

Los Torturadores Medicos: Medical Collusion With Human Rights Abuses in Argentina, 1976–1983

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Abstract Medical collaboration with authoritarian regimes historically has served to facilitate the use of torture as a tool of repression and to justify atrocities with the language of public health. Because scholarship on medicalized killing and biomedicalist rhetoric and ideology is heavily focused on Nazi Germany, this article seeks to expand the discourse to include other periods in which medicalized torture occurred, specifically in Argentina from 1976 to 1983, when the country was ruled by the *Proceso de Reorganización Nacional* military regime. The extent to which medical personnel embedded themselves within the Proceso regime's killing apparatus has escaped full recognition by both scholars and human rights activists. This article reconstructs the narrative of the Proceso's human rights abuses to argue that health professionals knowingly and often enthusiastically facilitated, oversaw, and participated in every phase of the "disappearance," torture, and mass murder process.

Keywords Medical ethics · Human rights abuse · Torture · Military · Political dissent · Argentina

In 1979 the commander in chief of the Argentine Navy, Admiral Emilio Eduardo Massera, declared that Argentines must "sweep the country clean of subversion" and

"ideological saboteurs" in order for the "nation's health to recover" (Massera 1979, 22).¹ Although he was referring to events and concerns specific to Argentina in the late 1970s, Massera was by no means the first ideologue to link the well-being of the nation-state to issues of hygiene and medicine. Many groups across the political spectrum and in various societies throughout history have engaged in this type of biomedicalist rhetoric, which has served as a convenient metaphor in which to frame society. While many have spoken of a nation or community in biological metaphor, few societies have taken steps to apply their biomedical theories to governmental policies. Those that do, however, have tended to follow an authoritarian and violent path.

The reason for this trend is the genocidal logic inherent in the biomedicalist theories themselves. Biomedicalist discourse sets up an antagonistic relationship between a country's citizens and those deemed "foreigners" or "outsiders" and likens what would otherwise be cultural or political differences to germs and diseases. Political leaders can justify actions against those outsiders by invoking the language of medicine and can mask the brutality and ugliness of the atrocities with a pseudoscientific public image. Extreme forms of biomedicalist rhetoric frame society in such a way that

¹ In the original Spanish: "*pongamos todos en recuperar la salud nacional. ... Hay que limpiar al país de subversion, pero hay que entender que no solo son subversivas las organizaciones terroristas de la ideología que fueren, sino que subversivos son también los saboteadores ideológicos, y aquellos que con soluciones fáciles inciten a una nueva postergación de nuestro destino.*" Translation by the author.

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physical violence, torture, and even genocide encompass therapeutic solutions to societal problems. Furthermore, biomedicalist discourse encourages the medical community to participate in human rights violations, in turn providing a legitimacy and professional veneer to the abuse and killing.

In the case of Argentina, a particularly virulent form of biomedicalist ideology was promulgated by the military regime that ruled the country from 1976 to 1983. Members of the ruling military junta, which included Emilio Massera, obsessively lamented Argentina's steady decline over the past decades from one of the wealthiest nations in the world to a country suffering chronic political and economic instability. During the late 19th and early 20th centuries, Argentina's vast natural resources, booming export-led economy, expanding railroad network, well-educated population, and Western cultural heritage made it a magnet for foreign investment and European immigrants seeking a better life (Lewis 1992, 13–16). The country enjoyed one of the highest per capita GDP growth rates in the world from the 1870s until the Great Depression.² However, in 1930 the Argentine government was overthrown by a military coup, and the previous prosperity gave way to economic stagnation, persistent military interference in politics, and a series of weak and inept civilian governments. By 1976 Argentina had been wracked by political and economic turmoil for decades, and the military yet again decided to overthrow the civilian government, which was then led by Isabella Perón, wife of the former President Juan Domingo Perón. However, the 1976 military coup was distinct from past military takeovers due to the extreme nature of its policies.

On March 24, 1976, a military junta initiated what it termed the *Proceso de Reorganización Nacional*, or Process of National Reorganization (MacLachlan 2006). Headed by Jorge Rafael Videla of the Army, Emilio Eduardo Massera of the Navy, and Orlando Ramón Agosti of the Air Force, the military framed its seizure of power as an attempt to cure an infirm Argentine nation of deviant and infectious elements, restructure society in a manner harmonious with a mystical and totalitarian concept of *Argentinidad*, and thereby return

Argentina to its former strength, vitality, and glory (Taylor 1997). The military claimed that a new era in Argentine history had begun, an era in which the nation would purge itself of sickly inhabitants. In reality, this cleansing process meant the “disappearance” (i.e., abduction, torture, and murder) of anyone deemed subversive or ideologically unhealthy. These approximately 30,000 *desaparecidos* were burned, buried in unmarked mass graves, or dumped en masse from airplanes into the ocean while still alive, their surviving children often surreptitiously adopted by military families or couples friendly with the regime (Taylor 1997). The Proceso regime's dealings with and treatment of political dissidents, leftists, trade unionists, academics, Jews, homosexuals, and other so-called subversives can be understood as applications of the government's biomedicalist theories.

Historians on this period have analyzed the Proceso regime from a variety of perspectives, often focusing on bringing former members of the regime to justice and discrediting the military's argument for originally staging a coup. Writers and human rights activists, such as Daniel Frontalini and María Cristina Giati, attempted to directly debunk the propaganda that justified the military seizing and maintaining power (Andersen 1993). However, they largely ignored the Proceso regime's ideological underpinnings and how that ideology directed the violent government policies against so-called subversives. In fact, some writers unintentionally reinforced the regime's biomedicalist rhetoric in Argentine discourse by using medical metaphors. One writer stated that, “in 1992 in Argentina, the virus of militarism seems to have finally ebbed from the body politic,” mimicking the language used in regime propaganda (Andersen 1993, 6).

