

Doctors Aiding Torture

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In April 2009, a confidential February 2007 ICRC torture report was publicly released. Titled, [“ICRC Report on the Treatment of Fourteen ‘High Value Detainees’ in CIA Custody,”](#) (PDF) it detailed harsh and abusive treatment from their time of arrest, detention, transfer, and incarceration at Guantanamo where ICRC professionals interviewed them.

Besides detailed information on torture and abusive treatment, they obtained damning, consistent detainee accounts of medical personnel involvement, including:

- their monitoring of and direct participation in torture procedures;
- instructing interrogators to continue, adjust, or stop certain ones;
- informing detainees that medical treatment depended on their cooperation;
- performing medical checks before and after each transfer; and
- treating the effects of torture as well as ailments and injuries during incarceration.

Condoning or participating in torture grievously breaches medical ethics and the 1975 World Medical Association (WMA) Declaration of Tokyo “Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment.” It states:

- in all cases at all times, “physician(s) shall not countenance, condone or participate in” torture or any other form of abuse;
- they “shall not use nor allow to be used (their) medical knowledge or skills, or health information” to aid interrogation in any way;
- they “shall not be present during any procedure during which torture or any other forms of cruel, inhuman or degrading treatment is used or threatened;”
- they “must have complete clinical independence” in treating persons for whom they’re medically responsible; and
- WMA encourages the international community and fellow physicians to support medical professionals who face “threats or reprisals resulting from a refusal to condone” all forms of torture and abuse.

Protocol I of the 1949 Geneva Conventions states:

“Persons engaged in medical activities shall neither be compelled to perform acts or to carry out work contrary to, nor be compelled to refrain from acts required by, the rules of medical ethics or other rules designed for the benefit of the wounded and sick, or this Protocol.”

On July 7, 2005 in the New England Journal of Medicine, Dr. Gregg Bloche and Jonathan Marks published an article titled, “Doctors and Interrogators at Guantanamo Bay” in which they cited evidence that “Health information (was) routinely available to behavioral science consultants and others” engaged in interrogations, in violation of strict medical ethics.

In early 2003, detainee medical records were readily available, and since late 2002, psychiatrists and psychologists were involved in crafting extreme stress techniques “combined with behavior-shaping rewards to extract actionable intelligence from resistant captives.”

“Wholesale disregard for clinical confidentiality” seriously breaches medical ethics “since it makes every caregiver into an accessory to intelligence gathering.” It also “puts prisoners at greater risk for serious abuse.”

In July 2006, the Center for Constitutional Rights (CCR) published a report titled, “Report on Torture and Cruel, Inhuman, and Degrading Treatment of Prisoners at Guantanamo Bay, Cuba” that included evidence of medical personnel involvement in torture.

Detainee Othman Abdulraheem Mohammad was told that medical treatment would depend on his cooperation. Lakhdar Boumediene said every time he requested care he was told to ask permission from his interrogators. They “controlled his access, (and it) was granted or denied based on the interrogator’s assessment of his level of cooperation.”

Bosnian prisoner medical records confirmed that medical staff were present during their interrogations “and authorized (them) to proceed.”

Medical personnel monitored Mohammed al Qahtani’s interrogation during nearly two months of “severe sleep deprivation and physical stress.” At one point, they rushed him to the base hospital when his heart rate dropped dangerously low. After stabilization, they returned him the next day for more interrogation.

Other prisoners described doctors performing unnecessary and abusive procedures, including forced amputations, after which they were denied proper treatment.

Psychiatrists and psychologists designed “extreme interrogation techniques as part of the Behavioral Science Consultation Team (BSCT).” In late 2002, it was tasked “to torment detainees in interrogations....”

International and US Laws Prohibiting Torture

Numerous international and US laws unequivocally ban torture under all conditions at all times with no allowed exceptions ever, for any reasons, including in times of war.

The Third Geneva Convention covers war prisoners and detainees. It prohibits torture and protects their right to be treated humanely against “violence to life and person (and) humiliating and degrading treatment” as well as to judicial fairness and proper medical

treatment. The Fourth Geneva Convention affords the same rights to civilians in times of war.

The federal anti-torture statute (18 USC, 2340A) prohibits its use outside the US and defines it as “an act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering....upon another person within his custody or physical control.”

The 1991 Torture Victims Protection Act authorizes civil suits in America against individuals, acting in an official capacity for a foreign state, who committed torture and/or extrajudicial killing.

