

**Report of
an Amnesty International Mission to
Israel and the Syrian Arab Republic
to Investigate Allegations of
Ill-Treatment and Torture**

10-24 October 1974



AMNESTY INTERNATIONAL is a worldwide human rights movement which is independent of any government, political faction, ideology or religious creed. It works for the release of men and women imprisoned anywhere for their beliefs, colour, ethnic origin or religion, provided they have neither used nor advocated violence. These are termed "prisoners of conscience".

AMNESTY INTERNATIONAL opposes torture and capital punishment in all cases and without reservation. It advocates fair and speedy trials for all political prisoners.

AMNESTY INTERNATIONAL seeks observance throughout the world of the United Nations Universal Declaration of Human Rights and of the UN Standard Minimum Rules for the Treatment of Prisoners.

AMNESTY INTERNATIONAL has consultative status with the United Nations (ECOSOC) and the Council of Europe, has cooperative relations with the Inter-American Commission on Human Rights of the Organization of American States, is recognized by UNESCO, and has observer status with the Organization of African Unity (Bureau for the Placement and Education of African Refugees).

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INTRODUCTION by **Martin Ennals**
Secretary General
Amnesty International

Since its inception in 1961 Amnesty International has, in its work on behalf of prisoners of conscience, noted an alarming increase in the use of torture in all parts of the world, to the extent that torture is nowadays a worldwide phenomenon which knows no geographical, political or ideological boundaries. This led Amnesty International to initiate in 1973 an international Campaign for the Abolition of Torture, an effort to alert international public opinion to the frequent occurrence of torture and to move the international community to strengthen national and international law with a view to protecting every individual against this modern barbarity.

While nowadays, in Amnesty International's experience, it is particularly the writer, the trade unionist, the political activist or the militant guerrilla who suffers torture at the hands of his or her own government, the occurrence of torture is certainly not restricted to situations of internal political unrest or civil strife. In the context of international armed conflicts, civilians as well as military personnel are known to have suffered cruelties after capture by the other party. Amnesty International opposes torture without reservations—without restricting itself, as it does in its work on behalf of prisoners of conscience, to those prisoners who have neither used nor advocated violence—in the firm belief that "no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment" (article 5, Universal Declaration of Human Rights).

Some of the most publicized allegations of ill-treatment and torture during 1973-1974 arose out of the October 1973 war in the Middle East. Reciprocal claims were made about ill-treatment and torture of prisoners of war, especially after the repatriation of the Israeli and Syrian prisoners of war in June 1974, following the disengagement agreement between Israel and the Syrian Arab Republic (hereafter referred to as Syria). In the context, therefore, of the Campaign for the Abolition of Torture, Amnesty International decided to send a mission of investigation to the area. Permission to conduct such an investigation was granted by the governments of both Israel and Syria, and on arrival in the two countries in October 1974 the Amnesty International commission met with full cooperation from the authorities for its investigations among former prisoners of war.

It should be stated at the outset that the commission has not been able in any individual case to establish beyond doubt that the alleged tortures have indeed taken place. The specific difficulties inherent in the nature of the problem of torture constitute a major factor, as will be elaborated in section III. However, as the commission's report states below, the consistency of many of the testimonies and the fact that in certain cases they appear to be corroborated by the findings of the medical examination, leave little doubt that abuses have been committed by both

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parties concerned, albeit that those perpetrated against the former Israeli prisoners of war held in Syria appear generally to have been of a more severe nature.

The October 1973 war now belongs to the past, and while documenting one of its particularly tragic and painful aspects, the purpose of this report is not to condemn and seek retribution for what happened in the past, but to create awareness of the need to prevent similar abuses from occurring in the future. In dealing with this whole question it is of major importance, therefore, to point out, as this report does in its final pages, those safeguards that can be strengthened or developed in order to protect future prisoners of war. In this connection particular attention should be paid to the provisions of the Third Geneva Convention (concerning the treatment of prisoners of war) that are directly relevant to the protection of prisoners of war against ill-treatment and torture, and to the need for strengthening those provisions pertaining to independent international supervision and control. On behalf of Amnesty International I express the hope and confidence that this report will be regarded from this perspective by all parties concerned, so that it may contribute to future prevention of violations of fundamental human rights.

* * *

Amnesty International had also commissioned its delegation to investigate, to the extent possible, allegations of ill-treatment and torture of civilian prisoners that it had received from Israel and Syria. Both governments had been informed of this second objective and had been requested to extend their cooperation. Upon arrival in the two countries it became clear, however, that it would not be possible to conduct an investigation into these allegations on this occasion. Although in Israel some informal contacts were developed, and members of the commission discussed with several representatives of the government questions of a general nature relating to the treatment of civilian prisoners, the commission was unable to collect substantial evidence in either country, and felt therefore not in a position to include the subject in its report.

In the light of this, Amnesty International believes that there is still a need with regard to both countries to investigate the situation concerning the treatment of civilian prisoners, and it is hopeful that the two governments will in the near future enable Amnesty International or another independent body to conduct such an investigation. This would also demonstrate that their motivation for welcoming Amnesty International to investigate the complaints concerning the former prisoners of war was based on a genuine concern with regard to ill-treatment and torture under all circumstances.

In the meantime, it is strongly recommended that the two governments themselves take steps to review carefully the existing judicial procedures with regard to arrest and detention. It should be stressed particularly in this connection that all civilian prisoners should immediately upon arrest be allowed access to either legal counsel, relatives, or, in the case of persons detained on the territories occupied by Israel, representatives of the International Committee of the Red Cross, the latter in accordance with the Fourth Geneva Convention (concerning the protection of civilian persons in time of war). Amnesty International considers it of great import-

ance that a genuine effort is made to ensure that all prisoners, regardless of their status, are treated with respect for their fundamental rights, and that justice is done where these rights have been violated.

MEMBERS OF THE COMMISSION

The Amnesty International commission was composed of:

| | |
|-----------------|---|
| Asbjørn Eide | director of the International Peace Research Institute, Oslo, Norway |
| Peter Nobel | lawyer and advocate, Uppsala, Sweden |
| Kees Van Vuuren | physician, Rotterdam, Netherlands |

I. Activities of the Commission

The main activity of the commission consisted of interviews with former Israeli and Syrian prisoners of war. In Israel these interviews took place in Nathanya, north of Tel Aviv, on 16 and 17 October 1974 from early in the morning until late in the evening. In Syria the interviews took place in Damascus also during two full days, on 21 and 22 October 1974. All interviews were conducted in the presence of a small number of officials and with the assistance of an interpreter and somebody attending the tape recorder.

In addition, the commission met in Israel with Colonel Ganot, the commanding officer responsible for the prison camps where the Syrian prisoners of war had been held. The commission's medical doctor visited the hospital where wounded Syrian prisoners had been kept, and met with medical officers who had been in charge of their treatment. For most of their stay in Israel the commission was accompanied by Michael Michael, Director of the Section on International Organizations of the Ministry of Foreign Affairs.

In Syria the commission was received by the Deputy Foreign Minister, Dr Abdul Ghani Rafi, and met with General Adnan Tayara who, amongst others, had led the Syrian delegation at the Geneva peace talks and had been responsible for various arrangements concerning the repatriation of the Israeli and Syrian prisoners of war. Other officials met were Diahallah Fattal, Director of the Department of International Organizations of the Ministry of Foreign Affairs, Emile Shuweri, Director of the Information Department of the Ministry of Foreign Affairs, Dr Henri Za'za, who had treated wounded Israeli prisoners of war, and Colonel Joseph Gabriel, who had been responsible for the interrogations of the Israeli prisoners of war. During their stay in Syria the commission was accompanied by Walid Trabulsi of the Ministry of Foreign Affairs.

In pursuing its second objective, to investigate the situation concerning the treatment of civilian prisoners, the commission met in Israel with Attorney General Meir Shamgar and the Military Governor of the Occupied Territories, General Aluf Vardi. One member of the commission also met with Mr Justice Haim Cohn of the Supreme Court of Israel. The main aim of these conversations was to discuss the nature of safeguards operative in Israel with regard to civilian detainees and possibilities for improvement. The commission also requested to see the Minister of Police, but this could not be arranged. Nor did the authorities find it possible to grant the commission's request for permission to visit certain detainees in prison about whom Amnesty International had received serious complaints. In Israel the commission further interviewed two former civilian detainees and relatives and legal representatives of other civilian detainees.

In Syria it was made clear from the very beginning in discussions with the officials from the Ministry of Foreign Affairs that it would not be possible during this mission to carry out any investigation into the situation concerning civilian

prisoners. An informal promise given to the commission at an early stage to visit the Al Mezze military prison, where most of the Israeli prisoners of war had been detained, and where civilian (political) prisoners are now being held, was later retracted. The commission declined a request from the part of the Syrian authorities to visit the Syrian town of Kuneitra, which was allegedly destroyed by Israeli forces shortly before their withdrawal, since this would fall outside the scope of this mission.