Later monographs on the Proceso analyzed the regime in a less polemical manner. These works discussed, to varying degrees, topics such as the regime's anti-Semitism, treatment of women, ramifications of torture for survivors, and parallels with European fascism of the 1930s, especially with Nazism (Timmerman 1981; Taylor 1997; Kaiser 2005; Feitlowitz 1998). In addition, numerous books studied the Falklands/Malvinas War that Argentina waged against Great Britain in 1982, reflecting the international community's interest in the highly publicized conflict. Yet all of the prominent scholarship on the Proceso including the above-mentioned works largely ignored, or only mentioned in passing, the regime's pervasive

² From 1875 through the early 1900s, Argentina's per capita gross domestic product growth rates averaged between approximately 4 percent and 6.5 percent per year, outpacing Great Britain, France, Germany, Italy, the United States, Canada, and Australia (see Cortés Conde 2009).

biomedicalist ideology despite the centrality of that ideology in informing the regime's policies. In addition to being one of the military's core influences, this ideology prompted the military to actively court health professionals to join the Proceso regime and to violate their Hippocratic oaths by participating in torture sessions and mass murder. The regime's ideology was subsequently legitimized by medical collaboration in the human rights violations.

The literature on biomedicalist discourse and medical atrocity largely ignores Argentina. This area of academia has heavily focused on Nazi Germany and the Holocaust and, to a lesser extent, on Warsaw Pact countries in which political dissidents were systematically institutionalized in psychiatric facilities. Perhaps the most famous and influential monograph written on the subject of medical collusion with human rights violations is Robert Jay Lifton's (1986) *The Nazi Doctors: Medical Killing and the Psychology of Genocide*. In this book, Lifton thoroughly explores the extent to which physicians and other health professionals carried out the Nazi genocide against the Jews. Biomedicalist ideology, Lifton argues, composed a central pillar of Nazi doctrine and acted as the primary impetus for World War II and the Holocaust. Labeling Nazi Germany a "biocracy," Lifton claims that the whole genocidal structure of the Third Reich depended on doctors and health professionals, who carried out the genocide against the Jews almost entirely by themselves (Lifton 1986). Doctors played an absolutely essential role in the Holocaust and were led to do so by their firm belief in the Nazi biomedical vision. Concluding that the medical profession in general is susceptible to being "ideologized in lethal directions" by extreme biomedicalism, Lifton extends his analysis beyond Germany and recognizes the dangers inherent in biomedicalist theories wherever they are promoted (Lifton 1986, 491).

The universality of biomedicalist ideology and unethical medical practices merits discussion of other countries and time periods that have been largely overlooked by the available literature. A singular focus on Nazi Germany falsely implies that biomedicalist thinking occurred only in the past and in connection with one regime. This article seeks to help expand the understanding of Argentine history and bioethics by using the Proceso regime as a means for analyzing the ways in which ideology encourages medical collusion with human rights violations. Argentina in the 1970s and 1980s is an appropriate historical moment to

examine because the Proceso regime's biomedicalist ideology took on a particularly pervasive and vicious form. Argentina's experience with biomedicalist ideology can also serve as uniquely instructive because the government defined societal "disease" by belief and behavior rather than by the more typical designations of race and religion. Furthermore, to prevent future atrocities it is important to examine how and under what circumstances health professionals can willingly commit and oversee human rights abuses and why medicalized language constitutes such a powerful tool of oppression.

Ideology

One cannot thoroughly understand why health professionals in Argentina so willingly engaged in torture and mass murder without examining the Proceso's underlying biomedicalist theories. Of all the regime's proponents, these ideas were enunciated most clearly and frequently by Chief Navy Commandant Admiral Emilio Eduardo Massera (Feitlowitz 1998). Massera had participated in the 1976 military coup against Isabella Perón's presidency and ruled as vice president from 1976 to 1981 in the original tripartite junta, which also included Jorge Videla and Orlando Agosti. Massera acted as a main ideological spokesman for the military during the regime, giving numerous speeches to a variety of groups and organizations during his time in power. Massera also was a charismatic figure and built a large personal following among conservative civilians and the military rank-and-file, especially those in the Navy. For example, Lieutenant Commander Adolfo Scilingo, the naval officer whose later testimony on "death flights" became important documentation of human rights abuses, said of Massera: "You know, I had blind faith in Admiral—in then-Admiral Massera—I had total and absolute admiration for Admiral Massera" (Verbitsky 1996, 62). Numerous fellow naval officers shared such sentiments. Massera's speeches and writings, therefore, can be viewed as particularly revealing of the Proceso's ideology.

In 1979 Massera compiled many of his speeches and essays into one book, entitled *El Camino a la Democracia*, a text riddled with medical metaphor and cleansing ideology. This publication featured Massera's ruminations on various subjects ranging from industrialization, economics, "subversion," Western

civilization, and the future and destiny of Argentina. The book also included the transcripts of many of Massera's lectures at universities and speeches at military functions, demonstrating the variety of groups that Massera potentially influenced. A careful reading of the text reveals much about the regime's beliefs and provides evidence that the military viewed the problems afflicting Argentine society as being medical in nature. Massera wrote of the regime's self-proclaimed objectives:

We understand clearly, that [this Proceso] is about the state of health of a nation, and this country has been sick for too long to be cured suddenly. That is why we all must realize that we have only recently begun our period of convalescence, a period that, without a doubt, will be more or less prolonged, continuing the undertaking that we all share to recover the national health (Massera 1979, 22).³

Massera claimed that the problems in Argentine society, such as political chaos, economic turmoil, social strife, and high crime rates, were all symptoms of a greater illness afflicting the nation. The Proceso, Massera argued, was a vigorous effort involving all Argentines to restore Argentina's health and strength before the country's decline became irreversible. At its core, the Proceso was a palingenetic project attempting to heal and strengthen national identity (Griffin 1991).⁴

Massera continued by identifying Argentina's sickness as being a pervasive *iconolatria subversiva*, or subversive idolatry, a phrase encompassing all ideologies, ideas, beliefs, identities, behaviors, and moral codes conflicting with the military regime's rigid totalitarian vision of Argentine nationhood (Massera 1979, 70).⁵ He stated that "this clotting [*coagulación*] of ethics

is, in reality, the virus that is most corrosive to the social structure" (Massera 1979, 101).⁶ Argentina, he declared, needed "to initiate a counteroffensive" against the virus before it became too late, adding that "the spirit of the West is not dead yet" and could still be successfully revived (Massera 1979, 90). Massera did not employ biomedicalist rhetoric simply because it served as a convenient metaphor for the regime's worldview. Rather, the biomedicalist rhetoric amounted to a diagnosis of Argentina's problems (diseased and destructive members of society) and an implied treatment (the removal from society and murder of such people).

