

**Military Ethics**

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**24 January 2005**

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## **Military Ethics**

Ethical conduct during war is morally and ethically the right thing to do. Maltreatment of the enemy does not increase combat effectiveness. It enhances the motivation and rage of the enemy thereby causing adverse effects on our combat capabilities.

Military ethics is a topic that is in continual discussion. Are there absolute rights and wrongs? Different cultures accept different types of treatment of their war prisoners. We will exam different aspects of the ethical treatment during conflict.

The background for our thesis dates back to the beginning of time. Ethical conduct during conflict ranges from humane to utter torture and execution. The culture of the group or nation state for the most part defines what acceptable and expected treatment is. History will show that the accepted norms within a culture are not always followed because there are always deviants that stray and exhibit unacceptable behavior. We will look to history for examples of military ethics both good and bad and attempt to confirm the thesis statement.

### **Unethical treatment of prisoners of war**

“All soldiers...must account for their personal conduct. Commissioned officers...assume responsibility when they take their oath...Members of the Army account for their actions to their fellow soldiers ...their unit...the Army...and the American people.” P. A-4, FM 22-100.

Critically thinking about recent events where our fellow soldiers have been convicted of committing criminal acts in violation of the Laws of War (Abu Graib, Ltc. West, Guantanamo

Bay), I have come to the conclusion that our fellow soldier's actions have inspired our nation's enemy and has created more enemy for our military to combat.

Ever since the existence of mankind, violence perpetrated on others have created like experiences on the perpetrators. Take for example the German execution of Russian POWs as the Germans fought eastward during WWII, the Germans actions fired up the Russians who only gladly gave back what was so freely given to them as they regained their lost territory and moved Westward into Germany. Another example in history is the U.S. bombing campaign during Vietnam which only infuriated Vietnamese farmers whose families died and who may or may not have been for the Vietcong, gladly joined the Northern Vietnamese forces to seek revenge.

An eye for eye is riddled in the world's history when it comes to war. In our recent conflict we are fighting an enemy that has killed innocent Americans. We now have killed ten fold more Iraqi civilians than were killed in our Twin Towers. We overthrew Saddam Hussein in part because he tortured his citizens. We now have pictures of our troops torturing Iraqi citizens (Abu Graib).

With precision guided munitions and ROE, our technical munitions and forces have come along way. Yet it is obvious we have room for improvement regarding the treatment of enemy Prisoners of War.

Laws governing soldiers conduct on the battlefield is not new and has been paved through blood sweat and tears and years of experience. High stress like the stress that soldiers

experience in war coupled with the battlefield commanders desire to win a conflict has brought out the worse of men since the beginning of time. Back in the sixth century BCE, the great Sun Tsu suggested limits on the way war should be conducted. Four hundred years later In 200 BCE, the Hindu Code of man was introduced. The first Geneva Convention was developed in 1864 to protect the wounded and sick. In 1929, 2 more conventions were introduced which dealt with the treatment of prisoners of war and wounded. The Geneva Convention in 1949 came about after years of the world being at war, where armies of different countries disregarded the first 3 conventions and committed horrific atrocities in their pursuit of military victory.

These international laws were written to protect man from his wicked self. Abu Graib, Lt. Col. West, Guantanamo Bay, though reasons for doing what these soldiers done seem just according to many American soldiers and civilians. Soon after 9/11, outspoken Harvard law professor and longtime Democrat activist, Alan Dershowitz, suggested that torture be legally sanctioned and warranted by the courts. His suggestion came in the timeframe of the huge loss of American lives following the terrorist attacks. He asked, "Who would not support torture, if their own family's lives could be saved by getting information?" However for soldiers to make this statement a reality in their actions is unjust according to the Laws of War. And the soldier's aforementioned need to be held accountable and all that fail the Laws of War need to be held accountable.

An unarmed enemy combatant needs to be treated with dignity as much as we do if placed in the hands of a foreign enemy. If we plan to be the World police, then we as United States warriors need to set the example. The world is watching are every move and that is why

our soldiers have to be of the highest caliber willing to apply ethical conduct wherever and whenever. We can't fail ourselves, nor our leaders, nor our friends and future friends that are our current adversaries. Our conduct will guide the path to who is for us and who is against us. Peace is our goal and when we are not peaceful, people are unforgiving. That is why when our country is at war, we must fight as honorably as possible using military ethics as guiding principles to live by.

