and close gates during the tour of the premises, started taking down the names or numbers of any prisoner who told us they spoke English or French. We immediately stopped asking the prisoners during the rest of the tour whether any of them could be our interpreters.

However, we also found that in the majority of cells, from the way the Mujahidin prisoners looked blankly at us, there was no one in the cell who spoke any European language. We were in a quagmire – how would we proceed with the most important phase of the visit, the interviews in private with the prisoners, if we could not speak with them?

This dilemma was solved for us by the authorities themselves in 1987! After having gone through all the cells, and seen the different buildings of the huge prison – the whole tour took around four whole days – we were told by the authorities that “your visit is over. You saw all the prisoners, didn’t you? The visit is finished”. With retrospective great relief, we were off the hook. Geneva Headquarters had not given us the means, that year, to carry out any interviews, as we had no interpreters with us, and could not rely on any of the prisoners to help us, as we would have put them in danger. Furthermore, there was the additional fact that in a majority of the cells, there were no prisoners who spoke any European language.

As of 1988, however, we were able to carry out interviews in private, bringing in our own expat interpreters. It was then we could confirm the many reports that had been published on the use of torture. We received hundreds of allegations of torture and even the names of perpetrators – the most famous one being Mohammed Najibullah himself, when he was the Head of Security. We were told by one prisoner that Najibullah tortured prisoners himself – while “laughing”, the prisoner had added...

In many other situations, where torture is not the issue, it may be possible to use prisoners to translate for their cellmates. In Africa this is very common, and does not create problems, unless there are tribal rivalries or specific conflicts among different groups of prisoners. Local non-prisoner interpreters are also recruited for “non-sensitive” tasks, such as sanitation projects or hospital projects in the prisons.

There are caveats however. The following example shows how this reluctance to use the services of local interpreters is not just ICRC paranoia. In the ICRC Tuberculosis (TB)
program in the prisons of Georgia in the 1990’s, the interpreters there were all local Georgian staff. I once asked one of the TB interpreters to accompany me to the local Remand prison (SIZO), which I wanted to see again. We did a tour of the four floors, not interviewing any prisoners specifically, as that was not my purpose. At the end of the day, however, my interpreter came up to me and asked me to “please, doctor never again” ask him to accompany me even merely walking through that prison.

I was surprised and a bit shocked – what had happened? He hadn’t translated anything at all from or to the prisoners. Yes, he explained (I paraphrase from memory), “but this is Tbilisi, this is Georgia. I come from a small town just outside of Tbilisi. Here everybody knows everybody else. Six detainees, in different cells, came from my village, and they all knew me very well, practically since childhood, and they saw me with you. While you were doing your work, one of them approached me and demanded that I smuggle in a knife for him; another wanted me to bring him money; a third insisted that I take out a package for him (which may have contained drugs); yet another that I deliver a letter to someone outside; and so on.... Please doctor, never ask me to come here again. For me it is risky. They all threatened to get back at me and my family, if I did not comply with their demands!”

Point taken. From then on, I worked only with expat interpreters.

One final example which could have caused serious problems, even harm, to the very prisoners I wanted to interview:

It was when visiting prisoners in Azerbaijan, who were technically “POWs”, since they were Armenians captured on the then frozen frontline – even though they were not soldiers and most often merely civilians who had strayed across the frontline “borders”. I asked to see several prisoners, visibly well-to-do Armenian prisoners. My interpreter was an ICRC expat who spoke fluent Russian, as most Armenians speak that language. Two of the Armenians I interviewed were well educated, and spoke English, and for them there was no need for interpretation. The senior one was particularly smooth and slick, outwardly very friendly, and told me I could count on him if I needed any help with interpretation. I didn’t understand exactly what he was up to, but would soon find out. A new group of “POWs” had recently arrived, young males only 18 or 19 of age. I asked to see them individually.

