

THE RULE OF LAW ORAL HISTORY PROJECT

The Reminiscences of

Stephen N. Xenakis

Columbia Center for Oral History

Columbia University

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PREFACE

The following oral history is the result of a recorded interview with Stephen N. Xenakis conducted by Ghislaine Boulanger on January 22 and March 12, 2013. This interview is part of the Rule of Law Oral History Project.

The reader is asked to bear in mind that s/he is reading a verbatim transcript of the spoken word, rather than written prose.

VJD

Session One

Interviewee: Stephen N. Xenakis

Location: New York, NY

Interviewer: Ghislaine Boulanger

Date: January 22, 2013

Q: Today is January 22, 2013. I am Ghislaine Boulanger, and it is my great pleasure to be talking to Brigadier General, retired, Stephen Xenakis, who is a physician, a psychiatrist, who has graciously agreed to be part of this project on the Guantánamo years.

So, can I call you Steve, as I have been?

Xenakis: Yes.

Q: Steve, let's start at the very beginning. Where were you born?

Xenakis: I was born in Washington, D.C., in 1948. My parents—both families—are from Greece, from the same island, named Chios. They had met as teenagers, and had more or less grown up together. My father came back from World War II, married my mother, and I was the first child. He was in business in Washington at the time. He had a restaurant, as a lot of Greeks do, and was very happy. Things were good for them.

Q: So, from those beginnings, with a Greek family—a Greek-American family in Washington, D.C.—and I know you now live back in that area, but you've traveled a very long way. So why don't you tell us about that long journey?

Xenakis: Well, the journey is that my father was unexpectedly recalled for the Korean War. He was an Air Force flier. Shortly after my sister was born, he left and went to Korea for a year. He came back, and his restaurant at that time had really gone bankrupt. The financial and economic situation was difficult, and he decided to stay in the military. So he became a career Air Force officer, and we grew up living in many different places in the United States and overseas during his career. I, in fact, went to high school in Japan, and graduated in a high school west of Tokyo in 1966. From there, I came to Princeton, where I was lucky to get a scholarship. I decided to take an ROTC [Reserve Officers Training Corps] scholarship for college. My parents could not afford to pay for the education. It was during the Vietnam War. I think it certainly was one of those—for me it started to frame the tension, which possibly could have been productive, that I've lived with as a physician, psychiatrist, and an Army officer. I took my commission, was a bit uncomfortable with it because I had some very serious disagreements with what our policies were in Vietnam. On the other hand—as I think a number of second generation American immigrants—felt grateful to this country for what it had done. It had given our family opportunities that they would not have otherwise had. I certainly felt that my responsibility was to support the government, support the military, and be as good a citizen as I could be. I could do that by serving.

I wanted to be a physician. I went to medical school. Then I trained in the military. Those were the policies at the time. Much to my surprise, I had a much longer commitment than I expected, so I ended up having a military career. Early on I decided to be a psychiatrist. I did some psychoanalytic training. I was very interested in the whole field of the brain and the mind, which

has certainly inspired the various endeavors that I've had throughout my career. I became a child psychiatrist, because I wanted to learn more about development—again, how that sort of influences what happens in our lives as adults.

It turned out that, for a number of reasons, I was very suited to leadership and administrative work. There was some sense, I had some feeling that I was not quite going to be on the inside circle of the academic medicine professionals within the military. Through a number of assignments and opportunities, I was promoted to general. I much enjoyed that. I felt that it was very rewarding. I felt that I could influence, that I could in some ways do more as a physician and a general than I could even do as an individual practitioner. The sense of responsibility I had to the thousands of soldiers, retirees and their families, and my overriding responsibility to improve their healthcare, I thought was perhaps of even greater reward than seeing patients day to day—which I enjoyed, but I wanted to clearly be able to make a difference, and I felt that helped me make a difference.

My life actually got very difficult in that my wife was diagnosed, at the birth of our younger daughter—our younger child—with a uveal, or retinal, melanoma. So we lived with that, and then when the children were fairly young—eight and eleven, twelve—we found out that she had multiple metastases. It was at the time that my career was peaking, so to speak, so we went through a very difficult time. The decision about staying in the Army, trying to find another life, what we were going to do about her health—we made some decisions about experimental treatments. She lived for five years. Right after my daughters' birthdays, fourteen and seventeen,

she died. And I spent years raising my children. I retired. I could not really sustain a military career as a single parent and senior officer.

Q: This was all happening during the nineties, during the mid-nineties?

Xenakis: The mid-nineties, right. I think it affected me, as you can imagine, in every way possible. I probably already had some disposition for—I became a psychiatrist, not a neurosurgeon, so I had that side of me that's either depressed, or anxious, or whatever goes on in our psychology. That, of course, bore down on me really heavily. So I retired and tried to make a life. Several years later, four or five years later, I met my wife, who is a journalist, and married. This story starts when, at the time that we married, friends of mine who had been involved with the government, with the Department of Defense [DOD], invited me to interview for the position of Principal Deputy Assistant Secretary of Defense for Health, which is—the top spot for all health of the Department of Defense as the Assistant Secretary of Defense.

Q: And that was which year?

Xenakis: That was 2004.

Q: During the [George W.] Bush administration.

Xenakis: During the Bush administration. I had been rather nonpartisan politically. I was an Army officer and a physician, and my job was to do what was needed to be done. Even though

that was the case, I was known for being an independent thinker, a risk-taker in a calculated, thoughtful way—innovative. The jobs—probably part of the reason I'd been promoted to general was that I had taken on, throughout my career, very difficult assignments, and made changes that needed to be made that other people were not willing to make. There was a sense that things needed to be changed. In 2004, as the war was gearing up, they were just recognizing that this was not going to be the shock and awe that had been advertised, and that there were going to be major challenges in any number of sectors, particularly in health. So as a person who had been identified or recognized as a change leader and willing to be active, I was asked to interview for the job. I think it was very unlikely that I ever would have been chosen, but it certainly was an effort. It was fortuitous for me because I moved from—I was in Georgia. My wife had died in Georgia. I stayed there not to upset my children and to get them into college. I did not want to move them, which was difficult because it really limited jobs that I could take and all that kind of thing. But I thought stabilizing them was more important. Once they were both in college, then I had some opportunities and this came up. I could come to D.C., and I had actually only been stationed once before back in Washington.

As I was going through those interviews at the White House, through the executive office building, the issue came up of the recent disclosure of the incidents at Abu Ghraib. I was asked—I'd be responsible for the policy—and I was asked what I thought needed to be done. I said, with great concern—consternation—on my part, that this was abhorrent. I could not understand the justification for it. I could possibly guess on how it happened, but that the medical people were going to abide by the Geneva Conventions. It was very important for us to absolutely adhere to those, without any question, without any reservation. We were not going to

participate in anything that had shown up and had been implicated with Abu Ghraib. If we saw anything, we were going to report it, and we were going to take appropriate action in terms of, particularly, treating these detainees—that the Geneva Conventions really were the foundation of our professionalism, and that I felt that we could not compromise our position in any way. I was in the Army during the Vietnam time. I read about the atrocities. I clearly read about My Lai. When I was in the Army War College in 1990, we had an entire series of seminars on the My Lai massacre and the investigation, and what the implications were. To me, it was just fundamental to our professionalism, and to the status and to our effectiveness as a military that we adhere to these rules and laws of war.

There were some subsequent interviews. There were some other issues having to do with—when I went and met with some senior people at the Department of Defense, the Undersecretary for Personnel, David [S.C.] Chu, where, in fact, we not only disagreed about the treatment—what we would do about these events and these atrocities—but we also disagreed about what was their responsibility toward the medical support of the Reserves in the Guard [Active Guard Reserves]. He did not want to expend any more money on Reserve and Guard forces for medical care. I was adamant that we were not using them as we had programmed during the Cold War; we were using them as active duty, and that they and their families deserved the same level of medical support. So it was clear that we disagreed, and I was not going to be nominated for the job.

My wife is a journalist, and I think she was beginning to wonder how she had married this guy who doesn't know how to be more tactful. But she did say this was a great story for you—“You should write an op-ed.” I had never written one before. That’s not true, I actually had written one

before, a couple years, for the Augusta newspaper. I was living in Augusta, Georgia, my previous station. So I wrote this article in the *Washington Post Outlook* titled, "Unhealthy Silence from the Medics." I basically summarized what I just said about what I thought our responsibilities were and how important they were. That, then, ended up that I got, rather unexpectedly, in this entire area of human rights. Nowhere had I anticipated to be doing this. I believe passionately—I have some passionate convictions. I hope I have some principles that I live by. I try to be a decent, conscientious individual. I am reluctant, and have been reluctant from my college days, to be a campaigner about things. I've felt that it's more important to work hard for what you believe and to be as competent as a person can be. That meant, as a physician, I was going to do that, and I did do many times. I thought—and that meant as a general—I was going to do that. My responsibility was to know what, to understand that we were there that—. We have a medical—as physicians, as healers—we have a very important role, and that role and those responsibilities need to be carried out. But I'm not a campaigner.

It turned out that after the article appeared I was called by several people, because I was the first retired general or admiral flag officer, particularly medical, who had spoken up against these incidents. Leonard [S.] Rubenstein, who was then the executive director of Physicians for Human Rights [PHR], called and asked to meet. He wanted just to talk about their projects and to get advice. I have to say, I was very shy and reluctant about doing that. I had no idea how human rights organizations worked, or what they did. But I had made a statement, it's what I believed, so I felt it was my responsibility to go down and meet with them. And I did. And continued to engage in conversations with them and with others. I was called by lawyers who were defending, I think at that time, their habeas cases at Guantánamo. And about hunger strikes, which nobody

had really explored about what to do. They just wanted some advice. As I explored the area, I found out we didn't have policies, or we didn't really have particular programs, or had not laid out guidelines for how we were going to approach these patients.

