HEALING THE WOUNDS:
TORTURE TREATMENT CENTERS AROUND THE WORLD

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BEFORE THE

TOM LANTOS HUMAN RIGHTS COMMISSION

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ONE HUNDRED AND ELEVENTH CONGRESS

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WITNESSES

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THURSDAY, MAY 21, 2009

HOUSE OF REPRESENTATIVES,
TOM LANTOS HUMAN RIGHTS COMMISSION,
Washington, D.C.

The Commission met, pursuant to call, at 3:08 p.m., in Room 2237, Rayburn House Office Building, Hon. James P. McGovern [co-chairman of the Commission] presiding.

Mr. McGOVERN. Okay. I think we are going to begin.

Thank you.

I want to welcome everyone and thank you for coming to this very important hearing on the consequences, the aftermath, and the recovery from torture. I want to thank Hans Hogrefe and Elizabeth Hoffman of the commission staff and our fellows and our interns who helped organize today's events.

Last week, the Human Rights Commission held a hearing on torture and impunity in the United Arab Emirates, and we showed a very brief video, just 10 minutes of people being tortured and abused by a member of the royal family. Just 10 minutes. For most people in the room, it was almost more than they could bear, and I include myself in that category. Imagine enduring days, weeks, months and even years of such treatment.

Too often nowadays we talk about torture in the abstract. Sometimes I think we are losing our human ability to feel these terrible episodes. But torture is real. It is brutal. It is traumatizing, and it has long lasting consequences in the lives of the survivors and the lives of everyone who knows and loves a survivor of torture.

It is estimated that as many as 500,000 survivors of torture live in the United States of America alone, certainly one of those statistics that we have never heard before. Half a million people who have suffered and survived torture are right here in America, an estimated 100 million torture survivors worldwide. What happens after they are freed, released or rescued? How do you put your life back together, your dignity back together? How do you receive medical care for these kinds of wounds, physical, mental, emotional and spiritual? How do you even know what kind of care you need? These are some of the questions that our witnesses will explore today, including the important question of, how do you transform from being a torture victim to being a torture survivor.

On a personal note I want to recognize a couple of people who are here today, first so much that Members of Congress first learned about torture survivors and their need for specialized care and treatment began in the late 1980s with Doug Johnson. He will be testifying on this panel.

So I am not going to take all this time to praise you. I will praise you later.

But he and his wife were genuine path breakers in this city and on Capitol Hill on this topic. And his Center For Victims of Torture in Minnesota remains one of the premiere treatment centers in the United States for torture survivors.

Finally, I want to thank my House colleague and active member of the Human

Rights Commission Executive Committee, Chris Smith. No one is more passionate or committed to the cause of preventing torture and standing up for the rights of torture survivors that he is.

It was during my very first term in office in the 105th Congress when he drafted and got through the Congress and signed into law the Torture Victims Relief Act of 1998. It is a landmark piece of legislation to provide a comprehensive program of support for victims of torture.

In each Congress, he has steadfastly made sure that the funding is provided for these programs, and that whoever is that the State Department, and the White House, that they also take care of these programs. He is constantly working to strengthen and improve the original law. It is quite a legacy, and I am privileged to learn from him and to be here today.

And I want to also acknowledge my colleague, Congresswoman Donna Edwards from Maryland, who just joined us.

And let me go over those who are testifying here today.

Mr. McGOVERN. First we are going to hear from Dr. Allen Keller, M.D. He is the program director at the Bellevue/NYU program for survivors of torture. He has an incredible biography here. I will submit it for the record.

After Dr. Keller, we are going to hear from Abdallah Boumediene.

Mr. BOUMEDIENE. Yes. You got it.

Mr. McGOVERN. Boy, I usually mess everything up, but I got it right. Operations manager of the Community Health and Research Center, Arab Community Center For Economic and Social Services.

We then are going to hear from Fikreyohanes Tale. Did I get that right?

Mr. TALE. Right.

Mr. McGOVERN. Boy, I am doing really good today. Board member of LIRS. And we are thrilled that he is here.

Then we will hear from Kathi Anderson, the executive director of Survivors of Torture International.

And then, finally, from Doug Johnson, and my colleague, Keith Ellison, wants to be here to introduce you. So we will put you last just in case he is late.

But we appreciate everybody being here. I don't know whether you have an opening statement. Okay.

I also want to recognize here that there are representatives from the Florida Center for Survivors of Torture.

If you could raise your hands just so we could thank you very much for your incredible work, and we are honored and feel privileged that you are here today. And thank you for the information you provided us.

Dr. Keller, why don't we begin with you.

STATEMENT OF ALLEN S. KELLER, M.D., DIRECTOR, BELLEVUE/NYU PROGRAM FOR SURVIVORS OF TORTURE, ASSOCIATE PROFESSOR OF MEDICINE, NEW YORK UNIVERSITY SCHOOL OF MEDICINE, AND CHAIR, POLICY COMMITTEE, NATIONAL CONSORTIUM OF TORTURE TREATMENT PROGRAMS (NCTTP)

Dr. KELLER. Thank you, Congressman McGovern.

I am so grateful to be here. I am humbled actually by another name that we must acknowledge, and I know you must, is the name of this extraordinary commission, named for Congressman Lantos, to me one of the greatest human rights visionaries of our time. So I am humbled to be speaking before a body in his honor.

I share your respect for Congressman Smith, who I truly consider one of the

great heroes in caring and advocating for torture survivors along with all the other individuals you so aptly named.

We do also have colleagues from the Baltimore Center Advocates For Survivors of Torture and Trauma, and then, yes, my colleagues from the Gulf Coast Jewish Family Services, who are the only torture treatment center in Florida. And actually a very good example of why there is such a crucial need for funding, because there are huge parts of the country where there are no centers.

So what I want to do in the few moments I have, and I submitted my written testimony in much greater length, is to expand on what are the key needs, and what do we have?

Just one final digression, a paternal digression, I make is I am joined by my wonderful daughter Rachel, who I don't think it will happen this time. When I spoke one time at a school meeting, there was a little applause and then got much louder, and the reason it got much louder is Rachel was standing behind me holding a sign saying "applause." I don't think she is going to do that today. If you ever need somebody to rally support --

Mr. McGOVERN. I may call on you, Rachel.

You should be very proud of your father. Thank you for being here.

Dr. KELLER. And a reminder, too. I think children kind of get us back in our hearts when we become convoluted about what is and is not torture.

So in any event, this work has shown me what are the horrors. The horrors are, as you pointed out, the overwhelming numbers that this in a modern day is still occurring. And I think you hit the nail on the head when you said we all too often think of this as abstract.

So as a health professional, as a physician, I will give you some sobering examples. Among the individuals we have cared for, I will just tell you briefly about two. One was a Tibetan monk, a leading artist in his country who, because he wrote poetry critical of the Chinese authorities, was arrested, beaten and then told, you are not doing anything useful with your hands, and with that, they put his hands into a coal-burning oven. He was thrown in a dark cell. Miraculously escaped.

He eventually made it to our program where he had nightmares. He basically would sit up in a chair at night because he was terrified of falling asleep because he would have terrible nightmares. He couldn't use his hands. And when he tried, he would get flashbacks, as the hands trembled.

So because of our program -- and our program is doing what we are doing, no questions about it, because of the Torture Victims Relief Act, as are the more than 25 other centers around the country. So because of the Torture Victims Relief Act, we were able to provide him with medical care. We treated him for exposure to tuberculosis. We treated him with mental health services.

We use a lot of groups. We have a Tibetan support group that really helps reestablish trust. Because as much as anything, what torture does is it undermines a sense of community, a sense of trust, a basic sense of humanity. And we found the groups very effective.

We got him social services, and then we were also able to provide him with surgery, so that those hands, where the skin had basically been liquified and then congealed so his hands were contorted, he now can use again and in fact is painting and making a living.