I called in the first one, a young man, quite thin, very shabbily dressed, almost in tatters, but what struck me most was that he seemed very nervous. His head sunk into his shoulders and he mostly looked down at the floor. My interpreter asked him for his name, which he mumbled without looking at her. I then asked him an open question, “How long have you been here?”, so as to put him at ease. This was translated into Russian by my interpreter. No reaction at first. We asked again, and this time he looked up with a totally blank stare. He was still nervous, but we then saw in his eyes that he seemed not to understand Russian. We tried again with simple questions, to no avail. It was then that, all of a sudden, the slick Armenian popped his head through the door, deus ex machina almost, and asked us if he could be of any help. He added that the newcomers came from a remote village, and didn’t speak any Russian, only Armenian.

For a split second I thought this might be helpful – but I then looked again at the young prisoner, and saw he had gone pale, and started to tremble ever so slightly. He didn’t look at the elder prisoner who had spoken at all, but he seemed to have recognised his voice. He seemed clearly distressed, but didn’t say a
word. The elder man said something to him, in Armenian, but he still didn’t look up at him.

I decided on the spot to thank the older man for his offer of “help”, but told him we would somehow manage; not to worry. He shrugged his shoulders and left without further comment.

We managed to get a member of our staff who spoke Armenian to come to the prison, and through her, we learned what the situation was. It took a while of gently explaining over and over that they should not be afraid, that we would not tell anyone what they would tell us. We finally managed to learn, obliquely, and in bits and pieces, that the “slick” prisoner and his friends beat them (the newcomers) up, made them work as their servants, and... “did bad things” to them. This was a typical case of sexual abuse occurring between cellmates. We arranged for the young prisoners to be fully separated from the other Armenian prisoners, “because of their age”, not giving the camp commander any details.

Here our inconvenience of interpretation could have led to an unfortunate, even tragic, situation. I am convinced the young Armenian would of course had said nothing through the slick interpreter, but it would have put him in a very stressful situation, with possibly dire consequences. The ICRC usually now has its own expat interpreters – even for languages less widely spoken.

Medical documentation of course – but not the only medical task!
Actual medical documentation of torture is of course the subject of the Istanbul Protocol, recently revised and upgraded, for which it is the certified UN gold standard reference, which is why I have only discussed actual documentation tangentially in this piece, preferring to convey informal personal notes on the collateral aspects of obtaining such documentation through visits to prisoners, and point out that visits in custodial settings have their own specificities and pitfalls to avoid.

Such medical visits do however have a few other medical purposes, which may be just as important to the prisoners, or even more so, than providing narratives for what may seem to them as an abstract outside endeavor to put a stop to torture. Prisoners in custody may have more pressing needs and questions, that require the medical knowledge that a visiting physician can provide.

Doctors will most often begin an interview by inquiring about the prisoner’s present situation, including both physical and psychological aspects of health. If the topic of torture arises, the dialogue chosen will differ according to how recent and how traumatic any such experience has been. It is here that prisoners may refer to some specific sequel of a beating, such as a hearing problem after boxing of the ears, or more general musculo-skeletal problems. The questions they ask are often ones they dare not ask the prison doctor, whom is often seen, often rightly, as an accomplice to the repressive system. When some reasonable trust has been established with the visiting physician, they may ask elementary questions such as “Doctor is it broken?”; or “Will I be able to work again?” or “Will I be able to sit down again and do my weaving?”.

The answers to these questions will depend on what methods – and how recently – any disability has been inflicted.

The least physicians can do is to answer any questions to the best of their ability, based on often summary clinical examinations performed in less-than-optimal conditions.

When any form of sexual torture has been part of the ordeal, dialogue with these prisoners will be much more complicated, and most of the time will not come spontaneously. The physician may not get any information at
all during the first contact, which is why it is most important to be able to see these prisoners again, later during the visit or as soon as possible otherwise. Sometimes, when rapport has been established, certain questions may emerge, though often with difficulty. “Will I be able to have a child after what they did to me?” “The soldiers told me that I could never sleep with a woman again.”

In the Indian sub-continent for example, young male prisoners interviewed had often been through brutal physical torture (crushing of the thighs with heavy “rollers”; or ripping apart of the adductor muscles in the thighs by over hyper abduction, a torture method called “cheera”). I often found the younger ones were more terrified by the threats the soldiers had implied to their manhood, than about other physical sequelae. The perpetrators of course knew this, and these threats were part and parcel of the whole system put in place. (Reyes, 2008)

Regarding sexual torture, there is a difference between “sexual” torture and “gender-based” torture. The latter term relates to physical and psychological abuse adapted to the gender of the victim, whereas “sexual” torture deliberately incorporates what the term implies.

