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CIA Health Professionals' Role in Systematic Torture, Including 'Human Subjects Research'

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Physicians for
Human Rights
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Doing Harm:
Health Professionals'
Central Role in the CIA
Torture Program
Medical and Psychological Analysis of the
2014 U.S. Senate Select Committee on
Intelligence Report's Executive Summary



An organization of United States health professionals has put out a comprehensive analysis of the role US health professionals played in the CIA torture program. The analysis, stemming from the US Senate intelligence committee's executive summary of its torture report, raises alarming

questions about whether these professionals engaged in “human subjects research” that constituted a crime against humanity.

Physicians for Human Rights (PHR) highlights eight “categories of abuse” and a range of activities health professionals committed in violation of treaties, laws and ethical codes. It outlines the obligations health professionals have, which were not followed, and concludes “CIA relied upon health professionals at every step to commit and conceal the brutal and systematic torture of national security detainees.”

“PHR finds that health professionals played not only a central but an essential role in the CIA torture program—to an extent not previously understood,” according to PHR’s report [PDF].

In response to the revelations, PHR calls on President Barack Obama for a “federal commission to investigate, document and hold accountable all health professionals who participated in the CIA torture program.” The federal commission should specifically focus on how health professionals designed, directed, monitored and attempted to provide “legal justifications.”

The “unethical and illegal acts perpetrated by CIA health professionals,” which PHR outlines, include:

- 1) Designing, directing, and profiting from the torture program:** Psychologists conceptualized and designed the CIA torture techniques, then helped implement the program, receiving a sole source, multi-million dollar CIA contract for these services.
- 2) Intentionally inflicting harm on detainees:** Health professionals intentionally inflicted and/or threatened to inflict severe harm and suffering on detainees in CIA custody.
- 3) Enabling [Justice Department] lawyers to create a fiction of “safe, legal, and effective” interrogation practices:** Health professionals participated in the DoJ’s Office of Legal Counsel’s spurious legal rationale that the techniques would not be considered torture so long as health professionals certified they were not.
- 4) Engaging in potential human subjects research to provide legal cover for torture:** Health professionals collected and analyzed data from application of techniques in an effort to legitimize torture. [Office of Medical Services] officials expressed concern that these documentation practices could constitute illegal human subjects research. Senior CIA officials who were asked to evaluate the efficacy of the tactics expressed similar concerns.
- 5) Monitoring detainee torture and calibrating levels of pain:** Health professionals monitored, documented, and calibrated the intentional infliction of harm on detainee.
- 6) Evaluating and treating detainees for purposes of torture:** Health professionals evaluated and treated detainees before, during, and after torture in order to enable the torture to occur.
- 7) Conditioning medical care on cooperation with interrogators:** Health professionals provided medical care that was contingent upon whether or not detainees were deemed to have cooperated with interrogators.
- 8) Failing to document physical and/or psychological evidence of torture:** Health professionals did not document the torture inflicted on detainees, which served to conceal the tactics’ harmful effects.

PHR acknowledges that the prohibition against human experimentation in response to Nazi atrocities during World War II. “Unethical human subjects research also arose in the United States with the now infamous Tuskegee experiment, whereby black men were monitored as they died of diagnosed, but untreated, syphilis.” Following the experiment, which ended in 1972, safeguards were enacted to require that subjects of studies give “informed consent.”

The torture report summary contains a number of details that suggest human experimentation may have been ongoing. Part of deciding what “tactics” to use on detainees stemmed from analyzing “previously collected” data on detainees who were tortured. The data was used to “reauthorize” the use of certain torture techniques.

“Data collection from detainees by OMS is consistent with definitions of human subjects research under US federal codes,” PHR states. “If further investigation establishes that human subjects research without consent was performed systematically on detainees then such activities are violations of the Nuremberg Code and could constitute a crime against humanity.”

An OMS officer at one point expressed concern that studying results of CIA interrogations may constitute “human experimentation.”

The CIA inspector general replied, “OIG did not have in mind doing additional, guinea pig research on human beings. What we are recommending is that the Agency undertake a careful review of its experience to date in using the various techniques and that it draw conclusions about their safety, effectiveness, etc., that can guide CIA officers as we move ahead.”

In regards to the “intentional infliction of harm,” one of the most grotesque acts described in the summary is rectal force-feeding.

Former CIA director Michael Hayden has barbarically [defended](#) this as a “medical procedure.” However, the case of Majid Khan shows this “medical procedure” was really torture.