Another individual I had the privilege of caring for, who -- he is a man of quite public recognition, so I can use his name, Souleymane Guengueng, a gentleman from Chad. He was an accountant, never thought about human rights. One of his clients in Chad was arrested because they were against the dictator/president. Because he had been his accountant, he got arrested. He got tortured, repeatedly beaten over his head, thrown in a cell where he was exposed to incessant loud noise and not allowed to sleep for weeks on end. He more clearly than anyone I know can

speak to the fact of why sleep deprivation is clearly torture. So he had a lot of horrible things.

He also conducted interviews with roughly a 1,000 individuals who had been tortured. He fortunately was able to sneak out of the country with those documents and made his way to the U.S., and those documents are actually part of a record that is being used to bring that former dictator of Chad to justice.

He had a lot of problems as well. He couldn't sleep. He was terrified. If you tapped him, he would be on the ceiling. He could barely see because he developed cataracts from being beaten on the head. And he provided him with the medical, mental health, and social legal services, and in fact, he was granted asylum. He is on his way to becoming a U.S. citizen, and just a few weeks ago, his family who, were living in danger in a refugee camp outside of Chad, were reunited with him.

Those are all very concrete things and each of my colleagues has stories to tell about this, of literally tens of thousands of survivors who -- maybe they would be okay. I don't know. But probably not. Who are working productive, getting on with their lives because of the support that you provide through the Torture Victims Relief Act.

To drive this home even clearer, this year, as we know, has been like no other economically. Unfortunately, we had to basically lay off a third of our staff because we lost some funding from the private realm. One of our foundations actually had their money invested by someone, and as a result, that foundation no longer exists.

So we get that we can't solely depend on Federal funding. But if not for that Federal funding, we wouldn't have been laying off people; we would have been closed, period. And we are one of the more stable, I believe, financial centers.

So the funding, which started in 2000, has been roughly remaining at around $10 million a year. It is now authorized to be up to $25 million a year. I realize each year that we have been told, you should just say thank you and I do, that a line wasn't drawn through TVRA. But I have got to tell you, at our program right now, there are 60 individuals on a waiting list.

So 60 individuals with stories just as compelling and powerful as those I shared with you. And each of my colleagues have waiting lists, unfortunately, around the block. Ours, unfortunately, is a growth industry.

And so on behalf of my colleagues and most importantly on behalf of my patients now and those to come, I implore you to do whatever we can, one, to keep us funded; but two, so crucially, to please, please see that we are funded more.

I realize $10 million is no small change, and I believe we have given plenty of bang for the buck. But that extra money can go to open centers in areas where there are no centers. That extra money can go for helping us expand our services, and we all know we can't do it alone. But our -- each of our centers provides a service of training those in the communities around us. So there is a powerful ripple effect and a powerful impact when you invest in the torture treatment centers.

And so I thank you for your support before and I implore you to do what you can, even in this most difficult times to help support us and our patients and our future patients even more.

[The prepared statement of Dr. Keller is not available:]

Mr. McGOVERN. Thank you very much.
Mr. Boumediene.

STATEMENT OF ABDALLAH BOUMEDIENE, OPERATIONS MANAGER, COMMUNITY HEALTH AND RESEARCH CENTER, ARAB COMMUNITY CENTER FOR ECONOMIC AND SOCIAL SERVICES (ACCESS), DEARBORN, MICHIGAN, AND PRESIDENT, NATIONAL CONSORTIUM ON TORTURE TREATMENT PROGRAMS (NCTTP)

Mr. BOUMEDIENE. Thank you, Mr. Chairman, Honorable Chairpersons and members of this commission, thank you for convening this most important hearing and for inviting me to be with you today.

I am here testifying on behalf of the Arab Community Center For Economic and Social Services and as the president of the National Consortium of Torture Treatment Programs.

I will provide a brief overview of both organizations. But having just heard my friend and colleague, Allen, describe a few actual cases, I can't help -- my mind is all over the place because I also, as an interpreter for some treatment sessions, because I do happen to speak French, and we have clients that come through Freedom House who are also torture victims, and the stories they relay are absolutely horrendous. It is something -- it is nightmare stuff that you cannot imagine.

So I will try to be focused on what I really want to talk about and hopefully get you to understand what we are trying to do here because, personally, I am very passionate, as everybody is here, about what we do, because we see these people; we talk to them, touch them, and we feel for them. And we cannot be forceful enough to make this point, that what these people are getting through the current assistance program is piddly next to what they truly need. It is horrendous.

One of the -- I don't know if you know about Michigan, for instance, and what is going on in that State. The economy of that State is in shambles, and it is home to one of the largest concentrations of Middle Eastern Americans. So it still has a lot of new arrivals from the Middle East and particularly refugees. We have several thousand in the Dearborn/Detroit area.

And as they come to us, they, first of all -- they have a lot of issues with the language, with the culture, with transportation, education, you name it. And they come as families, not as one individual; they usually come as families. And their problems and challenges are compounded actually as you see families together.

ACCESS, as you may know, provides services and has been providing services to new immigrants for about 38 years now. And since its inception, the numbers of individuals impacted by these services have multiplied significantly, enabling ACCESS, as it is a one-stop human services agency. We provide a wide range of social, medical, public health, mental health, educational, cultural, employment, immigration and legal services to these people.

Our success is due in part to the fact that we believe that in order for community to move forward, the individuals within that community must be empowered with knowledge and resources and supported through their change process. It is not easy to move from a country with a whole different culture, language and background and be transplanted in another when you have no concept of what it is you are -- you are expected to be functional. It is totally unreasonable.

The National Consortium of Torture Treatment Programs was founded in 1988, and there are currently some 28 full members, 3 provisional and 3 associate members of the organization. As noted above, I serve as president of the consortium. And the mission of the consortium is to advance the knowledge, the technical capacities and resources devoted to the care of torture survivors and act collectively to prevent torture worldwide. I would like you to know that they comprise a large portion of the Iraqi refugees in particular.

The Torture Victims Relief Act, which passed in 1998, basically authorizes funding to support torture treatment programs in the U.S. and a little bit to abroad as

well to help torture survivors and their families recover from the trauma in order to rebuild productive lives. While the authorization level varies, the appropriated level has hovered around the $10 million mark, even though the needs have greatly increased since.

There is an urgent need for increased funding for the torture fund in ORR especially because of the incoming refugees, Iraqi refugees. As you know, it was authorized last year that 12,000 were brought in. This year up to 17,000 are being brought in also. And these people, many come from Jordan and Syria. They not only did survive horrendous situations in Iraq, but they also lived through some tough stuff as they lived as refugees in these other countries outside of Iraq.

So there is an urgent need for increased funding for these people. It is estimated as many as 85 percent of the Iraqi refugees that are screened are survivors of some sort of torture or trauma experience, and this is actually the Utah health And Human Rights Project, who have conducted, with a contract with the State, they found that 85 percent of these refugees actually suffered from torture.

At ACCESS, we have a similar kind of experience through the population we serve. In addition, obviously, there are people from Africa who come from various areas of Africa where that kind of practice is very much occurring.

We also know by now, specifically focusing on the Iraqis, that with the 2003 U.S. invasion, it resulted in displacement of large portions of populations. It was up to 4 million people were displaced, about 2.2 million outside of Iraq and about 2 million within Iraq from moving from one area to other cities basically.

In addition to the ORR basically, which funds seven States, California, Arizona, Illinois, Texas, New York, Michigan, Pennsylvania, because they received a larger portion of the Iraqi population, they have huge lists waiting, like Allen mentioned, because they keep coming and the funds, they don't keep up with the actual numbers, that are increasing, of these people.

