



August 2, 2004

President George W. Bush
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear President Bush:

Medical ethics in the 20th century was forged, in significant part, in response to the abuse of prisoners during the Second World War. Atrocious acts against prisoners, many supervised or even directed by medical professionals, led to the Nuremberg Code and later, the Declarations of Helsinki, Tokyo, Hamburg, the Istanbul Protocol, and standards regarding the humane treatment of prisoners and detainees in the codes of ethics for nursing, medicine and other health professions. In short, throughout the world health professionals have clearly delineated principles intended to guide and support colleagues caring for prisoners or detainees, including when laboring under the stresses of war. Because the inhumane and degrading treatment of detainees and prisoners is shameful to us all, these ethical principles were designed specifically to stand as a barrier to abuse by strongly supporting the ethical responsibilities of health professionals not to participate in or aid abuse, and even to collect and report on any evidence of abuse. These ethical standards are fully in force today and they apply to all health professionals, civilian and military.

The American Society for Bioethics and Humanities is the nation's largest academic society for professionals engaged in bioethics and medical humanities. Our membership includes more than 1,500 physicians, nurses, philosophers, attorneys, chaplains, historians, social scientists, professors of literature and others. We are not a political organization and we do not take stands on health policy or politics, but we take very seriously our obligation to support health professionals, some of whom are our members, in their efforts to maintain professional ethical integrity.

We write today, on behalf of our members, because recent media reports have raised two specific allegations that, if true, would represent clear violations of health professionals' ethical standards with regard to the care of detainees:

- (1) Interrogators may have obtained access to detainees' confidential medical and psychiatric records, without the detainees' consent, for use in abusive and inhumane interrogations.^{1 2}

If true, this would be a direct violation of current US and international ethical standards. Moreover, if medical personnel caring for detainees became aware of this breach of ethics, then they would have been in the impossible position of choosing whether to accurately record medical and psychiatric information, or risk its inappropriate use during interrogations.

- (2) Medical personnel may have been ordered to supervise some of the forms of abusive interrogation recently revealed to have been used – such as sleep and food deprivation and

forcing prisoners to hold uncomfortable positions for long periods of time – and to “medically clear” detainees for the use of these and other abusive, inhumane, degrading and cruel techniques.³

Medical monitoring of prisoners, whether under interrogation or not, is not only proper but obligatory – and victims of abuse clearly require the care of competent health professionals.⁴ However, if health professionals became aware that abuse of detainees was occurring, then ordering them to perform monitoring or clearance functions designed to allow this to continue would be a direct violation of the Tokyo Declaration, the American Medical Association Code of Medical Ethics,⁵ the American Nursing Association’s Code of Ethics for Nurses,⁶ and numerous other US and international ethical standards.

In light of these very serious allegations, we urge the following: *first, there should be a comprehensive and independent investigation to determine whether or to what extent these allegations are true.* Among other issues, we need to find out if U.S. military health professionals reported to superior officers situations they recognized as unethical, cruel, inhumane, or degrading. And if not, what kinds of pressures might have been (or are being) brought to bear on the health professionals who were called upon to treat abused detainees that could prevent them from collecting or reporting forensic evidence of wrongdoing? Did routine reporting mechanisms within the military medical structure break down, allowing abuse to continue longer than might otherwise have occurred?

Second, we urge your administration to issue a clear directive affirming the primacy of ethical principles for military medical professionals during wartime. These principles include: the protection of the confidentiality of prisoner or detainee medical records; assurance that medical personnel will not be ordered to participate in any way in the abuse or torture of prisoners or detainees; and the expectation that health professionals will collect and report to the chain of command any and all potential evidence of abuse. These internationally-recognized ethical standards for health professionals play a crucial role not only in the protection of the integrity of medical professionals, but they also safeguard the health of the prisoners entrusted to their care, and that of our own soldiers taken prisoner. Furthermore, an affirmation of their importance by the US will clarify that our society will not condone or tolerate the inhumane treatment of any person.

