

# Transitory ischemia as a form of torture: a case description in Spain

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## Abstract

Transitory Ischemia is a form of torture that has been insufficiently described and studied in forensic and psychiatric studies of torture. It is usually left out of medical evaluation reports and not explored in detail under the Istanbul Protocol. Although ischemia, when experienced during brief periods of time, does not produce any detectable sequelae, prolonged periods of ischemia can be detected by either clinical examination or electromyography. The authors describe the use of brief periods of ischemia as a torture technique against a non-violent activist in Seville (Spain).

*Key words:* torture, ischemia, white torture, evidence-free torture, handcuffs, Spain

One of the meanings of the expression White Torture refers to the use of torture techniques that act against the body and/or psyche of the tortured person without leaving any external marks on the body. It encompasses sophisticated techniques where physi-

cal manipulation results in extreme physical suffering without leaving actual evidence on the body. Other authors prefer the term Evidence-free or Clean Torture.<sup>1</sup>

Torture by ischemia involves the restriction of blood supply to different parts of the body. This causes hypoxia and acidosis as well as sharp unbearable pain and profound psychological suffering associated with fear of permanent damage and necrosis. When ischemia is carefully induced for increasing periods of time, or in alternating parts of the body, it leaves the victim with no detectable sequelae. This clearly makes Ischemia a form of Evidence-Free Torture.

Ischemic torture is not included in most classifications of torture<sup>2, 3</sup> and not explicitly included in the list of torture techniques to be assessed in the Istanbul Protocol.<sup>4</sup> The Protocol includes Forced Positions and Use of Restraints but not ischemia by itself (see chapter 4). Electromyography (EMG) is not included in the list of diagnostic tools for assessment (see Annex II of the Protocol) although it has been included in additional guidelines specifically addressing medical assessment.<sup>4</sup>

There are no studies that describe the systematic use of ischemia over short periods as a pain-inducing white torture, although it is likely to be a widespread practice.<sup>5</sup> Different studies have tested pain tolerance to

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a tourniquet in the forearm, arm, and wrist in surgical procedures. Maury<sup>6</sup> conducted a prospective, randomized controlled trial comparing the duration of upper and forearm tourniquet tolerance in 24 healthy volunteers recording the time elapsed from application of the tourniquet until volunteers requested deflation. The average time for the upper arm tourniquet was 18 (range 10-26) minutes and for the forearm tourniquet 25 (range 12-52) minutes. In a similar study by Hutchinson et al,<sup>7</sup> there was complete paralysis at about 30 minutes of ischemia. Two peaks of discomfort were found, one beneath the tourniquet prior to deflation and one in the hand two minutes after deflation. Paresthesias in the ulnar nerve distribution were the earliest changes experienced; however complete numbness was first experienced in the median nerve distribution. Ischemia provoked by an arterial pressure device is incomplete; however, Ischemia provoked by ropes or handcuffs around the wrist is expectedly more severe and painful.

Vietnam Prisoners show neuropathies linked to chronic hand ischemia from the use of extreme tying restraints.<sup>8</sup> In a follow-up study with former prisoners of war (POWs)<sup>9</sup> diagnosed with upper extremity peripheral neuropathy (UEPN) due to extreme restraint resulting in prolonged ischemia in the hands, 79% of the POWs experienced some numbness or tingling 25 years later, while 63% experienced pain in one or both hands. Although the average severity rating for numbness and pain was mild, 23% of the POWs still had moderate to severe pain. In another prospective study of handcuff neuropathies with 41 patients, Grant and Cook,<sup>10</sup> using clinical exploration or electromyography, found widespread affection of the radial, medial and ulnar nerves, which in some cases were severe and permanent.

### Case description

A.T. is a 40-year-old Spanish male. He is an activist in a non-violent group in Seville (Spain). He took part in a peaceful action intended to slow down or impede the eviction of Casas Viejas, a building which housed an occupied social centre for some years.

During the months before the eviction, the group had built a tunnel below the entrance of the building. At the end of the tunnel there was a chamber with light, ventilation, and some food. Two metallic rings had been fixed to the walls opposite the entrance door. On November 29th, 2007, when the police brought machines to demolish the Social Centre, two activists, one of whom was A, climbed into the tunnel and chained their right arms to the metallic rings<sup>11</sup> fixed at the end. The position of the construction of the tunnel and of the theactivists within made it impossible for firemen or policemen to access it and cut the chains.