The 1984 UN Convention Against Torture bans all forms of torture, cruel and degrading treatment in all circumstances at all times with no exceptions ever allowed.

The US Constitution’s Fifth, Eighth and Fourteenth Amendments prohibit cruel, inhuman and degrading treatment or punishment.

The US Army’s Field Manual 27-10 states that military or civilian persons may be punished for committing war crimes (that include abusive interrogations) under international law. Army Field Manual 34-52 outlines interrogation procedures and specifically prohibits force, mental torture, threats, and inhumane treatment.

The Uniform Code of Military Justice (UCMJ) bans cruelty, oppression, actions intended to degrade or humiliate, and physical, menacing, and threatening assaults. Army Regulation (AR) 190-8 protects detainees from violence, assaults, and insults, and directs that they be treated humanely with respect.

The 1996 US War Crimes Act prohibits grave Geneva Convention breaches, including (as stipulated under Common Article III) “violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture (as well as) outrages upon personal dignity, in particular humiliating and degrading treatment.”

Other binding international laws also prohibit torture, including the Universal Declaration of Human Rights and the 1992 International Covenant on Civil and Political Rights with no exceptions or justifications allowed, such as orders by field commanders, Pentagon officials, or the President of the United States.

Physicians for Human Rights (PHR)

Founded in 1986, PHR “mobilizes health professionals to advance health, dignity, and justice and promotes the right to health for all.” It also “investigates human rights abuses and works to stop them” in conflict zones, US prisons, and offshore detention facilities where torture is routinely practiced.

In 2005, it published a report titled, “Break Them Down: Systematic Use of Psychological Torture by US Forces,” which it called the first comprehensive examination of “the use of psychological torture by US personnel in the so-called ‘war on terror,’ ” including sensory deprivation, prolonged isolation, sleep deprivation, forced nudity, using fierce dogs to instill fear, cultural and sexual humiliation, mock executions, and threatened violence against loved ones.

It called the effects devastating and longer-lasting than physical torture, and said psychological abuse is morally reprehensible and illegal under international and US law.

In August 2009, PHR published a new report titled, “Aiding Torture: Health Professionals’ Ethics and Human Rights Violations Revealed in the May 2004 CIA Inspector General’s Report,” including ethical misconduct not previously known. It revealed the role of health professionals involved “at every stage in the development, implementation and legitimization of this torture program.”

It explained that doctors and psychologists actively participated in abusive interrogations and contributed to the physical and mental suffering of detainees. It called their actions “an unconscionable affront to the profession of medicine,” made worse by experimenting on inmates, then “aggregat(ing) data on (their) reaction to interrogation methods.”

PHR’s Steven Reisner said “They were experimenting and keeping records of the results,” a war crime under Geneva and the Nuremberg Code that requires “voluntary consent” of human subjects and prohibits experiments:

- that inflict “unnecessary physical and mental suffering and injury;”
- if there’s “an a priori reason to believe death or disabling injury will occur;” and
- from being implemented if there’s reason to believe they’ll cause “injury, disability, or death to the experimental subject.”

PHR’s report detailed the psychological and medical effects:

- forced shaving inflicts psychological harm “by means of humiliation, both personal and religious;”
- hooding disorients and causes acute anxiety depression, depersonalization, and abnormal behavior;
- dietary manipulation inflicts discomfort and psychological stress;
- prolonged diapering causes physical and psychological stress and harm;
- walling inflicts physical injuries as well as psychological stress, rage, and helplessness;
- confinement in a box in extreme stress positions causes extreme physical and psychological pain and trauma; and
- other abuses, including waterboarding that simulates drowning and the feeling of helplessness to prevent it.

Involvement of Medical Professionals

They help develop, implement, provide cover for, and justify torture and abusive practices. They’re actively involved in designing harmful interrogation techniques in clear violation of the law and medical ethics. They’re “complicit in selecting and then rationalizing (methods) whose safety and efficacy in eliciting accurate information have no valid basis in science.”

Their actions constitute “a practice that approaches unlawful experimentation.”

CIA guidelines require health professionals, including a doctor and psychologist, to be present during enhanced interrogations, “thereby placing (them) in the untenable position of calibrating harm rather than serving as protectors and healers as” their ethical code demands.

They also participate in initial physical and psychological assessments, then monitor all subsequent interrogations. They know their actions are harmful, unethical, and illegal, yet they serve willingly.

PHR believes they should be investigated on charges of “alleged criminal conduct.” Those proved guilty should be prosecuted, lose their license, professional society memberships, and any standing in the medical community henceforth.

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