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Where Were the Doctors? Torture and the Betrayal of Medicine

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“The healthy man does not torture others —
generally it is the tortured who turn into torturers.”¹

— C. G. Jung

In 1968, shortly after arriving at my assignment as a battalion surgeon at An Khe, South Vietnam, I was awakened late one night by a drunken sergeant.

“Doc, we need your help,” he said enthusiastically. “A platoon has just returned with some captured gooks. We’ve got the gadgets all set up to make ‘em talk.”

The gadgets, he explained through slurred speech, were improvised, battery-powered devices that could deliver electric shocks. I realized I was being asked to participate in torture.

At the time I was a twenty-eight-year-old physician, fresh out of the six-week training program that all physicians were given on entering the U. S. Army. We had not been provided any guidelines about physician participation in interrogations. The Geneva Conventions, of which I was only peripherally aware, and to which our nation was and still is signatory, had not been brought up. When the sergeant tried to enlist my help, I realized I was on my own. But that did not mean I was without direction. I knew instinctively that torture was wrong and that it violated the Hippocratic Oath, which I’d sworn on graduating from medical school. The classical version of the vow says, for example, “I will keep them from harm....In purity and holiness I will guard my life and my art.”²

“Look, Sarg,” I said. “It’s late. It’s time we all got some sleep.”

“Doc,” he persisted, “we need you to make this work.”

“Can’t do it,” I said. “Get the hell outa here.”

He disappeared into the night, and I was never again pressured to participate in the torture of prisoners during my service in Vietnam.

I was aware, however, that torture probably existed. I was told that prisoners would sometimes be blindfolded, taken up in helicopters, and told by their interrogators that they would be pushed out if they refused to talk. I was informed that some were actually pushed out, blindfolded and screaming, while the helicopter hovered a couple of feet above the ground.

One young infantryman, when it came time for him to rotate back to the United States, came to my aid station one day. He wanted to thank me for what I’d done for him by offering me a war trophy — a pair of dried ears that had been hacked from an enemy soldier— whether dead or alive I never knew.

There is nothing new in any of this. The horror of war distorts the behavior of everyone who is sucked into its maw. The best of our young men and women, who in peacetime might be model citizens, can behave like beasts in war.

Even medical personnel can behave in less than honorable ways when afflicted with war fever. During World War I, the physician editors of the journal *Military Surgeon* quoted with approval the

comments of Major Donald McCrae, a combat veteran who said, “If any enemy wounded are found (in the trench), they should be bayoneted, if sufficient prisoners [for interrogation] have been taken.”³

PROHIBITIONS

As if killing alone were not sufficient, several additional behaviors crop up inevitably during war, such as rape, plunder, and, my concern here, torture.

Steven H. Miles, professor of medicine, practicing physician, and medical ethicist at the Center for Bioethics at the University of Minnesota Medical School, describes in his book *Oath Betrayed: Torture, Medical Complicity, and the War on Terror* how the world was shocked by revelations of torture in the aftermath of World War II. The Nuremberg trials made public the immense scale of the Nazi atrocities, and other investigations revealed the crimes against humanity that had taken place in POW camps run by the Japanese. The international community was so appalled by these disclosures that a common assent arose: torture was inherently barbaric and could not be justified by the reasons that are commonly advanced to defend it, such as national security, investigative necessity, or revenge.⁴ This collective revulsion toward torture set the stage for a number of international agreements designed to prevent a reoccurrence of the atrocities.

I wish I had known about these international agreements when the sergeant came calling that night in Vietnam. Had I been, my resolve not to participate in coercive interrogation would have been stronger. Just so, all medical personnel who are involved in the current war on terror should be aware of these agreements. Let’s take a brief look at some the most notable ones.

In 1948, the UN Universal Declaration of Human Rights was adopted and became the cornerstone of international and national instruments banning inhuman, cruel, or degrading treatment or punishment, and torture. It reads in part,⁵

Whereas the peoples of the United Nations have...reaffirmed their faith in fundamental rights, in the dignity and worth of the human person...

Now, therefore, the General Assembly proclaims this Universal Declaration of Human Rights as a common standard of achievement for all peoples and all nations....

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

The most celebrated agreement was adopted soon afterwards—the 1949 Geneva Convention:⁶

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 [out of the fight; disabled] by sickness, wounds, detention, or any other cause, shall in all circumstances be treated humanely....

To this end, the following acts are and shall remain prohibited at any time and in any place whatsoever with respect to the above-mentioned persons: (a) Violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture; ... (c) Outrages upon personal dignity, in particular humiliating and degrading treatment....

The 1975 Final Act of the Conference on Security and Co-operation in Europe, known as the Helsinki Accords, unambiguously reaffirmed the Universal Declaration of Human Rights. It states,⁷

Article 7: No one shall be subjected to torture or to cruel, inhuman or degrading punishment.

Many people think these documents apply only to combatants and their commanders, but they apply to medical personnel as well, as they should. There is ample evidence that physicians can behave murderously during wartime. In 1946 and 1947, twenty-three Nazi physicians were indicted, tried, and mostly convicted because of their crimes against humanity, complicity in mass murder, and sadistic experiments in the Nazi death camps.⁸

Following the war, private medical societies developed their own ethical declarations. Among the earliest was the 1948 document by the World Medical Association, a congress of eighty national medical associations, including the American Medical Association. This declaration was refined in 1956 as Regulations in Time of Armed Conflict. It contained the following guidelines:⁹

The primary task of the medical profession is to preserve health and save life. Hence it is deemed unethical for physicians to: give advice or perform prophylactic, diagnostic, or therapeutic procedures that are not justifiable in the patient's interest [or to] weaken the physical or mental strength of a human being without therapeutic justification.

In 1975, the World Medical Association adopted the historic Declaration of Tokyo:¹⁰

The doctor's fundamental role is to alleviate the distress of his or her fellow men, and no motive whether personal, collective or political shall prevail against this higher purpose.

