The Medicalization of Torture: Israeli physicians and torture in Occupied Palestine

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“not only do torture and ill-treatment continue to be implemented in interrogations, they also continue to receive the full institutional backing of the state.”
“The physician shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offense of which the victim of such procedures is suspected, accused or guilty, and whatever the victim’s beliefs or motives, and in all situations, including armed conflict and civil strife. The physician shall not provide any premises, instruments, substances or knowledge to facilitate the practice of torture or other forms of cruel, inhuman or degrading treatment or to diminish the ability of the victim to resist such treatment”.

World Medical Association’s Tokyo Declaration (1975)
Israeli medical professionals are part of a system that protects torturers when by shirking their responsibility to care for their patients’ well-being and failing to do everything in their power to prevent the continuation of torture and ill-treatment.

Israeli medical professionals are intrinsic to the system in which torture and ill-treatment and perpetrated with impunity.
The medical profession serve as an additional layer of protection in the conspiracy of silence surrounding torture and ill treatment, and amount to another layer of defense, civilian in this case, for the interrogators, prison guards, police and soldiers who employ torture and ill-treatment.
The medical record is usually the only evidence which a torture victim can present in judicial proceedings regarding injuries suffered during interrogation.

There systematic failure to properly document injuries inflicted upon the victims of torture and ill-treatment.

The failure to document is manifested primarily in that descriptions of injuries – when they exist at all – are often extremely laconic; furthermore, there are serious problems with the administration of the Israel Prison Service’s medical files.

There has not been a single case in which any authority within the hospital or beyond it informed of such an injury.
There is also their obligation to report the very existence of torture.

“did not discover a single case where torture and ill-treatment were reported.”

Yet they are oftentimes silent in the face of injuries and wounds which they detect or which interrogees report to them.
Doctors must do everything in their power to ensure that a prisoner who has been subjected to torture or ill-treatment not be returned to a place where these may recur.

When medical professionals return a detainee to the interrogation room they are essentially authorizing the continued infliction of torture or ill-treatment upon him or her.
Doctors as interrogators

- In passing on medical information about the interrogee to his or her interrogators thus becoming part of the interrogating team, thereby Serving the Interrogation over Medical Confidentiality.

- Israeli doctors submitted to the pressures of the security apparatus and agreed to release detainees where prolonged hospitalization was deemed to conflict with the purposes of the interrogation.

- The presence of doctors in detention and interrogation facilities not only fails to protect the patient: in effect, their presence serves as a stamp of approval for the torture and ill-treatment which occur within their walls.
The GSS finances the physicians of the night shift in Shabak prisons.

The Shabak does not have a budget to staff physicians during the night shift, but rather has a doctor on call. Therefore, the GSS finances and provides its own physicians for the night shift.

The bond between those physicians who are directly paid by the GSS creates the problem of split loyalties.
Medical fitness for torture

- One organizational practice by means of which doctors for all practical purposes grant permission for torture or ill-treatment is the forwarding of medical information to interrogators which serves as medical approval of the interrogee’s ability to withstand certain interrogation conditions.

- This is done by means of a special form containing medical information about the detainee which is used to forward such information from a doctor or medic to ISA interrogators. They are addressed to the “Officer in Charge of Special Interrogations Wing” from “Detention Center Clinic”. At the bottom they read, “Signature of Authorizing Authority”. Apparently, this form amounts to a stamp of approval signifying that an individual is capable of withstanding certain interrogation methods.
It has become evident that the medical forms in police facilities are addressed directly to the GSS chief interrogator.

- “A physician noted that the detainee is “fit” to stay in the detention center. However, due to hypertension, the detainee “should avoid long periods of standing and needs to be held in a well ventilated area”

Only detainees of the GSS (General Security Service) are medically examined on their entry to detention. PHR-Israel was told by Police officials that due to budgetary problems, only GSS detainees are examined on their entry to detention. Police and the Shabak (Prison Services) are paid by the GSS for those medical services. With the budget comes a problematic bond between the service those doctors are giving and the GSS.
Documented cases in which the doctor promised more effective pain relief if the patient cooperated with the interrogators:

- “medic named Shalit struck him, kicked him and, finally, took the infusion bag and forced it into his mouth. The same medic gave him an injection of painkiller in the leg; the injection was painful and led to swelling. The medic told him that there was a serious problem with his kidneys and that he would require treatment. He demanded that S.Tz. begin to cooperate with the interrogators; only then would the medic help him get treated at the hospital”
Dr. Yoram Blachar - longstanding President of the Israeli Medical Association - as President of the World Medical Association.
Israeli doctors are intrinsic to the torture process:

- By disregarding complaints of torture or ill-treatment.
- By failing to prevent the return of detainees/patients to the location where torture or ill-treatment took place.
- By failing to document past or current complaints of torture or ill-treatment made by detainees/patients.
- By failing to report suspicions that torture or ill-treatment is taking place or has taken place.
- By passing confidential medical information about patients to interrogators suspected of employing methods that are regarded as torture or ill-treatment.
- By providing medical authorization, directly or indirectly, for practices that are harmful to a person’s health.
- By becoming part of the interrogation team.
When Healers
HARM
Hold Health Professionals
Accountable for Torture

“They took good knowledge and used it in a bad way.”

THANK YOU