Other government officials espoused biomedicalist rhetoric in even more explicit and detailed terms than Massera did to justify the military's policies. In the first year of the Proceso regime, an Argentine newspaper quoted Rear Admiral César A. Guzzetti as saying:

The social body of the country is contaminated by an illness that in corroding its entrails produces antibodies. These antibodies must not be considered in the same way as [the original] microbe. As the government controls and destroys the guerrilla, the action of the antibody will disappear. ... This is just the natural reaction of a sick body (Feitlowitz 1998, 33).

In this statement Guzzetti argued that the regime's violence was both a justified and "natural" response to dissent and political violence because people who became "contaminated" by subversive ideologies forfeited their citizenship and their Argentine identity.⁷ No longer considered cells of the organic "social body," anyone challenging the regime's authority was considered a dangerous and foreign "microbe" that weakened society and that needed to be destroyed at all costs. By conflating the nation-state to the level of an organism, Guzzetti attempted to remove agency and responsibility from the military and to cast the regime's human rights abuses as inevitable reactions dictated by the laws of nature,

³ In the original Spanish: "entendemos claramente, que ésta es el estado de salud de un pueblo, y este país ha estado enfermo durante demasiado tiempo como para curarse de repente. Por eso debemos comprender; que recién empieza la convalecencia, un período que sin lugar a dudas será más o menos prolongado, según el empeño que pongamos todos en recuperar la salud nacional." Translation by the author.

⁴ To describe fascism, Roger Griffin coined the term "palingenetic ultra-nationalism," meaning a political movement "whose mobilizing vision is that of the national community rising phoenix-like after a period of encroaching decadence which all but destroyed it" (Griffin 1991, 38).

⁵ According to one scholar, "the 'subversion' with which Argentine officers were so preoccupied was very much a cultural construction, specifically, an interpretation of human nature, history, and national identity not entirely amenable to empirical confirmation—or rebuttal" (Osiel 2001, 119).

⁶ In the original Spanish: "Esta coagulación de la ética es, en realidad, el virus más corrosivo de la estructura social."

⁷ For the Mexican Nobel laureate Octavio Paz, denying a group of people a place within society, even a second-class place, formed one of humanity's worst crimes: "New Spain committed many horrors, but at least it did not commit the gravest of all: that of denying a place, even at the foot of the social scale, to the people who composed it. There were classes, castes and slaves, but there were no pariahs, no persons lacking a fixed social condition and a legal, moral and religious status" (Paz 1991, 102–103).

history, or biology. Furthermore, the use of the term “guerrilla” to describe opponents of the regime constituted another rhetorical sleight-of-hand. The military argued that it engaged in necessary violence to counter widespread guerrilla actions of terrorist cells scattered throughout the country, an assertion that has been challenged by human rights activists as exaggeration or outright propaganda to justify mass arrests and executions.⁸ Dehumanizing the regime’s enemies through biomedicalist rhetoric facilitated the enactment of these murderous policies.

Analyzing the medicalized language of regime members can also shed light on the motivation behind other government policies, such as the treatment of Jews. When dealing with Argentine Jews, the Proceso regime combined classic anti-Semitic themes that had been popular on the right with its own pervasive biomedicalist discourse. According to historian David Rock, the Argentine right has traditionally viewed Jews as suspect foreigners who clandestinely disseminated liberal and socialist ideas in order to advance sinister agendas; the members of the Proceso regime were no exceptions (Rock 1993). Although the regime never promoted an official anti-Jewish policy and did not target the Argentine Jewish community as a whole on the basis of their racial or ethnic makeup, the Proceso viewed Jews as being more susceptible to infection by subversion than non-Jews, but not necessarily subversive in and of themselves. The regime’s mentality borrowed heavily from theories posited by turn-of-the-century Argentine criminology, which asserted that Jews suffered from mental diseases, intellectual disturbances, hysteria, neurosis, and psychosis at greater rates than other populations in the country (Rodríguez 2006). In *El Camino de la Democracia*, Massera listed many things as falling into the category of “subversion,” but he specifically cited the ideas and theories of Karl Marx, Sigmund Freud, and Albert Einstein as being most harmful to Western civilization. It was no coincidence that all three of these “subversive” thinkers were Jewish. Massera condemned Marxist economic theory because “it questions the inviolable character of private property,” Freud’s methods of dream analysis for “assaulting the sacred space of the deep and the intimate,” and Einstein’s Theory of Relativity “for putting into crisis

the conditions of stasis and inertia” (Massera 1979, 86–87).⁹ From Massera’s paranoid perspective, the three most subversive plotters against Christian civilization were Jewish intellectuals, and, therefore, all Jews were suspect of supporting that agenda.¹⁰

These widespread opinions about Jews in the government caused real ramifications for the Argentine Jewish community. Because the military viewed Jews with a high degree of suspicion, Jews suffered more disappearances relative to their population size than any other ethnic or religious group in Argentina.¹¹ Furthermore, once Jews arrived in secret detention centers they often suffered greater tortures than their non-Jewish counterparts. Tapes of Nazi speeches regularly played on loudspeakers at many prisons, and torture chambers were often furnished with portraits of Adolf Hitler on the wall (Feitlowitz 1998). Many Jewish inmates were accused of being Zionist spies plotting against the Argentine government for the purposes of world domination. Interrogators even charged some Jewish prisoners with participation in an elaborate plot to take over Patagonia and create a new Jewish country called the Republic of Andinia, which would “become an economic emporium, a food and oil basket, [and] the road to Antarctica” for world Jewry (Timerman 1981, 73–74). While such anti-Semitism was by no means a new phenomenon in Argentina, the Proceso’s obsession with biomedical theories and its vague notions of

⁹ Massera said of Marx: “*cuestiona el carácter inviolable de la propiedad privada*”; of Freud: “*el espacio sagrado del fuero íntimo es agredido*”; of Einstein “*la que queda en crisis la condición estática e inerte*.” Translation by the author.