When a soldier is captured he is in the hands of the enemy power and not the unit that has detained them and "the detaining Power is responsible for the treatment given them...if that power fails to carry out the provisions of the convention in any important respect, the Power by whom the prisoners of war were transferred shall, upon being notified by the Protecting Power, take effective measures to correct the situation or shall request the return of the prisoner of war. Such requests must be complied with." 12 August 1949, Geneva Convention, Part II, Article 12.

Does the failure to torture those prisoners mean that generals such as Eisenhower and Patton were bleeding-heart do-gooders of the sort now deplored by many Republicans? Or was it because our leadership well understood that any short-term advantages we might gain by such methods would be insignificant when compared to the long-term negative consequences, which would include enemy reprisals against our own prisoners and U.S. citizens? Here is what one of the founders of our country, George Washington said on the subject: Washington "often reminded his men that they were an army of liberty and freedom and the rights for which they were fighting should extend even to their enemies." In regard to prisoners taken after one battle

he gave orders to "treat them with humanity, and let them have no reason to complain of our copying the brutal example of the British army in their Treatment of our unfortunate brethren."

All trained military interrogators seem to agree that torture is unproductive and self-defeating as a method of gaining information, since "successful" torture merely results in the victim saying whatever the interrogator seems to want to hear.

When our soldiers conduct themselves the way they had at Abu Graib and Guantanamo Bay, they betray our American and Army values and betray the soldiers that have died during our country's wars that helped create the Laws of War and create an infinite amount of combatants for our soldiers to indefinitely fight.

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Source: "A New Kind of War," a book review by Edmund S. Morgan of "Washington's Crossing" by David Hackett Fischer New York Review of Books, May 27, 2004 pp 29, 32.

On the contrary, knowing that prisoner torture is used the terrorist organizers will provide minimal information or misinformation to participants, keep their planners safe (maybe in another country), and possibly accelerate their attack schedule. Torture reflects the agitation and frustration of the captor, it contributes to general hatred of the oppressor, and it prolongs the struggle by forcing combatants of both sides to fight-to-the-death rather than surrender.

I had a lot of resentment as a young man, all I needed was a target and I found it, those boys from that other school.

## **The use of weapons of mass destruction**

### **World War I**

Large-scale use of chemical weapons first occurred in 1915 during World War I, when German troops released chlorine gas from cylinders as the wind blew toward French lines a few hundred yards away. The yellow-green cloud enveloped the French soldiers, who choked and panicked. As the war continued, phosgene and other chemical weapons were used, culminating with Germany's introduction of mustard gas in 1917. By the end of the war in 1918, all the major powers had used chemical weapons.

The suffering caused by the gas attacks led to the 1925 Geneva Protocol, which banned the use of chemical or bacteriological agents in war. Although most major countries became parties to the agreement, the United States declined to until 1975. Nevertheless, the Protocol encouraged an international norm that helped deter the use of these weapons.

### **After World War I**

Use of poison weapons has been alleged in only a few of the hundreds of wars and skirmishes since World War I—and has been verified in even fewer. The handful of proven cases include Italy's limited use of chemical arms against Ethiopia in the 1930s, and Egypt's use of chemical agents against Yemen in the 1960s. But the international agreement to avoid such weapons was most flagrantly violated by Iraq during the Iran-Iraq War.

Although Iraq denied using chemical weapons, UN inspectors repeatedly found Iraqi forces were doing so. Iraq also used chemical weapons against its Kurdish citizens during the war. Experts estimate that 45,000 Iraqis died as a result of Iraq's attacks, while between 3,000 and 5,000 Kurds were killed. Still, no international agency or country tried to stop Iraq's actions. As a result, in the 1991 Persian Gulf War, which pitted Iraq against an alliance led by the United States, many nations that had been silent about Iraq's actions faced an Iraqi army equipped with biological and chemical weapons.

In the 1991 Gulf War ground fighting lasted only a few days, and Iraq apparently did not use any chemical or biological agents. After that war, a UN resolution required Iraq to destroy its stockpiles of chemical and biological weapons, and the Iraqi government claimed that it complied with the resolution.

### **World War II Nuclear Weapons use on Hiroshima and Nagasaki, Japan**

With the end of the European war, the Allies focused their efforts on Japan. Japan still fought fanatically, despite being badly hurt by bombing and blockade. The Potsdam Proclamation, which demanded the unconditional surrender of Japan, was issued. It made no mention of Japan's central surrender condition: the status of the Emperor. Japan rejected the Proclamation. The Japanese believed the Emperor to be a god.

