2007

History of medical ethics & military medicine, with a focus on the Somalia affair

Bakovic, Linda

HISTORY OF MEDICAL ETHICS & MILITARY MEDICINE, WITH A FOCUS ON THE SOMALIA AFFAIR

by

Linda Bakovic and Carolyn Stark
Northern Ontario School of Medicine

Preceptor: Dr. G. Hudson

Abstract

Ethical considerations are at the forefront of medical practice. This presents challenges for military physicians who have to abide by two potentially conflicting professional obligations: those stated in the Hippocratic Oath, which prioritize the patient, and the professional responsibility to the military hierarchy and command structure, which places the success of the mission first. The idea of "mixed agency" is of particular interest at a time when terrorism is of global concern, as it highlights many ethical dilemmas and failures.

Considering the violations of human rights occurring around the world and the ethical obligations of physicians to act as advocates for health and humanity, it is important to question whether military physicians, sworn to uphold their missions, can and should betray their superiors to the government or the public to reveal military atrocities. In this paper, we will use a case-study approach to probe this question from an historical perspective, focusing on one military physician who, exposed to war crimes, blew the whistle.

We will focus on the case of Dr. Barry Armstrong who, in 1993, revealed a military cover-up regarding the death of a Somali man at the hands of Canadian peacekeeping soldiers. Dr. Armstrong examined the man, determined that a murder had taken place and, when he saw that the complicity of the Canadian soldiers involved was minimized, he exposed the murder. This action ultimately led to a Royal Commission investigation which caused the military to lose a great deal of support among the Canadian public. Dr. Armstrong faced consequences both directly and indirectly due to his role in this scandal and its aftermath. In focusing on this case, we will examine both positive and negative outcomes of whistle-blowing. In doing so, we shall also examine the significance of whistle blowing in the history of military medicine and medical ethics and point to potential areas for future research.

Medical and Military Ethics

An analysis of military medical ethics, and particularly the ethics of the Somalia Incident, requires an understanding of the ethics that govern both medical and military professions. Although there are complementary aspects, there also exist challenges in combining the professional responsibilities of two fields with differing goals. An examination of these challenges will provide a framework for evaluating the situation that occurred in Somalia and Dr. Barry Armstrong's position.

Since the 4th century B.C.E., the Hippocratic Oath has provided a guiding ethical framework for physicians. The practice of medicine as a "moral profession" (Beam and Sparacino, 2003), necessitates the physician be guided by a responsibility to the patient. The Hippocratic Oath states that the physician's responsibility is to help the patient and to not cause harm, an ideal reflected in medical ethical theory since the time of Hippocrates. The Canadian Medical Association (CMA) Code of Ethics demands that physicians "consider first the well-being of the patient" (CMA, 2004). This patient-centered approach is a fundamental ethical guideline for physicians.

The military, like medicine, serves the population, though in a much different fashion. Military service entails "concern for the effective function of the fighting force and obedience to the command structure" (Beam and Sparacino, 2003), while serving a country and its people. The military will protect a society and its values, sometimes at the expense of the individual. Military hierarchy places a high priority on the success of missions, and serving the hierarchy is a major motivating force for soldiers.

Military physicians face conflicts in being sworn to uphold the tenets of both the military and medical professions. This conflict is referred to as "mixed agency" (Beam and Sparacino, 2003). These conflicting loyalties are visible in many situations that military physicians face. For example, when a soldier is being treated by a military physician, the principles of autonomy, beneficence and justice (Hebert, 1995) carry a different meaning than they would in civilian life. A civilian patient would be entitled to confidentiality and the ability to make treatment choices. A military physician cannot always protect these rights for their patients. Enforcing soldiers to have immunizations and making their health care information available to their superiors is one illustration of this. There are situations when the optimal care for a patient is not congruent with the orders from the military hierarchy. As we examine the events that took place in Somalia, and the difficult situation with which Dr. Barry Armstrong was faced, the importance and conflict of mixed agency will surface.

