Special Communications

Uruguay's Military Physicians

Cogs in a System of State Terror

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I was confined to my function. I ignored some aspects and there were some aspects I didn't want to know. . . . It wasn't my purpose. I am a doctor.

CARLOS RIVERO, MD, December 1985

IN THE Eastern Republic of Uruguay, the terror is over. In March 1985, a junta of generals yielded civil authority to an elected president and his party, ending almost a dozen years of near-total military control over political, social, and cultural life.[1] The apparatus of terror that enforced this control—a system of clandestine detention and torture centers that channeled thousands of political detainees via secret military courts to a network of "national security" prisons[2]—has been dismantled.

Yet the still-powerful generals have frustrated civilian inquiry into the inner workings of that apparatus. And one of the most alarming claims about it—that health professionals collaborated systematically in its programs of torture—has remained unexplored.

This article reports results from the author's investigation into that charge last December in Uruguay on behalf of the American Association for the Advancement of Science. For the first time, top officials of the Uruguayan armed forces permitted a visitor to conduct a series of interviews with military physicians accused of complicity in torture. During these and other, less formal sessions with military personnel, the author often met with evasiveness, hostility, and selective and self-serving revelations. Yet partial disclosures, considered together, made possible a rare glimpse at clinicians' roles in a clandestine bureaucracy of terror.

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THE URUGUAYAN DICTATORSHIP AND THE ALLEGATIONS AGAINST ITS PHYSICIANS

On June 27, 1973, Uruguay's president, under pressure from the armed forces, illegally dissolved the elected congress and transferred legislative power to a junta dominated by military commanders. This bloodless coup d'état ended seven decades of almost uninterrupted democracy patterned along the lines of western Europe's social welfare states. The junta leaders claimed martial discipline was a necessary response to worsening economic chaos, paralytic labor strife, and the emergence of a left-wing urban guerrilla movement.

But the regime imposed order at the cost of law. Citing "numerous denunciations received from Uruguay" and other sources considered "reliable," the Inter-American Commission on Human Rights of the Organization of American States concluded in 1978 that Uruguay's military rulers were guilty of "serious violations of the following human rights":

> the right to life, to liberty, and to personal security; the right to freedom of opinion, expression and dissemination of ideas; the right to a fair trial, the right to due process of law; the right of assembly and association, and the right to vote and to participate in government.[3]

Up to 40,000 Uruguayans were detained at some point, and more than 5,000 were "convicted" of vaguely defined "national security" crimes.[4(p15)] Torture was routine,[2(pp2-20)] encouraged by a system of military justice that emphasized confessional evidence and permitted detainees to be held incommunicado for months (*A Brief Summary of Uruguayan Military Trial Procedures.* Montevideo, US Embassy to Uruguay, 1980 [unpublished memorandum on file at the embassy]).

In the late 1970s, international human rights organizations began to receive frequent reports that Uruguayan health professionals were regular participants in the regime's brutal treatment of political detainees. Amnesty International, the Lawyers Committee for International Human Rights, and the Committee on Scientific Freedom and Responsibility of the American Association for the Advancement of Science were among the groups that collected and published such allegations, which came largely from former prisoners and their families.[2,4,5]

Charges that clinicians collaborated in torture fall into several categories. In both the pretrial detention centers and the national security prisons, military physicians stand accused of (1) performing clinical examinations on detainees and disclosing the results to military officers for use in planning torture; (2) preparing medical and pathological reports that covered up acts of brutality; (3) failing, sometimes deliberately and sometimes through neglect, to render adequate assistance to the ill and injured; and (4) occasionally engaging in political interrogation. Additional accusations focus on psychiatrists and a psychologist at the main national security prison, the Penal de Libertad. These include (5) actively aiding in the design of changing rules and routines intended to undermine detainees' mental health and (6) deliberate abuses of neuroleptic drugs.