The occasion of the mission to Israel and Syria was also utilized to acquaint the authorities of the two countries with Amnesty International's Campaign for the Abolition of Torture, and to underline the importance of support and cooperation from all governments for its objectives.

II. Prisoners of War versus Civilian (Political) Prisoners: Different Problems of Investigation

In all previous investigations of ill-treatment and torture carried out by Amnesty International the victims have been civilian (political) prisoners. Investigations of ill-treatment and torture of prisoners of war present some problems of a different nature. In order to evaluate the information contained in this report, it is necessary to be aware of some of these differences.

The causes and context of ill-treatment in war generally differ from those which prevail when there is political tension inside a country. In war, there is normally a severe hostility towards the captured enemy soldiers. This hostility is particularly strong during the most intensive periods of warfare, and the behaviour towards the captured enemy soldier is in many cases to be explained as an (inappropriate) revenge against military activity carried out by the enemy. For example, when one of the parties carries out bombing raids against towns of the other party, captured soldiers of the former party may be subjected to misdirected ill-treatment. Therefore, it may be more difficult to distinguish between sheer brutality arising out of hostilities on the one hand, and deliberate torture for the purpose of obtaining information or spreading terror on the other hand.*

It is, however, due to such factors of general hostility and violent confrontation that special efforts have been made in international law to create a detailed system of protection of prisoners of war. This system is contained in the Geneva Convention Relative to the Treatment of Prisoners of War of 12 August 1949 (below referred to as the Third Geneva Convention).

One of the cornerstones of this system is that the captured prisoner shall not be exposed to the soldiers or the civilian population of the country in which they are imprisoned. Particular regulations exist concerning the structure of camps for prisoners of war, in which they are to form their own community and to elect their own representatives who are the only ones to be in direct contact with the authorities. Where this system is maintained, the probability of brutality towards prisoners of war is reduced to a minimum. It does not prevent negligence, but it substantially reduces the probability of deliberate brutality.

Another important aspect of the system of protection of prisoners of war is that the right to conduct interrogations is very limited. Only some few questions, specified in article 17 of the Third Geneva Convention, are permissible. If these restrictions were observed, the temptation to use torture would practically disappear.

Still another difference between prisoners of war and political prisoners relates to the question of evidence, particularly evidence of a medical nature. During

*There is of course no absolute distinction: in situations of (urban) guerrilla warfare elements of both present themselves.

armed hostility, a number of soldiers receive war wounds, and in investigations carried out many months after the capture it may be very difficult to determine whether visible scars and damages were caused by events on the battlefield or by ill-treatment during imprisonment. Political prisoners are much less likely to have such wounds at the time of their arrest.

Medical negligence immediately after capture is also a problem which is generally more relevant to prisoners of war than to political prisoners. This follows from the situation existing during open fighting: medical personnel may be overworked, and they are likely to concentrate their energy on the wounded soldiers and civilians belonging to their own population, resulting in negligence with regard to captured enemy soldiers.

The following differentiation will be used in sections IV and V below concerning the allegations of ill-treatment and torture made by the former Israeli and Syrian prisoners of war.

Brutality, such as kicking and beating during transport to and from the prisons, camps, hospitals and interrogation centers, as well as inside the prisons, camps and hospitals. Brutality can also take the form of terrorization, such as the drawing of pistols accompanied by threats to kill the prisoner.

Torture is a somewhat more specific concept. The activities described above can be categorized as torture, provided they are carried out in a context of deliberate action motivated by the desire to obtain some specific results. The purpose can be to extract information or a confession, to break the personality of the victim, or to intimidate and terrorize a group of people through the deliberate ill-treatment of some of them. It should be added that, in Amnesty International's worldwide experience, torture is more often than not an administrative practice, in that the responsible authorities either overtly or covertly encourage it, or, having been made aware of its occurrence, refrain from taking measures to put an end to it. Amnesty International, while recognizing the difficulties involved in attempting to define torture, has adopted the following definition:*

Torture is the systematic and deliberate infliction of acute pain in any form by one person on another, or on a third person, in order to accomplish the purpose of the former against the will of the latter.

Torture as described here usually consists of more severe and specialized behaviour than that mentioned under the heading of brutality.

Two other categories of treatment about which former prisoners of war complained are to be distinguished, and here, too, it should be noted that the activities or behaviour involved can under certain circumstances, according to the criteria outlined above, be described as torture.

Medical negligence, in particular inadequate, delayed or wrong medical treatment or lack of attention to wounds or illness.

Deprivation, including the prevention of satisfaction of basic physical and material needs, such as insufficient and bad food, insufficient water, bad hygienic conditions and inadequate hygienic facilities, as well as sensory and psychological deprivation, such as blindfolding for shorter or longer periods of time, prolonged isolation in single cells, and prevention of contacts with relatives through correspondence.

*Amnesty International Report on Torture, second revised edition, January 1975, page 35.

III. Problems of Evidence

General

Before entering into various questions arising out of the evidence obtained by the commission, it should be stated that it has not been possible to establish absolute proof about any of the allegations of torture. While it is possible to reach definitive conclusions about certain aspects of conditions of detention, this is not the case with regard to, for example, allegations of torture by electric shocks, by methods of sensory deprivation such as prolonged blindfolding, or by deprivation of sleep. Even with methods of torture that leave physical marks—such as burning with cigarettes, prolonged handcuffing or certain forms of beating—such marks cannot always be attributed definitively to these methods of torture, rather than to previously incurred or self-inflicted damage.

However, the seriousness of the allegations, the consistency of many of the testimonies heard by the commission, and the fact that in certain cases they appear to be corroborated by its medical findings, leave little doubt that at least some of the alleged abuses have indeed been committed by both parties concerned. It is on this basis that the commission has drawn its overall conclusions, as presented below in section VII, part I.

It should be noted here that because of the fact that Israel was visited first, the commission had the opportunity to raise certain questions arising out of its investigations there while in Syria. It was not possible to do this in a systematic fashion, and the commission concludes that its overall findings would not have been different without the additional information that was obtained.

The investigation into the treatment of the prisoners of war was carried out largely in the form of interviews. As pointed out in section I, there were always other persons present in addition to the former prisoners who gave testimony. This may to some extent limit the reliability of the testimonies: it cannot be excluded that the former prisoners were expected by military superiors present to give stories which were not altogether true. In any case, the commission would have needed other people present at least as interpreters.

It might have been desirable for the commission to bring its own interpreters. On the other hand, since this was the first occasion on which Amnesty International was cooperating with the governments of the countries concerned, it was considered appropriate to accept the arrangements which had been made by the authorities of the two countries.

Only on two occasions in Israel were all except the witness, the translator and the tape recorder operator asked to leave the room in order to be able to check some of the information given by others. This did not bring out any discrepancies, and it is the belief of the commission that interviews without the presence of others would not have produced evidence different from what was obtained.

The interviews took the form of questions and answers. Sharp cross-examination

was not carried out. This was avoided for various reasons, the main one being that many of the former prisoners of war had been through traumatic experiences, including severe interrogations, and it would not have been very reasonable for an Amnesty International commission to conduct the kind of cross-examination in which the truthfulness of statements was seriously challenged.

Many of the former prisoners of war had previously, after their repatriation, given descriptions of the treatment they had received during their captivity. In Israel, the returning prisoners from Syria had presented information upon arrival, and at a later stage they had been interviewed by a commission of inquiry composed of Israeli judges. In Syria, there had been statements to journalists, and a film had been made in which many of those former prisoners who were later interviewed by the commission had participated. There had thus been several "rehearsals" of the experiences earlier, which reduced the direct value of the interviews compared to giving unprepared information about the experiences.

In addition to the interviews and to the material collected by the Israeli commission of inquiry, reports of the International Committee of the Red Cross (ICRC) visits of its delegations to the prisoners of war during captivity were also made available to the Amnesty International commission by the Israeli authorities. These reports do not focus particularly on the question of ill-treatment: information is found about general conditions of detention, and that information corresponds with what the Syrian prisoners themselves stated during interviews. With regard to the Israeli prisoners in Syria, the ICRC reports are even less helpful, since the ICRC was prevented from visiting the Israeli prisoners until 1 March 1974, by which time considerable changes had apparently been made in the conditions under which the prisoners were held.

Medical evidence

The medical investigation of the former prisoners presented another problem. The complaints about medical negligence were difficult to investigate without ample medical documentation and without the comments of the physicians who had been in charge.

The Israeli authorities provided a list of the medical findings shortly after the repatriation of the Israeli prisoners, including in a few cases some more detailed medical examinations by specialists. They also provided detailed medical documentation concerning the treatment of two of the former Syrian prisoners in Israel. Concerning other former Syrian prisoners, no medical documentation was obtained. It should be added that the commission was not in a position to return to Israel to obtain further information about the medical treatment of the former Syrian prisoners of war who were examined by the commission in Syria. The hospital where the Syrian prisoners of war had been treated was visited by the medical expert of the commission, but this did not provide much information.

