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"U.S. INTERROGATION PRACTICES: ARE WE COMPROMISING MEDICAL ETHICS AND VIOLATING INTERNATIONAL LAWS?"

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P R O C E E D I N G S

MR. O'HANLON: [In progress] — very good speakers, and so I'm going to be very brief and get things going and really simply say that it's an honor to be listening to these gentlemen. I expect to learn more than one learns even in the average foreign policy-related Brookings event because we have some real outstanding expertise that is cross-cultivating on a number of issues regarding the broader war on terror and specifically, as you know, today the question of interrogations.

And so I am not going to give elaborate introductions. I'm just going to try to keep things moving and get to the point. We also have your questions and participation in about an hour, and what we are going to do is begin with Drs. Marks and Bloche speaking about their work, and then we're going to go—and they're going to use a PowerPoint to get things going and give you some information. And then we're going to go from there to Drs. Stone, Sageman—I'm sorry, Irvine, Sageman, and Stone, in that order. So we'll have four presentations, each about 15 minutes, and then we'll have 20 to 25 minutes for conversation.

So, with that, gentlemen, we look forward to your comments.

DR. BLOCHE: Thank you very much, Mike. I did want to also briefly thank Henry Aaron, Bill Gale, Belle Sawhill, and especially Kathleen Yinug and Melissa Skolfield for their support for this event.

Jonathan and I are going to go in kind of a tag team format, and we're going to build on an effort that we've made to try to better understand both the psychological design behind some of the most aggressive interrogation practices at

Guantanamo and elsewhere and the role of physicians and psychologists in these practices. We also might briefly comment on some of the ethics issues, but given the time constraints, we're probably going to leave our comments along those lines to the discussion and Q&A afterwards.

We want to put this in some context—some context that we think is really important, and that is that clinical caregivers have performed effectively and even heroically in the wars of post-9/11. In Iraq, doctors and nurses and others often have come under fire, mortars and small arms and IEDs, and a number of them have been seriously injured and even killed. And provision of life-saving care to American troops has yielded a historically unprecedented ratio of wounded- to killed-in-action, which is for military medical folks their own kind of morbid measure of effectiveness. And provision of care to civilians and enemy combatants has gone on often under very difficult conditions. There have been serious problems along this line in Iraq, but they were the consequence largely of planning, poor planning at the leadership level. The stories of improvisation by clinicians at the grass roots have been really remarkable.

And there has been a willingness to challenge improper orders. Right now there is a process of force feeding hunger strikers going on at Guantanamo, and a number of Navy doctors in particular have declined to participate in this. This is an untold story. And to the point that Guantanamo has sent out word trying to recruit Navy reservists to Guantanamo to get extra service time if they would just come on down and force feed some hunger strikers.

Our focus in our work has been the role of medical judgment and psychological theory in the design of counter-resistance and interrogation methods, and

this is something that only a small proportion of military clinicians have been assigned to do. And some of those have questioned the appropriateness of this role internally.

Before 9/11, as David Irvine, as General Irvine is going to take note of, there was no role for physicians or psychologists in military intelligence interrogation doctrine. It's not part of the training that our soldiers receive in MI at Fort Huachuca, and it's not something that psychiatrists or clinical psychologists are trained to do.

After 9/11, things changed radically. Immediately after 9/11, according to those who have talked to us and others, those within the Pentagon who have talked to us and others about this, there was a sense of near certainty that other catastrophic attacks were being planned and that combatants detained in Afghanistan knew of these plans. But through 2002, there was growing frustration over the inability to obtain actionable intelligence from the detainees mounting up at Guantanamo. And within Guantanamo, there were calls to go beyond Fort Huachuca interrogation doctrine.

And eventually, by the end of 2002, a new interrogation doctrine began to crystallize under the command of Major General Geoffrey Miller, who took command at the very end of 2002, and a new vision for Guantanamo involved, above all else, fusion of all prison functions, including military police and including the medical function, to support the interrogation mission. And to this end, Behavioral Science Consultation Teams, known as "biscuits" (BSCT) colloquially, were created, and they were to be staffed by psychiatrists and/or psychologists to develop integrated—this is from a memorandum that General Miller and his team wrote in advocating this approach for Abu Ghraib, actually, some months later. They were to develop integrated interrogation strategies and assess interrogation intelligence production.

Initially at Guantanamo Bay in late 2002, the BSCT team had one psychologist who was trained in aviation fitness and really wasn't trained in anything related to interrogation, along with one psychiatrist. And part of the concept was individualized interrogation plans for high-priority detainees.

In the end of 2002 and then through the first half of 2003, General Miller and his team developed and implemented this approach at Guantanamo. Meanwhile, as the war in Iraq happened, the invasion of Iraq happens, then we go into the late summer and early fall of 2003 with the worsening insurgency and Saddam Hussein still at large, General Miller and his team are sent to Abu Ghraib to assess military intelligence operations, and Miller issues a scathing rebuke, which is now largely public, thanks to the ACLU's FOIA request. With support from senior Pentagon officials, operations at Abu Ghraib are quickly refashioned along Guantanamo lines.

This is from a slide show—and I won't go through it—presented that you'd see if you were a new interrogator deployed to Abu Ghraib in early 2004, and this is the sequence of events for a new detainee coming out. You get one to infinity Inspector Generals, and then you are out at the end. And this is the organizational structure for the interrogation team at Abu Ghraib, which was modeled on Guantanamo lines. And you might see towards the middle, off to the left, the BSCT team, which is right here, with Major Scott [inaudible], a psychiatrist who was the first BSCT doctor at Guantanamo—or, rather, Abu Ghraib.

What do these BSCT teams do? Well, at Guantanamo initially, as I mentioned, they were staffed by a psychologist and a psychiatrist. There was also an aide. There have been psychologists only since mid-2003. At Abu Ghraib, the staffing

has been similar except that psychiatrists continue to serve. This is something that a lot of military physicians have objected to.

The BSCT teams had access to medical information that was gathered by clinical caregivers. And the BSCT teams, we now know, were part of an effort to go beyond rapport-building methods and to employ stressors that are used in the training of American forces to resist the most forcible of interrogations by potential captors.

Stressors used by a program based at Fort Bragg and elsewhere known as the SERE School—SERE stands for Survival, Evasion, Resistance, and Escape, and the accent here is on the R, the resistance part. It's the goal of SERE School—and SERE School does this very well—to train American soldiers who are at higher risk of capture, highest risk of capture, typically pilots and special forces, to resist abusive treatment, including abusive treatment that rises to the level of torture.

So what do we do? We essentially torture our own guys under controlled circumstances with tight oversight in order to prepare them for, well, the kind of abuse that people like Senator McCain experienced in Vietnam. In fact, the origins of SERE training involve reverse engineering of communist interrogation methods that have been studied by psychologists, psychiatrists, and neurologists since the 1950s. And there is concern going back to the 1950s about brainwashing of Americans, as it was sometimes called, by North Korean and later North Vietnamese captors. And there was a psychological model kind of put together based on the study of Red Army interrogation methods, more recently supported in the eyes of some psychologists, including the psychologists who oversee the SERE program, military psychologists who oversee the SERE program, more recently supported by research with animals that have been

exposed to experimental stressors. And the thesis—and I'm summarizing a lot briefly here—is that prolonged, uncontrollable stress induces intense anxiety, making it easier to reshape behavior through systems of reward and punishment.

