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Medical fact-finding mission to Israel

Investigating the attitudes concerning "moderate physical pressure" on the part of the Israeli authorities, August 1995

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The Danish Medical Group of Amnesty International, represented by Gorm Wagner, MD, PhD, Associate Professor of the University of Copenhagen, and Karin Helweg-Larsen, MD, Senior Researcher, Danish National Board of Health, participated in a medical fact-finding mission in Israel, headed by Doctor Elizabeth Hodgkin, International Secretariat, Amnesty International, London, 10-17 August 1995.

The purposes of this mission were:

- To investigate the methods of physical and psychological pressure commonly used by the Israeli Security Services, and to evaluate whether these methods violate human rights and the UN Torture Convention, which was ratified by Israel in 1991.
- To examine the involvement of the medical profession in the use of physical and psychological pressure in the interrogation of detainees, and its relation to the Tokyo Declaration.

The medical fact-finding mission thus had two components.

First, by interviews with Israeli and Palestinian NGOs, to obtain knowledge about the use of physical and psychological violence in the interrogation centres, and to examine some of the reports by former detainees of the pressure (torture) used during their detention.

Second, by meetings and discussions with the Israeli Medical Association and the Medical Service of the prisons, to obtain knowledge about the medical service in prisons, and if possible the medical service in the interrogation centres, and to discuss the awareness of the ethical obligations of the Medical Association and the medical profession in general when examining and treating any person deprived of his/her liberty.

Background

Amnesty International and other NGOs, as well as the International Committee of the Red Cross (ICRC) and the UN Committee Against Torture (CAT), have during recent years repeatedly published their concerns about the unacceptable treatment of detainees by the Israeli authorities, notably the General Security Services (GSS), which is a secret organization under the jurisdiction of the Israeli Prime Minister and without parliamentary control.

Following information about confessions given by Palestinian detainees due to torture in the GSS centres, a commission was set up in 1987 to investigate the use of physical and psychological pressure in the interrogation centres. The

commission was headed by Judge Landau of the Supreme Court.

The Landau report by the Israeli State on the interrogation methods on the GSS was published in October 1987. It clearly demonstrated that confessions had been extracted by torture. The report, disregarding this information, recommended that the GSS agents who had systematically lied to the court should not be prosecuted. The Commission further condoned what was called "moderate physical pressure" in future interrogations of Palestinian political detainees in the GSS centres.

The Landau report contains a second part that is secret, but is believed to describe methods which are to be used as "moderate physical pressure". It has not been possible to obtain concrete information about inclusion of any medical advice in the guidelines.

In January 1994, the UN CAT considered the persistent reports about Israeli violations of the Torture Convention, and recommended that all provisions of the convention against torture should be incorporated into the domestic law of Israel. The Chief State Attorney of Israel, who was interviewed by CAT, maintained the need of GSS to use certain methods of "moderate pressure" against terrorists.

CAT recommended that interrogation procedures should be published in full and seen to be consistent with the standards of the Convention Against Torture and Other Degrading Treatment. CAT further recommended that a programme of education and re-education should be undertaken for the GSS, the Israeli Defence Forces, the police, and the medical prison and police services. An immediate end should be put to the current interrogation practices in Israel.

No legal steps have yet been taken to fulfil these recommendations. There are numerous reports in 1995 from NGOs, former detainees, and some Israeli politicians about ongoing violations of human rights in Israel and the occupied territories.

The medical fact-finding mission

Meetings with NGOs

We initially had meetings with the following NGOs: the Public Committee Against Torture, represented by, among others, Hannah Fridmann and Stanley Cohen; Al-Haq, Law in the Services of Man, represented by Hussein-Daifallah and Kaled Batravi; the Mandela Institute, represented by Ahmad Sayyad and others; B'tselem, represented by, among others, Eltan Feiner; and Hamok Ked, Hot Line Legal Advice, represented by Tamar Pelleg Sryck. We also met representatives from the International Committee of the Red Cross.

