

Subject: NEW EVIDENCE-BASED SUBMISSION TO WMA PRESIDENT MARMOT REGARDING COMPLICITY OF ISRAELI MEDICAL ASSOCIATION/INDIVIDUAL DOCTORS WITH TORTURE IN ISRAEL

Dear WMA President/Sir Michael Marmot

We the undersigned 71 UK doctors wish you well in the Presidency of the World Medical Association (WMA). This is not a personal appeal, but a formal evidence-based submission to the WMA (7 pages, the list of signatories, 3 attachments). We ask you as President to take this submission to WMA headquarters/Council and to ensure that action appropriate to the gravity of the case and the weight of evidence is taken at institutional level. It is on account of previous experience with the WMA (see below) that we are sending this to your UK academic email address rather than direct to the WMA Secretariat.

We bring a matter that lies squarely within the remit of the WMA as the official international watchdog on medical ethics, one that could hardly be more extreme. Its subject is the collusion of doctors (and their national medical association) with torture, and it concerns one of your member associations – the Israeli Medical Association (IMA). The WMA is mandated to ensure that its own members adhere to the WMA Declaration of Tokyo, the definitive international anti-torture code for doctors. The Declaration states that doctors are forbidden from direct participation in acts that satisfy international definitions of torture, and, further, they are obliged to protect the patient, protest and speak out in situations where they encounter or suspect they encounter torture. In 2007 the then WMA President, Dr John Snaedel made the second part of this ethical commitment crystal clear, stating that the WMA was explicitly advising doctors to document cases of torture when they encountered them. Dr Snaedel added that the absence of documenting and denouncing such acts “might be considered as a form of tolerance and of non-assistance to the victim”.

This submission is fresh but is grounded in the evidence-based submission made to the WMA in May 2009 by 725 medical doctors (including 114 professors) from no less than 43 countries- a principled coalition of unprecedented breadth. 235 signatories were from the UK; some of these are signatories again today, some signatories are new. Emailed via the WMA Secretariat, we addressed the then WMA Council Chair, Dr Edward Hill and the whole Council. We attached some of the documentary evidence published by organisations of high repute like Amnesty International which pointed unambiguously to the use of torture as an instrument of state policy in Israel, and to the ongoing active and passive collusion with torture by Israeli doctors attached to interrogation units, shielded and defended by the IMA. We did not address the appeal to then WMA President Yoram Blachar because the probity of his presidency was what we were in part contesting. As longstanding IMA President, Dr Blachar had become known for his repeated refusal in medical journals like the Lancet or BMJ to admit the existence of torture in Israel, and in particular to admit what as long ago as 1996 Amnesty International had described as the everyday and institutionalised involvement of doctors with torture. Dr Blachar had consistently claimed that such claims were slanderous and malicious, vilified those who had made them, ignored the evidence base, and pointed to membership of the WMA as proof in itself of the ethical credentials of the IMA. Indeed Dr Blachar once went as far as to justify the use of “modest physical pressure” (condemned as torture by the UN Committee Against Torture) in the Lancet in 1997 (350:1247). On the BMJ website he dismissed a 2004 BMJ article on health and human rights in the Occupied Palestinian Territories –a paper which cited Amnesty, Johns Hopkins University, the International Court of Justice, a UN Rapporteur, and Physicians for Human Rights-Israel – as “the lies and filth he spews....reminiscent of some of the worst forms of anti-Semitism ever espoused”. Dr Blachar’s

ascension to the WMA Presidency seemed to us in 2009 to make a mockery of the idea that the WMA could represent an effective and even-handed regulator of medical ethics worldwide. I am attaching our initial letter in 2009 to the WMA Council Chair, a summary of the evidence we appended, and a list of the 725 signatories. (attachment 1)

