

# **Ethics Thought Paper**

“Medical Treatment of Terrorists”

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16 Nov 05

Much has been said about the way terrorists have been treated and what rights they should have. Some argue that they should be treated like you would want to be treated. The United States, in theory, treats all combat wounded the same, without regard for who they are or how they were injured. The practice of treating and evacuating the most severely injured on the battlefield can present an ethical dilemma for medical personnel. *In the global war on terrorism the United States does not have a duty to treat wounded terrorists before Soldiers.*

Terrorists are not protected under the Geneva Conventions. The Geneva Convention states that in order to qualify for prisoner of war status a individual must meet the following four conditions: (1) that of being commanded by a person responsible for his subordinates, (2) that of having a fixed distinctive sign recognizable at a distance, (3) that of carrying arms openly, (4) that of conducting their operations in accordance with the laws and customs of war.<sup>1</sup> To be entitled to prisoner of war status one must have conducted operations according to the laws and customs of war, be part of a chain of command, wear a uniform and openly bear arms. Terrorist operating in Iraq and Afghanistan have no clear chain of command or an individual that consistently assumes responsibility for the actions of others. Terrorists wear no uniform or distinctive insignia. They pretend to be civilians in order to blend in and hide weapons, both a violation of the Geneva Conventions. Kidnapping, blowing up civilian targets, murder and beheadings definitely don't qualify under the laws and customs of war.

Medical personnel face decisions when confronted with multiple casualties that could include U.S. Soldiers, our allies, third country nationals and the enemy. Medical personnel are trained to treat and evacuate the most seriously injured first. These decisions

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<sup>1</sup> BMC Medicine. (2005). American physicians and dual loyalty obligations in the "war on terror"

are based primarily on wounds, not the situation. This noble idea is based upon conflicts of the past when the United States might expect the same treatment from the other side. The enemy we face today takes no prisoners, except for propaganda purposes. Military evacuation vehicles and Iraqi ambulances, both clearly marked with a red cross or red crescent, are routinely engaged.

The dilemma begins when the injury first happens and the confusion that follows. The combat medic has to sort out which patients to initiate treatment on, based upon a triage system of injuries. The medic might have wounded Soldiers, civilians, and the terrorists who were the cause of the injuries. Once medical treatment has been started it is less of a dilemma to continue it or not. The process of treating and evacuating a terrorist before Soldiers, our allies, or innocent civilians is wrong. A medic should not have to make a decision to treat a terrorist before a comrade in arms, remove the terrorist from the initial triage decision. Treating or evacuating a terrorist before a Soldier could cost the wounded Soldier his life, when the terrorist is probably directly responsible for the Soldier's injuries. If the Soldier dies, the medic will have to live with that decision the rest of their life. Knowing that their decision may have resulted in the loss of a comrade's life. The medic could become an outcast in their own unit, distrusted by the others. An individual who is no longer a member of the team and has feelings of guilt or failure is more prone to suicide or long-term mental issues. The practice of not taking care of your own first is a violation of the Warrior Ethos, "Never leave a fallen comrade behind". While the medic has not physically left anyone behind, they have in a sense left him or her behind by not providing immediate and priority treatment. It is a different story if there are two Soldiers both severely wounded and the one who was worked on second didn't survive. A single medic can only do so much and most Soldiers understand that in combat comrades die, but not because medical treatment was provided to a terrorist first. There is a difference between facing a

uniformed army of a recognized nation state and combating terrorists. Terrorists follow no rules of war or the Geneva Conventions. They use women and children as human shields, kidnap and execute civilians. These are not the acts of a soldier and they should not be treated as soldiers.

An argument is that Americans are above this type of behavior. Americans should set the example and uphold the morale high ground. Treat the enemy as you would want to be treated. This is wrong and only makes us appear weaker to the enemy and gets Soldiers killed. When was the last time we fought an enemy that treated our prisoners IAW the Geneva Conventions? As world leaders we have a duty not to abuse enemy soldiers and provide them with medical care when in our custody. There is not a father or mother that would understand if told, "your son died, but the terrorist who shot him survived because the medic worked on him first. During the first stages of Operation Iraqi Freedom we engaged the uniformed army of the government of Iraq. These were soldiers doing their job and IAW the Geneva Conventions deserve to be treated in order of wound precedence. Terrorists do not deserve the same treatment as soldiers.

If the enemy is not going to fight IAW with the Geneva Convention and the laws and customs of war then they should not expect special treatment from the United States Army. Soldiers should conduct themselves with respect and not engaged in barbaric behavior, but not provide quarter to those who do. The U.S. is not obligated to provide medical treatment to terrorists.

#### Works Cited

BMC Medicine. (2005). American physicians and dual loyalty obligations in the "war on terror." Retrieved October 16, 2005, from <http://www.biomedcentral.com/1472-6939/4/4>