In women, sexual torture is exactly what the term means, and is certainly not only limited to rape. It comprises all stages of abuse, and includes a deliberate sexually targeted component (Pérez-Sales & Zraly, 2018; 2016; Sáez, 2016; Sifris, 2014). This usually starts with verbal abuse, beginning with lewd comments implying further sexual abuse to come, often accompanied by invasive, offensive, touching and fondling. A woman in custody in any context doesn’t, and can’t, know where it is all going, and when, or whether, it is going to stop. Torture perpetrators know and use this psychological component, even before anything actually “happens”, and use it to break down the victim. All this has to be considered by the interviewing physician in the evaluation. Generally speaking, women physicians should interview women prisoners, and if this is not possible, another woman should be present to help the prisoner feel more at ease. Often it will simply not be possible for physicians of the opposite sex to interview prisoners.

While this is the rule which clearly should be followed, one should be alert to exceptions being possible. In my own experience, in Sri Lanka, I was called upon by several women detainees, who wanted to speak to me about the sexual abuse they had suffered, because I was a physician, this factor trumping the fact that I was male. The medical counselling they wanted was more important to them than the gender of the doctor providing it.

In males, physical abuse and targeting of the sexual organs can indeed also be “sexual” in nature. Anal male rape with police batons or broomsticks is a typical and unfortunately not uncommon example. However, genderized torture in males more often consists of beatings and, electric shocks for example, targeted to the genital area to cause extreme pain, not necessarily having any sexual connotation per se.

A question prisoners often ask a visiting physician is whether there is “anything I can do in the meantime?” This even more so in contexts where medical care is sorely insufficient. Here useful counselling about what exercises or specific movements can be performed in the cell or in the yard, or with the help of a fellow inmate, may be helpful while the prisoner has no access to professional care outside. The visiting physician should of course pre-empt any such questions, and offer whatever advice is deemed useful. One has to remember that as whatever documentation obtained from visiting prisoners, and presented in a Report, will not be of any direct practical value to those who have provided the information, the very least visiting
physicians can do is to provide such counselling as described in the examples above.

Not providing adequate medical attention can also be a form of torture, if it is denied deliberately as part and parcel of the interrogation procedures or of the coercive environment. (UNHCR, 1999)

**A word on the management of hunger strikes**

Hunger strikes are not the issue here, and yet one aspect relating to their ethical management has to be mentioned, as it relates to torture. In the initial landmark WMA Declaration of Tokyo of 1975 – a document which prohibits all and any use of torture – there was a curious allusion to hunger strikes in what was then its Article 5, which stipulated without any further explanation, that:

*Where a prisoner refuses nourishment and is considered by the doctor as capable of forming an unimpaired and rational judgment concerning the consequences of such voluntary refusal of nourishment, he or she shall not be fed artificially.*

Use of the term “artificial feeding” instead of “force feeding” blurs the intent of the Statement here. In a hunger strike situation, there is an ethical conflict situation. The term that should have been used instead of “artificial” feeding, so as to avoid any ambiguity, should have been “forcible feeding”. Artificial feeding merely describes nourishment given other than orally. Clearly a physician who is presented with a prisoner whom he doesn’t know as a patient, who is said to be hunger striking, who has lapsed into a state of muddled reasoning, or has lost any significant consciousness, must provide that patient treatment, via artificial feeding. In this particular situation, the physician may not have any knowledge of what the said prisoner’s wishes actually were. (Reyes, 1998)

Suffice to say here that the World Medical Association issued the Declaration of Malta of 1991 on Hunger strikes, revised and updated in 2006, to expressly forbid forcible-feeding after its practice was renewed by the US at Guantánamo Bay at the beginning of the 21st century.