Q: "We," meaning the DOD.

Xenakis: Yes. The DOD did not have guidelines. To me, the responsibility of senior officers, or physicians, is when you encounter a problem like that, you go about and you start to set in place procedures. It's not going to go away, and you have a responsibility to take care of it. I was, again, surprised that we had not figured out what to do. That's how I found out that the Department of Defense had assigned physicians and psychiatrists and psychologists to the Behavioral Science Consultation Teams. I had very mixed feelings about it. I understood that we had very weak interrogation capability.

Q: Let me just clarify one thing. You found that out by your conversations with different lawyers—

Xenakis: Yes.

Q: —who were asking that. Okay.

Xenakis: They were asking about the interrogations—and I found that out, also, from Leonard Rubenstein, and then I met with [Maxwell] Gregg Bloche. So I found out from both of them—he's a physician, lawyer and professor at Georgetown.

Q: By now this is about 2004.

Xenakis: 2005. So now these issues are being written about. They were coming out. What should our policies be? What should we do? And with that, what would be the appropriate roles and responsibilities of the healthcare providers?

So I guess what I'm laying out is that this was a work in progress the whole time. I'm unsure of exactly how the procedures and policies should be for the Department of Defense. I'm unsure exactly about what the responsibilities would be about the military physicians. On the other hand, I feel that—I don't feel that I'm necessarily an expert. I have not worked much with the interrogators—the military intelligence people. I'd worked some with them. I'd worked some with the Special Forces. Obviously I had spent twenty-eight years in the Army, so I knew a lot about the Army.

Q: When you talk about having worked with the interrogators and others, are you talking about in recent years, or are you talking about when you were actually in the military? When you were in the Reserves?

Xenakis: When I was in the military. The only conflict we had, really, during that time was the First Gulf War. The rest of it was training and preparing. It was a cold war, it was a large army, and it was organized and operated in a different way. I felt comfortable in that army, where I could define and lay out fairly clearly what my roles and responsibilities were, and they were going to be respected. People understood that I was not going to be asked to compromise those, and I felt comfortable in being able to defend my opinions.

This was a very different situation. The care providers—the Army, particularly, is organized by branches, so it's clear that physicians and psychologists and nurses, they're identified. They're not expected to be infantry. They are not expected to be intelligence. Everybody knows that you're from a different branch in the Army, and you have different responsibilities. So to be asked to act as an interrogator is outside the professional boundaries that are typical, that are expected of an Army officer at that time. I clearly recognized that we had insufficient capabilities and resources in our interrogation—what we call “human intelligence” or HUMINT. That was obvious in the nineties. There were times when some of us, including myself, had spoken up that this did not make sense. Once the Cold War was over, it did not make sense for us to weaken our human intelligence as much as we were doing that. But the decision was that we were going to cut those forces down proportionately, even more. So now we were in a crisis, and we were going to have to somehow build up our interrogation capabilities, and in a very quick way. And what would—understanding that crisis, and understanding what we were facing—what would be reasonable assistance that healthcare people could give?

So I felt like we needed to do something in terms of training, but as I looked at it very shortly afterwards, during the first months, I felt strongly that we should not ever be directly—healthcare people, we doctors and psychologists—should not ever be directly involved in interrogations. One, we really don't—we interview patients, but we don't interview them with the same purpose that interrogators interview them. There's an entirely different art form that interrogators use. It's a highly different way in which information is collected and organized and analyzed than what we do clinically. There may be insights that we have, there may be something that is instructive about what we do as psychiatrists and psychologists, but it really is not that substantial that we should be involved in any way. So I felt, clearly, and started to say so, that we should not be involved in these cases.

Q: And you started to say this in editorials?

Xenakis: In editorials, and then Leonard wanted to set up a campaign to get both the American Medical Association [AMA], the American Psychiatric [Association], and the American Psychological [Association] to make public statements that, respectively, physicians, psychiatrists, and psychologists should not be involved. And we did. We went to the annual meeting of the AMA, the American Psychiatric—I did not go to the American Psychological—to petition them to come out with public statements. So we did do that, and the AMA and the American Psychiatric did come out with those public statements. American Psychological did not, and there was a whole other campaign amongst psychologists—really great work being done by Steve [J.] Reisner and Stephen Soldz—to try to get the American Psychological to reverse its position.

So that's how that came about. I also began to speak publicly. I did some television appearances, including one with [William J. "Bill"] O'Reilly in 2006. That was fun in some ways. He cut me off when I tried to remind him about Vietnam and the mistakes we'd made there. That was my public involvement. It was at that time that I was contacted by the attorneys who were defending Omar Khadr, to evaluate him—this was in 2006—because I was speaking at a conference at George Washington University on the role. And I was asked about evaluating him because he was a fifteen-year-old when he was arrested—wounded, arrested, detained, and tortured—and was transferred to Guantánamo at sixteen. I'm a child psychiatrist. As a retired general officer—also, for other reasons, I had a top-secret clearance—I have a top-secret clearance. And the defense lawyers could not find a psychiatrist expert witness to evaluate Khadr, either one who agreed or one who was qualified.

Q: When you say “psychiatrist expert witness,” you mean a professional expert witness rather than someone who actually has the expertise.

Xenakis: Yes. The expertise to do that, to consult and advise. I will confess that that was a bit of crisis of conscience—as it has been this whole journey—because I'm a person who tries to keep in mind, at all times, the span of issues, and to keep alive the attention here. I think that discerning the truth is hard, and I think it requires very active engagement and effort and discernment. I'm not one to just feel comfortable that I've got the truth, and I'm going to just hold to it.

So here I've been asked to see someone who had been labeled a "terrorist," an "enemy and a murderer," and would I be willing, when no one else was—particularly as a retired officer—would I be willing to get involved in the case.

Q: When you say no one else would, do you mean no one else who had actually been in the military, in the medical division?

Xenakis: Yes, in the medical field—no one who had been either a colonel or a general. There weren't many retired psychiatrist generals, but there were plenty of colonels and plenty of other individuals who could have done this.

So I agreed, with some reservation, but I felt that—I said to the defense, "You'll have to let me do this the way I think it should be done. I'm going to come in and do the most professional evaluation I can and review the information for this case, give you my best advice, and you'll have to decide for yourselves if it helps your case or not. But I'm not here as an agent for whatever your bidding is." They said, "Well, from our standpoint, that's the rules we're going to play by anyway." So it took the defense about two years to get approval from the court—the military commissions—that would allow me to evaluate Omar. I did not have my first visit down there until December 2008. While I'm preparing to go down, I get involved in this group of retired generals and admirals who were convened by Human Rights First. At that time, the leader was Michael [H.] Posner, who now is the Assistant Secretary of State for Human Rights, and Elisa Massimino, I think, was the chief operating officer. She's now the leader. They had convened about fifty retired generals, admirals, and former other government officials—very

senior people. Early meetings involved Colin [L.] Powell, William Howard Taft IV, who had both been deputy secretary of defense, and general counsel, and Department of State. Several four star generals, and a host of other three, two, and one stars, like me. I was only able to engage one other retired Army or Navy flag officer or physician to be involved, and he died, actually, a year after that, suddenly. So I ended up being the only physician involved with all these different retired generals in this campaign against torture, upholding the Geneva Conventions, and what ended up also closing Guantánamo. It took us a while to decide that that was the right thing to do.

I was surprised that I was the only medical person, and I called several of my friends—former surgeons generals—and invited them, as well as two stars, and they all declined. They declined. As many of them said, "Steve, we respect your right to want to do that. We take our orders from the senior leaders, and they've said that this was what we should do and we should have done, and we don't feel that we have the freedom or the authority to disagree."

Q: They were still active?

Xenakis: No, they were retired.

Q: And they were saying they took their orders nonetheless.

Xenakis: I was shocked—one because they were retired, as you recognized, so, as citizens, they can speak up. And they had a responsibility, I thought. Again, I look back at the Vietnam War,

and I look back at the history and the foundations of the democracy, and I look back at my own family. I have a grandfather who was born in eastern Anatolia, a Greek, who, with the migrations that occurred at the beginning of the twentieth century of all the Greek Orthodox as well as the Greek Muslims—there was a transmigration of about two million different people—innumerable deaths—everyone in his family died except him! It was so unsettling for these people and destabilizing for their lives. And I hear the stories about what they endured and what it was like. He landed in Chios, and that's where he met my grandmother, and the story unfolds and all that. I just can't imagine that those of us who feel that we were principled, and we were going to be part of a military—and saw and were a part of what happened in Vietnam, and saw how errant and off on these tangents they were—that we would not recognize that we have a responsibility to stand up for what we believe in.

The other thing is it's part of military medicine. My job as a military physician was to speak up and say to an officer, "That soldier should not fly that aircraft, go into battle. He needs to be medically retired and you need to treat him this way. You may not want to hear what I've got to say, but I'm the doctor here, and I'm telling you that's what needs to be done. You'll make the decision, but I'm not backing off from what my recommendation is." I may have been clearly sort of on the margins of what professional practice was in military medicine.

Q: To be forthright? You think that was on the margins?

Xenakis: It may have been, to be so forthright. I did it several times. I was told more than once I would never be promoted to general. I said, "But that's not what my goal is. My goal is not to

become a general; my goal is to be the best doctor I can be." I have to say, it was very unsettling to me to call my colleagues and hear them decline to be involved in what I felt was a moral imperative, an ethical imperative for us.

