

From [Democracy Now](#) | Original Article

New York Times investigation has found at least half of the 39 detainees who went through the CIA's so-called enhanced interrogation program have since shown psychiatric problems—some have been diagnosed with post-traumatic stress disorder, paranoia, depression or psychosis. These detainees were subjected to torture techniques such as severe sleep deprivation, waterboarding, mock execution, sexual violations and confinement in coffin-like boxes in secret CIA prisons and at Guantánamo. We speak to Pulitzer Prize-winning journalist James Risen and military psychiatrist Dr. Stephen Xenakis.

NERMEEN SHAIKH: We continue to look at the shocking new report detailing how harsh American interrogation methods have led to devastating psychiatric disorders in former prisoners. *The New York Times* [exposé](#) is titled "How U.S. Torture Left a Legacy of Damaged Minds." It found at least half of the 39 prisoners who went through the CIA's so-called enhanced interrogation program have since shown psychiatric problems—some have been diagnosed with post-traumatic stress disorder, paranoia, depression or psychosis.

AMY GOODMAN: For more, we go to Washington, D.C., where we're joined by two guests. James Risen, Pulitzer Prize-winning investigative journalist with *The New York Times*, his new pieces are headlined ["How U.S. Torture Left a Legacy of Damaged Minds"](#) and ["After Torture, Ex-Detainee is Still Captive of 'The Darkness.'"](#) We're also joined by Dr. Stephen Xenakis, a psychiatrist and retired brigadier general who has advised the chair of the Joint Chiefs of Staff on military mental health issues. Xenakis reviewed medical and interrogation records of about 50 current and former prisoners, and examined about 15 of them, more than any other outside psychiatrist.

We welcome you both to *Democracy Now!* Jim Risen, let's begin with you. Talk about the origins of this series and what you found.

JAMES RISEN: Well, thanks for having me.

Matt Apuzzo and Sheri Fink and I, at the *Times*, began looking about six months ago at—what we had heard from some good sources was that there was a pattern of psychological problems with the people who had been tortured by the CIA

. And I remember the first kind of epiphany moment for me was one source told me he thought that there were 65 to 70 percent of the people who had been tortured were suffering some kind of problems. And then I talked to someone else, and I asked them about that, and they said, "No, no, it's all of them. All of them have some kind of problem."

And so, we began to look, tried to track down these people. Many of them are scattered all over the world in very remote places. They have—some of them are completely off the grid today in remote Afghanistan or Pakistan. But we found as many as we could, and we found that the pattern and the evidence of severe psychological problems is very striking.

NERMEEN SHAIKH: James Risen, you write in the piece that the symptoms of the torture victims' experience were the same as American prisoners of war who were held by what you describe as "some of the world's cruelest regimes." Can you talk about some of these methods and the similarities between prisoners of war, American prisoners of war, where they were held, and what you found about former Guantánamo and other CIA facilities?

JAMES RISEN: Yeah, one of the things that's so interesting about this is that the torture techniques that were used by the CIA were basically reverse-engineered from what's called the SERE program, which is the program set up by the United States to help U.S. military personnel deal with the torture that regimes that might capture them use. And they were based on the techniques that had been used by North Korea and North Vietnam in previous wars. And the CIA had decided to try to use those same techniques, that they had simulated for practice and for, you know, the efforts to keep military personnel aware of what they might face, and then use them for real against CIA detainees. And so, what we were using, what the United States was using, were some of the worst techniques that had ever been used to try to break people. You've got to remember that these techniques were designed to break people psychologically.

And that's what we found, is that we broke people psychologically. And originally, the Justice Department had approved these methods in the Bush administration by saying that there would be no long-term physical or psychological harm to the people. But what we've found is that that's not true. There has been long-term psychological harm. The only problem is the United States government never went back to check; after saying and assuring itself that there would be no harm, they never went back to check with—to see whether that was true. And so that's what we've tried to do, go back and check and see whether there was long-term harm to these people.

AMY GOODMAN: The stories, the profiles of the men, are devastating, Jim. Can you talk about Suleiman Abdullah Salim and "The Darkness"?

JAMES RISEN: Yeah, Suleiman is—he's from the town Stone Town, Tanzania—Stone Town, Zanzibar, which is in Tanzania. He was a fisherman. And when he grew up in—on Zanzibar, he just was a very kind of a easy—what you might—in America, you might call him a slacker. He just liked to hang out and fish, and he kind of was a—had a nomadic life early on. He wandered from Tanzania to Kenya and then finally ended up in Somalia, where he worked as a harbor pilot. And then, after he lost that job, he ended up kind of begging on the streets of Mogadishu by 2000.

And in 2003, he had gotten a job as a driver for a local shop owner. The shop owner's sister worked for a Somali warlord named Mohammed Dheere. And by 2003, Mohammed Dheere had cut a deal with the CIA in which he would turn over terrorism suspects to the CIA. And one day that—in 2003, Mohammed Dheere's militia grabbed Suleiman out of his car and beat him and then picked him up a few hours later and turned him over to the CIA

, which—eventually, he was thrown into a secret prison in Afghanistan, where he was tortured.

The torture he endured is really hard—hard to hear from him. And that was, to me, the hardest part of doing this, was actually hear the person that the CIA had tortured describe the torture that they had endured. You know, many of us have read about this torture in the Senate torture report or in the newspapers, but to actually hear someone and sit with someone who had to endure this is a very difficult process to go through.

AMY GOODMAN: Jim Risen, we wanted to turn to Suleiman Abdullah Salim in his own words, speaking to the ACLU about the long-term impacts of the torture he endured.

