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Complete Report: Abu Ghraib: its legacy for military medicine

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Editor's note

We bring to the attention of our readers this important study by Dr. Steven Miles, published in the British Medical Journal The Lancet .

Dr. Miles shows how military doctors quite deliberately "collaborated with designing and implementing psychologically and physically coercive interrogations" at the Abu Ghraib prison in Baghdad.

While Dr. Miles' Report has been summarized by several media including the New York Times, and the Washington Post, the depth and detail of his findings have barely been acknowledged.

The complicity of US military medical personnel during abuses of detainees in Iraq, Afghanistan, and Guantanamo Bay is of great importance to human rights, medical ethics, and military medicine. Government documents show that the US military medical system failed to protect detainees' human rights, sometimes collaborated with interrogators or abusive guards, and failed to properly report injuries or deaths caused by beatings.1-23 An inquiry into the behaviour of medical personnel in places such as Abu Ghraib could lead to valuable reforms within military medicine.

The policies

As the Bush administration planned to retaliate against al-Qaeda's terrorist attacks on the USA, it was reluctant to accept that the Geneva Convention Relative to the Treatment of Prisoners of War would apply to al-Qaeda detainees.24 In January, 2002, a memorandum from the US Department of Justice to the Department of Defense concluded that since al-Qaeda was not a national signatory to international conventions and treaties, these obligations did not apply.4 It also concluded that the Convention did not apply to Taliban detainees because al-Qaeda's influence over Afghanistan's government meant that it could not be a party to treaties. In February, 2002, the US president signed an executive order stating that although the Geneva Conventions did not apply to al-Qaeda or Taliban detainees, "our nation . . . will continue to be a strong supporter of Geneva and its principles

. . . the United States Armed Forces shall continue to treat detainees humanely and, to the extent appropriate and consistent with military necessity in a manner consistent with the principles of Geneva."5 This phrasing subordinates US compliance to the Geneva Convention to undefined "military necessity."

An August, 2002 Justice Department memorandum to the President and a March, 2003 Defense Department Working Group distinguished cruel, inhumane, or degrading treatment, which could be permitted in US military detention centres, from torture, which was ordinarily banned except when the President set aside the US commitment to the Convention in exercising his discretionary war-making powers.3,7 These memoranda semantically analysed the words "harm" or "profound disruption of the personality" in legal definitions of torture without grounding the terms on references to research showing the prevalence, severity, or duration of harm from abusing detainees.25-30 Also, the memoranda do not distinguish between coercive interrogation involving soldiers from those employing medical personnel or expertise. For example, both documents excuse the use of drugs during interrogation.3,7 Neither document mentions medical ethics codes or the history of medical or psychiatric complicity with torture or inhumane treatment.25,26,31,32

In late 2002, the Secretary of Defense approved "Counter Resistance Techniques" including nudity, isolation, and exploiting fear of dogs for interrogating al-Qaeda suspects at Guantanamo.6 In April, he revised those techniques and advised those devising interrogation plans to give consideration to the view of other countries that some of the authorised techniques such as threats, insults, or intimidation violate the Geneva Convention. He added, "Nothing in this memorandum in any way restricts your existing authority to maintain good order and discipline among detainees."6 .

The Interrogation Rules of Engagement posted at Abu Ghraib stated: "[Interrogation] Approaches must always be humane . . . Detainees will NEVER be touched in a malicious or unwanted manner . . . the Geneva Conven-tions apply."11 These rules were imported from the US operation in Afghanistan and echoed the 2003 memo by the Secretary of Defense. They stated: "Wounded or medically burdened detainees must be medically cleared prior to interrogation" and approved "Dietary mani-pulation (monitored by med)" for interrogation.11 Defense Department memoranda define the latter as substituting hot meals to cold field rations rather than food deprivation but there are credible reports of food deprivation.6,19,33