This new version, 2006 WMA Malta Declaration 2006, states unequivocally, in its article 13:

13. *Forcible feeding is never ethically acceptable. Even if intended to benefit, feeding accompanied by threats, coercion, force or use of physical restraints is a form of inhuman and degrading treatment. Equally unacceptable is the forced feeding of some detainees in order to intimidate or coerce other hunger strikers to stop fasting.*

The reason forcible feeding is stated to be a form of inhuman and degrading treatment, and not torture, is because no one had imagined that such aggressively violent, forcible feeding would be applied to many dozens of detainees in Guantánamo Bay, not just once, but repeatedly for weeks, months and even years! If this had been envisaged, only the word torture would have been adequate to describe such treatment. The reason I go into some detail on this subject, which I started by saying was peripheral to the subject of torture at hand, is that I have been confronted with protest fasting, a more correct term than the colloquial term “Hunger strikes” in many countries. I have had heated arguments with members of the legal profession, who often defend the State forcibly feeding fasting prisoners, supposedly to “save lives”.

The overwhelming majority of Hunger strikes end well before there is any risk of
dying from acute malnutrition. The immense majority of “hunger strikes” do not lead to “Northern Ireland-like” situations. Most often, “loose” forms of protest fasting, with some nourishment being taken on the side or on the sly, this should not be considered as “cheating” by the visiting physician, but rather as a way for the protestors to indicate that what they really want is to find a solution to their protest. This is where a visitor from “outside” often can provide help.

The detaining authorities may decide to forcibly feed fasting protestors to “save face”, because they want to be able to say they are taking medical “life-saving” measures.

During protest fasting, physicians should know that they have ample time, about a month – if the “strikers” are initially in reasonable health – before health problems arise, and most such protests are abandoned or loosely discontinued by then. At any rate, physicians should take advantage of the time they have to speak in private to the protestors, and help them find a solution to “negotiate a way out”, which is what they desire, even if they claim otherwise.

One form of medical treatment that physicians should explain and suggest to any “end-stage” Hunger strikers, is the parenteral administration of vitamins, mainly Thiamine – a treatment which has proven to avoid serious sequelae in long-time hunger strikers.

The bottom line to retain is that: forcible feeding, is never acceptable. (Reyes et al., 2013)

Reporting torture – some approaches to (absolutely) avoid

Based on years of experience reading reports on torture from the field, and trying to improve written some of the narratives recounting cases of prisoners having been submitted to torture, used to illustrate and buttress the official interventions presented to the relevant authorities, I would just like to briefly mention three basic approaches to be avoided at the field level of recording and then composing such reports.

(1) The reporting of torture methods used is, in itself quite legitimate. Nonetheless, merely listing a panoply of techniques or devices, dumped in a pile, so to say, totally unconnected to the individual persons who have suffered physical and psychological anguish and pain from them, is first of all slighting and offensive to the victims, and second such listings are ineffective in their final purpose.

The examples I give below are taken from real draft ICRC field reports in past years, and are hopefully no longer repeated:

…the alleged severe ill-treatment includes threats to be killed with a pistol, suffocation by putting the head under water, or into a plastic bag, suspension by the hands or wrists, and beating with sticks, fists or boots...

This is what I call Package-deal Torture. A listing of “techniques” will not impress the authority it is supposed to influence in the endeavor to have such practices stopped. In moments of confidence, some detaining authority contacts have told me just that – when presented with such an inventory, they just skim diagonally down the list, only looking for some possible “error” which they will then pounce on and ignore the rest, or just think “it’s again more of the same”, and not register any of it.

A possibly more effective approach would be to indeed mention what has been done to the victim, immediately followed up with a full description of the effects such torture has had on the individuals, each description tailored to the person.
Needless to say, mixing up in the same package (as above) “submarine” torture, beatings and a sham execution, all of which have completely different effects on different people, is not an effective way of conveying the message intended.

(2) For many years before the drawing up of the Istanbul protocol, reporting of torture was thought to be strengthened, by whatever “medical evidence” was obtained that could possibly “prop up” the allegations. The reverse of the coin of course was that perpetrators would then throw out any allegations that were not accompanied by any medical “evidence”. As there very often there is little or nothing “to show”, well-meaning visitors to prisoners, and this included the ICRC in the 1980’s, chose to tag onto their reports, a few phrases stating that “some signs or scars” found by the doctor on some of the victims interviewed, were compatible, or not incompatible, with the allegations submitted. Needless to say, such feeble “medical tags” were anything but convincing.

