

Re: From the Medics, Unhealthy Silence

Source: <http://sci.tech-archive.net/Archive/sci.med.diseases.lyme/2005-03/0579.html>

From: kathleen (kathleen.dickson_at_snet.net)

Date: 03/18/05

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And laughed they did, these "corrections officers,"
at the heroin addicts who climbed the walls and
writhed on the floors 24/7 for 5 days straight.

The CT State law is that they are supposed to be
treated for "clinically relavent" cases of herion
withdrawal.

They gang up around the cell doorway for the
show. They do not treat this severe condition.

FACT.

No one in the world ever better dare say they are
impaired with "panic disorder." Try heroin cold
turkey. I watched it 24/7 with my own eyes, on
several occasions. We were giving them extra
blankets and everything we could to alleviate
their suffering.

Some people say they deserve what they get but
I would agree with that only when Psychiatry
becomes a medical practice, and if we get to
find out who sold the former NEW BRITAIN State's
attorney/ prosecutor the marijuana he was busted for
after leaving a party at the Chief State's
Prosecutor's house, Chris Morano.

<http://www.courant.com/news/yahoo/hc-soulsby0304.artmar04.0.424403.story?coll=hc-aol-yahoo-nws-hed>

And where the DCF "worker" who was busted for selling
cocaine, and being in possession of a gun, got hers.

And who she sold it to.

And if they won't tell, we can outsource them
to torture it out of them. Fair's fair.

<http://www.commondreams.org/headlines05/0208-13.htm>

Kathleen

Jurassic Pierogi wrote:

> "WitchWirsen" <johncwirsen@mchsi.com> wrote in message
news:<vQr_d.79862\$r55.27916@attbi_s52>...
>> *You are full of shit.*
>> *Inmates get better medical care in the state of Missouri than
working*
>> *citizens who have committed no crimes.*
>>
>> *And coming from a family filled with law enforcement, and one LE of
over 50*
>> *years, I resent your remarks about how they operate.*
>> *It's hogwash.*
>
> *And seeing that 80% are dopers, I would imagine meeting one of your
> family LEO's would turn out to be a bad day for just about anyone.*
>
> *But of course it's hogwash. Your doper LEO relatives would never
stand*
> *around and laugh at prisoners dying on the floor in front of them.*
>
>>
>>
>> *"kathleen" <kathleen.dickson@snet.net> wrote in message
>> news:1111095050.955861.131750@g14g2000cwa.googlegroups.com...*
>> *These questions need to be asked about American*
>> *prisons in general. They get notoriously bad healthcare*
>> *and dental care. If you have a crown that needs to be*
>> *finished, the dentists will offer you to have the tooth*
>> *pulled.*
>>
>> *The inmates die of HIV and no one cares, 85% of the*
>> *kitchen workers are HIV infected, and tuberculosis*
>> *is not uncommon.*
>>
>> *More than half the prisoners have no teeth. The only*
>> *medical care they get is Seroquel, mostly. If you are*
>> *injured, the medical staff laughs, and gives no treatment.*
>>
>> *No one cares if inmates don't survive. Think about it.*
>> *They don't care if you have doctor's orders or orders from*
>> *the court to be treated for anything. They deny you medical*
>> *care. Period.*
>>
>> *They don't report assaults to anyone. If one prisoner*
>> *attacks another, they turn a blind eye, and record that it*
>> *was a fight, even if it was not. They encourage the aggressors,*
>> *because the guards enjoy these fights. The mentality behind*
>> *that is that no one better the hell dare complain to any*
>> *authorities about what goes on in the prisons, and if they*

