

REN AS A GUIDELINE FOR SOLVING MILITARY MEDICAL ETHICS
VIOLATIONS IN S.E.R.E.

HONORS THESIS

Presented to the Honors College of
Texas State University
in Partial Fulfillment
of the Requirements

for Graduation in the Honors College

by

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San Marcos, Texas
May 2019

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ABSTRACT

Post Traumatic Stress Disorder (PTSD), a psychiatric disorder triggered by traumatic events, is characterized by a range of symptoms that vary in severity, including: repeated, involuntary memories, ongoing fear, mistrust of others, irritability, lack of sleep, detachment, etc. (American Psychiatric Association). While PTSD affects nearly 11 million American adults, members of the military are especially at risk of developing PTSD due to increased opportunities for exposure to trauma in combat (APA, NIH MedlinePlus). In fact, as many as 21% of Iraqi war veterans are affected by PTSD (NIH MedlinePlus). Evidently, PTSD is a widespread issue within all branches of the military.

To remedy the high risk of PTSD that military personnel are subjected to, James Rowe, a U.S. Army member and Vietnam prisoner of war, developed Survival, Evasion, Resistance, and Escape (SERE) training. During the Resistance portion of SERE, military personnel are subjected to stress inoculating environments prior to deployment in order to build their stress resilience—a key contributor to preventing PTSD (Taylor & Schatz). In order to create a stress inoculating environment, military personnel are tortured in mock prisoner-of-war camps. However, recent evidence challenges the effectiveness of this program. A lack of objective stress measures, absence of standard training guidelines, deficient evaluation in non-clinical environments, and inadequate repeated acute stress measurement all contribute to the questionable effectiveness of the Resistance program. In fact, in personal anecdotes and government documents filing lawsuit against the military, participants claim that Resistance training induced PTSD rather than prevented it.

Considering that SERE may result in outcomes contradictory to their goal of preventing PTSD and thus may cause undue harm onto a group of people, one must examine what moral obligations medical professionals complicit in the making and participation of Resistance training have. Using Military Medical Ethics, I will expose the unethical acts of medical professionals aiding in SERE through the lens of benevolence, nonmaleficence, respect for autonomy, and justice. Though Military Medical Ethics gives us the tool to determine whether a physician's actions are unethical, it cannot provide a guide to what steps physicians nor the military should take in order to combat larger picture issues that arise from SERE's use. To resolve this, I will use the Confucian principle of Ren and Mengzi's concept of governing with love to argue that medical professionals complicit in the participation of this program should step down from Resistance training and call for the end of torture in SERE as well as the end of human torture in all other contexts at both the physician and governmental level.

CHAPTER I

Torture in the United States

Torture is not an uncommon word to American ears, let alone any other nation's. It is embedded throughout our histories and can be simply defined as the infliction of severe pain on another. However, this definition is more explicitly defined by the United Nations as the deliberate infliction of severe physical or mental pain/suffering by a public official in order to obtain information/a confession from the person being tortured/from someone else, punish that person for something they/ another person has done or is suspected of having done, intimidate or coerce that person/another person, or for any reason 'based on discrimination' (BBC).

Because it would be a lengthy task to detail the history and types of torture of each nation, I will narrow the focus of this chapter to the types of torture inflicted on citizens of the United States. Spanning from the Revolutionary War/ War of 1812 to the Gulf War, I analyzed historical documents detailing the types of both mental and physical torture used on Americans during these warring periods, which can be seen in the table below.

War	Mental Torture	Physical Torture
<i>Revolutionary War and War of 1812</i>	Intimidation (Rick), Confinement, Sensory Deprivation, Deception (Lindsey)	Scalping (Rick), Rape (Hulton), Food Deprivation, Shelter Deprivation, Clothing Deprivation, Water Deprivation, Sanitary Deprivation, Poison (Linsey)