METHODS OF "MODERATE PHYSICAL PRESSURE"

In-depth discussions with these organizations and interviews with former detainees made it clear that the following methods of "moderate physical pressure" were still delibe-

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rately used in the interrogation centres, including police and prison systems:

- Sleep deprivation for several days.
- Tying up or hand-cuffing in positions giving pain, for example with the hands fixed in a high position and the feet barely touching the ground or fixed on small chairs or in the so-called banana tie.
- Beatings on the face, chest, testicles, stomach, or any part of the body, including the so-called gas pedal method, pressing the interrogator's foot against the detainee's testicles.
- Shaking – this procedure will be discussed separately.
- Hooding, used for hours or days during or between interrogations.
- Threats to harm the detainee or his family.
- Food deprivation.
- Being kept in small closets between interrogations and at any time when the detainee is moved from one place to another.
- Being kept incommunicado for several days without access to a lawyer or family.

The International Red Cross is in general not granted access to the prisoners until fourteen days after arrest.

SPECIAL ISSUE "SHAKING"

On the last day of the mission the government decided to restrict the use of "shaking" to special cases. The Prime Minister declared officially in August 1995 that about 8,000 people had been "shaken", and that only one had died.

The shaking method was not known to the Danish Medical Group of Amnesty International before the spring of 1995. It does not seem to appear in the reports of torture in Israel before 1994.

● Death by shaking

In April 1995 a young Palestinian was interrogated by the GSS in Jerusalem. He became unconscious in the interrogation centre and was brought to a hospital, where he died two days later. An autopsy, performed by Professor Hiss, professor of forensic medicine at the Israeli Institute of forensic medicine in Tel Aviv, and assisted by Professor Derick Pounder, forensic pathologist, Dundee University, UK, representing Physicians for Human Rights, showed that the cause of death was subdural haematoma and brain damage consistent with the sequelae of severe shaking.

By interviewing some former detainees we learned that shaking has been widely used, at least since 1994. The shaking is performed violently and repeatedly for long periods, during which the detainee is kept tied in awkward positions. The detainee is furthermore fatigued by sleep deprivation and has no power to resist the violent shaking of the head and neck. The shaking consequently produces symptoms of commotion of the brain, including unconsciousness, severe headache, eye and ear symptoms, and pain in the neck and back, and it may provoke chronic symptoms due to minor or moderate brain damage.

In order to aid a preliminary evaluation of the possible long-term effects of shaking we made a neurological examination of one detainee.

● Chronic brain damage? Medical examination of a case of former shaking

A male student from Birzeit University, in his twenties, was arrested at the university in mid-August 1994 and kept in the GSS interrogation centre in Ramallah until early October

1994 – 54 days in all. During his detention he underwent long periods of interrogation with deliberate use of shaking, mostly when he was placed on a small chair, hand-cuffed behind his back to the chair, and deprived of sleep for several periods.

His present complaints included: migraine-like headache concentrated in the left part of the head, attacks of vertigo and periods of more permanent vertigo, eye symptoms (periods of blurred vision), loss of memory and concentration, and tiredness.

● The medical examination

A young man of normal stature and weight, with no obvious mental disorder.

- Sensation normal.
- Standing with eyes open: normal pupils and normal reaction to light, slight rapid nystagmus to both right and left.
- Finger-to-finger test with eyes open, normal; with eyes closed, 1-2 cm deviation.
- Finger-to-nose test with eyes open, normal; with eyes closed, some uncertainty.
- During examination loss of balance and seeking support on the wall to the left.
- Rapid walking to and fro for 14 feet caused loss of balance at the 5th turn and intense vertigo.
- Palpation: nothing abnormal on the head, but pain on palpation of the left temporal region. Tenderness over the occiput, with palpable tense and tender attachments of the occipital muscles.
- Right shoulder: unable to place right hand on top of skull due to pain, lacks 10-15 cms.
- Unable to place right hand in the middle of his back due to pain, lacks about 15 cms.
- Palpation: tense and tender muscles along the spine and medial side of the right scapula. Less tender and tense below the left scapula.

Conclusion:

- Physical examination compatible with chronic damage of the central nervous system that could well have been caused by the shaking procedures.
- Unidentified shoulder damage with decrease of movement and palpable secondary muscular tension and tenderness.

Since the physical examination was carried out without access to precise diagnostic tools, full neurological examination including CT-scanning is called for.

● Other comments on shaking

We interviewed two other former detainees who explained that they had been kept in the GSS interrogation centre for 20 days without sleeping and with repeated daily shaking. The shaking provoked severe pain in the head and neck. The head had been shaken violently from side to side and forwards and backwards, producing dizziness and loss of consciousness.

