



# INCREASING PSYCHOLOGICAL AND NEUROLOGICAL ILLNESS AMONG PALESTINIAN PRISONERS

BY SAWSAN RAMAHI

## **Increasing psychological and neurological illness among Palestinian prisoners**

**Sawsan Ramahi**

The phenomenon of prisoners of war is one of the most significant consequences of conflict between nation states or in countries subject to occupation. There is no doubting the fact that the experiences of these individuals are brutal and constitute severe trauma psychologically, socially or economically. Moreover, their return to normal life following their release from captivity carries with it numerous difficulties arising from the ordeals they have been forced to endure. This includes the prolonged separation from their communities, families and loved ones as well as the torture, oppression, humiliation and deprivation of liberty they have experienced at the hands of their captors.

Like many others which have experienced the ravages of war and have been subject to occupation, Palestinian society has suffered acutely from this phenomenon and expects to continue to suffer from it in the future.

A report published by the Ministry for Prisoners' Affairs and Released Palestinian Prisoners has revealed that since 1967 the Israeli occupation authorities have detained approximately 800,000 Palestinian civilians; that's about 25 per cent of the Palestinian population in the occupied territories. Based on this, the indication is that more than 70 per cent of Palestinian families have had at least one member of the family detained at one time or another. This includes the detention of individuals from every stratum of Palestinian society; women, children, the young and the old; no one is spared. A variety of inhumane practices and violations are carried out against Palestinian detainees and their families in contravention of all international humanitarian laws and conventions. This has resulted in a large majority of them suffering from various physical and psychological disorders.

In this report, we will seek to identify and shed light on some of the most important psychological and neurological [disorders](#) that afflict Palestinian prisoner.



## 1. Psychological disorders

Mental illness is one of the deadliest disorders suffered by Palestinian prisoners. Its prevalence is a result of Israeli military and security units endeavouring intentionally to humiliate and demoralise prisoners as a means of subjugation and exerting control over them. It has been found that the most significant of these are:

### a. Acute hysterical trauma

This disorder results from the violent methods used by Israeli interrogators which include repeated threats of rape and sexual assault, particularly with female detainees and children. Members of the prisoners' nuclear family are also detained as a way of extracting forced confessions. Alternatively, the prisoners are forced to degrade themselves by doing things like kissing their interrogators' shoes, drinking their own urine or performing homosexual acts.

### b. Acute depression and severe introversion

This is the result of prisoners being wrenched suddenly from the arms of their families and friends and left to suffer in dirty isolation cells unsuitable for human habitation. They are also denied any family visits.

### c. Suicide

Prisoner records show that suicide is attempted frequently by prisoners, particularly children, as a reaction to the severe psychological stress they suffer. There are numerous examples of this, such as the suicide attempt by 20 year old Bahjat al-Darabi from Hebron who was incarcerated in Etzion Prison. On August 4, 2003 he set fire to the blankets in his cell. Child prisoner Muhammad al-Hadoush, aged 13 and from Hebron, tried to hang himself 3 times. There was also an attempted group suicide on July 8, 2003 in which 16 prisoners at the Qadumim Prison tried to kill themselves by drinking soap and swallowing nails and wire. This was also in protest at the repression, harassment and humiliation they were forced to endure. Similarly, on August 4, 2004, 15 year old Nashat Sayid from Tulkarem tried to commit suicide at the Salem Military Camp by severing the arteries in his left hand and the left side of his chest with a blade in his possession. He also tried to hang himself by wrapping a piece of cloth around his neck; however the shouts of the other prisoners saved his life.



**d. Anxiety and insomnia**

Several cases have been recorded of prisoners developing obsessive compulsive disorder.

**2. Neurological illnesses**

**a. Brain clots and paraplegia**

Several cases of paraplegia have been recorded as a result of severe beatings that have led to fractured skulls and bleeding in the brain. Paraplegia has also been the result of prisoners being shaken violently; interrogators take handcuffed prisoner by their clothes and shake their head and necks forcefully which can lead to blackouts and sometimes death. This was the case with Abdul Samad Harizat who died during the First Intifada as a result of being tortured in this manner.