<i>Mexican-American War</i>	Name Calling (Yoder)	Clothing Deprivation (Riffel), Rape (Riffel)
<i>American Civil War</i>	Intimidation (Burton)	Stretching, Beating, Bondage, Weights (Bateman), Food Deprivation, Asphyxiation, Sanitary Deprivation, Shelter Deprivation, Water Deprivation, Clothing Deprivation (Emery), Wooden Mule, Branding, Waterboarding (Burton).
<i>Spanish-American War</i>	Intimidation, Name Calling (Mateo)	Waterboarding, Forced Consumption (Woolf), Food Deprivation (Woolf)
<i>World War I</i>	Name Calling, High Stress Environment (Kramer)	Food deprivation, Sanitary Deprivation, Shelter Deprivation (Jones), Forced Labor (Kramer)
<i>World War II</i>	Intimidation (Turse), High Stress Environment (Lindorff), Name Calling (Drash)	Beating, Skinning, Clothing Deprivation, Food Deprivation (Drash), Cannibalism (McCarthy), Rape, Centrifuged, Asphyxiation (Dugre), Dissection (Budge), Impaling, Intentional Infection (Tatlow),

		Injections (Tsuchiya), X-Ray Exposure (World Future Fund), Waterboarding (Turse)
<i>Korean War</i>	Confinement, Humiliation, “Brainwashing” (Weiner)	Bondage, Puncture, Forced Physical Activity, Clothing Deprivation, Beating, Water Deprivation, Injection (“Atrocities”)
<i>Vietnam War</i>	Confinement, High Stress Environment (Callahan)	Bondage, Sanitation Deprivation (Wise, Baron), Asphyxiation, Water Deprivation, Small Spaces, Sleep Deprivation (Callahan), Beating (USA Today), Dislocating Limbs (Morrow), Kneeling (Wells et. al)
<i>Gulf War</i>	Confinement, Intimidation (Nealy)	Shocking, Beating, Food Deprivation (Jordan), Bone Breaking, Rape, Whipping (Healy), Bondage (Parker)

Relationship between Torture and PTSD

Along with chronic pain, one of the most reported problems survivors of torture face is post-traumatic stress disorder, PTSD for short (Williams & Van der Merwe).

According to the National Institute of Medical Health, in order to be diagnosed with

PTSD, one must experience all of the following symptoms for over a month: one re-experiencing symptom, one avoidance symptom, two arousal and reactivity symptoms, and two cognition and mood symptoms. To further elaborate, re-experiencing symptoms include flashbacks, bad dreams, or frightening thoughts; avoidance symptoms can include places, objects, events, thoughts, or feelings that are related to the traumatic event that triggered PTSD; arousal and reactivity symptoms can include being easily startled, feeling tense or “on edge”, having difficulty sleeping, or having angry outbursts; and cognition and mood symptoms can include trouble remembering key features of the traumatic event, negative thoughts about oneself or the world, distorted feelings like guilt or blame, or loss of interest in enjoyable activities (National Institute of Medical Health). Evidently, PTSD is a broad diagnosis that encompasses a wide range of symptoms that may vary from person to person. It is important to note that the trauma from torture that invokes PTSD can affect people in different ways and degrees based on their race, economic class, and gender, and genetic predispositions to health problems (Roberts, Brattstrom, Olff, & Bresslau). For instance, Blacks, lower economic classes, women, and people with predispositions to PTSD are at higher risk for PTSD than an affluent White male with no genetic predisposition to the mental health disorder.

Torture in SERE

During the Resistance portion of Survival, Evasion, Resistance, and Escape training (SERE), United States military members undergo torture and high levels of stress to improve their abilities to trust in colleagues and resist giving information to enemies (Olsen). Using graph theory and previous research regarding torture used on Americans

during wartime periods, I was able to locate some of the methods of torture used in SERE, which is demonstrated in the table below.

Mental Torture	Physical Torture
Name calling, intimidation, humiliation (United States District Court Colorado)	Food deprivation, beating, sexual abuse, clothing deprivation (United States District Court Colorado), waterboarding (McCarter)

By exposing military personnel to these stress inoculating environments prior to deployment, SERE aims to build stress resilience through exposure (Taylor & Schatz). According to neurobiological studies, high stress environments, like the torture endured by wartime detainees, may dysregulate the noradrenergic system; therefore, causing PTSD (Ozbay et. al.). To prevent this from occurring, stress resilience is required to keep the noradrenergic system activity “within an optimal window” (Ozbay et.al.). Considering the previous statements, it appears as though SERE training is in the best interest of the individual, because it would allow them to gain resilience, necessary characteristics to prove loyalty to their country, and prevent themselves from acquiring PTSD. Although SERE seems largely beneficial, one must take a closer look at the program’s actual effectiveness and ethicality. While improving one’s stress resilience through training seems appealing, there is no publicly available evidence that affirms that SERE is effective in accomplishing such improvements. In fact, it is difficult to measure the actual success of SERE’s improvement on people’s stress resilience given that there is a “lack of evaluation in non-clinical environments, lack of utilization of objective stress

