

# US doctors tied to torture at Guantanamo, Abu Ghraib

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US Army doctors have violated the Geneva Conventions by collaborating in the torture of prisoners at Guantanamo Bay, Abu Ghraib and other US military detention facilities, according to an article in the January 6 edition of the *New England Journal of Medicine* (NEJM).

The NEJM article, “When Doctors Go to War,” is co-authored by Dr. M. Gregg Bloche, a professor of law at Georgetown University, Washington, DC, and Jonathan Marks, a British barrister and fellow at the Georgetown University law center. Their research relied upon documents recently obtained by the American Civil Liberties Union (ACLU) under the Freedom of Information Act (FOIA) as well as interviews with military and medical personnel.

The article provides new substantiation to allegations that medical personnel—in direct violation of international laws of war and medical ethics—have worked with the US military in designing torture techniques used against detainees.

A confidential report released late last year by the International Committee of the Red Cross (ICRC) also charged that US interrogators used psychological and physical coercion and enlisted the participation of medical personnel in what it described as “a flagrant violation of medical ethics.” (See International Red Cross charges systematic abuse—Bush’s Torture Inc. at Guantanamo)

The NEJM authors note: “Most people we interviewed who had served or spent time in detention facilities in Iraq or Guantanamo Bay reported being told not to talk about their experiences and impressions.” Dr. David Auch, commander of the medical unit at Abu Ghraib during the time of the horrific abuses brought to light by soldiers’ photographs, said military intelligence officers told his

medical personnel not to discuss any deaths taking place during detention.

Despite this, information that has become available indicates that the behavior of medical personnel at the US military prison facilities constitutes another war crime committed in the US “global war on terror.” Bloche and Marks write: “Not only did caregivers pass health information to military intelligence personnel; physicians assisted in the design of interrogation strategies, including sleep deprivation and other coercive methods tailored to detainees’ medical conditions. Medical personnel also coached interrogators on questioning technique.”

While the authors stop short of charging that doctors have directly participated in torture, they write that “there is probable cause for suspecting it.” They do argue, however, that any doctors or other medical personnel who helped devise and “execute aggressive counter-resistance plans...breached the laws of war.”

Such practices are in clear violation of the Third Geneva Convention, which states: “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.”

The NEJM article refers to the February 2004 testimony of Colonel Thomas M. Pappas, chief of military intelligence at Abu Ghraib, as part of an inquiry into abuses at the prison in US occupied Iraq. (It was recently made public under the FOIA.) Pappas testified that military intelligence teams designed individualized “interrogation plans” for detainees, including a “sleep plan” and medical standards. He added: “A physician and a psychiatrist are on hand to monitor what we are doing.”

According to an internal FBI document obtained by the ACLU last December, interrogation facilities at

Abu Ghraib included a one-way mirror, from behind which medics and physician assistants monitored interrogations.

A slide presentation prepared by medical ethics advisors to the military described how this process worked: “We’d capture a guy; the medic would screen him and ensure he was fit for interrogation. If he had questions he’d check with the supervising doctor. The medic would get his screening signed by the doc. After that the medic would watch over the interrogation from behind the glass.”

New draft rules of conduct for interrogations, while permitting army medical personnel to attend the sessions, apparently would give them the right to refuse on ethical grounds.

A January 2004 military memorandum laid out an “Interrogation and Counter-Resistance Policy” that called for aggressive measures. Some of the techniques outlined in the memo include: “dietary manipulation—minimum bread and water, monitored by medics”; “environmental manipulation—i.e., reducing A.C. [air conditioning] in summer, lower[ing] heat in winter”; “sleep management—for 72-hour time period maximum monitored by medics”; “sensory deprivation—for 72-hour time period maximum, monitored by medics”; “isolation—for longer than 30 days”; “stress positions”; and “presence of working dogs.”

Pappas testified that physicians collaborated with prison guards and military interrogators to put such torturous methods into operation. The doctor and psychiatrist look at the interrogation plan and “they have the final say as to what is implemented,” according to Pappas. He conceded that while these methods were without precedent—and are “not codified in doctrine”—they were in effect at Guantanamo and Abu Ghraib.

“Behavioral science consultation teams”—B.S.C.T., referred to informally as “Biscuit”—including both psychologists and psychiatrists, have functioned more formally at Guantanamo. Staff shortages and other administrative problems reportedly limited their role at Abu Ghraib.

At Guantanamo, Biscuit teams met regularly with the medical staff to discuss the medical condition of prisoners. Last year’s ICRC report argued that such “apparent integration of access to medical care with the

system of coercion” means that detainees may discover that their interrogators have intimate knowledge of their medical histories, knowledge entrusted to medical professionals that is then used to design an “interrogation plan”—which potentially involves torture.

According to the authors of the NEJM article, many military physicians they interviewed defended these practices: “A common understanding among those who helped to plan interrogations is that physicians serving in these roles do not act as physicians and are therefore not bound by patient-oriented ethics.” Dr. David Tornberg, deputy assistant secretary of defense for health affairs, stated that a medical degree is not a “sacramental vow.” When a doctor prepares or participates in interrogation, “he’s not functioning as a physician,” Tornberg asserted.

Tornberg also contends that physicians working with military intelligence have no doctor-patient relationship with detainees and have no responsibility to offer any medical aid, unless there is a life-threatening emergency. This raises the question: If doctors and other medical professionals are not on hand to provide medical treatment, why are they there?

The *New England Journal of Medicine* report provides new evidence that the US military is enlisting their services expressly to assist in the criminal abuse and torture of detainees, a practice reminiscent of the crimes carried out by the likes of the Nazis’ Josef Mengele, the infamous doctor at the Auschwitz death camp.

Physicians for Human Rights (PHR) has called for an independent and comprehensive investigation into torture of detainees in US custody. Last August, PHR called on Secretary of Defense Donald Rumsfeld to order an inquiry into actions by health professionals working in detention facilities that violated ethics and legal requirements, the demands placed upon them by military authorities to carry out such practices, and the misuse of confidential medical information for interrogation purposes. To date, there has been no such investigation.



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