

Care of Enemy Prisoners of War/Internees

Introduction

Healthcare personnel of the armed forces of the United States have a responsibility to protect and treat, in the context of a professional treatment relationship and universal principles of medical ethics, all detainees in the custody of the armed forces. This includes enemy prisoners of war (EPWs), retained personnel, civilian internees, and other detainees. For the purposes of this chapter, all such personnel are referred to as **internees**.

Department of Defense (DoD) healthcare personnel should make every effort to comply with “Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment”—adopted by the United Nations General Assembly Resolution 37/194, December 18, 1982 (see Appendix 1 in this book)—and all applicable DoD policies.

The Geneva Conventions

- Define medical personnel as those individuals “exclusively engaged in the search for, or the collection, transport, or treatment of the wounded or sick, or in the prevention of disease; and staff exclusively engaged in the administration of medical units and establishments” (**Geneva Convention for the Amelioration of the Wounded and Sick in Armed Forces in the Field [GWS]**).
- Medical personnel of enemy forces are not considered internees, but are classified as “retained” in order to treat other EPWs. Internees are also entitled to the protections afforded under the provisions of the **Geneva Convention Relative to**

the Treatment of Prisoners of War (GPW). Detained persons who are not protected under GWS and GPW, may be protected under the provisions of the **Geneva Convention Relative to the Protection of Civilian Persons in Time of War.**

The Geneva Convention for the Amelioration of the Wounded and Sick in Armed Forces in the Field states that belligerents must care for the sick and wounded without any adverse distinction founded on sex, race, nationality, religion, political opinions, or any other similar criteria. Only medical urgency can justify priority in the order of treatment.

Workload

The number of internees and retained/detained personnel requiring medical in-processing and/or medical care can be staggering. Coalition forces captured over 62,000 internees during Operation Desert Storm. During the 1-week ground war, until the end of March 1991, 8,979 internees were treated.

- The most common internee medical condition reported during Operation Desert Storm was dental disease (24%). Other common medical illnesses were unexplained fever, nephrolithiasis, peptic ulcer disease, and malaria.

Wounds in internees may be different than those seen in friendly forces due to differences in personal protective gear, preexisting diseases, malnutrition, and neglect.

Medical Care of Internees

- Healthcare providers have a responsibility to report information that constitutes a clear and imminent threat to the lives and welfare of others.
- Whenever possible, internees should receive medical care equal to that given to our own troops.
 - Providers should report any suspected abuse or maltreatment of an internee.
 - Providers should inform the theater internment facility chain of command of internee physical limitations. Medical recommendations concerning internee activities are

nonbinding. Decisions concerning internee activities are made by the chain of command.

- Healthcare providers charged with the care of internees should not be actively involved in interrogation, advise interrogators how to conduct interrogations, or interpret individual medical records/medical data for the purposes of interrogation or intelligence gathering.
- Healthcare personnel ordered to perform duties they deem unethical should request to be recused through his or her chain of command. If the situation is not resolved satisfactorily, healthcare providers may contact their Command Surgeon or the Inspector General.
- Requirements for internee care are provided in **AR 190-8/OPNAVINST 3461.6/AFJI 31-304/MCO 3461.1**. Internees must have an examination upon arrival at the detention facility, as well as a chest radiograph (tuberculin skin test for children up to age 14 years). Sick call must be available daily, and each internee must be weighed at least once per month. Sanitation and hygiene must be maintained at all times (**AR 190-8**).
- Medical records.
 - Internee medical records are the property of the US Government. Internees are entitled to a copy of their medical records upon release. Original records are retained.
 - The Health Insurance Portability and Accountability Act (HIPAA) does not apply to the medical records of internees (DoD Instruction 6025.18 and DoD 6025.18R). However, the handling, disposition, and release of all types of medical records are governed by regulation. Commanders and others who have an official need to know can access information contained in internee medical records by following the procedures given in AR 40-66, using DA Form 4254. Patient consent is not required. The medical treatment facility commander or designee, usually the patient administrator, determines what information is appropriate for release. Only specific medical information required to satisfy the terms of a request will be disclosed. Healthcare providers should expect that released medical information will be used by the chain of command, to include interrogators.

- Medical information.
 - Releasable medical information includes that which is necessary to supervise the general state of health and cleanliness of internees, to detect contagious diseases, and to provide for the safety and security of the facility.

Setup/Planning

- Develop plans for prisoners on a hunger strike or who refuse treatment.
- Enemy forces may have preexisting medical conditions requiring medication.
- Ensure that any internee/retained/detained person evacuated to the medical treatment facility for treatment is escorted by an armed guard, as designated by the nonmedical (echelon) commander. The guard must remain with the patient while in the medical evacuation and treatment chain. When possible, keep internees segregated from friendly forces patients.
- Internees requiring evacuation will receive an internee identification number upon entry into the detainee reporting system. Medical personnel **do not** search, guard, or interrogate internees.

It is critical that medical personnel not enter the general EPW holding area, but have patients brought out to them for sick call and any medical treatment.

- **NATO STANAG 2131**, *Multinational Phrase Book for Use by the NATO Medical Services – AMedP-5*, provides basic medical questions in a number of NATO languages.
- Use other retained persons/internees (especially medical personnel) as translators.
- Detainees may feign mental illness to avoid interrogation.

Screening

- Guards should ensure internees are screened for hidden weapons and other potentially dangerous materials. **Medical personnel, however, must remain vigilant of these threats and mentally prepared should a threat or attack occur.**

- During transfer, release, and/or repatriation, another medical examination should be performed. Final documentation of any ongoing medical, surgical, or wound care problem is completed and forwarded to the gaining facility or to the appropriate medical records repository.

Supply

- The internment facility must enforce field hygiene and sanitation principles.
- Plan for personal hygiene requirements and protective measures (insect netting, insect repellent, sunscreen).
- Coordinate with the supporting medical headquarters for additional preventive medicine support (pest management, potable water, dining facility sanitation, and waste disposal) and Veterinary Services support for food safety as required.

Medical Staffing

- The facility should be staffed to ensure that detainees receive the same standard of care as US forces.
- Retained medical personnel should be utilized for care of their compatriots in conformity with the Geneva Conventions.

Legal

- When possible, signed permission should be obtained for all surgical or invasive procedures.
- The patient's identity should be absolutely clear in each photograph. Photographs are invaluable should there be a claim of unnecessary surgery or amputation.
- **A high-quality camera is important.**

Any patient who requires amputation or major debridement of tissue should be photographed (face as well as wound images).

Internee Advocate

- The military physician is often the commander's advisor for medical ethics. The physician should be alert for potential and actual ethical conflicts, and make efforts to resolve them.

- They must also strive to maintain a “moral distance” from participating in any proceeding potentially adverse to the patient’s interest.

Personal safety should never be taken for granted by the medical team, regardless of familiarity with internees and surroundings.

Security

- There is **always** an element of danger to the medical staff in treating internees.
- Physical security will be provided by nonmedical personnel designated by the appropriate leadership.
- It is the capturing line unit’s responsibility to provide security for EPWs/detainees until arrival at an internment facility.
- Security personnel must accompany all internees whenever they are in a treatment or holding area. In forward areas, it may not be possible to have separate and secure medical treatment/holding areas for internees. When possible, internees should be segregated from allied, coalition, and US forces.
- When possible, avoid taking medical equipment into the patient wards for security reasons (ie, bring the patient to the equipment).
- Following treatment, the provider should alert internment medical personnel of any special needs the internee may have.

For Clinical Practice Guidelines, go to
http://usaisr.amedd.army.mil/clinical_practice_guidelines.html