**b. Chronic and acute headaches**

This occurs as a result of the extended periods of sleep deprivation that prisoners are subjected to or beatings to the head that they sustain.

**c. Epilepsy and convulsions**

This is also the result of extended periods of sleep deprivation

**Israeli doctors as tools of the prison service; a violation of professional ethics**

The medical profession is essentially humanitarian in nature. Moreover, it is an exalted and ethical profession of the first degree. Its objectives are to save life, to alleviate pain and suffering caused by disease and to improve health, both physical and psychological.

Such ethics are considered integral to the medical profession. However, the roles of the medical practitioners treating Palestinian prisoners inside Israeli prisons are incompatible with internationally accepted ethical norms. The doctors cooperate with security and military officers in a manner that allows them to achieve their objectives in torturing and extracting confessions from prisoners.

Perhaps the most significant and immoral role performed by these medical professionals in detention facilities are summarised as follows:



- a. Doctors complete assessment forms for each prisoner following initial medical examinations, which are known as 'physical fitness forms'. These pinpoint the physical weaknesses of the detainee which are then exploited by interrogators in extracting confessions through torture.
- b. Prison doctors are only subject to the prison service and the army and not to the civilian health department. So much so that prison doctors treat detainee patients while wearing military uniform. This obviously creates barriers as prisoners find little to differentiate between doctors and interrogating officers.
- c. Prison doctors conceal evidence of torture and physical abuse inflicted on detainees prior to them appearing before the courts or receiving visits from human rights organisations like the International Red Cross. In other words, they perform an aesthetic and defensive role on behalf of interrogators and jailers.
- d. Prison doctors deal with Palestinians as if they are convicted terrorists and saboteurs rather than patients. They are dealt with as though they are not worthy of the humane treatment afforded to other human being, are looked at with hatred and are insulted during treatment.
- e. They commit inhumane violations against prisoner patients which are inconsistent with the ethical requirements of the medical profession. One administrative detainee, Anas Shehada, aged 24 from Beit Iksa south of Ramallah, who was imprisoned on December 6, 2003 at the Negev Military Camp, is a perfect example of this. Doctors at the Soroka Hospital in Beersheba removed his appendix without administering any anaesthetic. According to his testimony, he was completely restrained during the operation and was forced to endure hours of brutality and terror at the hands of his doctors. His excruciating screams and loss of consciousness on more than one occasion were ignored by both the nurses who came into the operating theatre and the surgeon. He was shown neither compassion nor mercy; on the contrary, the doctor kept mumbling in Hebrew that he was a saboteur and piling insults on him.
- f. Prison doctors blackmail their patients and use their surgeries as currency in extracting information from prisoners which they then transmit to the prison administration. Medication is also used as a bargaining chip to force prisoners into doing things like disengaging from hunger strikes.



Prison doctors also perform the role of interrogators and jailers by hitting and rebuking their patients, putting pressure on them mercilessly. An example of this is the experience of sickly 21 year old detainee Islam Badran from Tulkarem who was held at the Negev Prison. His ailments included loss of sight, infections in the middle ear and bullet wounds to the hand and foot. During a session with the prison doctor, he was told that they would not be able to treat him as he would cost the Israeli occupation state too much money and that he should just die. Similar to this was the case of Mansour Muwaqad from Salfit who also suffered from a variety of ailments. Most notably, he was paralysed in one of his limbs and a portion of his intestines had been removed, which meant he had to use a colostomy bag on the side of his abdomen. According to Mansour's testimony, while at the Ramle Hospital, he was exposed to filthy abuse and insults. However, the pinnacle of his harrowing experience was when he was punched hard on the left side of the cheek by a nurse. At the time, he was handcuffed to the hospital bed with medical tubes in his throat and nose so the [assault caused](#) profuse bleeding from his face.

### **The number of patients suffering from psychological and neurological illness**

In an interview with Al-Quds newspaper in July 2012, Minister of Prisoner Affairs Isa Qaraqi revealed that the number of Palestinian prisoners with psychological and neurological illnesses in Israeli prisons had risen. He expressed deep concern for their lives due to the lack of any mental health clinics available to them or any guidelines in this field. He was also very concerned that they would experience neglect and would not be afforded the necessary health care.

