

## Re: From the Medics, Unhealthy Silence

**Source:** <http://sci.tech-archive.net/Archive/sci.med.diseases.lyme/2005-03/0761.html>

---

**From:** WitchWirsen ([johncwirsen\\_at\\_mchsi.com](mailto:johncwirsen_at_mchsi.com))

**Date:** 03/23/05

Date: Wed, 23 Mar 2005 03:38:16 GMT

"Jurassic Pierogi" <[jurassic\\_pierogi@yahoo.com](mailto:jurassic_pierogi@yahoo.com)> wrote in message  
news:4778ebf3.0503180341.1a366d21@posting.google.com...

> "WitchWirsen" <[johncwirsen@mchsi.com](mailto:johncwirsen@mchsi.com)> wrote in message

> news:<[vQr\\_d.79862\\$r55.27916@attbi\\_s52](mailto: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.*

My generation. 80% or so, including our spouses.

My mothers generation, and her parents generation is a whole different matter.

My grandfathers brother, for instance, was a constable in the same county for over 50 years.

My cousin, aunts son, is a guard at a prison.

And there are more, sadly, the druggies outnumber these days.

And no, you would never see anyone in my family stand around laughing while someone lay dying on a floor.

And no, you wouldn't even see them tickled at an addict having DT's.

Not the LEs, and not the Druggies.

>

> *But of course it's hogwash. Your dooper LEO relatives would never stand*

> *around and laugh at prisoners dying on the floor in front of them.*

>

>>

>>

>> *"kathleen" <[kathleen.dickson@snet.net](mailto: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*  
>> >  
>> >  
>> >  
>> >  
>> > *\_\_\_\_\_Free E-mail Newsletters\_\_\_\_\_*  
>> >  
>> > *· Today's Headlines & Columnists*  
>> > *See a Sample / Sign Up Now*  
>> > *· Breaking News Alerts*  
>> > *See a Sample / Sign Up Now*  
>> >  
>> >  
>> >  
>> >  
>> >  
>> >  
>> > *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.*  
>> >  
>> >  
>> > © 2005 The Washington Post Company