Medical Professionals Who Torture

Will There be Accountability?

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In the history of state-sponsored torture, a rarely acknowledged truth is that accountability only takes place in countries where the torturing government has fallen from power. Victors tend neither to acknowledge nor to hold themselves accountable for torture.

In the United States, apparently we are no different. Recently, Attorney General Holder dismissed the final two of 100 cases of alleged torture under investigation. But, as the recent death of Adnan Latif reminds us, our nation’s struggle with torture is far from resolved. During his years at Guantánamo, Mr. Latif was subjected to extensive solitary confinement, often with his hands in cuffs and his arms pinned. Because of his suicide attempts and hunger strikes, he was also housed in a psychiatric ward and force-fed through tubes in his nose. Since 2002, at least six detainees have successfully committed suicide, and hundreds have tried. Thus, while abusive interrogations may have stopped, their effects continue to reverberate in the lives of those subjected to them. Like the majority of the 167 men who remain in indefinite detention at Guantánamo, Mr. Latif was never charged with any crime. His freedom was taken from him; his mind was broken, and he never saw justice.

Much has been written about the lawyers and CIA personnel involved in water-boarding and other cruel punishment of detainees. There is less public awareness of the prominent role that medical professionals and in particular psychologists played at every stage of the development and implementation of the abusive interrogation techniques and detention conditions. And this, sadly, is not unusual. We know from trials in other countries where torture is practiced that medical professionals, including psychologists, frequently play a role in attempting to extract information from prisoners because torture is at its core a psychological process. In fact, the International Rehabilitation Council for Torture Victims reports that a health professional was involved in 50% of the cases they’ve seen.
This is why, from Nuremberg to Chile to South Africa to the International Criminal Court, medical professionals have been held accountable for torture. They have been subject to trials and tribunals, and to ethical sanctions from national professional bodies. It is still possible, in spite of the dismissal of criminal cases by the Justice Department, to hold medical professionals responsible for egregious violations of medical and professional ethics. There may be insufficient evidence that these doctors violated the law as it was twisted by the Bush administration Justice Department, but there should be no confusion as to whether these doctors and psychologists violated their professional ethics, as well as international law.

However, despite their participation in a well-documented, government-sponsored and publicly acknowledged campaign of torture and despite ample evidence of direct complicity of medical professionals in the research, development, oversight and in some cases direct implementation of the torture program, thus far, no doctor or psychologist has been held to ethical account by a state licensing body or a professional association.

Most of the names of the individuals involved in these programs are not known. But public documents have revealed the name of one New York State licensed psychologist: Dr. John Francis Leso. Declassified U.S. government documents indicate that, while Senior Behavioral Science Consultant at the U.S. Station at Guantánamo Bay, Dr. Leso recommended a series of escalating physically and psychologically abusive interrogation tactics to be used on detainees. A number of these techniques were applied under Dr. Leso’s direct supervision and, eventually, similar techniques were also used on detainees held in U.S. custody in Iraq and Afghanistan.

Thus far, neither the American Psychological Association (where Leso remains a member in good standing), nor the licensing board of the State of New York, nor the courts have been willing to investigate or sanction Dr. Leso.

We brought a professional misconduct complaint against Dr. Leso in New York, the state that licenses him to practice psychology. His abusive tactics, first brought to bear against Guantánamo prisoner “063,” Mohammed al-Qahtani, included sexual humiliation, sensory deprivation, extreme sleep deprivation, and exposure to extreme cold. Interrogation log records reveal that Dr. Leso was present for and supervised that brutal interrogation, which went on for a grueling 49 days, 20 hours per day. In fact, reviewing al-Qahtani’s treatment, the Bush-appointed Convening Authority for the Guantánamo Military Commissions, Susan J. Crawford, threw out the case against him, stating that “his treatment met the legal definition of torture.”

The New York Office of Professional Discipline refused even to open an investigation. Along with the New York Civil Liberties Union, we initiated litigation to force the New York OPD to look into these abuses. At the hearing in Manhattan, New York’s Attorney General acknowledged, “This doctor, Dr. Leso, apparently was asked to use his skills as a weapon; not to help the mental health of the detainees.” Unfortunately, the Office of Professional Discipline and
the court failed to take action—despite the fact that New York regularly strips licenses from psychologists for far less egregious conduct.

We believe that our country, which has brought justice to torturers elsewhere, must now bring the same standards to bear here at home. We call on the American Psychological Association to investigate the case against Dr. Leso, which has been before its Ethics Committee for five years. And we call upon the New York Legislature to enact the Gottfried Duane Bill. This bill expressly defines professional obligations in the context of detention abroad and explicitly states that NY-licensed health professionals are prohibited from any involvement in torture or other abuse of detainees. Such an explicit prohibition will ensure that in the future these fundamental ethical obligations will be unambiguously clear to healthcare professionals, the Office of Professional Discipline, and the courts.

At Nuremberg, following the trial of the “Major War Criminals” where judges were drawn from the four victorious powers, the United States convened military tribunals for the lesser war criminals. Among these were the famous “Doctors’ Trials” which set standards for the conduct of doctors in the treatment of detainees and prisoners, still in effect today. It is time for the United States to show that we hold ourselves and our health professionals to the same ethical and legal standards that we imposed on those whom we defeated in the past. We must work for justice in the U.S. to ensure that the costs and consequences of 9/11 do not eclipse our commitment to the rule of law, to human rights, and to ethical medical practice.

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