PM: First Do No Harm? A New Report on Medical Ethics & Prisoners

By Polly Mann

As I entered Temple Israel Synagogue on Election Day, I walked through the reception area in the direction of the sign, with neat black arrows pointing to an open door straight ahead, and was greeted by a smiling man who was obviously stationed there to make voters like me feel welcome. My designated voting site was a wonderfully bright room about 20 by 50 feet with a wall of windows reaching from the ceiling to within three feet of the floor. Large tables with voting registrars were at one end of the room, labeled with letters of the alphabet. I found the “M” sign and after giving my name, date of birth, and residence, I was handed a ballot. There were not many offices to be filled and it took only a minute or two for me to enter the tiny booth, fill in the space by the name of my candidate indicating a vote, and be on my way.

Somehow I had never been struck with the beauty of voting. So much depends upon it and it is carried out so easily and simply. The system runs so smoothly with this local voting process. It could be a metaphor for democracy. Your vote is private. Nobody knows how you vote and you do not know how anybody else votes. And it is a right. You are a citizen entitled to this right.

I came home from voting to read The New York Times online and learn about a task force about professional involvement in the treatment of prisoners at Guantánamo begun under G.W. Bush. I had just participated in a local election, but I recalled how impressed I had been during the Obama campaign when he declared that if elected, he would close that prison. Was his lack of action on this issue a failure of democracy or of the President himself? Closing Guantánamo had been one of Obama’s campaign promises, part of the package people had voted for when they voted for him. I suspect that most—maybe all—of us voting at my polling place would be horrified if we could actually see what has been happening at these prison camps.

How is it that democracy can work so well in some instances and fail so badly in others?

The New York Times revealed that a group of experts in medicine, law, and ethics—the Institute on Medicine as a Profession based at Columbia University, and George Soros’s Open Society Foundations, as well as others from a 19-member task force—have issued a blistering report that accuses the U.S. Department of Defense (DoD) and Central Intelligence Agency (CIA) of directing doctors, nurses, and psychologists to ignore their professional codes of ethics and participate in the abuse of detainees in Afghanistan, Iraq, and Guantánamo Bay, Cuba. Steven Miles, professor of medicine and bioethics from the University of Minnesota, who has long been studying the issue of torture and advocating against it, was among those on the task force.
Among the abuses cited by the task force are: 1) doctors’ force-feeding of hunger strikers by pushing feeding tubes into their nose and down their throat; 2) doctors’ ignoring their duty to report evidence of beatings and torture, and 3) doctors’ acceptance of DoD edicts to illegally use their professional skills to interrogate detainees as military combatants. In addition, the report says that the CIA called for medical personnel to be present during interrogations “to prevent any serious or permanent harm. For instance, exposure to cold was to be stopped before hypothermia set in and loud noise was to be halted before permanent hearing damage would occur.” The report claims that CIA medical personnel were present during waterboarding and resuscitation equipment was available for an emergency tracheotomy.

Taking patients to the brink of death by freezing or drowning, and threatening them with an involuntary tracheotomy and near hearing loss sounds like torture to me.

The report states that the military adopted some of the interrogation techniques that the CIA developed. It is especially critical of the American Psychological Association (APA) for having allowed psychologists to participate in interrogations. Although psychologists are forbidden to perpetrate or support torture and are obligated to report torture and abuse, the APA did not prohibit them to assist in all interrogations. (The issue of the presence of psychologists at interrogations has been criticized for several years by the group Psychologists for Social Responsibility.)

Both the CIA and the Defense Department dismissed the task force report as unsubstantiated. Lieutenant Colonel Todd Breasseale of the DoD defended the force-feeding of strikers via nasal tubes “as legal and necessary to prevent suicide.” (If life is so cruel in the camps, perhaps suicide by refusing to eat could be considered a human right? But the prisoners shouldn’t be reduced to that as the only option in the first place!) Dean Boyd, a CIA spokesman, also criticized the report: “The task force report contains serious inaccuracies and erroneous conclusions.”

The CIA claims not to have any detainees in custody now, and in 2009 President Obama issued an executive order terminating the Rendition, Detention and Interrogation Program. But Dr. Gerald Thomson, Columbia University professor of medicine emeritus, told the Guardian on November 3, 2013, that “these unethical practices by medical personnel, required by the military, continue today. The DoD continues to follow policies that undermine standards of professional conduct.” These include doctors and nurses participating in force feeding, forced bodily restraints, and giving interrogators medical and psychological information on detainees to exert pressure on them. He stated: “The American public has a right to know that the covenant with its physicians to follow professional ethical expectations is firm regardless of where they serve.”

The Guardian reports that the Institute on Medicine as a Profession “wants a full investigation into the involvement of the medical profession in detention centres. It
is also calling for publication of the Senate Intelligence Committee’s inquiry into CIA practices and wants rules to ensure doctors and psychiatrists working for the military are allowed to abide by the ethical obligations of their profession.”

The U.S. makes an exception to human rights for the prisoners at Guantánamo. After torture and 12 years with no trials, some of them will be put on trial soon. Usual criminal trial procedures are an exception for them, as well. There are problematic negotiations ongoing to try to release to Yemen other prisoners who were cleared long ago. But their ordeals are hardly over. Nor is the problem going forward of medical ethics in regard to prisoners. As the Guardian article states, “Although the DoD has taken steps to address concerns over practices at Guantánamo Bay in recent years, and the CIA has said it no longer has suspects in detention, the task force says that these ‘changed roles for health professionals and anemic ethical standards’ remain.”

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