Accused clinicians and their military superiors have sought to portray these charges as leftist slander and have avoided addressing their substance. Uruguay's new civilian leaders, under pressure from armed

forces commanders who flaunt their willingness to stage a repeated coup d'état if things do not go to their liking (*The New York Times*, March 1, 1985), have done nothing to investigate them. Attempts by private parties to press criminal charges against physicians and other military personnel for human rights violations have been thwarted by the military's refusal to acknowledge civilian court jurisdiction.

Almost two years ago, before the junta yielded power, medical trade union activists created an ethics commission to consider such allegations. By December 1985, the panel had received formal complaints against 78 clinicians and had found three guilty of "ethical fault" for covering up or otherwise collaborating in torture at clandestine detention centers. But the panel's investigative efforts have been crippled by the military's refusal either to produce documentary evidence or to allow its physicians to testify (Bloche MG, with Mercado AM: *Doctors Inside the Bureaucracy of Terror: Report on an Investigative Mission to Uruguay*. Washington, DC, American Association for the Advancement of Science, 1986 [unpublished report for the Committee on Scientific Freedom and Responsibility]).

THE INTERVIEWS

During three weeks in Montevideo, the author interviewed more than 40 Uruguayans, including civilian and military physicians, army officers, ex-prisoners, human rights activists, and political leaders. Through a diplomatic intermediary with close ties to army commanders, the author arranged a series of interviews with senior military physicians. Informal contacts, both planned and serendipitous, led to other meetings with current and former armed forces personnel.

Most military interviewees spoke on condition of anonymity. Even so, their candor appeared less than complete. Critical details bearing on responsibility or innocence—details that ought to have been part of an interviewee's routine—seemed too often to be forgotten, unknown, or revealed only in response to intensely directed questioning. Documentary evidence, such as medical reports, was promised several times but not produced. And a few military physicians were openly hostile, exploding with rage when questioned about logical inconsistencies in their stories.

Disclosures by some sources occasionally exposed evasion by others. Questioned about charges that the physician at an elite military intelligence school taught methods of resuscitating prisoners after torture, one clinician, Dr Roberto Scarabino, replied, "You should ask him!" Scarabino then refused to disclose the physician's name, claiming it was "classified" (interview, December 1985). Several days later, a senior military intelligence source said the physician was Scarabino himself (interview, December 1985).

In meetings covertly arranged, without the knowledge of superiors, some military interviewees spoke more freely. The author met one physician for an officially arranged session in the presence of his commanding officer. At one point, the senior officer stepped out of the room briefly. The interviewee quickly slipped the author a scrap of paper with his home address and phone number, then whispered, "I'm being used."

Although disclosures often seemed aimed at eluding personal responsibility, they made possible a composite picture of military physicians' place in the bureaucracy of repression.

FINDINGS

Despite limited time and resources and the selectiveness of the disclosures, the investigation yielded sufficient evidence to support the conclusion that clinicians' complicity in torture was systematic and widespread.

Lines of Authority and Clinicians' Ethical Sensibilities

Central to an understanding of their role is the peculiar scheme of dual authority to which army health professionals were subject. Every army physician was formally responsible to (1) a line of so-called "technical" authority that flowed from the Sanidad Militar, or Department of Military Health, and (2) the "administrative" authority of the field unit (for example, a barracks or a prison) to which he was assigned. What was "technical" and what was "administrative" was never clearly defined. But these terms took on operational meanings, shaped by the remoteness of the Sanidad Militar to the average physician compared with the close presence of field commanders.

Commanders and clinicians came to construe the technical sphere as limited to matters like the contents of clinic drug formularies, the tests and consultations to be ordered in varying diagnostic contexts, and choice of treatment. All else about the practice of medicine, including such concerns as patient access to clinical assistance and the keeping of medical records, was subject to the administrative authority of unit commanders. Thus, nonmedical military officers had control over areas of clinical practice that, according to long-accepted precepts of medical ethics, fall within the ambit of physicians' moral responsibility.

Commanders commonly exercised this control, according to military medical sources, in ways that flagrantly violated these precepts. And army physicians virtually always complied willingly. In the regime's clandestine detention centers and national security prisons, soldiers regulated detainees' access to physicians and routinely read clinical reports furnished by physicians, psychiatrists, and psychologists. Almost all of the army clinicians interviewed admitted having disclosed prisoners' medical or psychological information to military authorities without these prisoners' consent or knowledge.