> > *think you might complain, they see to it, that you are*
> > *not protected from the real psychos there.*
> >
> > *In other words, they use the other violent prisoners as*
> > *an intimidation and punitive technique.*
> >
> > *This is not conjecture or hearsay.*
> >
> > *Kathleen*
> >
> > *georgia wrote:*
> > > *Washington Post*
> > >
> > > *From the Medics, Unhealthy Silence*
> > >
> > > *By Stephen N. Xenakis*
> > > *Sunday, February 6, 2005; Page B04*
> > >
> > > *The recent confirmation hearings for attorney general nominee*
Alberto
> > > *R. Gonzales and the trials of the soldiers accused of misconduct*
at
> > *Abu*
> > > *Ghraib have once again brought to the fore questions about the*
use of
> > > *torture in our war on terrorism. But one aspect that is never*
> > > *mentioned*
> > > *-- one I believe is essential to consider -- are the actions or,*
more
> > > *to the point, the apparent inaction of medical personnel at both*
> > > *Guantanamo Bay and Abu Ghraib.*
> > >
> > > *Detention facilities like these typically have fully staffed*
clinics
> > > *with primary care physicians, nurses and a host of other support*
> > > *personnel to treat American soldiers as well as detainees. Their*
> > > *common*
> > > *duty -- from corpsmen with basic medical skills training to*
> > > *physicians*
> > > *with leadership positions -- is to provide care according to high*
> > > *standards of medical practice to all who need it and, of course,*
to
> > > *report any signs of physical or psychological abuse.*
> > >
> > >
> > > *The Post's opinion and commentary section runs every Sunday.*
> > >
> > > *· Outlook Section*
> > >
> > >
> > >

>>>
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>>>
>>>
>>> *As a physician holding the title of brigadier general by the time*
I
>>> *retired in 1998, I directed major medical support efforts during*
the
>>> *1991 Gulf War and have seen the Army leadership up close. So, as*
the
>>> *scandals at Abu Ghraib in Iraq and Guantanamo in Cuba unfolded, I*
>>> *wondered why we had heard so little from the medics. When faced*
with
>>> *the twin pressures of performing their military duty and*
providing
>>> *treatment, did the staffs at these facilities turn a blind eye to*
the
>>> *physical and mental torture inflicted on the prisoners, or*
perhaps
>>> *even*
>>> *collude with interrogators? There are few other explanations for*
why
>>> *they didn't report suspicious findings from the examinations of*
the
>>> *detainees. Unless, of course, those reports were suppressed.*
>>>
>>> *I've also wondered whether the senior medical leadership of the*
Army,
>>> *Navy and Air Force knew of the abuses -- and whether their*
reports
>>> *could have been concealed.*
>>>
>>> *My growing concern has been reinforced by an appalling case of*
glib
>>> *reasoning, in which the office of the deputy assistant secretary*
of
>>> *defense for health affairs, as reported in a recent issue of the*
New
>>> *England Journal of Medicine, has taken the position that the*
medical
>>> *personnel at these facilities had not breached the Hippocratic*
oath
>>> *because there was not a recognized doctor-patient relationship.*