There are areas like in Tennessee, upstate New York, Idaho, who do not currently have treatment centers, and yet we are settling refugees in those areas as well. These people obviously come in with very poor physical/mental health, and due to the circumstances that they went through here and there while they were in their countries -- Iraq has been in some war or problem since 1980 when they had the Iran and Iraq War basically. It has been one disaster after another ever since.

So these people have this cumulative trauma that they have endured for decades basically. The recent Iraqi refugees, especially the ones after 2003, they come because of the very turbulent circumstances that they went through. And I believe an essential part of being able to progress in society is the ability to recover from the wounds that were inflicted by torture. And this is where the services that we provide at ACCESS and these other treatment centers are so key. These people when they come in believe that the amount of money -- as I mentioned, $10 million is not small change, but if we put it in perspective of the impact that it has on thousands of people for years to come, it truly is a very small investment, and the return is significant, and it is way, way over the $10 million that is currently allocated.

I will try to give you as much as possible what we are trying to do. One of the models that we found actually is very, very successful in dealing with people who suffered torture is we have an intensive case management model where people actually are handled by case managers, and they address all their needs. It is not simply their mental needs. It is not simply physical health, but all needs from environmental to social service to housing to education and so on. And this model has proven very successful.

But unfortunately, it is kind of an intensive kind of intervention that requires quite a lot more resources that we currently cannot afford. So, in conclusion, I would say that resources allocated to torture survivors and refugees are woefully inadequate. And despite our efforts to leverage every dollar received, we still find ourselves very

short of the basic minimum that is truly needed.

This is a humanitarian crisis that needs more focused attention in order to more successfully integrate these new immigrants and help them recover and rebuild productive lives and fit in to the U.S. So fully funding TVRA as authorized by the 111th Congress would expand the availability of care to torture victims, provide aid to unfunded centers and establish centers in major cities with large refugee populations but no services.

Last year, by the way, due to this lack of funding, two U.S. treatment centers were closed, the one in Nebraska and one in Arizona. They were forced to close because they were underfunded. So passage of this, of fully funding Torture Victims Relief Act, is more crucial than ever, and we certainly count on your help for this.

[The prepared statement of Mr. Boumediene is unavailable]

Mr. McGOVERN. Thank you very much.

Mr. Tale.

STATEMENT OF FIKREYOHANES G. TALE, BOARD MEMBER, LUTHERAN IMMIGRATION AND REFUGEE SERVICE (LIRS)

Mr. TALE. I am very happy to be here to say what I benefited from STP. Especially I would like to thank you, the Baltimore Institute office, Dr. Mary Kruger. She accommodated me to appear here.

As is known, all the people, we attend the STP program, fled from our country, our home country, the life-threatening problem. When we came to the United States, their culture, social, economic -- excuse me. The immigration process, all this increases our more serious problems.

I remember when my lawyer accommodated me to attend the STP program. No, I don't want to be reminded of what I faced in my home country. He did repeatedly, and then I went to STP.

To your surprise, it is completely different what I got in the STP than what I was -- than what I expected. Psychological, economical, social and academic, all things I got over there and other people also that got there. Psychological, they have the psychiatrist. As mentioned before, the former speaker, I have also the nightmare. I have also that problem; that was my great problem. Since I am attending the counseling time to time, that has gone away.

The other decision -- I remember the first holiday which is celebrated in the United States since I attended the STP program, Thanksgiving. I heard it was a big holiday. All the STP members, they were celebrating with us, left their family at home. No, I can't tell you what I felt at that time when I celebrated with them. They explained for us what Thanksgiving, and they explained everything, and they prepared the traditional food, the turkey, everything. Everybody -- we participated there. We felt like we were in our home country with our family. When we see economical problem, no job, no other income, just we came here, and we live with people who we know or relatives, something like that. They personally go to a place where we can get some jobs.

Since there is a requirement, work permits, something, before we get decision. Most of us are professionals, so they try to help us to get jobs in our profession and if possible other jobs that generate income for us. Socially, when we couldn't attend the group gathering or the counseling program, each and every member, they called to us, they phoned us: What happened to you? We miss you. We had lots -- we attended there, as I said, at the beginning, torture victim. When we attend there, just we got -- we feel -- just we get our immediate family. To your surprise, not only, yes, these holidays they celebrate; they celebrate even our holidays, even we don't tell them, but

they gather information from other people. They prepare our traditional foods, and they made us a surprise. So more than that, what can we say as a torture survivor?

The other thing as I mentioned in this country, language is another obstacle for us to communicate to people to run our day-to-day living. They find out some places which give us class freely to develop our language, to learn other skills. I have benefited from that. I always miss when I couldn't go there. There is a gathering every day; every week, one day we have a gathering. At that gathering, they invited different professions, lawyers, police officers, medical doctors, immigration officers, State Department persons, all this gave us more than what I expected.

I remember when I met State Department woman, we raised a lot of concerns about the immigration process. Some of us, we were denied the work permit without any reason. Our process is prolonged. So how can we stay here? Because we are professionals, torture victims, and we came here, and there is a lot of -- there is a lot of time it takes to get a decision. Once upon a time, I went to a library, I saw something -- I am not sure whether I can say it proper or not. A person who considered as a human being when he thinks or when he lives for other persons, when they do like that. I am professionally a lawyer after I attended university. How should I work that is important for the people, as important as law? Even I attend now to continue my second degree in social work.

If any party who is interested or who wishes to see a productive and healthy society must support STP. I know there is some problems, like manpower, office space, other matters, resources. If they support -- if this problem is solved, I hope they can do more than what they are doing. If I can say lots, I am happy. But I have language limitation and sometimes -- when I feel -- especially to say something, I prefer to keep quiet.

Mr. McGOVERN. You have done very well.

Mr. TALE. Thank you.

[The prepared statement of Mr. Tale is unavailable:]

Mr. McGOVERN. Thank you very much.

Thank you. Ms. Anderson.

STATEMENT OF KATHI ANDERSON, EXECUTIVE DIRECTOR, SURVIVORS OF TORTURE INTERNATIONAL, AND BOARD MEMBER, LUTHERAN IMMIGRATION AND REFUGEE SERVICE (LIRS)

Ms. ANDERSON. Good afternoon. And thank you so much for your interest in our work.

And I, along with my colleagues here, are very honored to be able to present in front of you -- I am also coming to you with a very heavy heart. The focus of my speaking is not only just about torture survivors, but torture survivors who we are increasingly detained here in the United States for longer periods of time:

So I am here on behalf of one organization, Survivors of Torture, International, in San Diego. I serve as the executive director of Survivors, and I am also here as a board member of Lutheran Immigration Refugee Services.

LIRS, the Lutheran expression of service to refugees and migrants in American has been bringing new hope and new life to newcomers since 1939. Survivors is a local nonprofit agency based in San Diego. It serves survivors of politically motivated torture and family members; educates the public and professional communities about the effects of torture and advocates for the abolition of torture.

In just the past 12 months alone, Survivors has provided forensic documentation to 84 detained asylum-seeking torture survivors. These are torture survivors who we are increasingly detaining. While many asylum-seeking torture

survivors are not detained and are thereby able to access services at torture treatment centers located throughout the United States, an increasing number are being detained in remote locations and in prison-like conditions without adequate access to legal assistance or treatment by specialized care providers.

The practice of detaining asylum seekers who flee to the United States to escape torture and persecution in their own countries has damaging effects on the well-being of these individuals. Detention can and often does trigger fear, isolation, hopelessness, as well as intensifies the severe psychological distress already exhibited by asylum seekers who are traumatized.

Detention has a harmful impact on the health and well-being of asylum seekers. In 1999, 10 years ago, LIRS publicized a very detailed story of a man who had been brutally tortured in Iraq, fled to Syria and, upon arrival to the United States, asked for freedom. He instead was detained for 16 months while his case was adjudicated. He suffered traumatic nightmares, sleep disturbances, concentration difficulties as well as chronic pain in part from having been retraumatized in our own U.S. detention system.