A rare act of resistance by one prison psychologist illustrates the military's insistence that clinicians breach patient confidentiality. The psychologist, Alberto Milkewitz, refused in 1982 to obey orders to prepare reports on internees for his commanders at the Penal de Libertad. He was placed under "harsh arrest" and held incommunicado for one week. A secret order for his arrest, obtained by the author of this article, is candid about the reason:

> indicating an absolute lack of understanding about his obligations as a member of the armed forces by stating that he could not supply information about his conversations with incarcerated elements without their knowledge because his ethics as a psychologist would not permit it.

The author learned of no other similar act of defiance. Routinely, prison clinicians abdicated their responsibility in medicine's moral realm in the face of their perceived obligations to administrative authority. Yet the physicians interviewed for this study voiced an intense pride in their technical autonomy. Several searched their memories for stories of how they had insisted on their prerogatives in such matters of craft as the ordering of diagnostic tests.

Thus the system of dual administrative and technical authority was reflected in clinicians' ethical sensibilities. The physicians interviewed conceived of themselves as producers of a technical work product, without personal responsibility for the uses to which that product might be put.

The Allegations

1. Performing Clinical Examinations on Detainees and Making the Results Available to Military Officers for Use in Planning Torture.—The ethical sensibilities and system of authority discussed above led naturally to a willingness to perform examinations in the secret detention centers and national security prisons without regard to how the resulting information might be used. That torture was routine in these places appears established beyond serious dispute. Many ex-prisoners and even a few former military officers have recounted torture episodes in sometimes gruesome detail. A senior army intelligence official who spoke on condition that he remain anonymous admitted to the author that he and his colleagues often used torture during interrogations, a practice he defended.

Common methods employed in the clandestine detention centers included beatings, extended sleep deprivation, *la plicana* (electric shocks to the genitals, breasts, and gums), and *el submarino* (prolonged immersion of the head in water that often contained urine or stool). Other techniques included *el planton* (forced standing with legs apart for hours to days; if a prisoner moved, his legs were beaten with a stick), sham executions (holding an empty pistol to a prisoner's head, then pulling the trigger), and food and water deprivation for up to several days.

On "admission" to a detention center, each new captive was examined by a physician who then prepared a "complete medical report" (interview, on condition of anonymity, with a military physician who served for two years in a secret detention center and later became a senior adviser to the army's general command). This report was sent to the military officers responsible for that detainee. In a crude way, interrogating officers used information about preexisting health problems to draw the line when they felt it necessary to give their charges "a pretty rough time" (interview, on condition of anonymity, with a senior army intelligence officer). If, for instance, an officer knew that a detainee had cardiac problems, *el submarino* immersions or other stressful procedures might be abbreviated or withheld. In addition, officers sometimes requested medical examinations during harsh questioning or torture "to see if things had to stop" or could continue. Concerned about being fooled by detainees not genuinely impaired, some physicians studied guerrilla manuals that gave instructions on how to fake illnesses.

In the national security prisons as well, clinicians performed their technical tasks of examination and diagnosis, then communicated the results to commanders without informing their patients (or weighing the consequences for their patients' welfare). Especially notable in this regard were the psychiatrists at the main such prison, the Penal de Libertad.

According to several military sources, it was common knowledge within the armed forces that the authorities designed the regimen at Libertad with intent to disrupt the prisoners' mental well-being. Observed Dr Martin Gutierrez, Libertad's first psychiatrist and later a senior adviser to the ruling junta: "The war continued inside the prison. Day by day, rule after rule, were part of a grand design to make them suffer psychologically" (interview, December 1985).