Method

We conducted a review of the relevant primary and secondary material as well as a semi-structured interview with Dr. Barry Armstrong and Mrs. Jennifer Armstrong on March 10, 2007. Ethics approval was granted by the Department of History, Lakehead University, and the interview was arranged at the Northern Ontario School of Medicine. Both subjects provided consent for the interview which was recorded utilizing a voice and digital video operating system.

Background - The Situation in Somalia

The country of Somalia is situated in the Horn of Africa and consists mainly of dry savannah plains with land of little agricultural value. The environment is characterized by frequent droughts despite an economy heavily reliant on agriculture, and the Somalis are united by the traditions of a herding lifestyle. When Somalia achieved independence on July 1, 1960, the economy failed to keep pace with the increase in population caused by the influx of refugees. In addition, an already devastated economy was driven into further turmoil after the Ogaden War with Ethiopia in the 1980s and the civil war that ensued. By the 1990s, the United Nations (UN) classified Somalia as a "least developed country" (Desbarats, Letourneau, and Rutherford, 1997).

By 1992, Somalia was in a state of utter chaos with the effects of civil war, severe drought and political upheavals. The government had dissolved, police services had fallen apart and there was a general breakdown in social order. Relief organizations, attempting to deliver medical supplies and food in order to help control the famine, were constantly threatened by local militias and warlords who fought for control of famine relief supplies, which were in turn sold for weapons. As a result, the famine became more severe, and the UN and international community decided it was crucial to intervene in a more concentrated international effort. In April of 1992, the first formal UN operation to provide assistance to Somalia was established (Desbarats *et al*., 1997). This was named the United Nations Operation in Somalia, known as UNOSOM. Canada was asked to participate at this time.

Canada agreed to participate in the peacekeeping mission, although every available infantry battalion at the time was already on peacekeeping duty, just back from overseas, or preparing to go on another peacekeeping duty (Granatstein, 2004). The Canadian military leadership decided the Canadian Airborne Regiment (CAR) would go to Somalia to represent Canada in the peacekeeping mission, as they were the sole available unit. The CAR was created on April 8, 1968, and was considered an elite unit having trained extensively in various terrains and having served in several operations including on UN

duty in Cyprus in 1974, as well as subsequent missions to Cyprus (Brodeur, 1997). Despite CAR's reputation as an elite unit, the regiment had also faced numerous controversies and upheavals in its short history. An indication of early disciplinary problems was evident after returning from Cyprus in 1981, and by 1984 there were indications of disobedience, impaired driving offences, inadequate control of stores, ammunition, equipment, weapons, thefts and cases of assault (Desbarats *et al*., 1997). In addition, the CAR was reputed to be a dumping ground for troublemakers (Granatstein, 2004, p. 153).

Despite concerns by Canadian leadership that CAR soldiers had not conducted themselves with proper discipline, they were deployed to Somalia in January 1993. The Canadians had agreed to participate in US-led peacekeeping operations in Somalia on a national coalition known as the United Task Force Somalia (UNITAF). Canada's contribution to UNITAF was called Operation Deliverance. The main focus of Operation Deliverance was to establish a secure environment for the delivery of humanitarian aid by non-governmental organizations (NGOs) and, simultaneously, to assist in the rebuilding of essential civilian infrastructure so progress could be sustained by the Somali population once the UNITAF forces departed (Desbarats *et al*., 1997). The CAR set up its tented patrol base outside the town of Belet Huen, Somalia.

Dr. Barry Armstrong

Dr. Barry Armstrong, a 16-year veteran in the Canadian Forces, as well as a highly qualified surgeon, was deployed to Somalia to lead the surgical team at Belet Huen. Dr. Armstrong joined the military at the end of his second year of medical school at the University of Calgary. Upon completion of his medical degree in 1979, he trained in family medicine and then worked for three years as a military physician in Moose Jaw, Saskatchewan. While in Calgary, Dr. Armstrong met and married his wife, Jennifer Armstrong, who was working as a librarian at a hospital in Calgary. Jennifer's father had a long history working with the Canadian Military, and Dr. Armstrong's position as a military physician was a comfortable way of life for her (B. Armstrong, personal communication, March 10, 2007).

