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**20** of advancing health, dignity and justice  
**years**

January 11, 2007

Senator Mark Ridley-Thomas  
State Capitol, Room 4061  
Sacramento, CA 95814

Re: California State Resolution Against Health Professional Involvement  
in Abusive Interrogations

Dear Senator Ridley-Thomas:

I am writing on behalf of Physicians for Human Rights (PHR), an organization that for 20 years has been engaged in mobilizing the health professions to advance human rights. We strongly support the resolution you have offered. It is a critical step toward restoring the integrity of the health professions in the context of national security policy and renewing public confidence in these professions.

For its entire history, PHR has been engaged in documenting torture throughout the world and ending medical complicity in it. We also led the process of establishing international standards for medical documentation of torture (the *Istanbul Protocol*), which were endorsed by the UN General Assembly. In 1997 Physicians for Human Rights shared in the Nobel Peace Prize as a member of the Steering Committee of the International Campaign to Ban Landmines.

In recent years, we have been actively engaged in stopping torture by the United States and any medical participation in it. We issued a seminal report on the use of psychological torture, *Break Them Down*, and a medico-legal analysis of "enhanced" interrogation techniques, *Leave No Marks* (available on our web site, [www.physiciansforhumanrights.org](http://www.physiciansforhumanrights.org).) PHR has been particularly concerned about the role of health professionals as designers, implementers, and supervisors of systematic torture and cruel, inhuman, and degrading treatment of detainees. This role is in direct contravention of the foundational tenets of medical ethics and domestic and international human rights law and significantly undermines the health professional's role as healer. We and our advisers have written analyses of the problem for the Journal of the American Medical Association and other scientific and legal journals, provided op-ed articles for major newspapers including the Los Angeles Times, and provided testimony to the U.S. Congress. We have also played an active role in providing guidance and advice to professional associations, including the American Medical Association, the American Psychiatric Association, and the American Psychological Association, in setting out the ethical standards applicable to the health profession in the context of interrogation.

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It is this background that leads us to support the resolution you are offering. It states clearly that all health professionals should not participate in torture or cruel, inhuman and degrading treatment. Moreover, it follows the approach the American Medical Association and the American Psychiatric Association took after careful study, which holds that to be true to ethical commitments, physicians should not participate in the interrogation of individual detainees at all – even an interrogation that doesn't involve torture or cruel treatment. These organizations adopted this stance in recognition that the traditional standard – no participation in torture and cruel treatment – is inadequate. I would like to review the reasons for this stance.

First, it is indisputable that even the most benign interrogation is designed to induce distress and anxiety. Interrogations conducted by the United States in the context of detention of terrorist suspects, significantly exacerbate this distress, and the potential for long-term harm, because they take place in a closed environment where human rights violations, including no due process and indefinite confinement, can easily occur. Engaging in any interrogation support in these circumstances, even where the interrogation is legal, is inconsistent with core ethical value of all the health professions in avoiding harm. This stance is similar to the ethical prohibition on physicians from participation in executions even in states where, as in California, capital punishment is legal.

Second, while it is often claimed that health professionals can play the role of a “safety officer” in interrogations, the investigations we and others have conducted have shown that the opposite is the case: in this role, health professionals in Behavioral Science Consultation Teams become the decision-makers in the calibration of the degree of pain and distress to be inflicted. This is shown in a forthright report issued by the Army Surgeon General in 2005, which on the one hand affirmed that health professionals act to assure that interrogations are safe, but expected them to advise interrogators when it was permissible to increase the distress and pain inflicted on a detainee.

Third, it is often argued that health professionals, particularly behavioral scientists, by sharing information and insights about individual detainees, can help establish rapport with a detainee and otherwise support non-coercive interrogations. But this role provides an invitation – which is embodied in current military rules – to share medical records and results of examinations with interrogators. The AMA and American Psychiatric Association have therefore come to the view that their members may train interrogators generally about human behavior and interrogation but not participate in individual interrogations.

Finally, there is a terrible slippery slope in engaging in interrogations that fall short of torture or cruel treatment. As we know, the interpretations of what amounts to torture and cruel treatment by the Justice Department, CIA and Department of Defense are ever-changing, and health professionals ought not to be in the position of being told that a certain interrogation method is acceptable because the lawyers have said so. They are not in a position, either from the point of view of legal knowledge of authority, to contest such determinations, and the prudent approach is to remove them from the situation where such

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choices must be made. The record of interrogations by the United States has indeed shown that psychologists and physicians have been reassured that the conduct involved does not involve torture and cruel treatment, when in fact it does. Whether serving as supposed "safety officers," members of Behavioral Consultative Science Teams (BSCTs), or as advisors and implementers to interrogations, health professionals, especially psychologists and physicians, have had their medical expertise and prestige twisted to legitimate criminal treatment of suspected terrorists. The untenable position in which they have been placed can only be avoided by banning participation altogether.

We are aware that some health professionals and the American Psychological Association wish to continue a role for health professionals in interrogations, and thus urge adherence to the pre-9/11 standard, which only prohibits participation in torture or cruel, inhuman or degrading treatment. But the experience of the past six years shows why that standard is unworkable and ineffective, and why both internationally – through the World Medical Association – and domestically, the majority approach since 9/11 has been to end the participation of members of health professions obligated to "do no harm" in interrogation altogether.

Because your resolution does precisely this approach we support it. It can help provide health professionals serving in national security environments the ethical and legal guidance they so desperately require to operate in US detention facilities in a manner that comports with their professional ethics and values. By passing this resolution, California will also send a strong message to national security agencies that there is no circumstance where a health professional should be allowed to participate in the willful infliction of harm, and that California will hold health professionals who engage in these activities accountable for their violation of their solemn duty to "do no harm".

Sincerely,



Leonard S. Rubenstein  
President