The doctor shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offence of which the victim of such procedure is suspected, accused or guilty, and whatever the victim's belief or motives, and in all situations, including armed conflict and civil strife. The doctor shall not provide any premises, instruments, substances or knowledge to facilitate the practice of torture or other forms of cruel, inhuman, or degrading treatment or to diminish the ability of the victim to resist such treatment. The doctor shall not be present during any procedure during which torture or other forms of cruel, inhuman or degrading treatment are used or threatened.

Nurses also weighed in against complicity in torture. Using the Declaration of Tokyo as a template, the International Council of Nurses developed the following declaration:¹¹

The International Council of Nurses (ICN) supports the United Nations Universal Declaration of Human Rights. Furthermore, we declare: The nurse's primary responsibility is to those people who require nursing care. Nurses have the duty to provide the highest possible level of care to victims of cruel, degrading, and inhumane treatment. The nurse shall not voluntarily participate in any deliberate infliction of physical or mental suffering....

Similar declarations have been drafted in the past few years by the World Psychiatric Association,¹² the American Psychiatric Association/American Psychological Association,¹³ the American College of Physicians,¹⁴ and the American Medical Association.¹⁵

How effective are declarations by professional associations? The fact that one can complete one's professional training as a physician, nurse, psychiatrist, or psychologist without ever hearing about them suggests that, for the most part, these documents sit on the sidelines and gather dust. As Miles states, "As with the international laws against torture, it is one thing to pass a medical ethics code and quite another to enforce it."¹⁶ When judicial proceedings arise concerning crimes of torture, it is usually soldiers and commanders who are involved, not medical personnel. Medical societies and licensing boards are left to discipline medical professionals who abet torture, but in fact they usually do little more than publicly condemn such behaviors.¹⁷ Even so, the world is surely better off with these declarations than without them.

COLLABORATION

When most Americans think about torture, they imagine that it is practiced only by rogue regimes in third-world countries. Since April 2004, when a flood of photographs flowed from Abu Ghraib prison in Baghdad, we have learned otherwise. The world now knows that torture and the dehumanizing treatment of prisoners is routinely engaged in by our country. And to the shock of many, including

myself, we also know, largely as a result of Dr. Steven Miles' courageous book, that medical personnel have often been complicit in these activities.

Miles describes six ways in which medical personnel collaborate with torturers. "Some examine prisoners to certify them as capable of withstanding harsh interrogation. Some monitor and treat persons during interrogation so that health-endangering treatment may proceed. Some conceal evidence of abuse, either by designing nonscarifying techniques or by ensuring that medical documents or death certificates do not record injuries. Some conduct abusive research. Some oversee the systematic neglect of prisoners' needs for health care, sanitation, food, and shelter. Many keep silent as their imprisoned patients are abused."¹⁸

This may sound like a nonlethal list of grievances against medical personnel until one looks at actual cases. Miles describes specific instances of torture and homicide in American prisons in both Iraq and Afghanistan. These cases are not for the lighthearted. Many are gruesome, reminding one of medieval torture procedures used during the Inquisition.

The strappado is an ancient form of torture in which a victim is suspended by means of a rope attached to his hands, which are tied behind his back. It is also known as reverse hanging or Palestinian hanging, because of its use by Israel in Palestinian territories. It is believed that Machiavelli was subjected to it during his 1513 imprisonment after he allegedly conspired against the Medici family in Florence. It was also used by the Nazis at Auschwitz concentration camp.¹⁹ It has reemerged in American-controlled prisons in the Middle East.

In November 2003, Manadel al-Jamadi was arrested at his home in Baghdad as a suspect in attacks on U. S. forces.^{20, 21, 22} When he resisted he was shackled, beaten, kicked, and driven to a SEALs base, where he was interrogated. A medic watched as he groaned, "I'm dying; I'm dying." He received no medical assessment or care, but was transferred to Baghdad's Abu Ghraib prison. Here he became a "ghost prisoner," meaning that he was not registered, nor was he given any medical care. Instead he was again kicked and beaten and given a "butt stroke" from a rifle stock to the head. Under CIA supervision a soaked bag was placed over his head, which was intended to induce air hunger. He was stripped naked below the waist and his wrists were tied and lifted high behind his back — the strappado in action. His arms bulged backward out of their sockets and blood issued from his mouth. When the bag was removed from his head, the CIA interrogators saw that his eyes were locked in a fixed stare. Al-Jamadi was dead.

The body was placed in a bag, packed with ice, and stored in a shower room overnight. The next day a medic inserted an IV into the corpse's arm, as if al-Jamadi were merely sick. The Army Surgeon General's investigation accepted the explanation that this was not an attempt to disguise the manner or time of his death, but a gesture intended to prevent alarm in other prisoners.

The Armed Forces Institute of Pathology helped conceal the homicide, says Miles, by refusing to release the death certificate to the Red Cross for conveyance to the victim's family. Only after the homicide became public on *60 Minutes* did the AFIP release the six-month-old death certificate. His body was sent not to his family for burial, but to the Baghdad morgue where it remained unclaimed for six months. Had it not eventually been claimed, it would have been buried in an unmarked grave and lost to his family forever.

You can view al-Jamadi's corpse online at <http://www.guardian.co.uk/gallery/image/0,8543,-13004919007,00.html>. Here you'll see lovely Sabrina Harman, a specialist with the 372nd Military Police Company, posing over the dead man while flashing a winning smile and a hearty thumb's up. (Harman was court-martialed and sentenced to six months in prison and a dishonorable discharge for this and similar offenses.) An extensive gallery of photos from the Abu Ghraib scandal is available at http://en.wikipedia.org/wiki/Abu_Ghraib_prisoner_abuse_reports/Gallery. WARNING: These photos contain disturbing images of violence, abuse, and humiliation.

In an interview in August 2006, Miles describes the extent of medical involvement in such cases:²³

Q (Sandip Roy): Where should the medical staff have been in a prison like Abu Ghraib?

A (Steven H. Miles): ...Doctors and nurses are frontline human rights monitors in prison. Even if they don't see abuses themselves they are trained to see the signs. They are the eyes and ears for the humans rights monitoring system in prison.