But my nature is not to become—my nature is to then go inward, and start to question, “What are my motives here? Why am I doing this?” In this whole psychoanalytic way, having gone through this analysis is, “Why am I going here? Has it got some other—how is it determined?” All that kind of thing that happens—“Is there something else that I’m reacting to, or am I really being thoughtful about this?” So I would explore more, and being involved with these generals and admirals, very senior people, and listening, particularly, to the lawyers about what they saw and how the problems were presented to them, and spending a good deal of time reading. Then I started to get case material from Guantánamo, records of interrogations and other intelligence information—

Q: And this is particularly for Khadr?

Xenakis: For the Khadr case, although I had some other cases that I was also involved with. So I began to feel that the reasoning that was used to defend these practices was unsound and could not be justified.

Q: And that reasoning was?

Xenakis: That they were the "worst of the worst." That you could do anything, and that the ends justified the means. In a very simple way, that's the way it played out. Then I did have a chance to review the report by retired—he was then active duty—Tony [Antonio M.] Taguba, a very good officer. He also joined our group. I invited him to join our group at Human Rights First, and it appeared to me that the events at Abu Ghraib were just strictly because of a lack—poor leadership, lack of supervision, just irresponsible things that were going on there—officers who did not fulfill their duties, and particularly know that they had to follow the regulations, basically. We interviewed, also, a number of the political candidates, which was interesting, including the current president. I came to a conviction, after much reflection, that standing up for these principles was fundamental to our survival and our endurance as a democracy and as a country. It served both our national defense and, actually, as time has gone on, I have formulated a principle that—particularly in the twenty-first century—recognizing, acknowledging, and protecting human rights and individual rights is really *the* major action and endeavor we should take in the interest of democracy and stable governments.

So I can reconcile—and some may call it rationalization—I can reconcile in my mind that my role as a soldier, as a citizen, and as a physician, who I feel has to be humanitarian—I mean, as a physician I am a humanitarian, and my role is to protect those who cannot protect themselves, to care for those who can't care for themselves, to protect those who are injured, who are ill, and otherwise will need support and caring for their lives. And, that that's as important as anything else that we do.

Then I went down and I met Khadr.

Q: This is the first time you went down?

Xenakis: The first time—December 2008—and was just shocked.

Q: Set it up. You get down there, and they give you a place where you're going to stay—?

Xenakis: Yes. You fly into—Guantánamo, of course, is on the eastern end of Cuba. The U.S., by treaty from the Spanish-American War, has land on two sides of a strait, so that, in that way, it cannot be blocked off; that the forces that were on the mainland of Cuba could not be under siege. So there's a small little strip of land on the other side of a strait, which actually you land on—the leeward side. Then you take a boat to the windward side. Because this is under military commissions—it's much easier under military commissions. There are lots of complicated, arcane rules down there that make it very difficult to work with cases. I've also gone down on habeas cases, and you can't stay on the side of the island where the prisons are. You have to stay on the other side of the island, rather secluded, which makes life very difficult.

Q: That's if you're on habeas cases.

Xenakis: Yes.

Q: But if you're doing a mental health evaluation, you can stay—?

Xenakis: No, it makes no difference. If it's a commissions case, which is under DOD—if it's under DOD, you can stay on the main part of the island. If it's a habeas case, which is under federal district courts, you can't stay on that part. You have to go back and forth on the boats, and it's just really uncomfortable.

So we land, we go over, we get rooms. You can tell that they're not very welcoming. There are lots of little things. As a psychiatrist—you have to go down on military orders. I'm a retired general. I should always be recognized as a retired general. My orders never say "general" on them; they only say "Mr."

Q: Let alone doctor. [Laughter]

Xenakis: So none of that happens. There are all these little ways that they try to demean you. Finally, the appointment is arranged, and there is one camp with rooms where interrogations and interviews occur—recognizing that we're going to do a doctor-patient interview, and we're going to do the interview in the same room where interrogations have occurred. There are these huts that have been constructed behind double barbed wire fences, and you have to go through all the security.

So we go in, and fortunately I have my—I meet Omar with Dr. Kate Porterfield, who had already met him. She'd been down there before on another case as well, a young boy who didn't really know his age—[Mohamed] Jawad. A very sad case. So she had met Omar, and she had decided she was not going to prepare me for the meeting. So I go in. Now in 2008, he's twenty-two. He

was born in September 1986. He was wounded. The camp where he had been—his father [Ahmed Khadr] had sent him as an interpreter to Libyans, who were training local Afghanis—Pashtuns—on how to make IEDs [Improvised Explosive Devices]. His father, I think everyone agrees, was involved with and financially assisting [Osama] bin Laden and had been in these kinds of terrorist activities. He and the mother [Maha el-Samnah] would send their children out to assist. Omar, who is the third son and a bright young man, a nice young man, was very good with languages. So he was sent, about a month or two before this incident occurred, to this camp of Libyans in Khost, Afghanistan, to act as an interpreter for the Libyans who had been exiled from Libya—who were training the locals in making IEDs. And he did what his father asked him to do. Because the Libyans spoke Arabic and the locals spoke Pashtun, Omar translated for them as they were being trained by the Libyans.

The American Special Forces attacked the camp, and Omar was seriously wounded in the attack. I feel he was wounded in the first minutes of the attack and knocked out, and could not visualize how he participated any more in the combat. I don't think he was trained or equipped to do it. He was fifteen. He was a boy, basically, and he would have done whatever he was told to do as it was. But he was wounded early on, he was severely wounded, and I couldn't see how he at all fought.

Q: How was he wounded?

Xenakis: There was an air attack from both Apache helicopters and what we call A-10s. They were bombing the area and strafing it with machine guns. He had a bullet round that went

through his right thigh, which caused severe bleeding and shock. There was also shrapnel in his face that knocked him out—and he's now blind in his left eye—shrapnel all over his face, just knocked him out. He was lucky. There were four people in the camp including himself. There was another man, probably in his late thirties, early forties, who had befriended him and tried to protect him, who knew that they were all going to be killed. He tried to tell—he and Omar had conversations about trying to leave the camp because they knew that they were under siege, possibly, or would be attacked and killed, but they couldn't figure out how to leave. It's a pretty remote area, very rugged, and they felt they'd be killed. He protected Omar, and he dragged him into a little alcove. But the firefight ensued. It took about four hours. At the end of the firefight, Omar was shot through the back with an M-16. He takes two bullet rounds. There are all these pictures now that have been publicized. But also, a grenade is thrown that fatally wounds a Special Forces medic. Omar is the only survivor, so he is charged with murdering this Special Forces medic. I never could, in all my review of the records and review of the firefight and the after-action reports, I could not explain and reasonably justify, at all, that Omar threw this grenade.

But the government case was, he was the survivor and he was charged with the murder. It was good work by the Army medicine. They air-evaced him out, even though he was shot through the back, to Bagram. He was operated on. He lived. He was put in the prison in Bagram, where he was subjected to cruel treatment—torture, really. All sorts of things happened there.

Q: Such as?

Xenakis: He'd be strapped, so he'd be chained—even though he had wounds he'd be chained to the bars.

Q: Not just the wound in his back, but also in his thigh, and his face.

Xenakis: In his thigh, on his face, and he's blind. He'd be chained, he'd be in severe pain, and the interrogators would come, and he'd be questioned, and he wouldn't be given pain medication unless he was subjected, and agreed to the questioning. He was jerked around, still obviously in pain from the wounds and the surgery. He was kept on these cots that were very, very uncomfortable and painful. Conditions were cold. There were a host of things that he was subjected to.

He managed to recover. There were statements that were made while he was being tortured at the time that were going to be used in his hearing and his trial. Our case was they were not admissible because they were made under the conditions of torture, but they ended up not being suppressed. The government's case was that he was not tortured, which I think is totally wrong. It ended—to get back, so here I met this person. I'd reviewed all these records. I had no idea—I'm sorry.

So he's moved. July 27, a firefight occurs. He goes to Bagram. By October they've decided they're going to move him to Guantánamo. So he gets to Guantánamo by about January—and this is in the old Camp X-Ray, which is in the far western part of the territory we have there. There are just cages. These guys are just kept in cages. It's not real cold in Guantánamo, but it's

fairly cold. He's frightened—and they're blindfolded, and they're shackled, and he's still recovering from his wounds. It's just harsh conditions. They then move to the first camps by the springtime, and he's subjected to any number of cruel and harsh treatments, some of which are captured on a Canadian video tape.

Q: And these kinds of cruel—

Xenakis: Well, he's put on what is called the “frequent flier program,” where, for days at a time, the prisoners were awakened every couple of hours so they would not get sleep. Interrupted sleep can cause all sorts of problems, including psychosis. People can just get so confused and bizarre. He's subjected to “walling,” which is when they're thrown against these walls that are supposedly constructed in a way that they're not going to be injured, but I think they cause mild concussions. He's not allowed to use the toilet. At one point, his bladder is so full that he has to urinate. They tell him to urinate on the floor, and then they tell him to mop it up himself by just rolling around in it. They call it the “human mop technique.” I didn't find a lot of this out—it was not in the records. I could sort of pull it out, although it had been redacted by the government and not recorded. I found it out in that second set of interviews when he had asked me to do a physical exam, and we were lucky that one of the guards—the authorities there would not really help me in any way. I had to bring my own medical equipment. They would not set up a room for me to examine him or anything like that. Then it turned out that one of the guard's, who was really just very compassionate, said, “Sir, I'll help you.” I took him to a room,” and he said, “Oh!” And he had an anxiety attack. I said, “Omar, what happened?” He said, “I'll tell you what happened in this room.” I was shocked. Just shocked.

So just to kind of roll it back, here Kate takes me in to meet Omar. I had no idea what this young man was like. This was now 2008, so he's been there almost six years. He's grown up there. He spent his adolescence there. He is the youngest person. I have no clue what this young man is going to be like, this so-called terrorist. What kind of person is he going to be? And the stories about his father, and his mother, and all that. We go in, and I meet the nicest young man in the world. You can't imagine. "How are you?" He's very polite. He's considerate. His nature is not wanting to offend or hurt anyone in any way.