measures, use of non-standardized training guidelines, and lack of repeated acute stress measurement” (Taylor & Schatz). Not only are there multiple issues with properly measuring the success of this program, but existing information acquired using current techniques suggest the military’s efforts show “questionable effectiveness” (Taylor & Schatz). In addition, while SERE aims to prevent future acquisition of PTSD through exposure, government records suggest that SERE itself may cause PTSD (Department of Veterans Affairs Regional Office in Manchester, New Hampshire). SERE’s lack of utility begs the question: is it ethical for the military and its’ physicians to continue to administer torture under the facade of helping military members in Resistance training, and what course of action should we take in response to these findings? In an attempt to tackle this question, I will use Military Medical Ethics to analyze the ethicality of SERE. Afterwards, I will use Confucian principles to locate potential courses of actions that may serve to remedy the issue at hand.

CHAPTER II

History of Medical Ethics

Glancing backwards at medical ethics' western roots, we can trace all the way back to the Hippocratic Oath, a Greek text written over 2,500 years ago that medical professionals still swear into in modern day America, the UK, and many other countries (Oxtoby). Whether or not the oath still accurately aligns with our current values, it is still the earliest recorded standards created for physicians to uphold; consequently, resulting in the birth of medical ethics. Over time, medical ethics has been molded and transformed by philosophers, popular court cases, and national tragedies. Some of the most notable instances include the Nazi experiments, which prompted the creation of the Nuremberg code (a set of ethical guidelines for research involving human subjects); the Jesse Gelsinger case, which exemplified the need for full-disclosure during informed consent; and the Tuskegee Syphilis Trials, which highlighted the necessity of truth-telling between doctors and patients (Shuster; Meyers; & Center for Disease Control and Prevention). Medical ethics has an undoubtedly dark history and we should not gloss over it. Time over time, cruelties have occurred against vulnerable populations-- african americans, latinxs, women, native americans, *the military*, prisoners, children, the poor, etc.-- in the field of medicine. To move forward and improve medicine, we must acknowledge our tragic past and learn from our mistakes.

Medical Ethics

Before delving into the dilemmas that plague medical ethics, one must have a foundational understanding of medical ethics. The ethical framework is comprised of the

four core principles: beneficence, non-maleficence, autonomy, and justice. Each of these principles hold equal weight in value and must be upheld by medical professionals.

The principles of beneficence and non-maleficence are often grouped together when discussed. While beneficence urges medical professionals to do good onto others, non-maleficence tells physicians to avoid doing harm onto patients (Vaughn 10). At closer scrutiny of non-maleficence, there are cases where pain must be inflicted in order to achieve beneficence (e.g. causing brief pain onto a patient by giving them a vaccine, or piercing a patient's throat for a tracheostomy); however, they are exemptions to non-maleficence. To elaborate, these cases exemplify the concept of "due care," which states that some treatments involve inherent suffering, injury, and/or pain (Vaughn 10). Although such harm may be necessary in instances of due care, non-maleficence still requires physicians to minimize the harm as much as possible.

Moving forward, respecting patients' autonomy-- a person's rational capacity for self-governance-- is another major principle in medical ethics (Vaughn 9). To acknowledge an individual's intrinsic worth as a human being, physicians must respect patients' autonomy to make decisions for themselves and are not permitted to override their decisions. For instance, if a patient states that they do not want to go through chemotherapy, the physician should respect their decision despite the physician's stance on refraining from care. To ensure that we respect people's autonomy, physicians must receive informed consent from their patients. Informed consent is a legal doctrine that is comprised of five necessary components: (1) the patient is *competent* to make decisions, (2) the patient receives an *adequate* disclosure of information, (3) the patient *understands*

the information disclosed to them, (4) the patient *voluntarily* decides on a treatment, and (5) the patient *consents* to the treatment (Vaughn 181).