The Syrian authorities provided a list of their medical findings after examination of the Syrian prisoners of war upon their repatriation, but there was no detailed medical documentation. They also provided a list of some former Israeli prisoners of war, including the medical treatment they received, but although requested, there was no qualified medical documentation attached to this.

In neither of the countries was it possible to study the available medical documents before the interviews had started. Both Israel and Syria claimed that they had not received any medical documentation about the treatment that the wounded prisoners of war had received in the other country. Both countries also claimed that they had sent with the repatriated prisoners all the medical documents concerning the treatment given to them during captivity. The commission understands that the Syrian authorities, contrary to their claim, have not complied with this procedure.

Thus, the only impression of the medical treatment of the wounded prisoners during captivity comes from the reports of the visits of the ICRC delegations. There are such reports of visits to two Israeli prisoners of war in Syria, who were still in hospital by the time the ICRC was allowed to visit the Israeli prisoners in Syria, and of visits to larger numbers of Syrian prisoners of war in Israel as of 14 October 1973. It turns out, however, that the delegations of the ICRC who visited the Israeli prisoners in Syria were not accompanied by a physician, while the ICRC delegations visiting Syrian prisoners in Israel were only in four instances accompanied by a physician. The commission finds it deplorable that it has not been possible to fully observe this important safeguard. As a result, little is said about the kinds of wounds and the medical treatment in the ICRC reports. Furthermore these reports, when dealing with problems of medical care of prisoners of war, mainly contain information provided by the responsible authorities.

IV. Israeli Prisoners of War in Syria

The commission interviewed 25 former Israeli prisoners of war in Nathanyia. According to the authorities, all former prisoners of war had been invited to testify before the commission. About 40 of them (almost two-thirds of the total number) had accepted the invitation, and 25 of these were interviewed by the commission. In this section a summary of the allegations as they were presented is given, followed by six case histories, detailing individual complaints and including a brief report of the medical examination in each case.

Most of the prisoners of war had been captured during the early days of the October 1973 war. They claimed to have been particularly badly treated during the first weeks, with considerable brutality from the guards and the interrogators. The prison conditions were described as very bad. There was a certain improvement of the conditions over a period of time, and by late February 1974 they were more tolerable.

This was also the time when preparations were made for the first visit by an ICRC delegation, which took place on 1 March 1974. No previous visits had occurred, in spite of frequent demands by the prisoners.

The commission also interviewed one air force officer who had been captured as late as April 1974, during the period in which the other prisoners were given tolerable treatment. He alleged that he had been subjected to severe ill-treatment even during this period.

The commission also interviewed two air force officers who had been prisoners during an earlier period (from 1970 to 1973). They complained of prolonged and systematic torture over longer periods of time. Most of what follows below, however, is based on the allegations made by those who had been captured during the October war.

In the following summary the complaints are differentiated in accordance with the scheme given in section II above. They solely represent the allegations as they were presented by the former prisoners: no position is taken here on the veracity of these allegations—the question of evidence has been reviewed under section III above.

* * *

Brutality was claimed to have been almost continuous during the first period of captivity. It was claimed that during transport to Damascus several of the prisoners

had been beaten by civilians and that the military guards had seldom prevented them from doing so. The prisoners were at this stage back-bound and blindfolded. The guards had themselves in many cases beaten the prisoners during transport. This applied not only to the initial transport to the interrogation center or prison, but also during all movements from one place to another during captivity. Beating took place with fists and kicks, with wooden clubs, and with sticks. There was one occasion when prisoners were forced to strike each other.

Torture had been common during interrogation. According to the testimonies, *fallaka* (beating of the soles of the feet) had been utilized a number of times, in some cases in a systematic way. In one case chains had been attached to the feet and others around the chest, and the prisoner had been stretched in both directions for several minutes. With the prisoner's legs in the air, his soles had been beaten with sticks.

Prisoners had also been placed in a rubber tyre hanging from the ceiling in a "folded" position, with their feet and head protruding. While hanging in this position, they were swirled around and beaten from all corners.

The burning with cigarettes was also reported, including the insertion of cigarettes into the nostrils. Electricity was allegedly used on several occasions. There were some who reported the combined use of *fallaka* and electricity. In some cases the effect of the electricity was increased by pouring water on the back of the prisoner, whereupon electric shocks were administered on the back.

Some prisoners had toenails removed and the hair of the legs burnt with paper. In several cases the torture was, according to the testimonies, directed against the sexual organs. Electric shocks had been given with one of the wires attached to the genitals. On another occasion, a string was attached from the genitals to the handle of a door, whereupon this string was beaten.

Some former prisoners complained that on one occasion they were forced to stand up for altogether 72 hours. When they fainted, they were forced to get up again and continue standing. One complaint referred to deprivation of sleep for seven days. Some of the former prisoners claimed that they had been permanently damaged because of the tortures they had suffered.

Severe torture for a prolonged period of time was also reported by the two air force officers who had been prisoners in Syria from 1970 to 1973. They had been subjected to lengthy torture by electricity, *fallaka* and beating. In their cases, it was claimed that high-ranking officers had taken part in the interrogation and sometimes in the actual physical torture.

Medical negligence was reported by a number of those former prisoners who had been wounded during the hostilities, or who had been physically ill-treated during captivity. They underlined that the doctors at the hospital in Damascus had usually been friendly and helpful, although the treatment which they had been able to give was not always adequate.

The most important complaint in connection with medical negligence was a different one, however: some who were in desperate need of medical treatment were not taken to hospital at all. In the interrogation centers or in the prison they had not been given medical attention. Others complained of having been discharged

from the hospital with wounds unhealed and with developing infections. No medical attention to these wounds or infections was given outside the hospital.

Deprivation of various kinds had been common, according to the testimonies heard. During some periods, particularly the first weeks of captivity, there had been too little food and water. In many cases, the very small amount of water given was salted, and often the food had also been extremely salted, which seriously added to the thirst.

The prisoners had been denied sufficient access to toilets, and this had created very bad hygienic conditions in the cells. Access to lavatories and showers had been minimal and difficult. One person who wore strong glasses had these taken away from him and willfully broken, and not given new ones before the repatriation. Since he had weak sight, this was to him a serious deprivation. One of the former prisoners who had his leg amputated was not given crutches.

* * *

The following six case histories have been selected on the basis of two criteria: a) to give a representative picture of the various allegations made by all those heard by the commission; and b) to present those cases in which the medical examination was most conclusive, or otherwise significant.

The summaries of the individual statements solely contain the allegations as they were presented to the commission, and do in no way intend to reflect judgement on the part of the commission.

CAPTAIN GABRIEL GERSON **SUMMARY OF STATEMENT**

He parachuted unhurt on 13 October 1973, although some strings of his parachute were shot off. He was captured without violence and taken to a base in Damascus for interrogation. There he was beaten and kicked until unconscious. He woke up lying on the floor with his legs stretched and tied to a hook on the ceiling. They attached wires to sensitive places and tortured him with electricity and *fallaka*.

"I suffered very much. I tried to faint, and I beat my head against the floor, but they put a pillow under my head." His body jerked and twitched terribly during the electrical shocks. He felt blood running from his feet and legs and bloodfoam in his mouth. After lacerating the feet, they started beating the calves of his legs. They put his boots on him again without cleaning the wounds.

He was moved to another prison. He could not salivate or eat. He heard other prisoners crying for a doctor, and he heard how they were beaten and how they screamed. There was a sergeant going from room to room giving everyone a thorough beating with a stick. By this time his leg was swollen, had turned blue and grey, and smelled "like a dead animal".

Then he was taken to Al Mezze prison. Because he could not walk, he was dragged and beaten. Unable to salivate or breathe properly, he passed out, waking up in the care of medical personnel, though not in a hospital. He was forced to stand in order to urinate, which he was at last able to do only by standing on his right heel. He did not defecate for 21 days. In order not to have to go to the toilet,

he ate only olives and tried to drink water only once a day. Finally he was moved to a hospital, but was beaten all the way during transport.

The doctors were kind, explaining that the gangrene in his leg necessitated amputation. He was angry because he knew the reason for the gangrene, but he said nothing to the doctors. "You are very careful not to put nice people under pressure. The war is not finished and they are only doctors." The doctors seemed to know the reason for the gangrene. When he asked the doctors to tell the soldiers to stop beating him, the doctors promised to do so. They were not surprised by the request. They just smiled.

After the amputation, while still in the hospital, food that was sent to him was stolen by the guards. There was no facility at the hospital in which the soldiers could eat, and though they had been given money with which to buy food, they instead stole wounded prisoners' food. When he complained to the doctors, the doctors reprimanded the sergeant and thereafter the food was better.

Two weeks later there was another interrogation, during which he was beaten. Wounds were opened on the right leg, the back, neck and elbows. *(End of summary)*

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

Amputation of left lower leg. Amputation of two metatarsalia of right foot.