Q. What did you find in terms of reliably documented torture practices?

A: There were beatings, kickings, burns, exposure to extreme heat and cold, deprivation of food and water, degradation, sexual rape including rape with baton, nudity, denigration of religion. People were suspended by the wrist from the ceiling or with their arms tied behind their backs or short-shackled to see the floor of the cell so they were contorted in a fetal position. Pretty much the only thing I didn't see that one sees in other countries is physical mutilation such as the cutting off of ears or hands.

Q: You write that Donald Rumsfeld created a new kind of army interrogation system. What do you mean?

A: Secretary Rumsfeld actually wrote the interrogation policies. He implemented these harsh techniques despite being told they would not produce good intelligence. He also created the system for medically monitoring and constructing the harsh intelligence plans. That's why it's expected that after he leaves office European human rights groups will issue an indictment against him....

Q: But were the medical staff collaborating actively with torture or passively not reporting it?

A: Both. They were actively collaborating through BSCT in design of harsh interrogation. [BSCT, or Behavioral Science Consultation Teams or biscuit, were invented by Gen. Geoffrey Miller, who implemented Secretary of Defense Donald Rumsfeld's policy in Guantánamo. BSCT clinicians, often psychiatrists or psychologists, monitored the breaking down of prisoners and reported back to the BSCT, who then revised interrogation plans.] And they willfully remained silent as the military suppressed evidence of deaths caused by torture. The Abu Ghraib pictures were posted as screensavers throughout the prison. Everybody knew about them and the medical system remained quiet.

Q: Can you choose one story to illustrate your point?

A: Mahoush was a guy who was picked up in northern Iraq. He was told we would let his sons go if he turned himself in. We spent 16 days interrogating him, which quickly turned into severe beating. Finally he was stuffed headfirst into a sleeping bag that was wrapped with 20 feet of wire and an interrogator sat on his chest, at which point he suffocated. A resuscitation was attempted and then there was a public press release that said the guy apparently died of a heart attack while being questioned. The pathology report done three days later found he died of asphyxia and beatings. And that report was deliberately withheld by the Armed Forces Institute of Pathology. If that report had gotten out we would have had an early warning signal that something had gone terribly wrong in these prisons.

Q: Is this an overwhelmed medical staff? You quote an Army medic as saying in 2004 there were only four doctors for 8,000 detainees in Abu Ghraib.

A: An overwhelmed medical staff provided inadequate care. But an inattentive medical staff allowed that neglect to go forward. For example, tuberculosis is so epidemic in POW camps the Geneva Conventions say that every POW has to be screened for TB. We didn't even do that for two years after the Iraq POW camps got started....

DENIAL

When pictures of abused prisoners at Abu Ghraib circulated around the world in April 2004, I, like many people, responded with disbelief. I thought there must be some mistake. During my stint in the U. S. Army, I had made rounds in Army jails, visually inspecting prisoners to make sure they had no health complaints and were not being abused. I knew that physicians, nurses, and medics were always part of military prison personnel. Surely they would have blown the whistle at Abu Ghraib if torture were going on.

But as Miles shows, we Americans overlook, deny, and forget our own atrocities. All nations do. Examples include our attempted genocide of Native Americans, lynchings of African Americans, and the violence we continue to permit in our prison system. “Such distancing,” says Miles, “left Americans unprepared for how easily the plague [of torture] could infect the homeland. The Abu Ghraib photographs showed that the United States had become infected. Americans recoiled with fresh denials. Torture by American soldiers must be a different kind of torture: ‘torture lite.’ It must be an isolated event, the work of a ‘few bad apples’ or a local command breakdown. ...The prisoners are terrorists by definition; they deserved what they got. None of these denials is true. The United States is a torturing society.”²⁴

As the reality of Abu Ghraib settled in, the burning question for me became: *Where were the doctors?*

RATIONALIZATION

A variety of defenses have been put forward to justify torture not just in Abu Ghraib but also in Afghanistan, Guantánamo Bay, Cuba, and the chain of secret CIA-run prisons or “black sites” now acknowledged to exist across Europe and Asia.

President Bush led our national denial of torture. Even while the degrading and humiliating treatment and torture of POWs was taking place in American-run prisons in Iraq and Afghanistan, and even as the process of “extraordinary rendition” — the outsourcing of torture to other nations — and CIA-run black sites were on the drawing board, where torture would become routine, President Bush had the temerity to say on June 26, 2003, on the United Nations International Day in Support of Victims of Torture, “Torture anywhere is an affront to human dignity everywhere. We are committed to building a world where human rights are respected and protected by the rule of law. Freedom from torture is an inalienable human right. Yet torture continues to be practiced around the world by rogue regimes.... The United States is committed to the world-wide elimination of torture and we are leading this fight by example. I call on all governments to join with the United States and the community of law-abiding nations in prohibiting, investigating, and prosecuting all acts of torture and in undertaking to prevent other cruel and unusual treatment.”²⁵ As recently as November 2005, Mr. Bush continued to insist, “We do not torture.”²⁶

More recently the President has reversed his stance, admitting that the CIA uses “tough” techniques to interrogate “high-value” captives — “the worst of the worst,” Defense Secretary Donald Rumsfeld famously said in 2002, referring to the several hundred Guantánamo prisoners.²⁷ But as the *Los Angeles Times* documented in May 2004, many of the Guantánamo detainees were not captured on the battlefields of Afghanistan, but were kidnapped off the streets of Europe and various locations in the Middle East and sold to U.S. authorities in Afghanistan and Pakistan for bounties. Some were snatched from their beds; others were simply in the wrong place at the wrong time.²⁸

Nonetheless, all the Guantánamo prisoners were classified as “enemy combatants,” a term the administration’s legal team invented to skirt the protections of the Geneva Conventions for prisoners of war.²⁹ Where torture is concerned, vocabulary is important. Calling prisoners “the worst of the worst” justifies coercive interrogation in the eyes of many. But according to William Fisher, a seasoned State Department Middle East expert, “Not even the CIA bought into Rumsfeld’s ‘worst of the worst’ riff.”³⁰ Michael Scheuer, who headed the CIA’s bin Laden unit and resigned in 2004, said, “By the fall of 2002, it was common knowledge around CIA circles that fewer than 10 percent of Guantánamo’s prisoners were high-value terrorist operatives.... Most of the men were probably foot soldiers at best, who were going to know absolutely nothing about terrorism.”³¹ The same pattern was seen in Iraq’s prisons. According to a 2004 report by the International Committee of the Red Cross, 70 to 90% of the prisoners detained in Iraq since the war began had been arrested “by mistake.”³²