Although US military personnel receive at least 36 min-utes of basic training on human rights, Abu Ghraib military personnel did not receive additional human rights training and did not train civilian interrogators working there.1,15,17 Military medical personnel in charge of detainees in Iraq and Afghanistan denied being trained in Army human rights policies.17 Local commanding officers were unfamiliar with the Geneva Convention or Army Regulations regarding abuses.13-15 Arab language synopses of Geneva protections were not posted in the cellblocks in Iraq and Afghanistan as required by Army regulation.2,10,13,17

The offences

Confirmed or reliably reported abuses of detainees in Iraq and Afghanistan include beatings, burns, shocks, bodily suspensions, asphyxia, threats against detainees and their relatives, sexual humiliation, isolation, prolonged hooding and shackling, and exposure to heat, cold,

and loud noise.1,14,19,24,33,34 These include deprivation of sleep, food, clothing, and material for personal hygiene, and denigration of Islam and forced violation of its rites.19 Detainees were forced to work in areas that were not de-mined and seriously injured.34 Abuses of women detainees are less well documented but include credible allegations of sexual humiliation and rape.13,14,35

US Army investigators concluded that Abu Ghraib's medical system for detainees was inadequately staffed and equipped.8,11,13,16,17 The International Committee of the Red Cross (ICRC) found that the medical system failed to maintain internment cards with medical information necessary to protect the detainees' health as required by the Geneva Convention; this reportedly was due to a policy of not officially processing (ie, recording their presence in the prison) new detainees.16,34 Few units in Iraq and Afghanistan complied with the Geneva obligation to provide monthly health inspections.17 The medical system also failed to assure that prisoners could request proper medical care as required by the Geneva Convention. For example, an Abu Ghraib detainee's sworn document says that a purulent hand injury caused by torture went untreated. The individual was also told by an Iraqi physician working for the US that bleeding of his ear (from a separate beating) could not be treated in a clinic; he was treated instead in a prison hallway.20

The medical system failed to establish procedures, as called for by Article 30 of the Geneva Convention, to ensure proper treatment of prisoners with disabilities. An Abu Ghraib prisoner's deposition reports the crutch that he used because of a broken leg was taken from him and his leg was beaten as he was ordered to renounce Islam. The same detainee told a guard that the prison doctor had told him to immobilise a badly injured shoulder; the guard's response was to suspend him from the shoulder.21

The medical system collaborated with designing and implementing psychologically and physically coercive interrogations. Army officials stated that a physician and a psychiatrist helped design, approve, and monitor interrogations at Abu Ghraib.15 This echoes the Secretary of Defense's 2003 memo ordering interrogators to ensure that detainees are "medically and operationally evaluated as suitable" for interrogation plans.6 In one example of a compromised medically monitored interrogation, a detainee collapsed and was apparently unconscious after a beating, medical staff revived the detainee and left, and the abuse continued.22 There are isolated reports that medical personnel directly abused detainees. Two detainees' depositions describe an incident where a doctor allowed a medically untrained guard to suture a prisoner's lacertation from being beaten.22,23

The medical system failed to accurately report illnesses and injuries.34 Abu Ghraib authorities did not notify families of deaths, sicknesses, or transfers to medical facilities as required by the Convention.34,36 A medic inserted a intravenous catheter into the corpse of a detainee who died under torture in order to create evidence that he was alive at the hospital.37 In another case, an Iraqi man, taken into custody by US soldiers was found months later by his family in an Iraqi hospital. He was comatose, had three skull fractures, a severe thumb fracture, and burns on the bottoms of his feet. An accompanying US medical report stated that heat stroke had triggered a heart attack that put him in a coma; it did not mention the injuries.38