Israeli medical documentation:

Examination shortly after repatriation. Report of the physical examination by the pathologist Dr J. Meir, including some photographs.

Syrian medical documentation:

Examination and treatment after his capture.

Examination:

The left leg is amputated below the knee. On the posterior aspect of the middle third of the left thigh there are some parallel scars of variable length. On the inner aspect of the right big toe there is a little scar of about 5 centimeters in length.

CONCLUSION

Constantly beating feet and legs with sticks or similar objects can cause serious wounds. Wounds of this kind may become contaminated and infected very easily, and if there is no medical treatment of these wounds and if the beatings continue, then there is a real danger for the development of gangrene. Then the only adequate treatment may be amputation.

The Syrian authorities stated, however, that Captain Gerson was captured with serious wounds and compound and comminuted fractures of his left lower leg; that there was a deformity in the ankle and that there was no pulse in the dorsal artery; and that on exploration the artery was found cut.

The Syrian authorities were not able to show the commission any medical reports or x-rays of this patient, because of the fact that they claimed that they had sent all the medical material to the Israeli authorities at the time of the repatriation of the prisoners of war.

Because of this lack of any medical documentation about the treatment Captain Gerson received in Syria, it was impossible for the commission's medical doctor to

come to any conclusion on this complaint.

The scars on the posterior aspect of the left thigh, however, could have been caused by blunt trauma with a stick or similar object.

LIEUTENANT ASSAEL ABRAHAM

SUMMARY OF STATEMENT

He parachuted safely on 7 October 1973 and was captured unhurt. Six soldiers surrounded him, and one shot him in the right side. The soldier who shot him was punished by being ordered to carry him to the vehicle. He had wounds in the left hand, side and leg. At a hospital in Damascus his left leg was amputated without his knowledge or approval.

After nine days in hospital he was taken, still bleeding, to prison. He slept on a concrete floor without a mattress. During the six days in that prison his bandage was changed only once. There he was interrogated once and was beaten on the head and shoulders and under his foot until his screaming brought a man who put a stop to the beating.

He was moved to the Al Mezze prison, where he was interrogated twice. The first time he was hit in the stomach until he fell unconscious. The second time they did not beat him; they asked the questions and they answered them themselves. "I just sat there."

On 6 December he was taken back to hospital, where he stayed until the end of May. Sometimes he was beaten by guards in the hospital before 1 March 1974, which was the date of the first visit by a delegation of the ICRC to Israeli prisoners of war. After 1 March treatment improved. *(End of Summary)*

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

Scars on the right thigh.

Israeli medical documentation:

Examination shortly after repatriation.

Syrian medical documentation:

None.

Examination:

No scars on the right thigh.

CONCLUSION:

No evidence of physical harm that could have been caused by ill-treatment rather than by a war wound (for example, the amputation of the left leg).

MAJOR AMI ROCHEACH

SUMMARY OF STATEMENT

Parachuted safely on 12 October 1973 and was captured after being shot in the stomach. He was taken directly to hospital, but after an argument between doctors and interrogators, he was removed from the hospital. Thereafter his questioning was accompanied by blows and kicks, and he passed out.

He was taken to the prison hospital at Al Mezze, where his left lung was extracted. During his three-month stay in the hospital a doctor whispered in his ear that he needed a lot of treatment, which because of circumstances the doctor could not give. He had spells of coughing and near suffocation.

For the first three days doctors came to lift him during the attacks, but later,

guards merely stood and laughed, saying, "I hope you will die." Soldiers in the hospital often beat him although doctors tried to protect him. His stomach wound opened when one guard played with him by dumping him out of bed just to see how he would manage.

He was moved to another prison in Damascus and then back to Al Mezze prison, where the conditions were very bad and the interrogations became more severe. During the winter the cold was terrible and rain came pouring through the walls. Interrogation was accompanied by *fallaka* (beating of the foot soles) and by the use of electric shocks, which was administered after water had been poured over him. (End of summary)

Commission's Medical Report

Complaints with evidence of (previous) physical harm:

None that could be attributed to ill-treatment rather than to a war wound (scars such as would be caused by *fallaka*, unless they are deep, would not necessarily be permanent).

CONCLUSION

None, since there were no complaints warranting examination.

CORPORAL DAVID VAACHNIN

SUMMARY OF STATEMENT

After hiding for a week in a bunker on Mount Hermon, he and several comrades surrendered on 12 October 1973. At first they were treated satisfactorily; some Syrians wanted to kick and beat them, but others prevented it. They were taken blindfolded and tightly bound to a school, where they were viciously beaten and intensively interrogated for five days. Soldiers hit them with clubs and rifle butts. They had neither water nor light.

On 16 October he was taken to prison, blindfolded and handcuffed. He had to sleep on the floor and was often beaten with clubs, whips and ropes while blindfolded. No medical examination was given. He received wounds on the head and back.

During one period of interrogation he was forced to sit kneeling with his buttocks against his heels, head bent and hands flat on the floor in front of his knees. In this position he was beaten on the back, fingertips and soles of the feet with clubs. Beating on different occasions went on for more or less three months. Treatment improved about one month before the first visit of the ICRC (1 March 1974). (End of summary)

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

Scars on the back.

Israeli medical documentation:

Examination shortly after repatriation. Report of the physical examination by the pathologist Dr J. Meir, including some photographs.

Syrian medical documentation:

None.

Examination:

Three pale, parallel scars, each 5 centimeters long, on the left lower part of the back.

CONCLUSION

These scars could have been caused by beating with a stick or similar object.

LIEUTENANT GUY AMIRAM

SUMMARY OF STATEMENT

On 11 October 1973 his plane was hit, he was wounded in the left leg, and he parachuted unconscious into Syrian territory. He was taken to a hospital in Damascus, where a cast was put on his leg. After three hours in the hospital he was taken for interrogation, being beaten even on his leg during transport. He was tortured with a whip and electric shocks to his toes, fingers, ears and genitals. There was also *fallaka*. Torture went on all night.

He was taken to an unknown prison in Damascus for 10 days. From there to Al Mezze prison where no medical treatment was given. There he was whipped a few times and was beaten on the ear and on his leg cast. After two weeks he was moved to the place known among the Israeli prisoners of war as "the grey cells". He was bound and blindfolded and given no food or water for four days. Torture consisted of beating, *fallaka*, and electric shocks.

His wounds became infected. When he asked to see a representative from the ICRC, he was told that only if he talked and gave the required information would he see the ICRC representatives. He was returned to Al Mezze prison and after 40 days there, he saw a doctor. (End of summary)

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

Scars on the back and the abdomen. Loss of the nails of the right foot (NB: this complaint had been recorded previously and was not raised before the commission; it was therefore not examined).

Israeli medical documentation:

Examination shortly after repatriation. Report of the physical examination by the pathologist Dr J. Meir.

Syrian medical documentation:

None.

Examination:

On the left and right buttocks a large number of pale linear scars crossing each other. On the left lower part of the abdomen some pale linear scars crossing each other. On the flexor aspect of the left wrist and around the ankles pale purple linear scars.

CONCLUSION:

These scars could have been caused by blunt trauma by a stick or a whip and by prolonged pressure (wrists and ankles) by objects like cuffs or ropes.

PRIVATE YAAKOV ARIEL

SUMMARY OF STATEMENT

He was captured wounded on 8 October 1973. Syrian soldiers allowed Syrian civilians to beat him, other Israeli prisoners of war and some civilian Jews as they were being transported. He was beaten during his first interrogation blindfolded. He was denied water though he was wounded and thirsty.

He was briefly taken to hospital, where the doctor was friendly, but he was returned for another beating and interrogation. He was backbound, and when he screamed because of the beating, something was placed in his mouth. During his third interrogation he was tortured by *fallaka* and kicking. At the end of this interrogation they poured water over him and returned him to his cell. Tied backbound, he had to eat like a donkey, without hands.

He was moved to Al Mezze prison, where the conditions were better except for the cold. By this time his unattended wounds smelled so bad that guards who came into the cell held their noses. Once he was told to stand for three days. After two days of standing the legs swelled. He was beaten to stand again though he could not, finally screaming, "I just cannot stand up."

He spent three months in solitary confinement. When he was taken to shower, he was always beaten and was forced to wear a blanket or a sack over his head. "I screamed so much they stopped the beating."

In February an abscess developed on his neck. Despite his requests it was not treated until two days before he was released. He felt that the Syrian doctor wanted to appear to be treating the abscess at the time of release, several months later. He was examined after his return to Israel, and a biopsy of the abscess revealed tuberculosis. (*End of summary*)

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

Eardrum perforation of the left ear. Flexion contraction of the left wrist.

Tuberculosis of a left cervical lymph node.

Israeli medical documentation:

Examination shortly after repatriation. Report of the physical examination by the pathologist Dr J. Meir.

Syrian medical documentation:

None.

Examination:

Linear scar of white-purple colour encircling the external aspect of the right wrist. Eardrum perforation of the left ear. Flexion contraction of the left wrist.