Q: Did you have an interpreter?

Xenakis: I didn't need an interpreter because he is Canadian.

Q: That's right.

Xenakis: He was born in Canada. He has a slight accent. But we didn't need an interpreter. But he's grown, he's a man now. He's not the boy we saw in the pictures. He's got a beard. He's about 6'2", a good looking young man, athletic, and kind—just kind. He's the kind of young man who, as he's struggling—Kate and I have spent a lot of time with him, in a number of conversations, helping him with issues of should he take a plea agreement? Should he hire or fire lawyers? How he's going to survive conditions. What should he do about the way he's being treated? There is absolutely nothing mean about this kid at all. I say kid—he's a young man—he's younger than my children. I was stunned.

We spent a couple hours just initially introducing each other. What's my family like? Who am I? What's his like? What his day to day stuff is, and all that. Then he wants to take a break, so we have to come out of the room and we have to go to a different part of the camp. Kate says, "What do you need?" I said, "Kate, I just have to walk around." So I go out and I just walk, and I start pacing—which is a habit of mine. She says, "You know what's happened to you?"

I said, "No."

She said, "You've been gooded." You remember from *Ghostbusters*, where they had the goo?
[Laughter] So Kate says, "You've been gooded."

I said, "I am shocked, Kate. I am shocked that we have such a nice, decent, considerate, thoughtful young man, and to think about how he's being characterized in the trial proceedings, and by the government. And then to think about what he's endured—and that having been treated in this way, that he is such a kind individual is to me—I'm just really shocked."

She said, "That's what I can't make sense of, Steve."

Of course, here we are still, early on, exploring, learning. It turns out that after, now, five years? Four years of multiple meetings with Omar. We spent hundreds of hours with him, and conversations. He calls me now from the prison in Millhaven [Institution] and he calls Kate, just to say hello. And, also, to talk about—he's depressed. He's worried. What's he going to do? All

these kinds of things—can he work for me in the clinic? Can he help? He wants to become a doctor. All these kinds of things—which are not going to be possible. He's so far behind in his school. But it turns out he *is* a kind young man.

Q: So take us through the trajectory of the work that you did together, and the point at which he was sent from Guantánamo to Canada.

Xenakis: The work we did together was to—through our various interviews—for ourselves to come up with an evaluation we thought was valuable and could be used by his attorneys in his defense. We had multiple sessions with him. It involved interviews, physical exams, review of all his medical records, review of the interrogations—all that kind of thing. But the case, as it unfolded, was that it appeared, because of evidence that had been uncovered—a DVD that had been done by the Libyans in the camp there, where, during an instruction session he was, in fact—it was a dummy, but he was putting together, wiring an IED. And then went out at night, during the instruction, in terms of laying the IED in the road, that he would be convicted for material support and would have been sentenced to forty years. It did not appear that that case could be won by the defense. He firmly believes that he did not do anything wrong. He was fifteen years old. And I agree with him. I don't think he did anything wrong at all. But our feeling—and I say our, Kate's and my feeling—was that there could be a plea agreement. He'd have to plea to killing Sergeant [Christopher J.] Speer the medic—but for the plea it ended up that he would get eight years total, more confinement. Lots of conversations. Kate and I specifically spent a lot of time with him.

Q: So you would go back to Guantánamo. Do you know how many visits you made to Guantánamo on his behalf?

Xenakis: Half a dozen, at least. Because there were visits to prepare for the plea, then there was the trial, and then there was the sentencing. And we've had a couple visits since then.

Q: How was he, as he faced the reality of what the sentence was going to be?

Xenakis: The reality of the sentence I don't think he really could quite envision. I don't know if it was because of the youthfulness, the state of mind—he's spent over half his life now in prison. His sense is of not knowing what any other future could be. He has not said this, but I've interviewed half a dozen other detainees down there, and other people in the Mideast, and one of them said to me—I've asked him, did he have any wish to die? Suicide is prohibited in Islam, so he would not kill himself, but what he said is, "I pray every day to die, but I live as if I'm going to live a thousand years." Which is part of their faith. Omar hasn't quite said that, but I think he was prepared to live his life in prison. This was the fate that had been rendered to him, and his principle that he had not done anything wrong—the hardest conversations, the most difficult conversations we had with him had to do with compromising somehow, and misrepresenting his conduct, his actions, and his convictions.

Q: What do you mean, misrepresenting?

Xenakis: Well, by confessing to the murder.

Q: To ask him, or urge him to do that.

Xenakis: To urge him to do that. Because he, from the beginning, told me that he did not remember anything. I had written an affidavit about that, and because I had there was some legal maneuvering that got me to the place where I did not testify at the sentencing. But he didn't remember. He didn't recall what he had done. And I believe he didn't, because I think he had a concussion right from the first moments of the fight. That's why I also believe he could not have thrown the grenade, and I was prepared to testify to that. The lawyers were not prepared to build a defense around it, and I was very disappointed in what I thought was a lack of preparation by the lawyers. That was very hard.

Q: Hard for you.

Xenakis: Very hard for me. But he was willing to say he was there, and could take responsibility as having been in the camp, for the man's death, and therefore would agree to the plea. And it was hard, because here we're crossing all sorts of perspectives and boundaries. Here's a young man who doesn't see his future. We're saying to him, "Eight years means that you're out by thirty-four, and you can have a whole life." I'm worried that even though he could have a whole life, he's still going to be besieged by all the trauma that he's had. He has nightmares. He has sleep problems. He has anxiety attacks. He's never lived outside a detention setting. He grew up in a prison setting. How is this person going to have a normal life? And I'm asking him—Kate and I—we're asking him to take a risk, to plea, with the idea that in his mid-thirties he's going to

be released and somehow can have a normal life? When, in fact, he may suffer for the rest of his life because of this. I'm not sure we're doing the right thing.

Q: This reminds me, when you said he'll have anxiety attacks—you didn't tell me what he told you what happened to him in that room when you took him in to do the medical exam.

Xenakis: That's when he told me about the human mop, the frequent flier program, the walling. He may have been subjected to some kind of waterboarding—not the ones that are generally publicized—all that. That's how I found out that all those things occurred.

Q: Why had he wanted you to do a physical exam?

Xenakis: He's got wounds. He's got pains. He's got aches. It's just a hands-on. He's a young man. There's a teenager there, and there's a young man, and he wants somebody to care for him.

Q: And someone he trusted, who would touch him with understanding.

Xenakis: And to say, "Okay. This is what you can worry about. Don't worry about this." And that's what the conversations are. "I've got this pain. I'm having these problems. What do you think?" He calls Kate as often if not more than he calls me. Kate's a wonderful woman. She's a great psychologist. She's got this very maternal way about him. She can talk about all the different feelings and worries. She can engage him in ways that can be very comforting, things that are not in my repertoire. But I can be the doctor. I can hands-on, I can give some guidance, I

can say to him, "Omar, the smart thing for you to do is take this plea, and this is how it's going to happen. This is how your life can unfold." It's hard to explain the vagaries and uncertainties about how things are going to happen to a young person. He's twenty-four, twenty-five here—how do I explain to him what might happen when he's thirty-four? But we decided that was what we were going to have to do, and we walked him through it. The plea turned out, he got eight years. It involved the secretary of state. It involved the foreign minister in Canada. The agreement was he'd only spend a year more in Guantánamo and then move to Canada. That came and passed.

Q: When you say you were involved with the secretary of state—you, independently of his lawyers?

Xenakis: Independently of his lawyers.

Q: Because you weren't trusting them. Were you at the hearing?

Xenakis: Yes, I was. I was at the hearing and the sentencing.

Q: What was that like for you?

Xenakis: I was just boiling. Again, it revived my whole sense of shock. These appeared to be irreconcilable positions, and surprise that this had unfolded this way, and that these kinds of things were happening. I'm not a forensic psychiatrist so I'm not trained—I'd spent some time in

the courtroom but had not really been able to witness first-hand how the law plays out. So it was very educational in that way, and very concerning to watch the law play out.

Q: Say a little bit more about that.

Xenakis: Well, I guess the fundamental is that in the health and clinical practice—either in the science of psychology or in medicine—we have some grounding in the scientific methodology and the legacy of science, which is that we come to truth in some iterative way and deductive reasoning. We recognize that truth has to do with being able to take information, analyze it and process it, and that there is going to be discernment of that in a way that people will interpret the information. You make either clinical decisions and/or you go about doing another experiment. But that's what truth and facts are. Facts are contextualized in that way.

That's not the law. The law is based on adversarial processes, where each of the parties—either the prosecution or the defense—argue their case to their relative extremes. The facts are what is agreed upon by the court, which is either the jury or the judge, depending upon how the case is adjudicated. Once something is agreed on by the court, it becomes a fact. That adversarial process is very distinct from the way we go about our medical practice. I've spoken about that, and am about to submit an article for publication of what the implications are for our profession—both as physicians, psychologists, mental health people, as well as military officers. Because I think that it is very easy for a clinician hired as an expert and as a consultant to be captured, respectively, by the attorneys who are hiring them and asking for their advice. And to therefore think that the role is to only assist those people—I think that's wrong. I think our role is

more to, as best as we can, discern the truth, or the facts, or to get the best clinical picture possible, and then having gotten that as a base, to answer respectively the questions that are asked—understanding that there is bias in our process because of whom we're being hired by.

That was the essence, also, of that article about the radical jihadism. That was a major point of contention with Michael [M.] Welner.

Q: Just spell out where that came in.