In 2004, he was finally granted asylum. Now, 10 years later, 2009, our response to the human narratives of coming to America for safety and liberty after having endured torture has worsened. They are treated as if they are criminals, even though they have not committed a crime. They have only committed the simple act of requesting asylum. They usually express such surprise, horror and confusion to find that when they have stated that they are afraid to return to their home countries, they are handcuffed, shackled, strip-searched, clothed in prisoners' uniforms and placed behind bars and razor wire with convicted criminals.

For those who suffered torture in their homelands, this naturally further heightens their anxiety as it oftentimes can be reminiscent of the prior persecution they endured. Detained asylum seekers find the prison-like environments and the criminal-like treatment very stressful. Survivors' care providers find extremely high levels of anxiety, depression, post-traumatic stress disorder among our detained clients.

It appears that the longer clients are in detention, the worse their already poor psychological health becomes. The uncertainty of their asylum claim coupled with the uncertainty about the length of detention is another significant stressor for many of our clients. Sometimes imprisonment pushes them to their limits, with some becoming suicidal. In many facilities, the response by guards to suicidal detainees is to put them in segregation or solitary confinement. Our clients refer to it as "the hole." The hole is used as a fear tactic to reportedly maintain order in the detention facility. For persons who are affected by post-traumatic stress disorder, the prospect of solitary confinement can be especially fearsome.

Our access to our clients is limited to the forensic work that needs to be done for their asylum claims. Even that basic access is very difficult to arrange. The facility in San Diego is located about an hour's drive from many of our contracted health providers and accompanying interpreters. It is not uncommon for them to arrive at the confirmed date and time to find the interview room already occupied by an attorney or another professional. They are forced to wait for an undetermined period of time until the space becomes available and, at times, after a new body count is done or the feeding occurs. These wait periods can and do go on for hours.

The setting for the interview by mental health professional is anything but therapeutic. It is challenging work to quickly build a therapeutic alliance, to not appear as an interrogator when conducting a psychological interview, and to gather enough forensic data to conduct a professional evaluation. The therapist usually only has one opportunity to meet the client. The stress on the therapist to get it right or else the detainee could be deported to his or her possible death takes its toll on any care provider. The turnover rate and the need to constantly train are significant,

which require more resources.

The current situation is compounded by the dramatic increase in the number of our clients that are now being detained. The number of new referrals has risen sharply by 61 percent just in this past year. The number of detained from the previous year has increased even more sharply, 133 percent increase. And there is no indication of this trend abating. The private prison company that operates an immigration detention facility in Otay Mesa has proposed to build a nearly 3,000 what they calling mega-prison nearby. That would mean it would detain more than four times the number of people in the current facility in San Diego.

LIRS and Survivors believe that, based on international human rights principles as well as U.S. legal commitments to these principles, detention should be used as a last resort and only when custody is necessary to meet the legal objectives for which it is intended. Until our government exercises several other release or supervision options available to it, it is even more important that the TVRA is reauthorized and fully appropriated. Thank you.

[The prepared statement of Ms. Anderson is unavailable]

Mr. McGOVERN. Thank you.

Last but not least, Keith Ellison was supposed to be here, but we will put his very generous introduction into the record. So it he will appear right before you speak.

[The prepared statement is unavailable:]

Mr. JOHNSON. I would personally like to thank Keith for his warm words of encouragement.

Mr. McGOVERN. We are happy to have you.

STATEMENT OF DOUGLAS D. JOHNSON, CENTER FOR VICTIMS OF TORTURE

Mr. JOHNSON. But also Representative McGovern and Representative Edwards, thank you very much for this hearing and for the attention you are putting on this issue.

My colleagues have focused on the domestic aspects of the Torture Victim Relief Act. I am going to focus on the international aspects.

I think this is very timely because our Nation right now is caught up in a debate, a debate that we have actually heard in many countries in transition from a period of human rights abuses to a period of prohibition of human rights abuses. And there are three big ideas in this debate.

One of those ideas is that we should do nothing. The issues really weren't that serious. The problems were not that pronounced. We should really forget about the past and move into the future.

The second big idea -- and again, these -- this conflict, this debate goes on in every country that we have seen where human rights issues have occurred, that second big idea is that we should have a truth commission. We should get to the bottom. We should learn what happened so we can make sure it doesn't happen in our future.

And the third notion is that we need to strengthen the rule of law by holding those accountable who both designed and implemented the violations of our laws and of our international obligations.

Not only is this debate going on, but there is a related aspect of it which we see repeated. And that is that so much political capital goes into the debate on which of these options to pursue that it literally swamps the imagination of our political leaders and our NGOs about all of the other things that we could and should be doing to make steps that strengthen our institutions, that demonstrate our leadership based

on our values and recover our lost credibility.

I urge you and the commission to find the time to step out of that big debate and bring your creativity to think on the additional steps that we can take together, and the reauthorization of the Torture Victim Relief Act is one widely anticipated step, as it has been over the past decade, a signal of our values and our intent in the world.

As I think our colleagues have emphasized, refugees to this country and around the world are generated by human rights atrocities, by fear, by torture. UNHCR estimates now that 25 percent of the Iraqi refugees in Syria are survivors of torture. And we believe that it is a similar ratio in Jordan, where CVT now operates to develop a program for Iraqi torture survivors in partnership with the State Department's Bureau of Population, Refugees, and Migration. American interests, global interest, is to prevent these abuses and support the capacities needed economically, socially, politically that mitigate against the often tragic and always disruptive emergency flows of citizens seeking safety and security.

One of those key capacities is the knowledge and training to understand the intentional and predictable consequences of torture and other human rights atrocities, on people, on their families, on their communities. These are often difficult concepts to understand and to work with, but they are necessary to create and sustain vibrant cultures that are inventive, entrepreneurial and healthy.

Torture treatment programs in countries where torture has been prevalent face very substantial challenges. Sectors in the government may remain hostile to their work or to their clients. Civil society is weak, unaccustomed to volunteering or contributing to create vital social organizations. The level of fear remains high. And many professionals and others have been in a prolonged period of isolation from progress made in their fields, including in medicine and mental health. They need outside help for them to overcome both the isolation and the weakened roots that affect all of civil society.

During the past 9 years, CVT has had the opportunity to work with 19 of these treatment centers through a contract we have with USAID and the Torture Victim Relief Act. Currently we work with centers in every corner of the world, in Bangladesh and Uganda and Kosovo and Peru. They are largely started by small groups of highly motivated and dedicated health care people running primarily on the force of their determination. They have minimal material and other resources. They operate in settings where mental health is a new field, but still they rise to the occasion to learn and to provide a variety of services, mental health counselling and other resources for torture victims.

We have emphasized much today the humanitarian care that torture survivors receive from the rehabilitation program. But the treatment centers we believe also play a vital role in ending torture and in building democratic societies.

First, rehabilitation programs help reclaim civic leadership that was lost to repressive governments.

Second, rehabilitation programs provide and document clear and compelling evidence of torture. Their expertise in treating the physical, psychological and spiritual wounds of torture puts rehabilitation centers in a unique position to testify to the scale and the scope of political brutality.

Third, rehabilitation programs can rally communities to understand and heal the damage of political brutality. Torture survivor rehabilitation centers tend to engage new constituencies as donors and volunteers, particularly among health care professionals who are respected in every culture. Community action to heal victims of torture helps establish a culture of engagement and builds the capacity of communities to address immediate communal needs and increases the awareness of human rights and democratization issues at a grassroots community level.

Now, the Torture Victim Relief Act intends to address the international

dimension of torture rehabilitation through two dimensions or two mechanisms. It authorizes USAID to support foreign treatment centers through bilateral aid. It has done so in part, for example, by contracting with CVT to provide capacity building for a small number of available programs in need of support.