The U.S. dropped atomic bombs on Hiroshima and Nagasaki. Russia declared war against Japan. Japan, because of its military, still refused to surrender. Japanese peace advocates, fearing the imminent destruction of the Emperor, prevailed upon the Emperor to break with tradition and make government policy by calling for peace now. The Emperor did so.

As the result of the Emperor's call for surrender, the entire Japanese cabinet, including the military, agreed to surrender. The cabinet saw that this would allow the Emperor to be retained. Even Japan's doves would have fought to the death had they not felt the Emperor would be spared. They saw "unconditional surrender" as a threat to the Emperor. President Truman had been advised of the importance of the Emperor to the Japanese.

Japan was seeking Russia's help to end the war in July 1945. The U.S. was aware of this at the time thru intercepted Japanese cables. But the U.S. did not keep up with this change in Japan's position. The U.S. chose military methods of ending the war rather than diplomatic methods. The desire for revenge helped make military methods more attractive.

Was it necessary to use the atomic bomb on Japan to end the war without an invasion of the Japanese mainland? We probably could have ended the war sooner with fewer deaths on all sides by using the full carrot and stick: 1) offer retention of the Emperor for a quick surrender; and 2) threaten Russian invasion and 3) atomic destruction as the alternative. None of these key incentives to surrender were used prior to the atomic bombing of Hiroshima. Had the above method failed, and had the Russian invasion failed to bring surrender soon, the atomic bombs were still available - but as a last resort. After the atomic bombings, Japan was allowed to retain their Emperor, anyway.

### **The use of biological weapons**

The use of biological weapons has been more rare than the use of chemical weapons. In the 14th century, plague-infected cadavers purportedly were catapulted into an enemy camp in the Russian Crimea. In colonial America, the British delivered blankets from their smallpox

infirmary to Native Americans, hoping to infect them with the disease. In the 20th century, the only extensive military biological attacks were by Japan against China in the late 1930s and 1940s. The Japanese dropped plague and other bacteria from airplanes over several towns, causing outbreaks of disease. Until 2001, the only known terrorist use of a biological weapon in the United States occurred in 1984. Members of the Rajneesh cult in Oregon placed salmonella bacteria in the salad bars of several restaurants. At least 750 people became ill, although none died.

Several international treaties and conventions have tried to regulate the conduct of warfare, with varying results. The Hague Conferences in 1899 and 1907 started the modern age of international arms control. More recent arms control agreements seek to regulate, and in some cases eliminate, certain classes of weapons.

Three international agreements deal explicitly with chemical and biological weapons. The first, the 1925 Geneva Protocol, prohibits the use in war of poison gas and bacteriological weapons. The second, the 1972 Biological Weapons Convention, bans not only the use, but also the development, production, and stockpiling of biological and toxin weapons. The 1993 Chemical Weapons Convention does the same for chemical weapons. Unlike the earlier treaties, however, the chemical pact provides for methods to verify that countries are complying with the agreement and penalties for countries that do not comply.

The Biological Weapons Convention was the first international agreement to ban an entire category of weapons. It was established three years after a unilateral decision in 1969 by the United States to eliminate its own biological arsenal. Most major powers, including the former Union of Soviet Socialist Republics (USSR) and the United States, had become parties to

the biological treaty when it went into force in 1975. Later, more countries joined in the agreement and the world appeared about to be rid of germ weapons. However, the Soviet Union secretly continued to develop biological weapons. Hints of this illegal program came to light in 1979 when international medical experts learned of a mysterious outbreak of respiratory anthrax in the Soviet city of Sverdlovsk, the site of numerous secret military facilities. More than 60 civilians and an unknown number of military personnel died. After the breakup of the Soviet Union in 1991, the Russian government revealed that the Sverdlovsk anthrax outbreak had resulted from an accident at an illegal biological weapons facility.

In the 1991 Persian Gulf War, the United States and other coalition leaders worried that Iraqi president Saddam Hussein might unleash chemical and biological arms against them. Although he did not, the experience again prompted efforts to strengthen international agreements against these weapons. One result was the 1993 Chemical Weapons Convention, which contains an intrusive inspection system. Parties to the treaty have to allow outside monitors to visit suspected sites. By June 2001, 174 nations had signed the chemical treaty. To go into effect, the national legislatures of most countries must ratify, or approve, the treaty. As of June 2001, 143 of the signing countries had ratified or acceded to the treaty and had become binding parties to the agreement. The United States signed the treaty in 1993, and the U.S. Congress ratified it in 1997. Canada signed the convention in 1993, and Parliament ratified it in 1995.