Xenakis: So after the sentencing, the government had hired a forensic psychiatrist named Michael Welner—who did testify against Khadr, after two days of interviews. As part of his testimony, he argued that, “Omar continues to be dangerous. He's a dangerous person, and continues to be dangerous because of his adherence to radical jihadism,” which means that no matter what he will wage war against Westerners. I was appalled by that, so I decided that I would write an article—again for the *Washington Post Outlook* section—arguing against the politicization of psychiatry—that it had been politicized in this argument by Welner on radical jihadism, that he could somehow characterize him that way, and that that was a discredit to our profession, and that I thought it was unprofessional. And I have continued to try to argue that point, to try to build on it, and was invited as an invited speaker for the last—Emily [A. Keram] and I went together. She had me invited to the American Academy of Psychiatry and the Law [AAPL].

Q: Emily Keram, you're talking about. She had you invited to the annual meeting.

Xenakis: The American Academy of Psychiatry and the Law, and I have a speech there about what I felt our professional responsibilities are because, again, we're grounded in certain principles. As physicians, as healthcare professionals, as soldiers and citizens, it is those principles that guide us respectively in our professional work, and guide us in our convictions in what we do, and they are principles of human rights and individual rights, and they're fundamental to democracy. That's where I have now, after all these years, come to organize myself.

Q: Just to go back for one more minute, to the court thing.

[INTERRUPTION]

These principles, these humanitarian principles of medical professionals are in many ways at odds with what is happening in the law court. It seems to me that what complicated that situation for you, there, was also that this was a military court. I wondered if there was anything you wanted to add about whether it feels already that the case is stacked against one of the detainees.

Xenakis: Well, it was part of my dilemma. The position of the military, the position of the U.S. government, was that we are justified in an all-out defense, and in some senses an attack, on those we identify as enemies. Certainly I've been exposed to that through my years, and understood that you have to sometimes take unrestrained action against those who are endangering your safety and security. And the military, early on, when I first got involved in

2003-2004, said, "These people are our enemies. They've not only caused this horrible disaster here at the World Trade Center, but they've made plenty of other attacks on the country, and our safety and security is endangered." Frankly, there's a bit of trusting one's government here and having faith and confidence in the capability, the competence, of the government authorities. As an officer, you salute—and I'm willing to do that. There's a whole—of course my own personal experience, and my ethnic background, particularly, is such of certain respect for authority and parents. I'm not sure that this has come through the subsequent generations, [Laughter] but there's a bit of me that does that.

So it was very hard for me to decide that—and I didn't know, really, "Were these people the enemy? What *is* the danger that these people are presenting to us? How serious is that danger?" And knowing that there is classified information that I don't have access to—am I really erring in any way, acting in the defense or protection of a so-called perpetrator against the country? I didn't know. But what I saw couldn't justify the presumption that these enemies were dangerous in the way that they had been characterized. And it struck me that it was now just political rhetoric that was being used to justify other agenda that these figures had. One of the ways I saw that happening—and I was one of the first, in fact *the* first person, and we were speaking to a presidential candidate, Hillary Clinton. We saw her a couple of times and I said to her, "Mrs. Clinton, I would ask you to stand up publicly and say that we are not going to let fear motivate bad instincts in all of us—to torture people, as we've seen on 24, or to take action in a military political arena that is ultimately going to endanger us. This government is exploiting fear." She recognized that, and there were times when, in public debates, she would then say that.

Fortunately, a couple of the four stars on our team wrote an article about that. But I saw fear being exploited and misused.

So I had to decide that what the government was saying was not real. Now I will say that that wasn't the first time I had felt that. I felt that also during the Vietnam War as a high school junior living in Japan. This was 1963 to 1964. For some whim, I read Hồ Chí Minh's autobiography, which was his Ph.D. dissertation when he was studying in Paris, and it struck me that this man was a nationalist. He may have had a lot of other bad things, and I didn't know enough—and I don't know, to this day—but I just could not see how we would ever particularly prevail in Vietnam against the instincts and his understanding of his society. I felt it was the wrong thing to do.

To answer your question, as I watched this unfold, it was hard for me to then decide that we were on the wrong side of this war. But, as time has gone on, I feel that even more strongly.

Q: Well, I will halt the interview here, and hope that we can take it up again soon.

Xenakis: Sure.

[END OF SESSION]

3PM

Session Two

Interviewee: Stephen Xenakis

Location: Arlington, VA

Interviewer: Ghislaine Boulanger

Date: March 12, 2013

Q: Okay. This is Ghislaine Boulanger on the twelfth of March, 2013. I'm doing a second interview with Brigadier General, retired, Stephen Xenakis in his home in Arlington. Steve, thank you very much for agreeing to this second interview. Let me just try this. Can you—?

Xenakis: I can. I appreciate your coming down. Actually, I'm sorry it's so inconvenient.

Q: Oh, it wasn't inconvenient for me. So, as we were saying just before we switched on the recording, we want to go back to Guantánamo. You were going to make a few more comments about Omar Khadr, because we left last time with your experience with him and what a moving experience it was and continues to be.

Xenakis: Absolute and continues to be. In fact, I just wrote a letter of recommendation. I'm glad we're talking because I realized I hadn't sent it. I wrote it in my last visit to Guantánamo for him to matriculate in a small college in western Canada. His lawyer, who now is coming back on the case, lives in Edmonton and has arranged for him to be able to enroll at the King's University. He has a good friend who's a professor of English there, and she's been tutoring him—well, started tutoring him after he'd been sentenced in Guantánamo and now has continued. He's now in a prison in Canada. And they are glad to have him enroll, and I think that's going to be very good for him. He wants an education, and I'll be glad, very delighted to write this letter. It's a very

Christian university, but they're very welcoming to people of other faiths. And Omar is a very patient individual, and what's important to him is that people have faith or principles, I think, and is not at all judgmental about what faith people have.

Q: So it's fine with him to be at a Christian university.

Xenakis: He's very comfortable with that.

Q: This is so the exact opposite of, I think, the picture that has been painted of him from this rabidly Muslim family.

Xenakis: Right. It is. I mean, that was the gap with both the testimony, and then later on both the press interviews that particularly the psychiatrist who worked for the prosecution made. I mean, he used these words that Omar's been marinated in radical jihadism and is a rock star among the other detainees, and is the kind of charismatic figure who, when released, will go on with this campaign against the Western world and Western civilization.

And that's not at all who this young man is. That's not the young man I know or my colleagues know and that we had all worked with. And it's a highly theatrical characterization of him—

Q: And duplicitous.

Xenakis: —and it's not at all fair. And duplicitous, I think.

Q: So how was it that you didn't testify?

Xenakis: So the background. There are two reasons, principally, I didn't testify was that it was at the sentencing. So he agreed to a plea, which would have given him a maximum of eight years. And he, actually, was the one who prevailed over his lawyers, who were willing to agree to a twelve-year sentence. And he said, "No, I know I can do better than that." And he had an eight-year sentence.

But the conditions of the plea as they play out in courts, and not just the military commissions which are like court martials, but also federal courts, is that the defendant, essentially he pleads to the guilt of the crime and at that point on really is constrained in terms of what the defendant can say or anybody else can say about their accepting and admitting to the guilt.

First there was a concern that my declarations and my assessments were going to somehow undercut that guilty plea. I had written a declaration early on, after I first evaluated him, that said that he had been wounded so early in the American attack on the compound where he was living that he had sustained a concussion, a traumatic brain injury, and very likely did not have memory for anything after that until he was brought to consciousness when he was at the American hospital after he was wounded.

And so that I felt he was truthful when he said that "I don't remember what happened. I don't know what happened." I could not find throughout—this was after my first evaluation in

December 2008. Over the subsequent, well now, you know, four and a half years, I can't find any evidence to change my opinion. So I think he sustained a concussion. And not only did he sustain a concussion from the bombardment of the helicopters and the low-flying aircraft, he also sustained a wound to his right thigh and had a lot of hemorrhage from it, and I think he may have fainted as well from that. So I think they were both factors that came into play.

That declaration was public. And so if I were put on the stand, I would have to explain to the jury how he could, at the time of the sentencing, accept his guilt, yet I had said that he did not remember. I had, in fact, spent a lot of time with him talking about that. Asked him, "Omar, I mean, particularly since you're a very ethical person, I don't want for you to feel uncomfortable, as well as I need to be able to be explicit in my testimony on how this happens."

He says, "I don't remember, but I'm willing to accept responsibility. It's said. I've been told it's happened. I know this man is dead. I will accept the responsibility. I was told that I threw it. It's time for me to admit that if that was the case, then I was the one who perpetrated the act, and I will take responsibility for it."

To me, a very frank and plain statement on his part, and I could, I thought, very comfortably testify. The lawyers were not comfortable with that. And in my view, they did not take the time to rehearse and prepare me for the testimony. I was not happy with how little time they spent in preparing for the sentencing.

I think, having said that, I think they felt that it was going to make no difference that the jury could sentence him to the maximum of forty years, which is what they did. They did sentence him to forty years. And I think their feeling was there was no way that there was going to be a sentence less than eight years, and they really were not going to expend much effort on that. So in that sense, I think that's a judgment they made, and it was probably correct in that sense.

The Canadian lawyer who now is representing Omar in a case—an appeal—to the Canadian Supreme Court was very annoyed at that because he needed that testimony to argue the case that Omar had been inadequately defended in the American court and, therefore, his sentence, his conviction, or his plea and his sentence were unjustified. And he wants to be able to, of course, argue it as adamantly as he can. So he was very unhappy with that, but that was the decision.

The second issue that came into play was that there was questions about my credibility. When I was on active duty before I retired, and before my wife died, I was accused of adultery. And there was a rather obscure taping of a conversation. I'm not sure if it was doctored or whatever. And it happens commonly. Generals are targets of all sorts of allegations. And I was a forceful—I was a strong leader.