We have learned a lot from the interaction with our colleagues, and I think both they and we are grateful for the level of support that we have had, but we recognize that their overall health and ability to influence their national situation requires a direct influx of capital, of operating capital. And this has largely not happened in the last 9 years with TVRA funding.

Second, the TVRA and the U.S. Government contributes to strengthening the United Nations' Voluntary Fund For Victims of Torture, which supports treatment centers around the world as well as provides emergency funds for individual survivors. The Voluntary Fund serves a number of very important purposes. It is specifically directed at the needs of torture survivors. It has no competing demands or constituencies that might force it to stray from this purpose. The Voluntary Fund is able to put funds in situations and institutions that might not be able to accept bilateral funding, and the U.N. seal of approval is often helpful to attract other donors and to reassure torture victims that the institutions where they seek safety and help have contacts that may also protect them.

And finally, the U.S. contribution to the fund allows our government to positively interact with other states on shared values. Our increased contributions help gain leverage to encourage the investment in the fund by other states into this field. And contributing the fund can be one of the first state actions that a transition country can take to meet its obligations under the Convention Against Torture to, quote, provide as full a rehabilitation as possible.

Now, one of the key reasons that CVT is so insistent on the need to reinforce our colleague organizations in the U.S. and abroad is our experience operating in the field under very difficult situations. We have been in partnership with the State Department over the last decade and developed intensive clinically training programs and mental health delivery capacity in places like Guinea, Sierra Leon, Liberia, the Democratic Republic of the Congo and now in Jordan. We were able to carry out these programs because we were joined by highly trained health care professionals from other treatment centers, from England, from Australia, from Kenya, from South Africa and from the United States.

Our capacity to work on behalf of BPRM in these very difficult situations is limited by the global capacity in our field. We believe that funding from TVRA should be clearly aimed at building that capacity here and abroad. The world will watch our big debate in transition and understand it from the framework of their own experiences in such transitions. They know how difficult it is. And they are not awaiting our answer at this time because it is a struggle that will take a generation to resolve. But they are awaiting our signals that we are back in the trenches with them, struggling to achieve a world free from torture, diminishing the romanticized appeal of violence by state and nonstate actors and protecting human dignity. The Torture Victim Relief Act and its reauthorization is one such step into the trenches. Let us take it and not make it our one and only effort. Thank you.

[The prepared statement of Mr. Johnson is unavailable:]

Mr. McGOVERN. Thank you all very much for your testimony.

We are going to begin by yielding to my colleague from Maryland, Congresswoman Edwards.

Ms. EDWARDS. Thank you. We don't know how to work our microphones either.

Mr. McGOVERN. This is the U.S. Government. Nothing --

Ms. EDWARDS. Thank you very much for your testimony today, and I wondered, as I heard each of you, I will just tell you, I come from a background of doing issues around violence against women and domestic violence. And it was often true that we would analogize the experience that women particularly had in their homes or their children experienced watching that violence in the home to also to what happens with torture victims. And I think one of the struggles that we had was creating a lot of domestic violence shelters and programs, physical entities around the country but never able to put enough of them in enough places to take care of the need.

And I heard a lot of that in your testimony today, and so I wonder what you believe would be the role of torture centers and experts in terms of a sort of train-the-trainer kind of model that would enable one to reach out to survivors of torture kind of wherever they are, rather than the dependency for all the good work that comes out of the centers in a physical center, and how that -- I am not even sure whether the funding under the Torture Victims Relief Act really allows for that kind of flexibility which it would seem to me would enable a much broader treatment model than you currently have both internationally and domestically? So if any of you could respond to that, I would appreciate it.

Dr. KELLER. Let's see. Wow. Technology.

So I think that is a really important question. And I will tell you, my wife is a domestic violence advocate. She was a former prosecutor in the Manhattan DA's Office and now works for the group the Rachel Coalition, and day in and day out is in family court.

I will with great humility acknowledge that our work is not easy, and I sometimes actually think the issues facing battered women are maybe even more difficult because our clients are separated from their abuse.

But there are I think important parallels, and there are crucial roles that centers such as ours play actually within torture survivors and also treating other victims of violence. So, first of all, I would just tell you epidemiologically, about 35 to 40 percent of the women we care for are -- the individuals we care for are women. The funds from ORR are specifically targeted that you need to meet an international definition of torture. So a lot of well, for example, who were raped in the context of political violence for example, we will care for. In our program, we care for women who were subjected to female genital mutilation, but we might not use that for funds specifically from this pool. Whether there should be discussion about expanding that, that is a separate thing.

But regardless, you get enormous bang for your buck by investing in these centers. And I will tell you why. First of all, it is a beginning of a place to provide what is quite complex care that needs to be multi and interdisciplinary, that the physical, psychological and social are all connected. And the centers provide that. That is first. So I see our program and the others as centers caring for the sickest of the sick, the most complicated cases. Clearly we cannot care for all half million torture survivors, nor do we aspire to.

But in our program, and I think all of our programs, we do a lot of training. Every year we have roughly 50 or more future health professionals who are working

with our programs, psychologists, psychiatry residents, medical students. Next to my daughter, Rachel Keller, is Rachel Weller, a family friend, who is going to be a psychiatrist. She is graduating high school. She is doing an internship with our program. I will check back in 10 years or so and see what impact that has.

But I know, in our program, we have now probably trained about 300 or so health professionals; many are working around the country, including with battered women populations. So you invest in us, you get a lot of bang for the buck. That is one.

Two, we do a lot of training with the providers in the community, caring for survivors of torture, working with other traumatized populations. So what we have learned is directly relevant. When September 11th came -- and I am with Bellevue, and we were sort of in the thick of things, we actually did a lot of training with the first responders and with others. So the experience we gain in caring for some of the just darkest underbellies of trauma end up resonating in other areas as well.

Ms. EDWARDS. Let me see if any of the other -- please.

Mr. BOUMEDIENE. Thank you, Representative.

I think that that is a very serious issue. And for my part with ACCESS, we are discovering that, along with this issue of trauma, these families have quite a bit of issues with not only domestic violence but also substance abuse. There is a big issue with stigma about this. And we have been struggling with how to handle this.

We do have actually a program, and this goes along with the point that with these dollars we are getting a big leverage many, many times over what we get, and specifically one is domestic violence. With a community that is very closed, that is not open to admitting things, whether it is domestic violence, whether it is substance abuse, whether it is even HIV/AIDS, we had to devise strategies to break through the stigma. And we did it several ways. One, as we worked within the counseling sessions that we have that we address as parts and specifically tell or educate these people about what is wrong to do; those kinds of behaviors are not good.

Second, the impact it has not simply on the adult, it also affects the children and ultimately their performance at school. We get complaints from schools who are not behaving well. And as we dig in, it turns out there are issues of domestic violence in the home.

Ms. EDWARDS. Right, and I guess my particular question, though, is less about -- I just used that as my frame of reference, but much more is there a way within the construct of the funds that you have to provide services that aren't necessarily place-based, if you will, in order to reach more individuals?

Mr. JOHNSON. There is a natural tendency to want to see as many people as possible. I argue that that is not the purpose of the Torture Victim Relief Act. Why? Let me give you an example. We were asked by State Department to go to Guinea and work in the refugee camps, people from Sierra Leone. We found that in that entire country, there was one psychiatrist, and he was the only trained mental person in the entire country.

So how could we operate? We -- we were able with -- to convince State Department to let us take in four top-level trauma specialists and not provide care for torture victims, but we trained 125 refugees to become clinicians. It turned out to be a great place to work because people are bored; they feel they are wasting their lives. We can get the best people in the camps. We can give them a mission. We can give them a profession, and we had their full commitment. And because we had four top-level people there, as different from many of these psycho-social programs, we were there to supervise them every day. We were there to provide training every day, every day for 5 years.

