

“Not waving, drowning”. Asphyxia and torture: the myth of simulated drowning and other forms of torture

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Abstract

The article will give a brief introduction to what we understand by the term Asphyxiation. The main focus will then turn to how Asphyxiation is used as a method of torture, (often euphemistically called a “method of interrogation”) with an overview of wet methods such as immersion in water or the pouring of water over the mouth and nose, and dry methods such as the use of bags/sacks/masks and how exacerbating factors such as the use of contaminants or irritants are used. The recently published International Forensic Expert Group Statement on Hooding¹ will be introduced and the notion will be explored that during so-called ‘enhanced interrogation’ asphyxiation or drowning can be “simulated.”

Keywords: drowning, asphyxia, torture, interrogation

Although the term Asphyxia stems from the Greek for the lack of a pulse (*a sphyxis*), it is commonly understood to mean a lack of oxygen, either from a restriction of its intake, or a restriction of its use, or uptake, by the body. When the lack of oxygen results in death it is termed suffocation. For the purposes of this workshop the discussion will be limited to ways in which oxygen intake is impaired. There are broadly three ways

in which oxygen intake to the lungs can be mechanically restricted: by obstruction of the external respiratory passage (the mouth, nose, oropharynx); by pressure on the neck producing compression of the trachea as well as the neck blood vessels, or by pressure on the thoracic cage which restricts the mechanical mechanism of respiration.

In all cases, the restriction of oxygen intake can lead to death, ultimately through cardiac arrest, but it should be noted that the fear and stress associated with the asphyxia, may in themselves produce cardiac arrhythmias and sudden death through reflex cardiac arrest. This reflex cardiac arrest is through vagal inhibition, which may also be produced by pressure on the neck (specifically on the baroreceptors of the internal carotid artery), water striking the glottis, or sudden immersion in icy water.

The ‘classic signs’ of asphyxia are said to be petechiae, congestion, oedema and cyanosis. Petechiae may be present on the eyelids, conjunctivae, sclera, the face, including the lips and mucous membranes, as well as behind the ears, on the neck, and on the chest. A struggle may accentuate these signs, but then one might also expect to see other signs of the struggle such as abrasions and bruises on the face, neck or chest.

But the ‘classic signs’ are actually non-specific, and may be caused by other mecha-

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nisms other than asphyxia. If there is no struggle, or if death is sudden through reflex cardiac arrest, then these signs may also be absent. Petechiae have been found to be caused by mechanical mechanisms (rupture of capillaries and venules due to increased vascular pressure) and not purely by the hypoxia associated with asphyxia. Thus if there is asphyxia without a mechanical component such as compression of the neck or chest, then petechiae may be absent.²

Methods

In this discussion on the use of asphyxia in torture, if we exclude mechanisms that would interfere with oxygen exchange in the blood itself, we can look at external mechanisms that impede the mechanism of respiration, namely, obstruction of the external respiratory orifices (nose and/or mouth), obstruction of the air passages (pharynx, larynx, trachea), pressure on the neck and pressure on the chest.

Obstruction of the respiratory passages

Obstruction of the external respiratory passages, or smothering, may be with a material or with an object such as a pillow, hand or other body parts of the perpetrator.³ In what is often termed “dry submarino” any impermeable material, such as a plastic bag, held over the face or head produces asphyxia. It does not simulate asphyxia, it produces asphyxia. Since there is direct pressure over the face and neck, and since the victim is likely to struggle, it may be that the classical signs of asphyxia are more evident, but not necessarily, as may be other signs of struggle such as abrasions and bruising around the face and neck. In parts of Central Asia, a gas mask with the filter blocked has been used to obstruct the external airways. Since the type of gas mask often has a long tube that houses the filter, resembling the trunk of an

elephant, this method is sometimes termed “the elephant.”