This was a man, I found out later on, who I felt was not qualified and not of sound mind, actually, and I did not hire him for a job. And he made this accusation. It came at absolutely the wrong time, when President [William J. "Bill"] Clinton was in the midst of the Monica [S.] Lewinsky affair. There were all sorts of other allegations of improper conduct by drill sergeants and just a huge flurry around sexual misconduct.

Q: It was a terrible climate.

Xenakis: It was a terrible climate. I got caught up in that. I obviously argued against it and was able to get the charges cleared from my record, and I retired. I was going to retire anyway because my wife was dying. But it was on the record. And those kinds of things, you know, anything that can impugn a witness, of course, is used by the opposing legal team.

Q: And they had discovered it.

Xenakis: And they had discovered it. They'd gotten into—part of the dismissal that I had insisted on was that that whole file be put be classified and not available to anyone except under exceptional circumstances—only available to the president, basically—if ever it came up that I would be blackmailed. I had already passed a screen when I was nominated for a political appointment, and it was not the reason that I did not get the appointment. There were other reasons, basically because of my opposition to Abu Ghraib.

So I was appalled that this happened. I didn't think it was a serious issue. It's come up before. It's all public. It's on Google. Everyone can see it, as well as the retraction and the settlement and my retirement with full honors. But it's there, and I face it every time. I know that it's there in the background when I go and have to testify. And the lawyers—again, Khadr's lawyers had not asked me ever about it and were not prepared to object to any other questions.

So it turned out, therefore, that I did not testify. And in the end, it probably didn't make a difference. Khadr serves his eight years. He is in Canada. I think he's in a solitary confinement by Canadian law. The attorneys there are arguing to have that, in fact, dismissed—both the conviction and, clearly, the conditions of confinement. And I will probably be going up there to quote, "evaluate him again," get an update, and testify to the Canadian courts.

I've talked to him a couple times. He calls. He can call me now, which he couldn't do from Guantánamo. And we have some very pleasant calls. He's a wonderful man.

Q: How long has he been there now?

Xenakis: He's been there now almost two years.

Q: And he is how old now?

Xenakis: He is twenty-six. He'll be twenty-seven in September.

Q: And he was—

Xenakis: Fifteen.

Q: —fifteen when he was—

Xenakis: When he was captured.

Q: —taken. Wow.

Xenakis: Yes. So he's spent almost half his life. But just a great—he's a fine young man.

Q: Incredible.

Xenakis: It is incredible, incredible. You know, I've asked him about his family and how his father had particularly forced them, coerced the children to get engaged in these kinds of activities. He says, “You know, the irony is I know that my getting wounded and captured has been the worst and the best thing in my life, because I probably would have been killed doing things that are not in my heart. I didn't want to ever do these kinds of things. My father asked me, and our culture is that we are obedient to our parents, and I was going to be obedient to him. And I was fifteen years old, you know? And you don't argue against your father, you know, at fifteen.” So I was not surprised.

Q: And now he has the opportunity to go to this college, and that will be important. So that was your first experience in Guantánamo?

Xenakis: Yes. That was my first

Q: And I know you've just returned from another week there.

Xenakis: Yes. So this return has been one again that has stirred up all these questions that have just gnawed at my conscience from the beginning, because I now have first-hand exposure to these characters that are depicted in *Zero Dark Thirty*. Obviously, who they are and what I know is classified. But I think that it's not classified that these composite figures—I mean, these are fictional characters—really do represent individuals who are now in detention and being tried.

[SECTION CLOSED UNTIL 2038]

[SECTION CLOSED UNTIL 2038]

[SECTION CLOSED UNTIL 2038]

Q: Construct them—

Xenakis: Construct them.

Q: —in very different way.

Xenakis: And would not that have made this whole thing so very different in so many ways? I mean, we clearly would not have invaded Iraq. And it would've possibly also given us a more constructive role when it came to the Israeli-Palestinian conflict because we would not have gotten caught up in the Muslim world and the Muslim politics. I mean, this is just a bad family

that's doing bad things. They've hurt Americans, and we're going to do what we need to do to protect ourselves. But we're not going to somehow distort it.

Q: And glorify them—

Xenakis: And glorify it.

Q: —in the Muslim world.

Xenakis: Exactly. So I find myself really, really kind of—then, of course, I have to ask myself, where is this country going? Are we doing the right thing? Again, have we continued to promote this? Does Guantánamo, again, symbolize an anti-Muslim position that we have and prejudice or bias that we have as a country? And does that further weaken or somehow undermine whatever relationships we want to have with any number of countries across the globe? And where's the leadership here? Who's in charge, and are they thinking strategically about this? So that really has consumed me, more or less, as I've been trying to think about these cases that I end up testifying and get involved with. Irrespective of the fact that these people are damaged, and the humane thing for us to do is to treat them and help them as best as we can.

Q: Can you pick one of them and describe your interaction? I'm really interested also in hearing how they're damaged, but also just in the experience of being in Guantánamo.

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Xenakis: There are "two sides to the island," quote unquote. We're on the eastern tip. Guantánamo is on the eastern tip of the island. And when the treaty was signed at the end of the Spanish-American War, we got the territory in Cuba as part of the settlement for the Spanish-American War. And we needed to be able to control the strait that goes into the eastern edge of the island. So there's a small, little spit of land where the landing strip is, called the leeward side. And then the part where the prison is is on the main part of Cuba, and that's the windward side. So when I'm on habeas cases, I have to stay on the leeward side. And we're very isolated there. There's hardly anyone on that part of the island. We live in a BOQ that's okay. It's sort of like a Motel 6.

Q: BOQ?

Xenakis: Bachelor Officer's Quarters, and it's like a Motel 6. We end up cooking for ourselves. We have to go to this little grocery store that's on the windward side and get food and cook for ourselves.

Q: So that's a whole excursion to go.

Xenakis: It's a whole excursion. And any time we go to the windward side where the prisons are, we have to be escorted. I mean, we are persona non grata as we move around. We have badges. We're clearly identified. We have no freedom of movement on them except for this little isolated place that we are. So it just, you know, grates on me. Here I am, a retired general, and I should be able to kind of move around without escort.

Q: On a military base.

Xenakis: —on a military base. The idea that I have to be escorted around like some prisoner is just astonishing.

Q: Can you go jogging if you want to?

Xenakis: Not on the—I can on the leeward side because there's nobody there where we stay. So I go jog at the end of the day, and there's just nobody there. So that's okay. And there's no way I can get to anywhere. I'm totally isolated there. I feel like I'm in this little mini-camp, and it's very disturbing to me. And there's a driver assigned, and he has to be with us all the time. And then we go—

Q: So he's Army?

Xenakis: He's an Army driver. And we have to be in somebody's eyeball's sight all the time.

Q: What do they think you're going to do?

Xenakis: Well, you know, whatever picture—whatever they think. We're going to go see things that we're not supposed to see. We're going to talk to people that we're not supposed to talk to.

Q: You're going to discover something.

Xenakis: We're going to discover something. And they're very worried this trip because—this is just coming out in the press—because there's been a hunger strike now for five weeks. There was a change of guard, the command of the guard force in January. And a senior commander—the commander and the deputy commander had been transferred from Bagram to Guantánamo. And the rumor is—I never was able to confirm it because we're really constrained in who we can talk to—that this commander had said, “Things are too loose here in Guantánamo, and we're going to revert to the policies of 2006.” So they really clamped down on all the detainees. Shortly after he arrived, there was a shooting, and a guard shot at some detainees in a yard where they were playing soccer.

And one detainee—he shot at him with rubber bullets—and one detainee was shot in the neck, had a bleed—evidently, he's recovered, probably was not as seriously wounded as he could have been—for a very questionable circumstance and provocation. So that really disturbed the detainees. They went on hunger strike. There was conversation, and the rules that had been imposed about how many could congregate were relaxed some.

But then there was a reinstatement of an old rule about the guards being able to inspect the Korans of the detainees. So the idea was the detainees, as they—now remember, these are detainees who are still in a detention status, not in a conviction status. There are only two now that I think are there who have been convicted. All the other ones are still pending trial or release.

So under law, they have some freedoms to congregate. They have a soccer yard, all those kinds of things. They can get out. They can walk around. Many of them will take their Korans with them in the mid-afternoon when they go to the yard. And the idea is if they're going to play soccer, then they'll put their Korans in a box. The guards started to go through the Korans and, in fact, take them and take out pages, saying that the detainees were sending secret messages between themselves, coded messages, in these Korans.

Q: Do the guards read Arabic?

Xenakis: Well, they have some translators.

Q: They do. Yes, of course.

Xenakis: Which doesn't make sense to me because these men can congregate as they wish. I mean, they don't need to send coded messages. So that violation of the Koran tipped the balance again. And I've heard that almost everyone in Camp 6 and some in Camp 5, so we're probably talking about—of the 166 people, ninety are on hunger strike, and a number of them have lost

ten to fifteen pounds. They're taking water. And they're starting to really feel and show a lot of symptoms.

Q: They haven't started force feeding them yet.

Xenakis: They have not. We don't know. All that's being kept very closely guarded. And while we were there, of course, they did not want us to see any of that or ask any other questions. We don't know how many are being force fed. We don't really know what's happening. We know that, because occasionally they'll take water—well, they take water, and sometimes I think they're taking some honey or things like that. They're not calling them hunger strikers, they're calling them food refusers, which is this classification, a way of—

But the fact is that they're losing weight. You now have older—they've been there ten years—so you have a population that's in its forties and fifties. You have one man there who's seventy. You've got some in their sixties. I mean, I think we'll start seeing some pretty serious problems from that.

Q: This visit that you paid most recently, was this a habeas visit?

Xenakis: It was a habeas visit, yes. And this was a person who is very damaged, tortured, and I treated him. You know, he has, legitimately, no confidence in the medical care at the installation, and it's not just his personal reservations, skepticism, naturally. I mean, these doctors in uniform. You know, his first experience were when they were working with the interrogation teams, and

he was tortured. So you can see just from transference that this person would not feel comfortable with American medical people.

