Physician Involvement in Hostile Interrogations\textsuperscript{1,2}

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1 Introduction

Military conflicts inevitably lead to the detention and interrogation of adversaries (or perceived adversaries), and American military action in Afghanistan and Iraq has resulted in the protracted and scrutinized detention and interrogation of varied personnel. Detention and interrogation, in turn, inevitably lead to moral and legal questions, and these questions have been especially poignant during and following the aforementioned campaigns. Controversially, the Bush administration did not afford Geneva Convention protections to “enemy combatants”; these protections would have increased the standard of care (e.g., legally, medically, etc.) afforded to detainees and would have limited the interrogation options available to military personnel. Also controversially, reports have alleged that military interrogators have practiced “stress and duress” tactics which include: “sleep management” (i.e., sleep deprivation), “dietary manipulation” (i.e., food withholding), “environmental manipulation” (e.g., exposure to extreme temperatures, presence of dogs, etc.),

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forced maintenance of uncomfortable positions for extended periods of time, isolation (sometimes for longer than 30 days), hooding, etc.\(^3\)

Whether these tactics are tantamount to torture is debatable. They are certainly unpleasant but, in my view, fall short of archetypical instances of torture. While the invocation of ‘torture’ might seem merely semantic, it has substantial rhetorical force which has been often been carelessly and uncritically employed. For this reason, I propose to label interrogations which incorporate these tactics as hostile (which they clearly are) as opposed to torturous (which they arguably are not).\(^4\)

To be sure, many of the arguments that I will advance in this paper are as applicable to torture as to hostile interrogations. However, I want to try to preserve the distinction so as to reflect current allegations.

Before turning to a moral evaluation of physician involvement in hostile interrogations, it might be useful to briefly consider the morality of the interrogations themselves. If the interrogations are immoral, then physician contributions to their efficacy are presumably immoral \(a\) \(f\\text{or}t\text{tori}r\)\(^5\). So, if someone wanted to defend the morality of physician involvement in these interrogations, he/she would have to carry two burdens: first to show that the interrogations themselves are morally permissible and then to show that \textit{even if} they are morally permissible, it is morally permissible for physicians to participate in them. For the scope of this paper, I will confine my argumentation to this second project. Methodologically, however, I take this first project to be as important as the second, though I have already


\(^4\) Other authors have chosen other modifiers for such interrogations. For example, Jonathan Marks prefers “aggressive interrogations” and Matthew Wynia has used “harsh interrogations.” I think that “hostile interrogations” is superior to these locutions for various reasons. First, some of the tactics employed are withholdings or deprivations which, by definition, are not aggressive since they are omissions rather than commissions. I think that ‘harsh’ is less problematic, though it carries a range of definitions which range from “unpleasant” to “severe or cruel.” While the former is clearly appropriate, the latter is debatable (i.e., it begs important questions), so this usage is not without its perils. ‘Hostile’ can mean “characteristic of an enemy,” “demonstrative of ill will,” or “unfavorable to health or well-being”; any of these definitions would, I think, be appropriate.

\(^5\) This does not, of course, \textit{necessarily} follow: sometimes we might be morally required to participate in immoral practices in order to minimize overall harm or wrongness. However, given the structure of this debate and the positions put forth by its commentators, I will assume that if hostile interrogations are impermissible then physician involvement is, \textit{a fortiori}, impermissible.