Facing the mid-term elections of November 2006 and fearing the loss of congressional power, President Bush did an about face. He ceased claiming that “we do not torture” and actually began to boast about it. With much fanfare, he transferred fourteen “high-value” al-Qaeda operatives from secret black sites to Guantánamo Bay in order, some say, to bolster his image as being tough on terrorism.³³ Thus Ray McGovern, a CIA analyst for 27 years and a former Army infantry and intelligence officer, said, “The president brags about how his government ‘changed its policies,’ giving intelligence personnel ‘the tools they need’ to fight terrorists, and makes it clear that the CIA was given permission to use ‘an alternative set of procedures.’”³⁴

TORTURERS' INSURANCE

Soon after the President declared war on terror following 9/11, his administration's legal team began to craft ways of justifying torture by skirting the Geneva Conventions and the War Crimes Act of 1996.³⁵ This little-known piece of legislation was passed overwhelmingly by a Republican-led Congress and signed into law by President Clinton. It defines a war crime to include a violation or grave breach of any of the four Geneva Conventions.³⁶

Even as they did so, many of those who helped President Bush rationalize torture began to realize that their actions might be seriously problematic. Some, including future Attorney General Alberto Gonzalez, warned the President that his interrogation policies might come back to haunt him, and that he could conceivably be charged in violation of the U.S. War Crimes Act. Thus in September 2006 President Bush began to pressure Congress to pass laws that would immunize from subsequent prosecution Mr. Bush himself, as well as intelligence practitioners of "alternative procedures" used in coercive interrogation.³⁷

It is not just the President who is concerned about possible criminal prosecution, but also many within the CIA. Like physicians who buy malpractice insurance as a shield against their mistakes, according to the *Washington Post* in September 2006, "CIA counterterrorism officers have signed up in growing numbers for a government-reimbursed, private insurance plan that would pay their civil judgments and legal expenses if they are sued or charged with criminal wrongdoing.... The new enrollments reflect heightened anxiety at the CIA that officers may be vulnerable to accusations they were involved in abuse, torture, human rights violations and other misconduct, including wrongdoing related to the Sept. 11, 2001, attacks. They worry that they will not have Justice Department representation in court or congressional inquiries, the officials said. The anxieties stem partly from public controversy about a system of secret CIA prisons in which detainees were subjected to harsh interrogation methods, including temperature extremes and simulated drowning...."³⁸

Concerns of the President and CIA interrogators about possible criminality have escalated since June 2006, when the Supreme Court ruled in *Hamdan v. Rumsfeld* that the Geneva Conventions were indeed the law of the land, and that the military commissions set up by the Bush administration to try Guantánamo detainees "violate both the UCMJ [Uniform Code of Military Justice] and the four Geneva Conventions."³⁹ As Professor David Cole of the Georgetown University Law Center has pointed out, *Hamdan v. Rumsfeld* "suggests that President Bush has already committed a war crime, simply by establishing the [Guantánamo] tribunals and subjecting detainees to them" because "the Court found that the tribunals violate Common Article 3 [of the Geneva Conventions]—and under the War Crimes Act, any violation of Common Article 3 is a war crime."⁴⁰

INEFFECTIVENESS

Medical personnel who go along with torture presumably think good may come of it. There are compelling reasons to think otherwise.

The Center for Victims of Torture is a Minnesota-based, private, nonprofit, nonpartisan foundation that provides services directly to torture survivors, trains healthcare professionals to work with torture victims, conducts research on the effects of torture, and advocates for public policies that will help heal torture victims and put an end to the practice of torture.⁴¹ Since its founding in 1985, the Center has learned several broad lessons in working with torture survivors, which have largely been affirmed by others doing scholarly work in this field:⁴²

1. Torture does not yield reliable information. Nearly every client at the CVT, when subjected to torture, confessed to a crime they did not commit, supplied names of innocent friends or colleagues to their torturers, or gave up extraneous information. The clients considered this behavior shameful, but said they would have said anything to put an end to their agony. This bogus information hampers rather than supports valid investigations. Moreover, rather than producing reliable information, torture evokes fear and rage, both in those who are tortured and in their broader communities. Torture thus becomes not a deterrent but a factor in recruiting more of the enemy.

2. Torture does not yield information quickly. Even though everyone will eventually confess to something, it usually takes a lot of time, particularly if they have been trained to resist torture and to pass along false bits of information in the process.
3. Torture has never been confined to narrow conditions, and will not be used only against the guilty. Proponents of torture often claim that they use it only against the correct suspect, as in the “ticking time bomb” scenario in which only the precise person who knows the location of the bomb is tortured. Yet the clients at CVT are living examples that once used, “torture creep” occurs, in which torture becomes a fishing expedition to uncover information.
4. Torture has a corrupting effect on the perpetrator. Torturing others is a stressful endeavor, requiring the torturer to put aside his own moral code, sense of humanity, and ethical values, and can have lasting psychological effects.
5. Psychological torture is damaging. Many advocates of torture agree that physical abuse is wrong, but that psychological torture is permissible. But the tortured clients at CVT say it is the psychological torture that is the most debilitating over a long period. Examples include mock executions, hearing sounds of others being tortured, or various forms of humiliation.
6. Stress and duress techniques are forms of torture. Israel perfected many of these techniques in its struggle against terrorism, claiming that they fell short of torture. Yet the Israeli Supreme Court ruled that they too were illegitimate. The courts of all democratic nations that have reviewed these methods have concluded that they are forms of torture.
7. We cannot use torture and retain the moral high ground. The reasons advanced by the Bush administration in justifying torture are similar to those used by repressive governments, such as national security and defense of the homeland. Despotism regimes are already copying our methods of rationalizing torture and skirting justice. Four years ago, President Charles Taylor of Liberia adopted the Bush administration’s phrase “unlawful combatants” to classify prisoners he wanted to try outside of civilian courts. Mr. Taylor is now being tried for war crimes at The Hague.⁴³

The experience of the FBI and CIA affirms many of the above points. Following the first World Trade Center attack in February 1993, the FBI did not resort to the coercive techniques currently favored by President Bush and the CIA. The FBI learned, says journalist Ron Suskind, that the “al-Qaeda members assumed their jailers would dismember them. When instead the interrogators presented a tough but very human face, the detainees were confused. Small amenities — an FBI agent’s knowledge of the Koran, unlimited videos and even an operation for an al-Qaeda member’s child — were the kinds of things that eventually turned them. Patience was rewarded.”⁴⁴ Because the evidence the FBI obtained was not obtained through coercive interrogation, it was admissible in court—unlike the information obtained by the CIA through its current “alternative” methods.