Death certificates of detainees in Afghanistan and Iraq were falsified or their release or completion was delayed for months.24,39 Medical investigators either failed to investigate unexpected deaths of detainees in Iraq and Afghanistan or performed cursory evaluations and physicians routinely attributed detainee deaths on death certificates to heart attacks,

heat stroke, or natural causes without noting the unnatural aetiology of the death.40,41 In one example, soldiers tied a beaten detainee to the top of his cell door and gagged him. The death certificate indicated that he died of “natural causes . . . during his sleep.” After news media coverage, the Pentagon revised the certificate to say that the death was a “homicide” caused by “blunt force injuries and asphyxia.”24

In November, 2003, Iraqi Major General Mowhoush’s head was pushed into a sleeping bag while interrogators sat on his chest. He died; medics could not resuscitate him, and a surgeon stated that he died of natural causes.42 6 months later, the Pentagon released a death certificate calling the death a homicide by asphyxia.42 Medical authorities allowed misleading information released by military authorities to go unchallenged for many months.24 In 2004, the US Secretary of Defense issued a stringent policy for death investigations.43

Finally, although knowledge of torture and degrading treatment was widespread at Abu Ghraib and known to medical personnel,13,41,44 there is no report before the January 2004 Army investigation of military health personnel reporting abuse, degradation, or signs of torture.

The legacy

Pentagon officials offer many reasons for these abuses including poor training, understaffing, overcrowding of detainees and military personnel, anti-Islamic prejudice, racism, pressure to procure intelligence, a few criminally-inclined guards, the stress of war, and uncertain lengths of deployment.1,2,13,16,17 Fundamentally however, the stage for these offences was set by policies that were lax or permissive with regard to human rights abuses, and a military command that was inattentive to human rights.

Legal arguments as to whether detainees were prisoners of war, soldiers, enemy combatants, terrorists, citizens of a failed state, insurgents, or criminals miss an essential point. The US has signed or enacted numerous instruments including the UN Universal Declaration of Human Rights,45 the UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment,46 UN Standard Minimum Rules for the Treatment of Prisoners,36 the Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment,47 and US military internment and inter-rogation policies,8-10 collectively containing mandatory and voluntary standards barring US armed forces from practicing torture or degrading treatments of all persons.

For example, the Universal Declaration of Human Rights states: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”45 The Geneva Convention states: “Persons taking no active part in the hostilities, including members of armed forces who have laid down their arms and those placed hors de combat by sickness, wounds, detention, or any other cause, shall in all circumstances be treated humanely, without any adverse distinction . . . The following acts are and shall remain prohibited at any time and in any place whatsoever with respect to the above-mentioned persons: Violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture; . . . Outrages upon personal dignity, in particular, humiliating and degrading treatment . . . No physical or mental torture, nor any other form of coercion, may be inflicted on prisoners of war to secure from them information of any kind whatever. Prisoners of war who refuse to answer may not be threatened, insulted, or exposed to any unpleasant or disadvantageous

treatment of any kind."48 Furthermore, the US War Crimes Act says that US forces will comply with the Annex to the Hague Convention Respecting the Laws and Customs of War on Land and the Geneva Convention Relative to the Treatment of Prisoners of War both of which bar torture or inhumane treatment.48-50

Pentagon leaders testified that military officials did not investigate or act on reports by Amnesty International and the ICRC of abuses at Abu Ghraib and other coalition detention facilities throughout 2002 and 2003.1,24,33,34 The command at Abu Ghraib and in Iraq was inattentive to human rights organisations' and soldiers' oral and written reports of abuses.51 After the ICRC criticised the treatment of Abu Ghraib detainees, its access to detainees was curtailed.1

The role of military medicine in these abuses merits special attention because of the moral obligations of medical professionals with regard to torture and because of horror at health professionals who are silently or actively complicit with torture. Active medical complicity with torture has occurred throughout the world. Physicians collaborated with torture during Saddam Hussein's regime.52 Physicians' and nurses' professional organisations have created codes against participation in torture.25-26,31,53,54 Physicians in Chile, Egypt, Turkey and other nations have taken great personal risks to expose state-sponsored torture.25,26,55 Health professionals have created organisations including Physicians for Human Rights and Amnesty International's Health Professionals Network. Numerous non-medical groups have asserted that healers must be advocates for persons at risk of torture.25,26,31,32,56

Military personnel treating prisoners of war face a "dual loyalty conflict".57 The Geneva Convention addresses this ethical dilemma squarely: "Although [medical personnel] shall be subject to the internal discipline of the camp . . . such personnel may not be compelled to carry out any work other than that concerned with their medical . . . duties."48 By this standard, the moral advocacy of military medicine for the detainees of the war on terror broke down.