PHR summarizes:

...Khan accepted nasogastric and IV feeding and was allowed to infuse fluids and nutrients himself. Nevertheless, after three weeks, the CIA opted to rectally force-feed him with Ensure and his own pureed lunch to eliminate “unnecessary conversation.” The summary noted that according to CIA records, Khan was “very hostile” to rectal feeding...

Khan is the detainee who had hummus, pasta with sauce, nuts and raisins ‘pureed’ and rectally infused.” And, as PHR points out, this could cause “rectal trauma” and “additional harmful health consequences both physically and emotionally.”

“Rectal exams” conducted with “excessive force” on detainees also were torture. PHR notes, “One of the detainees, Mustafa al-Hawsawi, was later diagnosed with “chronic hemorrhoids, an anal fissure, and symptomatic rectal prolapse.”

“Rather than reject such brutal practices, medical officers appear to have modified them to increase pain: ‘we used the largest Ewal [sic] tube we had,’ stated one officer in a February 2004 email.”

It was a medical officer who found that subjecting Khalid Sheikh Mohammed to “rectal rehydration” helped clear his head and was “effective” in getting him to talk. These professionals identified with interrogation objectives more than patient care. Their notes would help medical officers “perfect” the torture.

The summary shows, as PHR also highlights, “medical officers often documented torture techniques that they monitored in meticulous detail demonstrating the medical staff’s profound disconnect from core principles of medical ethics prohibiting the participation of health professionals in torture.”

On August 4, 2002, Abu Zubaydah was waterboarded for the first time. PHR suggests that subsequently Zubaydah had his diet changed to help facilitate waterboarding.

During the first waterboarding session, which lasted two-and-a-half hours, Zubaydah “coughed, vomited, and had ‘involuntary spasms of the torso and extremities,’” according to the summary.

The attitude of one medical officer was one of feigned indifference. “So it begins,” the OMS officer wrote in an email. “Abu Zubaydah seems very resistant to the water board. Longest time with the cloth over his face so far has been 17 seconds. This is sure to increase shortly. NO useful information so far.... He did vomit a couple of times during the water board with some beans and rice. It’s been 10 hours since he ate so this is surprising and disturbing. We plan to only feed Ensure for a while now.”

The intentional infliction of harm as well as the calibration of “levels of pain” may seem like the most brutal acts CIA health professionals committed. Yet, what is possibly more sinister is how the health professionals engaged in a conspiracy to make certain the brutality remained within limits that could be construed as “legal.”

It has long been known that lawyers for the Justice Department’s Office of Legal Counsel (OLC), like John Yoo, authored memos indicating that health professionals ensured “severe and long lasting” mental and physical pain and suffering did not occur in violation of US laws, which prohibit torture.

For inflicted physical and mental pain to be torture, the “physicians and psychologists would need to confirm that the interrogator (in some cases, the physicians and psychologists themselves) specifically intended to cause physical and mental pain.” Victims could experience severe physical and psychological trauma and if personnel could claim that was not the intent they were able to argue they did not torture.

Both CIA contract psychologists, James Mitchell and Bruce Jessen, are condemned by PHR for their role in developing torture. Mitchell and Jessen were key to implementing methods that would “break the detainees’ will and create a condition of debility, dependency and dread.”

One cable Mitchell and Jessen sent on the “aggressive phase” of Zubaydah’s interrogation indicated:

Our goal was to reach the stage where we have broken any will or ability of subject to resist or deny providing us information (intelligence) to which he had access. We additionally sought to bring subject to the point that we confidently assess that he does not/not possess [sic] undisclosed threat information, or intelligence that could prevent a terrorist event.

As PHR states, “Prolonged deprivation of food, sound, light, and sleep (for up to 180 hours); exposure in freezing temperatures (resulting in death in one case); diapering; being forced to soil one’s self; repeated beatings; and multiple near drowning experiences by waterboarding to the point of unconsciousness are intentional acts that cannot be conducted without inflicting severe physical and mental pain.”

Altogether, PHR’s analysis shows health professionals “violated their professional ethics, undermined the critical bond of trust between patients and doctors, and broke the law.” Health professionals are supposed to “do no harm” and “protect the lives and health of patients under their care from harm and brutality.” Personnel acting as health professionals flagrantly and criminally disregarded these ethics.

Records on any human experimentation or human subjects research that took place should not be concealed and covered up. That information, if senators have it readily available, should be made public immediately.