Parties to the chemical convention have agreed to destroy their chemical weapons within the next decade. This is an expensive and complicated process for countries with large arsenals. Estimated costs to destroy the U.S. stockpiles are about \$10 billion; experts estimate that Russia

will have to spend more than \$5 billion to eliminate the stockpiles of old chemical Soviet weapons. The methods of destruction include chemical neutralization (adding other chemicals to form a nonlethal substance) and incineration. Projected expenses also reflect the need for safety and environmental protection during the process.

Biological agents can usually be more easily destroyed than chemical agents. Ultraviolet light or disinfectants like formaldehyde are effective against most microorganisms. But some, like anthrax bacteria, are harder to kill and can persist in an environment indefinitely.

Partly inspired by the verification provisions in the Chemical Weapons Convention, parties to the biological treaty are now working to strengthen the ban against germ weapons. As experts recognize, however, detecting illegal biological activities can be more difficult than chemical detection. The technology needed to build a large biological arsenal is simpler and requires less space than for a chemical arsenal, so biological weapons can be more easily hidden.

Despite efforts to lessen the chances of biological and chemical warfare, worries persist that some countries continue to ignore the international norm against these weapons. At the end of the 1991 Gulf War, Iraq agreed to a United Nations (UN) mandate that all its chemical and biological arms be accounted for and destroyed. UN inspectors were to have access to any location in the country, but Iraq's government repeatedly hindered weapons inspections for several years. In December 1998 the United States and Britain flew air strikes against Iraqi military targets in response to Iraq's failure to cooperate fully with weapons inspectors. Iraq accused the weapons inspectors of espionage and said it would no longer allow inspections. In 2002 Iraq agreed to a new round of inspections and UN inspectors returned. But Iraq again failed to fully cooperate with the inspections. The United States and Britain accused Iraq of hiding

prohibited weapons and invaded the country in March 2003. By mid-April U.S. and British forces controlled Iraq's key cities and had ousted the government of Saddam Hussein. Neither during the hostilities, nor in the first weeks afterward, were Iraqi biological or chemical weapons found.

Compliance is often a major challenge to the success of weapons treaties. If inspectors are denied unrestricted access, then hope that verification can be implemented elsewhere may decline. As a result other nations may continue their chemical and biological warfare programs.

The development, production and use of biological and chemical weapons are prohibited by international treaties to which most states of the world have subscribed: the 1925 Geneva Protocol,<sup>1</sup> the 1972 Biological and Toxin Weapons Convention,<sup>2</sup> and the 1993 Chemical Weapons Convention.<sup>3</sup> Not all states have joined, however, and valid concerns remain that some states may yet resort to the weapons. Moreover, non-state entities may try to gain access to the weapons for purposes of terrorism. In fact the development, production and use of biological and chemical weapons present significant difficulties. Resort to the weapons, particularly biological weapons, has been rare. Even so, the magnitude of possible impacts on civilian populations of their use or threatened use obliges governments both to seek prevention and to prepare response plans. Such response plans can and should be developed as an integral part of existing national emergency plans.

### **Combat effectiveness of weapons of mass destruction**

The effectiveness of chemical and biological weapons is much debated. Countries with full scale chemical and biological programs can effectively disseminate chemical and biological

agents. The question is, are conventional weapons more effective? In most cases conventional weapons can be more effective than even the most efficient chemical or biological weapons. However countries with limited or older conventional systems may find that chemical and biological weapons are not only cheaper but more effective than the weapons they have available.

The other aspect that must be considered is the psychological impact that chemical and biological weapons have on people. This in itself increases their effectiveness if only through physiological means. I believe that we all understand the physiological impact the chemical and biological weapons have played in the minds of the American People since the Terrorist Attacks of September 11<sup>th</sup>.

### **What are the results of weapons of mass destruction**

There is little difference between the short term effects of conventional and chemical or biological weapons. The weapons are used and the victim is injured or dies. He may get sick as with biological weapons but he will either succumb or get better. The long term difference is substantially different. With conventional weapons use there are long term effects obviously such as loss of limbs, haunting chronic injuries etc.

