

INTERNATIONAL

The torture doctors

A growing chorus of experts and investigators have accused physicians working for coalition forces of hiding the effects of torture, colluding with the individuals responsible and even participating in torturous acts.

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STREET NEWS SERVICE

"The American surgeon looked at me and said 'we do not see you as a patient, we see you as the enemy,'" recalls an emotional Iqbal Madni. "They said that they believed that they were soldiers first and doctors second."

Since the outbreak of the Bush administration's 'War on Terror' the issue of torture has been thrust into the political agenda. The United States and Britain have found themselves attempting to weather a storm of their own creating. Hundreds of accusations have been made, many directly accusing coalition soldiers of participating in torturous acts and deliberately mistreating the individuals under their supervision. Madni, like so many caught up in the 9/11 effect, has alleged that he was tortured and mistreated while he was detained in Guantánamo Bay. With the decade drawing to a close, such allegations are all too common but his statements regarding the conduct of medical staff raise new and worrying questions for coalition forces. What role have physicians played in the so-called war on terror?

Madni is a client of Reprieve, a legal charity which promotes the global rule of law and uses it to enforce the human rights of prisoners. During their investigations into the treatment of Guantánamo prisoners, they have discovered that those involved in the disturbing renaissance of torture come from all quarters, even those who have taken a sacred oath to do exactly the opposite. Reprieve represents 33 of the 240 prisoners currently held in Guantánamo Bay, and more than 50 of their clients have been released to date. Discussions with these individuals have revealed that the very people charged with protecting the prisoner's right to health have actually become major violators of it. These investigations have revealed that the issue of forced feeding is central, with doctors manipulating the practice in such a way as to force patients to cooperate with interrogators.

Chloe Davies, a member of the Reprieve Secret Prisons and Renditions team who works closely with former Guantánamo prisoners, explains that medical ethics have become a further casualty in the war on terror. She stressed that Reprieve believes torture is one of the most obscene violations of the right to health as it stems not from natural disaster, or a lack of medical resources or hospital facilities, but from the perversion of conscience and the corruption



REUTERS/BRENNAN LINSLEY/POOL/FILES (CUBA)

A sign marks a closed-off area at Camp Justice, the location of the U.S. Military Commissions court for war crimes at the U.S. Naval Base in Guantánamo Bay, Cuba.

of state morality.

"Doctors have played a key part in the abuse of prisoners in Guantánamo and the secret prisons, abandoning the Hippocratic Oath and ethical foundations of their practice," she says. "Doctors have helped administer torture, drugged prisoners through their food and anal suppositories, withheld medical treatment to prisoners in severe pain and been heavily involved in abusive force-feeding practices. A proper investigation of this involvement needs to be undertaken and doctors struck off medical registers and where appropriate prosecuted for their involvement in torture."

It is difficult to ascertain the scale of the problem as currently the only doctors allowed into Guantánamo work with the International Committee of the Red Cross (ICRC). ICRC policy prevents the organization from discussing individuals on a case-by-case basis. Yet the rules are clear and the repercussions severe.

The World Medical Association's 1975 Declaration of Tokyo stated: "Physicians shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, and in all situations, including armed conflict and civil conflict."

The American and British Medical Associations were asked what penalties an individual found to be involved in torture would face. In both cases a spokesperson explained that any members involved in torture would be immediately referred to the police or other appropriate investigating bodies. The organizations advised their members to treat prisoners or detainees only if doing so is in their best interest. They also stressed that physicians should not treat individuals to verify their health so that torture can begin or continue, and should instead provide support for victims of torture and, whenever possible, strive to change situations in which torture is

practiced or where the potential for torture is great.

The guidelines are in place and physicians understand the moral and legal implications of violation, so why are numbers of physicians engaging in torture?

Dr. David Nicholl, a consultant neurologist at the City Hospital in Birmingham and leading figure in the opposition of British physicians to torture, believes that the answer boils down to a conflict of interest:

"Certain doctors face a dual loyalty between the role of the State versus the role of the patient. This puts doctors in these situations in a dilemma — put simply, do I go for a promotion or a medal (the last 3 departmental heads in Guantanamo have been awarded medals on their departure), or do I respect my patients' wishes, in spite of the effect this will have on my career?"

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