But he's not that kind of individual. It's as if I thought that they were skilled and experienced, and they could help. "I'm suffering so much that I would accept their help." But the providers rotate every six months, and they're junior. They're not experienced people. And he says, "I just keep going through the same cycle of the newest medication or the latest medication that this provider likes, and medications don't help me." There's no other kinds of therapy.

Q: When he says he's suffering, in what ways?

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Q: Ways of trying to sort of get himself exhausted during the day so he can sleep.

Xenakis: At night.

Q: But it's not working.

Xenakis: It's not working.

Q: How did you treat him?

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Xenakis: And then we talked—in addition, because his entire cycle, endocrine system, is out of balance, and he does have access to some laboratory data. And we started to talk about what we could do and how I felt that there would be also some adjustments in his medications and supplements and diet so that that possibly could help.

Q: So this is really a sort of intensive period of helping him rebuild trust in another human being.

Xenakis: Yes. Yes.

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Q: Have you seen that in other people—

Xenakis: I have.

Q: —that sleep deprivation?

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Q: Right. That was the suicide—

Xenakis: [Adnan] Latif.

Q: —in the fall.

Xenakis: Yes.

Q: Can you talk a bit more about that case?

Xenakis: So this was a young man who, as an eleven-year-old, sustained a head injury in a car wreck. And somehow a car went off the road in Yemen, and the mother, father, and another sibling, the car turned over. They were all injured. They all lived. And he had a head injury and seemed not to be doing well. The parents were concerned. He recovered.

I think he was unconscious for a week and recovered and had failed his enlistment physical in the Yemeni army, and this was the basis of my declaration. And then his parents thought, because he was not getting well and just couldn't work, couldn't finish school, perhaps, he would

get better medical treatment in Pakistan. And he went to Pakistan in 2001, right before we started all the military operations, and he was swept up in all that. And so from 2002 until the time he committed suicide, he did ten years in detention.

Q: But he was also very young then.

Xenakis: Right. He was young. He was about seventeen, eighteen when he was picked up. You know, there's no evidence that he had ever, ever done anything that would have been military action against the U.S. or anybody. I mean, he was there for medical care and was probably sold as a bounty by some other people. And he would, on and off—I think, as I've talked to the lawyers who've interacted with him, I mean, I think he had an organic brain syndrome.

He had this very labile affect, very impulsive, and he would, you know, go on hunger strikes. He'd say he was going to commit suicide, all that kind of thing. So it appeared that he was having one of these periods where he was volatile and difficult for the guards to handle and was put in a cell unsupervised. You know, all the facts are still classified. I've not seen any of the facts. But the stories—of course, the lawyers feel that, basically, he was allowed to kill himself.

Q: Encouraged.

Xenakis: Encouraged to kill himself, and he hung himself.

Q: And you didn't, actually, personally interview him, but you were asked for an opinion on that case?

Xenakis: Yes. So the lawyers had, in the habeas case, asked how likely is this man to have been a military combatant, considering his history of head injury, and they contacted me very quickly. They decided, well, maybe if we got a retired military doctor who can somehow write a declaration that, based on this, that maybe we can really boost our case. And that's what happened. I wrote a declaration.

In fact, so I looked at even our standards for recruitment, and I said, if you've had a head injury, you can't enlist in the Army or the Marines, and I think this person would not have qualified. He didn't qualify in the Yemeni army. And I just can't imagine that anybody would have reasonably considered him a combatant. I mean, they may have propped him up on the front lines to be a target, decoy, but that's not a threat.

Q: No.

Xenakis: And it turned out that the judge said, well, we're going to grant this person his clearance, and we are going to order the government—this was in 2011, 2010—they ordered the government to return him to Yemen. And then our government said that the political conditions are too unstable in Yemen and did not return him. And all he wanted to do was go back home and be with his family.

Q: And that was when he killed himself?

Xenakis: He killed himself after two years of waiting to be—well, then the U.S. government appealed to the appeals court, and the appeals court said, no, we're going to overturn the decision of the district court. I thought it was a good decision. It was actually my college classmate who was the district court judge.

Q: And you thought it was a good decision?

Xenakis: I thought it was the right decision to say that he was cleared and that he could return home. I know that Yemen's politically unstable, but as I understand the circumstances, he could have very safely gone with his family. It was in an outlying part of the country, and he was not going to be a combatant. He was not dangerous.

Q: Your testimony clearly said that.

Xenakis: Yes.

Q: But because of the instability, they just wouldn't release him.

Xenakis: The government decided not to return him.

Q: He was still a threat.

[SIDE CONVERSATION]

Xenakis: So the other, I think, kind of collateral effects of what's happened over the past ten years is how we have also targeted certain young Muslims, and I question the effectiveness of that.

Q: We should say young Americans—

Xenakis: American, Americans.

Q: —who've become Muslims.

Xenakis: So I've done two cases. I'm doing one case that'll go to sentencing in mid-April, Carlos [E.] Almonte, and he will be sentenced for conspiring to engage with enemies who have threatened to kill Americans overseas. So that's Al-Shabaab. And he is a Dominican-born native man, now twenty-six years old, who, in a sort of adolescent identity crisis, converted to Islam at eighteen, and had a very up and down course, a lot of that turmoil of late adolescence, early adulthood, and never did anything.

I mean, was in special education, ADHD [attention deficit hyperactivity disorder], not a conduct problem, just not a bad kid, and is approached by an FBI [Federal Bureau of Investigation] agent in 2010, who more or less says, “If you really are upset about the prejudice against Muslims, you

should go out and do something about it,” and starts to direct this young man to go to Somalia and join Al-Shabaab. And one thing leads to another, and this young man buys a ticket, and as he's boarding the airplane is arrested because he's violating the law.

Now it's not clear, in any way, that he ever would have done anything. But the law is pretty set, and he can be sentenced. He, in fact, under the law, could be sentenced for life. But there's a plea agreement—it'll be fifteen to thirty years. I cannot rationalize taking a young man, who in no way—and I've written multiple declarations—in no way has been intentionally violent ever in his life, either formulated this plan to join Al-Shabaab, trained or really prepared himself—I mean, the government is saying that he trained himself because he played paintball and bought a camouflage backpack. That it makes sense for us, as a country, to institutionalize this man for fifteen years at \$70,000, whatever the cost, or \$30,000. I mean, I think it's going to be \$70,000 because he's a “terrorist.” So we're going to spend a million dollars, if it's only fifteen years, to keep this man off the streets because he was going to board an airplane. I just—

Q: You've written declarations because you haven't actually interviewed him?

Xenakis: No, I have.

Q: Oh, you have interviewed him.

Xenakis: I've spent hours with this man.

Q: And where is he?

Xenakis: He's in the detention, municipal detention in Brooklyn.

Q: He's in New York.

Xenakis: He's in New York. Yes.

Q: So what's it like to be with him?

Xenakis: He's a very pleasant, nice, young man, I mean, decent. He's gotten older. He says, "You know, I did some dumb things as a young person." He's like a lot of these young people, part of this whole, little, surreal world I live in.

You know, I watch soldiers and Marines and young people come in who are equally confused and, you know, make mistakes and get drunk and get DUIs. Or get married, and they realize, why did I get married, and divorce. They do all sorts of things. And this young guy—and it wasn't his own doing. I mean, it shocks me. To me, it's this—

Q: What does he have to say about this, about this the ridiculousness of this?

Xenakis: He wants to just clean up his life. He wants to be able—he says, "I did it. It was wrong. I shouldn't have done it. I don't feel the same way about it. I want to lead a peaceful life. I don't

know if I can live in this country if there's going to be such strong anti-Muslim sentiment. I understand why I'm being—.” I mean, he really takes responsibility for what he's done.

Q: For wondering—well, for getting on an airplane and then wondering what the hell was going to happen to him on the other end.

Xenakis: Right. I've got no animosity. All right, now what's shocking are the opinions of the psychologist or psychiatrist that the government has solicited, and how they had this teleologic reasoning. This has really disturbed me. What I'm seeing, for the government mental health experts, that they have to make a case. In this particular, for example, they have to make a case for a diagnosis, and this one is anti-social personality disorder.

And then they will cherry pick the information from the history or what they get from the interrogations, the questioning, so that they'll justify that diagnosis. And that really, really, really bothers me a lot. So that was part of the lecture I gave at the American Academy of Psychiatry and the Law, that I disagreed with that idea.

But for me, I think, that, as physicians and a psychologist, we should at least stick to our core practices. You know, we do a history. We do a physical. We don't start with a diagnosis. We start with getting to find out about the individual, and from that we make a diagnosis. And then if we're asked questions about it, then we render our opinions about those questions.

So the way that the mental health is being used really, really bothers me. It's the same thing I saw with Michael Welner and Omar Khadr. And it's happening in this case. They're saying, "Well, he got into a fight when he was sixteen years old, and therefore he's violent." And I mean, it's just all—

Q: Do you know where the government finds these psychologists and psychiatrists?

Xenakis: Oh, they're very—they do a lot of forensic work. I mean, they're very commonly—

Q: Sorry. Who does a lot of forensic work?

Xenakis: These psychiatrists—

Q: Yes, but I'm wondering how they're identified. Have they been in the military?

Xenakis: No. No, neither of these. Welner never was. And the psychologist, Katz, and the psychiatrist down here, Patterson, they've never been in the military.

Q: But somehow, they're just—

Xenakis: They've done a lot of other government cases, and so they've got a track record of doing prosecutions. So that has really bothered me a lot.