None of this documentary evidence has ever been acted on: to give the flavour we will revisit just two pieces of evidence we attached at that time. A report in 2007 by the Public Committee against Torture in Israel (PCATI), based on the detailed testimony of nine Palestinian men tortured between 2004 and 2008, gave a graphic demonstration of extent to which Israeli doctors continued to form an integral and everyday part of the running of interrogation suites whose output was torture. Doctors, some of whom were actually named, saw the prisoners at various points between episodes of torture (which in one case led to spinal cord damage), did not take a proper history, did not protest on these men's behalf, and typically prescribed simple analgesia before returning to their interrogators. They did not need to ask the prisoners what had happened to them because they knew perfectly well. It was notable that doctors in positions of authority were involved in several of these cases, like the Chief Medical Officers of the Israeli Prison Service and of the Israeli Police. The PCATI report was sent to the IMA, whose Ethics Chair was then Professor Avinoam Reches, and the IMA later conceded to PCATI that they had indeed received this. No action was taken, which in itself was a prima facie violation of the Declaration of Tokyo requirement that if doctors hear or suspect that torture has taken place, they must investigate and speak out. This was straightforward collusion by the IMA. The IMA eventually told PCATI they would investigate and we attach a scan of their 2009 report back on their travesty of an 'investigation' (attachment 2). Professor Reches stated that they had attempted to contact the doctors in question, that all had denied any past or present connection with the Israeli Prison Service- a denial the IMA accepted at face value. Their conclusion that there was **no "shred of evidence other than the word of the prisoners"**, so no further action could be taken. This says it all: what kind of investigation starts with a blanket dismissal of the testimonies of the victims? Here we see transparently how the IMA maintains its solidarity with the status quo in interrogation centres, and how it fails to provide ethical leadership to Israeli doctors posted to such centres.

Secondly, in the November 2008 annual report to the UN Committee Against Torture, the UAT Coalition, a coalition of 14 Israeli and Palestinian human rights organisations, concluded that

"Since the Committee last reviewed Israel, the practice of torture and ill-treatment has continued unabated. The UAT Coalition wishes to inform the Committee that in its opinion the use of torture and ill-treatment by Israeli authorities against Palestinians is both widespread and systematic. The UAT Coalition has recorded evidence of acts, omissions and complicities by agents of the State at all levels...until this culture of impunity is addressed this situation is unlikely to improve".

IMA membership of the WMA appears to have been a figleaf designed to deflect criticism. The IMA pays lip service to medical ethics and to the Declaration of Tokyo but their actual behaviour over many years points the other way. Physicians for Human Rights-Israel (PHRI) describes the IMA as basically playing the role of loyal State actor, upholding a decision on political grounds to turn a blind eye to torture in Israel while it remains intrinsic to State policy- and thus to provide moral cover for the actions of Israeli doctors implicated in this, regardless of the Declaration of Tokyo.

To set the scene for this new appeal to the WMA it is necessary to describe briefly how the WMA responded to the 2009 appeal. As noted above, we sent the appeal to the WMA Council. Council

members are geographically scattered , so we sent the dossier to the Secretariat and asked them to forward to each member. Only later we established that this had been blocked, that Council members had been kept in the dark and had never seen the material! Dr Blachar, **as WMA President**, vilified the signatories in the Israeli and London Jewish press, pointed contemptuously to those signatories with Arab sounding surnames, and most pointedly of all instructed London libel lawyers Finers, Innocent and Stephens to begin a libel writ against appeal convenor Dr Derek Summerfield. It seemed grotesque that a principled appeal so securely grounded in evidence from multiple independent, reputable sources, highlighting an issue at the heart of why the WMA was founded after World War 2, should be answered by the WMA President with a libel suit! Assisted by academics like Professor Noam Chomsky, who had supported the appeal from the outset, we resisted the suit.

At no time did we ever receive an acknowledgement from the WMA that we had written to them. Repeated reminders sent at intervals to the WMA and to permanent Secretary General Dr Otmar Kloiber, elicited nothing. Finally lead signatory Professor Alan Meyers rang up Dr Edward Hill in his medical clinic in the US, and was told that the WMA would take no action to investigate the IMA and the probity of Dr Blachar's Presidency, and requested us not to send any more material.

You may remember that at a point when you were on the WMA Council, Sir Iain Chalmers and Professor John Yudkin approached you about all this.

Faced with this naked refusal by the WMA to act as mandated, we felt we had to move on to the UN Special Rapporteur on Torture, first Manfred Nowak and latterly Juan Mendez. We conveyed to him our experience of the WMA's refusal to act. A special rapporteur does sometimes investigate individual cases, including within Israel, but we were informed that the investigation of civil society bodies like a national medical association was outside the remit of the Rapporteur. It is however what the WMA is for.

At the heart of this fresh appeal is the most recent comprehensive report by PHRI and PCATI- **“Doctoring the Evidence, Abandoning the Victim: the Involvement of Medical Professionals in Torture and Ill-treatment in Israel (2011)**. See online at stoptorture.org.il. It is based on testimonies and other evidence from the files of over 100 victims of torture and ill-treatment handled by PCATI/PHRI since 2007. Its summary affirms that “medical professionals abandon their duty by failing to document and report torture; by passing on medical information to interrogators; returning detainees to the custody of their interrogators when in danger of being exposed to further torture or ill-treatment; and in extreme cases, by taking an active part in the interrogation. Because of their unique social status, the presence of medical professionals in facilities where torture or ill-treatment are carried out indicates the boundaries between the permissible and the impermissible: it grants Israeli Security Agency (ISA) interrogators a stamp of approval, whether explicit or tacit, that their conduct is acceptable”.