There was a detailed reward system—is a detailed reward system at Guantanamo involving multiple detainee status levels with different privileges and amenities, specialized in details down to the number of sheets of toilet tissue you get per day at each level of detainee status.

Now, the question, it has been observed by others in the recent months that some of the same techniques reported at Guantanamo are also used in SERE School. Is this a coincidence or was this policy? The link thus far has not been drawn in published reports, but prolonged isolation, sleep deprivation, and exposure to heat and cold, nudity and stress positions—they're all things that are done in SERE School and have been reported at Guantanamo.

What we now know is this: During internal discussions that led to Secretary Rumsfeld's approval of these methods in December of 2002 and again with more restraints, more limitations, in the spring of 2003, the use of these methods in SERE training was cited to support their acceptability. That's according to a senior Pentagon source with whom we've spoken. And there are electronic communications within the FBI that we've obtained that make reference to DOD's policy of using what are referred to as SERE techniques at Guantanamo. The references to SERE were redacted from versions of these electronic communications that were released as a result of FOIA litigation.

Now, some other windows onto the BSCT's role in interrogation. There's testimony by Colonel Thomas Pappas, who is chief of military intelligence at Abu Ghraib for the Taguba inquiry, and he testified to the effect that military intelligence prepared individualized interrogation plans for detainees, including a sleep plan and medical standards. In his words, "A physician and a psychiatrist are on hand to monitor what we are doing." And then the doctor and the psychiatrist look at the files to see what the interrogator recommends. They have the final say as to what is implemented. And the psychiatrist also went with the interrogators to the prison to review those under a "management plan."

No one has ever seen, no one outside of those—well, within the system, has ever seen one of these interrogation plans. Interrogation plans have been released pursuant to the FOIA litigation, but the documents have been completely redacted.

Another window more recently from the Martinez-Lopez report—that was a report done by the Army Surgeon General on medical operations vis-à-vis detainees. This information also comes from internal DOD documents that we have seen. BSCT teams gave advice to the detention facility at Guantanamo and Abu Ghraib about organization and procedures as well as helping to craft interrogation plans. They developed personality profiles, opinions about detainees' character and personality, and gained access to detainees' personal health information and interpreted it for interrogators. That has now been acknowledged. It is something we reported in our New England Journal article that came out in June, but it has since been acknowledged by the Pentagon.

They attended interrogations, the BSCT team members did—some of them—in person at first and later from behind one-way mirrors, and then gave feedback to interrogators. And at Guantanamo, a psychologist attended the interrogation of the so-called 20th hijacker, according to interrogation logs. BSCT psychiatrists and psychologists in attendance at interrogations also had the authority to stop an interrogation at any time—or, of course, to let it go forward.

Now, another dimension of this is medical gatekeeping and oversight before interrogation. There is the infamous August 2002 Justice Department memo from then-Assistant Attorney General Bybee, sought by Alberto Gonzales, which held that counter-resistance measures aren't torture unless they bring about pain that's equivalent in intensity to death, organ failure, and serious impairment of bodily functions, or prolonged and severe mental illness. And even if these lines are crossed, these measures, the memo said, were not torture if interrogators act in good faith by surveying professional literature or consulting with experts. So the experts, the psychologist or psychiatrist or physicians, become the stamp of approval according to the Bybee memo.

This raises the question of medical gatekeeping, and the Martinez-Lopez report and Colonel Pappas' testimony both underscore that the BSCT psychologist and psychiatrist had the authority to stop interrogation at any time. And the Martinez-Lopez report acknowledges that other medical personnel were frequently asked to attend interrogations.

Now, there's debate about the gatekeeping role. Does it help to keep interrogation humane and lawful, or does it invite interrogators to become more aggressive and even abusive out of the belief that doctors will do the necessary limit

setting? Jonathan Marks is going to pick up and discuss some of the implications of the laws of war and human rights for what we now know went on.

DR. MARKS: Thanks, Gregg.

I'd like to thank the Brookings Institution for inviting me here to talk about this.

What's clear is that international law presents real problems for the kind of tactics that have been deployed at Guantanamo Bay and Abu Ghraib to overcome stress, fear—sorry, to provoke stress, fear, and anxiety in order to overcome detainee resistance to questioning. And I just want to take you through very briefly some of the international law provisions, many of which will be familiar, but I think it's important to do this because often in the media the emphasis is placed on torture as the only applicable norm when indeed there are many other rules which are as important.

The first, of course, are the Geneva Conventions, which protect prisoners of war and impose obligations in addition to the prohibition on torture, namely, an obligation of humane treatment, a prohibition on coercion, violence, or intimidation of detainees, and it even expressly provides that if a detainee refuses to answer a question, he shouldn't be subjected to threats, insults, or unpleasant or disadvantageous treatment.

There are also similar protections in the Fourth Geneva Convention for civilian detainees, and the Convention, interestingly, also makes clear that brutality is prohibited even when perpetrated by civilian as well as military agents—a point of particular application in light of the use of contractors in interrogation at Abu Ghraib.

Even unlawful combatants—and the administration has made a number of claims that detainees are in certain cases unlawful combatants, particularly those at

Guantanamo Bay. Even they are entitled to the very basic protections from cruel, humiliating, or degrading treatment and from outrages on personal dignity.

Now, if the interrogation stressors used rise to the level of inhuman treatment or are deemed to have willfully caused great suffering, then the result is that grave breaches of the Geneva Conventions will have been committed, and these, of course, are also known as war crimes, not least in our own U.S. Code.

Now, medical personnel who assist in the planning or the execution of interrogations will be culpable of war crimes if these interrogation stressors rise to that level.

Even when the Geneva Conventions don't apply—and, of course, I hasten to add the administration never disputed that they applied in Iraq—but even when the Geneva Conventions don't apply, international human rights law also sets limits on aggressive interrogation tactics. As you may know, the Convention Against Torture prohibits torture, but more than that, it imposes an obligation on states to ensure that their interrogation rules and practices will not result in cruel, inhuman, or degrading treatment or punishment, and, again, in the international covenants, similar obligations coupled with an obligation for humane treatment and respect for the dignity of detainees.

Now, in addition to that, the United Nations General Assembly has made statements of principle regarding the protection of all forms of detainee in custody, and those statements of principle appear to proscribe the very techniques that have been developed at Guantanamo Bay. They make clear that one should not deprive detainees of the use of their senses, such as sight or sound, even temporarily, nor their awareness of place and passing of time. In addition, they make clear that no detained person while

being interrogated shall be subject to violence, threats, or methods of interrogation which impair his capacity of decision or judgment.

Now, in ratifying the international human rights treaties, the U.S. has made a number of reservations linking the definition of cruel, inhuman, or degrading treatment, referred to in brief as CID, limiting that phrase to conduct which is prohibited by the Fifth, Eighth, and 14th Amendments of the U.S. Constitution.

Now, in his confirmation hearings, Attorney General Alberto Gonzales made clear his view that the effect of this was that the prohibition on CID doesn't apply to aliens detained outside the U.S. In other words, the effect of this is to create a sort of legal black hole, as a senior British judge described it, in which aliens or foreign detainees at, for example, Guantanamo Bay can be exposed to this kind of treatment.