In a confidential report based on their 1980 site visit, representatives of the International Red Cross characterized the inmates' existence as "an anguished and impoverished life," "robot-like" and "alienated," and spent in "silent isolation" (*The New York Review of Books*, Nov 19, 1981, p 38). Rules, sanctions, and routines were continually changed to create tension, a former prison official told the author of this article (interview, on condition of anonymity, December 1985). On entering, new prisoners were plunged into a world of spontaneity-suppressing uniformity. Their heads were shaved and they were referred to only by identity numbers. They were not permitted to speak, whistle, sing, write, or draw certain symbols suspected of having political meaning (these included stars and birds); nor could these symbols be included in any letters from outside. Visits from children were abruptly halted if parents made affectionate gestures (*The New York Review of Books*, Nov 19, 1981, p 38) and prisoners were not permitted to look their guards, or other prisoners, in the eye. Frequent moving of inmates from cell to cell, along with a system of unequal treatment, prevented formation of bonds and nurtured a divisive spirit.

Acts of sham terror, such as staged executions and bursts of machine-gun fire during recreation periods, further heightened tensions and uncertainty. Recalled one former prisoner, a physician (interview with Dr Carlos Peluffo, December 1985):

> It could happen that you were . . . in the yard and you heard the alarm. You were obliged to lie face down on the floor, hands behind your back, all the machine guns pointing at you from the towers and the soldiers running. This was something difficult to adapt to. You could not predict that. Sometimes we heard the guns firing. . . . Sometimes it was impossible not to think they're going to use them sometime on me—perhaps it's today.

Contending that this harsh system was necessary to prevent "reorganization" of subversive groups, the former Libertad official cited above said data from clinicians aided in the close monitoring of inmates' "activities and attitudes."

> We learned along the way. When we noticed some kind of nervous attitude—a lot of chat—too much conversation—we would take a measure to neutralize that. . . . For instance, I gave them less recreation time, took their books away from them, changed their cells, increased their controls. All that reduces their chances of operating because they never sleep—they never rest.

Whether Libertad's physicians ac-

tually participated in the planning of such measures is impossible to discern from the limited information obtained. But, as Dr Gutierrez confirmed, they knew the military's intent, at least in a general way. And, conceiving of themselves as mere technicians, they cooperated. "The [clinical] charts were free to be examined," said another Libertad psychiatrist, "That was a rule of the prison." (interview with Dr Carlos Rivero, December 1985).

Insisting that this breach of confidentiality raised no ethical issue, he added: "They were prisoners, and I was a military doctor. . . . There was nothing to hide. For me it is a matter of tranquillity."

2. Preparing Medical and Pathological Reports That Covered Up Acts of Brutality.—In April 1984, a middle-aged Uruguayan physician named Vladimir Roslik died while in detention at an army barracks. An official autopsy report stated that his death was due to "cardio-respiratory failure." But a second examination, performed at the family's request, provided strong evidence that Roslik died violently, at the hands of his captors. A massive liver hematoma, signs of splenic trauma, greatly diminished blood volume in major vessels, and numerous large external ecchymoses were interpreted by a team of forensic pathologists as consistent with death from internal hemorrhage secondary to blunt trauma. Moreover, fluid in Roslik's right main-stem bronchus and right middle pulmonary lobe was noted to be similar in composition to fluid in his gastric cavity, evidence of aspiration (and believed by the pathologists to be suggestive of drowning). Brain-stem dissection revealed small hemorrhagic lesions consistent with death by asphyxia. Roslik's death, the forensic pathologists concluded, was due to either beating or drowning, the latter presumably as a result of *el submarino* torture. Dr Eduardo Saiz, the military physician who performed the official (first) autopsy and signed the report, was suspended by a civilian medical union pending an investigation.[6]

Last year, the union-sponsored medical ethics commission found Saiz guilty of "grave ethical fault" for failing to state critical facts in his report. Union activists say Saiz' behavior was typical of physicians in the dictatorship's clandestine detention centers (eg, interview with Dr Jose Diaz, treasurer of the Sindicato Medico del Uruguay, the nation's largest medical union). Military physicians and officials interviewed all denied knowledge of any such medical cover-ups. Evidentiary difficulties probably will make it impossible ever to know whether actions like Saiz' were rare or routine. The Saiz case stands out because his signed report was the proverbial "smoking gun," in the wake of a repeated autopsy. More typically, deaths during detention were not followed by civilian autopsies, and detainees were not allowed to be examined by their own physicians (interview with Azucena Berrutti, a prominent attorney who represented political prisoners, December 1985).

