

Physicians for Human Rights

Torture, Former Combatants, Political Prisoners, Terror Suspects, & Terrorists

<https://phr.org/our-work/resources/the-cias-program-of-human-experimentation/>

Public Facing Advocacy Writing

By Sarah Dougherty, JD, MPH

This June, Physicians for Human Rights (PHR) [published a report](#) showing that the CIAs post-9/11 torture program constituted a regime of illegal human experimentation. Based on a review of thousands of declassified documents, the report shows that health professionals who designed and implemented the torture program committed a second and related crime: experimental research to investigate the effects of torture on detainees. This research explored the untested hypothesis that torture could psychologically break detainees and aid interrogation.

Senior Anti-Torture Fellow [Sarah Dougherty](#) was the lead author of PHRs latest report and explains how she came to these conclusions.

What did you find out in the course of your research?

Sarah Dougherty: In 2010, PHR put out a report showing that CIA health professionals engaged in activities that met the definition of human subjects research and experimentation. Since then, we've reviewed and analyzed extensive new evidence showing that the torture program *itself* was a regime of experimental research. Psychologists were paid to conduct this research, while doctors, psychologists, and others were tasked with generating data on how these tactics affected the detainees. Our analysis indicates this was done to provide the Bush administration with legal cover in the case of future prosecutions for torture. Such experimentation on non-consenting prisoners violates U.S. law, international law, and medical ethics.

How do you know that this was human experimentation?

SD: Federal law defines human subjects research in the United States: systematic investigation about an interaction or intervention with a living individual that's designed to create generalizable knowledge. The documents we looked at show that the CIA collected data derived from torture sessions, clinical interactions, and manipulation of detention conditions. This data was analyzed and used to create conclusions about how to conduct torture in the future.

Now, by saying that this constituted human experimentation, we're not saying any part of it was legitimate. It was junk science peddled by charlatans to add a facade of science to torture. But just because it was flawed, sloppy, and poorly designed doesn't change the fact it was experimentation. The claim that torture could induce learned helplessness that is, make detainees profoundly passive and depressed and that this could ultimately aid interrogation, was put forward as a hypothesis. Health professionals then took the basic steps of research whether they knew it or not.

What was the role of the two psychologists who designed the torture program in CIA research?

SD: CIA contract psychologists Dr. James Mitchell and Dr. Bruce Jessen came from the U.S. military's Survival, Evasion, Resistance and Escape (SERE) training program, which taught survival skills to U.S. personnel in the event of capture. Mitchell and Jessen proposed weaponizing these tactics for use on prisoners to *overcome* their resistance to stress rather than build it up. They claimed that this would psychologically break detainees down to the point that they would give up and cooperate with interrogators.

Mitchell and Jessen claimed that torture would work and be safe. None of this was true or supported by any evidence. The SERE tactics were modeled on Cold War techniques designed to coerce false confessions, not produce intelligence. The brutality of the torture program was unlike anything done in the SERE program, and it was done to people who were not volunteers and who could not stop the pain.

This is partly why the CIA framed the torture program as a research endeavor: Mitchell and Jessen needed to describe how these techniques impacted detainees, and they didn't have safety or efficacy data. Their initial research set in motion parallel research by the CIA's Office of Medical Services. Health professionals documented the effects of torture, measured the harm inflicted, developed medical limits for different techniques, and shared their findings inside and outside the CIA.

What shocked you?

SD: I was profoundly disturbed by the torture of Abu Zubaydah, a detainee often referred to as the guinea pig of the CIA program. His waterboarding began in August 2002, and it was apparently so horrific to watch that it moved black site personnel to tears. You can only imagine how excruciating it was for Abu Zubaydah. In at least one instance, he lost consciousness and stopped breathing that is, he was waterboarded to the point of near-death. This episode had such a profound effect that medical staff continually referenced it in emails throughout the span of the torture program.

These details reinforce that it was the conscious objective of the CIAs program to reduce human beings to the psychological state of tortured dogs in cages. And this was done by health professionals, who are sworn to do no harm and to respect the dignity and autonomy of individuals. Instead, they worked to make torture more clinical, more scientific, more efficient and they violated basic standards of research and clinical care to do so. Thats something we all need to reflect on.

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