The long term effects of the use of nuclear, chemical, or biological weapons not only effect the recipient for years to come but it also effects the generations to come. The use of chemical and nuclear weapons results in long term genetic mutations and health problems on a grand scale.

### **The current view of nuclear, chemical, and biological weapons**

The use of chemical, biological, or nuclear is considered inhumane by most nations of the world. The level of suffering and the damage to future generations is viewed as unacceptable. It is my firm belief and the belief of many others that the counterproliferation and ultimate destruction of all stockpiles of nuclear, chemical, and biological weapons is the right thing to do.

### **The media**

The origin of the "war correspondent," like the creation of any group, is masked by flawed history. We know it happened, we just don't know when and how. There have been writers on war, whether as participant or historian, as long as there have been war and writing (Harris, Para 1). The term "war correspondent" was early and easily attached to anyone who sent letters from a war zone to a newspaper, whether as working newsman or merely a literate member of an armed force (Harris, Para 2). There were pre-conditions: there had to be a newspaper to which the correspondence wrote and a "newspapers," as we know them, did not begin to appear in any significant numbers until the 1840s and there had to be a convenient war (Harris, Para 3). The first professional war correspondent may have been George Kendall, one of five or six otherwise anonymous American journalists attending the Mexican War of 1846-48 (Harris, Para 4).

### **Media during the Vietnam Era**

War correspondents travel freely through Vietnam, often by military transport. In 1965 Lyndon Baines Johnson made several attempts to convince officials to enforce censorship on the press. Officials decline, citing the impossibility of controlling a press corps of hundreds of people from multiple nations (USNEWS.COM Para 3). General Westmoreland also wants more control over information his efforts to have censorship put in place failed because war has not been officially declared.

The Joint United States Public Affairs Office presented information and propaganda to the press. The press briefings were released in the late afternoon by the military were referred to by journalists as the "5 O'clock Follies" because of the lack of real information. An honor system was developed between military officials and reporters; officials' brief correspondents about what action was planned, and the journalists didn't report the information until the battles have actually begun. Most of the time, war correspondents honor the agreement.

### **Persian Gulf War**

Press pools were established in Saudi Arabia to limit the number of journalists allowed to interview troops and report within combat areas. This method was attractive to the military because it limits the number of correspondents in the field (needing protection) and because it controls the flow of information (USNEWS.COM Par 2). The U.S. government had strict censorship of radio, photography, print, and television news. Reporters had to submit their copy for "security review." Reporters complained that the review process causes delays that make their stories less timely (USNEWS.COM Para 1). Roughly 1,400 reporters are sent to the Gulf

region, but press pools arranged by the military accommodate just 200 reporters. At least two dozen reporters are apprehended by the U.S. or Saudi military for not following the pool procedures (USNEWS.COM Para 4). The government expresses concern for security of information and for safety of journalists covering the Gulf War. The military censors press pool members' film and print before it could be published. In spite of new technology to speed transmission of news, there is a lack of photographic and television footage of the war itself. Many in the press accuse the censors of limiting First Amendment rights (USNEWS.COM Para 5).

## **PROS**

The advantage of having the media in combat is it gives the public a first hand view and knowledge of the things happen on the front lines. The journalist presents an up close and personal account of what is happening on the front through the soldiers' eyes and sometimes even through the enemies' eyes. The Soldiers in combat want to present a positive image and do present a positive image when the cameras are around. For the most part the military does not mind the media embedded within the unit as long as it does not compromise the mission and endanger the soldiers.

## **CONS**

The essence of successful warfare is secrecy; the essence of successful journalism is publicity" (Evans,Para 1). Every newspaper should now ask itself with respect to every story: 'is

it news?' The military also suggest that the journalist add the question 'is it in the interest of national security?' "(Evans,Para 2). It has been the thought by many in the military that the media puts the soldiers at risk with their over zealous behavior and attitudes to be the first to print a story even at the expense of the soldier and the mission. There also is a feeling that too much time is put into ensuring that the media is protected and safe, most of the reporters are young and inexperienced. The Persian Gulf War in 1991 witnessed a similar observable fact: many of the younger reporters had little experience covering the military; most had never worn their country's uniform (Evans, Para 9). This fact sometime put the media and the military at odds with each other, there also seem to be a lack of trust between the media and the military. The media reports all news and incidents as they happen, but what reporting doesn't take into consideration is the mindset of soldiers. Soldiers are being shot at and killed daily, by any and all means, they never know who or where it's coming from. The media should be cautious when report troop movements, ambushes and movements conducted by our troops is this on the spot reporting or is this giving the enemy needed information to use against our soldiers. What the military wants are some basic guide lines and rules that can be followed and respected by all.