After practicing family medicine in Moose Jaw for three years, the military provided Dr. Armstrong with the opportunity to train in a medical specialty. He chose surgery and completed a surgical residency and fellowship in trauma at the University of Toronto. Over the next several years, Dr. Armstrong practiced surgery in a variety of military environments including: as a flight surgeon, at the Canadian Forces hospital in Germany as the base doctor, during the Gulf War, in Quebec City as head of surgery at the military base in Val Cartier, as well as two tours in Yugoslavia. As mentioned, in January 1993, Dr. Armstrong was deployed to Somalia on one of his final missions as a military

surgeon. Peter Desbarats, author of "Somalia Cover-up: A Commissioner's Journal" summarized Dr. Armstrong's career quite succinctly: "In effect, his whole career has been spent as an army surgeon, a highly qualified one. After Somalia, he served in Bosnia before returning to duties in Canada. So while he might never have served in the trenches, he was steeped in military culture. The army was his world" (Desbarats, 1997).

Dr. Armstrong's role in Belet Huen was to lead the surgical team. Dr. Armstrong was the sole surgeon; other members of the medical team included an anaesthesiologist, several nurses and a number of technicians to support the operating room. According to Dr. Armstrong's recollection of the experience, they were housed in a semi-destroyed building. There was no medical system to speak of, and the base at Belet Huen was isolated from all major cities that had hospitals. In addition to this surgical team, the Canadian Forces had a medical evacuation and treatment platoon on the base, and there was a supply ship off the coast of Mogadishu, where Dr. Armstrong practiced medicine prior to his arrival in the desert. Dr. Armstrong recalls that there was a campaign to make friends with the Somalia people. During the interview with Dr. Armstrong he commented:

> It was very odd what happened in Somalia. On one hand you were making friends with them, on the other hand shooting them in the back. And threatening to shoot them if they dared to scrounge your garbage. But I was part of being nice to them. We went to the local medical hospital that the Somalia people had, and provided training to them, gave them equipment, and did a couple of operations (B. Armstrong, personal communication, March 10, 2007).

Dr. Armstrong provided assistance to the staff at the International Medical Corps (IMC) hospital in Belet Huen, working side by side with the Somalis, making hospital rounds, assessing patients with regard to possible surgery, providing surgical services and assisting in providing post-operative care. In fact, Dr. Armstrong received special recognition for his contribution to humanitarian efforts in Somalia, for his role in organizing medical volunteer work (Desbarats *et al*., 1997).

The turn of events for Dr. Armstrong came on March 4, 1993. During the interview with Dr. Armstrong (B. Armstrong, personal communication, March 10, 2007), he recalled the events as follows:

> I was watching a movie in the tents and gunfire was heard. A number of shots, different kinds of shots, different sounds. And pretty soon, one of the medical people came to say that casualties were coming. (. . .) One was a guy that was alive and he had multiple shot gun pellets through his back, buttock, legs, and the sole of one foot. The other guy was dead. We were teaching these people about them (the wounds), showing them the wounds and so forth. We examined him, the dead guy, and I explained what his wounds were and what they meant and how they happened….
>
> About 2 or 3 minutes in, I could see what happened. That he had been shot from behind, a blast that took out part of this neck and part of his face, into his head, and there had been a blast from

> the back. A small entrance wound and a larger exit wound in the epigastrium. And there was an extrusion of omentum from the anterior wound.
>
> The dead man was Ahmed Afraraho Aruush, a 29-year-old Somali man, who had been observed walking along the perimeter of the Engineers' compound in Belet Huen minutes earlier, with companion Abdi Hunde Bei Sabrie. They were subsequently shot by Canadian paratroopers. These two individuals had no weapons at the time of the shooting, with the exception of a ceremonial dagger that was never displayed, and they had posed no threat to patrol members or to Canadian installations (Desbarats *et al*., 1997).