3. Failing to Provide Adequate Medical Assistance.—The author was unable to obtain convincing evidence either to verify or to refute frequent reports of grossly inadequate medical treatment in the secret detention centers, the national security prisons, and the central military hospital. Physicians who were once prisoners insisted that gross clinical neglect was pervasive—and occasionally deliberate. All the military physicians interviewed emphatically denied this, though some complained about drug shortages and the slow-moving bureaucracy. A military intelligence source said physicians in the detention centers "probably didn't always offer all the assistance necessary" during interrogations. He hinted that soldiers often imposed limits, but he appeared to evade questions about the physicians' role in this process.

4. Performing Political Interrogation.—No conclusion could be drawn as to the accuracy of this charge. Some prisoners interviewed insisted physicians joined in interrogations, but none could offer a personal account. The military intelligence source quoted above said that "maybe one doctor would have questioned a patient" on subjects related to his arrest, but that this practice was "not systematic." This source also said a physician at the elite military intelligence school "would talk about methods to make prisoners talk," but that these were limited to psychological ploys like *el bueno y el malo* ("good guy and bad guy"). (In this routine, one harsh interrogator acts as a foil for a second, more gentle questioner in an effort to encourage cooperation with the latter.) The source claimed physicians never taught techniques of physical torture. But he acknowledged that officers in the field, with *el submarino* or *la plicana* readily available, felt free to add to the physician's conception of the bad guy. Several former Libertad prison psychiatrists interviewed denied charges that they interrogated prisoners. However, the authorities' free use of clinical records suggests the fuzziness of any line between interrogation and psychiatric examination at Libertad.

5. Designing a Prison Regimen at Libertad Intended to Harm Inmates' Mental Health.—Some ex-prisoners have alleged that a psychologist, Dolcey Britos, was the mastermind behind a scientific scheme to "systematically obliterate their personalities.'" The available evidence does not support this sensational charge. But circumstantial evidence suggests that Britos was, at the least, an adviser in the formulation of harsh rules and changing routines (described above) aimed at inflicting mental suffering.

Informed military sources, including Dr Gutierrez, the former Libertad psychiatrist and junta adviser, said Britos' primary function was to counsel officials on the design of the prison regimen. Britos, according to several military sources, shared the military's view of the inmates as "enemies" in a "war" that continued inside prison walls. Britos had no patient care responsibilities, several former Libertad psychiatrists said. Yet he interviewed large numbers of prisoners, performed Rorschach and other diagnostic studies, and kept his own clinical records, according to physicians who were imprisoned at Libertad (interviews with Drs Liber Mandressi and Omar Etorena, December 1985). These records included "statistical charts" that showed correlations between punitive sanctions and the incidence of psychiatric problems, according to Mandressi, who examined the records after Britos asked him to collaborate in data collection.

Gutierrez and other military sources said that they did not know

the content or impact of Britos' advice on prison rules and routines. But Gutierrez said claims that Britos was the mastermind were exaggerated. Libertad's psychologically destructive regimen, said Gutierrez, was largely a "construction of the military mind." The former Libertad official quoted above belittled Britos' contribution, boasting that the prison administration had developed its own "expertise" and didn't need a psychologist to tell it what to do. Despite intensive efforts, the author was unable to arrange a meeting with Britos.

6. Deliberately Abusing Neuroleptic Drugs.—Former inmates at Libertad have accused a psychiatrist, Walter Gori, of conducting "experiments" on psychotic inmates with an "unknown drug"—"Calmansial." Reached by phone, Gori refused to comment, but other former Libertad psychiatrists denied knowledge of any medical experimentation. The Department of Military Health's chief psychiatrist offered a plausible explanation: Calmansial, he pointed out, was the E. R. Squibb & Sons, Inc, trade name in Argentina for fluphenazine decanoate (Prolixin decanoate in the United States), sold in Uruguay under its Chilean trade name, Modecate. The drug was once cheaper in Argentina, under the unfamiliar name Calmansial, and the military purchased large stocks from Argentine sources (interview, on condition of anonymity, December 1985).