¹⁰ Paranoia and belief in conspiracy theories are common qualities of Argentine Nationalism. Raúl Scalabrini Ortiz, a prominent advocate of “left nationalism,” claimed that “the North Americans, under the direction of Henry Ford, are going to erect a giant factory for manufacturing ‘standard’ humans” to control the world. Scalabrini Ortiz also believed that Argentina was a giant man and Argentines were its cells: “The spirit of the land is a giant man. Because of his immeasurable size he is for us invisible, just like we are to microbes ... We are infinitely small cells of his body.” In the original Spanish: “*Los norteamericanos, bajo la dirección de Ford, van a erigir una fábrica gigante para hacer hombres standards*”; “*el espíritu de la tierra es un hombre gigantesco. Por su tamaño desmesurado es tan invisible para nosotros, como los somos nosotros para los microbios... Somos células infinitamente pequeñas de su cuerpo*” (Ortiz 1964, 127 and 19).

¹¹ Approximately 8 percent of people who were “disappeared” during the Proceso regime were Jewish, despite Jews comprising only 1 percent of the total population in Argentina. The Argentine Jewish community was, and still is, the largest in Latin America (*The Economist* 2007, 41).

⁸ Argentine activists Daniel Frontalini and María Cristina Caiati first put forward this theory of the “Dirty War Myth” in 1984 (see Andersen 1993, 5–6).

“subversion” injected new energy into classic anti-Semitic tropes.

In addition to the rhetorical “germ theory” espoused by Massera and Guzzetti, the Proceso regime also incorporated psychiatric language into its rhetoric, with the idea of Jews suffering from “intellectual disturbances” and “mental diseases” at greater rates than other ethnic groups being just one example. The regime also frequently characterized subversion as a “hallucinatory epidemic” (Feitlowitz 1998, 26). When it suited them, military officials labeled political dissidents and government critics as suffering from mental illnesses. For example, the military consistently called the internationally respected human rights group Las Madres de la Plaza de Mayo, who protested in front of the President’s House demanding answers regarding their abducted children, “*Las locas de la Plaza de Mayo*” and went at great lengths to discredit them as such in the national media (Feitlowitz 1998). Additionally, the regime infused politicized biomedicalist language into even the most apolitical of policies. The slogan “*el silencio es salud*,” or “silence is health,” was widely used throughout Buenos Aires during the Proceso to limit noise pollution and reduce car honking. However, the message also carried more sinister implications and was meant to discourage criticism of the regime. The regime also used clinical terminology such as “schizophrenic” and “psychotic” when discussing former Argentine civilian governments in schools or in the media and characterized the Proceso as a form of national therapy to cure the government of its previous problems. The themes of sickness and healing dominated the military regime’s propaganda.

Although the military’s biomedicalist discourse was central to the entire Proceso project, human rights activists and their publications failed to explicitly identify and condemn this destructive ideology, an ideology that prompted the human rights violations in the first place. The post-1983 civilian government’s Argentine National Commission on the Disappearance of Persons (CONADEP) documented a myriad of human rights abuses that were performed by the Proceso regime in the well-known *Nunca Más* report. Yet it and other publications advocating for human rights only mention medicalized torture in passing. These publications fail to recognize the centrality of the role of the doctor in human rights violations. Understandably, CONADEP was preoccupied with properly documenting an overwhelming amount of testimony from all over the

country under time constraints dictated by the civilian government. However, once a reader of the testimony begins to take note of the medical participation in the atrocities, it becomes clear that medical collusion with human rights violations constituted a fundamental phenomenon for understanding the Proceso.

Physicians as Torturers

The Proceso regime incorporated large numbers of health professionals into its authoritarian structure. While this aspect of the Proceso is acknowledged, the extent to which these medical personnel embedded themselves within the military regime’s killing apparatus has escaped full recognition. Doctors acted as essential components of the Proceso’s killing machine. Not only did the Proceso regime rely heavily on pseudo-medical rhetoric to frame and validate their self-proclaimed mission of cleansing the country, they successfully encouraged and recruited health professionals to engage in countless human rights violations during the 7 years of military rule.

The Proceso regime relied on the Argentine medical community to carry out a variety of specific tasks. According to writer and physician Steven H. Miles, doctors, psychologists, and other health professionals historically collaborate with torturers in six different ways: (1) by examining prisoners to certify them as being capable of withstanding torture, (2) by preventing the premature death of a prisoner still considered useful to interrogators through the monitoring of victims during torture sessions, (3) by concealing evidence of torture through the forging of documents and death certificates, (4) by conducting unethical and abusive research and experiments, (5) by overseeing the systematic neglect of prisoners’ food, water, care, and sanitation, and (6) by maintaining silence or ignoring torture activities (Miles 2006). During the Proceso regime, Argentine health professionals engaged in all of these activities as documented below.