Dr. Armstrong's hypothesis was that the victim, Mr. Aruush, had been shot from the back through the abdomen and was then finished off a few minutes later by shots to the head and neck. He based his hypothesis on the following facts. He thought that the amount of omentum protruding from the abdomen suggested that Mr. Aruush had been breathing for several minutes after he was shot. Dr. Armstrong also suggested that the wound in his neck was an entrance wound associated with the exit wounds on the neck and head. He thought that the angle suggested the victim had been lying on his back when he was shot, by someone from the front standing above him. In addition, there was further support for this theory as there was no dirt on Mr. Aruush's face or on the protruding omentum when he examined the body shortly after the shooting (Desbarats *et al*., 1997).

Dr. Armstrong described his findings and subsequent reaction in the following manner:

> Dead guys do not extrude their omentum from this size of a wound. I've seen lots of wounds, of open abdominal wounds, and to have that amount of omentum extruded takes many breaths.
>
> So now I have a very simple picture of a guy who was shot in the back, and was breathing for quite a while, and he was finished off. (. . .) So the whole picture was right there. (. . .) I knew the Canadians had set something up, and then they had shot somebody with a shotgun. (. . .) So murder. (. . .) My emotional reaction was instantaneous because I wasn't prepared for that. I went to the corner and I collapsed and I cried for about a minute. (B. Armstrong, personal communication, March 10, 2007)

This realization that murder had in fact been committed was tragic in its ramifications. Dr. Armstrong knew that Canadian peacekeepers in Somalia to assist the suffering were responsible for the execution of a Somali civilian without just cause. When he provided his commanding officer, Major Lee Jewer, with this information, he believed that his responsibility had been fulfilled and that justice, difficult though it may be, would be served. Dr. Armstrong had fulfilled his duty to the military by informing his commanding officer of his findings, and he had seemingly also fulfilled his duty as a physician in reporting his findings truthfully.

Whistle Blowing: Dr. Armstrong's Response to a Cover-Up

It soon became clear that the response of the Canadian military would not be as simple as Dr. Armstrong had anticipated. According to Dr. Armstrong, he was awakened in the middle of the night by a phone call from African headquarters, the highest Canadian military post in Africa. In this conversation he was asked for a confirmation of his findings and was told that "Ottawa wants damage control," indicating that "the political and adverse repercussions on the Canadian military be controlled" (B. Armstrong, personal communication, March 10, 2007). Despite this first indication that there may be a cover-up, Dr. Armstrong still believed in the justice of the military and he provided a written report of his findings along with photographs of Mr. Aruush's wounds to the CAR Commanding Officer, Lieutenant Colonel Carol Mathieu, confirming once again his evidence suggesting the murder of Mr. Aruush.

During this time period, Dr. Armstrong wrote a letter home to his wife, Jennifer, articulating his thoughts surrounding the response of the military: "Cover-up. Damage control. Don't make waves…. It makes me wonder if Canada is such a great country after all. It makes me want to resign and picket in front of Ottawa's Peacekeeping Monument" (Grescoe & Grescoe, 2005). Despite his frustrations, Dr. Armstrong continued to listen to the CBC Radio in Somalia each evening, waiting to hear word from Canada that the murder had been revealed.

About two weeks after the murder of Mr. Aruush, Dr. Armstrong was called to assist in the resuscitation of a Canadian soldier who had attempted suicide by hanging. He was unaware that this Canadian soldier was Colonel Matchee, a soldier who the previous day had participated in the torture and murder of Shidane Arone. Arone was a 16-year-old Somali boy who was captured by CAR soldiers and tortured until he was finally killed. A Canadian reporter present in Belet Huen obtained photographs of the torture and released this information to the Canadian media. Upon this release and the resultant outrage of the Canadian public, investigators were sent to Belet Huen, which encouraged Dr. Armstrong that the events of March 4, 1993, would finally be uncovered and justice would be served.