A more disturbing charge is that Libertad psychiatrists administered neuroleptics, including fluphenazine and haloperidol, to provoke extrapyramidal side effects (EPS) as a torture technique.[8] The psychiatrists interviewed emphatically denied this charge. But a few said psychotic patients were sometimes given neuroleptics, then not treated for EPS because anti-EPS agents were in short supply.

IMPLICATIONS

The investigation reported here yielded convincing evidence that clinicians played a significant role in the Uruguayan apparatus of physical and psychological torture.

Some, like the physician whose deceptive autopsy report covered up a death during torture, clearly betrayed internationally accepted precepts of medical ethics. The World Medical Association's 1975 Declaration of Tokyo, the international medical community's most comprehensive statement on torture, states that clinicians "shall not countenance, condone or participate" in torture or "provide any premises, instruments . . . or knowledge to facilitate" it.[9] These words surely proscribe any advisory role in undermining Libertad inmates' mental health, as well as the alleged use of neuroleptic drugs to inflict pain.

Yet physicians most systematically served the bureaucracy of state terror in a manner not clearly condemned in existing ethical codes. Conceiving of themselves as merely technicians obliged to serve their employers, physicians in the detention centers and national security prisons performed routine clinical work but abdicated personal responsibility for its use. The diagnostic data they gathered and the medical aid they provided became, in the military's hands, cogs in an apparatus of torture designed to uncover and crush all that was seen as subversive while minimizing the perceived affront to Uruguay's nonviolent, democratic tradition.

Having convinced themselves that this apparatus was irrelevant to their *personal* responsibility, these physicians today bristle at the charge that they "participated" in torture. And, though the Declaration of Tokyo plainly prohibits acts that themselves inflict suffering or materially aid in doing so, it does not clearly address the normal work of diagnosis and treatment, performed without regard for its potential nonclinical applications. Terms like "participate" and "facilitate" are indefinite. To proscribe medical participation in torture with more compelling precision, we need to refine our conception of the physician's ethical obligations when his *employer* makes nonclinical use of his medical work product.

How might we begin that task? A starting point is the physician's commitment, so similar in many cultures and so essential to his patients' trust, to take personal responsibility for human well-being.[10] That commitment requires that a physician maintain a sense of himself as a separate moral agent, responsible for his work's extraclinical repercussions, even when that sense is completely at odds with the beliefs of those around him. That a physician must not, at state insistence, abdicate this moral responsibility was affirmed by the Nuremberg Military Tribunals, which refused to accept Nazi physicians' claim that Hitler's assumption of this responsibility shielded them from criminal culpability.[11]

Amnesty International has urged medical personnel who work in places of involuntary confinement to insist on their moral separateness by demanding that they be "employed by and responsible to an authority independent from that of the confining institution."[6(p105)] This proposal strikes directly at the scheme of authority that invited Uruguayan military clinicians to abandon their sense of responsibility for others' uses of their work. Institutional design matters—that is a critical lesson from the Uruguayan experience—and the Amnesty International proposal ought to be included in any ethical code for physicians who treat detained persons.

The physician's responsibility for his work's extraclinical repercussions surely implies a duty, in some circumstances, not to perform that work. It would be unreasonable to demand that physicians withhold their services whenever those repercussions might be contrary to a patient's interests. Physicians regularly perform medical examinations, in service of extraclinical social needs, that result in denials of insurance coverage, job loss, and even deprivation of liberty (eg, court-ordered mental hospitalization). Yet we can insist that clinicians, as discrete moral actors, sensitize themselves to such conflicts of interest[12] and accept ethical responsibility for all reasonably foreseeable extraclinical consequences. When those consequences are tolerable, ethical *responsibility* should not imply ethical *fault*. But torture is surely beyond the pale of legitimate consequences. When medical diagnosis and treatment support the administration of torture, that work itself becomes unethical.

