

Editorial

Military Medical Torture and Denial, Redux

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Some déjà vu experiences are welcome, some less so. Remember the photos from Abu Ghraib, showing humiliating and pointless abuse of prisoners in the “war on terror”? I was unpleasantly reminded of those when I read a November *New York Times* story titled “Medical Ethics Violated at Detention Sites, a New Report Says.”¹ The “blistering” report, from a committee of 19 leading medical experts convened by the Task Force on Preserving Medical Professionalism and the Open Society Institute, is titled “Ethics Abandoned: Medical Professionalism and Detainee Abuse in the War on Terror.” The *Times* article reported that

among the abuses cited in the report are doctors’ force-feeding of hunger strikers by pushing feeding tubes into their noses and down their throats. The task force also suggested that medical personnel ignored their duty to report evidence of beatings or torture of detainees, and that the Defense Department “improperly designated licensed health professionals to use their professional skills to interrogate detainees as military combatants, a status incompatible with licensing.”

Furthermore, the report notes that “C.I.A. medical personnel were present during waterboarding.”²

The CIA and Defense Department deny these charges. They have repeatedly classified all such activities as secret, and a common response among politicians has been that “America does not torture.” But other reports and even a U.S. judge have, in fact, already called what the U.S. military has done to detainees “torture.”

This is now a long and ugly story, but the healthcare professional substory is illustrative of how such transgressions are condoned by inaction. In his 2006 book *Oath Betrayed: Torture, Medical Complexity, and the War on Terror*,³ Steven Miles, M.D., one of the authors of the new report, forcefully took the medical and psychological professions—and the U.S. government—to task for allowing and concealing torture. Adding to the shame of this situation, as he noted, is the fact that such “enhanced interrogation” techniques are a waste, as they do not even work, in terms of eliciting useful information, but do increase the risk of backlash. Reviewing Miles’s book for the *San Francisco Chronicle*, I concluded with a question: “Miles likens our nation’s use of torture to a scourge that has infected us; he’s now diagnosed it. Will denial continue, or will treatment and prevention follow?”⁴

Alas, that question seems to have been answered in the following seven years. Even before the publication of Miles’s book, some senior colleagues and I coauthored

a letter to the *New England Journal of Medicine (NEJM)* noting that all military physicians are licensed by some entity, usually a state medical board, and should be investigated if there are any suspicions of participation in torture, however defined. My coauthors included a famed leader in the response to AIDS and a former U.S. assistant secretary of health and chancellor of the University of California, San Francisco.

Our letter, as it appeared in 2005, reads as follows:

The profession of medicine has developed codes of ethical conduct over thousands of years. A central element of such codes is expressed in the imperative to “do no harm.” Disclosures with regard to the treatment of detainees by licensed medical personnel in the “war on terror” in Iraq, Afghanistan, and Guantanamo Bay, Cuba, have revealed undeniable breaches of medical ethics among U.S. military health care personnel involved at these—and perhaps other—sites. The International Red Cross has charged that some of the physical and emotional tactics used constitute cruel and unusual punishment.

The Geneva Convention provides that medical personnel “shall not be compelled to perform or carry out work contrary to the rules of medical ethics.” The Code of Medical Ethics of the American Medical Association (AMA) states “ethical obligations typically exceed legal duties.” The World Medical Association, of which the AMA is a member, prohibits participation even as a monitor in torture or abuse. The Uniform Code of Military Justice proscribes U.S. forces from engaging in cruelty, maltreatment, or oppression of prisoners, and even from the threat of such harm. As the Nuremberg trials after World War II taught us, the extreme circumstances of times of war, whether declared or not, do not excuse physicians and other health care professionals from their ethical responsibilities.

Those who have served in the U.S. military know that there is a documented chain of command for every action. Healthcare personnel serving in the military all work under the authority of licensed military physicians, who are responsible for actions performed under their authority. We therefore call on the AMA and the American Psychological Association to request that relevant authorities act, at a minimum, as follows. First, the military must provide full disclosure of all medical personnel involved, directly or by chain of command, in the treatment of detainees in Iraq, Afghanistan, and Cuba — and elsewhere if relevant—since September 11, 2001. Second, the records and conduct of these personnel should be reviewed by the medical licensing boards, other responsible licensing authorities in each state where the military physicians are licensed, or both. Independent expertise in bioethical standards should be sought in conducting these reviews. Third, appropriate disciplinary action should be taken on the basis of the results of the reviews, and these actions should be made publicly available.⁵

And the response was . . . silence. Although the *NEJM* is one of the world’s most widely read medical journals, we were ignored. And at some medical meetings during which this issue was brought up, the common response seemed to be disinterest or even justification, as in, “Well, I guess you had to be there.”

Now we have another, more detailed and powerful call for truth and justice, and another chance to hopefully redeem some of the reputation of our “healing”

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professions and perhaps even our nation. Admittedly, professional organizations have updated and stressed their statements against the sort of practices now confirmed to have occurred, but actions speak louder than words, and no prosecutions have taken place. This is a shame—literally—as most importantly, perhaps real consequences might prevent such travesties from happening yet again.

Hopefully denial and silence will not be the response this time.

Notes

1. Grady D, Carey B. Medical ethics violated at detention sites, a new report says. *New York Times* 2013 Nov 4.
2. See note 1, Grady, Carey 2013.
3. Miles SH. *Oath Betrayed: Torture, Medical Complicity, and the War on Terror*. New York: Random House; 2006.
4. Heilig S. A physician holds doctors accountable; Review of Miles, SH. *Oath Betrayed Torture, Medical Complicity, and the War on Terror*. *San Francisco Chronicle*; July 30, 2006.
5. Lee PR, Conant M, Heilig SH. Participation of health care personnel in torture and interrogation. *New England Journal of Medicine* 2005;353:1634–5.