If Abu Ghraib is to leave a legacy of reform, it will be important to clarify how the breakdown occurred. The emerging evidence points to policy and operational failures. High-level Defense Department policies were inattentive to human rights and to the ethical obligations of medical care for detainees.6 One policy empowered interrogators to evaluate and refuse the request of a person under interrogation for medical evaluation. Another directed clinicians to authorise and monitor interrogations which, although proposed as a safeguard, allowed medical judgment to determine the harshness of interrogation.57 It will be important to establish whether and how, senior military medical officers reviewed, challenged, or tempered those policies.

At the operational level, medical personnel evaluated detainees for interrogation, and monitored coercive interrogation, allowed interrogators to use medical records to develop interrogation approaches, falsified medical records and death certificates, and failed to provide provide basic health care.58,59

Which medical professionals were responsible for this misconduct? The US Armed Forces deploy physicians, physicians' assistants, nurses, medics (with several months of training), and various command and administrative staff. International statements assert that every health-care worker has an ethical duty to oppose torture. For example, the UN Principles of Medical Ethics Relevant to the Protection of Prisoners Against Torture refers to "health

personnel," "particularly physicians" but it also names physicians' assistants, paramedics, physical therapists and nurse practitioners.32 Likewise, the Geneva Convention refers to the duties of physicians, surgeons, dentists, nurses, and medical orderlies.48 Furthermore, the US Armed Forces medical services are under physician commanders and each medic, as with civilian physicians' assistants, is personally accountable to a physician. Thus, physicians are responsible for the policies of the medical system; military medical personnel are should abide by the ethics of medicine regarding torture.41

Abu Ghraib will leave a substantial legacy. Medical personnel prescribed anti-depressants to and addressed alcohol abuse and sexual misconduct in US soldiers in the psychologically destructive prison milieu.44 The reputation of military medicine, the US Armed Forces, and the USA was damaged. The eroded status of international law has increased the risk to individuals who become detainees of war since Abu Ghraib because it has decreased the credibility of international appeals on their behalf.

Although the US Armed Forces' medical services are mainly staffed by humane and skilled personnel, the described offences do not merely fall short of medical ideals; some constitute grave breaches of international or US law. Various voices call for courts martial, a special prosecutor, or compensation. Such measures will be inadequate if unaccompanied by even more ardently pursued reform.

Such reform must begin with a comprehensive investigation. At this time, it is not possible to know the absolute or relative prevalence of the various abuses or fully assess the performance of military medical personnel with regard to human rights abuses. Army investigations have looked at a small set of human rights abuses, but have not investigated reports from human rights organisations, nor have they focused on the role of medical personnel or examined detention centres that were not operated by the Army.13-17 Six more investigations are underway.59 The Army's Miller and Ryder Investigations remain classified.17 Several thousand pages of the Army's Taguba Investigation appendices are unavailable.13 Several secret detention centres that remain unmonitored. The US military medical services, human rights groups, legal and medical academics, and health professional associations should jointly and comprehensively review this material in light of US and international law, medical ethics, the military code of justice, military training, the system for handling reports of human rights abuses, and standards for the treatment of detainees. Reforms stemming from such an inquiry could yet create a valuable legacy from the ruins of Abu Ghraib.

References

1 Senate and House Armed Services Committee. Transcripts of Open Hearings. May 7, 11, 19, 2004. http://wid.ap.org/transcripts/ iraqfront.html (accessed July 6, 2004).