Lastly, physicians are urged to uphold the principle of justice. Unlike the other principles, justice is a more ambiguous word that can mean multiple things depending on the definition one subscribes to. However, in its broadest sense, justice refers to “people getting what is fair or what is their due” (Vaughn 12). There are two types of justice that are commonly referenced in medical ethics. Retributive justice concerns punishment for wrongdoings, while distributive justice focuses on the fair allocation of society’s advantages and disadvantages (Vaughn 12). While there are two main definitions, the second lends more weight in medical ethics and forces healthcare providers to consider the following: fair distribution of resources, competing needs, rights and obligations, and potential conflicts with established legislation. Given its greater weight, distributive justice is the definition in which this paper will operate on when referring to justice.

Dilemmas in Medical Ethics

After a brief introduction to the main principles of medical ethics, it is apparent that each principle is not as concrete nor easy to follow as one might assume. There are dilemmas existing both across and within each principle that are unique to each medical case.

At first glance, the notion of respecting persons through the principle of autonomy is a favorable ideal. But under closer review, we can uncover the western bias that envelopes modern medical ethics. Autonomy is a cultural-specific virtue that is not always as prized in less individualistic societies. In the United States, we pride ourselves in promoting liberties and privacy, which is why autonomy fits snugly as one of the four

pillars of medical ethics (Elliot). However, this is not the case for more collectivist cultures. For instance, an individual from China may want to consult with their entire family and allow their family to be involved in the choosing of their treatment, because they give moral priority to their family over themselves (Zahedi). This brings up one of the many dilemmas in medical ethics: how can we show respect for persons and uphold the principle of autonomy if doing so goes against the patient's culture?

Digging deeper into the principle of autonomy, we come across informed consent, a legal doctrine drafted to help ensure the promotion of autonomy. Aside from the doctrine's blatant disregard to collectivist cultures, there are other issues relating to the wording of the legal requirement. More specifically, there is speculation as to what exactly "competent," "adequate," and "voluntarily" entail (Vaughn 181). The ambiguous wording of the document raises multiple questions: How can we determine if someone is competent to make a decision? Does the requirement of an adequate disclosure of information permit the physician to withhold full disclosure and merely tell the patient what they see is necessary to disclose? How can we be sure that a patient is voluntarily consenting to a procedure and is not being coerced by the doctor or outside forces?

On another note, the principle of justice has its own problems of contention as well. Although distributive justice aims to fairly allocate resources across society and treat people as equals, how can this be achieved in a healthcare system that accommodates the wealthy and neglects the poor? In a privatized healthcare system, people are moving towards crowdsourcing websites like GoFundMe, where 1 in 3 people create campaigns for medical bills, to accommodate for the rising costs of medical care (Advisory Board). Additionally, Harvard reports that there are 45,000 deaths linked to

lack of healthcare each year (Cecere). Given the data, is it medical professional's jobs to advocate for universal healthcare?

Military Medical Ethics - How Does it Differ from Civilian Medical Ethics?

Similar to medical ethics, military medical ethics is comprised of the same four principles: beneficence, non-maleficence, autonomy, and justice (Institute of Medicine (US) Board on Health Sciences Policy). However, there are subtle nuances in military medical ethics that elicits the need for an entire subset of medical ethics. The biggest difference between standard medical ethics and military medical ethics is the issue of dual-loyalty (Institute of Medicine (US) Board on Health Sciences Policy). In standard medical ethics, the physician's loyalty is to the patient and their well being; however, this relationship is not as straightforward in military medical ethics (Annas). In fact, the physician's loyalty in the military is sometimes disproportionately divided between the patient and responsibility to military operations (Institute of Medicine (US) Board on Health Sciences Policy).

In addition, while the public's well being is a concern for both civilian and military physicians, in the military, concern for the public can take on more extreme forms. For example, on one hand, civilian doctors have the right to detain and quarantine a patient with a communicable, notifiable disease if they present a threat to the public (Hooper). On the other hand, military physicians during World War II have justified giving penicillin to soldiers with gonorrhea instead of soldiers with severe wounds, because those treated for gonorrhea could more quickly return to the battlefield and win the war for the public good (Hooper). While both cases present a physician withholding one's autonomous rights to benefit a larger population, the act done by the military

physicians would not be permissible under civilian circumstances, because the urgency of war would not be present.