CONCLUSION:

The scar on the right wrist could have been caused by prolonged pressure by cuffs or iron wire. The eardrum perforation could have been caused by blows on the ear.

The tuberculosis of the cervical lymph node was not completely proved (there was no positive culture).

The war wound of the left wrist was still being treated when the commission interviewed him, so it was not possible to examine that complaint.

V. Syrian Prisoners of War in Israel

The commission interviewed 21 former Syrian prisoners of war in Damascus. The authorities had arranged for some 40 former prisoners (the total number of Syrian prisoners of war held in Israel was nearly 400) to be able to testify before the commission. A summary of the allegations as they were presented is given in this section, followed, as in section IV, by six case histories.

All prisoners of war had been captured during the early days of the October war. Their complaints focused particularly on medical negligence and inadequate conditions of detention, although beatings were claimed to have been common, especially during transports. Some evidence emerged of deliberate torture in connection with interrogation.

The Syrian authorities on their own initiative had also arranged for the commission to interview three Syrian civilians of Druse origin who claimed to have been kidnapped by Israeli forces in the summer of 1974 and detained in Israel for up to several months. Two of them had specific complaints about torture, including severe electric shocks and burning with cigarettes, and although they were neither prisoners of war nor civilian detainees in the strict sense of the term (i.e. they were not detained by their own national authorities), the case history of one of them is given at the end of this section.

In the following summary the complaints are differentiated in accordance with the scheme given in section II above. They solely represent the allegations as they were presented by the former prisoners: no position is taken here on the veracity of these allegations—the question of evidence has been reviewed under section III above.

Brutality. Several of the Syrian prisoners complained of beating during transport from the place of capture to the prison and hospital, and during transport from one place to another during captivity. One commando soldier, in particular, alleged that he had been subjected to severe beating, in which his jaw had been broken and his arm fractured, and he had also been beaten severely in the abdomen. One prisoner stated that he had been beaten in the hospital. Others complained that ferocious dogs had been used to threaten them.

Torture. Numerous Syrian prisoners referred to beating and kicking during interrogation. In one case, it was claimed that four soldiers were present during the interrogation and systematically beat the prisoner when he did not answer the questions posed. Another prisoner claimed to have been hit with a hose and a gun during interrogation.

Captured Syrian commando soldiers* were allegedly singled out for rougher treatment than others during interrogation on the grounds that they had been in a position to know which of their comrades had allegedly committed the murders and

*Commando forces are called "special troops" in Syria.

mutilations of Israeli prisoners of war that had taken place on the Golan Heights. A few Syrian commandos complained that their interrogators had tried to make them give confessions for broadcasts or for filmed propaganda about these particular events. Each of them was labeled as "Syrian commando" in Hebrew on his clothing or on his forehead during the beginning of captivity, and thus became liable to harsher treatment.

One of these commandos claimed that he was strapped to a metal chair and that electric shocks were administered to him during interrogation. Another spoke also of "light electric shocks" from electrodes that had been attached to his body. A third alleged that he had received a blow on the head that left a wound over one eye and caused loss of hearing in his left ear.

There were also complaints of beating and kicking on war wounds during interrogation. All of the commandos interviewed by the commission complained of beatings during and on the way to interrogation, and threats to keep them without medical attention to their wounds until they had answered certain questions were also frequently reported.

Medical negligence. There were several complaints of delayed, inadequate and sometimes wilfully wrong medical treatment of war wounds. Some of the former Syrian prisoners claimed that this negligence, which they had experienced during captivity in Israel, had caused serious permanent damage. In one case it was claimed that an eye had been removed without medical reason, in another a leg had been amputated without medical reason. Other complaints concerned unnecessary shortening of a leg, amputation of a wounded leg unnecessarily above the knee (which greatly reduced the possibility of restoration of movement through the use of prostheses), and neglect of an eye wound which eventually caused loss of sight in that eye during the third month of captivity. These cases, and the report of medical examinations, are attached at the end of this section of the report.

From many wounded Syrian former prisoners the commission also heard the charge that the Israeli military authorities had taken their wounded captives to interrogation, sometimes for hours or even days, before taking them to hospital. Other complaints about medical treatment concerned the taking of blood samples which, according to several former prisoners, was done in excessively large quantities so as to cause dizziness and heavy pounding of the heart.

Deprivation. There were certain allegations of deprivations by the former Syrian prisoners. Several prisoners complained of insufficient food—one of them said that interrogation had once taken place for three days without food. There were also some complaints of insufficient water, or that hot water had been given to prisoners who complained of thirst. Several prisoners complained of overcrowded prison camp conditions. Lack of heating was also mentioned by several prisoners.

Several former prisoners referred to a hunger strike which had been initiated by Syrian prisoners of war due to insufficient food, inhuman treatment, and constant beating. This hunger strike had led to an improvement in the conditions. Some complained that they had been deprived of sleep at the hospital, due to constant and deliberate noises by the hospital guards.

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The following six case histories have been selected on the basis of two criteria: a) to give a representative picture of the various allegations made by all those heard by the commission; and b) to present those cases in which the medical examination was most conclusive, or otherwise significant.

The summaries of the individual statements solely contain the allegations as they were presented to the commission, and do in no way intend to reflect judgement on the part of the commission.

MAJOR GHAZI DIB ADIB *SUMMARY OF STATEMENT*

He parachuted safely into enemy territory after his plane was hit on 10 October 1973. From the hit to his plane he had sustained an injury to the right eye and to the right side of the body. He was captured within 15 minutes by an Israeli patrol, which tied him up and insulted him despite his wounds. He was walked 15 kilometers before any medical investigation was made. During the walk the soldiers hit and insulted him: "They even tore my clothes."

He was taken to hospital, where two doctors said that the right eye could be saved. He was treated for several days, but was then transferred to a prison camp. The eye became infected and swollen, his left eye was also becoming affected, and the prison camp doctor returned him to a hospital. In order to save even the left eye, removal of the infected right eye was recommended.

"They had not given any anti-biotic or penicillin, but now they recommended extraction. In the light thereof I had no alternative than to the extraction of my eye. I gave a written permission."

He was afterwards taken to a detention camp at Atlit, where conditions were "the most severe". During the trip to Atlit even wounded prisoners were beaten and kicked by guards. There was only enough food for five people although there were 40 prisoners there, and it contained "kilos of salt".

At Atlit prisoners were made to stand for hours in a courtyard, were taken indoors for a short period of questioning, and then returned for more standing in the courtyard. Interrogation at Atlit consisted of threats to kill the prisoners and of insults to his nationality.

He was moved to Meggiddoh, where he spent the last five months of captivity. There he was again interrogated, this time being kept for 25 days in a small solitary cell with a 1000 watt bulb burning day and night, despite his condition of eyesight. Asked why he did not crush the bulb, he said that he feared being beaten if he had done so. At Meggiddoh he was also threatened with being shot on the pretence that he had tried to escape. During the last few months the conditions at Meggiddoh improved, and he was allowed newspapers. (*End of summary*)

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

Eucleation of the right eye without any medical reason.

Syrian medical documentation:

None.

Israeli medical documentation:

Medical report of the first aid he had received and a report of the treatment he received later on. Also a written statement in which Major Adib agrees with the operative removal of his eye.

Examination:

Situation after removal of the right eye; the artificial eye.

CONCLUSION:

The Israeli medical reports state that the wounded eye was treated by a qualified eye specialist. There was a perforation of the cornea, which was closed by an operation. The post-operative care was according to the medical standard procedures in such cases. It was decided to remove the eye by operation because there was a real danger for affecting the other eye. There were serious signs of a sympathetic ophthalmia. The medical indication for removing the wounded eye (in which there was no vision), as presented in the Israeli medical documentation, is correct.

LIEUTENANT COLONEL ADNAN HAJ KHUDR**SUMMARY OF STATEMENT**

His helicopter was shot down on 9 October 1973, and he sustained a serious injury to his right lower leg, but only a minor injury to his left lower leg, close to the foot. Crawling away from the burning helicopter to escape an imminent explosion, he became entangled among stones and had to cut off his badly injured right leg below the knee with a bayonet. He was able to crawl further away and destroy his documents by chewing them. He was soon captured and thrown into a tank. He felt a hand stealing his watch just before he lost consciousness.

At Safad hospital his left leg was amputated without his knowledge or permission and without justification. Several days after the amputation he was transported by bus to Shmuel Harofe hospital, and it was only during the bus ride that he learned of the amputation of his left leg. He suffered much because of the rough bus ride, and he felt the stumps of his legs hitting the floor. He also witnessed the beating of other Syrian prisoners during this ride. At Shmuel Harofe he was submitted to the indignity of being placed for a time in a child's bed (because of his shortened legs).