The medical fact-finding mission learned that no systematic investigation of the consequences of shaking had yet been undertaken. There had been no serial neurological examinations that included sophisticated tests on former detainees.

A Palestinian psychiatrist thought that about 40% of all former detainees suffered from post-commotional syndrome, according to his clinical experience.

● Follow up

The Danish Medical Group of Amnesty recommends that an evaluation of the consequences of shaking should be initiated as soon as possible. A protocol concerning a case-control study of possible sequelae of shaking will be presented in the hope that the investigation will start during autumn 1995.

Preparation for this project has included discussions with Catherine Grosso, an American sociologist working temporarily at the Human Rights Action Project, Birzeit University, West Bank. We were informed that the university has about 3,000 students, and that an average of 15 students and teachers are arrested every month and submitted to "moderate physical pressure", including shaking. Amnesty would support such an investigation.

Information from the Israeli Forensic Institute

During a meeting with Professor Hiss, head of the Forensic Institute in Tel Aviv, we were told that there had been recent cases of sudden deaths of detainees some days or months after their detention. Since 1992 six Palestinians had died in custody. An autopsy was performed in all cases, but in two or three of them no cause of death was found. Few or none of the cases who died outside custody had been autopsied.

The medical profession and torture

Problems concerning the medical services in the interrogation centres include:

- Medical prison and police services are not independent (impartial) because they are under the Ministry of Police.
- Language: Not all, if any of the doctors and paramedics speak Arabic and understand the detainees.
- Medical staff are not identifiable - no names are given and white uniforms are not always used.
- Doctors are not all members of the medical association and are thus not obliged to conform to medical ethical codes, e.g. the Tokyo Declaration.
- Some doctors do refer to the principles in the Tokyo Declaration: "medical doctors must not participate in any form of torture ...", but by that means they are closing their eyes and ears in order not to participate in or witness any torture, other cruel or degrading treatment in interrogation centres under their medical surveillance.
- Lack of awareness of physical and psychological symptoms following torture ("moderate physical pressure").

THE MEDICAL ASSOCIATION

The Israeli Medical Association, IMA, is a member of the World Medical Association and has endorsed the Tokyo Declaration. We learned from several NGOs that a former approach to the Medical Association about the possible involvement of medical doctors in the interrogation centres had not been successful - there has been no participation of the Medical Association in several symposia over the last few years although the symposia have been dealing with the use of torture in the interrogation centres and the public role of physicians.

Meeting with Dr. Sam Tyano, professor of child psychiatry, head of the Israeli Psychiatric Association, revealed that the association found no problems concerning prisoners or detainees. They maintained that all psychological observations of prisoners and detainees were according to international standards. It was not possible to discuss concrete or principle involvement in depth.

The President of the IMA, Dr. Yoran Bletcher, and the

head of its ethical board, Professor Eran Doliv, and its judicial councillor briefed us about the concerns of the IMA. We heard that the ethical board had recently initiated a one-week trainee course specially directed towards medical doctors serving in prisons. The course included clinical forensic examination, medical ethical codes, and discussions of human rights principles. The IMA had sent copies of the Tokyo Declaration to all the members and would in the future highlight the work in the ethical board.

The ethical board expressed interest in concrete documentation of violations of human rights by medical doctors in Israeli interrogation centres and prisons, and was provided during the meeting with a case of an asthmatic Palestinian detainee who was examined medically before interrogation. He had subsequently been hooded and handcuffed in a way that allowed the use of an anti-asthmatic spray during the following use of "moderate pressure" by interrogation. The name of the doctor was given to Dr. Doliv.

The ethical board stressed that they had aimed the trainee course in human rights at all doctors in the prison service, but they informed us that they did not know which doctors served in GSS interrogation centres. They denied that interrogation centres were situated in prisons. They would need to have knowledge about which doctors were serving in the GSS centres before they could initiate any action.

They promised to contact the Ministry of Health to learn whether the Ministry had any information about such doctors, who they claimed were not members of the IMA. They would look for information about the names of medical doctors who had received medical licenses but had not graduated from Israeli medical schools.