The report also notes that this conduct by doctors “furthermore precludes the victim from presenting evidence which can aid in pursuing justice through various legal and administrative proceedings”. The significance of this can be seen in the fact that “over 700 complaints alleging torture/ill-treatment by ISA interrogators have been filed since 2001 and not one single criminal investigation has been initiated”. Complicity by doctors is therefore a significant force in maintaining the impunity of ISA interrogators.

PCATI/PHRI record that “medical staff in prisons, detention centres and hospitals which treat prisoners are part of the broader administrative systems, primarily the medical apparatus of the Prison Service, the Israeli Medical Association and the Ministry of Health”. Torture continues to receive the full institutional backing of the state.

From long experience PCATI/PHRI conclude that “there are serious doubts that the IMA is willing to enforce these rules: persistently repeated requests by PCATI/PHRI calling the IMA’s attention to cases arousing suspicion of doctors’ involvement in torture and cruel or degrading treatment, have not been dealt with substantively.” PCATI/PHRI note that the IMA’s ethical code contains clauses which do not accord with the fundamental principle of medical ethics, which is that the well-being of the patient should be the doctor’s sole concern. IMA codes require the doctor to respect “the good of society as a whole and its right to protect itself”, authorising the doctor to assist the security authorities upon their request, even when this may harm the rights of the patient.... “With these clauses, the IMA enables the needs of the security apparatus to be seen as coming before the ethical duties of doctors”.

We provide a selection of the specific cases detailed in the report, and with named doctors.

I. Failure to document, see Cases MA (incriminating Drs Laikh Victoria and Rodvan Yelena) and case AR.

In Case MA the injuries inflicted on the detainee included an eye injury which 1 month later was still preventing him from reading because of blurring. Dr Victoria recorded no injuries and merely wrote “overall condition satisfactory, heartbeat regular”. The subsequent examination by Dr Yelena also documented no injuries. 2 weeks after the first examination MA was referred to an eye doctor by a court. As the report puts it “if so long after the arrest a judge was convinced of the necessity of treatment, the same should certainly have been expected of a doctor whose job this is”.

AR was arrested on 17 June 2010, assaulted, and interrogated for 6 days while handcuffed in a painful position. On 12 October 2010, nearly 4 months later, AR told a visiting PCATI attorney about his treatment and attempted to show the marks still present. His medical file contained no documentation of these injuries.

Access to medical files is anyway often delayed for months following requests by PCATI or PHRI for copies, arrive only partially complete, illegible, or have apparently been lost.

II Silence as Consent. Case JM was of a man from Jenin whose shoulder was dislocated by a soldier during arrest. He was taken to Kishon Detention Centre where Dr Saliman Fares recorded that he had pain in his right shoulder, but nothing more specific nor the cause.

In Case TS the detainee was ill-treated both during arrest, including being bitten by a dog brought by the soldiers, and in a military base. He was transferred to the notorious Russian Compound (where interrogations take place). Here his condition prompted the prison doctor to refuse to accept him and he was transferred to hospital. His medical file from “Sha’arei Tzedek” hospital in Jerusalem signed by Dr Alexander Bergman records the bite, and a detention centre doctor Dr Emil Erkin informed the interrogators of the injury by means of a special form (an unethical practice in itself, as the report notes). “Neither in the medical file nor anywhere else is there any record suggesting that the case was reported to an external body of any kind by any of the doctors who encountered him, not those at the military facility, the Russian Compound, the hospital or Kishon.”

TC was arrested on 1 July 2006 and during the course of interrogation lasting several months was subjected to “hitting, isolation, sleep deprivation, prolonged cuffing to a chair in a position so painful it led to loss of consciousness, threats and curses....his body was so harmed that an attorney who met him several days after the interrogation had ended was able to easily make out the injury marks.” Of the

doctors he saw over the course of his interrogation, one told him to co-operate with his interrogators, another refused to check his injured eye when requested to do so by TC, and his medical file revealed only some details (with some doctors reporting nothing of his injuries). PCATI/PHRI subsequently discovered a memorandum dated 5 March 2007 which showed that a Detention Centre doctor had recorded TC's complaint of an assault 4 days earlier and had noted injury marks. The doctor addressed this to the Commander of the Detention Centre but to no other authority, in clear violation of his ethical duty.