An illustration again taken from another draft field report (my comments in italics):

“The traces [what exactly is meant by “traces”?] compatible with the allegations of torture were assessed in almost all the cases...

The methods used were:

- slaps [what “traces” does a slap leave one wonders…]
- kicks [surely some description could be given here?]
- suspension [something more could surely be said about the probable sequelae…]
- beatings (with a hose)
- beatings (with a stick)
- beatings (with the feet)
- anal rape “[this form of sexual torture is “tacked on” here at the end of the list without explanation; fortunately with no word about any “traces”..]

This is not only another example of the “Package Deal”, but more to the point here, an attempt to render the reporting more credible, by stating there was some physical evidence in “almost all cases”.

This is what I call WYSIWYG torture (what you see is what you get). I needn’t repeat here what has been summed up previously when discussing “Absence of Evidence is not Evidence of Absence”.

A final approach to avoid when reporting documented torture, which unfortunately still tends to persist, is the use of what I call hollow statistics. The inadequate use of percentages, when the group of individuals involved is less (sometimes quite a bit less) than a hundred, is not serious, and certainly not convincing.

But worse yet is the throwing around of these “statistics” and expecting them to impress those for whom the report is intended. My last example, from another draft field report:

“Suspensions in custody: Suspensions are up 17.2 % from last year, but beatings are down by 24.1%”

I have had long discussions in the past with experts and colleagues, even from the IRCT, who defended the gathering of statistics, even if not wholly convincing. I however beg to insist that the use of weak statistics leads to preposterous assertions as above!

I have called this approach the “Dow Jones approach” to documentation of torture, to be avoided. Most certainly legitimate studies of torture cases, compiling histories and examinations, and when possible additional documentation such as X-Rays, photographs or other exams can and should be done. If the number of cases is sufficient, then a real sta-
tical approach will be useful. In the cases I have mentioned, the small number of cases did not justify the use of statistics.

**In conclusion**

This informal essay by no means had any intent to be “academic”. Its purpose is what the titles says – to put together “flashes” of experience and lessons learned visiting victims of torture, who were interviewed while still in custody. Victims still, not yet survivors, and thus in very different circumstances than the usual torture survivors, no longer in the hands of the perpetrators.

The difficulties inherent to such visits are many, and the examples given are just some of the most graphic and hopefully instructive ones. Some examples may be too basic for seasoned readers of the Torture Journal, but are meant for the new generation of future experts in this field of work. Actual documentation of Torture itself has only been dealt with tangentially here, as it is recorded in great detail by a multitude of professionals in the field in the Istanbul Protocol, recently updated and expanded.

The three concepts I hope I have been able to transmit as fundamental take-aways would thus be, and my apologies for the clichés:

- Absence of Evidence is never Evidence of Absence; and muddled memories are a normal self-protecting mechanism after the torture experience.
- Always consider the possibility of “reprisals after visits” when visiting prisoners. This is the reason one of the *sine qua non* condition demanded from the detaining authorities, to be able to *repeat* the visit and again interview any and all prisoners who might have been submitted to reprisals. A first visit to a prison only ends when the second, follow-up visit, begins – and one can make sure there were no reprisals. And if there were, duly document and report them.
- Documenting torture on needs to describe the methods, but much more important is to describe the effects of the whole procedure, tailored to the individual, which will hopefully be more effective in persuading those who initiate the implementation of torture, to envisage and implement putting a stop to such practices. Intention and Purpose are not sufficient criteria, and are often skewed to justify the unjustifiable.

To illustrate this, I will end with a quote from the Vietnam War. I still shudder when I remember this excuse proffered by a military officer reporting back to his hierarchy after having bombed, napalmed and strafed a village of civilians, saying “We had to destroy the village in order to save it!” [from Communism, was the direct implication]. The use of Torture is NEVER justified and is totally forbidden by international humanitarian law. May this modest contribution based on some thirty years listening to individual stories of pain, anguish, suffering and distress, some of the worst cases which I have not recounted out of respect for the victims, be useful for a younger generation of physicians who want to pursue this task.

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**References**


