

Doctors “calibrated” pain for CIA interrogations

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First, do no harm.

-Hippocratic Oath

According to a recent report, the CIA’s Office of Medical Services (OMS) utilized doctors to carefully monitor the physical effects of torture techniques on prisoners.

The report, issued by the non-profit organization Physicians for Human Rights, relies on declassified government documents to demonstrate that the CIA and other agencies, including the Department of Justice’s Office of Legal Counsel, engaged in human experimentation in violation of international law, domestic law and relevant ethical requirements for health care professionals.

While government experiments on tortured detainees were expanded under the Bush administration, the same secret detention and interrogation have continued under the Obama administration. Obama, whose mantra on questions of torture has been “looking forward, not backward,” has acted to shield officials who crafted the legal framework for abuses.

The presence of medical professionals during “enhanced interrogations” served several purposes: to undermine the traditional meaning of “torture”; to legally protect interrogators who could claim the interrogations were in the presence of medical personnel and therefore “safe”; and to meticulously refine the effectiveness of such illegal techniques as waterboarding, sleep deprivation, “stress” positions and physical beating.

The report, *Experiments in Torture: Human Subject Research and Experimentation in the “Enhanced” Interrogation Program*, provides ample and specific evidence of the use of physicians. By gathering data on the effects of torture on human subjects, doctors,

psychologists and others working for the CIA treated detainees as human guinea pigs.

The report focuses on the ethical violations of medical professionals. However, its findings also reveal a consensus within the US ruling elite that torture is not only acceptable, but imperative.

Already, the government’s application of medical science to torture has resulted in new standards and practices. A striking example is waterboarding. This technique, banned by international law, involves fastening the subject to a table, face up, and slowly pouring water into the subject’s face to induce the sensation of drowning.

The report cites official CIA instructions to OMS (Office of Medical Services) for observation of waterboarding, which specifically directed medical professionals to document the length of each application of water, how the water was applied, if a seal was formed, if the nasopharynx or oropharynx were filled, how much water was spilled, and how the subject appeared afterwards. The subject’s vital signs, including blood-oxygen level, were also recorded.

As a direct result of data taken from subjects of waterboarding, the CIA introduced substantial changes in this practice, which it dubbed “Waterboarding 2.0.” In order to mitigate the risk of subjects choking on their own food during this torture, the CIA feeds a liquid diet to prospective subjects. In place of fresh water a mild saline solution is now used to avoid pneumonia or hyponatremia, a condition marked by low sodium levels, which can result in brain damage, coma and death. OMS professionals supervised the implementation of a new device that can quickly move a subject into upright position in case of drowning. Finally, a tracheotomy kit is present, though hidden, in case the subject chokes.

The report notes that Khalid Sheik Mohammed, a high value detainee, was tortured by waterboarding at least 183 times.

OMS employees observed 25 detainees undergo individual and combined applications of torture techniques for the Office of Legal Counsel. The Justice Department used these observations to argue that various techniques were legal because they did not cause “severe pain.”

The Physicians for Human Rights report cites a 2005 memo from Steven G. Bradbury, principal deputy assistant attorney general to CIA senior deputy general counsel documenting the OMS findings:

“No apparent increase in susceptibility to severe pain has been observed either when techniques are used sequentially or when they are used simultaneously—for example, when an insult slap is simultaneously combined with water dousing or a kneeling stress position, or when wall standing is simultaneously combined with an abdominal slap and water dousing. Nor does experience show that, even apart from changes in susceptibility to pain, combinations of these techniques cause the techniques to operate differently so as to cause severe pain. OMS doctors and psychologists, moreover, confirm that they expect that the techniques, when combined as described in the *Background Paper* and in the April 22 [redacted] Fax, would not operate in a different manner from the way they do individually, so as to cause severe pain.” [Emphasis added]

Standing behind this type of “science,” CIA and other interrogators can engage in the most savage physical and psychological abuse, and then claim that it is safe, even doctor-approved.

The same “combined techniques” memo reveals a similar attitude toward sleep deprivation. The OLC’s Bradbury writes:

“You have informed us that to date, more than a dozen detainees have been subjected to sleep deprivation of more than 48 hours, and three detainees have been subjected to sleep deprivation of more than 96 hours; the longest period of time for which any detainee has been deprived of sleep by the CIA is 180 hours. Under the CIA’s guidelines, sleep deprivation could be resumed after a period of eight hours of uninterrupted sleep, but only if OMS personnel

specifically determined that there are no medical or psychological contraindications based on the detainee’s condition at that time. As discussed below, however, in this memorandum we will evaluate only one application of up to 180 hours of sleep deprivation.”

Sleep deprivation is intended to disorient and otherwise psychologically weaken subjects for interrogation purposes. Ill effects include hallucinations, other mental health issues, even problems with metabolism. According to earlier military studies conducted on consenting soldiers under the SERE (Survival, Evasion, Resistance and Escape)—a program that trains soldiers to resist torture—torture techniques caused levels of stress hormones as high as those associated with major surgery, combat or other PTSD-causing trauma and high enough to suppress immune responses. Even with consenting subjects, who had the ability to terminate the technique, 96 percent had dissociative experiences. The degree of suffering is no doubt far more severe for detainees held, often for years, without any access to counsel or the outside world at all.

From the above excerpt and many others in the Physicians for Human Rights report, it is clear that those at the highest echelons of state power consider the use of medical science as a legitimate means to develop and defend the torture of human beings. The application of exacting technical skill toward such ends is another expression of the degeneration of American politics, the ruthlessness of its representatives, as well as the reactionary character of the ruling class as a whole. Having practitioners of the healing arts present at torture sessions turns medicine into its opposite: the science of harming.



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