Physicians, nurses, and other medical personnel knowingly facilitated, oversaw, and participated in almost every stage of the regime’s infamous “disappearance” process. The first step of this process was the kidnapping of so-called subversives by military squads, a procedure euphemistically labeled a “detention of persons” operation. These squads traveled in specially designed F-100 Swat Vans furnished with surveillance

equipment and beds for long stakeouts (Verbitsky 1996). The squads often brought a *desaparecido* along with them to identify, under duress, a “fellow accomplice to subversion” to be abducted. According to testimony by Adolfo Scilingo, a lieutenant commander in the Navy and former torturer during the Proceso, the soldiers shot victims who resisted abduction in nonfatal areas such as the appendages or hip, keeping them alive so that they could be given “intensive therapy,” a medicalized code word for torture.¹² Scilingo added, “I was the one who had to drive him in an ambulance to the naval hospital, where they operated on him to remove the bullet. ... [Afterward] he was probably interrogated and the rest” (Verbitsky 1996, 40). This testimony provides an example of doctors operating on a patient so that he could be well enough to withstand torture. The statement also implies that doctors and medical personnel, at least in military hospitals, across the country were aware of the regime’s kidnapping operations and remained silent. Doctors and hospital staff must have noted the curious circumstances surrounding the victim’s wounds and mental state and presumably released the patient into the custody of soldiers upon completion of the operation. In addition, health professionals throughout Argentina would have known about the abductions in the same way as the rest of the population, by witnessing the frequent kidnappings that occurred in public spaces during the daytime. Unfortunately medical professionals behaved like most Argentines at the time, pretending not to notice massive human rights violations and continuing their normal routine. By treating patients so that they could be healthy enough to withstand torture sessions, physicians and nurses also violated their Hippocratic oaths and directly assisted an authoritarian and murderous regime.

However, medical involvement in human rights violations did not stop there. Upon completion of an abduction operation, military squads brought their victims to one of the approximately 340 secret detention centers scattered throughout the country.¹³ The secret detention

centers often had their own infirmary and employed military doctors to monitor prisoners. These infirmaries were used only to treat prisoners who were in danger of dying during a torture session, thereby increasing the amount of torture a detainee could withstand (CONADEP 1986). Victims injured during the course of a torture session at the detention centers were sometimes brought to nearby hospitals for treatment. For example, a survivor named Oscar Martín Guidone had his spleen ruptured during a torture session performed by soldiers of the 8th Regiment and was taken to the military hospital next to his secret detention center. The doctors in the hospital performed a laparotomy while Guidone was tied up and with armed guards stationed at the door. The unusual conditions of the operation suggest that the medical team knew of the unethical treatment of detainees and, again, chose to remain silent. After recovering from the operation the hospital staff allowed Guidone to be sent back to his secret detention center. The numerous examples in the testimony similar to this one, of doctors knowingly treating a prisoner at the request of soldiers in order to facilitate torture sessions, demonstrate a trend that CONADEP failed to properly emphasize to its readers.

Sometimes, rather than escorting a prisoner to the nearest hospital, soldiers carelessly dumped severely injured victims on the street near the hospital. In one case, documented by the Argentine National Commission on the Disappeared, multiple prisoners “left in very bad shape by torture were abandoned near the Jujuy Hospital, where anonymous phone calls were received giving instructions to pick them up” (CONADEP 1986, 203).

In addition to contact with prisoners in a hospital setting, doctors also monitored victims during the actual torture sessions. Various forms of torture were sanctioned and practiced by the military, including electrocution, bodily mutilation, beatings, sodomy, rape, starvation, and psychological torture. One anonymous torture survivor recalled:

There was no limit to the torture. It could last for one, two, five, or ten days. Everything was done under the supervision of a doctor, who checked our blood-pressure and reflexes: “We’re not going to let you die before time. We’ve got all the time in

¹² Members of the military often discussed torture in euphemistic terms, using phrases such as “persuasion,” “intensive therapy,” “work,” “treatment,” and “interrogation” (see Feitlowitz 1998, 59).

¹³ There are many names for these prisons, called “concentration camps” by Amnesty International, “secret detention centres” by the Argentine National Commission on the Disappeared, and *pozos*, or “wells,” in Argentine vernacular (CONADEP 1986, 51). This essay will use the term “secret detention centers.”

the world, and this will go on indefinitely.” That is exactly how it was, because when we were on the verge of death they would stop and let us be revived. The doctor injected serum and vitamins, and when we had more or less recovered they began to torture us again (Amnesty International 1980, 18).

This survivor could not have known that numerous other testimonies provided similar evidence suggesting that a medical doctor was almost always present during the torture sessions. Although evident in the testimonies, the Amnesty International report cited above never explicitly made this assertion. Human rights advocates failed to recognize that medical doctors were an essential part of the torture process and that interrogators relied on physicians’ specialized knowledge of the human body to assess how a torture session should proceed.¹⁴

The secret detention centers also organized the systematic neglect of prisoners, holding them in squalid conditions and providing minimal amounts of food and water, conditions that constituted another form of torture. Medical personnel most likely prescribed the amount of caloric intake each prisoner received. The minimal levels of hygiene that were maintained at the secret detention centers were not for the benefit of the prisoners. Rather, the primary reason that military doctors even maintained any hygienic standards was to prevent infectious disease from spreading to the prison guards (Amnesty International 1980).

Even when not using medical skills to increase the length of a torture session, a doctor’s mere presence aided interrogators by psychologically affecting the victim in ways advantageous to the military, a phenomenon entirely absent in the *Nunca Más* report. Because physicians are commonly associated with healing and caring, some victims subconsciously gained a false sense of comfort and became less resistant to the torture practitioners’ wishes. Other torture victims, such as the internationally respected journalist and human rights activist Jacobo Timerman, reacted differently. The realization that “even the humanity of

medicine is turned against the prisoner” heightened victims’ fear and despair (Miles 2006, 28). Timerman testified that a doctor’s “presence was terrible because he was the symbol that a scientific instrument is with you when you are tortured by the beasts” (Miles 2006, 167). According to Dr. Norberto Liwsky, a survivor who was abducted in April 1978, “[t]he first voice I heard after being tied up was of someone who said he was a doctor. He told me the wounds on my legs were bleeding badly, so I should not try to resist in any way” (CONADEP 1986, 21–22). In this example, the unnamed doctor engaged in psychological manipulation of the victim. His pretense of caring for Liwsky’s wounds was strategic, a technique to facilitate the interrogation and torture and a violation of medical ethics.