In contrast, when al-Qaeda ringleader Abu Zubaydah was captured in March 2002, the CIA “used him as an experiment in righteous brutality that in the end produced very little. His interrogation, according to those overseeing it, yielded little from threats and torture. He named countless targets inside the U.S. to stop the pain, all of them immaterial.”⁴⁵

A Senate report on prewar intelligence, released in September 2006, emphasizes the unreliability of coerced confession. Ibn Al-Shaykh al-Libi, a prominent Qaeda suspect, was captured by the U.S. soon after 9/11 and was “rendered” to Egypt. He confessed to interrogators that Osama bin Laden had sent operatives to Iraq for training in chemical and biological warfare. This became a key administration claim for a supposed link between Iraq, Saddam Hussein, and al-Qaeda, and a reason for invading Iraq. But the Senate report revealed that following the ground war in Iraq al-Libi admitted he’d made it all up so his Egyptian interrogators would stop beating him.⁴⁶

WHY?

There are many reasons why physicians comply with torture. Some remain unaware that torture in any form is illegal and that they could conceivably be prosecuted for abetting it.

Many of them serve in the military temporarily, and they view their time in uniform as an inconvenience that must be tolerated before returning to civilian life and private practice. To these physicians, “go along and get along” can seem the best course: Put in your time, don’t make waves, and get out, they tell themselves. If they are asked to certify that a prisoner is fit for coercive interrogation, if they are asked not to mention signs of physical abuse, what the heck: cooperate; no one will know. If the physician refuses to comply, this could reverberate in the chain of command and create inconvenient complications for all concerned.

Military physicians are often intimidated by the sheer weight of command structure. If a senior officer orders them to do something, they may comply unthinkingly, without asking themselves whether or not the command is lawful. This attitude paves the way for the “just following orders” excuse that is usually the legal defense of torturers when they are hauled before courts.

But perhaps the most powerful inducement for military doctors and nurses to comply with torture is the moral miasma that has descended on our society since the beginning of the war on terror. The implicit message from the President, echoing down the chain of command, has been that “alternative methods” of interrogation are not just permissible but necessary “to keep America safe.” What are military medical personnel to think? If your commander in chief says torture is essential, what’s wrong with your involvement in it?

As I write, the pretense that our nation does not torture has finally been cast aside and the mask is off. As mentioned, President Bush is lobbying Congress for legislation that would permit him to freely authorize torture in the war on terror; that would retroactively immunize him and others from future prosecution under the War Crimes Act, and that would authorize military tribunals at Guantánamo Bay and secret CIA prisons around the world, in which suspected terrorists could be tried and even executed without ever hearing all the evidence against them and without confronting their accusers.

If physicians are confused about torture, so too is the nation and with good reason. Consider how we have dealt with torture in the few cases that have come to trial. When the Abu Ghraib prison scandal came to light, a few of the “bad apples” said to be responsible for the prisoner abuse were court-martialed. Among those convicted were Specialists Charles Graner and Lynndie England, his former fiancée. Graner is serving ten years in a military prison and England is serving three years. Yet the President strenuously lobbies Congress for legislation that would legalize procedures that are much harsher than those for which these soldiers were convicted. Who would not be confused by these contradictory developments?

The President seems to have forgotten that in 2005 a Republican Congress overwhelmingly passed legislation proposed by Senator John McCain (R-Arizona) prohibiting torture, defined as “cruel, inhuman, or degrading treatment or punishment of persons under custody or control of the United States government.”⁴⁷ McCain, a war hero, succeeded largely because he occupied the moral high ground in his dispute with the President over this issue. During the Vietnam era, Mr. Bush, with the assistance of influential friends, joined the Texas Air National Guard. According to the *Air Force Times*, Mr. Bush went missing for a flight physical and did not report for subsequent duty, which understandably prompted AWOL suspicions.⁴⁸ In stark contrast, McCain was a decorated Navy pilot whose father and grandfather were admirals in the U.S. Navy. McCain was shot down over Hanoi in 1967 and was severely wounded. He spent five and a half years as a prisoner of war in the brutal prison camps of North Vietnam, and was often subjected to torture. Although President Bush signed the McCain amendment into law, he passionately opposed it and attached a “signing statement” suggesting that he had no intention of honoring it.⁴⁹

Thus the nation is presented with a confusing picture: while it’s illegal for individuals such as Charles Graner, Lynndie England, and Sabrina Harman to humiliate prisoners—they’re doing prison time, as mentioned—torture is enthusiastically promoted by President Bush, Vice President Cheney, and Secretary of Defense Rumsfeld.⁵⁰

Why dwell on this schizophrenic situation? It is not possible to evaluate the response of doctors, nurses, and medics to torture without taking into consideration the moral ambiguity that now clouds the nation. David Cole, mentioned above, professor of law at Georgetown University and the author of *Enemy Aliens: Double Standards and Constitutional Freedoms in the War on Terrorism*⁵¹ and *Terrorism and the Constitution: Sacrificing Civil Liberties in the Name of National Security*,⁵² describes this chaotic situation more fully:

The Justice Department has maintained that the President can order torture, notwithstanding a criminal statute and an international treaty prohibiting torture under all circumstances. President Bush has authorized the National Security Agency to conduct warrantless wiretapping of American citizens, despite a comprehensive statute that makes such surveillance a crime. He has approved the “disappearance” of al-Qaeda suspects into secret prisons where they are interrogated with tactics that include waterboarding, in which the prisoner is strapped down and made to believe he will drown. He has asserted the right to imprison indefinitely, without hearings, anyone he considers an “enemy combatant,” and to try such persons for war crimes in ad hoc military tribunals lacking such essential safeguards as independent judges and the right of the accused to confront the evidence against him.