2 Taguba Testimony US Senate. Transcribed by eMediaMillWorks Inc. http://wid.ap.org/transcripts/040511iraq_senate.html (accessed July 8, 2004).

3 Department of Defense. Working Group Report on Detainee Interrogations in the Global

War on Terrorism: Assessment of Legal, Historical, Policy and Operational Considerations. March 6, 2003. http://www.ccr-ny.org/v2/home.asp (accessed June 17, 2004)

4 Deputy Assistant Attorney General. Memorandum for General Counsel Secretary of Defense. Application of Treaties and Laws to al-Qaeda and Taliban Detainees. January 9, 2002. www.msnbc. msn.com/id/5025040/site/newsweek (accessed June 15, 2004).

5 Bush G. Memorandum for the Vice President. Humane Treatment of al Queda and Taliban Detainees. http://www.washingtonpost. com/wp-srv/nation/documents/ 020702bush.pdf (accessed June 24, 2004).

6 A set of Department of Defense Department correspondence with attachments. http://www.washingtonpost.com/wp-srv/nation/ documents/dodmemos.pdf (accessed July 8, 2004).

7 Office of the Assistant Attorney General. Memorandum for Robert R Gonzales Counsel to the President. Re: Standards of Conduct for Interrogation under 18 U.S.C. 2340-2340A. Aug 1, 2002. US Department of Justice, Office of Legal Counsel. http://www. washingtonpost.com/wp-srv/nation/documents/ dojinterrogationmemo20020801.pdf (accessed June 17, 2004).

8 Military Police Internment/Resettlement Operations FM 3-19.40 http://www.globalsecurity.org/military/library/policy/army/fm/3-19-40/index.html (accessed July 4, 2004).

9 US Army Field Manual 1987 34-52. Chapter 1. Interrogation and the Interrogator. http://www.globalsecurity.org/intell/library/ policy/army/fm/fm34-52/chapter1.htm (accessed July 6, 2004).

10 Army Regulations. Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees. http://www.au.af.mil/ au/awc/awcgate/law/ar190-8.pdf

11 Joint Interrogation & Debriefing Center slides. http://www. usnews.com/usnews/news/articles/040709/205th_fob_slides_2.pdf (accessed July 19, 2004).

12 Proper treatment of the Iraqi people during combat operations. Brigadier General Karpinski (Abu Ghraib, January 19, 2004. http://www.usnews.com/usnews/news/articles/040709/bg_karpinski_memos.pdf (accessed July 19, 2004).

13 Article 15-6 Investigation of the 800th Military Police Brigade (The Taguba Report). http://news.findlaw.com/hdocs/docs/iraq/ tagubarpt.html#FRother2.19 (accessed July 21, 2004).

14 Captain Donald J. Reese's sworn statement and interview. (Appendix to Taguba investigation) http://www.usnews.com/usnews/news/ articles/040709/CPT_Reese.pdf (Accessed July 19, 2004).

15 Colonel Thomas M. Pappas' sworn statement and interview. (Appendix to Taguba investigation) http://www.usnews.com/ usnews/news/articles/040709/Pappas.pdf (accessed July 19, 2004).

16 Maj. David W. DiNenna's sworn statement and interview. (Appendix to Taguba investigation) http://www.usnews.com/usnews/news/ articles/040709/ss-dinenna.pdf (accessed July 19, 2004).

17 US Army Inspector General.Detainee Operations Investigation July 21, 2004http://www.npr.org/documents/2004/ armyinspector.detainee.report.pdf (accessed July 29, 2004).

18 Preferred charges against Specialist Jeremy Sivits, Corporal Charles Graner, Sergeant Javal Davis. http://www.usatoday.com/ news/world/iraq/prison-probe.htm (accessed July 6, 2004).

19 Sworn statements of Abu Ghraib detainees. http://www. washingtonpost.com/wp-srv/world/iraq/abughraib/ swornstatements042104.html (accessed June 29, 2004).