CHAPTER III

Analyzing SERE's Resistance Training through Military Medical Ethics

Beneficence & Non-maleficence

Under the guise of preventing PTSD, Resistance Training appears to fulfill the principle of beneficence, which states physicians should do good onto others (Vaughn). However, as previously mentioned, an absence of objective measures in a clinical environment gives the military and its physicians no scientifically backed foundation to argue that Resistance Training is at all advantageous to the patients' health (Taylor & Schatz). Considering this, it is evident that Resistance Training does not fulfill the principle of beneficence on a smaller-scale relationship between the physician and the patient.

In addition, this lack of evidence to support the use of Resistance Training also prevents the military from citing due care in the case of non-maleficence (which states that physicians should prevent harm onto others with some exceptions to due care), because Resistance Training is not proven to provide any personal benefit for military personnel in return for the extensive amount of torture they receive (Vaughn). Thus, Resistance Training outright violates the principle of nonmaleficence as well.

However, considering military medical ethics' particular concern for the public good, particularly, success during warring periods, we must also consider if beneficence is achieved through Resistance Training at a larger scale. Aside from preventing PTSD in military personnel, these personnel are also used as guinea pigs for newly developed torture tactics that the United States Military aims to use on wartime enemies in order to extract information from them and, in return, aid us in securing a war victory (Marks &

Bloche). The Bush administration labeled these torture techniques derived from S.E.R.E, “enhanced interrogation,” which encompassed “slapping, walling, stress positioning, cramped confinement, sleep deprivation, confinement with insects, waterboarding, sexual humiliation, forcible high-volume IV injections, extreme temperatures, and the rectal infusion of puréed food” (Lowth). However, studies suggest that these enhanced interrogation techniques actually lead to less reliable or completely false information than noncoercive interrogation methods, because such tactics impede accurate recall and add pressure onto the subject to give unreliable information to temporarily halt their pain (Duke & Puyvelde). In fact, not only did these enhanced interrogation tactics fail to illicit valuable information, but such tactics led to abuses as extreme as death. For instance, in 2003, an Iraqi Major General, Abed Hamed Mowhoush, was subjected to stress positions and confinement by American interrogators, as used in SERE, and Mowhoush ultimately died from asphyxiation (Marks & Bloche). Considering that the methods developed in Resistance Training are ineffective for extracting reliable information and have led to abuses of power and the deaths of people who may hold valuable intel, it is evident that Resistance Training and the enhanced interrogation methods it has produced do not benefit the public good’s effort to succeed in war either; thus, failing to uphold beneficence at the larger scale relationship between the physician and the public.

Autonomy

In the case of Resistance Training, to ensure respect for autonomy of all persons participating in the program, it is necessary that the physicians receive the informed consent of the participants. While it is known that each of these military members give consent to the training, there is no evidence to suggest that participants are giving their

free and informed consent (Wolfendale 180). To elaborate, due to lack of research on the long-term effects of training, those who consent may not be properly informed over the risks of training, which is a key component to receiving informed consent (Wolfendale 180). In addition, it is debatable whether these persons are giving their free and voluntary consent to the training, because those who are prompted to take this course— specifically, pilots— are required to take and pass the training in order to stay within their profession (DeMerceau). If one's only means to provide for themselves is on the line, it is difficult to discern whether military personnel are freely consenting given the immense pressure from the U.S. Military. While it has not been concretely established that military participants are not giving their informed consent, the lack of evidence to ensure that they have give their informed consent is enough to put SERE's physicians' respect for autonomy into question.

Justice

As previously discussed, there are five things physicians must take into consideration when aiming to uphold the principle of justice: distribution resources, competing needs, rights and obligations, and potential conflicts with established legislation.

In terms of the fair allocation of resources, it is difficult to pinpoint whether Resistance Training is nor is able to fairly assign methods of torture in a fair fashion based on the level of stress tolerance and genetic predispositions of their participants due to lack of objective stress measures and highly varied practices (Taylor & Schatz). Evidence of abuses in Resistance Training, like the sexual assault of women and the contraction of PTSD, does not disprove the military is incapable of properly and fairly

assigning resources, but does prove that the military has improperly allocated methods of torture in at least two separate incidents; thus, resulting in an evident violation of justice (United States District Court Colorado, & Department of Veterans Affairs Regional Office in Manchester, New Hampshire). On another note, while it is unique for military physicians to juggle competing needs due to their dual loyalty to the patient and military operations, as well as an obligation to both their patients and the public good, in the case of Resistance Training, it appears as though this dual loyalty is swayed in the favor of the military and its operations rather than the military members due to these instances of abuses of torture; thus, allowing for the neglect of the participants needs and the continuation of the unjustified and unequal harm against Resistance Training's participants as well as detainees.