Qaraqi asserted that the ministry had sent a letter to the Secretary General of the United Nations, the permanent members of the UN Security Council and the Commission on Human Rights asking them to send an official committee to look into the most serious crimes being committed against Palestinians in detention given that Israel detains individuals with psychological disorders and impairments under inhumane conditions.

"The Israeli authorities detain prisoners with neurological illnesses in solitary confinement cells rather than treating them," he added. "This aggravates their psychological health status and causes serious complications." He called for the personal and formal intervention of the UN Secretary General as well as human rights organisations to exert pressure on Israel to release these patients immediately.

Based on visits made by the ministry's lawyer to a number of these prisoners, a report has been compiled which states that there is significant risk involved in the continued detention of psychologically unstable individuals who have begun to exhibit life-threatening symptoms.



The [report](#) revealed that these symptoms are the result of a number of factors, “most significantly, the abuse of these prisoners and the use of degrading and traumatic methods during interrogation”. Not only that, “some are unable to cope with the psychological and coercive strain they are subjected to at the hands of prison authorities which includes attacks against their persons, being deprived of visits from their families and the creation of an atmosphere of terror in their ranks.”

## **Selected profiles of prisoners with psychological and neurological illnesses**

### **1. Daoud Akram Rawajaba:**

36 year old Rawajaba is a resident of Rawajib in the district of Nablus. He was administratively detained on 11 February 2012 and is held at the Megiddo Prison. He suffers from a number of disorders including epilepsy which is the result of the torture or ‘military interrogation’ he experienced while being detained by Israel in 1994.

According to reports from the lawyer for the Ministry of Prisoner Affairs, Fadi Obeidat, who visited Rawajaba in prison, in addition to epilepsy, he also suffers from a slipped disc as a result of Israeli interrogation methods. He underwent two operations prior to being arrested and was detained at the Jordan Bridge as he returned from undergoing treatment in Jordan. He was unable to complete his treatment and was taken to the Ofer Military Camp while in a fragile medical condition. Due to his state, he was transferred immediately to the Hadassa Hospital where he was examined by neurologists and psychologists.

Rawajaba asserts that the medication he was prescribed was sourced from the prisons administration. He would take twelve pills a day and was only taking nerve and epilepsy medication which would cause continuous exhaustion. The medication would also cause him to sleep throughout the day. He also states that he would suffer from epileptic seizures and migraines on a weekly basis and that between these episodes, he would experience severe fatigue.



## 2. Sultan Mohammed Abu Mustafa

23 year old Abu Mustafa is a resident of the Balata Refugee Camp in the district of Nablus and was sentenced to 5½ years in prison on 5 June 2007. He had suffered from convulsions, migraines and epileptic seizures for more than 2½ years before he was detained and taken to the Negev Desert Prison.

He told lawyer Obeidat, who visited him while he was being held at the Meggido Prison, that his condition was worsening and that he had begun to experience pain in the back of his head. He was transferred to Israel's Soroka Hospital. After some tests, it was confirmed that he was suffering from migraines and seizures and that from time to time he would have convulsions.

He said that when he experiences a seizure, he would lose feeling in the left side of his body which would lead to loss of consciousness at which time he would be given liquids through the mouth until he returned to normal.

Abu Mustafa has put forward 3 requests for release to the Al-Shaleesh Court on health grounds but has been refused on each occasion. He has reapplied a fourth time but a date is yet to be set for his case to be considered.

## 3. Mohamad Abdul Latif Rayan

22 year old Rayan is a resident of Ramallah and has been detained since 16 May 2012. He was diagnosed with epilepsy prior to his detention and was receiving treatment at the Al-Riaya Hospital in Ramallah. He informed his lawyer from the Ministry, Ibrahim al-Araj, who visited him while he was at the Ofer Prison, that a week after he was detained, he suffered a seizure while being interrogated in a Maskoubia Prison cell. He experienced convulsions and began to hit his head on the walls before losing consciousness. As a result of this, he sustained serious injuries to the head.