In advocating these positions, ...the administration has brushed aside legal objections as mere hindrances to the ultimate goal of keeping America safe. It has argued that domestic criminal and constitutional law are of little concern because the President’s powers as commander in chief override all such laws: that the Geneva Conventions, a set of international treaties that regulate the treatment of prisoners during war, simply do not apply to the conflict with al-Qaeda; and more broadly still, that the President has unilateral authority to defy international law. In short, there is little to distinguish the current administration’s view from that famously espoused by President Richard Nixon when asked to justify his authorization of illegal, warrantless wiretapping of Americans during the Vietnam War: “When the President does it, that means that it is not illegal.”⁵³

For most of our nation’s history, humane treatment of prisoners was considered the American way, a sign of American strength and values. During the American Revolution, as captured American soldiers were being executed by Hessian mercenaries fighting for the British, Gen. George Washington demanded humane treatment of captured enemy soldiers. In the aftermath of World War II, Gen. George C. Marshall reminded American soldiers to treat their prisoners humanely.⁵⁴ Washington and Marshall would be appalled, I suspect, to know that our current commander in chief has reversed their stance on torture and that he considers it an indispensable element in dealing with prisoners, labeling those who disagree as “soft on terror.” Would Mr. Bush dare declare George Washington “soft” because he rejected torture as formal American policy?

UNREALITY

Discussing whether or not physicians are justified in complying with torture seems surreal. Our moral compass is spinning madly, otherwise this bizarre conversation would never occur.

A sense of unreality affects many citizens these days. “How weird is it that this possibility could even be considered?” asks *New York Times* columnist Bob Herbert, referring to the President’s desire to dispense with the legal protections that are the bedrock of American democracy. “The president put us on this path away from the better angels of our nature, and he has shown no inclination to turn back,” Herbert wrote in September 2006. “Lately he has touted legislation to try terror suspects in a way that would make a mockery of the American ideals of justice and fairness.”⁵⁵ Brig. Gen. James Walker, the top uniformed lawyer for the Marines, told a Congressional hearing in September 2006 that no civilized country denies defendants the right to see the evidence against them. The United States, he said, “should not be the first.”⁵⁶ Senator Lindsey Graham, a conservative South Carolina Republican who is a former military judge, agreed, saying, “It would be unacceptable legally, in my opinion, to give someone the death penalty in a trial where they never heard the evidence against them.”⁵⁷ Graham asks, “Can you imagine somebody being led to the death chamber and asking on the way, ‘What did I do?’ This would be a legal and PR disaster.”⁵⁸ (Forget PR, Senator. It would be morally wrong, period.) Graham adds, “‘Clarifying’ our treaty obligations will be seen as ‘withdrawing’ from them.”⁵⁹ Author-journalist Fareed Zakaria says that the Geneva Conventions were written with a kind of “calculated ambiguity” that deters interrogators from testing the limits. “No other nation has sought to narrow the Geneva Conventions’ scope by ‘clarifying’ them. Does the United States want to be the first?”⁶⁰

How on earth did we get here? Fear paved the way. Many citizens, scared witless by oscillating orange alerts following 9/11, began to sense a terrorist under every bed and accepted the president’s dire

warnings uncritically. Those who disagreed were branded as unpatriotic, wimpy, bleeding-heart liberals who aren't tough enough to stand up to terrorists.

This is an odd accusation, coming as it does from an administration, many of whom did their dead-level best to avoid military service in Vietnam. Vice President Cheney set the pace. By the time he turned 26 in January 1967 and was no longer eligible for the draft, he had asked for and received five deferments, four because he was a student and one for being a new father.⁶¹ The single exception was Secretary of State Colin Powell. It is therefore telling that Powell, who knows what combat is like, vigorously opposes the President's stance on torture. In a blistering letter in September 2006, he warned that President Bush's pro-torture policy threatens to destroy the protections of the Geneva Conventions for American soldiers captured in foreign lands. He further cautioned, "The world is beginning to doubt our moral basis for the war against terrorism".⁶²

Recently those who oppose the President's pro-torture anti-terror plan have been ridiculed as not only unpatriotic and soft on terror, but have also been likened by Secretary of Defense Rumsfeld to pro-Nazi "appeasers" and have been condemned as supporters of "Islamic fascism."⁶³ One wonders whether the only remaining epithet is "satanic." Torturers have always demonized those who disagree with them, while considering themselves exemplary. This evoked bitter sarcasm from British novelist Aldous Huxley, who wrote, "The people who...torture...are never the publicans and the sinners. No, they're the virtuous, respectable men, who have the finest feelings, the best brains, the noblest ideals."⁶⁴

STANDING UP

We can be sure that most of our military physicians, nurses, and medics have not cooperated with torture. We can also be certain that many of them, behind the scenes, have courageously resisted pressures to abet coercive interrogation. It is grievous that they have been unfairly tarnished by the failures of a few.

In spite of their shortcomings, my heart goes out to the young Charles Graners, Lynndie Englands, and Sabrina Harmans of our military, who, under better leadership, would probably have been good soldiers. It is true that they deserve their punishment, but it is also true that they have become sacrifices for the disastrous pro-torture policies of their superiors, who for the moment appear to be shielded from sanction. I sorrow also for the tortured, for the reasons that the Geneva Conventions were adopted in the first place. I am saddened also for those who will carry the stain of "torturer" for the rest of their lives.

Who are we? What kind of nation—and profession—do we want to be? Where do we go from here?

The hallowed ethics of medicine and nursing are on a collision course with the pro-torture policies of the current administration. If President Bush succeeds in his attempts to legalize "alternative" methods of interrogation and to absolve those who practice them, we will see more torture, not less, and the pressures on medical and nursing personnel to accommodate torture will increase.

We must make sure that in future wars no one will ask, Where were the doctors? Where were the nurses? Rather than sit passively by, we must make our position known. It is time for all physicians and nurses, civilian and military, to stand up to the pro-torture juggernaut and declare with one voice:

Enough, Mr. President.