Over 80 those people received university degrees based on the training we gave them. Groups like the U.N. Special Court in Sierra Leone hired our clinicians over Ph.D.-level people because they had the best clinical skills. We have three

former staff people who are refugees now at the International Criminal Court working to support witnesses. These were very good clinical programs.

And then to our surprise, we had an opportunity that was unusual. When the camps emptied out and people were sent home, our staff were from the areas of the greatest atrocities in the country. Our staff moved into those areas, and we were able to move in with an extensive capacity that simply had existed nowhere else in the world to work on a scale that never had been tried before. There is nothing in the Torture Victim Relief Act that provides funding anywhere on the level that would be needed to train people in depth to have that kind of scale.

And unfortunately, because State Department is emergency-based and AID didn't pick it up as a development issue, those staff in Liberia and Sierra Leone are now off doing other things, and a resource that we created and we are extremely proud of is dissipating because there is no strong handshake and strong understanding within the administration about how to move from here to there.

Now, when we were established by the Governor's Task Force in Minnesota in 1985, headed by people like the head of the Mayo Clinic and so forth, they wanted to know the question of whether or not a specialized center was needed, and their response was really dictated by the fact that health care people in the community had no idea that there were thousands of torture victims in their clinics. And what they saw was that the purpose of a center was both to accumulate the knowledge to recognize in the new field and to be available to start changing the mainstream.

Now, we made an effort in the late 1990s with funding from our legislature, and we trained 3,000 to 5,000 health care people a year with a day-long intensive workshop. It was quite -- required a lot of our clinical resources devoted to training others. We concluded that it didn't work, that the best predictor of health care action after a day-long course is what they did before the course.

And so we changed our approach so that we focus our training on long-term development. We choose certain clinics. For example, we have two suburbs in Minnesota that are now 25 percent African. We worked over years to train every clinic in that area. We worked with every church, every school over a period of time. The reason we could do it was because we had we had clinicians who had been trained, who worked hard, who understood what torture was. They understood theory. They also had the clinical work that other clinicians wanted to learn from.

So it wasn't a guest lecturer. It was an attempt to change a system itself. Our big limit is we don't have enough really trained people in this field to do that in a way that actually changes behavior. Our own objective is through our research and our clinical practice to -- is to define what good practice is and therefore to define what malpractice is and really use that as leverage with our HMOs to redefine how our whole system will care for the 30,000, 40,000 victims of torture in Minnesota.

Dr. KELLER. Could I add one thing I realized? Namely, that the individuals I mentioned are receiving training for 1, 2 years, ongoing care supervised by senior clinicians.

I think Doug's point about a critical mass of clinicians specifically skilled in caring for torture survivors is crucial. There is, by the way, through TVRA funding for education. The Center for Victims of Torture has a grant which provides technical assistance to our center, including how to basically be a nonprofit and live to tell about it. The Florida center is the lead agency on a part of the TVRA that does provide training to primary care providers. So I think there is a need for training individuals and awareness.

I do, frankly, agree with Doug in terms of I am not sure about the half life. But I do know, for example, that among the individuals we have trained, many of those individuals, those health professionals, 5 years, 10 years later now are working with vulnerable populations. And many of our own centers, by the way, care for individuals that don't meet that narrow definition of torture.

So I don't think the answer is, for example, to dissipate and say, well, we will broaden who we can use this money for, because I fear what you will get is a diminution of expertise.

Ms. EDWARDS. Let me just say -- don't get me wrong. I think that what you are doing at the treatment centers is really valuable. I am just asking -- the point of the question is really to ask for -- especially from the perspective of survivors, sometimes survivors who are in -- I mean, I have heard of cases that have come through immigration, people seeking asylum, and they are in the Dakotas, and there may not be a treatment center there. So the question is, how it is that we can best serve survivors? But I am not speaking at all about a diminution in centers.

And let me just say, lastly, because I know my colleagues are here, that one of the things that really struck me in your testimony are the other kind of life experiences and impacts that survivors have that are connected to their torture but not necessarily to their treatment. And that is, for example, we have law enforcement, domestic law enforcement who don't understand torture and yet they are responding in communities. We have judges, even immigration judges looking at asylum seekers but actually don't understand torture. And I think that these are opportunities -- immigration officials. These are opportunities I think to broaden the education level of so many people who come in contact with torture survivors; And we have a system that is dealing with them, at least domestically, very, very inappropriately.

And I will conclude, because I know that my colleagues also have questions.

Dr. KELLER. Just one quick thing on that. Because I think you raised such a crucial point. And, actually, all of our centers are doing -- there now is a training that every single asylum officer gets, a day-long training on interviewing survivors of torture that representatives from our centers participate in; and that goes a lot further than solely torture survivors.

And, actually, we have given conferences to immigration judges. I actually absolutely agree with you that there is a huge bang for the buck and a need for training of those.

I guess the pitch I am making is, invest in us; and we will go train those folks that need it.

Mr. McGOVERN. I want to acknowledge the presence of our colleague, Chris Smith of New Jersey, who has been a leader on this issue. I don't know whether you want to open up with a few remarks.

Mr. SMITH. Just very briefly, and I apologize profusely for being so late. I had 17 members of the Russian Duma in my office talking on human trafficking, something I have worked on for years, sharing best practices; and what was supposed to be a half-hour meeting became a 2-hour meeting. Again, I want to apologize.

I want to thank our panelists for being truly the people who have made a difference in the lives of men and women who suffer the devastating consequences of PTSD owing to their victimization by torture.

Doug Johnson, frankly, worked with us and, frankly, was one of the absolute key architects in the first Torture Victims Relief Act back in the 1990s when I chaired the Human Rights Committee; and your aid, your suggestions how we should frame the legislation was invaluable. And that has led to not only the program or the legislation but to each of the reauthorizations expanding and trying to grow the appropriations as we got higher authorization levels, always making a program a good program better.

I think it is important, too, that we have been contributors to the U.N. Voluntary Fund for Torture. We need to do more. Our reauthorization would up the ante, if you will, so that those programs that have done so well in some places where we are not providing a U.S. government program has also made the difference.

Good to see my good friend from New Jersey here; and I hope you are daughter is still in the audience, having visited yesterday. But I can't say enough how

grateful I am to what you are doing.

What got me involved in the religious freedom issue in general and the torture issue in particular was when I read, Mr. Chairman, Torture for Christ by Richard Wurmbrand in 1981 in my first term. That book and the horrific tortures that were imposed upon, in this case, Christians in Chauchesku's Romania revolutionized my life.

I then went on to read many of the books written by our POWs from Vietnam. And the same systematic degrading use of implements of just all of us -- and this has always been a bipartisan issue, one of those few that remain bipartisan in this atmosphere, which I think will change soon. But this is one of those where we all work together to try to mitigate the pain, the ongoing pain that has been suffered.

So I can't thank you enough for the work that you have done. I will read all your testimonies carefully, like my colleagues, and the best practices that you have honed to help people who, again, carry that burden.

One of the hearings that I held years ago was on the Chinese laogai. Harry Wu helped us organize six survivors of the laogai: Catherine Ho; Palden Gyatso, a Buddhist monk; Harry Wu himself. And I will never forget, Mr. Chairman, Palden Gyatso, a Buddhist monk who suffered horrific torture, couldn't get in the front door of this building because he brought some of the cattle prods and some of the implements of pain routinely employed by the Chinese government right up until this moment. And, obviously, Capitol Police had a difficult time allowing him in.

We escorted him in. I remember when he held up the prod. He said, they put this in my mouth, they put it on my genitals, they put it under my arms; and he went through it. And the others all said, we had that, too.