20 Sworn statement of Abu Ghraib Detainee #…1430/21 Jan 04. http://media.washingtonpost.com/wp-srv/world/iraq/ abughraib/10.pdf (accessed July 8, 2004).

21 Sworn statement of Abu Ghraib detainee Ameen Sa'eed Al-Sheikh given on January 16, 2004. http://media.washingtonpost.com/wp-srv/world/iraq/abughraib/151362.pdf (accessed July 8, 2004).

22 Sworn statement of Abu Ghraib detainee Shalan Said Alsharoni, Detainee #150422, 1630/17 Jan 04. http://www.washingtonpost. com/wp-srv/world/iraq/abughraib/150422.pdf (accessed July 21, 2004).

23 Sworn statement of Abu Ghraib detainee Mustafa Jassim Mustafa, Detainee #150542, 1610/17 Jan 04. http://media.washingtonpost. com/wp-srv/world/iraq/abughraib/150542-1.pdf (accessed July 21, 2004).

24 Human Rights Watch. The Road to Abu Ghraib. June 2004. http://hrw.org/reports/2004/usa0604/ (accessed June 15, 2004).

25 British Medical Association. Medicine Betrayed. Zed Books, London, 1992.

26 Stover E, Nightingale EO (eds). The Breaking of Bodies and Minds. American Association for the Advancement of Science. WH Freeman, New York, 1985.

27 Eisenman DP, Gelberg L, Liu H, Shapiro MF. Mental health and health-related quality of life among adult Latino primary care patients living in the United States with previous exposure to political violence. *JAMA* 2003; **290:** 627-34. [PubMed]

28 Silove D, Steel Z, McGorry P, et al. The impact of torture on post-traumatic stress symptoms in war-affected Tamil refugees and immigrants. *Comp Psychiat* 2002; **43:** 49-55. [PubMed]

29 Moisander PA, Edston E. Torture and its sequel–a comparison between victims from six countries. *Forensic Sci Intl* 2003; **137:** 133-40. [PubMed]

30 Shrestha NM, Sharma B, Van Ommeren M, et al. Impact of torture on refugees displaced within the developing world: symptomatology among Bhutanese refugees in Nepal. *JAMA*

1998; **280:** 443-8. [PubMed]

31 World Medical Association Declaration of Tokyo. Guidelines for Medical Doctors Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment Adopted by the 29th World Medical Assembly Tokyo, Japan, October 1975 http://www.wma.net/e/policy/c18.htm (accessed June 15, 2004).

32 United Nations General Assembly. Principles of medical ethics relevant to the protection of prisoners against torture (1983) http://www.cioms.ch/frame_1983_texts_of_guidelines.htm (accessed June 15, 2004).

33 Amnesty International. Iraq: Memorandum on Concerns relating to law and order. (undated) http://www.amnestyusa.org/countries/iraq/document.do?id=BDCA0DAE195EFCA280256DF000689594 (accessed June 15, 2004).

34 International Committee of the Red Cross. Report of the International Committee of the Red Cross on the Treatment by the Coalition Forces of Prisoners of War and Other Protected Persons by the Geneva Convention in Iraq during Arrest, Internment, and Interrogation. February 2004 http://msnbcmedia.msn.com/i/msnbc/Sections/News/International%20News/Mideast%20and%20N.%20Africa/Iraq%20conflict/Red%20Cross%20report.pdf (accessed June 15, 2004).

35 Harding L. Focus shifts to jail abuse of women. The Guardian http://www.guardian.co.uk/Iraq/Story/0,2763,1214698,00.html May 12, 2004 (accessed July 6, 2004).

36 First United Nations Congress on the Prevention of Crime and the Treatment of Offenders Standard Minimum Rules for the Treatment of Prisoners 1955. http://www.unhchr.ch/html/menu3/b/ h_comp34.htm (accessed June 18, 2004).