As you have seen in the media some soldiers have been charged for during their jobs. Well that makes soldiers question some of their decisions, and that could cause the life of our soldiers. Is that something we want?

### **Medical treatment**

Over the years, doctors have been noted for more than saving lives. Unfortunately, doctors in Nazi concentration camps committed atrocities, experiments and other medical procedures inconsistent with their profession. As a result, the World Medical Association

introduced the Physician's Oath to the United Nations General Assembly in 1948. Since the establishment of the document, physicians were sworn to uphold humanity and not use medical knowledge to intentionally hurt, harm or endanger casualties of any category.

After the terrorist attacks on the United States, many military personnel struggle with their ethical conduct in the war on terrorism. Soldiers are faced with upholding the professional standard of the Army values more than ever before. Our young soldiers stumble across bars of gold, drugs, thousands of dollars, even expensive artifacts belonging to the royal family. Despite the struggles of their own families back home, our soldiers are charged to "do the right thing".

In addition, many military healthcare professionals have been questioned concerning the treatment of terrorists and POWs, medical care for captured and detained personnel, as well as their role in the "questionable" interrogation practices of our intelligence community. If not proven, it was at least believed that American military healthcare professionals were upholding the standard. During Desert Shield/Desert Storm, large numbers of Iraqi prisoners surrendered to U. S. forces seeking medical care. These newly acquired Prisoners of War not only believed that the U.S. medical care was not only good but better than the care they could receive from their own medical professionals. Does this present an ethical dilemma? Of course, due to the American standard bearers bound to uphold and safeguard humanity, Iraqi soldiers were now being treated by U. S. military doctors with medical resources for U.S. troops and their health quickly reduced.

Of course, the subject can be greatly debated; however, military health care personnel still have a professional and ethical responsibility to provide quality healthcare for all personnel during peacetime and war. After the reported atrocities committed by doctors in Nazi concentration camps were publicized, several nations were outraged. In response, the World Medical Association met in Geneva, Switzerland and introduced the Physician's Oath to the United Nations General Assembly in 1948. The document was established to ensure that physicians in the future would not use medical knowledge to violate the laws of humanity and reads as follows:

- I solemnly pledge myself to consecrate my life to the service of humanity;
- I will give to my teachers the respect and gratitude which is their due;
- I will practice my profession with conscience and dignity; the health of my patient will be my first consideration;
- I will maintain by all the means in my power, the honor and the noble traditions of the medical profession; my colleagues will be my brothers;
- I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient;
- I will maintain the utmost respect for human life from the time of conception, even under threat, I will not use my medical knowledge contrary to the laws of humanity;
- I make these promises solemnly, freely and upon my honor.

Although in 1968, the oath was amended by the 22nd World Medical Assembly in Sydney, Australia, the very spirit of the document still governs the professional, ethical behavior,

respect, honor and service to humanity of physicians worldwide, to include all military physicians.

Another developed method to govern the accepted practices of health care professionals is called triage. Although civilian medical personnel strictly use this method to save lives, military medical personnel use triage to not only save lives but to conserve the fighting strength. Unlike our civilian counterparts, the military health care system is dedicated to returning soldiers to the battlefield to fight and increase the Army's combat effectiveness. "The military medical triage principle holds in part that when resources are limited, military doctors may first treat soldiers who can return to the front, as opposed to those soldiers who cannot return. They may do this so that war effort can succeed, even though they anticipate that as a result some of the soldiers whose treatment is delayed or preempted may die (Howe 1987). This priority is rarely applied today, but it has been uncommonly in the past. During World War II, when penicillin first became available and the supply was limited, it was given first to soldiers who had venereal disease so that they could return to the front as opposed to soldiers who needed the penicillin to recover from wound infections even when the infections were life-threatening. The situation could arise in which military doctors must choose between treating soldiers who can return to the front, soldiers who cannot, and equally injured enemy soldiers. Then, the ethical question confronted by military doctors would be whether they could apply the military medical triage principle in the usual way by treating first U.S. soldiers who could return to the front, then more severely injured U.S. soldiers, and, finally, equally injured POWs. They could not, since this would not treat equally injured POWs equally. That is, less severely injured U.S. soldiers would

be treated before more severely injured POWs and U.S. soldiers with more severe injuries might live while POWs with equally severe injuries might die.” 1