And Mr. Gao, who is a Christian, that the voice of the martyrs had called out for a renewed effort to call for his release. Here is a human rights lawyer in China who was already tortured with unspeakable means, and there is actually a Web site where there is a reenactment of what he went through. He is now suffering at the hands of the torturers.

Manfred Nowak, the Special Rapporteur for Torture did a magnificent piece, horrible in its details about what the Chinese individuals, whether they be Hong Chinese, the Uyghurs, the Buddhists, all suffered, the underground Catholics or Protestants, as a result of this systematic, pervasive use of torture in China.

So as we look to combat torture itself, what you do, I also thank you for what you do for those who have suffered whether it be in Africa or any other continent. Unfortunately, it is everywhere; and you are the great leaders. And, again, I look forward to working with you on the reauthorization which Mr. Oberstar and I and many of us have reintroduced in this Congress again.

Thank you.

Mr. McGOVERN. Thank you very much.

We want to thank our colleague for his incredible leadership on this issue; and again I want to -- listening to your testimony, it reminds me of how much more we need to do. And, quite frankly, I feel a little bit ashamed we haven't done more on this issue, especially in providing the necessary resources.

Let me ask you a question. I understand how you get some of your clients. But it would seem to me there are a lot of people that fall through the cracks here. I am thinking about somebody who comes here and doesn't ask for asylum but comes in here illegally, I guess, and kind of gets lost in the crowd. There are a lot of people -- I mean, depending on what country you are torturing, I guess.

I remember during the 1980s I did a lot of work in El Salvador. A lot of the Salvadorian refugees did not want to come forward and ask for asylum because there was kind of a built-in bias against them in part because we had a friendly relationship with the government.

How do you get to those people? How do people like that get referred to you?

I mean, are there a lot of people out there that are not getting any help at all? I am just curious.

Mr. BOUMEDIENE. If I may, I think that is an important point, and it goes back to the issue of stigma. A lot of people suffered torture. They are not ready to speak up about it because of what happened to them. And the main way that they get to us is word of mouth. We could put up a billboard. We could put it on TV every day. They are not going to come unless they hear it from somebody they trust. There is a big issue of trust. And then there is a sense of shame. Some of them even blame themselves for what happened. So there is a lot of barriers, psychological barriers, that as we get to talk to these people, discover actually what it is that holds them back from coming out.

Mr. McGOVERN. And the asylum process is not an easy process. I sat through some of these hearings where, basically, you have somebody basically accusing you of being a liar, trying to question everything you say about what you have been through. And that has to be a very difficult and heart-wrenching experience for anybody to go through.

I mean, that goes back to the point that my colleague from Maryland made, is whether or not -- I have sat in courtrooms, especially during the 1980s, where I just felt there was no sensitivity at all by the judges or by the people who were doing the questioning on behalf of the U.S. government against the asylum seeker, which again would make it less likely -- I mean, word of mouth gets around on that, too. So you say, why should I put myself and my family through that; and then, if I lose, you send me back to my country where I was tortured?

Mr. BOUMEDIENE. And we have a lot of those actually that come to freedom house, mainly from Africa. They suffered torture. They were persecuted, all kind of horrible things. And then the court system -- well, the judicial system, the immigration system is such a hurdle for them. And because I think there is -- that is a very good point. The sensitivity level is not quite what it should be from on the part of maybe some judges or immigration officers. They simply don't understand -- they don't appreciate truly what these people experienced.

Mr. McGOVERN. Doug.

Mr. JOHNSON. I just want to remind Congressman Smith that when we first put the Torture Victim Relief Act, the first provision was a requirement of training immigration judges and officers. And then, unfortunately, that took it to the Subcommittee on Immigration, which had an unfortunate leadership issue; and it was buried for years. But it was -- it is necessary. It was necessary.

But by removing that requirement and trying to address it elsewhere, it went to Mr. Smith's subcommittee immediately; and we were able to pass the bill after 5 years and just a month. But it nonetheless remains an incredibly important intervention that needs to be made. I would say it is not even the immigration judges but especially the immigration judges don't have a clue about what is going on in the world.

Mr. McGOVERN. Even some of our personnel in specific countries. And this is on a different level. If any of us have been involved in doing casework to try to get a visa for somebody to come to the United States, we are told by the person we talk to at the embassy that their job is to assume that this person is not telling you the truth and that he is going to come to the United States and stay there forever. So, therefore, the burden on the person who is applying for the visa is, like, monumental.

So I think there are cases where it is justifiable where you refuse somebody a visa. But it is kind of the same here. The politics sometimes plays a role depending on what the country is. Our own State Department officials are more likely to be sympathetic to somebody who alleges torture in a country that we don't like versus a country that we have good relationships with.

In this commission, as I mentioned in the beginning, we showed a 10-minute

videotape of a grain dealer from Afghanistan being tortured by a member of the royal family of the United Arab Emirates. Our government knew about that years ago. But not only did we not do anything about it, we are now moving forward with a nuclear cooperation deal with the United Arab Emirates. It is kind of a separate subject. This guy didn't get a second look. So I think we need to be consistent in our application of human rights.

And I think, Ms. Anderson, I think the issue you raised about the detention centers, that is a huge issue; and, again, it is people kind of reliving kind of horror stories. You are going from being tortured in a particular country where you may have been imprisoned and you are being brought here, and yet the food probably in the detention center in Texas may be a little better than it is wherever you were before.

Ms. ANDERSON. It depends if you are Muslim or not.

Mr. McGOVERN. Absolutely. You relive this.

And, again, here it is a difficult subject matter, because it gets into the old issue of how you deal with immigrants who come here through undocumented means. And it is an easy subject to demagogue. And, again, there are cases where people just should be -- are breaking the law because they just want to come here. But there are these cases and there are many of these cases where people come here fleeing for their lives and they get treated the same way.

Ms. ANDERSON. I would like to address a couple of issues you have brought up, because they need to be addressed.

One is, I think the first question was people falling through the cracks. Is that happening or not? And I would say absolutely yes, that we simply don't have the capacity to serve the numbers of torture survivors that exist in our communities, let alone in communities where there aren't torture treatment centers.

In San Diego, we are beyond our capacity, just as Dr. Allen Keller described, long waiting lists. We work with both asylum seekers and also refugees.

And the voluntary agencies would love to refer to us, and they have told us as much. We have very strong relationships with the International Rescue Committee, Catholic Charities, Jewish Family Services. They also know that we are up to our capacity and we can't serve these people. And these are people who are at a point beyond stigma. They know they need people. Our reputation is out there. We can do good work. But we can't help them at this point. So a lot of people fall through the cracks because they don't know about us, and some people fall through the cracks because we simply can't respond to a very human need. We never broadcast our services. We are very careful about doing outreach.

As we talked about earlier, one of the things that happens when torture occurs is trust is broken, trust is broken between people within communities. The last thing we want to do is say, here we are, these are all the services we can provide, and then have people come to our door and say, sorry, we can't. I think that is doing more harm than good. So we are very, very careful in how we get the word out; and still we have this long list of people who need our services.

In our organization, we are putting a priority on the detained. Because there is a court date; and if they don't get services, they are probably going to be sent back home to being tortured.

I think that there are -- and this is a whole other topic, but there are alternatives to being detained. And to use a maximum security facility for the lowest risk -- the lowest security risk kinds of individuals is just not a good fit. In San Diego, 80 percent of those detained are criminals; and they need to be locked up. It is a maximum security facility. Twenty percent are asylum seekers.

Now, when the employees are trained there to do their jobs, how do you think they are trained? They are trained to think about that 80 percent. The 20 percent are treated just like the 80 percent. They are housed together. There is no distinction;

and the end result is that the criminals harass the asylum seekers, provoke the asylum seekers.