He stated that the epilepsy and convulsions have occurred on numerous occasions while he has been at [Ofer](#) and following each episode, he experiences severe fatigue and is unable to either stand or walk. He also indicated that during his interrogation at the prison, he was attacked and beaten severely by soldiers who inflicted head injuries on him using rifle butts.





#### 4. Karam Suleiman Ahmed Isa

35 year old Isa from the Balata Refugee Camp suffers from schizophrenia and is being detained at the Megiddo Prison. He is unaware of events taking place around him and remembers neither the date nor his place of residence.

According to lawyer Fadi Obeidat, who visited Isa in prison, “He comes to lawyer meetings in an ‘unnatural’ psychological state. He appears as though he is waking from slumber; that he sleeps permanently and only wakes up a little.” He explained that “the prisoner does not know who he is and most of the time he believes that he is being visited by a psychologist. He is mentally distracted and most of what he says is to ask to be taken home.”

Obeidat added, “Isa was seen by a psychologist at the Ramla Hospital but was prescribed no medication to extricate him from his state.” He indicated that prior to his detention Isa was receiving psychological treatment at the Centre for Treatment and Rehabilitation of Victims of Torture in Ramallah.

#### 5. Omar Ahmed al-Atrash

Al-Atrash, who is from Hebron and was arrested on 2 March 2012, suffers from psychological disorder and was receiving treatment abroad prior to his detention.

#### 6. Jihad Abu Haniyyeh

[Abu Haniyyeh](#) from Tulkarem was assaulted and badly beaten in the head in 2007. As a result of the attack, he lost his memory and now no longer recognises anyone.

### Methods of psychological torture

The following are among the most prominent forms of psychological torture employed by Israeli interrogators when extracting information from prisoners:

#### 1. Solitary Confinement

This is the term used for the confinement of the accused in an interrogation room or a cell between 1-2 metres wide and 2-3 metres long. It is sealed with an overhead ventilation hood that emits a loud noise. Alternatively, the detainee is confined inside a cement or brick closet dubbed ‘the refrigerator’ or ‘the closet’ with dimensions approximate to those of a human body. It is sealed so that the detainee cannot sit down inside it; if they try to sit, they are doused with water through an opening at the bottom of the door.



Detainees are usually subjected to solitary confinement for periods ranging from a few days to up to four months. However, some prisoners are known to have been held for extended periods of several years. The purpose of this is to drive home to the prisoner that they have been isolated from the outside world and that their destiny is unknown, and to exert psychological and physical pressure on them.

## **2. Denying prisoners visits from either their families or lawyers for extended periods of time**

This constitutes a significant form of psychological pressure on detainees and exacerbates their feelings of being isolated from the outside world. There are instances where detainees have been prevented from having any contact with either their lawyer or family for three consecutive months while being interrogated. Currently, there are over 1,000 Palestinian prisoners who are deprived of seeing their relatives. This number is set to increase following the certification of a new law which allows Israel's Minister of Internal Security to deprive prisoners affiliated with parties designated as terrorist entities from seeing their families. This contravenes both international law and the Geneva Convention on Human Rights, specifically article 116, which holds that prisoners should be allowed regular visits from relatives for the duration of their detention.

## **3. Constant noise or screeching music**

This method of psychological torture is sometimes used by interrogators who play loud screeching sounds to detainees or a type of music difficult to describe. It is deafening, with people screaming at the top of their voices so that it becomes impossible to make out their voice due to the intensity of the noise in the room. The echoes of these voices reverberate in the heads of the prisoners long after they are let out of the [interrogation cells](#).

### **1. Long-term effects of physical and psychological torture**

- a. A scientific study carried out in late 2011 into the long-term effects of psychological torture on released female Palestinian prisoners resident in the Gaza Strip showed that 47 per cent of them suffered from disorders ranging from ongoing trauma, depression and fear, to a desire for revenge.

According to psychology specialist Sameer Zaqout, "33.5 per cent of female prisoners suffer from Obsessive Compulsive Disorder while 33.3 per cent suffer from symptoms of depression."

In the context of workshop discussions about the findings of the study, Zaqout explained that 31 per cent of released female prisoners also suffer from symptoms of anxiety while 24 per cent suffer from symptoms of imagined hostility [paranoia]. He also indicated that the results of the study had revealed the existence of a direct correlation between physical and psychological torture in female prisoners and the long-term effects resulting from them.