On encountering, for the first time, a victim of torture, a clinician should not withhold emergency care. But as

soon as he discerns a pattern of controlled brutality, modulated by his diagnostic and therapeutic labors, quitting time has arrived. International codes of ethics ought to make this plain. A physician can then best fulfill his commitment to the victims' well-being by redirecting his energies toward the "public health" front. He ought to report evidence of torture to authorities willing and able to act. If he can find none, he should take his case higher, via human rights groups and the press, to the collective conscience of his country and the world. He may thereby chance imprisonment or worse. But, like the perils of contagious disease, this risk comes with the job, if his personal commitment to protecting human health is to have concrete meaning in his time and place.

Note on the Text

In March 1986, after this article went to press, the Uruguayan government for the first time took action against a physician accused of collaborating in torture. Under pressure from medical trade unions, President Julio Sanguinetti approved the dismissal of Dr Eduardo Saiz, the military physician whom a union ethics panel found guilty of "grave ethical fault" for signing a misleading autopsy report, from a state-funded clinical position. Sanguinetti also authorized the Ministry of Public Health to start administrative proceedings that could result in revocation of Saiz' right to practice medicine.

The president's action was a triumph for the Uruguayan medical community's continuing effort to call physicians individually to account for collaboration in human rights abuses. Implicitly, Sanguinetti acknowledged the legitimacy of the unions' ethics commission, setting a precedent that union leaders hoped would lead to state delicensing of clinicians found guilty by the ethics panel.

Minister of Health Raul Ugarte promptly began proceedings against Saiz, provoking an angry reaction from military officers. Ugarte soon began receiving anonymous death threats. Last month, in preparation for a cabinet reshuffling, all of Sanguinetti's ministers, including Ugarte, submitted their resignations. Ugarte's departure, union leaders fear, casts new doubt on the future of state proceedings against physicians who collaborated in torture.

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References

1. Goldman RK: Uruguay, in Brown C (ed): *With Friends Like These: The Americas Watch Report on Human Rights and U.S. Policy in Latin America.* New York, Pantheon Books Inc, 1985, pp 72-91.

2. *Report on Human Rights Violations in Uruguay.* London, Amnesty International Publications, 1983.

3. *Report on the Situation of Human Rights in Uruguay.* Washington, DC, Inter-American Commission on Human Rights of the Organization of American States, 1978.

4. *Uruguay: The End of a Nightmare?* New York, Lawyers Committee for International Human Rights, 1984.

5. Goldstein R, Gellhorn A: *Human Rights and the Medical Profession in Uruguay Since 1972.* Washington, DC, American Association for the Advancement of Science, 1982.

6. Stover E, Nelson M: Medical action against torture, in Stover E, Nightingale EO, (eds): *The Breaking of Bodies and Minds: Torture, Psychiatric Abuse, and the Health Professions.* New York, WH Freeman & Co, 1985, pp 101-127.

7. Cordes C: Psychologist said to be architect of abuse. *Am Psychol Assoc Monitor,* December 1984, pp 6-7.

8. *Mental Health Aspects of Political Imprisonment in Uruguay.* London, Amnesty International Publications, 1983 (AI Index: AMR 52/18/83).

9. Stover E, Nightingale EO (eds): *The Breaking of Bodies and Minds: Torture, Psychiatric Abuse, and the Health Professions.* New York, WH Freeman & Co, 1985, pp 272-273.

10. Hippocratic oath, Prayer of Moses Maimonides, and Islamic physician's oath, in Stover E, Nightingale EO (eds): *The Breaking of Bodies and Minds: Torture, Psychiatric Abuse, and the Health Professions.* New York, WH Freeman & Co, 1985, pp 265-270.

11. *Trials of War Criminals Before the Nuernberg Military Tribunals Under Control Council Law No. 10.* Washington, DC, Nuernberg Military Tribunals, 1950, vol 2, pp 171-297.

12. Bazelon DL, quoted by Nightingale EO, Stover E: Toward the prevention of torture and psychiatric abuse, in Stover E, Nightingale EO (eds): *The Breaking of Bodies and Minds: Torture, Psychiatric Abuse, and the Health Professions.* New York, WH Freeman & Co, 1985, p 247.