Finally, we note that in some recently revealed cases relating to detainees, medical professionals have acted correctly and courageously in documenting evidence of murder during interrogation. For example, the death certificate of Major General Abed Hamed Mowdhouh, who died during interrogation at Abu Ghraib, lists "asphyxia due to smothering and chest compression" as his cause of death.⁷ For a military physician, documenting such forensic evidence of torture may require considerable courage, even though it is standard medical practice and is strongly supported by military⁸ and civilian codes of ethics as well as international conventions.⁹ Encouraging brave actions such as this will require careful protections for whistleblowers, as well as the ongoing, vocal public support of professional associations, as was made clear in the World Medical Association’s Declaration of Hamburg in 1997.¹⁰

In summary, health professionals who are expected to follow clearly articulated American and international ethical standards may stand as the final defense against the abuse and torture of detainees, and the resulting degradation of our moral standing as a society. Because it has been alleged that military health professionals have been pressed to act in direct violation of these standards, we urge the administration, Congress, and military leaders to make absolutely clear that our nation understands and

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endorses the ethical obligations of all health professionals with respect to the care of detainees and prisoners. Military health professionals, and indeed all military personnel, must be assured that they will never be ordered or pressured to act in contravention to universally-recognized standards of medical ethics and international human rights.

Sincerely,

The Board of Directors of the American Society for Bioethics and Humanities

cc: John Warner, Chair of the US Committee on Armed Services (Senate)

Carl Levin, Ranking Minority Member of the US Committee on Armed Services

Duncan Hunter, Chair of the House Armed Services Committee

Ike Skelton, Ranking Minority Member of the House Armed Services Committee

General Richard B. Myers, USAF, Chairman of the Joint Chiefs of Staff

Vice Admiral Michael L. Cowan, USN, Surgeon General of the Navy and Chief, Bureau of Medicine and Surgery

Major General Kevin C. Kiley, Acting Commander of the US Army Medical Command

¹ Slevin P, Stephens J. Detainees' Medical Files Shared. *Washington Post*. June 10, 2004; A01.

² Physicians for Human Rights. Interrogations, Torture, and Ill Treatment: Legal Requirements and Health Consequences. Available at: http://www.phrusa.org/research/pdf/iraq_medical_consequences.pdf. Accessed July 13, 2004.

³ Barry J, Hirsh M, Isikoff M. The Roots of Torture. *Newsweek*. May 24, 2004; World News Section.

⁴ Iacopino V, Ozkalipci O, Schlar C, et al. Manual on the effective investigation and documentation of torture and other cruel, inhuman, or degrading treatment or punishment ("Istanbul Protocol"). Geneva, Switzerland: Office of the United Nations High Commissioner for Human Rights; 2001. UN Publication HR/P/PT/8. Available at: www.unhcr.ch/pdf/8istprot.pdf. Accessed July 29, 2004.

⁵ *Code of Medical Ethics of the American Medical Association*. Opinion 2.067. Torture. American Medical Association, Chicago IL. 2002.

⁶ American Nursing Association. *Code of Ethics for Nurses with Interpretive Statements*. Washington DC. 2001

⁷ Burns, R. Pentagon Now Probes 37 Prisoner Deaths. Associate Press. May 21, 2004. Available at: http://www.boston.com/news/world/middleeast/articles/2004/05/21/bush_works_to_ease_gop_fears_over_iraq/. Accessed July 12, 2004.

⁸ Beam TE. Medical ethics on the battlefield: the crucible of military medical ethics. In: *Military Medical Ethics, Vol 2*. Hartle AE, Pellegrino ED, Sparacino LR, eds. Washington DC: Office of the Surgeon General, US Dept of the Army and the Borden Institute, 2003: 369-402.

⁹ World Medical Association. Declaration of Tokyo website: Adopted by the 29th General Assembly of the World Medical Association 1975. Guidelines for Medical Doctors Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment. Available at: <http://www.wma.net/e/policy/c18.htm>. Accessed June 25, 2004.

¹⁰ World Medical Association. Declaration of Hamburg website. Adopted by the 49th General Assembly of the World Medical Association, 1997. Declaration Concerning Support for Medical Doctors Refusing to Participate in, or to Condone, the Use of Torture or Other Forms of Cruel, Inhuman or Degrading Treatment. Available at: <http://www.wma.net/e/policy/c19.htm>. Accessed June 25, 2004.