III. **Refoulement** (returning the victim to the torturers despite evidence of torture). Such action serves to afford the interrogators medical permission to continue with their practices, drawing the doctor into the circle of active participation.

Case BA suffered from severe pain in arm, leg and back following ill-treatment but the doctor ignored this, took his blood pressure and said "all is well and there is no problem". There is no documentation covering this clinic visit but in Shikma Prison Dr Shimon Kaslesi noted that "the patient had no complaints and that his overall condition was good." He was returned to the Russian Compound for further interrogation.

Case SA was treated similarly to TC above. At one point he vomited blood. His medical file records several clinic visits after which he was returned to the interrogators. In a report dated 2 May 2010 Dr Vladimir Gudim describes "use of reasonable force". PCATI/PHRI comments thus: "On what basis did the doctor know that "reasonable force" had been used? SA's medical file shows that, though a number of doctors were witness to his distress, which itself resulted in part from interrogation conditions, they nevertheless chose to return him to the control of his interrogators and to the very same despicable imprisonment conditions, over and over again".

KhZ, arrested 13 January 2011, was knocked unconscious during arrest, and at the Russian Compound was further abused as in the cases above. According to his testimony he saw doctors on an almost daily basis, but was always returned to the interrogators. Documents dated 16 January 2011 and 10 February 2011 signed by Dr Ganady Lesitza lists complaints of headache and of lack of sleep but nothing more.

IV. **Serving the Interrogation over Medical Confidentiality.** In Case G.Tz the detainee was held in a series of painful positions, assaulted, handcuffed to the point of bleeding, and members of his family were arrested to apply pressure to him. At Kishon Detention Centre Clinic a form signed Dr Galina Veinar recording "pain in the hands due to an injury to a nerve in the hand" was addressed to the Officer in Charge of Special Interrogations Wing. As PCATI/PHRI comment, "plain and unadorned, medical information about the interrogee is passed to an outside body", moreover a body whose interests are directly opposed to those of the detainee. The injury is likely to have resulted from prolonged tight handcuffing.

Case MJ is similar, incriminating Dr Vladimir Gudim.

V. **Doctors or Interrogators?** Case SD asserts that he was "brought before a doctor many times" (doctor not named) and told he could "get out of...his military interrogation" (ie. torture) if he were to co-operate with his interrogators.

VI. **Behind Bars or Hospital Walls.** In Cases SB, the hospital release form read as follows: "Says that 2 days ago was struck in the head, left eye and upper back without losing consciousness. Fully conscious,

calm during examination. Haematoma of left eye, abrasion on right upper back". Thus the doctors had diagnosed SB as a victim of violence whilst in custody, but did not report this to any external body (as the WMA Declaration of Tokyo mandates) and after treatment returned him to custody.

In Case JM (2), a man from Tulkarem, the doctor, and ambulance crew, appear to have colluded with the interrogator who asked them to support an agreed version of events, which was that the detainee's injuries had been caused by his falling down some stairs rather than through torture sustained during 20 days of intensive interrogation. JM was then taken by ambulance, hands and feet cuffed, to "Laniado" hospital in Netanya. When JM told the examining doctor that it was a lie that he had fallen down stairs, but that he had been beaten, the response was this was not her business, that the cause of injury was of no interest. Several other doctors who saw the detainee in Laniado hospital responded similarly when the detainee tried to tell them what had happened to him. After his head injury was sutured he was discharged, having heard his interrogator tell the doctor to try to avoid keeping him in hospital. The files show that Dr Alexander Afensayev examined him on 5 October 2008.

The doctors who saw JM consistently ignored his complains about violence, did not document his injuries in a way that would allow their origin to be identified, did not report them to an outside authority, and did not hesitate to return JM to the custody of his interrogators despite what had already been inflicted on him by them.

An appeal was subsequently made by PHRI or PCATI to the IMA, the Ministry of Health and the hospital. The IMA response was merely to ask if the police had been approached, and as in all other cases they did nothing, despite their ironclad obligation in terms of the WMA Declaration of Tokyo.