These are our torture survivors. The conditions in the prison are bad enough, and then who they are housed with compounds the problem. If they stick up for themselves, that means a possible argument, that means being put in the hole, that means not having access to their attorneys or any kind of mental health assistance by us. That means that their calendar is delayed. That means they are in that facility for longer and longer periods of time: 4 years, 3 years of housing at $141 a day, torture survivors.

Mr. McGOVERN. They just called a vote. I just have one other question.

Mr. SMITH. And I have one, too.

Mr. McGOVERN. And I will yield to my colleague from New Jersey.

Have the reports of water boarding utilized by U.S. officials had any impact on the survivors of torture arriving in the United States seeking treatment? Does that issue come up in your work when you are dealing with people?

Dr. KELLER. May I?

Yes. First of all, I really do hope, moving forward in this, if there is going to be a discussion about whether or not we should use these method, we should call them what it is, torture. Water boarding is torture. Sleep deprivation, whether you call it, enhanced interrogation or whatever other term, we should be very clear this is torture. I would advocate --

Mr. McGOVERN. I am not disagreeing with you on that, by the way.

Dr. KELLER. Oh, no, no, no. But I think one thing we need to say and anytime is like, fine, if you want to talk about this, call it what it is. I will say that I have many of my patients come in and talk to me that they are dumbfounded when they read about what allegedly or I believe factually that we have done. So it has had a profound impact.

In the days of after September 11th I had many of my patients who were profoundly traumatized and fearful. I did a study several years ago looking at the health of asylum seekers in immigration prisoners; and there is, as Kathi pointed out, a clear correlation between length of time in detention and severity of symptoms. Over and over, I heard these individuals say, I came here seeking safety; I never thought I would be treated like a criminal.

So I think some other pieces of the puzzle are, one, in this larger discussion that is going on about these methods, they need to be called for what they are. And we shouldn't be doing them. And it does have a harmful impact on torture survivors here and I believe, having traveled to Zimbabwe and other places, makes the world a much more dangerous place.

And then, on the immigration front, I would hope as part of a reform that at the border from a study we did where we know that individuals are supposed to be told about their right to asylum, even when we were in the room monitoring them, they didn't do it a lot of the time. That and immigration detention and humanizing this and decriminalizing asylum I think are also really important pieces of the puzzle. And you I think eloquently state that.

Mr. McGOVERN. Doug.

Mr. JOHNSON. Every time we see a major discussion about torture, our clients tend to react very negatively, retraumatized, a growth in symptoms.

I might add, for example, that we just went through a very extensive review within our program in Minnesota and in Jordan in preparation for the expected release of the new photographs. Because the consequences and the way our clients would react to it is predictable.

So it can come from a number of sources. You might agree or disagree whether the photographs should be released, but, from our point of view, it is another issue that we have to be prepared for, because people will react to it.

Mr. McGOVERN. Chris.

Mr. SMITH. Again, Mr. Chairman, thank you for organizing this very important hearing.

Let me just ask our panelists if we could. We know in Sudan when General Bashir alleged that the nongovernmental organizations providing humanitarian help at the camps and elsewhere were providing information about his horrific record that he chose to just oust them out of the country. Now, a lot of the torture centers in Turkey, Egypt not only provide this great service to torture victims but also at times become part of legal proceedings like in Ankara. And I am wondering if you have any recommendation or thoughts about how widespread in countries, where the rule of law is less than respected, looking at the doctors and the personnel at the centers as the opponent and branding them, mistreating them, making it hard for them to operate, even throwing them out. How widespread of a problem is it? Is it getting worse or better?

Mr. JOHNSON. Again, we are not a monitoring organization, and we don't keep statistics. One of the 19 centers that we worked with over the years in doing technical assistance is the Amel Center that was working out of Darfur. It was not an international NGO. It was a Sudanese NGO. And after the indictment of the president, it was closed down.

They are now going through a court case in Sudan demanding the right to be reinstated. But several of the members of that have had to flee the country. We have been involved in trying to get them to safety.

Amnesty says torture is involved in 150 nations, and about 80 still invest in the technologies of torture. That means anyone in the human rights field is in some danger there, and that is true with treatment centers as well.

As you know, I have attended many trials in Turkey against our colleagues. We have worked with Palestinian groups addressing this issue in their country and around the world.

I think that one of the really important things that you all can do just as human beings is, when you are visiting a country, check in with us and find out if there is a treatment center there and show attention. Because your presence is a kind of protection.

We see in many cases that the existence of a treatment center is a kind of canary in the mine that warns us how much political space is available. It sometimes can signal there is more available than people thought and then that encourages more political action. But when they become a target, then it really demonstrates that things are clamping down; and that is why I think it is very important to be there.

I know Congressman Ellison and a team are going to Jordan and Lebanon next week. We are encouraging them to go visit the program that we are undertaking there, and other people are visiting next week. Your presence can be a difference for those organizations.

Mr. SMITH. I know we are short on time, but is there anything that would resemble a torture victim's relief center in Cuba where hundreds of people have been incarcerated and tortured?

Mr. JOHNSON. No. We have seen a number of Cuban torture victims at the center over the past two decades, but there is nothing resembling it. However, what has generally happened in repressive regimes, you have an underground group of doctors who are providing care; and I would expect that is true in Cuba. It certainly was in other places where the repression was equally as bad.

Dr. KELLER. I think an important part of the TVRA is that it does provide support for these international centers and it is with humility. The work we do is stressful, but it is nothing compared to the work our colleagues do who are really in danger day in and day out. So I think Doug's point about acknowledging and putting them out in public so that they are safe.

I do also think a key piece of this is for our country to own up to what we did and to unequivocally say we will not torture. Because when I was in Zimbabwe a year and a half ago, I was really struck that Mr. Mugabe was invoking the term terrorist for anyone that is an enemy of the state.

And it is not to say -- I was rounding the bend of the Lincoln Tunnel when the first plane hit. So I know there are very real dangers and very real terrorists, and we need to address that. But I do just fear we have poured kerosene on what is a worldwide public health epidemic of torture. So we need to do whatever we can and you as our representatives need to do whatever you can to make things right.

Ms. ANDERSON. Representative Smith, I would be remiss if I didn't mention Mexico, being on the border. In December, a treatment center out side of Acapulco was raided. Some of the employees there were kidnapped. Family members were also kidnapped. So Mexico right now is a real challenge.

We are talking about where referrals come from. The FBI would like to refer 41 individuals to us; and, again, we don't have the capacity to respond to the FBI. Mexico is definitely on our radar.

Mr. McGOVERN. Unfortunately, we have to go for a vote. But I want to thank all of you for being here.

Mr. Tale, again, I want to tell you, you did a pretty good job here. I am afraid to testify before us when I am here. But you did a very good job.

I appreciate you all being here, and I think I speak for all of us up here when I say we very much admire your work. Sadly, it is underappreciated, obviously; and we need to do a better job of providing the funds. I think that message is loud and clear.

We will work on the reauthorization as it works its way through the Foreign Affairs Committee. But then we need to make sure we work on the appropriators, because that is where the money is. And we also need to work on the administration, too, to make sure they understand how important this is, especially during this very kind of tumultuous time in the world. Unfortunately, as you mentioned before, there are 150 countries that, according to Amnesty International, that torture. That is an absolute disgrace.

I will close with this. I have been to a lot of countries and talked to a lot of torture victims. I can't possibly imagine what they have gone through, and I admire their courage for being able to speak about it.

I am also puzzled and I can't quite figure out the mind of the torturer. That any human being would think it was appropriate -- I don't care in the name of what -- to inflict the kind of harm and damage on another human being, it just continues to confound me. And I am not a psychiatrist, so that is a topic of another hearing.

But we appreciate you very much being here, and the hearing is now adjourned.

[Whereupon, at 4:48 p.m., the commission was adjourned.]