When the investigators arrived in Belet Huen, they did not speak to Dr. Armstrong. A few days later, he left for Nairobi on a vacation, where he was to meet his wife. Upon seeing her, he was able to explain the situation in greater detail, and he emphasized the consequences he would face in further pursuing the incident. During the interview with Dr. Armstrong, he revealed his thoughts surrounding the choices he was faced with:

> Before I went anywhere with this, I examined what my options were. I realized that if I forced the issue that I would make enemies. I had no idea how big of enemies, but I had the idea that I might die. But that is part of the military contract, that you are to defend your country. And what Canada

> stands for isn't this, it's something quite different…. So the loss of my life, I thought, would not be the best outcome, but it's part of the military deal. That did not dissuade me. I knew that (with) my career, there might be problems…. I thought I might have to retire, I might be disgraced or attacked, different ways…. And I told Jennifer all of this, that it might put a big stress on our relationship, that it might cost us a bunch of money … it might disrupt our children's lives, all of these things I had looked at as the downside of taking the road I did (B. Armstrong, personal communication, March 10, 2007).

Despite these risks, Mrs. Armstrong offered her full support to her husband. In Nairobi, Dr. Armstrong slipped a letter under the door of Lieutenant Colonel Peter A. Tinsley, a Canadian military prosecutor who was responsible for investigating the murder of Shidane Arone. In this letter, he specified the details of the March 4, 1993, murder as well as the actions he had taken up until that point. He requested assurance that the investigation in Belet Huen would address the murder of Mr. Aruush and closed his letter with the following statement: "We should not cover-up preventable Canadian War Crimes, but seek to maintain our respected world position as peacekeepers" (Grescoe & Grescoe, 2005). He then returned to Belet Huen determined to see the truth revealed and justice served.

When Mrs. Armstrong returned to Canada from Nairobi, she revealed the events taking place in Belet Huen to a friend. Later this individual read an article in the *Toronto Star* suggesting the murder had taken place for legitimate reasons which angered her. She called the author of the article and suggested there was a much different story. The *Toronto Star* reporter subsequently contacted Mrs. Armstrong requesting evidence, and she shared the letter that Dr. Armstrong had written to her after the murder. This story was revealed to the Canadian public on April 21, 1993. Within days, Dr. Armstrong had a meeting with Major Rod McKay, the CAR's Deputy Commanding Officer. At this meeting, he was told he would be sent home to Canada on orders from Commander Serge Labbe for three reasons: "press interest, public interest and for his own safety" (Thompson, 1997a). There was fear that Dr. Armstrong may be killed by members of the CAR for revealing the murder allegations. While the Canadian public and the government considered the new information regarding Somalia, court martials were launched as well as a military board of inquiry (Thompson, 1997b).

In November 1994, while waiting for justice to be served and continuing to serve the military, Dr. Armstrong decided to speak to the media himself. In an article published in the *Ottawa Star*, he revealed that "senior officers in Somalia had given an order to destroy photographic evidence" (Thompson, 1997c). This allegation of a cover-up in the highest ranks of the Canadian military renewed the Canadian public's zeal for justice. As well, in January 1995, videos of aberrant behaviour on the part of the CAR in Somalia were released. These videos showed soldiers participating in racist and repugnant initiation activities. Armed with further proof of the instability and unsuitability of the

CAR, the Minister of Defence, David Collenette disbanded the Airborne Regiment on January 25, 1995.

The Royal Commission: The Truth is Revealed

Two months later the Royal Commission of Inquiry into the deployment of Canadian Forces to Somalia was launched by Prime Minister Jean Chrétien. The mandate of the inquiry was broad including, "pre-deployment, the events in Somalia, the immediate response there and in Ottawa as well as post deployment to pursue allegations of cover up in Ottawa to the highest levels in National Defence Headquarters and, if need be, the cabinet" (Desbarats, 1997a). With such a broad mission, the commission proceeded with testimony and addressed many issues, including the suitability of the CAR for the mission in Somalia and their behaviour while in Somalia including the torture and beating death of Shidane Arone.

In January 1997, it was announced that the Somalia Inquiry would be halted prematurely, putting increased pressure on the Commission to address the events of March 4, 1993. The 116th and final witness scheduled to appear on March 12, 1997 was Dr. Armstrong. Leading up to his testimony many attempts were made to discredit him. His former Commander Lt.-Col. Carol Mathieu described him as "almost certifiable" and other military personnel suggested he was unqualified in military matters (Desbarats, 1997a). Nonetheless, when Dr. Armstrong finally took the stand, Commissioner Peter Desbarats described him as "a thoughtful and conscientious soldier coming to grips with an appalling reality and single-handedly trying to send a warning signal up the chain of command, with no encouragement from anyone…. Major Armstrong had waited a long time for this opportunity and it was his finest hour" (Desbarats, 1997a).