The

> > *NEJM reported that the deputy assistant secretary endorsed the view*

> > *that some of the medics supporting interrogators in Iraq and Guantanamo*

> > *were operating outside the bounds of the doctor–patient relationship*

> > *and were thus not required to abide by accepted ethical guidelines.*

> > >

> > *What precisely does this mean? That the prisoners were not being billed*

> > *by the medical personnel? That there were no neat files, none of those*

> > *signed privacy forms known as HIPAAs? Don't worry, the Defense*

> > *Department seems to be saying, being a military physician doesn't mean*

> > *that you need to stick to the time–honored maxim of "First, do no harm"?*

> > >

> > *Indeed, the same article noted that the office contended that the*

> > *legitimate objective of fighting terrorism trumps the ethical*

> > *responsibility of the healing practitioner. In other words, "the ends*

> > *justify the means": A few brutalized prisoners is a small price to*

> > *pay*

> > *for protecting the citizens of the United States.*

> > >

> > *According to this line of reasoning, military medical personnel*

> > *should*

> > *put a higher priority on fighting the war against terrorism than on*

> > *abiding by the recognized ethical and moral principles of their*

> > *profession. Moreover, no worries about potential malpractice suits*

> > *need*

> > *cloud their day; they can feel protected and relieved of the duty to*

> > *exercise personal and individual responsibility.*

> > >

> > *That's not how I was trained. I attended both college and medical*

> > *school on Army scholarships during the turbulent years of Vietnam*

and

> > *the My Lai massacre, with cynicism over the practices in our military*

> > *echoing in my ears. Fifteen years later, in 1989 and 1990, I attended*

> > *the Army War College as a medical corps colonel. At all these*

> > *institutions, clear parameters for conduct were laid out. The war*

> > *colleges teach senior officers -- future generals and admirals --*

> > *that*
> > > *commanders are responsible for the ethical and moral climate of their*
> > > *units. They are also responsible for what the men and women who serve*
> > > *under them do and don't do.*
> > >
> > > *There is no escaping the fact that responsibility for the conduct of*
> > > *the medics at Guantanamo Bay and Abu Ghraib rests with the senior*
> > > *leadership of the medical departments. This leadership faced tough*
> > > *questions from the outset of operations in both Afghanistan and Iraq*
> > > *about how medics were supposed to treat detainees; the burden of*
> > > *leadership is to ensure that high moral and ethical practices are*
> > > *maintained in even the most demanding situations.*
> > >
> > > *But there is not much evidence to show that the Defense Department*
> > > *wrote out guidelines for adherence to the high standards. In fact,*
> > > *there is only evidence to the contrary: There are few, if any,*
> > *reports*
> > > *from medics about detainee abuse and there is no sign of inquiries or*
> > > *reviews of the policies and conduct of the medical teams at those*
> > > *facilities. But documents of testimony taken during investigation*
> > *into*
> > > *the abuses at Abu Ghraib recently released under the Freedom of*
> > > *Information Act and posted on the Web sites of the American Civil*
> > > *Liberties Union and Center for Public Integrity suggest that medical*
> > > *personnel were aware of abuses, may have witnessed some and may even*
> > > *have advised interrogators on the individual medical conditions of*
> > *the*
> > > *prisoners and their vulnerabilities to specific stresses that could*
> > > *induce them to disclose valuable intelligence -- actions that may*
> > *have*
> > > *bordered on torture.*
> > >
> > > *With disturbing echoes of unsavory regimes in history, medics*
> > *abdicated*
> > > *their responsibilities toward the detainees, their patients, instead*
> > *of*
> > > *making interrogations more humane, more in keeping with international*

> > > *standards of decency.*
> > >
> > > *Unlike soldiers, doctors have a duty to patients as well as
country.*
> > > *That is what separates U.S. military physicians from the German
> > doctors*
> > > *who aided the Nazis in concentration camps or, in perhaps a
closer*
> > > *parallel, the South African prison doctors who examined
> > anti-apartheid*
> > > *leader Steve Biko (a fellow physician no less), filed incomplete
> > > reports, deferred to police interrogators and failed to stop the
> > brutal*
> > > *treatment that ended in Biko's death.*
> > >
> > > *But there is an even bigger failure to be reckoned with. These
are*
> > > *times when the country deserves great leadership, and that kind
of*
> > > *leadership anticipates the toughest problems. Military leaders
should*
> > > *first have asked the hard questions about the ethical parameters
> > > guiding the conduct of medics and focused on the policies that
> > governed*
> > > *that conduct: What is the historical precedent; what are the best
> > ideas*
> > > *about the role of medics in this war; and what are the long-term
> > > consequences of their actions? For these leaders to speak up as
the*
> > > *scandals were investigated would have taken great courage --
generals*
> > > *and admirals would have been forced to retire.*
> > >
> > > *But heroism is not just the stuff of the battlefield. Patients
trust*
> > > *doctors, nurses and medics because they expect them to do what is
> > right*
> > > *-- to put the needs of others over their own. Nations expect
their*
> > > *generals to be bold and to take risks -- and to show moral
courage.*
> > >
> > > *Something doesn't smell right here, and it just may be an abscess
of*
> > > *ethical lapses. While there can be long and learned legal
discussions*
> > > *about the role of torture during wartime, the medical aspect of
these*
> > > *discussions should be very brief: No doctor -- and no military
> > medical*
> > > *leader -- should participate in torture in any way. Either by*

> > *advising*
> > > *interrogators of prisoners' vulnerabilities or by simply doing*
> > *nothing,*
> > > *they did participate. And that says more about the problems of*
> > *military*
> > > *leadership than any memo on legal protections.*
> > >
> > > *Author's e-mail: snxen@aol.com*
> > >
> > > *Stephen N. Xenakis, a retired brigadier general with the U.S.*
Army,
> > *now*
> > > *works as a child and adolescent psychiatrist at the Psychiatric*
> > > *Institute of Washington.*
> > >
> > >
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