

# Saving the Enemy?

## Preferential medical care for compatriots during armed conflict

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# The Principle of Impartial Medical Care

- “Members of the armed forces who are wounded or sick shall be treated humanely and cared for without any adverse distinction founded on sex, race, nationality, religion or any other similar criteria...  
**Only urgent medical reasons will authorize priority in the order of treatment to be administered.**
- *Each belligerent must treat his fallen adversaries as he would the wounded of his own army. \*\*\**
  - *Geneva Convention (I) 1949, Article 12 and Commentary*

# 3 exceptions

- [Penicillin] Triage
- Medical care during occupation
- Care for wounded compatriots

# Case I - Military Necessity: Penicillin Triage (1942)

The hospital beds were overflowing with wounded men. Many had been wounded in battles; many had also been wounded in brothels. Which group would get the [meager supply] penicillin? By all that is just, it would go to the heroes who had risked their lives...

They did not receive it, nor should they have; it was given to those infected in brothels. Why?

- First, there were desperate shortages of manpower at the front.
- Second, those with broken bodies and broken bones would not be swiftly restored to the battle line even with penicillin, whereas those with venereal disease would return to the front.

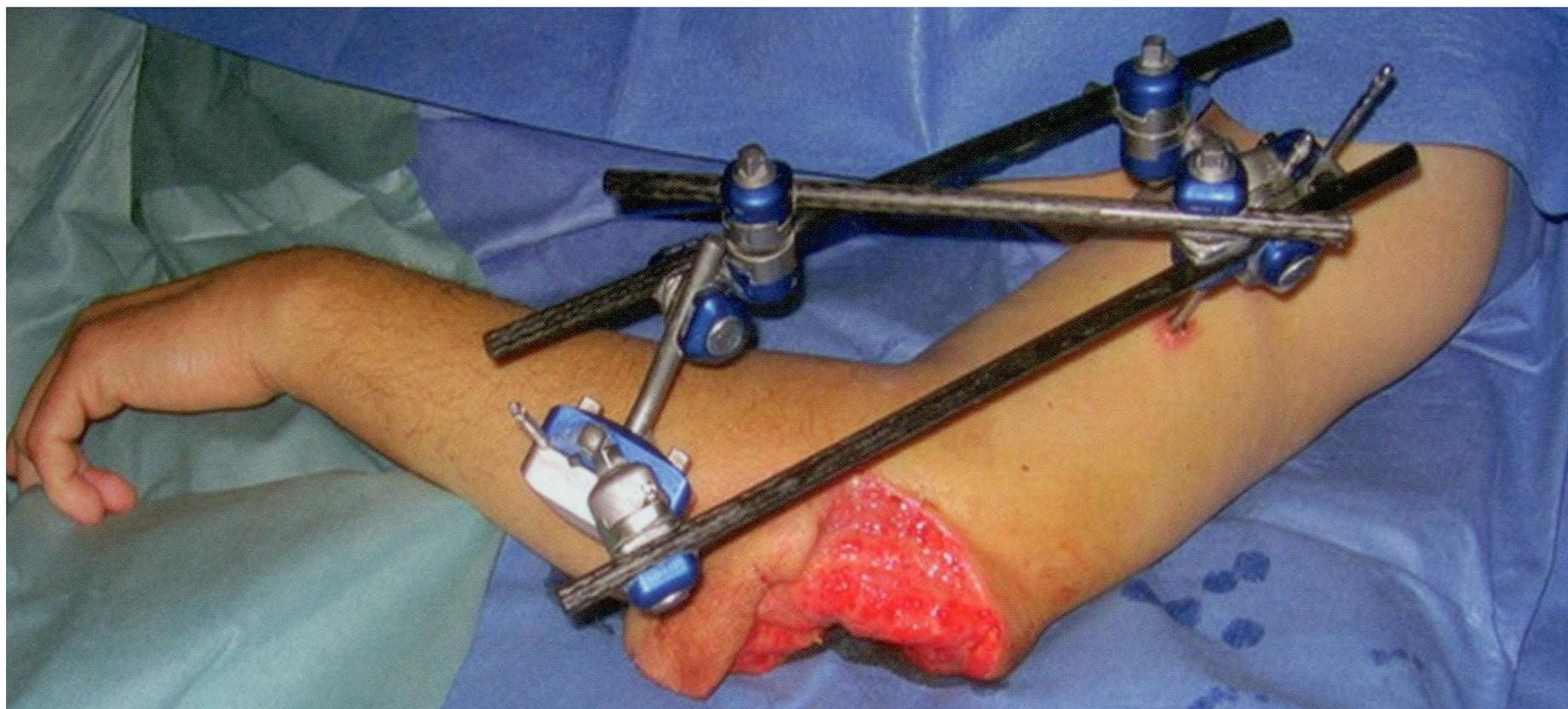
▫ Beecher, 1971

# Penicillin Triage (2)

## **1943 Distribution of Penicillin**

- US troops: 85%
- American civilians: 15%
- German prisoners of war: 0%

# Traumatic Elbow Injury, Iraq 2005



# Whose Elbow?

- Coalition Soldier's
- Local National Soldier's
- Local Civilian's
- Detainee's



# Who gets what level care?

- Coalition Soldier ★ ★ ★ ★ ★
- Local National Soldier ★ ★
- Local Civilian ★
- Detainee ★ ★ ★ ★