The recent amendment proposed by Senator McCain and others to the defense appropriations bill makes clear that this prohibition applies irrespective of the nationality or the geographic location of the detainee. It also, I should add, seeks to limit DOD interrogation tactics to those permitted in the Army Field Manual.

The difference between the Gonzales and the McCain positions has important implications not just for the legality of the interrogation practices, but also for the medical-ethical implications. In particular, the UN Principles of Medical Ethics tie some of the constraints on health personnel to existing prohibitions on international law. And you'll see here I have quoted from Principle 4, which says that health personnel should not use their knowledge and skills to assist interrogation in a way which adversely affects the mental or physical health of a detainee, and then couples that, "and

which is not in accordance with relevant international instruments..." You see the same in paragraph (b).

So the Gonzales view is designed essentially to take those involved in the interrogation practices out with the scope of the legal prohibitions and, in addition, to take the medical personnel out with the scope of the ethical constraints. There's more to say about ethics, but in light of time, I think we'll expand on that in questioning.

Thank you.

MR. O'HANLON: Thanks, Gregg and Jonathan, for that extraordinarily informative and provocative initial presentation.

Now we'd like to go to General Irvine, please, and feel free to do as you like, stay here or go up to the podium, whatever you're more comfortable doing.

GENERAL IRVINE: I'll just park here, if that's all right, and I hope you can hear me in the back of the room.

First of all, I want to make it clear that I'm a retired Army intelligence officer. I'm not speaking for anyone except for myself. And I do have some strong feelings about some of the things that have been said and certainly some of the things that have happened to people who have been under United States control in Iraq and elsewhere.

One of the things that I think is significant that we perhaps don't pay enough attention to is that what has been going on for the last couple of years, at least, represents a significant fundamental change in American policy. And I want to underscore that this change in policy, whether it is admitted publicly or not, means that things are happening and occurring in the name of the American people and of all of us

as a nation. And I'm not sure that all of us as a nation have ever been given an opportunity either to be informed about the nature of this shift in policy or the consequences and the ways in which it becomes physically manifest in practice.

If you go back to the time of the Vietnam conflict, there have always been stories from people who say if you really want to get good information from prisoners, there are ways to do this. And generally, as these have been shared with me, they would involve something like this scenario: You line four or five prisoners up, and you ask a question of the first one. If you don't get the satisfactory answer, you shoot him. And it's amazing how everyone else begins to talk and give the information that you're trying to get.

I want to suggest that I've never been able to establish the reality of those kinds of anecdotal stories. However, I suspect that they may well have occurred in some instances in some places and by some individuals. But I think the key there is that in Vietnam, those kinds of examples are truly anomalies, and they were never part of U.S. policy, they were never part of Army doctrine, they were never sanctioned by the chain of command. And where instances of that kind of maltreatment occurred, the chain of command was responsive and dealt with those in a very efficient and generally a very thorough way.

But that's changed, and I think the change is that we have seen torture, we have seen harsh treatment of detainees, prisoners, however you want to classify them. That has become almost a norm, and it has been applied indiscriminately, from what I have been able to establish, throughout Iraq over a long period of time. And that's a significant issue. This has never before been American policy, and I think it says

something about where we have gone off the rails in terms of our core values as a nation and as a people.

In addition to my Army background, I now find myself in the position as an attorney of representing a soldier who is involved in some legal proceedings dealing with the use of torture in Iraq. And as I have interviewed him and discussed what he observed and saw, I'd like to share a couple of his comments with you.

First of all, I want to put a feel on this for you, if I can. As he was describing what he believed was the routine use of physical pressure, harsh beatings to the point of drawing blood, leaving people so incapacitated that they could not walk without assistance, I asked him to explain to me, because I couldn't understand the level of violence that he was trying to communicate. And so I said, "I want you to hit me with the same kind of force that you saw being applied to everybody else." And he looked at me and he said, "No, I'm not going to do that."

And I said, "Well, if you don't do that, I really can't in any kind of descriptive way explain what we're really talking about. And so I want you to just hit me. I don't want you to beat the tar out of me. I just want you to hit me once so that I understand what we're dealing with." He said, "No, I'm going to do that," but it was like that [indicating]. And I think we should be a little bit cautious when we say that torture, as it has been observed, is only limited to wearing women's underwear or these kinds of relatively minor invasions of individual privacy and dignity. It goes far, far beyond that. It has had a disastrous effect upon our ability to be a leader in the world. It has had a disastrous effect, I would submit upon the war on terror, or whatever we're calling it

these days. And I think it's leading us to place as a nation that we never, ever have been prepared nor want to go.

Reference was made to the memorandum that was issued by Mr. Bybee for the Justice Department in 2003—2002, I believe, and that's an interesting memorandum on what constitutes torture as the Justice Department defined it at that time. And I was very interested in those definitions and that analysis, and I don't know whether I'm ever going to be able to get this published or not, but for my own edification, I made a side-by-side analysis of the crucifixion of Christ using the elements of what constitutes legal torture from the Bybee memorandum. And I'm here to tell you that, with the exception of leaving someone on a cross to the point of death, you can justify almost everything that occurred in that historical event under the conditions that Mr. Bybee outlined. And it's just rather interesting that as a nation we have exhausted so much effort, killed so many trees in defense of a pin head's size worth of cells. And that's all well and good, but as to this issue that we've been talking about today, the same fervor from those sources in our nation who are concerned about that (?) seem to be absolutely silent on this moral issue of how we deal with unarmed, bound human beings who are under our control and who physically are not a threat to anyone at the time they are having the living daylights beaten out of them, and worse, for information that may or may not have any significant value and, I would submit, generally is of little tactical value. And this is a practice that has been applied indiscriminately against not only those who may be guilty of various offenses or have information that's truly vital, but is then applied indiscriminately as well against people who have just made the mistake of

being in the wrong place at the wrong time or who are unable to adequately communicate who they are and what they're doing in English.

Thank you.

MR. O'HANLON: Well, that was extraordinarily powerful, and I should note, by the way, that we did make efforts to try to include the Bush administration, which may have wanted to speak on this same subject, and were not able, unfortunately, to get them here. But, of course, we will look forward to any questions from whatever perspective you'd like to raise once we get to that point.

I'd now like to turn to Dr. Sageman, who has written an unbelievably good book, and very readable, concise, very informative, "Understanding Terror Networks," but he has also been in this business from a number of dimensions for many years. And so we're delighted to have you here as well, sir.

DR. SAGEMAN: Thank you. I wasn't quite sure what to send here. I heard, you know, your presentation, and I have three things to say, basically.

One is I didn't realize the origin of those techniques, and the origin was in this brainwashing scare after the Korean War. And, you know, before I became a terrorist expert, I was a trauma expert. And so it was very interesting to me to actually look at the empirical evidence behind the statement.

Let me take you back to the Korean War. I think, if memory serves me right—since I did not know what you were going to say, I think, but the figures are probably right—there were about 110,000 Americans that were captured by the Chinese and the North Vietnamese, and of those, I think about two or three dozen chose not to be repatriated. And those are the guys that the scare of brainwashing came from.