The idea was to engage in pacifist resistance and to focus media attention on the demolition. A similar action undertaken by an activist in Britain had recently managed to delay an eviction for more than a month. The local police in Seville had information on the intentions of this group as well as this recent event in Britain. A special officer told the two activists that the action would be over that same day and that they would be taken out of the tunnel *by any means possible*. Police were unsuccessful at breaking the activists passive resistance when they confiscated food sources, cutventilation systems and pulled at their free arms with force. The activist's screams of pain were so strong that police feared their pulling might do permanent damage to their arms. After considering the situation, the police decided to coerce the two men by inflicting systematic ischemia in their left arms. This included (see Figure 1):<sup>1</sup> Firmly tying a rope to the



**Figure 1.** *Rope on wrist.*



**Figure 2.** *Hand tightly wrapped in adhesive tape.*

left wrist of each activist, cutting the flow of blood, (Figure 2) Forcing the activists to close their hands into a fist. The police then very tightly wrapped both the activists' left hands in adhesive tape, with successive layers, increasing the ischemia induced by the rope and impeding any movement of their hands. Their hands were wrapped for about fifteen minutes (a critical time to induce almost complete ischemia in the palm and fingers). For one of the activists the pain became unbearable and he finally had to give up his act of resistance. After being released of the adhesive tape, he freed himself from the chains.

A.T. stayed in spite of the torture. Five minutes later his hand was released. The pain of the blood returning to the tissues was also profound. The police waited for ten minutes and once the pain ceased, they began to repeat the whole procedure from the beginning. Once A's hand was completely wrapped, the police tied A's hand to his right foot (Figure 3) and forced him into an awkward position that completely curved his back and contributed to the ischemia. Forced positions have been widely used by American, British, and French armies as a method of torture.<sup>5</sup> Varying forms of it have been used in almost all countries (called

Crapaudine in francophone countries, Avioncito, Banana, Balancin and other names in Latin America, the "Scorpion position" in Guantanamo, etc). When combining ischemia and forced positions, the victim increases ischemia his/herself when using movement in attempts to alleviate back pain in the forced position.

The activist resisted the pain of this second ischemia for about twenty minutes but eventually gave up the resistance action. Ischemic torture was inflicted on him for more than one hour.

Figure 4 shows how A's hand looked immediately after releasing the bandages. When he was taken out of the tunnel and arrested, he showed no marks from the torture inflicted upon him. Therefore, even though the people waiting for him outside already knew what had happened, it was impossible for them to document this torture. This missing proof became the activist's word against that of the police. A did not press charges against the police, but gave testimony at an informal press conference. However, the Seville General Attorney brought charges of libel against him for using the word "torture" in his statements about the police and A now faces a petition by the attorney for four years in jail.



Figure 3. *Wrapped hand tied to foot.*

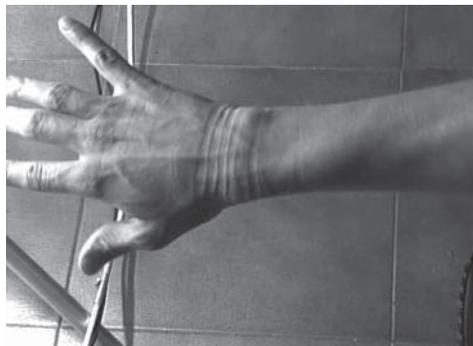


Figure 4. *Hand immediately after release.*

### Conclusion

Ischemia is an understudied form of White Torture. It does not require sophisticated instruments but produces intense and unbearable pain while leaving no visible marks. When it is applied for short periods of time, or in alternating positions, it leaves no permanent damage to the body. Although usually considered as a consequence of restraints or forced positions, producing ischemia should be considered a severe torture technique by itself and when linked to the interruption of a bodily function (for example suffocation, among others).

Ischemic torture is a form of torture that has yet to be adequately researched and written about. It is usually not included in forensic reports and evaluations of the consequences of torture. Although ischemia, when experienced in brief periods of time, does not leave physical marks or sequelae, prolonged ischemia can produce permanent sensory-motor damage that can be detected by clinical examination and EMG. The use of this torture method, whether by handcuffs or other restraints, along with forced positions, should be considered as a distinct category in medical and psychiatric evaluations of presumed cases of torture.

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