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Detainees Allege Being Drugged, Questioned

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U.S. Denies Using Injections for Coercion

By Joby Warrick

Washington Post Staff Writer

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Adel al-Nusairi remembers his first six months at [Guantanamo Bay](#) as this: hours and hours of questions, but first, a needle.

"I'd fall asleep" after the shot, Nusairi, a former Saudi policeman captured by U.S. forces in Afghanistan in 2002, recalled in an interview with his attorney at the military prison in Cuba, according to notes. After being roused, Nusairi eventually did talk, giving U.S. officials what he later described as a made-up confession to buy some peace.

"I was completely gone," he remembered. "I said, 'Let me go. I want to go to sleep. If it takes saying I'm a member of [al-Qaeda](#), I will.' "

Nusairi, now free in Saudi Arabia, was unable to learn what drugs were injected before his interrogations. He is not alone in wondering: At least two dozen other former and current detainees at Guantanamo Bay and elsewhere say they were given drugs against their will or witnessed other inmates being drugged, based on interviews and court documents.

Like Nusairi, other detainees believed the injections were intended to coerce confessions.

The [Defense Department](#) and the [CIA](#), the two agencies responsible for detaining terrorism suspects, both deny using drugs as an enhancement for interrogations, and suggest that the stories from Nusairi and others like him are either fabrications or mistaken interpretations of routine medical treatment.

Yet the allegations have resurfaced because of the release this month of a 2003 [Justice Department](#) memo that explicitly condoned the use of drugs on detainees.

Written to provide legal justification for interrogation practices, the memo by then-Justice Department lawyer John C. Yoo rejected a decades-old U.S. ban on the use of "mind-altering substances" on prisoners. Instead, he argued that drugs could be used as long as they did not inflict permanent or "profound" psychological damage. U.S. law "does not preclude any and all use of drugs," Yoo wrote in the memo. He declined to comment for this article.

The memo has prompted new calls for the Bush administration to give a full accounting of its treatment of detainees, and to make public detailed prison medical records. Legal experts and human rights groups say that forced drugging of detainees for any nontherapeutic reasons would be a particularly grave breach of international treaties banning torture.

"The use of drugs as a form of restraint of prisoners is both unlawful and unethical," said Leonard Rubenstein, an expert on medical ethics and the president of Physicians for Human Rights. "These allegations demand a full inquiry by Congress and the Department of Justice."

Scott Allen, a physician and co-director of the Center for Prisoner Health and Human Rights in Providence, R.I., noted that there are no accepted medical standards for the use of drugs to subjugate prisoners. Thus, any such use in interrogations "would have to be considered an experimental use of medicine."

So far, the evidence is limited to the accounts of detainees who describe similar episodes in which they were forcibly given drugs and experienced unnatural physical effects ranging from extreme drowsiness to hallucinations. [U.S. military](#) officials have acknowledged using only therapeutic drugs, such as vitamins and vaccines, on Guantanamo Bay detainees.

"Our policy is, and always has been, to treat detainees humanely," said Navy Cmdr. [J.D. Gordon](#), a Pentagon spokesman. "The use of medication to manipulate a detainee has never been an approved DOD interrogation technique." While declining to comment on specific claims, Gordon said medical care was provided "based solely upon a detainee's need," adding that the interrogations did not affect or influence medical treatment.

Former U.S. intelligence officials have acknowledged using sedatives to subdue some terrorism suspects as they were being transported from one facility to another, but likewise insist that drugs were never used as interrogation tools. "Any suggestion that the agency's enhanced interrogation techniques included the administration of drugs is simply wrong," said a senior intelligence official who spoke on the condition of anonymity, citing secrecy

concerns.

Several former military and intelligence officials familiar with the detention program said they were unaware of any systematic use of drugs to manipulate behavior. Alberto J. Mora, a former Navy general counsel who opposed the Bush administration's decision to use aggressive interrogation tactics, said he recalled no discussions about the use of drugs.

But Mora said he understood why some detainees are concerned. "They knew they were being injected with something, and it is clear from all accounts that some suffered severe psychological damage," Mora said.

The injections left a searing impression among some former detainees, said Emi MacLean, a lawyer for the [Center for Constitutional Rights](#), which represents dozens of current and former detainees. She said the stories merit investigation in light of the Yoo memo and the record of previous CIA experiments with truth serums as well psychotropic drugs.

"Many speak about forced medication at Guantanamo without knowledge about what medication they were being forced to take," MacLean said. "For some released [military] detainees, the forced medication they experienced was the most traumatic part" of their captivity.

Nusairi is among a handful of former detainees who directly allege the use of drugs in interrogations at the military prison in Guantanamo. Others described being forcibly given sedatives that knocked them out or made them groggy before being transferred, or being forced to take pills or receive shots for unclear reasons and suffering unusual symptoms afterward. At least one detainee has alleged in a written statement through his attorney that he was drugged after being "renditioned" or transferred by U.S. officials to a prison in Morocco.