To conclude, PCATI/PHRI devastatingly report that "except for one case (JM, where even here the doctor reported in only a limited way, insufficient to satisfy the Declaration of Tokyo) **our research did not discover a single case where torture and ill-treatment were reported.**" This makes it transparent that the problem is not one of a few rotten apples in the barrel, but of institutionalised practice. Individual doctors who transgress in these ways carry individual culpability, but major responsibility must lie with their professional bodies, notably the IMA. If challenged such doctors could realistically claim that the IMA had never meaningfully instructed them to behave differently, had never instigated proper investigations when challenged with specific cases (as in this report) and had in effect an implicit policy to endorse the status quo on torture on political grounds- as the evidence shows overwhelmingly. This is why the focus of our campaign has been the IMA, who could halt the practice of torture in 5 minutes by obliging doctors to act ethically whenever their findings suggest torture, or indeed by forbidding doctors to work in units where torture is routine. PCATI/PHRI cites the case of South Africa and in particular the precedent set by Dr Wendy Orr in exposing comparable abuses by the Medical Association of South Africa (MASA) and individual doctors during the apartheid era. This led to the exclusion of the MASA from the WMA for a period.

In early 2013 a well- publicised case further highlighted the intimate involvement of Israeli doctors in these matters. A healthy 30 year old man Arafat Jaradat, arrested on suspicion of throwing stones, died after several days of interrogation by Israeli Shin Bet internal security service on February 23rd, 2013 at Israel's Meggido prison. An autopsy was held next day at Israel's institute of Forensic Medicine in the presence of Dr Saber Aloul, the Palestinians Authority's Chief Pathologist, who assessed that the bruising on the body was evidence of torture. The Israeli authorities denied this, claiming in their defence that Jaradat had been seen by Israeli doctors two days before his death and they had found him in good health. This disclosure begged the medical ethical question: what where these doctors examining him

for, if not to assess whether he could withstand torture or further torture? (Analogously, the existence of a “fitness for interrogation” form came to light some years ago in Israel, to be signed by a doctor. Since interrogation routinely meant torture, the doctors were giving the green light to the interrogators and were part of the whole process.)

It has been clear to us and to PHRI that IMA postholders have been for many years well embedded at the WMA. We note that amongst current WMA Council members is Leonid Eidelman, who as successor to Yoram Blachar as IMA President maintained entirely the same line. On the basis of our experience since 2009 it seems irrefutable that the WMA has committed itself to shielding Israel no matter what – though the WMA does speak out about possible involvement of health professionals with torture in other countries, like Iran or Bahrain. This lack of evenhandedness is ethically corrupt. Failing to act on the voluminous body of evidence to which we point is to implicitly support the IMA position, and to put the WMA in complicity with what passes in interrogation centres. In relation to the regulation of something that goes to the heart of the public reputation of the medical profession, it appears that the WMA and some of its officers (not least the Sec Gen) are not fit for purpose. You are an academic with an international reputation and profile. In becoming President of the WMA you cannot but take responsibility for the integrity and probity of the organisation. We UK doctors request that the appropriate arm of the WMA examine this report, note the continuity with the evidence we cited in 2009, and hold the IMA (and named doctors) formally to account for its contents. If the mountain of evidence incriminating the IMA were to be judged insufficient to make the case at the WMA, then no evidence ever would. As noted earlier, the WMA is mandated to ensure that its member associations abide by its statutes. If it will not act now, when would it? The Declaration of Tokyo cannot be a mere paper exercise. Taking the precedent of the exclusion of the Medical Association of South Africa from the WMA, we submit that similar action regarding the IMA is justified by the facts.

There are many people beyond the signatories who are concerned about the outcome of this appeal, and the BMJ have taken an interest from the outset in 2009, publishing several articles and letters over the years (the last in 2014) and highlighting “Doctoring the Evidence, Abandoning the Victim: the Involvement of Medical Professionals in Torture and Ill-treatment in Israel” when it was first published (see BMJ article, attachment C).

We look forward to hearing from you. We note with confidence that in your WMA inaugural address in Moscow on 16 September you affirmed that “The WMA upholds the highest ethical standards of the practice of medicine”, and that “I want the WMA to use the same moral clarity to be active against the causes of ill-health.” The cause of ill-health we are concerned about is of course torture, no less, and the complicity of medical leadership in Israel that with open eyes helps to keep it going.

As a matter of significant public interest, we are copying our appeal and evidence to the editors of the BMJ and The Lancet, and to the Guardian and Independent.

Yours sincerely

Dr Chris Burns-Cox	Physician	Wotton-under-Edge (lead signatory)
Dr Derek Summerfield	Psychiatry	London (convenor)

[69 other UK medical signatories](#)