On the other side, there were 160,000 communist troops captured by us, of which 90,000 were not repatriated, but they saw the light. They weren't brainwashed. We can see a little bit the discrepancy between the two. And so this actually started a whole empirical research project in academia to look at this notion of brainwashing. And the result of it is that there is no such thing as brainwashing. Those things really don't work, according to academia.

Now, a few practitioners believe it does work, and those are the guys who do reprogramming of cult members who have been kidnapped by their parents to reprogram them back to normalcy. So there is a tremendous question mark about even the concept that underlines all these techniques.

The other part of—and, actually, I was really interested that the military still does that because from the agency point of view, they don't do that. You know, and I went through SERE on both sides. The agency's view is very much one that was influenced by captured CIA officers by Hezbollah and the Hezbollah techniques as opposed to going back to the Korean War. And they were trying to teach you to resist those. So it was very, very different. It wasn't this kind of stress and brainwashing and so on. But that's a personal kind of point.

The second point that I want to make is looking at the prisoners, you know, what is the assumption that we have about them? One of the major assumptions is that terrorists are different from us. This is what we call in scientific parlance "the rejection of the null hypothesis." The null hypothesis, of course, any sample, is representative of the whole universe of people. And if you reject the null hypothesis, you're saying that particular sample is different. And for 40 years in terrorism research,

we are trying to look at the difference, and we have failed. There is no difference between terrorists and the normal population.

So the assumption here that you have is that the guys who are captured and probably go to Guantanamo Bay are naive young men who were brainwashed by cynical recruiters into being religious fanatics. I think that is the assumption. It turns out empirically it's not true. Those guys are not naive young men. They're usually married, children, they're 26. On the average that's the age of joining. They're from the upper-middle class. Like any member of any political movement or terrorist movement, they have always been upper-middle class. They do that on behalf of their lower socioeconomic status brothers, but they're from the elite. And they're fairly well educated. Sixty-two percent have gone to college. So they're not, you know, naive people who are susceptible to brainwashing. And the reason they drifted toward mosques is that most of them, 84 percent, 87 percent if you just look at Western Europe, decided to join when they were in a country where they were not raised. They were alienated. They were basically homesick and they drifted toward mosques because they had tried to, first of all, experiment with Western lifestyle and that didn't work. They still felt homesick and so on. So they drifted toward mosques at a time when they were deep into religiosity because that's where other Muslims hang out. And this is very much, you know, what they did in terms of both mobilization and motivation, is very much a group dynamic story. They did that out of loyalty for the group, and if they do that in the—if they meet in the vicinity of a radical mosque, the odds are that they may become radicalized. About 50 percent, (?) sample, of al Qaeda people came from 12 mosques. So it's not, you know, universal. It was a very spotty type of mobilization. So

the point is that this is very much—they do that because of group loyalty. They do that because they want to become heroes. It's not because they've been brainwashed.

And, indeed, when you kind of look at the other side of the coin, who are the guys who defect from the group—and the best example are the guys who testify at trial against their former colleagues—you see that they were people who were betrayed by the group. For instance, in the '98 bombing trial which took place in New York in 2001, L'Houssaine Kherchtou and Jamal Al-Fadl, the two who were basically the star witness for the prosecution, L'Houssaine Kherchtou basically was bin Laden's pilot, and he was in Khartoum. At that time they actually had a cash flow problem in al Qaeda because they sunk all their money into the Sudanese infrastructure. But his wife had a very difficult labor, so he wanted $500, just $500 for her to have a C-section. And bin Laden told him personally, said, I'm sorry, brother, we don't have the money, she'll have to go through the public hospitals. And, you know, within a year, he basically walked into a U.S. embassy offering his services. The group betrayed him. So this is very much a question of betrayal.

Now, what are the consequences of something like Guantanamo Bay? Well, I'll put it to you that it's really a PR disaster for us. It's interesting that you mentioned that the hunger strike is not reported by the press. It is definitely reported by the press. Not the American press, but I read it every day in the foreign press. They even have the number of days those guys are on a hunger strike.

MR. : He meant the Navy doctors refusing to intubate.

DR. SAGEMAN: No, most of those details are actually pretty much reported in the press. I mean, I see that. (?) has the account, you know, if you actually

look at the foreign press. But I've never seen it in a U.S. newspaper; you're right, but other newspapers do. So basically those stories—and you have multiple stories of people who have been released from Guantanamo abroad telling how they were tortured. Whether it's true or not, it doesn't matter. It does have an effect on the local population, including Western Europe, not just the Middle East.

So this actually alienated the religious people who were really fence sitters, because they were turned off by the violence of al Qaeda, and now they become active supporters. But, worse, it actually gives meat to the Huntington thesis of a clash of civilization. To them they really think that we do that because it's Muslim. And indeed one of the ways that's been reported that they do it is really desecrating the Koran. So talking about the clash of civilization, that's exactly what it does. And it definitely mobilizes young Muslims into this violent, born-again, Islamist social movement, which is led by al Qaeda. And you can see that some of the young people who leave video behind do mention specifically the various tortures at Guantanamo as being desecrating to Muslims. So it definitely becomes a justification.

That's all I have to say. Thank you.

MR. O'HANLON: Thank you very, very much.

Finally, yet another extraordinarily distinguished analyst, Dr. Stone.

DR. STONE: I can tell you I have never asked a patient to hit me.

[Laughter.]

DR. STONE: I think I have enough empathy.

So I might begin by—I am going to touch on seven points. I have to suggest to you what I am doing here. I am the Chairman of the American Psychiatric

Association's Committee on Misuse and Abuse of Psychiatry. And so we have been working on this issue with other components of the American Psychiatric Association—the Ethics Committee, the Council on Law and Psychiatry—on this for about now 16 months.

Now, I have to give another footnote. I think you've heard a very clear presentation both by Gregg and Jonathan, but I differ with them on some points. First of all, I think there is a real debate among professors of international law about exactly how these conventions and treaties apply to us. And although I'm not representing the boy President, I am nonetheless of the view that there are arguments that can be made on that side.

And certainly for your own understanding, what has happened in the world is that medical ethics as a separate field has essentially collapsed, and the World Medical Association and other groups now draw their ethics from the conventions of the United Nations. So human rights, United Nations Convention, direct relationship to medical ethics. We have not done that in the United States. So there are moments of conflict.

So our first involvement was to invite a group of four consultants, one or two on military active duty, to describe what they were doing in interrogations for the government. And I would say, a little different emphasis but I think closer to you than to Gregg, that they were psychologists who were trained in interrogation. They had gone to school, trained in interrogation, taken courses in interrogation, and for the past 20 years, they have been psychologists working with the FBI and with other groups on interviewing, interrogating, negotiating.

So this is not like they have no training. They have a particular training, and the psychologists feel very strongly about it, and the psychologist who reported to us that he had no ethical problem in participating in stressful interrogation.

Now, the other people, I must say, none of them saw that they had any ethical problem. The psychiatrist saw himself essentially as a consultant, a scientific consultant, and no ethical problem. So that's point number one.

At that time I think we were less aware of—and I personally was very much influenced by the leaked Red Cross document, which suggested that there was an intentional system of what I would call inhumane treatment, and that even if we weren't torturing, in fact, we were fine-tuning whatever the definition of torture was down to something lower than that, which was inhuman, which was causing people to suffer.