INTERVIEW WITH THE MEDICAL PRISON SERVICE SYSTEM

We had a meeting in the prison outside Tel Aviv with Doctor Seligbaum, head of the Israeli Medical Prison Service, and the doctor in charge of the prison hospital, and with the medical administrator of the prison drug prevention programme. During the meeting, which lasted 3½ hours, they told us that the medical standard in prisons was high, that general awareness of professional ethical principles was mandatory, and that post-graduate trainee courses were offered to all members of the medical staff, including paramedics.

Interrogation centres are also placed in prisons, but in separate buildings. They are served by the normal medical prison services. Paramedics have the most contact with detainees, seeing them several times a day in the interrogation centres, and also before they enter the centres.

The paramedics were said to have several months of compulsory training and are recruited from the army, among other places. They primarily conduct the medical rounds in the interrogation centres. We learned that they visit all detainees in the GSS four times daily and report if they have any complaint, in which case they would call the medical doctor.

They told us that any complaint of violation would be duly examined by the head of the medical prison service. We were told that he might have two cases per year. No regular "fitness attestation" was in use, and they did not recognize an example that supposedly had been used in GSS centres.

Prisoners were examined before their detention in prison or their interrogation in the GSS centre, but it was not possible to learn the purpose of these examinations, nor to learn how often lesions were registered that might be due to prior interrogation in other centres before entering the prison.

No survey had yet been performed by the prison medical service to evaluate possible physical and psychological sequelae among prisoners/detainees in the Israeli prisons.

During the discussion, Dr. Seligbaum frequently pointed out the high ethical standards and humanitarian principles in the medical services in the prisons, which, he claimed, were totally in accordance with the Tokyo Declaration. He denied any medical ethical malpractice by withholding information about violations/torture, and he also denied having knowledge of any form of torture used in the interrogation centres situated in the prisons.

About the language problems that we raised, we were told that the medical doctors did not speak Arabic and that the paramedics therefore served as interpreters. They claimed that all paramedics spoke Arabic and could communicate freely with the Palestinian terrorists. He did not use the word "Palestinians", but "terrorists" to define this group of detainees.

We obtained no information concerning the possibility that the detainees might distinguish the medical staff and identify their names (most former detainees maintained that they were never able to distinguish between paramedics and medical doctors or other staff members of the prisons).

The medical prison service denied having any knowledge of which doctors served in the GSS centres in police centres. But they informed us that the head was Dr. Goldstein. We were not able to meet him or any other representatives of the medical service in GSS centres outside the prisons.

In May 1995, a total of 5,530 Palestinians were detainees. At least 200 Palestinians were arrested in June. Of the 34 GSS interrogation centres, 14 are located in the prisons.

Press release

Amnesty International released a statement to the press on 16 August 1995: "Israel and the occupied territories: Amnesty International calls for an end to torture and for medical examinations of past detainees".

Suggested future initiatives

The observations from the medical fact-finding mission are going to be incorporated in Amnesty International's report on Israel and the occupied territories by Dr. Elizabeth Hodgkin.

The Danish Medical Group of AI will inform the Danish Medical Association about the information obtained during the fact-finding mission in Israel.

After learning from Palestinian NGOs about the need for good prison models, we have informed by letter William Rentzmann, vice-director of the Danish prison service, and asked for future discussions.

Protocol for a scientific examination of the possible consequences of "shaking" will be presented to the Danish Medical Group and to IS in London.

A possible re-evaluation of autopsy reports on former detainees will be discussed in the Danish Medical Group.

The possibility of inviting Palestinian medical doctors for postgraduate training in Danish forensic institutes will be discussed with the institutes, and funding will be discussed with the Danish Minister of Foreign Affairs.

Planning of the establishment of rehabilitation centres for torture victims in the former occupied territories in the West Bank will be discussed with IRCT, Copenhagen, which has been informed about the concerns of the medical fact-finding mission.

An evaluation of commonly used methods of "moderate

pressure" will be reviewed with respect to the definition of torture, and will be sent to a member of the Israeli Parliament.

Postgraduate interdisciplinary education in human rights principles and in medical and judicial professional ethical codes aimed at personnel involved with detainees has for years been the concern of the Danish Medical and Bar Associations. The programmes of trainee courses will be sent to Palestinian and Israeli NGOs, and possibly to the Israeli Medical Association and Medical Prison Service. The Danish Medical Association, in cooperation with the Danish Bar Association, Danish judges, and prison services, has since 1992 offered such interdisciplinary courses, also abroad.

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The editors

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