As early as October he began to seek explanations about the amputation of his left leg, but not until January was any reason given, and the reasons were unsatisfactory. He believed that the gangrene—if such there was—could have been treated. He maintained that even if the amputation was necessary, it should have been done closer to the foot rather than just below the knee. Thus he would have had less difficulty adjusting to an artificial limb. As a result of the bad treatment he rejected receiving artificial limbs in Israel. His own country, Syria, made the best artificial limbs in the world, and he is now proudly wearing artificial legs given to him by his army and his president.

Colonel Khudr also mentioned bad hospital conditions for himself and other captives. The mattresses were badly worn: one blanket bore the date 1948. When he complained about the terrible cold, a doctor told him that the Arabs' oil embargo was to blame. Guards made noises and played radios to keep prisoners awake in the hospital. Dogs around the hospital were allowed to bark, also keeping wounded prisoners from their needed sleep. Guards often insulted the prisoners by referring

to the dogs as "Syrians", and by calling the dogs with the words "Syrian, come!". Soldiers beat him on the stumps and sutures in the hospital, and during interrogation he was blindfolded, beaten on the abdomen with a belt, and kicked on the left shoulder. He was always guarded by soldiers despite the fact that he could not walk. (End of summary)

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

Amputation of left lower leg without medical reason.

Syrian medical documentation: Examination shortly after repatriation.

Israeli medical documentation: Medical report concerning the details of the first aid the patient received. Photographs were taken of his seriously wounded legs shortly after his arrival at the hospital. There is a report of the surgeon who operated on him.

Examination:

Situation after amputation of both lower legs. The stumps are in good condition.

CONCLUSION:

The medical indication for amputating the left lower leg, as presented in the Israeli medical documentation, is correct.

* * *

The Israeli authorities showed the medical expert of the commission a photograph showing the legs of a man whom they claim is Colonel Khudr. The photograph was said to show him after capture, with both legs seriously mangled. During questioning by the commission about this photograph, Colonel Khudr did not deny that it was of him, and he acknowledged that it had been shown to him in January 1974 when he was in an Israeli hospital. The commission concludes that the photograph in question does not corroborate Colonel Khudr's testimony about his physical condition at the time of his capture.

PRIVATE WADIM THUTTI**SUMMARY OF STATEMENT**

He was a commando who was captured wounded in the leg on 14 October 1973. He was taken away blindfolded and bound, despite his serious injury, to a place where men in brown uniforms questioned him and twisted his injured leg. He was often beaten and kicked despite his screams. No real treatment was given until 28 October, and by that time amputation was necessary. The amputation was above the knee although the injury was below the knee. This greatly reduced the possibility of restoration of movement through the use of prostheses.

After 14 days in hospital he was transported to the prison camp at Atlit. He was blindfolded, beaten and insulted during transport. It was winter, and the cold inside the prison camp was severe. His and the wounds of others were neglected at Atlit; the only cleansing of wounds was with shaving cream. They were deprived of water, and barking dogs kept the wounded awake. When journalists came, they were kept outside and were shown only people who had no injuries. "I screamed to the journalists that they should look at me and relay this picture to my country."

There were more than six interrogations, each lasting for about half an hour. He was taken blindfolded to a room and beaten on his head at each occasion. The questions were about military matters, and there was beating with the questioning. Before each interrogation he was kept in a cold room with air blowing through it to put him under psychological pressure, so that he came out shivering. He also mentioned that he was given a bed on the second or third row from the floor in spite of the fact that he was an amputee. There were insects in the room where he slept, and the food was bad and they had to eat it with their hands. There was no kind of recreation, and they were always subject to threats. Everyone who, like him, had been given a special assignment in the war, was treated like this for being a commando. *(End of summary)*

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

Bad amputation stump.

Syrian medical documentation:

Examination shortly after repatriation.

Israeli medical documentation:

None.

Examination:

The stump is in good condition.

CONCLUSION:

Not possible to make a judgement because of lack of medical documents.

PRIVATE MUHAMMAD NAZIR HILU

SUMMARY OF STATEMENT

He was captured with no wounds on 13 October 1973. There were 12 Syrians captured together who were made to sit in a circle with their hands on their necks. Israeli soldiers stood within 5 meters of the circle and shot them. Nine of them were murdered. He was shot in the head and in both legs and hands. Later at the hospital his left leg was shortened by 8 centimeters without explanation or permission. *(End of summary)*

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

No union of fracture of the left femur, with infected skin and osteomyelitis.

Shortening of the leg by 8 centimeters. Atrophy and limitation of movement in his hip and knee joint.

Syrian medical documentation:

Examination shortly after repatriation; x-rays.

Israeli medical documentation:

None. However, the Israeli authorities provided the commission with a report of the medical representative of the ICRC of a visit to Private Hilu in the hospital. This report appears to be based on information made available to the ICRC representative by the Israeli authorities.

Examination:

Shortening of the left leg by 8 centimeters. Flexion-contraction of the left

hip and the left knee. X-ray shows situation after shortening osteotomy (AO plate).

CONCLUSION:

According to the ICRC report the reason for shortening the leg was to promote the curing of the injured N. ischiadicus. This may be a very sensible operation. Injuries of the N. ischiadicus could cause contractions of the joints of the hip and knee. The ICRC report and the medical examination give no grounds to conclude medical negligence in this case.

CORPORAL TAISIR MAHMUD DA'UD

SUMMARY OF STATEMENT

He was a commando who was captured on 22 October 1973 with two companions who were murdered before him by machinegun. He had been injured in one foot and in the eye by shrapnel and was not able to walk. Nevertheless, Israeli soldiers made him walk about 300 meters before he was taken to a camp. He was kept with other commandos, blindfolded and bound without food, beaten, and forced to lie face to the ground.

He was moved to Atlit, where he was beaten regularly during periods of interrogation. Prior to each session he was kept waiting outside for several hours in the courtyard. The commandos were kept separately from other prisoners at Atlit, and they were made to wear labels that identified them as commandos. He was moved to a place that he thinks was in Tel Aviv and was later moved to Meggiddoh. He lost his vision in the wounded eye only during the third month of captivity.

He made two other complaints that were reflected in several statements from Syrian former prisoners interviewed by the commission: the use of petrol to clean wounds and the taking of excessively large amounts of blood. *(End of summary)*

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

Loss of vision by infection which was not treated. Glass splinters had not been removed.

Syrian medical documentation:

None.

Israeli medical documentation:

None. However, the Israeli authorities provided the commission with a report of the medical representative of the ICRC of a visit to Corporal Da'ud in the hospital, who found a red swollen eye and suggested to the Israeli authorities to send for an eye specialist.

CONCLUSION:

According to the ICRC report, there is some evidence that the medical treatment in this case was not sufficient in that the ICRC had to request for an eye specialist to be consulted. However, it is impossible to conclude whether or not earlier attention from a specialist could have prevented the loss of vision.

PRIVATE ABDUL SALLAM SAMMAR

SUMMARY OF STATEMENT

He was a commando who was captured unhurt on 22 October 1973. Two fellow prisoners were gunned down after capture. Before being moved to Atlit he was in-

terrogated at an unknown place. There he was beaten on the head with a hose, which injured his eardrum and gave him a cut above the eye. They kept hitting the wound to keep it open. He was also beaten with a gun. During transport to Atlit he was beaten.

At Atlit he underwent interrogation 15 times for about an hour and a half each time. Beatings were common, and during the interrogations he was always blindfolded and bound. Sticks were used against him during interrogation.

While tied and blindfolded he was exposed to police dogs. The dogs were on leashes so that they could touch the prisoners, and the guards said to him, "You will die and the dogs will eat you." Blood samples were taken two times. The first time there was no effect, but the second time he felt faint, his heart was pounding and he became dizzy. He thought that about 400 grams of blood was taken. *(End of summary)*

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

Eardrum perforation of the left ear. Scar of the left eyebrow.

Syrian medical documentation:

Examination shortly after the release.

Israeli medical documentation:

None.

Examination:

There is an eardrum perforation of the left ear. There is a very small line as a scar on the left eyebrow.

CONCLUSION:

The perforation of the eardrum could have been caused by a blow on the ear. The scar on the eyebrow is not specific.

CIVILIAN JASSIN HASSAN RIKAB

SUMMARY OF STATEMENT

A schoolteacher, he was kidnapped in the Mount Hermon region in June 1974 when the Israelis were withdrawing their forces and the United Nations forces were entering the area. The Israelis searched his house and took him away blindfolded. He was taken to the police station in Roshpina for one night and then on to a detention camp at Acro for 32 days.

At Acro he was taken three or four times to be interrogated by the police for about half an hour each time. The police beat him with fists. They asked him why he was against the occupation and why he insisted on teaching from the Syrian curriculum. He was kept in a tiny cell that had very bad ventilation. He often fainted in the cell. He was given very small quantities of salt water. He noticed the number 160 on one of the policemen who interrogated him.

During interrogation he was burned with cigarettes. He was not allowed to see a lawyer and was able to see an ICRC representative only later in Kfaryuna. He could not mention the cigarette burns to the ICRC representative because of the presence of Israeli guards.