Nusairi, in prison interviews in 2005 with Anant Raut, his attorney, described a six-month period in which he says his captors subjected him to drugs and temperature extremes to extract information about al-Qaeda connections they believed he had.

"They thought he was hiding something," said Raut, who represented Nusairi and other Saudi detainees in 2005 and 2006 while working for the Washington office of the law firm Weil, Gotshal & Manges. "He was injected in the arm with something that made him tired -- that made his brain cloudy. When he would try to read the Koran, his brain would not focus. He had unusual

lethargy and would drool on himself."

It was during one such episode, in an interrogation room Nusairi remembers as ice-cold, that he became so desperate for sleep that he signed a confession professing to involvement in al-Qaeda, according to his attorney's notes. The interrogator watched him sign his name, and "then he smiled and turned off the air conditioner. And I went to sleep," Nusairi said, according to the notes.

After the confession-- which Nusairi later said was a lie -- the Saudi remained at Guantanamo Bay for another three years before being turned over to his home country, which released him. "He signed the statement, and they declared him an enemy combatant," Raut said, "yet they released him anyway with no explanation." The [Saudi Embassy](#) declined to comment.

Medical ethicists and experts in international law say such accounts raise serious questions. While the Geneva Conventions do not specifically refer to drugs, they ban any use of force or coercion in interrogating prisoners of war, said Barbara Olshansky, a law professor at [Stanford University](#) and the author of a book on military tribunals. "If you're talking about interrogations, you're talking about very specific prohibitions that mean you cannot use any force, at all, to interrogate someone," Olshansky said. "The law is beyond clear."

The Bush administration's legal advisers arrived at a different conclusion after the Sept. 11, 2001, terrorist attacks. In legal opinions, Yoo and other administration lawyers contended that harsh interrogation techniques such as waterboarding and slapping did not constitute torture and were legal if authorized by the president in a time of war.

Other detainees, in interviews or in statements provided by their attorneys, described pills and injections being forcibly administered for reasons that were not always clear to them. Mourad Benchellali, a French national who was held for three years at Guantanamo Bay, said that prison workers sometimes described the medications as antibiotics or vitamins, yet they frequently left him in a mental fog.

"These medicines gave us headaches, nausea, drowsiness," Benchellali, who is now living in France, said in an e-mail. "But the effects were different for different detainees. Some fainted or threw up. Some had reactions such as pimples." He also described periodic injections, often administered by force, that left him feeling nauseated and light-headed, and noted, "We were always tired and always felt groggy."

A different type of injection seemed to be reserved for detainees who were particularly uncooperative, Benchellali said, describing episodes that four other former detainees also cited in interviews or legal documents. "The injection would make them crazy," he said. "They would have a crisis or dementia -- yelling, no longer sleeping, soiling themselves. Some of us suspected they were given LSD."

J. Wells Dixon, another Center for Constitutional Rights attorney who represents detainees, said the government appears to have administered drugs to detainees whose extended captivity made them distraught or rebellious. "Many of these men have become desperately suicidal," Dixon said. "And the government's response has been to administer more medication, often without the consent of the prisoners."

As a matter of routine, the medical officials administering the shots were accompanied by specially equipped guards, known as the "Immediate Reaction Force" team, to subdue anyone who resisted, several detainees said. Ruhel Ahmed, a British citizen who has since been released to his home country and freed, the guards wore padded gear and "forced us to have injections."

"You are not allowed to refuse it and you don't know what it is for," said Ahmed, who added that he was given about a dozen injections, which "had the effect of making me feel very drowsy."

Not all detainees viewed the shots with suspicion. Moazzam Begg, a British citizen captured in Afghanistan, said in an interview he believes that poorly trained prison workers gave him legitimate medications but at incorrect doses. Once, while being treated with pills for a panic attack, he began to hallucinate. "I saw things moving when they were not," he said. "I talked to myself. I cried, laughed and sat immobile in a corner for hours. All of this was noted by the MPs and recorded."

Even the existence of an involuntary medication program, including the involuntary sedation of detainees during transfers, raises troubling ethical issues, said Allen, of the prisoner rights center. "The involvement of physicians and other health professionals in such a program would be a profound betrayal of medical trust and needs to be investigated further."

Relatively little is known publicly about the treatment of CIA detainees, who until recently had no access to outside lawyers. However, the use of drugs by the CIA was discussed during a 2004 internal investigation conducted by the inspector general for coalition forces in Afghanistan.

In February of that year, the inspector interviewed the commanding officer of a facility in eastern Afghanistan shared by military and intelligence teams. Using standard Army acronyms, the inspector asked whether the "OGA"-- the Army acronym for "other government agency," as it calls the CIA -- had been able to "practice their TTP [tactics, techniques and procedures] at your facility."

The commander's reply: "No, they can't use drugs or prolonged sensory deprivation in our facility."

It was unclear from the context whether the reference involved interrogations. [The Pentagon](#) and CIA declined formal comment, but a senior U.S. official familiar with detainee programs, speaking on the condition of anonymity, said the commander's mention of drugs must have been a mistake or a reference to a different agency than the CIA.

Staff researcher Julie Tate contributed to this report.

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