# US Military Medical Care

- Echelon I
  - Battalion aid station:
  - medic/MD to evacuate
- Echelon II
  - Forward surgical team:
  - 3 surgeons to stabilize and evacuate
- Echelon III
  - Combat Support Hospital:
  - orthopedic, thoracic,
  - oral and maxillofacial surgery,
  - intensive care and psychiatric treat.
  - ~250 beds in Iraq.
- Echelon IV-V
  - Landstuhl, Germany; Walter Reed, USA



# Medical Care in Afghanistan

- Afghan Civilian Hospital
- Afghan Military Hospital



# Medical Care for Local Population

## GC Article 55-56

To **the fullest extent of the means available** to it the Occupying Power

- has the duty of **ensuring the food and medical supplies of the population**; it should, in particular, bring in the necessary foodstuffs, medical stores and other articles **if the resources of the occupied territory are inadequate**.
- has the duty of ensuring and maintaining, with the cooperation of national and local authorities, the medical and hospital establishments and services, **public health and hygiene in the occupied territory**, with particular reference to the adoption and application of the prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics.

# What about Article 12?

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# Beneficent Health Care

- Minimal Medical Care
  - preventive medicine, vaccinations, health education, prenatal and maternity care, treatment for acute and life threatening diseases, one-time treatment for chronic non-fatal illnesses.
- Host nation aid: care to save “life, limb and eyesight”
  - Neglects long term care for TBI, limb loss, psychiatric care, rehab care, etc.

# Detainee Care

- *Each belligerent must treat his fallen adversaries as he would the wounded of his own army*

# Elbow Care

- Coalition Soldier



- Local National



- Local Civilian



FIGURE 8. Radiograph after arthrodesis, external fixation, and abdominal pedicle flap.

# Justificatory principles for discrimination

- Military Necessity
  - Salvage
- Scarce Resources/Foreign Aid
  - Why scarce resources?
- Special Obligations
  - To children
  - To Detainees (but not allies?)
  - To compatriots

# Ethics of Care and Associative Duties

## Case 3

- One US soldier and one Iraqi Army soldier present with a gunshot wound to the chest. There is only enough lidocaine for local anesthesia for one patient, and only one chest tube tray. One will get a chest tube with local anesthesia, and the other will get needle decompression and be monitored by the flight medic.
  - Who gets the chest tube and local anesthesia and why?

# Examples of special care for compatriots

- 10/19 Israeli medics would tend a moderately or lightly wounded comrade before a more seriously wounded enemy soldier or civilian
- 33% of military surgeons surveyed in 1991 (Desert Storm) said that medical need is not the only criterion of care and 22% that POWs should be treated last regardless of condition

# Ethics of Care/Associative Duties

- The ethics of care invokes an emotive rather than contractual bond that calls for ‘personal concern, loyalty, interest, passion and responsiveness to the uniqueness of loved ones, to their specific needs, interests [and] history’  
(Held 2006: 95). •
- This is NOT justice



# Ethics of Care/Associative Duties In the Military

# Associative Duties in the Primary Group (Platoon level)

- **Characterized by** face to face contact, mutual affection, trust, peer bonding, loyalty, teamwork and interdependence.
- **Provides** basic needs, support, sociability, protection and identity
- **Entails** a prior duty of care to members of primary group (*associative duties*)
  - Self sacrifice, no concern for reciprocal gain or maximizing outcomes.

# Secondary Group

- Secondary Group (company level and higher)
  - Professional duties and military duties dominate
  - larger military organization to which primary group belongs.
  - Institutionalized, impersonal and formal

# Three Scenarios

Compatriots and non-compatriots with:

*1. Equal Wounds*

- Ethics of care as a tie breaker

*2. Grossly Disparate Wounds:*

- Beneficence (moral minimums) trumps care

*3. Moderately Disparate Wounds*

- One compatriot life or two (or more) non-compatriot lives
- Compatriot limb over non-compatriot life

# Framework for Analysis:

## A Ladder of Duties for Medical Personnel

<b>Duty</b>	<b>Principle of Care</b>	<b>Subject population</b>
<b>Professional/ Legal (GC)</b>	Impartial, need-based care	All patients
<b>Military</b>	Preferential care based on military necessity	Compatriots who can return to duty
<b>Associative</b>	Preferential care based on friendship	Members of Primary Groups