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Mind Games at Gitmo

Psychiatrists and psychologists should have nothing to do with interrogating prisoners.

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I RECENTLY visited the Guantanamo Bay Detention Center with a small group of civilian psychiatrists, psychologists, top military doctors and Department of Defense health affairs officials to discuss detainee medical and mental healthcare.

I am a military ethicist. The unspoken reason for the invitation to go on this unusual day trip was the bruising criticism the Bush administration has received for its use of psychiatrists and psychologists in the interrogation of suspected terrorist detainees.

We disembarked from our Navy jet to find an island lush and green from the recent storms. A small boat took us from the airfield to the naval hospital. From the boat there was no sign of Camp Delta, where the detainees are actually held. No sign of prisons or barbed wire or the detention facility's 505 inmates.

Our host was the commanding officer of Gitmo, Maj. Gen. Jay W. Hood (an artillery officer by training), who replaced Maj. Gen. Geoffrey Miller, implicated in the "migration" of torture methods from Gitmo to Abu Ghraib. Dressed in fatigues, Gen. Hood briefed us using PowerPoint. His intelligence director told us that interrogators have not used harsh "fear up" tactics -- the ones designed to terrify -- since 2003.

We went by bus from the naval hospital to the detention hospital for quick briefings from a psychiatrist and a physician. Still, we were not permitted to see any detainees or any of the hunger-striking inmates in the hospital, despite our requests. During our six hours on the ground, we had only a fleeting glimpse of a few detainees outside their cellblocks behind barbed wire and screened fences.

Indeed, when I got home and saw the play "Guantanamo: Honor Bound to Defend Freedom" (by Victoria Brittain and Gillian Slovo) I had the disquieting feeling that I had absorbed more about detainee life at the theater than I had from actually being at Gitmo. This only amplified my anxiety that what I heard and saw during my VIP visit sidestepped the central moral issue of whether abuse is still occurring at Gitmo and whether health professionals are, or have been, a party to coercive interrogation.

The question that the Pentagon leadership has been focusing on, and which was a key subject of discussion during our day at Gitmo, is whether there is an ethical difference between using psychologists rather than psychiatrists on interrogation teams.

What some in the Pentagon would like is to have doctors and psychiatrists, who are bound by the Hippocratic oath to "do no harm," be the clinicians treating detainees. Psychologists, who do not swear to such an oath, would consult with and advise interrogators.

But this is a red herring. It is hair-splitting that detracts from the real issue of whether health professionals of any stripe can ethically be involved in interrogations that may involve coercive techniques or torture. The answer is clearly no. They should not be involved, directly or indirectly, in situations that may lead to the breach of confidential medical records, to torture or to cruel, inhumane and degrading treatment, or to exploitation of fears or phobias. Mental health professionals simply should not be collaborating with interrogators in inflicting psychological torture.

Hood said that "rapport building" was the preferred and effective interrogation technique, but that's no guarantee that rougher tactics won't be used.

The fact is that there is enormous pressure on the people at Guantanamo Bay to get good intelligence for the war on terror, and it's as easy for behavioral scientists as it is for interrogators to compromise their moral standards. Cunning and deception to extract information may in some cases be acceptable. But many people have been outraged to learn from media reports that methods military psychologists have developed to train our own troops to resist torture (the so-called survival, evasion, resistance and escape methods taught at Ft. Bragg) have been "reverse engineered" at Guantanamo Bay to create coercive, psychologically manipulative interrogation techniques for use against detainees.

Plato warned long ago that a doctor's skill, abstracted from good character and wisdom, is a neutral ability: It can be used to heal or to harm. So, too, the science of psychological trauma can also be the science of torture. How it is used is a matter of the virtue of the doctor.

Doctors should serve at Gitmo to treat patients for medical and mental health conditions. But the American Psychiatric Assn. and the American Psychological Assn. must insist their members shun practices that compromise professional conduct.

Like the good soldier who should resist orders that may be lawful but immoral, the good military doctor must do the same.

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