

Should Medical Personnel be Engaged in Assisting in the Retrieval
of Information from Detainees?

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Some say it started with Abu Ghraib some say with Guantanamo; while others insist that it's a commonly accepted practice in civilian jails and detention centers. What I am referring to is the use of health-care personnel in assisting with or becoming directly involved in patient-detainee interrogation techniques. The Abu Ghraib indignities that surfaced in the Spring of 2003 in the U.S. did so shortly after the information purporting the abuses, along with photos were passed into the hands of conscientious individuals. The purpose of this paper is to discuss the ethical dilemma facing health-care professionals who are responsible for providing care to detainees in Iraq and Afghanistan. Should medical personnel be engaged in assisting in the retrieval of information from detainees? Does their role in health care give them an added edge necessary to glean important information that might otherwise not be gotten? I believe the medical personnel must operate on a standard of care that separates them from the military intelligence gathering network. Health care providers must adhere not only to the global governance of the Geneva Convention, they are the torchbearers of civil treatment during war; they must remain neutral.

Since the Global War on Terrorism began, U.S. Forces medical personnel have treated more than 15,000 detainees. With rare exception, those individuals in custody received excellent health care through the military medical system. When a patient, detainee or not, arrives into the military medical system they entrust the providers with their care. They believe that a system is in place to protect them against poor health care or mistreatment. In the United States, we have a legal system that helps to protect patients against negligent providers and helps to safeguard patients from receiving anything less than safe medical care. Health care providers are in the business to help heal the sick and injured. Some medical personnel crossed the line between Soldier and Medic. Doing so has not only fractured the U.S. standing in the global community, it

caused unnecessary damage within the medical community. Although there was no system in place to provide the check and balance portion of quality medical care for detainees, most suspected cases of abuse against detainees were reported. Providing health-care in a detainee setting is very stressful, especially when the boundary in which the provider practices becomes so blurred. This ambiguity is due in part to the lack of enforcement of policies and procedures that have been in existence for over 40 years. However, many health-care providers view caring for detainees as an ethical dilemma. Practitioners take an oath to uphold a standard of care regardless of the type of patient they must care for, however caring for patients who are often hostile, threatening, and thankless may often lead a care provider to assume an attitude of indifference. Further procedural vagueness comes into play when health care providers must work in an offensive posture when they're in an environment that is not conducive to hostilities not, or in the case of the nurse who struck the patient in defense

Prior to Abu Ghraib it was common practice for medical providers to be present while quasi-interrogation measures such as restraining a detainee, providing medications that are known to alter consciousness, providing specific medical information that could be used against a detainee, or threatening medical procedures that go against the values of a detainee. The role that health care providers practice in a wartime setting must adhere to the articles set forth in the Geneva Convention and must strictly follow Army Regulation (AR) 40-400, Patient Administration, which states that "Members of the enemy armed forces and other persons captured or detained by U.S. Armed Forces are entitled to medical treatment of the same kind and quality as that provided U.S. Forces in the same area." Other forms of abuse ranged from a nurse who struck a detainee after he grabbed her to detainees being held in small boxes for long periods in extreme heat.

As difficult as it may be to accept that potential insurgents have the right to the same health care afforded to U.S. Forces, health care providers bear the burden of ensuring that this is carried out. Health care providers are in no way interrogation specialists. Medics, who were identified as abusing detainees, were caught up in a quagmire that often follows wartime behavior; they too want to help stop acts of insurgency. Medics are trained to patch up Soldiers and get them back to the battlefield. They see the result of what insurgents do with suicide bombs, improvised explosive devices (IED's) and other rudimentary tricks of the trade. Medics watch day after day as our own military are brought in for emergent care; some Soldiers make it through while others make the ultimate sacrifice. Medics are taught to see past the uniform and to treat the patient. But something about war makes us all see things distorted. Especially in a wartime setting, health-care providers must be guided by medical ethics, make medically appropriate decisions, and report inhumane treatment. Medics must resist the appeal to use their knowledge of medicine or their knowledge of a detainee's condition to assist in intelligence gathering.

The Abu Ghraib scandal not only identified the need to implement policies on detainee treatment, it also started a debate on the seemingly dual role that health care providers are placed in when their professional expertise is used to assist in exploiting detainee knowledge.

Because of the potential of systemic detainee abuses within the health care arena, health care providers must adhere to a new and different standard of care for all patients. Health care providers must be considered totally separate from the roles of the interrogator. The U.S. Forces must implement standard training for detainee health care providers; standardize the guidance for detainee medical operations; clarify the medical roles and medical responsibilities as related to the role of the interrogator; and provide a clear set of definitions on what abuses are. Medical

record documentation must be standardized to ensure that medical care provided detainees is properly recorded.

In a dynamic situation such as the GWOT, health-care procedures must continually evolve and they do so based upon the identification of problems by those providing the care and by external sources that have a vested interest in ensuring that all health care follows the articles of the Geneva Convention. Health care providers can best support the GWOT through providing the best level of care to all patients, regardless of their affiliation. Following the abuses of Abu Ghraib, military medical providers must focus on what their primary roles are and that is to first, do no harm and second, value life. These two tenets can only be realized when health care providers stick with the purpose of why they are there.