While still at Acro he complained about various pains and was taken to a hospital apart from the prison. At the hospital he complained to a doctor about the cigarette

burns on his abdomen. The Israeli doctor saw these burns and became very angry and shouted at the policemen who had brought him. The doctor then had coffee with him in front of the interrogators. He was returned to his cell at the prison, where the food was inadequate and bad. He also believes that a blood sample was taken from him while he was unconscious. *(End of summary)*

Commission's Medical Report

Complaint with evidence of (previous) physical harm:

Scars on the abdomen from burning cigarettes.

Syrian medical documentation:

None.

Israeli medical documentation:

None.

Examination:

On the lower part of the abdomen pale scars are found with a diameter of half a centimeter each.

CONCLUSION:

These scars are very specific for cigarette burns.

VI. Application of Safeguards

With regard to protection of prisoners of war, a formal system of safeguards is contained in the Third Geneva Convention. This is applicable to the Syrian and Israeli prisoners of war since both Syria and Israel have ratified the four Geneva Conventions. Their full implementation would have prevented occurrences of brutality and ill-treatment.

The first requirement for such implementation of the safeguards would have been that those persons who were taking care of the prisoners during captivity had a knowledge of the contents of the Geneva Conventions and were willing to apply them. The commission had little or no possibility to interview these people with the exception of Colonel Ganot in Israel and Colonel Gabriel in Syria. In general terms these persons seemed to know the Geneva Conventions. The commission had no way of establishing whether these persons had in fact control over what happened with regard to the prisoners, nor whether they actually applied the conventions.

The testimonies given by the former prisoners indicated, however, that in both countries there had been persons directly concerned as interrogators and guards who were not inclined to take much notice of the Geneva Conventions. When the prisoners had referred to the conventions, they were sometimes met with derision on the part of the interrogator.

According to the testimonies heard by the commission, article 17 of the Third Geneva Convention has been consistently violated in both countries where the questioning of prisoners of war is concerned. Under this article the prisoner of war is bound to give only his surname, first names, date of birth, military rank and service number. In the opinion of the commission the consistency of the testimonies indicates that the interrogations clearly went far beyond these legal limits.

It cannot be underlined strongly enough that the implementation of this article is one of the basic prerequisites for eliminating the temptation to use torture. It should, of course, be borne in mind that article 17 itself contains an express prohibition of physical or mental torture or other forms of coercion to secure information of any kind.

Part III section II of the Third Geneva Convention contains provisions concerning internment of prisoners of war. They are to be placed in camps, not in close confinement or penitentiaries, and they shall elect representatives to deal with the military authorities.

The arrangements in Syria seem not to have been in conformity with these provisions. The prisoners were kept in Al Mezze military prison in Damascus, in a way which made them directly exposed to the guards outside each cell. This increased the possibility of brutality considerably.

The arrangement was different in Israel, where for the most part special prisoner of war camps were utilized. Even so, however, according to the testimonies some of the prisoners of war were kept in special isolated cells under Israeli guards, while

in several cases prisoners were also taken from the camps to special interrogation centers, an arrangement which facilitates ill-treatment and brutality.

It was actually in connection with transports and during interrogation away from the camps that most of the alleged ill-treatment and torture took place. It also appears, therefore, that article 46 of the Third Geneva Convention, which states that the transfer of prisoners of war shall always be effected humanely, has not been fully observed by the two parties concerned.

One of the most important safeguards for the protection of prisoners of war is the right to obtain visits from the delegates of the ICRC. In Syria, no such visit was permitted until 1 March 1974. Syrian officials stated that the main justification for this was the unsatisfactory way in which the names of captured Syrian soldiers in Israel were received in Syria. From time to time, incomplete lists were given, and the Syrian authorities stated they had reason to believe that there were other prisoners and that some of them might be killed in Israel. Another reason given was that the Syrian authorities felt that Israel wanted to demean the dignity of Syria.

It had been stated by the then Prime Minister of Israel Mrs Golda Meir that the question of prisoners was the most important question, more important than any other question. To the Syrian authorities, the bombing of Damascus and the killing of civilians had been more important, and they did not want to conform to the Israeli presentation of the matter, by which they were transforming, according to the Syrian authorities, the Geneva Conventions into a political issue.

The commission finds that this justification is not satisfactory, and that nearly five months without ICRC visits represents a serious failure to fulfill this important safeguard.

In Israel, most of the Syrian prisoners of war did have opportunities to see representatives of the ICRC. Syrian prisoners of war were visited an average of once a month from 14 October 1973 onwards. However, one of the commando soldiers claimed that he had seen no ICRC representative, and that he had been told by his Israeli interrogators that he would be killed if he complained. Another former Syrian prisoner said he had been subjected to threats before the visit of the ICRC delegation not to talk about his ill-treatment, and that the visit had taken place in a locality where Israeli guards were sufficiently close to follow the conversation. While it is possible that the safeguards which the visits by ICRC delegations represent have not been completely satisfactory, the commission had, of course, no way of proving or disproving such allegations.

It has already been indicated in section V above that inclusion of a physician in the ICRC delegations visiting wounded prisoners of war should be considered as an important safeguard.

Finally, mention should be made of the provisions contained in the Third Geneva Convention governing the release and repatriation of prisoners of war. With regard to wounded and sick prisoners of war, article 109 of the convention states that such prisoners shall be repatriated respectively accommodated in a neutral country, depending on the seriousness of their health condition (article 110), as soon as they are fit to travel.

With regard to all other prisoners of war, article 118 of the convention states

that they shall be released and repatriated without delay after the cessation of active hostilities, even if no provisions to such an effect have been made in any ceasefire agreement between the parties to the conflict, or if no such agreement has been reached at all.

While these provisions offer relatively limited protection to prisoners of war against ill-treatment and torture in comparison to the safeguards outlined above, it is clear that repatriation eliminates any possibility of prolonged or renewed abuses. It is also clear that neither Syria nor Israel have complied with these provisions, in that the repatriation of the Israeli and Syrian prisoners of war took place many months after the cessation of active hostilities, a ceasefire having been declared on 22 October 1973.

VII. Conclusions and Recommendations

I. Conclusions

The commission concludes that a number of safeguards contained in the Geneva Convention Relative to the Treatment of Prisoners of War of 12 August 1949 (the Third Geneva Convention), which, as was pointed out in section VI above, are directly relevant to the protection of prisoners of war against ill-treatment and torture, were not fully respected by the two parties concerned.

- (i) It is clear beyond reasonable doubt that the questioning of captured military personnel went beyond requiring name, age, military rank and service number.
- (ii) The conditions of internment of the Israeli prisoners of war in Syria were not in accordance with the provisions of the Convention, in that they were held in a military prison. In Israel the Syrian prisoners of war were held in special camps, in accordance with the convention, but the commission notes the allegations by former Syrian prisoners of war that some of them had been kept in special isolated cells, and that prisoners had been taken from the camps to special interrogation centers.
- (iii) The Israeli prisoners of war in Syria were denied protection in the form of visits from delegations of the International Committee of the Red Cross (ICRC) for nearly five months, which should be interpreted as a violation of the convention. The commission notes the allegations by some of the former Syrian prisoners of war that during captivity in Israel they were denied opportunities to see the ICRC delegations or threatened before their visits.
- (iv) It is clear beyond reasonable doubt that insufficient precautions were taken to protect prisoners of war against abuses during transportation.
- (v) Wounded and sick prisoners of war were not repatriated or accommodated in neutral countries at the earliest possible occasion, nor were the other prisoners of war repatriated immediately after the cessation of active hostilities.

These violations of the Third Geneva Convention are extremely serious, in that they created circumstances under which ill-treatment and torture could more easily occur. Having heard and examined the allegations contained in the testimonies of the former Israeli and Syrian prisoners of war, the commission cannot but conclude that the above mentioned violations of the Third Geneva Convention have indeed led to certain abuses against a number of the former prisoners of war.

Although, for reasons explained in section III above, it has not been possible to establish proof beyond doubt that the alleged ill-treatment and torture have in fact taken place, the individual testimonies, the interviews with representatives of the responsible authorities, and the medical examinations give reasonable ground to state

the following:

- At least some of the former prisoners of war from both sides were subjected to brutality in the form of beating, kicking and threats, especially during transportation.
- Most of the former Israeli prisoners of war in Syria stated that they had suffered systematic torture during interrogation, especially in the form of *jallaka* or electric shocks. The commission found the individual testimonies to be consistent in themselves and among one another. In some cases the findings of the medical examination appear to corroborate complaints of certain kinds of beating.
- The commission notes the allegations of torture made by former Syrian prisoners of war in Israel, and finds that the testimonies given by the commando soldiers describe the more brutal treatment, which in one case appears to be corroborated by the findings of the medical examination. The testimonies given by three Syrian civilians captured by Israeli forces contain allegations of a very serious nature. One complaint of burning with cigarettes appears to be corroborated by the findings of the medical examination.
- The commission also notes the allegations from both sides of insufficient or willfully wrong medical treatment. Study of the available medical documentation as well as examination of the complainants proved to be inconclusive. While recognizing that such allegations are extremely difficult to substantiate, the commission finds that its inability to reach conclusions about these allegations must also be attributed to the scarcity of medical documentation.
- Finally, the commission finds that the complaints made by the former Israeli prisoners of war in Syria about certain kinds of deprivation, including unsatisfactory access to food, water and hygienic facilities, and the complaints made by the former Syrian prisoners of war in Israel about overcrowded and otherwise unsatisfactory conditions of detention appear to be mostly corroborated by the reports of the visits to the prisoners of war held in both countries by the delegations of the ICRC.

