The images of the torture of prisoners in the Abu Ghraib prison in Iraq appalled and disturbed me—for many reasons, but primarily because Americans had perpetrated the abuse. But it wasn’t until I read the August 21 issue of the *Lancet* that I knew the issue was appropriate to this page.

According to an article written by medical ethicist Steven H. Miles, military nurses and physicians assisted in torture, treated victims and sent them back for more, covered up the causes of injuries and deaths, and failed to report abuses. In doing so, they violated international laws and desecrated principles fundamental to health care. Peter Hall, chairperson of Physicians for Human Rights (UK), wrote in the July 10 issue of the *British Medical Journal*, “The health professionals with a responsibility for the physical and mental health of detainees who have been tortured are the dogs that did not bark.”

*AJN* had accepted an article on the nursing care of torture survivors when news of these atrocities broke. Written by Kathleen McCullough-Zander and Sharyn Larson, it deals with the fact that nurses nationwide are encountering survivors of torture without realizing it (see page 54).

Refugees are settling in communities beyond the usual urban centers of immigration. What I didn’t realize until recently was that 5% to 69% (depending upon the country of origin) of the refugees have been victims of torture. They are showing up in EDs, clinics, and delivery rooms. In publishing the article, I was concerned that readers would see torture as something that occurs elsewhere, but not in our own backyard. You may recall Haitian American Abner Louima, who was detained by New York City policemen at a dance club and beaten and raped anally and orally at the police station. This case proved that torture has no nationality. On May 10, 2000, the U.S. assistant secretary of state for democracy, human rights, and labor, Harold H. Koh, told the United Nations (UN) that, while the United States condemned torture, it had not yet been eliminated from the criminal justice system. Amnesty International gives examples of torture reported within U.S. borders (see www.amnestyusa.org/askamnesty/torture200111_2.html).

When ED nurse Magalie Laurent saw Mr. Louima, she recognized her responsibility and reported it to the New York City Internal Affairs Bureau. But the military nurses at Abu Ghraib did no such thing.

I acknowledge that it may be difficult for some health care personnel to choose not to participate in or not to report acts of torture; torturers rely on fear tactics to maintain their power, often silencing their accomplices as well as their victims. In June 1997 Amnesty International published a report, *Nurses and Human Rights*, that includes harrowing accounts of nurses tortured or murdered for political reasons. But the U.S. nursing community has said far too little on the topic.

The International Council of Nurses (ICN) endorses the *Universal Declaration of Human Rights* (adopted by the UN in 1948) and the Geneva convention of 1949, both of which provide standards for the ethical treatment of detainees and prisoners, including prisoners of war. The ICN has been outspoken in its advocacy of nurses’ rights—during war and peace—and its encouragement of nurses to ensure the protection of all patients. But I’ve not read of any formal response from the U.S. nursing community specific to what went on at Abu Ghraib.

As McCullough-Zander and Larson point out, there has been no follow-up on a position paper, *Policy Recommendations for Nurses Caring for Victims of Torture*, adopted by the American Academy of Nursing in 2002 (see academy president Joan Shaver’s comments on the topic in the July–August issue of *Nursing Outlook*). They also note that signatories to the *Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (the UN, 1984) are required to teach health care providers about torture, but few nursing schools include the topic in their curricula. It’s time for nursing and medical schools, the military medical and nursing corps, ED personnel, and others to begin barking, loudly, into the night.