SULEIMAN ABDULLAH SALIM: Every time I think of prison, flashback come. I can't sleep. I can't eat. I can't smell. Flashback come. Flashback come many time, you know. So much it make you crazy. I'm in so much pain. I don't understand anything. I have headache. Too much headache. I want to vomit. I'm innocent. Why they beat like that?

AMY GOODMAN: "I'm in so much pain. I vomited. I have a headache. Why are you doing this to me?" he says. Tell us what happened to Suleiman. Where was he held? Who tortured him? And what did they do?

JAMES RISEN: He was held—well, he was picked up in Somalia. The CIA flew—arranged to fly him to Kenya, where he was questioned by the Kenyans. The Kenyans then turned him back to the CIA in Somalia. Then he was flown to Djibouti. And then, from Djibouti, he was flown to a secret prison run by the CIA in Afghanistan, which he calls "The Darkness." I think it was probably one part of a CIA prison that is now known as the "Salt Pit."

It was—he was kept in total darkness in a cell where he was chained to the wall constantly, with loud music playing 24 hours a day. And then he would be dragged out of the cell and then beaten in another room. He would be hung by chains while he was beaten and kicked. And then he would be—he was threatened with dogs. He was walled, which is a process where they put a leash around your head and then slam your head and your body into a wall. And then they would—one of the things that was worse—worst for him was ice water dousing, which was a form of waterboarding where they would put—lie him on a tarp and then pour ice water all over him, and then they would wrap him up in the tarp with—filled with ice water and then kick him and beat him.

NERMEEN SHAIKH: Let's bring Dr. Stephen Xenakis into the conversation. He's a psychiatrist and retired brigadier general who's advised the chair of the Joint Chiefs of Staff on military mental health issues. Dr. Xenakis, you've reviewed medical and interrogation records of about 50 current and former prisoners, and examined about 15 of the detainees, more than any other outside psychiatrist. Could you tell us what you found?

DR. STEPHEN XENAKIS: Well, I found that many—the ones that I’m asked to evaluate, that many, if not all, of them are still suffering with the consequences of what they had been subjected to. They have all the symptoms that we commonly attribute to post-traumatic stress disorder, depression, anxiety. They have nightmares. They’re—anything can trigger them. They just feel lost sometimes in their world. They have problems getting adjusted. It has significantly affected their lives.

NERMEEN SHAIKH: Well, in 2013, you examined Tarek El Sawah. And in a plea for better medical treatment, he told a judge that—you told a judge that Mr. El Sawah’s mental state has worsened and "he appears apathetic with diminished will to live." The military responded that he was offered excellent medical care but then refused it.

DR. STEPHEN XENAKIS: Well, you know, they—the detainees in Guantánamo are offered medical care, and they’ll have technicians and occasionally psychologists and other physicians who will be available to them, but the entire environment is not conducive to the quality care that they need, for any number of reasons. And there’s no doubt that Mr. El Sawah did not feel comfortable with the practitioners there, the clinicians who reached out to him, and also that many of them really had not had experiences with them. So, the definition of quality here gets into the debate. I mean, is this really what is best for an individual who’s been subjected to torture? How many of the clinicians have had experiences with people who’ve had torture? Do people understand the environment that they’re in? Do people even in the cases we published—Dr. Iacopino and I published an article, said, in our review of the histories in the medical records, we found that many of these clinicians didn’t really ask about the details of what these people had been—had experienced, and really didn’t set the stage for there to be good rapport and to have—and to be able to treat them and help them in the way that they needed. So, there is a gap between what we think is quality medical care and what the Department of Defense said was quality medical care.

AMY GOODMAN: And, Dr. Xenakis, the similarity between some of the people, some of the prisoners, ex-prisoners, you examined and soldiers you’ve treated decades ago, coming back from Vietnam, who had suffered horrific abuse?

DR. STEPHEN XENAKIS: Well, that was what was stunning and, perhaps, even some ways, obvious. I, as a young doctor in the '70s during the Vietnam War, had evaluated returnees from Vietnam, former prisoners of war, and we saw that these people were really suffering, as well. And there's a record of that. I mean, we—the Department of Defense had tracked these

POWs for many, many years. We knew that these people were affected. We knew that it really made their lives extremely difficult. There was no surprise that if we'd, in fact, subjected these men, that now we have during the Iraq-Afghanistan War, to those kinds of circumstances and situations, that they, too, would suffer long-term consequences. And, in fact, there is a vast similarity. People are people. You know, their psychology is the same.

AMY GOODMAN: So, James Risen, at this point, with these prisoners, what recourse do they have? Is there any way to get compensation from the U.S. government? These are the questions that we have right now, but I want to first go to Khaled El-Masri [*si*
c]
in his own words, describing his time inside a secret CIA
prison in Afghanistan.

OMAR KHADR: I would like to thank the court for trusting me and releasing me. I would like to thank my—Dennis and Nate, my lawyers, and their families for all the work. They've been working for such a long time. And I would like to thank the Canadian public for trusting me and giving me a chance—

AMY GOODMAN: I want to—I want to go back to—I want to correct who this is. We're going to start it at the beginning. Omar Khadr, once the youngest prisoner held on terror charges at Guantánamo, released on bail from a Canadian prison last year, briefly speaking to the media after he was released.

OMAR KHADR: I would like to thank the court for trusting me and releasing me. I would like to thank my—Dennis and Nate, my lawyers, and their families for all the work. They've been working for such a long time. And I would like to thank the Canadian public for trusting me and giving me a chance. It might be some times, but I will prove to them that I am more than what they thought of me. And I'll prove to them that I'm a good person. Thank you very much.

AMY GOODMAN: That was Omar Khadr, once the youngest prisoner held on terror charges at Guantánamo Bay. This is *Democracy Now!*