Now, this seemed to me sort of against the basic rules of medical ethics now if doctors were participating, because the most enduring ethical principle we have is "Do no harm." And these were psychiatrists actively participating, to the extent they were.

So in response—and this is point number three—to public concern, the APA, the American Psychiatric Association, gave their response that torture is medically unethical, we don't do it.

The American Psychological Association—and now it's a question are we talking torture or coercive interrogation—they took the view that when they were not functioning as caretakers but as consultants, there was nothing unethical about what they did. So if they were even there in the room advising, as long as they were not caretakers, they were free of any ethical constraint.

Now, why have—this is my fourth point. Why have these psychologists taken this position? Well, first, they have this long history of consulting with the police, the FBI. There are television programs about profilers who are, in fact, psychologists. I have students who say, "I want to become a profiler in the FBI." These are students at Harvard Law School, believe it or not. And they do have special military training, and I would say, although I am not going to reveal my sources, that the training, the SERE training is, in fact, understood as something you back-engineer to do breaking down of terrorists whom you're interrogating. And I can also say to you that it is my impression that the military intends to continue to do this.

So I go now to the fifth point. We in the American Psychiatric Association have prepared a draft statement, which will be out in the next few weeks, and which we worked on at some length, where we say direct or indirect participation in such interrogation is unethical.

Now, as you can see, that is a guild solution, not a human rights solution. We have the military planning to continue it. There are people in the military suggesting, well, if the psychiatrists have difficulty doing it, we'll just use psychologists, and they can go on doing whatever they're doing with the idea that the psychologists have no ethical constraint since they function as consultants. So that is the state of play at this point.

Now, I do want to suggest to you there's a certain complexity which the approach you're getting to today seems to me does not address and which continues to trouble me. Supposing you have a doctor in the military who has been told, "I am not to participate in torture, I am not to participate in interrogation where torture goes on," and

this doctor, he or she, faithfully adheres to that. And imagine such a doctor is told by someone either in Iraq or in Guantanamo, "Well, you know, you people are in for a big surprise because next month we are bringing in a new kind of rocket launcher, and all those planes that have been going in and out of the Baghdad airport are in big trouble."

Now, do we really think a doctor's medical ethics at that point should trump their responsibility to tell the commanding officer that this information has been revealed to them? Personally, if I was that doctor, I wouldn't care what my medical ethics told me. I would march into my commanding officer's headquarters and say, "You know what this guy just told me? I didn't torture him or anything, but information came to me which is critical to our military."

So I think there probably are a series of instances where doctors, even if they're adhering to the ethical constraints that I think they should follow, they may come into possession of military intelligence which, in my view, they should pass on to their military colleagues.

Thank you.

MR. O'HANLON: Thank you, Dr. Stone.

You can see that the link here at Brookings is to the economic studies program before foreign policy because we had five speakers who were extremely informative in less than an hour, meaning about ten minutes apiece. We don't do that in foreign policy studies.

I'll try to keep with the spirit even though I'm from the foreign policy program myself and ask just one question before we open this up, and we have about a half-hour. And the question does get at what Dr. Stone was just raising himself, I think,

to some extent, which is the way in which the ethical issues relate to our broader foreign policy and war on terror concerns.

So I want to imagine I am sort of a Bush administration witness trying to rebut or ask a tough question. I don't subscribe to the view I'm about to put on the table, but let me just do it for the sake of questioning. And this is an argument that's familiar to most of us, and the argument would go like this:

Okay, we've had some successes in the war on terror from interrogation. We have managed to track down one way or another in ways unknown to most of us in the public people like Ramzi Binalshibh, Khalid Sheikh Mohammed, and other people who were key al Qaeda operatives, and who could conceivably have been trying to reconstitute al Qaeda of the old forum. As Dr. Sageman has written, al Qaeda today is really one of many global jihadist movements, and they're acting independently country by country, to a large extent. They can still do truck bombings here and there, train bombings, but we haven't seen a 9/11 kind of event, and partly because they haven't managed to reconstitute their top hierarchy or have a sanctuary like Afghanistan.

To the extent that our interrogation methods have contribute to finding Khalid Sheikh Mohammed, Ramzi Binalshibh, and potentially saving thousands of American and other lives, how can we—is there any room for interrogation techniques that push the line? Or are these so unsuccessful anyway that we shouldn't even have to face this conundrum, which is, you know, to what extent can you justify mistreatment of others to ensure that a movement that has declared its hostility to the United States is stopped as quickly as possible?

So I'm sorry for the long-winded question, but just in summary, are there ever times when these tough interrogation methods that you folks I think have been very convincingly criticizing on ethical grounds are nonetheless justified if handled very carefully, if only directed towards people we are very confident are the worst of the worst and have the best of the best information? Are there ever times in which these techniques justifiable, or is the ethics against them and/or just the track record of how badly they work so overwhelming that we really should never, ever contemplate going beyond legal guidelines?

DR. STONE: [inaudible] answer.

MR. O'HANLON: I'm sure you do. Please.

DR. STONE: First of all, I think—I recommend this book to you, Sanford Levinson's collection of essays on torture, many of which deal with this very question, and I think it is striking that almost everybody agrees that at some point—everybody means everybody from Michael Walzer, who I would say is the ultimate authority on this subject, to Alan Dershowitz, who's a good friend of mine, to Judge Posner and even the former Solicitor General Charles Fried, agrees that under some circumstances, if there's the ticking bomb situation, or whatever, that torture might be acceptable. Okay?

The problem is—and the best argument against Dershowitz is made by another friend of mine in this book, Elaine Scarry, who says that rarely do we have a ticking bomb situation, and if you knew that thousands of people's lives were at risk and you could save them, you don't need an ethical rule that allows you to do it. It's better to

have the norm against it and count on the goodness of people in such a situation as I was earlier suggesting about telling the commanding officer.

But the point is that, as Mark has said, I think since 2002, 2003, we have known that the people we had in Guantanamo Bay were not a ticking bomb. And I think the government itself would like to find a way to get out of Guantanamo. In fact, they have invited the president of the American Psychiatric Association to visit in a week or two. And I'm confident that if they're inviting him to go now, they're not doing—that what we have been talking about is now history.

DR. BLOCHE: I just want to add, I actually—I won't speak for Jonathan, but I agree with Alan about the ticking bomb extreme, and even would I be willing to do, apropos of his earlier comment.

The problem is ticking bomb creep. Does every fear that a detainee in Guantanamo or, I should say, Abu Ghraib might know something about the next IED to go off a week from now, blowing up a Humvee, does every such concern constitute a ticking bomb scenario? And what we picked up is that there has been lots of that kind of ticking bomb creep. How do you draw the line?

One answer to that is the civil disobedience model. If you feel so strongly about it, then go ahead and do it, but then accept the consequences.

I did just want to briefly say that we are aware that there's a whole separate discipline of police and investigative psychology. When I was referring to a lack of training or experience on the part of clinical psychologists with this kind of work, I meant clinical caregivers. Psychology, unlike psychiatry, has traditionally had a whole

separate realm of folks who do a whole lot of other kinds of work, including support for lawful police interrogation.