He highlighted that the study, which was the first of its kind to be conducted into the specific experience of female prisoners, included 48 of the 81 released female prisoners resident in the Gaza Strip. Zaqout asserted the necessity of carrying out routine, free and comprehensive medical examinations of all freed female prisoners. He called for the establishment of specialised research centres for the study of torture which gives priority to female torture and emphasised the importance of the psychological and social care of all [female prisoners](#).

- b. In a study conducted in 2005 into the psychological effects of detention on male prisoners released from Israeli prisons, a stratified random sample of 370 prisoners freed between 1996 and 2000 was chosen. This sample represented approximately 8 per cent of the total 5245 prisoners who have been released.

Taking into account the number of years spent in prison, the prisoner sample of 225 individuals revealed:

- i. **A proliferation of stress disorders following trauma**

The study showed that only 12.4 per cent of the sample showed no evidence of stress disorders following the experience of trauma. 37.8 per cent showed mild disorders, 41.4 per cent showed medium level disorders and 8.4 per cent showed signs of severe disorders.

- ii. **High levels of depression**

The study revealed that 56.5 per cent of the sample showed no signs of depression, 16.5 per cent displayed signs of mild depression and 19.7 per cent showed signs of medium level depression while 7.3 per cent showed signs of severe depression.

- iii. **Sample group responses to the Depression Standards Subcommittee:**

The study revealed that the most prevalent form of [depression](#) among released detainees was fatigue and stress at 58.6 per cent followed by sadness at 55.4 per cent and indecisiveness at 23.5 per cent.

- c. In a workshop held in the West Bank organised by the Centre for the Treatment and Rehabilitation of Victims of Torture and entitled “Palestinian Prisoners’ Day; suffering... and hope”, the centre’s director, Dr Mahmoud Sahwil, asserted that the aim of Israel’s torture policy is not to physically kill prisoners, but rather to break their spirit and morale with the view to altering their behaviour and mindset. According to him, it also aims to inculcate a state of terror in the individual which will then extend to their families and community upon their release and thereby inflict damage on the society as a whole.

Dr Sahwil highlighted that suffering remains inherent to the prisoner from the moment of arrest, through the stages of detention and torture, to extend beyond release, inflicting continued psychological, social and economic damage on them. He asserted that this insidious phenomenon demands greater attention from social institutions given that the suffering is not limited to the captive but extends to their families and leads to a raft of variables within the family and society.

Statistics show that 25 per cent of all Palestinians have been detained once or more meaning that 40 per cent of all Palestinian males have been detained on at least one occasion.

Dr Sahwil drew attention to the fact that the centre had conducted a study on 600 former Palestinian prisoners detained before and after September 1999; after this date, a decision issued by the International Court of Justice outlawed the use of torture. The study sample consisted of 86 per cent males, 39 per cent females and 14 per cent children and revealed that systematic torture in various forms persists within Israeli prisons and is practiced on individuals of all age groups, male and female alike. He stressed that 94 per cent of all Palestinian detainees had been subjected to torture.

According to the study, while both physical and psychological torture continued to be practiced after September 1999, psychological torture methods became more prevalent and widespread thereafter. The percentage of prisoners suffering trauma prior to 1999 was just 5.27 per cent in males and 50 per cent in females, while after 1999, trauma in males rose to 31 per cent.

The head of the Association for Prisoners and Detainees, Omar al-Huroub, confirmed that the torture of prisoners is reflected in the community. He pointed out that the lives of prisoners who had spent over three years in Israeli prisons had become severely disrupted. Most significantly, they are no longer able to raise their children successfully

as a direct result of the levels of psychological torture they have been subjected to inside Israeli prisons.

## **2. The psychological and social impact of torture on society and the families of prisoners**

The suffering associated with Israeli detention is not exclusive to prisoners alone but extends to their families and communities as a whole. The families of prisoners are left bereft to suffer the hardships of life and must adapt and adjust to the new reality and the unknown fate that it carries. Once the breadwinner in a family is taken away, sometimes both the mother and children are forced to seek employment and, as a result, the children have to drop out of school. The family may alternatively be forced to approach extended family members for help which, with the passage of time, may become a source of humiliation.