37 Springer J. MP Captain Tells of Efforts to Hide Details of Detainee's Death. Washington Post June 25, 2004; Page A18

38 Fisher I. Searing uncertainty for Iraqis' missing loved ones. New York Times. June 1, 2004 A1,8.

39 Myers SL, Jehl D, Schimitt E, Zernike K. Military completed death certificates for 20 prisoners only after months passed. New York Times May 31, 2004. A8.

40 Harding L. How Abu Ghraib torture victim faces final indignity: an unmarked grave. June 1, 2004. The Guardian. www.guardian.co.uk/ Iraq/Story/0,2763,1228666,00.html (accessed July 21, 2004).

41 Lifton RJ. Doctors and torture. *New Engl J Med* 2004; **351:** 415-16. [PubMed]

42 Moffeit M. Brutal interrogation in Iraq. Denver Post. May 19, 2004 A1.

43 Rumsfeld D. Secretary of Defense Memorandum for Secretaries of the Military Departments...Procedures for the Investigations of Deaths of Detainees in the Custody of Armed Forces of the United States. June 9, 2004. http://www.npr.org/documents/2004/doddetaineedeath040609.pdf (accessed June 25, 2004).

44 John Simerman. Soldier: Leadership did little to reduce Iraqi inmate abuse. Knight Ridder Newspapers. May 10, 2004. http://www.news-leader.com/_monday/0510-FormerMPde-83639.html (accessed June 8, 2004).

45 United Nations. Universal Declaration of Human Rights 1948 http://www.un.org/Overview/rights.html

46 Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment 1988. http://www.unhchr.ch/ html/menu3/b/h_comp36.htm (accessed Aug 12, 2004).

47 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984). http://www.unhchr.ch/html/ menu3/b/h_cat39.htm (accessed July 1, 2004).

48 Geneva Convention Relative to the Treatment of Prisoners of War 1949. http://www.unhchr.ch/html/menu3/b/91.htm (accessed July 1, 2004).

49 Annex to the Hague Convention IV, Respecting the Laws and Customs of War on Land. http://www.lib.byu.edu/~rdh/wwi/ hague/hague5.html (accessed Aug 12, 2004)

50 War Crimes Act of 1996 (18 U.S.C Section 2441). http://www2.uakron.edu/low/War%20Crimes%20Act%20of%201996.doc (accessed July 29, 2004).

51 Danner M. The logic of torture. *New York Review of Books* 2004 51:11 (June 24) 70-75.

52 Reis C, Ahmed AT, Amowitz LL, et al. Physician participation in human rights abuses in southern Iraq. *JAMA* 2004; **291:** 1480-1486. [PubMed]

53 The Manual on Effective Investigation and Documentation of Torture and other Cruel, Inhumane or Degrading Treatment or Punishment (The Istanbul Protocol) 1999. http://www.unhcr.ch./pdf/8istprot.pdf (accessed July 22, 2004).

54 American College of Physicians. The role of the physician and the medical profession in the prevention of international torture and in the treatment of its survivors. *Ann Int Med* 1995; **122:** 607-13. [PubMed]

55 Ahmad K. Human-rights groups express alarm at prosecution of Turkish doctors. *Lancet*. 2000; **355:** 1167.

56 Sagan LA, Jonsen A. Medical ethics and torture. *New Engl J Med* 1976; **294:** 1427-30. [PubMed]

57 International Dual Loyalty Working Group. Dual Loyalty & Human Rights In Health Professional Practice; Proposed Guidelines & Institutional Mechanisms http://www.phrusa.org/healthrights/ dual_loyalty.html (accessed July 29, 2004).

58 Slevin P, Stephens J. Detainees' medical files shared: Guantanamo interrogators' access criticized. *Washington Post* June 10, 2004; Page A01.

59 Military Investigations into Treatment of Detainees in U.S. Custody. http://www.hrw.org/campaigns/ torture/investigations.htm (accessed July 29, 2004).