The Somalia Inquiry was successful at confirming what Dr. Armstrong had been trying to bring to the attention of the Canadian public and the military. In an interview with the *Toronto Star*, he stated he felt "vindicated" (Thompson, 1997c) by the inquiry report. Although the truth had been revealed, the truncation of the inquiry prevented justice from being served. During the interview conducted on March 10, 2007, Mrs. Armstrong stated "that's still a really big disappointment for me … the fact that there were no charges" (J. Armstrong, personal communication, March 10, 2007).

Following the completion of the Royal Commission, Dr. and Mrs. Armstrong provided interviews to the media, where they told their story and expressed a desire for lessons to be learned for all Canadians. Their goal is "that something like this, where Canadian soldiers go to a foreign country, become thugs and start beating on, killing and abusing… not happen for a generation, which we defined as 20 years" (B. Armstrong, personal communication, March 10, 2007). By speaking to the media and encouraging education

in health care ethics, Dr. Armstrong continues to be a voice for integrity, honesty and doing the right thing in medical practice. Shortly after his testimony to the Royal Commission, Dr. Armstrong retired with 20 years of service in the Canadian military and pursued a career as the sole surgeon in Dryden, ON. The family continues to reside in Northern Ontario to this day.

Conclusion

In examining the case of Dr. Barry Armstrong and his role as a whistleblower in the Somalia affair, many conclusions can be drawn in terms of the impact whistle blowing has on military physicians. For a military physician, the idea of mixed agency is central to many ethical dilemmas. Dr. Armstrong's case illustrates a clear distinction between his role as a military officer, who felt pressure to protect the Canadian military image and reputation, and his role as an ethical physician, with a responsibility to reveal the truth and prevent further atrocities. In this case, Dr. Armstrong attempted to abide by the military hierarchy as evidenced by his repeated endeavours to alert his superiors of his findings. However, when these attempts proved futile, Dr. Armstrong's ethical instincts as a physician resulted in him placing his patient's human right to justice above all else. In doing so, Dr. Armstrong demonstrated a clear example of selfless drive for service to others despite enduring severe repercussions for these actions.

The consequences of whistle blowing for military physicians are far-reaching, as illustrated by this case. For Dr. Armstrong, this included the threat of losing his life, financial hardships, increased scrutiny in his professional life, attacks on his mental health and character and a strain on his personal relationships. In a 1997 interview with the *Toronto Star*, Dr. Armstrong likened his experiences to receiving a heart transplant: "If someone has a heart transplant, they can never get back to their life as it was and my heart, not my physical heart but my emotional and spiritual heart, has been so completely changed that I can't get back" (Thompson, 1997c). Despite the negative impact of revealing the truth, Dr. Armstrong commented:

> The consequences occurred as time went on. As all whistleblowers will tell you, there are consequences. The consequences are negative, and whistleblowers almost universally … if they have made the conscious rational choice to blow the whistle, will tell you that it was worth it, no matter what (B. Armstrong, personal communication, March 10, 2007).

In discussion with Dr. Armstrong, he focused on the benefits that truth-telling would have for the public, and the responsibility he had to reveal the atrocities committed in Somalia. He felt he had a responsibility to Mr. Aruush and to all of the potential victims of an uncontrolled Canadian military in Somalia and around the world. Dr. Armstrong witnessed evidence of a murder and a cover-up by the military and he took responsibility

for making sure that the truth was told so that the guilty could be held accountable and future atrocities could be prevented. During the interview with Dr. Armstrong he stated:

> When you decide a piece of trash on the ground is not yours to pick up, it's because either you don't care, or you know somebody else will pick it up. In this case, I would like to have thought there was somebody whose job it was to pick it up, not me, however there was nobody with the authority and the knowledge that it was wrong that was dealing with it. And when something extremely important is necessary it is always nice that you call the appropriate service and they do it. But if they don't exist and if you have the power to do it, and it must be done, unfortunately the task falls to you. And I had identified this as something unacceptable, an unacceptable deterioration in the Canadian military, and an unacceptable statement about who Canadians are…. So the job had to be done, nobody else had the knowledge, ability and position to do it, and I identified that the job needed to be done, so the choice really was, go to bed drunk every night for the rest of my life, like some veterans end up doing, or to do the job and take the consequences (B. Armstrong, personal communication, March 10, 2007).

This case demonstrates the importance and challenges of ethical decision making as a military physician. With the added complication of mixed agency in military medicine, it is essential to have a basic ethical framework in order to guide practice. In medical education today, there is a drive for the development of ethically-minded physicians and, in this way, Dr. Armstrong's example can be used to demonstrate the importance of integrity, compassion and strength of character in protecting the rights of patients. The ways of imparting appropriate ethical training for all medical trainees, especially those faced with the added pressures of mixed agency, is an excellent topic for future research.

Perhaps the greatest accolade that can be given to a physician, who risked everything for the truth, would be to train new physicians who are ethically prepared to face a world where they may be called upon to do the right thing in spite of pressures to the contrary. In doing so, we would be training physicians who have a fidelity to the principles of the Hippocratic Oath. In this way, Dr. Armstrong's legacy can be more than a revelation of the circumstances of a tragedy in Somalia 14 years ago. It can be a drive to do what is right as a physician in any situation and to protect the patient above all else.

References

1. Beam TE and Sparacino LR, eds. (2003). *Military Medical Ethics: Textbook of Military Medicine*. Washington, D.C.: Office of the Surgeon General, Department of the Army and Borden Institute.
2. Brodeur JP. (1997) *Violence and Racial Prejudice in the Context of Peacekeeping: a Study Prepared for the Commission of Inquiry into the Deployment of Canadian Forces to Somalia.* Ottawa, Canada: Canadian Government Publishing.
3. CMA. (2004). CMA Code of Ethics.
4. Desbarats P. (1997a). *Somalia Cover-Up: A Commissioner's Journal*. Toronto, Canada: McLelland and Stewart.

5. Desbarats P, Letourneau G and Rutherford R. (1997). *Dishonoured Legacy: The Lessons of the Somalia Affair*. Report of the Commission of Inquiry into the Deployment of Canadian Forces to Somalia: Vol. 1. Ottawa, Canada: Canadian Government Publishing.
6. Desbarats P, Letourneau G and Rutherford R. (1997). *Dishonoured Legacy: The Lessons of the Somalia Affair*. Report of the Commission of Inquiry into the Deployment of Canadian Forces to Somalia: Vol. 5. Ottawa, Canada: Canadian Government Publishing.
7. Granatstein JL. (2004). *Who Killed the Canadian Military? What Canada Must do to Defend Itself in the 21st Century?* Toronto, Canada: Harper Festival Publishing.
8. Grescoe A and Grescoe P. (2005). *The Book of War Letters: 100 Years of Private Canadian Correspondence*. Toronto, Canada: McLelland and Stewart.
9. Hebert PC. (1995). *Doing Right: A Practical Guide to Ethics for Medical Trainees and Physicians*. Toronto, Canada: Oxford University Press.
10. O'Reilly M. MD at centre of Somalia controversy finds peace in Northern Ontario. *Canadian Medical Association Journal* 158(2):244 – 245, 1998.
11. Thompson A. (1997, March 14). Somalia MD told life was in danger, Says superior feared Drunken soldiers might try to shoot him. *Toronto Star*, pp. A3. (a)
12. Thompson A. (1997, July 13). Blowing the lid off Somalia: The letter that rocked Canada's armed forces. *Toronto Star,* pp. A1. (b)
13. Thompson A. (1997, July 13). High price of doctor's battle for justice; Whistleblower says Somalia affair completely changed his life. *Toronto Star*, pp. A14. (c)