We will not betray our sacred oaths. We stand united against the purposeful mistreatment of any human being, whatever form it may take. No longer will we be bullied into complying with torture, no matter what the personal cost of our refusal may be.

Henceforth, Mr. President, it is not your call to torture that we will answer, but the call of the Osiers and the Nightingales who have gone before us and shown us a better way.

With Hippocrates, we affirm, "I will keep them from harm and injustice.... In purity and holiness I will guard my life and my art.... If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.

REFERENCES

- ¹ Jung CG. The Quotations Page. <http://www.quotationspage.com/quote/37795.html>. Accessed September 15, 2006.
- ² *The Hippocratic Oath*. Ludwig Edelstein, trans. Baltimore, MD: Johns Hopkins Press; 1943.
- ³ Review of *Offensive Fighting* by Major Donald McRae. *Military Surgeon*. February 1919: 86.
- ⁴ Miles SH. *Oath Betrayed: Torture, Medical Complicity, and the War on Terror.* New York, NY: Random House; 2006: 31.
- ⁵ Universal Declaration of Human Rights. United Nations, 1948. <http://www.unhchr.ch/udhr/index.htm>. Accessed September 15, 2006.
- ⁶ Geneva Convention Relative to the Treatment of Prisoners of War. United Nations, 1949. <http://www.unhchr.ch/html/menu3/b/91.htm>. Accessed September 15, 2006.
- ⁷ Conference on Security and Co-Operation in Europe, Final Act. Helsinki, August 1975. <http://www.hri.org/docs/Helsinki75.html>. Accessed September 15, 2006.
- ⁸ Annas GJ, Grodin MA (eds). *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation*. New York, NY: Oxford University Press; 1995.
- ⁹ World Medical Association. Regulations in Time of Armed Conflict. <http://web.amnesty.org/pages/health-ethicsregs-eng>. Accessed September 17, 2006.
- ¹⁰ World Medical Association. Guidelines for Medical Doctors Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment (Declaration of Tokyo). 1975. <http://web.amnesty.org/pages/health-ethicswmatokyo-eng>. Accessed September 17, 2006.
- ¹¹ International Council of Nurses. Nurses' Role in the Care of Prisoners and Detainees. International Council of Nurses. <http://www.icn.ch/psdetainees.htm>. Accessed September 17, 2006.
- ¹² World Psychiatric Association. Ethical Standards for Psychiatric Practice (Declaration of Madrid). 1996. <http://www.wpanet.org/generalinfo/ethic1.html>. Accessed September 17, 2006.
- ¹³ American Psychiatric Association and American Psychological Association. Joint resolution against torture. http://www.psych.org/edu/other_res/lib_archives/archives/198506.pdf. Accessed September 17, 2006.
- ¹⁴ American College of Physicians. Relation of the Physician to Government. <http://www.acponline.org/ethics/ethicsman5th.htm>. Accessed September 17, 2006.
- ¹⁵ American Medical Association. E-2.067 Torture. <http://www.ama-assn.org/ama/pub/category/8421.html>. Accessed September 17, 2006.
- ¹⁶ Miles SH. *Oath Betrayed: Torture, Medical Complicity, and the War on Terror.* New York, NY: Random House; 2006: 37.
- ¹⁷ Miles SH. *Oath Betrayed: Torture, Medical Complicity, and the War on Terror.* New York, NY: Random House; 2006: 37.
- ¹⁸ Miles SH. *Oath Betrayed: Torture, Medical Complicity, and the War on Terror.* New York, NY: Random House; 2006: 31.
- ¹⁹ Strappado. Wikipedia. <http://en.wikipedia.org/wiki/Strappado>. Accessed September 15, 2006.
- ²⁰ Miles SH. *Oath Betrayed: Torture, Medical Complicity, and the War on Terror.* New York, NY: Random House; 2006: 44-45.
- ²¹ Manadel al-Jamadi. Wikipedia. http://en.wikipedia.org/wiki/Manadel_al-Jamadi. Accessed September 19, 2006.
- ²² Other government agencies. Salon.com. November 4-5, 2003. http://www.salon.com/news/abu_ghraib/2006/03/14/chapter_5/index.html. Accessed September 19, 2006.
- ²³ An oath betrayed — U.S. doctors complicit in terror war torture. New America Media. August 4, 2006. Steven H. Miles interviewed by Sandip Roy. http://news.newamericamedia.org/news/view_article.html?article_id=45dcb45e96721b771f7926a6374cac68. Accessed August 30, 2006.
- ²⁴ Miles SH. *Oath Betrayed: Torture, Medical Complicity, and the War on Terror.* New York, NY: Random House; 2006: 22-23.
- ²⁵ Bush GW. Statement by the President. The White House web site. June 26, 2003. <http://www.whitehouse.gov/news/releases/2003/06/20030626-3.html>. Accessed 28 September, 2006.

