

Center for the Victims of Torture

Torture, Former Combatants, Political Prisoners, Terror Suspects, & Terrorists

<https://www.cvt.org/blog/healing-and-human-rights/legacy-torture-still-haunts-guantanamo>

Public Facing Advocacy Writing

Phyllis Kaufman is a human rights and public health advocate and lawyer, and a research fellow in CVTs Washington, D.C., office.

The still-classified Senate Torture Report, completed by the Senate Intelligence committee in 2012, is nearly 7,000 pages long. December 9, 2019, marked the fifth anniversary of the public release of the reports redacted executive summary. The details contained in those 525 pages are shocking: the CIA engaged in waterboarding; rectal rehydration; walling; extreme sleep deprivation; cramped confinement (big and small confinement boxes); and left detainees naked and shackled in stress positions for extended periods. It is chilling to consider what's in the still-secret 6,000-plus pages.

What very few people realize is that the acts of torture committed then continue to infect conditions at the Guantanamo Bay prison now, where many torture survivors remain detained.

The Center for Victims of Torture and Physicians for Human Rights released a report earlier this year "[Deprivation and Despair: The Crisis of Medical Care at Guantanamo](#)" which is the first report that solely and comprehensively brings to light the pervasive medical care deficiencies at Guantanamo. As the CVT/PHR report highlights, the current medical care and conditions at Guantanamo are in large part attributable to the acts of torture and indefinite detention described in the Torture Reports executive summary. Some of the deficiencies include:

The legacy of torture is starkly exemplified by the following case histories of two of the men who currently remain there; their stories are included in the CVT/PHR report at greater length:

[Mr. Sharqawi Al Hajj](#) was taken into custody by U.S. and Pakistani forces in February 2002, rendered to Jordan, then to a CIA black site prison in Afghanistan, and transferred to Guantanamo in 2004. While in CIA custody, Mr. Al Hajj was tortured, including extensive beatings on his feet and threats of electrocution and sexual abuse. Mr. Al Hajj's mental and physical health have declined significantly since arriving at Guantanamo, and he suffers from a series of longstanding health problems; however, Mr. Al Hajj refuses mental health care at Guantanamo due to lack of trust. In 2017, after a prolonged hunger strike because of his despair over his poor health and indefinite detention, Mr. Al Hajj fell unconscious and required emergency hospitalization. Mr. Al Hajj's counsel has repeatedly reported that his health continues to be in jeopardy. He continues to participate in prolonged hunger strikes as a desperate response to his ill health and inadequate health care. On August 19, 2019, Mr. Al Hajj [attempted suicide](#) by cutting his wrists with a piece of broken glass. In a [court ruling](#) shortly after his suicide attempt, Mr. Al Hajj was denied independent medical care.

[Abd al-Rahim al-Nashiri](#), a national of Saudi Arabia, was captured by local authorities in Dubai in October 2002. After being transferred to U.S. custody he was rendered to a series of CIA black sites before being transferred to Guantanamo in 2006. During his time in CIA custody as the Torture Report executive summary describes in painstaking detail Mr. al-Nashiri was tortured frequently and extensively, including waterboarding, forced nudity, shackling to the ceiling or walls for long periods in a freezing cold cell, and mock execution. Mr. al-Nashiri suffers from chronic pain, headaches, joint pain, and a variety of other symptoms which are all highly prevalent in people who have been tortured and suffer from PTSD, although his Guantanamo-generated medical records contain no history of torture or trauma. Mr. al-Nashiri has frequently refused to see Guantanamo medical personnel, including at times because he was forced to wear a belly chain to those appointments; an experience that can trigger a past traumatic event, which is also a symptom of PTSD. Dr. Sondra Crosby, an independent civilian expert in the field of internal medicine and treatment of torture victims, conducted an extensive evaluation of Mr. al-Nashiri's physical and mental condition, and concluded that Mr. al-Nashiri is most likely irreversibly damaged by torture that was unusually cruel and designed to break him. . . His deterioration is exacerbated by the lack of appropriate mental health treatment at Guantanamo. Based on my assessment and vast experience caring for survivors of torture, the physical and mental health care afforded to him is woefully inadequate to his medical needs. A significant factor in my opinion is that medical professionals, including mental health care providers, have apparently been directly or indirectly instructed not to inquire into the causes of Mr. al-Nashiri's mental distress, and as a consequence, he remains misdiagnosed and untreated. Perhaps even more disturbing, recently declassified information shows that Mr. al-Nashiri has been required to meet with his counsel and medical personnel in the same room where he was tortured when Guantanamo hosted a CIA torture program black site.

Thanks to the Senate Intelligence Committee's dogged pursuit of the truth and success in making the Torture Report executive summary public, we know a good deal more than we once did about the CIA torture program. But what we don't know still pales in comparison to what we do. Sadly, as Marine Corps Brigadier General John G. Baker, chief defense counsel of the Military Commissions Defense Organization, [wrote recently](#): This might feel like history. It isn't. The government's attempts to cover up torture didn't stop when the executive summary of the Senate report came out. As long as secrecy maintains, appropriate medical care isn't possible. There are many reasons why the Torture Report should be declassified and released. This is yet another one.

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877.265.8775 cvt [at] cvt.org

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