The other case I did was a young man also, who's going to get—eighteen years old, converted to Islam, comes from a very confused family background. You know, parents divorced. Mother realized that she was lesbian, had set up a relationship as a long-standing cohabitation—kid bounced every week between father and mother's home. Mother's partner was alcoholic. He was emotionally—I mean, just a horrible setting.

He converts to Islam at eighteen, sort of a brighter, more articulate—has a website. Recognized as sort of one of these revolutionaries with his website. And then one thing leads to another, and he's—again, FBI sort of got him going, and he's going to go to Somalia. And, of course, they get arrested as they're going to get on the airplane. And he's got a fifteen-year sentence. He's in prison. So he was sentenced at age twenty, twenty-one.

Q: And he's where? Where was he from?

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Q: Do you have a sense about whether they will become radicalized, angry, or just keep their heads down and go through it and then come out and be lost?

Xenakis: I think that the first one—I mean, the young man who was here was very young. I think he could become radicalized by that experience. He may just become very dysfunctional. I think he needs more treatment than that second young man. I think the second young man will probably use the time to go to college and try and just—

Q: That's the Dominican one.

Xenakis: —build a life. Yes. Just build a life.

Q: Yeah. And the way that the other one, the really young one, needs to deal with all the fallout from that dysfunctional family.

Xenakis: And so, I mean, I think it raises all these questions about how do we, in fact, broaden our perspective and tolerance and more appreciation of all these different ethnic groups that we have here? And again, this is where I think we need to have real good senior leadership, and where we lay the attitudes that we're going to be a much tolerant country.

It reminds me of the red scare in the fifties, and I just don't want us to have to go through that kind of thing again. You know, the pendulum swings so wildly. So that's sort of most of what I find myself in this area doing. I mean, I've got half a dozen cases that I'm, one way or another, involved with.

Q: Which will take you back down to—

Xenakis: Will take me to Guantánamo.

Q: Guantánamo.

Xenakis: Several of the people are awaiting. They can be released if the government will allow them to be released.

Q: So the habeas—

Xenakis: It's been successful. They're cleared. Again, we're sort of trying to figure out where they're going to go.

Q: And the government can just say, sorry, you can't go there.

Xenakis: Yes.

Q: It's not safe for us to let you go, even though—

Xenakis: That was part of the legislation, where the government can have—where the DOD can elect to have indefinite detention authority. Right or wrong. And I'm not really set my opinion on it, just I think there's something not—it's unsettling that the government won't be able to do that. I can understand there are some people who we are clear have been enemies of the state, our

state, and that we need to have the authority and the mechanisms to detain them, just like we detained Albert Speer until he died.

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Xenakis: Right. Right. So let me think what else that would be relevant here. Well, I mean, I think that the big issue—and I've advised the Pentagon—has been that the medical people have been marginalized by the detention authorities and the combat arms. I think I spoke about this the first time.

Q: Go on.

Xenakis: So that, for example, we have long-term hunger strikers in Guantánamo. The medical people who are responsible for their care are restricted in how much access they have to these individuals, and in fact, particularly just the simple conversation. And yet, they're on medical

wards. So they're on the prison ward in the detention facility, and they're long-term hunger strikers.

Q: So who is responsible for their care if the medical people are kept at bay?

Xenakis: Well, the day-to-day contact comes from the guard staff.

Q: Are they medically trained?

Xenakis: No. So you have the guard staff that does most of the face-to-face contact, and then you have the medical staff that comes in specifically for whatever medical—.

Q: And here, are we talking about force feeding?

Xenakis: And they are involved with the force feeding. So the medical staff will come in directly for the force feeding.

Q: And that's it. Then they're out of there.

Xenakis: Then they're out.

Q: And that's your concern, is that they are not getting an opportunity to interact with these detainees.

Xenakis: And I think it's possibly aggravating or colluding with the, quote unquote, "hunger strike" or food refusal. I think that it becomes, because the guard staff is primarily, then it becomes an issue of power and control and sort of exercise of authority, which you would get anyway. I mean, you get it with anorexics on an in-patient service.

But you've got a milieu there with psychologically informed that begins to work with the individual in a different way, and I think that that's being prevented in this situation. And to me, it's the most graphic illustration of the medical people being marginalized in this environment. And of course, you've got the other complaints that the detainees don't trust the medical staff.

Q: And the medical staff are not in any way attempting to get a larger role here.

Xenakis: No. They're afraid, it appears to me, to get a larger role. They think that if they do, then they're going to—if they speak up, they'll be asked to leave the island, and it could hurt their careers.

Q: Because they've all just determined to have a career in the military.

Xenakis: And even if they object to it, they don't want—. Now, if they are saying, well, I'm doing—if they just have an obligation, they're just going to do their time, then they might object. But then they know that they're going to be leaving, and then they're caught in this dilemma of, if

you are so oppositional and you're asked to leave, can you be effective? I mean, it's the age old thing of resistance and political resistance and opposition.

So I think they're in a difficult situation, but I think they're, in part, in that situation because the senior leadership, that is, the political leadership, the physicians in the Department of Defense and then the generals and admirals, have not spoken up and said, "We're going to have a cone from the top on down that's medical. And if someone's on a medical ward or in a clinic or needs medical care, they're under our control, and you are there to assist us. We're not there to assist you."

I clearly feel that that shift from that—the deferment of that authority happened when the medical people, and now it's the psychologists, but before, both the psychologists and psychiatrists became part of the interrogation teams with the Behavioral Science Consultation Teams, the BSCTs. And I think that was one of those symbolic changes in policy that said, you may be medical, but you're going to answer to me, who is intelligence or military police or infantry.

Q: And my ethics or my code of whatever tops your ethics every time.

Xenakis: Every time. And I think that's wrong. I mean, I think that's clearly wrong. And I think they've lost the sense that an effective Department of Defense has some checks and balances. I mean, the idea that there's somebody so wise at the top that they know what's going on everywhere is just a fiction. I mean, there has to be a checks and balances. And the doctors and

the lawyers and the chaplains and all the specialists need to be able to speak up and have authority because they know some things.

[SECTION CLOSED UNTIL 2038]

Q: There are how many there now? A hundred?

Xenakis: 166. But we're talking about a very small group of people that probably never will be released. And as we were talking before about one has to kind of reflect on it—it just is, at this point of time in my life—I'll be sixty-five this year—I start to think about, oh, my, all these years and I look back on it—if I had had thirty years in this kind of very isolated situation where I was completely dehumanized, how wrong that would be, just completely wrong. And you know, I'm afraid that that's what's going to happen.

Q: I was asked, at one point, by Rob Kirsch, whom we just mentioned, the attorney who did the first habeas case with—

Xenakis: [Lakhdar] Boumediene.

Q: Boumediene—

Xenakis: Right.

Q: —to sort of talk about what kind of treatment should be made available. Now, you know, five of the Bosnians were released and the sixth is still there. But of the five who were released, one had been in solitary for—whatever I say will be wrong about the number of months. I would have to check it out. But he had gotten to the point of what Henry Crystal describes as psychic death. He was just unresponsive.

Xenakis: Wow.

Q: He'd always been responsive prior to that to Rob, and he'd gone past hallucination to just psychic death.

Xenakis: Is he the one who's still there?

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Xenakis: Yes, I think so. And so that leads to the other thing, and maybe it's the last thing, that Sondra [S.] Crosby and I have been talking a lot about because we saw it in Bahrain. And I've missed these trips.

Q: Just say who Sondra is.

Xenakis: Sondra is an internist at Boston University who works with victims of torture. She works at a clinic there and also in the School of Public Health. And she has worked with the PHR, Physicians for Human Rights. And so she recently has asked me, and I've not been able to do it, but she has gone to the border of Turkey and Syria and been evaluating the Syrians who have crossed the border in the camps who've been victims of torture.

And she came back after one trip and was just astounded at physicians and nurses that she had seen who otherwise seemed to be very peaceable and humane people, who've just now become so angry. And she said one physician who said, "I never would have thought this, but after I'd been tortured and beaten and all that"—as a Muslim, religious, it violates their faith to commit suicide—said, "but I just want to join some militant group and get killed."

So she said, "Well, how often—how much do you think this is going on?"

And I said, "Yes, I think that's the problem with all this violence, and I think we need to look at how destabilizing it is. Obviously, for these people it's destructive, but it's totally destabilizing for these societies."

And we don't gather data on that. I mean, we don't get information about what the long-term consequences are of people who've been traumatized and tortured. We're not getting any data on the people that we tortured. I mean, the irony is we wonder if they've been radicalized as if what radicalized them was—without recognizing at all that our actions probably contribute to that radicalization.

Q: But for these people, that that's a way of just ending it all, is to put themselves—

Xenakis: In a situation where they're in danger.

Q: And also takes care of some of the rage.

Xenakis: Right. And so, I think, that takes care of the rage and all that, and then how they take care of it all and each other. I mean, I think we've got to think about that, and not only think about in Syria, and look all these Palestinians. I'm going to go back to Palestine and Israel in May to evaluate some Palestinians. I mean, what's happening there?

Q: Where are you seeing the Palestinians?

Xenakis: In, probably, Nablus and Ramallah. I go into the territories.

Q: So they're free, that they're out.

Xenakis: They're out now. They had been. And I won't be let into the prisons. And then, for our own inner cities. I mean, I know when I did some work here in these hospitals, these kids have been horribly—I mean, teenagers—horribly abused. They have no idea where breakfast is coming from, you know, and where they're sleeping, and just I think a very—

Q: You know, we really, from that point of view, have just this whole class of people who have no sense of attachment, no sense of what life could bring because it's just about survival.

Xenakis: Just about simple survival. And they don't know where the dangers are. They can't, somehow, discern those dangers.

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Q: But Steve, this has been terrific. I really thank you for the time and the thought and the experience.

Xenakis: Well, thank you.

Q: And I'm going to sign off.

Xenakis: Sounds great.

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