The material that is used to block the air passages may be contaminated from previous use with the saliva, sweat, vomit or blood of other victims. But other contaminants may be deliberately introduced, such as faeces, chillies or volatile liquids such as petrol or in the case of the gas mask smoke or other noxious substances may be introduced through the filter hole. These irritants may directly affect the mucous membranes, produce bronchospasm, airway or pulmonary inflammation or oedema as well as the noxious effects of the contaminant itself.

Hooding, the practice of fully covering the head of a person, usually with a permeable material such as sacking or cloth, has in itself been found by various international bodies, including the United Nations Committee Against Torture, to be torture or cruel, inhuman or degrading treatment. A statement by the International Forensic Expert Group on how the practice of hooding during arrest and interrogation may constitute torture or cruel inhuman or degrading treatment was published in 2011.¹ As well as impeding air flow, the hooding will produce sensory deprivation by interfering with sight, hearing and smell, produce disorientation, fear, stress and may exacerbate pre-existing medical conditions, particularly respiratory or cardiac illness and psychological disorders.

Restraint or Positional Asphyxia

Restraint or positional/mechanical asphyxia is a term used to describe the restriction of the mechanical process of respiration which leads to asphyxia.

Restraint may be through holding an individual in an arm lock (or “choke hold”) which is employed by some law enforcement authorities in order to detain an individual.

There may be a combination of compression of the chest, impairment of cerebral blood flow through partial neck compression, and compression of the airway.⁴ Since you might expect the victim to struggle, as in cases of strangulation, there is a likelihood of petechiae on the conjunctivae, face or trunk, as well as congestion and oedema.

In using restraint asphyxia as a method of torture the person may be tied in contorted positions such as the so-called "Hog tie" or "Banana tie" in which the wrists are bound behind the back, the ankles are tied and then the spine forced into hyperextension by pulling the wrists back toward the ankles. Sitting on the chest or back of a person will similarly impair respiratory chest movement. Forcing prisoners to pile on top of each other clearly risks some form of positional asphyxia, in particular for those crushed at the bottom of the pile.

It must be remembered that victims of torture who are restrained in one of the above manners, are commonly simultaneously or cumulatively subjected to other forms of violence such as beatings, electric shocks, temperature extremes, stress positions, insults, threats and hooding. In the case of Baha Mousa, a civilian Iraqi National who died in Iraq 'under interrogation' by the British Army in 2003, an inquiry found that the cause of death was restraint positional asphyxia. Mr Mousa was hooded, beaten, forced to remain in stress positions, deprived of food and water, held in extremely hot conditions and died within 24 hours of being detained. Just prior to his death one or two soldiers had been sitting on his back while he was face down, clearly a method of restraint that can produce asphyxia, especially in an already exhausted victim.

Suspension can also produce positional asphyxia. Suspension in the inverted position by ropes or chains fixed around the ankles

can produce asphyxia as the weight of the abdominal contents pushes down on the diaphragm thus restricting its movement. The asphyxia can be exacerbated by the wrists being tied behind the back which will impede chest movement. Suspension by the wrists either tied above the head or behind the back so that the head remains upwards will similarly produce some degree of asphyxia as chest movements are restricted as the weight of the body passes through the shoulders and arms, more so as the individual becomes exhausted.

Drowning

Following a process of international consensus on a new definition of drowning, van Beeck⁵ provided that the definition should include both cases of fatal and non-fatal drowning, and thus adopted the following: "Drowning is the process of experiencing respiratory impairment from submersion/immersion in liquid." Thus drowning is not simply a terminal event, but is a process. The process is not simply one of induced hypoxia but a complex process involving breath holding, struggling, physical exhaustion, rising carbon dioxide levels, the inhalation and ingestion of the liquid, coughing, vomiting, loss of consciousness, respiratory failure, cardiac arrest, culminating in death. Therefore if the process is interrupted at some stage prior to death we can logically have cases of non-fatal drowning.

