

Evidence of medical complicity in torture at Guantanamo Bay

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Inspection of medical records, case files, and legal affidavits provides compelling evidence that medical personnel who treated detainees at Guantanamo Bay (GTMO) failed to inquire and/or document causes of physical injuries and psychological symptoms they observed in the detainees, according to a paper published this week in *PLoS Medicine*. Vincent Iacopino, Senior Medical Advisor for Physician for Human Rights, and Brigadier General (Ret) Stephen Xenakis, U.S. Army, reviewed GTMO medical records and relevant case files of nine individuals, looking for evidence of torture and ill treatment and its documentation by medical personnel.

In each of the nine cases, GTMO detainees reported abusive interrogation methods that are consistent with <u>torture</u> as defined by the UN Convention Against Torture, as well as the more restrictive US definition of torture (known as "enhanced interrogation techniques") that was operational at the time. Examples of torture the detainees endured included severe beatings resulting in bone fractures, sexual assault and/or the threat of rape, mock execution, mock disappearance, and near asphyxiation from water. Detainees were also subject to enhanced interrogation techniques including <u>sleep deprivation</u>, exposure to temperature extremes, serious threats, forced positions, beatings, and forced nudity.

The medical evaluations by non-governmental <u>forensic experts</u> in each of the nine cases revealed that the specific allegations of torture made by the detainees and ill treatment were highly consistent with physical and



psychological evidence documented in the <u>medical records</u>. However, despite recording the physical injuries and <u>psychological symptoms</u>, the medical personnel from the Department of Defense (DoD) who treated the detainees at GTMO failed to inquire about the causes of these injuries or symptoms. Moreover, psychological symptoms following interrogations were commonly attributed to "personality disorders" and "routine stressors of confinement" and not reasonably attributed to the circumstances and pressures imposed during the interview sessions. Medical information was allegedly available to interrogators, as one detainee observed that his medical records and "his chronic back pain was exploited by interrogators with the use of prolonged, painful stress positions."

Although the findings are limited to just nine cases, this study shows that allegations by the nine detainees of torture or ill treatment were corroborated by forensic evaluations. It thus seems apparent that, in these cases at least, the DoD medical and mental health providers at GTMO failed in their basic medical duty to the detainees. As the authors note "The full extent of medical complicity in US torture practices will not be known until there is a thorough, impartial investigation including relevant classified information."

In a linked editorial, The <u>PLoS Medicine</u> Editors conclude that "publishing peer-reviewed documentary evidence of harm—especially from settings difficult to access such as prisons or conflict settings—is a vital and important role of medical journals. This paper adds new evidence that will bolster calls for further investigation into the complicity of medical personnel in torture at Guantánamo Bay, which clearly breaches fundamental human rights."

More information: Iacopino V, Xenakis SN (2011) Neglect of Medical Evidence of Torture in Guantánamo Bay: A Case Series. PLoS Med 8(4): e1001027. <u>doi:10.1371/journal.pmed.1001027</u>



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