It is true, though, it is the case that within the military intelligence world, there just has not been a history prior to 9/11 of psychologists, even investigative psychologists, performing support for the use of SERE-type techniques which do reach the level of torture, performing support for the use of those kinds of techniques as interrogation methods.

DR. SAGEMAN: I want to kind of probably muddy the water a little bit here because, you know, the slippery slope is real.

First of all, I suspect the government may use coercive techniques, and I don't mean the role of psychologists or professionals in it, but they will use that. My encounter in the past with psychiatrists or psychologists who were involved in the process was not so much in terms of helping in the interrogation technique, but really protecting the person who's being interrogated. And so when you had the slide when you had them behind the mirror with the possibility—I mean, with the capability of stopping the process, this was not so much the push a fellow to the limit but really to kind of protect him from being really harmed. You know, put that way, I'm sure that quite a few would, you know, play along with the system.

And then, you know, of course, if you have the interrogator in the room, saying, well, there's a doctor behind the mirror, so I could be more aggressive perhaps. I mean, you can see a little bit the slippery slope. At first, you know, they kind of get rooked in perhaps, and I'm not even implying there's any intentionality behind the whole system. This may very well emerge as an emerging, you know, feature of the whole

process. But, you know, the fellows that I knew who had been involved were often involved in order to protect and actually do no harm. But do they end up doing harm at the end? It's really kind of the slippery slope.

Once I think they're really involved and say, well, they can twist his finger or whatever— you know, I don't know what they do because I was never involved in the process, nor have I really witnessed it, except being on the receiving end perhaps. It was really to first do no harm, to actually be a physician. But then you can see how it can be twisted the other way.

DR. MARKS: Could I just add to that, as I've written elsewhere, I have real concerns, just following on from that comment, that you have an environment in which, you know, these people are being told by General Miller in Guantanamo Bay that these are the worst, the detainees are the worst of the worst. You have all the institutional pressures on physicians, psychiatrists and psychologists, not to intervene when they're behind the mirrors. Alternatively, to say, well, I'll save my intervention for the most egregious forms of behavior, you know, I'll let them push the envelope a little bit, the effect of that restraint is going to be to encourage people within the room to push the envelope and to go a little bit further.

I think just to link back to the preceding point, the whole point about ticking time bomb scenarios and all the rest of it is that the people in those rooms will be told this is the worst of the worst, this person has vital information, we need to get this information from this person using aggressive methods, and if we don't, lots of people are going to die. I mean, the scenario is that the people on the ground will not have that

information, and essentially it's a question of pushing the buttons, saying, you know, we have something approaching a ticking time bomb scenario.

DR. STONE: Can I focus the ethical problem which I don't want to get lost at this point? We have a colleague from Israel here, and there is a very good discussion of the Israeli Supreme Court case on torture, and it's very clear that the people who do the torturing like to have doctors around. And, in fact, in defense of what they were doing in Israel, they said, well, we always have doctors around so that — [tape ends].

— we go too far, there will be a doctor there to keep them from dying. Right?

So then your colleagues in the military ask you, well, Dr. Stone, is that unethical for me to be there, and when the person is at the extremist that I should—I'm not doing any harm, I'm just going to help out. And then you have the problem that then the doctor becomes a cover for what is going on, and in a certain way medical presence legitimates what is being done.

MR. : Let me just suggest that that sounds like a little bit of a new twist on Dr. Stanley Milgram's experiments in obedience, and the role that the physician or the psychiatrist then plays in this interrogation is to somehow confer a moral authority on what's going on because I, pushing the buttons, can rely on my medical consultant to tell me when I have gone beyond the pale.

MR. O'HANLON: Okay. We'll take questions and comments now from the audience, and we have microphones so please wait for them. And please also identify yourself, if you could.

We'll start in the back, sir.

MR. HOFFMAN: My name is Ira Hoffman. I'm with Hoffman & Associates. I have a question for General Irvine, and that is, how far up the chain of command do you think responsibility for this lies, and how far up the chain of command, if you were in a position to do it, would you seek indictments?

GENERAL IRVINE: This is my personal opinion. I believe that there is a trail of bread crumbs waiting for someone to follow it. And if it were followed assiduously and with subpoena power, it would surprise you how far up the chain of command it would go. I believe it would go at least into the E Ring of the Pentagon and very probably beyond that.

Let me follow up with just one comment. When I was asking my client, "Who gave you the authority to do this stuff? Who gave these other soldiers the authority to behave the way they did?" he did something that was very unusual. Right off the top of his head, he clicked off a citation. He said, "A.R. 381-10, Part 1, paragraph G." And that didn't mean anything to me at the time, but I went back and looked that up, and it's a provision of the intelligence regulation that defines when and where special activities may be engaged in. And there's a line in that definition that makes reference to a determination by the President of the United States that certain kinds of activities are necessary in the national interest, provided—and they may not be revealed publicly.

I'm not citing that very, very well, but I thought it was very curious that this soldier, who was not of particularly high rank, could quote that rather obscure,

arcane A.R. off the top of his head. And it suggested to me that these guys had talked about this at some length.

I don't know what piece of paper anyone has ever relied upon. I don't know that there's one in existence. But I think there is a perception in some quarters that it goes perhaps even that far.

DR. BLOCHE: We know something about how far up the line it goes. We know now that Secretary Rumsfeld authorized SERE techniques. We know now that the detainee—that the Guantanamo working group developing policies in early 2003 endorsed and—spoke about SERE techniques, and by the spring of 2003 endorsed SERE techniques.

Maybe what Secretary Rumsfeld approved in the spring of 2003 counts as SERE-like compared to what he approved in December 2002. But we know that at the highest levels they understood themselves as authorizing SERE techniques, and we know that SERE is a program devised to train our guys to resist cruel and inhuman treatment and torture. So we know who the subpoenas need to be directed to.

MR. O'HANLON: Please.

DR. PEARLMAN: I'm Diane Pearlman (ph). I'm a licensed clinical psychologist and also a political psychologist. A few things.

One is the American Psychological Association did come out with a statement against torture, and I have a copy of an earlier version from Division 48, Society for the Study of Peace, Conflict, and Violence, and there are no circumstances under which it's acceptable. And also, in 1999 I was at a ground-breaking conference in Ramallah on caring for victims of torture—I don't know maybe if you were there or

not—with Israeli, Palestinian, European doctors, and medical doctors were not—it was against ethics to participate, observe, take records, any way like that.

But my main issue is that there's a premise that I think that we're not challenging—that it's argued on ethical grounds—this is a discussion about the ethics of it, but there's also a problem with the efficacy, that there's a fantasy, that we're gripped by a fantasy that if we torture people, that the best and the only way is to get information, and if we don't do it we're not getting the information. And as far as I know, it's considered an extremely unreliable way of getting information, and there are much more reliable ways, even, like, calming people down, chumming up to them, good cop/bad cop. There are different techniques. I'm not expert at this.

But at the conference in Ramallah, somebody asked, "Does anybody know of any case like a ticking bomb where somebody, you know, tortured someone and saved people?" And nobody knew anything. So I think if you focus on the efficacy, that it's not a reliable method, you don't even have to go to the ethical—I mean, it is a moral problem, but if it doesn't work, you don't have to go there. So does anybody know of any cases where it is effective?