The commission finds the above to constitute sufficient grounds to conclude that both parties concerned have acted in contravention of article 13 of the Third Geneva Convention, which states that prisoners of war must at all times be humanely treated, as well as in contravention of internationally accepted standards of human rights.

2. Recommendations to Syria and Israel

On behalf of Amnesty International, the commission expresses the sincere hope that the following recommendations, which are aimed at the event of future armed conflict, will never have to come to test.

In general terms, it is strongly urged that steps are taken to secure full implementation of the Third Geneva Convention concerning the treatment of prisoners of war.

In more specific terms, the two governments are urged to pay particular

attention to the following recommendations:

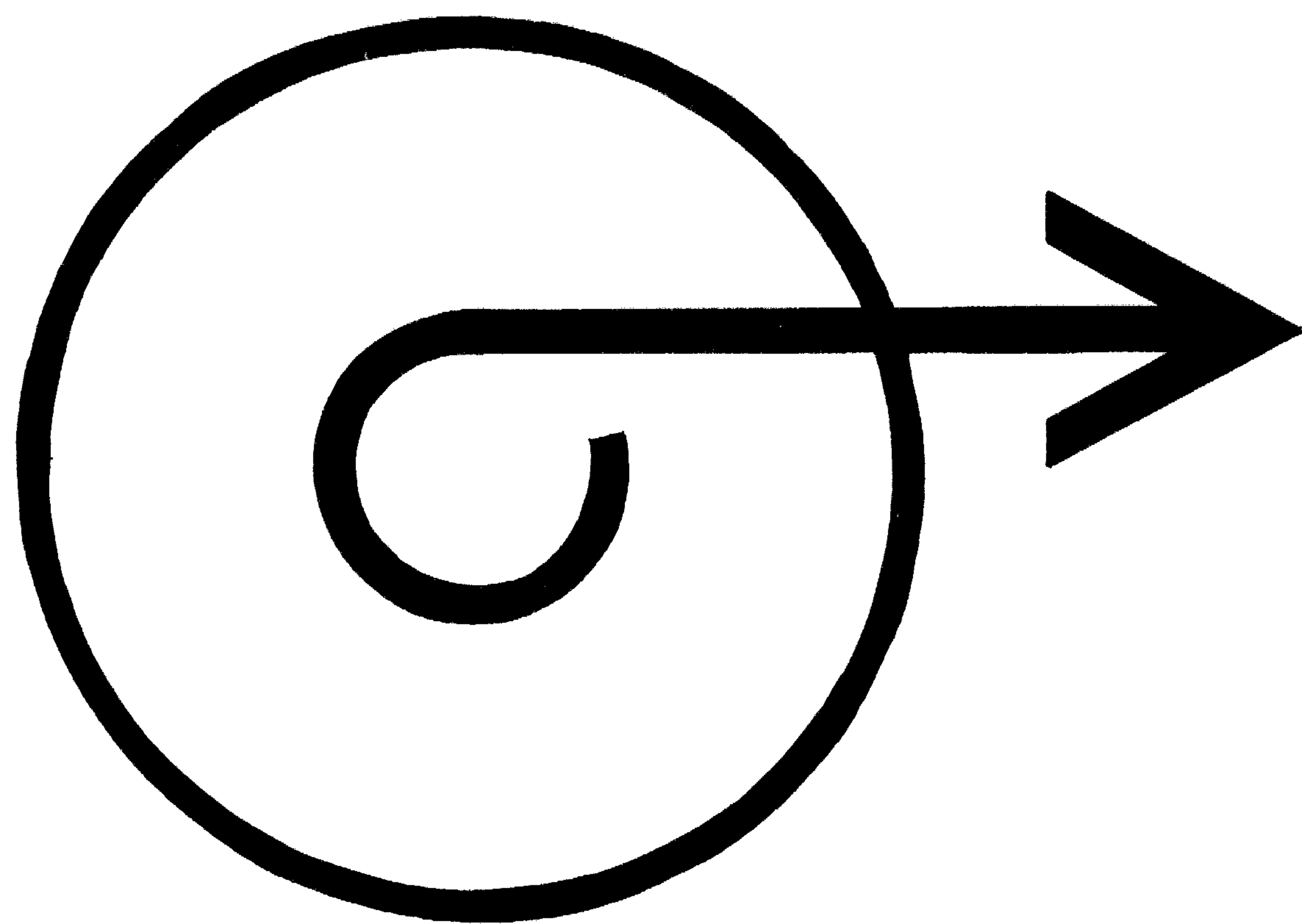
- Steps should be taken to improve the instruction in the contents of the law of armed conflict. Special attention should be given to the provisions contained in the Third Geneva Convention, in particular those governing the questioning of prisoners of war and the organization of camps for prisoners of war, in the instruction of those personnel who are likely to be in direct contact with prisoners of war, such as military police and intelligence services. In this connection the importance should be stressed of imbuing those who are in positions of leadership with a strong sense of responsibility regarding the implementation of the convention. The responsible authorities should use every opportunity to make clear that compliance with the convention constitutes an obligation under international law for all levels of authority.
 - Prisoners of war should be transported directly and without delay from the place of capture to the hospital or to the camps set up for prisoners of war. Any delay should be explained in a written justification, which should be kept in a file for each prisoner of war, which should be available for inspection and carried back when the prisoner is repatriated. Duplicates of such documents should be kept by the detaining authorities.
 - Full documentation should be kept about the treatment of wounded or sick prisoners of war. Signed medical documents should be kept in the file mentioned above, which should be available for inspection and carried back when the prisoner is repatriated. Duplicates of such documents should be kept by the detaining authorities.
 - Full access by ICRC delegations should be secured to all prisoners of war from the moment they have been brought to the camps or hospitals. ICRC delegations should be enabled to include at all times at least one medical expert, who should have access to all relevant documentation on the prisoners of war.
 - Wounded and sick prisoners of war should be repatriated, respectively be accommodated in neutral countries, at the earliest possible time, in accordance with the provisions laid down in Articles 109 and 110 of the Third Geneva Convention. Furthermore, all prisoners of war should be released and repatriated without delay after the cessation of active hostilities, in accordance with the provisions laid down in article 118 of the convention.
- ### 3. Recommendations to the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts
- The Amnesty International commission is eager that during the present efforts to improve international humanitarian law applicable in armed conflicts, special attention be paid to the problems concerning implementation of existing provisions. It is therefore suggested that the conference, either in the form of a resolution or by other appropriate means, seek to make improvements in the following fields.
- a) Provision should be made for an automatic system of independent international investigation into allegations of infringements of the Geneva Conventions from any sources.

- b) Where no protecting power is appointed or the detaining power fails to make the appropriate request regarding the establishment of a mixed medical commission (see article 112 of the Third Geneva Convention and articles 1 and 2 of annex II thereto), provision should be made for the appointment of a medical commission composed entirely of members from neutral countries. The functions of such a commission shall be the same as those outline in article 112 aforementioned, namely to examine sick and wounded prisoners of war and to decide on the need for repatriation.
- c) The obligation to keep full documentation about the medical treatment of wounded prisoners of war should be fully observed. Signed medical documents should be kept in a file for each prisoner of war, which would be available for inspection and carried back when the prisoner is repatriated. The detaining power should at all times keep its own duplicates of these documents, which should be available for inspection.
- d) The obligation to bring without delay a prisoner of war from the place of capture to the hospital or to the camps set up for prisoners of war should be fully observed. Any delay should be explained in a written justification, which should be kept in the file mentioned under c), which should be available for inspection and carried back when the prisoner is repatriated. The detaining power should at all times keep its own duplicates of these documents, which should be available for inspection.
- e) The obligation to detain prisoners of war in special camps should be fully observed. The provisions concerning the organization of such camps should be made more precise. Emphasis should be put on the need to allow internal self-government for the prisoners inside the camps, allowing the guards to watch only the camp as a whole but not to have direct contact with the individual prisoners. The system of representation for the prisoners of war should be strengthened, and each representative should be given full access to all the prisoners belonging to the group he represents. Regulations should be adopted to the effect that whenever a prisoner is to be taken out for interrogation or other purposes notification should be given to the representative in advance, and the prisoner in question should be permitted to be accompanied by the representative, since the only permissible questions are those concerning the name, rank and service number of the prisoner.

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