Breathing in either salt or fresh water impairs respiratory exchange and produces hypoxia. Inhalation of fresh water, since it is hypotonic, produces rapid hypervolaemia, hypoxaemia due to the haemodilution, cardiac stress, haemolysis and electrolyte changes, and can produce death in four to five minutes. Inhalation of sea water, which is hypertonic, produces pulmonary oedema as water passes from the plasma into the air

spaces of the lungs, and with less cardiac disturbance, death may occur in eight to twelve minutes. It is however important to note that in either fresh or salt water, death may in some cases be rapid from cardiac arrest probably due to vagal inhibitory reflex. The victim of the drowning process who survives may also show pneumonia from the inhaled water and contaminants, gastrointestinal disturbances from ingesting water and contaminants, and other physiological disturbances such as haemolysis leading to haemoglobinuria and even renal failure.

As a method of torture, the use of water to impede respiration has been used for centuries. In the Inquisition of the 15th and 16th centuries, individuals were tightly bound to a wooden frame or table, the head end lowered and a cloth forced into the mouth onto which water was poured. The cloth would prevent the person from spitting out the water, but also obstruct the oro pharynx as it was forced back into the throat by the water. The individual would both swallow and inhale the water while all the time being interrogated. As the water is poured over the mouth at intervals, the submersion is intermittent, as it may be in cases of accidental drowning where a victim may be conscious.

Under the Khmer Rouge, between 1974 and 1979 a similar method of torture was employed whereby a prisoner was shackled by the wrists and ankles to a wide platform while water was doused over a cloth covering the face. Across Latin America in the 1970's and 1980's political prisoners would be bound and have their heads submersed in drums, baths or other vessels of often fetid water, either while kneeling or lying over, or in, the container, or while suspended upside down by their bound ankles. While the submersion in water produced (mostly) non-fatal drowning, as already mentioned

the inversion would also produce a form of positional asphyxia as the abdominal organs pressed down on the diaphragm.

The description given of 'waterboarding', the supposed interrogation method employed in the so-called 'War on Terror' is identical to those just given for the methods employed by the Khmer Rouge and others. An individual is strapped to a board or table, a cloth placed over the face covering the nose and mouth and water poured over the cloth saturating it and blocking off the flow of air.

But we are now told that in fact, the Inquisitors, the Khmer Rouge, the perpetrators of the 'Dirty Wars' of Latin America and other countless interrogators across the world, were not actually using a torture method but were in fact just practicing "enhanced interrogation." We are now told that they were not in fact employing drowning as a method of torture, but were actually just "simulating drowning". This presupposes that drowning someone must result in death, whereas from the proposed new international definition of drowning, it is not necessarily the end result, but drowning is a process, a continuum which includes cases of non-fatal drowning.

Therefore, when it comes to employing asphyxia through drowning as a so-called method of interrogation, there can be no simulation, either you are subjected to, and experience asphyxia and the process of drowning, or you are not. If I put a plastic bag over your head and hold it in position until you experience difficulty breathing, am I simulating depriving you of oxygen, or am I depriving you of oxygen? Self-evidently it is the latter. The person subjected to submersion or waterboarding is not waving, but drowning; they are being involuntarily subjected to the severe pain and suffering of the process of drowning for the purpose of

interrogation. They are being subjected to torture.

Would anyone really like to claim that Comrade Duch, recently convicted by the special tribunal in Cambodia of war crimes (including torture) and crimes against humanity (including torture), was not actually ordering the torture by “submarino” of countless victims at the Khmer Rouge prison S-21 in Phnom Penh, but was actually only “simulating the drowning” of these individuals through the use of “waterboarding”? Because S-21 was actually an interrogation centre, would another plausible defence be that Comrade Duch was merely using enhanced interrogation techniques such as “waterboarding” since indeed, apart from being a part of the Khmer Rouge ‘propaganda’ machine, the purpose of S-21 was intelligence gathering and the aim was certainly not to kill the prisoner (execution specifically came separately).

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