DR. STONE: I think both of your points are excellent. Let me address the first one. The American Psychological and the American Psychiatric Association both signed/endorsed the Convention Against Torture, and that was in the '80s. So we have both been against torture for some time. Now the question is participation in interrogation in which degrading, inhuman, and cruel treatment takes place. So that is the question that the psychologists have gone through a difficult line to try and say whether that is unethical or not.

DR. PEARLMAN: [inaudible] summer, in August.

DR. STONE: Yes, I've read that report. I think the military psychologists still think that what they're doing is not unethical, according to the—then on the empirical evidence, all I can say to you, that is discussed in here. Nobody, as you would expect, has good controlled studies. There are examples, however, where torture did work and did help. The most dramatic example is the French paratroopers in Algiers, where they systematically tortured and broke down the Resistance, which then led to the loss of Algiers.

But that the torture worked, that they identified the members of the cell, that is clear, and there are other examples of torture that worked. Also, I would say to you, for those of you who are not as old as I am, that until the 1950s, every police station in America used the third degree on criminals to extract information from them. And it was only when the Supreme Court clamped down on such procedures that they stopped.

So you have to either believe that the police all over the United States were just sadists who enjoyed punishing people, or you have to accept that probably there was some empirical basis for doing this third degree that they got information that they otherwise wouldn't have gotten.

MR. : Could I just add, I had an interesting discussion with an FBI agent a few weeks ago who has interviewed al Qaeda captives. And he said, "I don't understand why the Army has resorted to torture." He said, "I only need three things, and I can get you whatever information you're looking for: I need to know what the rules are, I need a quiet room, and I need time to become this person's best and only

friend." He said, "I don't need to beat him up. I can get good information by becoming his best and only friend. Just give me those three things and I can do my job."

DR. MARKS: Can I add something to that? First, speaking about the American Psychological Associations guidelines produced this summer, one problem that I certainly have with them is that they felt unable to conclude that American psychologists should respect human rights of detainees. They basically said the governing norms were U.S. law as it's been interpreted in the war on terror. And we've seen some of the administration's interpretations in the war on terror, and that I find slightly troubling.

Regarding the efficacy of torture, I'd just like to make a couple of compatible observations as a Brit.

First, we have a long, long history of false confessions by IRA members procured by aggressive interrogation techniques, and I think they really put—they really demonstrate very accurately the lesson that when you apply pressure to people, they will often say simply what they think you want them to say or what you want to hear.

And it's of interest to me that a conversation I had only a few weeks ago with a senior figure in counterterrorism in Britain, he said to me—and this is somebody, you know, involved at the heart of the counterterrorism mission in England. And he said to me, "They're human rights because everybody has them." And he said, "Moreover, the first thing I think we should do when we get somebody who's an al Qaeda suspect is put them in a room with an Imam who can explain to them why what al Qaeda is doing is a perversion of Islam. And once we get through that, then we can ask them about their involvement and what they know."

MR. O'HANLON: Andrew?

MR. PIERRE: My name is Andrew Pierre. I'm at Georgetown University, and I'm not a psychologist or psychiatrist. I'm a foreign policy type.

A quick comment first before the question. I do follow European and, to some extent, Asian opinion about American foreign policy, and I think the American public and government, in fact, vastly underestimates the damage that this whole issue has done to the United States worldwide. It may be that there are many Americans who aren't aware of the issue or the depth of the damage, but believe me, it is really there. It ranks among the top two or three images the United States has now of Europe—that Europe has of the United States.

My questions. On the issue of opinion, if I could put it that way, within the U.S. military, I think Dr. Stone said, as I understand, that interrogation will continue and perhaps on some shady aspects of it, but I think that General Irvine also pointed out that this is really a new era in terms of interrogation.

So my question to General Irvine would be: You come from the military and you've maintained your contacts. Beyond those with whom you were professionally involved in the intelligence field, what is the overall impact of this issue upon the U.S. military given the obvious fact that the way we interrogate others, we can expect to be interrogated in the past?

And if I could tack onto that a question for our Chairman, Michael O'Hanlon, who follows defense issues so well, as I understand it, as of now the Senate has overwhelmingly, 90 to something, passed the bill calling for an independent commission to look at this whole set of issues. It is now tied up with the defense

appropriations bills where it might get dropped. So my question is: Does this have a life, the notion of an independent commission, and sufficient support, at least in the Senate if not in the House, to keep it going? Or is this going to be set aside and another opportunity to correct the wrongs will have passed?

GENERAL IRVINE: Very quickly, I don't know of any military officers who believe that this policy is a good idea, and it goes to the point you made. We don't subscribe to the Geneva Conventions because we're wimps. We subscribe to the Geneva Conventions because we hope to protect our people who become prisoners of war. And the overwhelming feeling that I sense—and I don't profess to speak for the world by any means. But I don't find anyone who does not believe that this new policy has seriously increased the jeopardy and danger to our own people. And not just to those in the military. I would suggest that Americans in general are at much greater risk should they ever find themselves captives of an opponent who wants to make a point by doing the same things to us that are being done to the Arabs in our name.

MR. O'HANLON: Andrew, I think you're following the issue more carefully than I. The only thing I would say is that I hear a little more discussion of the McCain amendment about future policy, which I think—I think, first of all, anything Senator McCain promotes in this area has a decent chance of staying as a major political movement given his credibility as the most famous modern American recent POW. But, secondly, it seems to me that his primary efforts now—and this could be a misperception on my part. You may know more. His primary focus is more on future policy as opposed to a commission about the past. So my guess is that he would focus on that first. It doesn't have to be mutually exclusive, but that's just my impression.

DR. BLOCHE: I just want to say, I gave a talk to Navy doctors last week, and I was struck by how braced and encouraged they were by the 90 to 9 vote in the Senate.

There is a growing gap, maybe a chasm, between the civilian leadership of military—the Pentagon civilian leadership and military medicine. And there is, I think, a growing loss of confidence in the civilian leadership of military medicine on the part of our uniformed services.

The exit rate within military medicine has skyrocketed in the last year or so, and the internal at least kind of gossipy stuff we're hearing is that that's not only because of the service obligations, it's also because of the morale that these episodes—the impact upon morale that these episodes have had.

I wanted to briefly address the question Mike raised before, and others have raised, about empirical evidence for the most aggressive, the most coercive interrogation techniques. As someone partial to a human rights vantage point, I would love to say that happily the empirical evidence shows the techniques don't work. But the studies have not been done, and, of course, it's a catch-22. To do those kinds of studies, where there are going to be randomized Guantanamo detainees and subject some of them to SERE techniques and others to rapport-building techniques, that would make us into—the studies themselves would put us into the realm of, you know, Japanese and German infamy, the sort of thing violated by the Nuremberg Code—or prohibited by the Nuremberg Code, et cetera.

So we're going to have to make do without this kind of evidence, but it is worth pointing out that the design—and going back to what Dr. Sageman said about

brainwashing, the design of the SERE methods as an effort to mimic the Red Army techniques, the Red Army techniques were not designed to obtain "truth" from our soldiers captured. They were designed to obtain these kinds of staged confessions. They were designed to obtain compliance. So it shouldn't be surprising if there's a high rate of false information that comes from the techniques. The techniques were designed to break resistance, not to get facts.