Obviously logical for an American physician to provide quality care and return an American soldier fit, whole, healthy and ready to fight the enemy. Doing the same for a known enemy now creates an ethical dilemma. Should a military physician truly provide the same care to the enemy with the purpose of returning him to fight his own enemy? Remember, combat medicine can place military medical personnel in a very hard moral position. Imagine the irony of equipping your killer with health and strength. “The goal of armies is to win military victories. In combat, soldiers are frequently wounded. If military doctors can save them, they may be able to fight again--and this would increase the military's combat efficiency. Saving lives and easing suffering are less important in combat medicine than conserving trained manpower.”

2

Despite the decades of torture and needless executions carried out under Saddam Hussein, the Abu Ghraib prison will forever be etched in the hearts and minds of people worldwide. Recently, the U.S. Army announced that 17 American soldiers in Iraq, to include a Brigadier General, were relieved of their duties after charges of mistreating Iraqi prisoners were investigated. The obligation to treat prisoners humanely, as stated earlier has been recognized since 1948; of course, this would include POWs. Some claim that the techniques used to interrogate these POWs were despicable; the worst atrocities committed by American soldiers. They argue that countries who have signed the Geneva Convention must treat POWs equally and the countries should not use food and water deprivation, or any physical or mental abuse to

“soften” prisoners. “If we can't hold ourselves up as an example of how to treat people with dignity and respect, we can't ask that other nations do that to our soldiers.” Brig. Gen. Mark Kimmitt, U. S. Army.

Article 31 of the Geneva Conventions states the following, “Medical inspections of prisoners of war shall be held at least once a month. They shall include the checking and the recording of the weight of each prisoner of war. Their purpose shall be, in particular, to supervise the general state of health, nutrition and cleanliness of prisoners and to detect contagious diseases, especially tuberculosis, malaria and venereal disease. For this purpose the most efficient methods available shall be employed, e.g. periodic mass miniature radiography for the early detection of tuberculosis.”<sup>3</sup>

Once again, we find the dilemma of our medical professionals. If, in fact, these interrogation practices were known and deemed unethical or illegal, military physicians have professional obligations as doctors and military obligations, like any soldiers, to oppose and/or report the act. By law, POWs are to be treated like our own U.S. soldiers. Despite the unfair treatment publicly displayed by our enemies, we are still expected to serve as the example to the world in upholding the standards of humanity. However, even military physicians believe that bending the Geneva Convention rules may be acceptable when known terrorist and POWs can provide valuable information with a little encouragement. The thought that the information could somehow save the lives of our soldiers, after all this is war, right? On the other hand, U.S. soldiers, including military physicians, may, indeed, feel enraged if some of their own forces die or are permanently harmed because POWs must be treated equally.

“Judging what POWs deserve ethically is, of course, problematic. Iraqi civilians, for instance, have been told to fight or they and their families will die. Iraqi soldiers have been told that if they do not continue to fight, “execution squads,” created for this purpose, will kill them (Ware 2003). Conceivably, this devastation of morale could be so great that the lives of military physicians who follow the Convention strictly could be put at risk. For principally these reasons, some military physicians believe, or at least have in the past, that notwithstanding the Convention, all U.S. soldiers should be treated prior to POWs, even when they have less severe injuries.” 4

After the Gulf War in 1991, approximately six hundred Army and Navy physicians took a survey to determine what they believed the priority of care should be. Over twenty-two percent believed that U. S. soldiers should be treated first regardless of injury. We must remember that the Geneva Convention mandates that enemy casualties be treated in the same manner as our U.S. troops. Although the Physician’s Oath established in 1948 served to govern the professional, ethical behavior, respect, honor and service to humanity of physicians worldwide, these physicians (22%) claim that military directives aim care to U.S. casualties first, allies second, civilians third, and enemy fourth. Obviously, our medical professionals will continue to struggle morally, ethically and professionally.

### **Summary**

The use of inhumane tactics and weapons defines who we are as a people. If our goal is to protect human freedoms and stop the needless cruelties of the world we can not allow the use of inhumane tactics and weapons. Ethical conduct during war is morally and ethically the right

thing to do. Maltreatment of the enemy does not increase combat effectiveness. It enhances the motivation and rage of the enemy thereby causing adverse effects on our combat capabilities.

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