In addition to the frequent torture sessions, health professionals also oversaw and took part in prisoner executions. Soldiers killed their victims in a variety of ways, sometimes in an elaborate and sadistic manner. Prisoners often died as a consequence of too much torture, but they also starved to death, were shot, or were given lethal injections by nurses. In one peculiar case documented by CONADEP, guards in La Escuelita secret detention center in the city of Bahía Blanca forced four prisoners to take baths together, and then “a doctor or nurse came and gave them an injection.” The victims’ bodies later appeared in the news as casualties from a fabricated “terrorist shoot-out” with police (CONADEP 1986, 208).

One particularly inhumane method of murder was the now infamous “death flight,” the throwing of prisoners out of airplanes while still alive. During the death flights, according to one survivor, “there was always a doctor there,” a fact that CONADEP fails to mention (Amnesty International 1980, 24). Soldiers and military doctors went through great lengths to conceal the death flights from prisoners and civilians by using various euphemisms. Guards talked of “transferring” prisoners to new secret detention centers in “the south,” presumably in Patagonia, where *desaparecidos* could be “rehabilitated” and eventually released. Guards also used medicalized code words to describe the death flights, calling the transport procedure a “disinfection” and the final destination (i.e., the ocean) a “hospital” (Verbitsky 1996, 88). Such terminology further demonstrates how central the concept of

¹⁴ In fact, in El Club Atlético secret detention center in Buenos Aires, the torture chamber was actually inside the building’s infirmary, a setup designed to facilitate the medical supervision of torture sessions (see Amnesty International 1980, 5–6).

medicalization was to the Proceso's entire killing apparatus.

Doctors prepped victims for and participated in each stage of the death flight operation. Although each secret detention center prepared for death flights in different ways, typically a nurse and a few guards directed prisoners to an isolated section of the secret detention center, oftentimes the infirmary or a basement. Sometimes guards played music and sadistically forced the prisoners to dance in celebration of their imminent "release" (Mann 1996). The nurse "with a box full of bottles and syringes" told the prisoners that they were to receive a "vaccination" prior to the transfer, but actually injected prisoners with sodium pentothal, a fast-acting barbiturate, which caused weakness, vomiting, and loss of consciousness (Verbitsky 1996, 86–87; CONADEP 1986, 222). The victims were then "carried out like zombies and loaded onto the airplane" (Verbitsky 1996, 7).¹⁵ Once on the plane, a medical doctor (there was one on board every death flight) administered a second injection to tranquilize the prisoners further. Finally, the prisoners were tossed out of the plane into the South Atlantic by guards (Verbitsky 1996). The death flights demonstrate the extent to which health professionals actively and willingly committed mass murder.¹⁶

The death flights prompted doctors to violate medical ethics in yet another way, by falsifying death certificates. Municipal doctors filled out death certificates of the corpses that washed onto shore, always omitting the name of the deceased and writing dubious causes of death. Doctors falsified death certificates during the Proceso in other ways, too. For example, in the San Martín Cemetery in Buenos Aires a group of physicians claimed that the cause of death for some buried *desaparecidos* was heart failure. However, when the coffins were later opened by investigators the bodies were riddled with bullets (CONADEP 1986). Torture practitioners, when deciding what torture method to pursue, took the issue of death certificate forgery and ease of concealing torture into consideration. One common torture method during the Proceso was to electrocute victims with an electric cattle prod, especially in

and around body orifices, because, if used by skillful interrogators, all marks on the skin vanished after a few days.¹⁷ This fact helped doctors conceal evidence of torture when they forged death certificates.¹⁸

Medical personnel also frequently changed or falsified hospital records of prisoners, often at the specific request of the soldiers forcing the patient into the facility. This unethical practice was especially common for cases in which female detainees gave birth during their imprisonment. CONADEP documented this particularly emotional phenomenon numerous times, but, again, did not link such abuses to the larger issue of medicalized torture. For example, one pregnant prisoner named Silvia Isabella Valenzi, held in the Pozo de Quilmes secret detention center, was taken to the nearby Quilmes Hospital when she began to go into labor. The hospital staff recorded both her admission to the facility and the birth of her daughter, Rosa, in the registry of births, but this document was later "crudely altered." The words "[i]dentity unknown" replaced the patient's name, and next to the record of birth was added the word "deceased," falsely stating that the newborn had perished during childbirth (CONADEP 1986, 271–272). The baby had actually been illegally adopted by a family in good standing with the military regime, while the mother returned to Pozo de Quilmes and was never seen again. This example is just one of many in which pregnant mothers and newborns endured human rights abuses in medical settings.

The widespread kidnapping and adoption of babies born in captivity encapsulates yet another human rights violation perpetrated and orchestrated mostly by medical doctors. One survivor, named Adriana Calvo de Laborde, testified to CONADEP:

We drove in the direction of Buenos Aires, but my child wouldn't wait. ... The only assistance I received was when [a guard] tied the umbilical cord which was still linking me with the child as

¹⁵ According to Adolfo Scilingo, he observed the use of a coast guard Skyvan and a naval aviation Electra for these "death flights," suggesting that multiple branches of the armed forces were directly involved in mass murder (see Verbitsky 1996).

¹⁶ To be fair, a lot of the information about death flights became known after the publication of the *Nunca Más* report in 1984.

¹⁷ The electric cattle prod was an Argentine invention first used in stockyards to direct cattle to the slaughterhouse. The Argentine police later adapted it for use in interrogation and torture sessions. The tool has a metal tip connected to two electrical poles that produce a charge when put in contact with skin (see Verbitsky 1996).

¹⁸ Despite the willingness of doctors to forge death certificates, the vast majority the Proceso regime's victims had no grave and no death certificate to falsify. They simply disappeared, their deaths or sometimes even their very existence denied by the military government.

there was nothing to cut it with. ... I was still blindfolded and my child was on the seat. ... [Eventually] I saw the same doctor who had assisted Inés [a fellow prisoner]. He cut the umbilical cord [and] removed the placenta. He made me undress in front of an officer on duty. I had to wash the bed, the floor and my dress, and clear away the placenta. Then, finally, they left me to wash the baby, while they continued their insults and threats (CONADEP 1986, 291–292).