Lastly, Resistance Training is in outright conflict with current legislation. When reviewing current laws regarding torture, United States' domestic law, 18 U.S.C. §§ 2340A, "renders illegal the act of torture or conspiracy to commit torture by a U.S. national or any individual within the United States" (CERL: Center for Ethics and the Rule of Law). The Bush administration disputed this law and allowed for the circumventing of its use in order to permit torture on wartime detainees and S.E.R.E. participants; however, the Obama administration, through its 2009 Executive Order 13491, prevents circumventions of the use of torture by requiring all government entities to bring any current and future programs in line with all international laws and treaties defining and preventing the use of torture (CERL: Center for Ethics and the Rule of Law). Yet, 10 years after this executive order, the use of torture is still occurring in the government sanctioned program of S.E.R.E. on its military participants. Evidently, the

military and its physicians complicit in the use of Resistance Training are in violation of established legislation, which is another obstruction of the principle of justice.

In sum, although some instances exist in which it is unclear if the principle of justice is violated, there are several clear-cut violations to justice, such as the blind-eye to current legislation and the unfair allocation of resources.

Potential Solutions and Criticisms

Ultimately, Resistance Training blatantly violates the principles of beneficence, non-maleficence, and justice, all while failing to prove that it upholds the principle of autonomy. In consideration to this, Military Medical Ethics may suggest certain measures to make the training up to MME's standards, such as: 1) halting the training until scientists can prove it is effective and worth harming its participants in both the short and long-term future, 2) requiring participants to give their informed consent in consideration to this new information, 3) ensuring a standard procedure to fit every participant's unique genetic predispositions and level of tolerance for stress, and 4) working with government officials to create an amendment to excuse the use of torture in Resistance Training. However, even if all of these amendments to Resistance Training can be accomplished, we are still left with the humanitarian crisis of torture done within the military and by the military onto detainees. This is a direct result of Military Medical Ethics' reliance on the utilitarian idea that the greater good outweighs the individual good, when the case is that, in consideration to torture, we must place care for all individuals and the collective good. Therefore, military medical ethics is not a sufficient guideline to resolving all of the issues expressed by the ethical framework, especially since contradictions still exist in regards to striving for both the individual and public good. Because of MME's failure to

address such problems of contention, I will turn to Confucian ethics as a guide to resolve MME's inconsistencies between theory and practice.

CHAPTER IV

Digging Deeper; Ren as a Comprehensive Solution

By analyzing Resistance Training through the scope of Military Medical Ethics (MME), it is apparent that this training violates the principles of beneficence, nonmaleficence, autonomy, and justice. This analysis allows us to acknowledge the unethical nature of Resistance Training; however, because Medical Ethics places an equal weight on each of the aforementioned principles, there is no singular guiding principle that lends its' hand towards a solution to the injustices of S.E.R.E. In addition, the solutions MME does provide are piecemeal and do not tackle the entirety of the issue of torture in the United States. To remedy this, I will use Kongzi's Confucian principle of ren as a counterweight to the ambiguity of Military Medical Ethics and as a holistic guide to steer physicians' conduct.

Kongzi, also known as Confucius, was a 6th century BCE Chinese philosopher whose legacy continues to this day through confucianism. In fact, at one point, confucianism was so popular it even became the official philosophy of China. Confucian ethics is both recorded and explained in *The Analects*, which is a collection of Kongzi's conversations with others, including his disciples (Riegel). Confucian ethics is composed of five core virtues of its own: ren (benevolence), li (moral conduct/expression of ren) yi (duty to do the right thing), zhi (wisdom), and xi (trust). Together, these virtues serve to establish a firm moral ground for the ethics of ren. Meanwhile, ren serves as an all-encompassing and presiding principle that can be interpreted as benevolence or care for humankind. Mengzi, one of Kongzi's most popular 4th century followers, expands on confucian thought by arguing that human nature is inherently good and that it must be

both self-cultivated and that governing bodies should govern with empathy in order to create ren individuals.