MR. O'HANLON: If I could just very quickly—we've got two more questions, I think, coming, but very quickly acknowledge but also push back a little bit on what you just said, Gregg, I take your point you can't do a random test, but—and I also know that we can't always, even afterwards, know exactly what techniques were used in a given case to track down a given person. But it seems to me there must be a sufficient empirical basis to do a pretty good historical study, maybe not yet about this particular war against al Qaeda, but in the past how often has torture—to be blunt, how often has torture led us to key people we might not otherwise have found? And I would think there is probably empirical evidence that could allow that kind of thing to be done that probably many of you are much better acquainted with than I. But isn't that doable?

DR. BLOCHE: The challenge—I mean, yeah, you can always go back and do case studies, but pardon the analogy to medical research here, it's one thing for a doctor to say, "I did this surgery and the outcome was good." It's another thing to know what happens when you take a large pool of people and you give half of them that surgery but you give the other half another approach, and then you find out which works better. And the history of medicine is laden with beliefs that a particular surgery worked well, only later on to be countered by this kind of empirical evidence.

MR. O'HANLON: I think I saw two more hands, so let me take both those questions now—actually, three more. If everybody can be very succinct, and if each panelist can maybe just answer the one that speaks to them the most, then we can be done within five minutes, as we should be.

So we'll start over here, sir.

MR. RAMSAY: Thank you. Clay Ramsay, Program on International Policy Attitudes, and this is addressed to General Irvine. I think it would help us all if we asked you for a minute to restate the norms that we have lost as they stood during the time that you were in the service.

MR. O'HANLON: And, Nina, you had a question also? And was there a third hand?

MS. KAMP: Nina Kamp, Brookings. My question is about the U.S. practice of outsourcing interrogations to countries such as Egypt. I'm wondering if anyone on the panel has information about the frequency of such a practice, how far these countries are willing to go regarding interrogation practices beyond what the U.S. is willing to do, and also to what degree the U.S. is able to wash its hands of these issues that we've been talking about legally, if not ethically, by engaging in this practice.

MR. O'HANLON: And, finally, the last question, please. You can add to the list and then we'll wrap up.

MS. : Mary Mullen , Bosnia Support Committee. Mine was just to Dr. Stone. I always felt that when President Bush said, "You're either for us or against us," that that was such a dangerous statement to make because if you're against in any

way what he does, many of the terrorists and the state of mind and the people, they would feel, well, you must be for us then if you're against him.

And one other questions I wanted to ask was right here in our own country, in the psychiatric hospitals, is putting people into these rooms, these padded rooms and locking them in and putting the straitjackets on—I mean, I've seen—I don't see how it works. I mean, sometimes there are a lot of unkindnesses done to these people, and I was wondering if that's been looked into by the Psychiatric Association.

MR. O'HANLON: Maybe we'll wrap up here starting with General Irvine and going down the row, and anybody who wants to add any final thoughts as well as their answers to these questions, please.

GENERAL IRVINE: Very quickly, let me just read you one sentence from the Army's Field Manual on Interrogation: "The interrogator must always be in control. He must ask quickly and firmly. However, everything that he says and does must be within the limits of the Geneva and Hague Conventions, as well as the standards of conduct outlined in the Uniform Code of Military Justice."

I could go on, but there are citations very, very similar to that in two dozen other places throughout this interrogation manual. This has always been Army policy, and suddenly someone says, well, gee, this isn't very clear. I don't think that there's any doubt or even any ambiguity in what has been permitted and what historically has not been permitted.

DR. SAGEMAN: I didn't have any question directed at me, so probably I'm off the hook. I do want to refocus this a little bit. I thought it was professional conduct in interrogation, and a lot of what we have been talking about is general

interrogative techniques, and those are two different things. But one thing I want you to perhaps think about, is it better to have a physician not overlooking the process but trying to protect some members of the process or not? Because I suspect it's going to go on, and this brings a lot of ethical issues. But, you know, is it better to have somebody—I don't just mean in terms of giving them legitimacy. It may very well be what might happen later on in retrospect, but I mean, should you protect the potential prisoner?

DR. STONE: I want to just very briefly say that during the time we were trying to draft our statement of what the American Psychiatric Association's position would be, one of the chief concerns we had is what is already going on in secure psychiatric facilities and prisons that is now acceptable in the United States, has not been found cruel and unusual punishment, and will the APA in taking this strong position which we took, will it raise issues about things that are accepted practices in our own secure facilities and prisons?

So you have a good question. I don't have a good answer.

DR. BLOCHE: I think Alan's comment underscores an ethics issue that American medicine and medicine worldwide hasn't adequately taken on, and that is the challenge that arises when this profession, which is expected by so many and, of course, has a 2,500-year history of devotion to individuals, undivided loyalty to individuals, the core of the Hippocratic ideal, this profession is expected increasingly to serve all manner of social purposes. And so we have this debate when it comes to interrogation, but with respect to all sorts of public health purposes, and now we see concern rising about bird flu, et cetera, with respect to criminal justice and the role of forensic psychiatry, say,

health policy, health care policy, managed care and other methods that set limits and that weigh individuals' interests against the needs of the collectivity.

Pervasively, medicine serves social and public purposes that are intentioned with obligations to individuals. And the bioethics movement hasn't really done nearly enough to address this challenge. The classic bioethics model of autonomy and consent has the kind of primary focus, beneficence and non-maleficence and justice, does not focus attention on the challenge of world conflict. And the classic Hippocratic response, "Into every house I enter, I shall enter only for the good of my patients," it tells one part of the story. But by not acknowledging the other part of the story, the social expectations of medicine, it thereby leaves physicians who are asked to perform those social functions, be they on BSCT teams or be they, say, managed care medical directors, it leaves them in a kind of ethical black hole. And this I think is where—this is a place that medical ethics and bioethics really badly needs to go to help refine, to define physicians' and health care providers' obligations in the face of conflicting pressures between individual patients, to serve individual patients, and to serve state and society.

DR. MARKS: I'd just like to add a few comments regarding the outsourcing of torture and aggressive interrogation, referred to also as "extraordinary rendition."

As you may know, there has been a tension between the FBI's Behavioral Analysis Unit, which believes in using rapport-building techniques for interrogation, and those in the DOD. And Gregg and I have obtained a less redacted version of an analysis produced by a supervisory special agent of the FBI and forwarded to his legal counsel in

which he indicates after the discussion of the three categories of interrogation techniques that you've seen discussed in the press, the third being, you know, the most severe of the three, which includes waterboarding—as you know, that's the use of a wet towel and dripping water to induce the sensation of drowning. Well, once you get beyond all those, there's something which has now been revealed as Category 4, described as the detainee will be sent off to Gitmo, either temporarily or permanently, from Gitmo to Jordan, Egypt, or another third country, and those countries will be allowed to employ interrogation techniques that will enable them to obtain the requisite information.

What's interesting is this document also contains legal analysis, and, of course, those of you who are familiar with international law will know that you can't escape your international legal obligations not to torture and subject to CID simply by exporting somebody to another country that will do the work for you. And, indeed, in this legal analysis, the FBI special agent says, "Of course, this technique cannot be utilized without also violating U.S. federal law."

MR. O'HANLON: Thank you all for coming, and thank you very much, panelists.

[Applause.]

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