

December 6, 2021

The Honorable Lloyd J. Austin III
United States Secretary of Defense
1000 Defense Pentagon
Washington, DC 20301-1000

The Honorable Antony J. Blinken
United States Secretary of State
2201 C St NW
Washington, DC 20520

Dear Secretary Austin and Secretary Blinken:

Our organizations and programs provide rehabilitation services to torture survivors from across the globe; collectively, we have delivered care to hundreds of thousands of survivors over many years. We are deeply familiar with myriad forms of vicious and dehumanizing treatment perpetrated by dictators and other oppressors the world over. And still, Majid Khan's recent firsthand description of his torture at the hands of the U.S. government, which he described in painstaking detail during a recent hearing at the Guantanamo Bay military commissions, astounds us.

We have included Mr. Khan's extraordinary statement with this letter.¹ If you have not already, we implore you to read it.

We understand that Mr. Khan is likely to be transferred out of Guantanamo in the near future, at the conclusion of his sentence. As part of the process of negotiating Mr. Khan's resettlement to a third country, we urge you to ensure that he is provided with any and all medical care and support services that he needs and wants – including mental health and psychosocial services – at U.S. government expense for the rest of his life. We urge you to do the same for his family members or close intimates, who may be impacted significantly by Mr. Khan having been tortured and would be considered secondary torture survivors.

The shocking scope and sophistication of Mr. Khan's torture (e.g., torture methods that leave no physical scars, in addition to those that do) is likely to have had, or one day to have, profound physical and psychological consequences. For example, in our experience, the long-term physical effects of torture² can include scars, headaches, musculoskeletal pains, foot pains, hearing loss, dental pain, visual problems, abdominal pains, cardiovascular/respiratory problems, sexual difficulties, and neurological damage. Long-term psychological effects³ can include difficulty concentrating, nightmares, insomnia, memory loss, fatigue, anxiety, depression and posttraumatic stress disorder (PTSD).

Some of the specific torture methods to which Mr. Khan was subjected can result in specific types of harm. To take just a few examples (as Mr. Khan's statement makes clear, he was subjected to far more than these abuses):

¹ Mr. Khan's statement is also available here: https://ccrjustice.org/sites/default/files/attach/2021/10/Majid_Khan_Sentencing_Statement.pdf

² Physical forms of torture commonly include beatings, prolonged enforced standing, hanging, suffocation, burnings, electric shock, sexual assault and rape, and / or exposure to extreme heat or cold. Mr. Khan was subjected to nearly all of these forms of torture.

³ Psychological forms of torture commonly include verbal abuses; threats against family, friends and loved ones; false accusations; forced choices; mock executions; and / or being forced to witness torture, mutilation and murder of others. Mr. Khan was subjected to nearly all of these forms of torture.

Sexual humiliation can lead to symptoms of PTSD and major depression. Survivors often have flashbacks or nightmares about their experiences. They feel shame, grief and fear.

Forced nakedness creates a power differential, stripping survivors of their identities, inducing immediate shame and creating an environment where the threat of sexual and physical assault is always present. Male victims routinely feel degraded, especially if the perpetrator was female.

Threats of death or injury can reappear in nightmares and flashbacks as near-death experiences. Some survivors say mock executions left them feeling like they were already dead.

Sensory deprivation, including solitary confinement, can cause depression, anxiety, difficulty with concentration and memory, hypersensitivity to external stimuli, hallucinations, perception distortions, paranoia and problems with impulse control.

Sleep deprivation can cause cognitive impairment; slowed response time and attention deficits; problems with memory and speech or with ways of thinking, which can become overly-persevering or inflexible; and cardiovascular problems, including hypertension.

Some of these effects may manifest immediately, while others may not present until later on—sometimes many years after the survivor’s torture. When torture involves prolonged family separation, as it did for Mr. Khan, the effects of trauma can begin to surface in complex manners after a more hopeful period immediately following family reunification.

Effectively addressing these kinds of harms requires culturally appropriate, specialized services that might not be readily available where Mr. Khan is resettled. To the extent he wants and needs any physical or psychological treatment or related support services, in addition to paying for them the U.S. government must ensure that he is able to access them. This includes by affirmatively assisting him, in coordination with relevant foreign government authorities, in reaching locations that offer appropriate treatment.

On June 26 of this year, International Day in Support of Victims of Torture, President Biden said “we recognize the individuals and communities who endured the pain of torture, and I pledge the full efforts of the United States to eradicate torture in all its forms.”⁴ Secretary Blinken “underscore[d] the importance of rehabilitation and transitional justice so victims and survivors can transition from horror to healing.”⁵ Both affirmed the United States’ commitment to upholding its obligations under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which includes providing survivors “the means for as full rehabilitation as possible.”⁶

We applaud these forceful statements. Consistent with them – having tortured Mr. Khan in a deliberate and systematic effort to dismantle his identity and humanity – the United States is obligated to help Mr. Khan, and his family, heal.

⁴ Statement by President Joseph R. Biden, Jr. on International Day in Support of Victims of Torture, June 26, 2021, available at <https://www.whitehouse.gov/briefing-room/statements-releases/2021/06/26/statement-by-president-joseph-r-biden-jr-on-international-day-in-support-of-victims-of-torture/>.

⁵ International Day in Support of Victims of Torture, Press Statement, Antony J. Blinken, Secretary of State, June 26, 2021, available at <https://www.state.gov/international-day-in-support-of-victims-of-torture/>.

⁶ United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Article 14.

Thank you for considering our views. We would be happy to meet with relevant staff in your departments if they might find it helpful. Please contact Scott Roehm, Washington Director for the Center for Victims of Torture (sroehm@cvt.org), with any questions or to follow up.

Sincerely,

Alphonsus Center for Global Health and Healing Program for Survivors of Torture

Bellevue Program for Survivors of Torture

Boston Center for Refugee Health & Human Rights

Center for Survivors of Torture

Center for Survivors of Torture (AACI)

Center for Victims of Torture

DeNovo Center for Justice and Healing

HealthRight International

Heartland Alliance Marjorie Kovler Center

Khmer Health Advocates

Libertas Center for Human Rights

Mount Sinai Human Rights Program

Partnerships for Trauma Recovery

Program for Torture Victims

Survivors of Torture, International

Torture Abolition and Survivor Support Coalition

Utah Health & Human Rights

Western New York Center for Survivors of Torture