Although ren is sometimes misconstrued as an ethic that devalues autonomy in favor of the whole, this is not the case. Confucius's echo of the golden rule, "What you do not wish for yourself, do not do to others," is applicable to both the governed and governing parties (Riegel). Ren must be practiced towards the individual as well as the group, because both are dependent on one another. Similar to Kant's categorical imperative, Confucius's golden rule requires reciprocated expectations (Riegel). For instance, a ruler can be overthrown if he/she does not practice care towards individuals. Likewise, an individual can be apprehended if they act in malice towards another person.

In the case of SERE, though it is masked by the idea that the program is cultivating good outcomes for military personnel who undergo training, the lack of evidence to prove this benefit and the obvious negative outcomes that are caused by the training (PTSD, physical harm, sexual assault, etc.) exhibits that the military and its physicians are not acting benevolent towards its serving members. If these members are not being treated as humans and are instead treated as experimental subjects to help cultivate the military's war-time torture tactics, the military should not expect compliance nor loyalty from its members, which would be a counterintuitive morale to encourage. As a result, the military needs to establish an equilibrium of care by halting the act of torturing individuals during SERE.

Furthermore, Confucian ethics would encourage the extension of this ethics of care to not only those under the military's allegiance, but also all others regardless of their country's allegiance or affiliation. Confucian ethics argues that we build ren by

behaving morally within our own family, which later extends to behaving morally in other social constructs such as a neighborhood, the government, or in this case, the military (Riegel). By this same line of logic, if the military is to continue to outwardly exhibit benevolence, it cannot stop at just those it employs. This outward growth of ren must be the basis of interactions towards all people; therefore, the military and its physicians should not torture anyone regardless of their country/organizational ties, race, gender, or religion.

Aside from benevolence, another interpretation of ren is the internal capacity to make moral decisions instead of merely committing what are perceived to be moral actions (Fung). Confucius argued that everyone has the mental capacity for this internal ren (Fung, 101). However, it must be cultivated through moral learning, practice, and desire for truthfulness in creating consistency between internal ren and external li (Fung, 101). Leaders—physicians and government officials—involved in SERE are not creating a moral learning environment, the opportunity to practice being internally moral, encouraging the desire to want to abide by a principle, nor helping military participants become autonomous moral agents by putting military members in an environment driven by hate, fear of other people, and physical pain. Evidently, this is a point of conflict that must be addressed so that the military can create a ren nurturing environment.

In order to cultivate this ren-centered mindset, the military and its physicians must have shu and zhong—empathetic understanding for others and responsibility to hold one's self to commitments. Shu, empathetic understanding, is governed by the measuring square, which dictates how one should act towards another based on their relation to that person with concepts similar to Confucius's golden rule. The square is composed of four

relations: superior, inferior, preceding, and after. In these relations, shu urges the person to consider how they would like to be treated and act in a way that reflects that. For instance, if a person dislikes the way that his/her superior treats others, he/she should not act in that way and treat his/her inferiors in a way that reflects how he/she would have liked to be treated; conversely, if one dislikes the way he/she is being treated by an inferior, he/she should treat his/her superior in a way that excludes those actions and instead act how he/she would have preferred to be treated.

In the case of S.E.R.E, its physicians must consider how they would like to be treated and what qualities they dislike in their superiors and inferiors. By swearing to their medical profession, they affirm and pledge that the values of autonomy, benevolence, nonmaleficence, and justice are all important qualities to them, meaning that these are the principles they want to practice onto others and would also like practiced onto them. However, by being complicit in the torture and experimentation of their patients (the people they have a position of power over) in Resistance training, they are not acting in a way that aligns with their personal values of treatment by violating the principles of nonmaleficence and benevolence; thus, they are not practicing sympathetic understanding and, in return, are not exhibiting ren. Likewise, the military is an institution that values loyalty, duty, respect, honesty, courage, selflessness, and integrity. As a governing body of all military members, by facilitating a program that deliberately tortures its people, is not transparent with their practices, and strips people of respect as human beings, they are not practicing the moral principles (honesty and respect) by which they deem important to both govern and practice with. Due to this, it is evident that the military as an institution is not implementing sympathetic care by the guidelines of

Confucius, so they should start doing so by treating its inferiors in a way that reflects the core values it preaches.