Police doctors oversaw the transfers of prisoners to maternity wards and then back to military custody after giving birth. The military forbade all communication between the prisoners and the hospital staff except during the time of the actual birth (CONADEP 1986). The women were subjected to torture and occasionally rape during their hospital stay by both the military guards and by the doctors and nurses themselves. In some hospitals the doctors kept the female patients in chains as they gave birth. In others, such as the Campo de Mayo Military Hospital, doctors kept pregnant inmates guarded, blindfolded, and tied to the bed by their arms and legs during the entire hospital stay (CONADEP 1986).

In general, doctors did not participate in the abusive treatment of pregnant women and kidnapping of newborns due to threats by the military. Rather, many doctors enthusiastically abused patients on their own initiative. Numerous doctors used the adoption black market as a means of gaining influence among members of the regime and viewed the availability of prisoner-patients as an opportunity to conduct unethical medical research. Many gynecologists enthusiastically drew up lists of childless military families who wanted to adopt babies born in captivity. They and their contacts in secret detention centers then sold the newborns to clandestine military adoption networks (CONADEP 1986). Sometimes couples could even reserve a pregnant detainee based on a description of her looks and level of education (Feitlowitz 1998).

Although unethical medical research and human experimentation was uncommon during the Proceso regime, it did occur in limited forms. One doctor, Dr. Jorge Vidal, purportedly performed experiments on prisoners to test the limits of human stamina under various torture conditions (Andersen 1993).

The head military doctor of the Campo de Mayo Military Hospital's gynecological ward, Dr. Julio César Caserotto, sought to practice and perfect difficult and

unconventional caesarean section operation techniques on female prisoner-patients (CONADEP 1986). Doctors in that hospital also tested various special "serums" on women in labor or performed unnecessary caesarean sections in order to accelerate the birth so that the mother could be returned to prison and the baby be adopted as soon as possible (CONADEP 1986, 294–295).

An unidentified military doctor who worked closely with Caserotto boasted to fellow hospital employees of trying to "improve the human race" through unethical medical activities, echoing Nazi doctors' dystopian fascist dream of "breeding a new human type" 35 years earlier (CONADEP 1986, 298; Lifton 1986, 279). Unlike Nazi human experimentation, which was widespread and officially directed by the regime to serve ideological as well as practical purposes, the limited efforts at human experimentation in Argentina were mostly isolated occurrences conducted on an ad hoc basis at the whim of unusually zealous individual doctors. However, they serve as further examples of medical collusion in human rights violations and contribute to the assertion by many that the Proceso regime approached a "genocidal magnitude" in terms of its extremism and brutality.¹⁹ More immediate was the fact that the general hospital atmosphere in which abuse and torture regularly occurred provided the military regime with medical validation of human rights violations and mass murder.

The Proceso regime had the ability to successfully co-opt health professionals, especially military doctors, into the service of torture. Perhaps the most notorious physician who collaborated with the Proceso regime was Dr. Jorge Antonio Bergés, also known as "Doctor Death," an obstetrician/gynecologist who worked for the Buenos Aires Provincial Police (Feitlowitz 1998). Bergés ran a side business of selling babies born in secret detention camps, during which time he falsified birth records to hide each adoption's illegality. Bergés was also known as the doctor who tortured journalist and human rights activist Jacobo Timerman, who later called Bergés a "*tortuador implacable*." Bergés was convicted of torture in 1986, but he was released because of amnesty laws passed the following year and

¹⁹ The journalist and *desaparecido* Rodolfo J. Walsh described the Proceso regime as having a "genocidal magnitude" in his celebrated 1977 essay, "Open Letter From a Writer to the Military Junta" (quoted in Verbitsky 1996, 81).

resumed his private medical practice. Later, in 1995, Bergés became the first Proceso official charged with the trafficking of infants, a crime not covered by the amnesty laws. However, Bergés died from a bullet wound in 1996 under mysterious circumstances (Feitlowitz 1998).

In addition to individual doctors, sometimes whole medical facilities collaborated with the military regime. In fact, some hospitals, such as the Buenos Aires Central Prison Hospital and the Alejandro Posadas National Hospital in the Haedo district of Buenos Aires, were themselves secret detention centers, an important point not given proper emphasis in human rights publications. The military turned the Posadas Hospital into a secret detention center after authorities suspected the doctors, nurses, and hospital staffers of being engaged in “political or trade union activities” (CONADEP 1986, 139). This detention center was headed by Medical Colonel Abatino di Benedetto, whose official title in the detention center was “Clinical Supervisor.” The *desaparecidos* held captive at the hospital were dressed up like hospital staff. The prison guards stationed at Posadas Hospital belonged to various organizations including the army, air force, federal police, provincial police, Department of Public Health, and the Ministry of Social Justice, suggesting that knowledge of atrocities was not limited to small groups of military personnel. In addition, the abuse of prisoners in the hospital took place in the presence of numerous civilian hospital employees, none of whom protested the conspicuous human rights violations. The Posadas Hospital serves as yet another example of the connection between torture and the medical community during the Proceso regime (CONADEP 1986).

Not all doctors in Argentina chose to torture and abuse *desaparecidos*. However, most health professionals, for various reasons, simply chose to remain silent, pretended not to see abusive treatment of patients, or contended that actions against prisoners probably had a justifiable purpose. The testimony of one “Señor C. C.,” a nurse at the Campo de Mayo Hospital, is revealing of the tendency to remain silent. C. C. stated that on at least one occasion soldiers dumped approximately 45 emaciated prisoners, with their arms and legs tied behind their backs, from a covered military vehicle onto the floor of the General Epidemiological Unit “like baggage.” This event occurred at 9 o’clock in the

morning on a weekday, when the majority of hospital staff were present at work. Yet all of the hospital employees continued their daily routine as though nothing unusual had taken place (CONADEP 1986, 296).