Moreover, it is sometime the case that members of the family become more agreeable to deviation which often has psychological and social implications for members of the family as a whole, particularly children. It is difficult for a child who is woken up late at night to the sounds of heavily armed security personnel removing their father from his room forcefully, sometimes violently, to forget what they have witnessed. In the eyes of a child, a father is always innocent regardless of the allegations or situation and such a scene will invariably cause psychological trauma in the child.

Similarly, the young man who hears the screams of his father being tortured, or the young girl who is put in an interrogation cell as a means of exerting pressure on her father or brother. These forms of torture have a definite negative psychological impact on all those exposed to them resulting in psychological problems or episodes which worsen over time. In most instances, these psychological problems are accompanied by exacerbated suffering after the release of the detainee and their return to their family and community if significant changes in the family have occurred during their absence, such as a marriage or changes in the standard of the children's education.

There may also be changes that have occurred within society as a whole which could mean things like the detainee having lost their job. Adapting to all these communal changes often constitutes a significant challenge to the individual and can result inter alia in [frustration and depression](#), or feelings of despair and shame.



## Conclusion

There can be no doubt that the health conditions of Palestinian prisoners in Israeli prisons in general, and their psychological conditions in particular, fail to reflect the lowest levels of human consideration on the part of the Israeli Prisons Authority. Moreover, they fail to reflect even a minimal level of commitment to international law. Rather, they constitute a flagrant violation of international legal provisions with regard to the necessity of providing decent conditions of detention and adequate health care to prisoners.

This report has highlighted a range of procedures and policies followed by the Israeli Prison Service which aim to undermine the will of prisoners and weaken their resolve and morale while disregarding their rights. Israeli prison officials violate international humanitarian law and are determined to continue to deprive prisoner patients of the rights afforded to them by international bodies.

As a result of the policy pursued by the Prisons Service in accordance with Israeli political directives and decision, the rights of prisoners and prisoner patients, particularly those rules and provisions of international law which guarantee sick prisoners the right to care and requisite medical provision, are being violated flagrantly.

These prisoners, who suffer pain both physical and psychological on a daily basis, appeal to the international community and human rights bodies across the globe to fight for their cause and do something for them. Despite the exceptional importance of the resolution issued by the World Health Organization in May 2010 which highlighted the issue of prisoner patients in Israeli jails and their daily suffering; demanded the formation of a fact finding committee with the Red Cross; demanded that the conditions of sick prisoners be scrutinised; and demanded that the Israeli government provide the necessary treatment to them and that it release the serious cases, this resolution has yet to be implemented.

As such, there must be a concerted and integrated effort by Palestinian and international institutions to establish an international campaign which can exert pressure on the Israeli government to commit to and implement the resolution as a necessary step towards saving the lives of sick prisoners. The Israeli government must be forced before world public opinion to deal with this issue in accordance with the provisions of international law.



This requires both a national and international campaign in order to:

1. Secure the release of prisoners in critical condition before it s too late and hold the authorities of the Israeli occupation accountable for their lives.
2. Chase up the specific Israeli authorities responsible for the death of sick prisoners and the policy of medical neglect; to chase up those responsible for the lives of prisoners who are refused release despite the deterioration of their health; and raise awareness of the imminent danger to their lives.
3. To exert pressure on the World Health Organization to implement its resolution toward improving the health and living conditions of prisoners and detainees, to form fact-finding committee for this purpose and to visit Israeli prisons.
4. To enable specialised medical committees to interview sick prisoners and provide appropriate treatment.
5. To open prison doors to international delegations and institutions which will inspect conditions of health and detention.
6. To provide proper treatment for prisoners and prisoner patients in order to alleviate their suffering.

The task, in accordance with international law, is to save the lives of prisoner patients, particularly difficult cases; to provide adequate medical care to others; to put this important and sensitive issue in its proper local, regional and international position; and to urge the various human rights organisations to exert pressure on the Israeli government to respond to and implement the provisions of international law.