-
- ²⁶ Benedetto R. Bush defends interrogation practices: “We do not torture.” http://www.usatoday.com/news/washington/2005-11-07-bush-terror-suspects_x.htm?POE=NEWISVA. Accessed September 17, 2006.
- ²⁷ Drogin B. Most “arrested by mistake.” *Los Angeles Times*. May 11, 2004. Available online at Common Dreams News Center. May 11, 2004. <http://www.commondreams.org/headlines04/0511-04.htm>. Accessed September 17, 2006.
- ²⁸ Drogin B. Most “arrested by mistake.” *Los Angeles Times*. May 11, 2004. Available online at Common Dreams News Center. May 11, 2004. <http://www.commondreams.org/headlines04/0511-04.htm>. Accessed September 17,
- ²⁹ Fisher W. “The worst of the worst.” Truthout. http://www.truthout.org/docs_2006/043006Z.shtml. April 30, 2006. Accessed 17 September, 2006.
- ³⁰ Fisher W. “The worst of the worst.” Truthout. http://www.truthout.org/docs_2006/043006Z.shtml. April 30, 2006. Accessed 17 September, 2006.
- ³¹ Fisher W. “The worst of the worst.” Truthout. http://www.truthout.org/docs_2006/043006Z.shtml. April 30, 2006. Accessed 17 September, 2006.
- ³² Drogin B. Most “arrested by mistake.” Common Dreams News Center. May 11, 2004. <http://www.commondreams.org/headlines04/0511-04.htm>. Accessed September 17, 2006.
- ³³ Hosenball M, Isikoff M. Out from the shadows. *Newsweek*. September 18, 2006; 32-33.
- ³⁴ McGovern R. Bush: A “Plenty Tough” Torturer’s Apprentice. Truthout.org. http://www.truthout.org/doc_2006/090906X.shtml. 9 September, 2006. Accessed 11 September, 2006.
- ³⁵ John Yoo. Wikipedia. http://en.wikipedia.org/wiki/John_Yoo. Accessed September 17, 2006.
- ³⁶ War Crimes Act of 1996. Wikipedia. http://www.widipedia.org/wiki/War_Crimes_Act_of_1996. Accessed 18 September, 2006.
- ³⁷ McGovern R. Bush: A “Plenty Tough” Torturer’s Apprentice. Truthout.org. http://www.truthout.org/doc_2006/090906X.shtml. Accessed 11 September, 2006.
- ³⁸ Smith RJ. Worried CIA officers buy legal insurance. *Washington Post.com*. <http://www.washingtonpost.com/wp-dyn/content/article/2006/09/10/AR2006091001286.html>. 11 September, 2006. Accessed 11 September, 2006.
- ³⁹ Hamdan v. Rumsfeld. Wikipedia. http://en.wikipedia.org/wiki/Hamdan_v._Rumsfeld. Accessed September 18, 2006.
- ⁴⁰ Cole D. Why the court said no. *The New York Review*. August 10, 2006; LIII(13):41-43.
- ⁴¹ The Center for Victims of Torture. <http://www.cvt.org/main.php>. Accessed 11 September, 2006.
- ⁴² Eight lessns of torture. The Center for Victims of Torture. <http://www.cvt.org/main.php/Advocacy/TheCampaignToStopTorture/WhatCVTknowsaboutTorture>. Accessed 11 September, 2006.
- ⁴³ Rieckhoff P. Do unto your enemy. *The New York Times Online*. September 25, 2006. Accessed September 25, 2006.
- ⁴⁴ Suskind R. The unofficial story of the al-Qaeda 14. *Time*. September 18, 2006; 168(12): 34-35.
- ⁴⁵ Suskind R. The unofficial story of the al-Qaeda 14. *Time*. September 18, 2006; 168(12): 34-35.
- ⁴⁶ Hsenball M, Isikoff M. Out from the shadows. *Nwqsweek*. September 18, 2006; 32-33.
- ⁴⁷ McCain Amendment to 2006 Department of Defense Appropriations Bill. Friends Committee on National Legislation. October 11, 2005. http://www.fcnl.org/issues/item.php?item_id=1567&issue_id=70. Accessed September 19, 2006.
- ⁴⁸ McMichael WH. Bush’s Air Guard stint started well, then faded into mystery. *Air Force Times.com*. September 27, 2004. <http://www.airforcetimes.com/story.php?f=1-AIRPAPER-357916.php>. Accessed September 15, 2006.
- ⁴⁹ Savage C. Bush signings called effort to expand power. *The Boston Globe*. October 5, 2006. Available at: Truthout. http://www.truthout.org/docs_2006/100506S.shtml. Accessed October 6, 2006.
- ⁵⁰ “You are either with us or against us.” CNN.com/U.S. November 6, 2001. <http://archives.cnn.com/2001/US/11/06/gen.attack.on.terror/>. Accessed September 14, 2006.
- ⁵¹ Cole D. *Enemy Aliens: Double Standards and Constitutional Freedoms in the War on Terrorism*. New York, NY: New Press; 2003.

⁵² Cole D. *Terrorism and the Constitution: Sacrificing Civil Liberties in the Name of National Security*. New York, NY: New Press; 2006.

⁵³ Cole D. Why the court said no. *The New York Review*. August 10, 2006; LIII(13):41-43.

⁵⁴ Phillips K. Powell breaks with Bush on torture. *The New York Times Online*. September 14, 2006. <http://thecaucus.blogs.nytimes.com/?p=97.com/>. Accessed 15 September, 2006.

⁵⁵ Herbert B. The stranger in the mirror. *The New York Times Online*. September 14, 2006. <http://select.nytimes.com/2006/09/14/opinion/14herbert.html>. Accessed September 14, 2006.

⁵⁶ Walker J. Quoted in: Herbert B. The stranger in the mirror. *The New York Times Online*. September 14, 2006. <http://select.nytimes.com/2006/09/14/opinion/14herbert.html>. Accessed September 14, 2006.

⁵⁷ Graham L. Quoted in: Herbert B. The stranger in the mirror. *The New York Times Online*. September 14, 2006. <http://select.nytimes.com/2006/09/14/opinion/14herbert.html>. Accessed September 14, 2006.

⁵⁸ Hosenball M, Isikoff M. Out from the shadows. *Newsweek*. September 18, 2006:32-33.

⁵⁹ Graham L. Quoted in: Zakaria F. Questions for the interrogators. *Newsweek*. September 25, 2006:34.

⁶⁰ Zakaria F. Questions for the interrogators. *Newsweek*. September 25, 2006:34.

⁶¹ Seelye KQ. Cheney's five draft deferments during the Vietnam era emerge as a campaign issue. *New York Times Online*. May 1, 2004. <http://www.nytimes.com/2004/05/01/politics/campaign/01CHEN.html>. Accessed September 19, 2006.

⁶² Phillips K. Powell breaks with Bush on torture. *The New York Times Online*. September 14, 2006. <http://thecaucus.blogs.nytimes.com/?p=97.com/>. Accessed 15 September, 2006.

⁶³ Feingold to Bush: Drop "Islamic fascism." *Jewish Telegraphic Agency*. September 12, 2006. http://jta.org/page_view_breaking_story.asp?intid=4680. Accessed September 15, 2006.

⁶⁴ Huxley A. *After Many a Summer Dies the Swan*. Reprint edition. New York, NY: Ivan R. Dee; 1993.

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