In conjunction with the co-opting of health professionals, the military was also able to recruit skilled prisoners, namely prisoner-doctors, into the service of the secret detention camps. In fact, despite the presence of military doctors in most detention centers, medical care of torture victims was sometimes handled by prisoners with varying degrees of medical knowledge and expertise in an effort to save time and money (Amnesty International 1980). Larger detention centers created “auxiliary bodies” of prisoners who carried out “maintenance and administrative tasks [or] participated in tasks more directly concerned with repression” (CONADEP 1986, 72). This phenomenon included prisoner-doctors, whose existence raises important questions about the nature of complicity and guilt. Were these prisoners guilty of collaborating with torture practitioners or were their actions justified as necessary methods for survival? Did some prisoner-doctors agree to collaborate in order to use their limited means to help alleviate fellow prisoners’ pain? One anonymous survivor’s testimony to CONADEP provides a clue:

Two days after being hospitalized I was checked by a doctor called Víctor, himself abducted a year earlier, who had a Cordoban accent and treated the prisoners harshly. He prescribed coagulants. I learned from Víctor that, in spite of his status as a prisoner, he was transferred to different *pozos* to give medical assistance to the prisoners (CONADEP 1986, 65).

The survivor’s claim of being treated “harshly” suggests that some prisoner-doctors, or at least Víctor, failed to use their unique position in the prison to establish a compassionate and comforting, albeit brief, interaction with a fellow prisoner. On the other hand, perhaps numerous prisoner-doctors risked their lives to treat and console fellow prisoners as much as possible. Considering the scarcity of testimony and evidence surrounding prisoner-doctors, and the extreme difficulties and complexities in which they operated, one cannot easily charge prisoner-doctors with wrongdoing. The ambiguity and uncertainty of the prisoner-doctors’ position within the secret detention centers, the varying degrees of surveillance by soldiers, and the very human

imperative of simply surviving prevent a judgment from being passed with confidence.²⁰

Conclusion

What is clear, however, was that the Proceso regime's uncanny ability to co-opt and recruit people into its murderous enterprises extended beyond members of the armed forces. The military regime turned soldiers into torturers, physicians into architects of mass murder, and prisoners into collaborators. Perhaps the military was able to achieve this level of complicity partly because its biomedicalist discourse convinced people that preventing unhealthy ideologies and attitudes from infecting the Argentine nation required drastic and extreme measures. The use of pseudo-medical language continued after the reinstatement of a democratic civilian government in 1983, a fact that may demonstrate how pervasive and corrupting the Proceso regime's biomedicalist rhetoric was.

Pseudo-medical language was so common during the military regime that it entered the Argentine national discourse. According to historian Diana Taylor, the phrases and words commonly used to describe a society, or the national discourse, run "deeper than any explicit political position" and provide a common historical and experiential foundation from which all members of a community base their actions (Taylor 1997, 34). Because of this shared perspective, acts of resistance against groups wielding power, in their very attempts at opposition, tend to replicate the rhetoric and tactics of oppression (Taylor 1997).

Taylor calls this phenomenon of perpetrators and survivors alike perpetuating an oppressive discourse "bad scripting" (Taylor 1997, 183). For example, one

²⁰ The grey area of prisoner-doctor collaboration with human rights abuses has been explored in the context of the Holocaust: "It is difficult to pass judgment on the behavior of inmates. It's difficult to accuse the Jews of the *Sonderkommando* of helping to kill their fellow Jews by pushing them into the gas chambers. It was done under pressure which deprived them of their will. But there were times when a man went over the border of what we could expect from him—did more than what was demanded or required—when he performed functions with sadistic satisfaction or even did certain things before he received any orders and in that way anticipated the Nazis. These things we may consider as crimes. Perhaps the doctor's case is a little different because doctors are bound by their professional ethic, and physicians are people with higher education" (Lifton 1986, 252).

Jewish Argentine doctor whose friends disappeared during the Proceso claimed that the fascist tendency in Argentina during the 1970s and 1980s was "a mutated virus transplanted from Europe to Argentina from after the war [World War II]" (Rosenberg 2007). This statement provides an example of a victim of the Proceso mimicking and perpetuating the very same biomedicalist rhetoric that the Proceso regime promoted.

In addition, phrases that refer to torture practices became incorporated into Argentine slang during the 1980s. For example, violent expressions such as "*Me cortás el rostro*" ("You're cutting up my face") and "*Basta con la máquina*" ("Stop already with the electric prod") have come to mean "Stop bothering me" (Feitlowitz 1998, 61). The above examples demonstrate that the biomedicalist rhetoric perpetuated by the Proceso regime became independent of that regime and lived on in post-1983 Argentine national discourse.²¹

While the Proceso's ideology was unique to Argentina and played into themes present in Argentine culture and history, biomedicalist rhetoric is quite a universal phenomenon. The Proceso can claim its ideological heritage from an eclectic variety of intellectual traditions stemming from various parts of the world and having an impact on Argentine thought at one time or another. In addition to fascism and Nazism, these influences included Nacionalismo, eugenics, criminology, and turn-of-the-century modernization theories.

Despite the variety of sources, the common link between all of the Proceso's influences was biomedicalist rhetoric and practices. Clearly biomedicalist discourse can be shaped and adapted to resonate with all peoples and societies. Human rights advocates need to start recognizing biomedicalist discourse as a potential source for major human rights violations. Health professionals in particular need to be vigilant against such misuse of medical terminology. Understanding the implications of medical metaphor in politics, being able to identify resurgences of totalitarian rhetoric around the world, and avoiding situations in which medical personnel become politicized and lack

²¹ Even historical monographs on Argentine history engage in medical metaphor. In *The Crisis of Argentine Capitalism*, the author writes that Argentines "spend much time analyzing their society's short-comings and prescribing remedies, like patients suffering from a rare, wasting disease" (Lewis 1992, 1).

ethical restraints encompass methods toward prevention of medicalized torture, mass murder, and genocide.

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