Application of Ren

To correct this lack of practicing shu, physicians and the military must exercise Zhong, accountability to one's word, by keeping their word to their initial commitments to various principles and use Mengzi's concept of governing with empathy. As previously established, one's external influences are critical to influencing people's choices and with cultivation of a proper environment, everyone can become ren (Haiming). To help cultivate sound minds and ren attitudes, this would entail both physicians and the military halting the practice of torture in Resistance training, since it has been established that this act is at root of what causes contradictions in properly executing shu, and ultimately ren, on both parties' behalves. On a larger, governmental scale, this would require the government to adhere to non-torture policies established in the 1987 Human Rights Convention that the United Nations, including the United States, agreed upon. This international agreement entailed prohibition against torture and other acts of cruel, inhuman, or degrading treatment or punishment (United Nations Treaty Collection). It is critical to adhere to this agreement, because it would exhibit Mengzi's wishes for a loving government by reinforcing that morality is more important than whatever worldly profits entail torturing individuals both within the U.S in SERE and outside of the U.S. with war enemies (Haiming).

When exploring other solutions, the U.S. Government may also want to reevaluate what they are investing their money towards. Rather than investing in programs that inflict torture and PTSD, perhaps they should increase funding for research

that aims to create further understanding and potential solutions or preventative measures for PTSD, so they may take proper precautions and know how to care for their military members. Alternatively, the U.S. Government may also want to consider more international diplomacy programs at the Air Force, Army, Navy, and Marine Merchant Academy. This would allow future military members to learn about and gain both respect and empathy for other countries, which would prepare them to creating better international relations with outside countries and ultimately prevent future wars or humanitarian crisis that involve torture.

Considerations

Some may assert that applying Mengzi's concept of governing with empathy is impractical by arguing that humans are born inherently evil and may be tempted by their own vices to govern in a way that is only beneficial to themselves. However, modern psychology refutes this claim by stating that, when free of abnormalities, human beings are generally good (Charny). Although, it is important to note that we still do have the capacity to act poorly based on the traumas we endure and the way one is raised (Charny). Considering our susceptibility to evils, modern psychology asserts that this can be curbed through facing and correcting our vices, therapy, and preventative measures like preparing for trauma and being raised/influenced by good people/organizations (Charny). Therefore, those who argue against Mengzi's idea of governing with empathy on the basis of inherently ill human nature are mistaken in believing so, and Mengzi's concept can be applied through the knowledge and advice modern psychology has to offer.

On another note, others may argue that governing by an emotion, like empathy, is illogical and that a governing body should be strictly logical and impartial. While I agree that logic is important, completely disregarding emotions in government would be counterproductive to the livelihood of all people. For instance, if a government were to rule with a solely logical mindset, they might permit the oppression and genocide of a small minority of people in order to benefit the advancement of the larger population's prosperity, because when care for other human beings is ignored, a government can take any measure, no matter how cruel, to achieve whatever goals it has in mind. When compared to the real world, a government that would perform such actions would be looked down upon. In fact, there have been numerous instances in which actions like this have been denounced by the globe, such as: Nazi human experimentation, the Tuskegee syphilis study, etc. Considering this, while logic has its role in governance, it cannot be used in isolation from human emotion; thus, making Mengzi's concept of governing with empathy utmost critical.

Conclusion:

Ultimately, in order to adhere to cultivating and practicing ren, physicians and the government must denounce acts of torture in both SERE and in all other national and international affairs, consider revising to a more loving method of governance, and deliberate on more ethical ways of preventing both PTSD and violence on an international scale.

Future research might pursue interviews of ex-service members who participated in SERE, as their points of view may illuminate areas of research that were difficult to locate information on (e.g. the methods of torture used in Resistance Training). In

addition, one might further explore this topic by interviewing the psychologists who constructed the training in addition to physicians who have facilitated Resistance Training and juxtapose their responses to responses given from veterans who have both undergone this training and been detained by a war enemy. This qualitative information may serve to provide an idea of what people within this sphere believe and think, so one may use those perceptions and beliefs to find methods to more efficiently communicate pacifist, non-torture ideals. In addition, one might explore pacifism and non-torture policies and how they succeeded or failed in other countries in order to inform the United States Government of how it should go about committing to these ideals and executing them in the most productive manner. Lastly, one might explore different Eastern philosophies and how they might tackle the issues present in using Western ethical frameworks to resolve a humanitarian crisis, like torture.

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