



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra



15th ICMM Workshop on Military Medical Ethics

Military Medical Ethics and Mental Health – From Cognitive Warfare to Moral Injury

18-20 June 2026 | Hybrid Workshop
Jongny / Vevey (Switzerland) and Online

Patronage

Major General Andreas Stettbacher, MD (Surgeon General, Swiss Armed Forces)
Lieutenant General Pierre Neirinckx, MD (ICMM Secretary General)

Scientific Coordination

Col David Winkler, MD, PhD
ICMM Center of Reference
for Education on IHL and Ethics

Prof. Dr. Bernhard Koch
ICMM Center of Reference
for Education on IHL and Ethics

Workshop Organization

Swiss Armed Forces
Medical Services Directorate
Centre of Competence for Military
and Disaster Medicine

ICMM Centre of Reference for Education on
International Humanitarian Law and Ethics

Scientific Coordination

ICMM Centre of Reference for Education on IHL and Ethics

Col David Winkler, MD, PhD

melac@bluewin.ch

Idea of the workshop series

The idea of the *ICMM Conference Series on Military Medical Ethics and IHL* is to bring people from different backgrounds together, to share their experience and expertise on specific problems or ethical issues with the aim of discussing how to (re)act in future comparable situations. Speakers and participants have their expertise and experience in the fields of military, international humanitarian law, and philosophy, both from academia and practice. The conference itself gives large room for plenary and informal discussions. The plenary lectures shall be published.

Chatham House Rule

The workshop discussions shall be held under the “**Chatham House Rule**” to encourage open exchanges. This rule reads as follows:

When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.

The Chatham House Rule originated at Chatham House, and it is now used throughout the world as an aid to free discussion. Meetings, events and discussions held at Chatham House are normally conducted 'on the record' with the Rule occasionally invoked at the speaker's request.

SIWF Accreditation

The MME workshop 2026 shall be accredited by the **Swiss Institute for Postgraduate and Further Education in Medicine (SIWF / ISFM)**. Participants will receive a certificate and can check with their national institutions if the credit points are accepted by them.



Session I

09:00 – 12:00 (CEST = UTC+2)

Introduction & Exploring the Workshop Topic

Chair: D. Winkler/B. Koch

09:00 – 09:15

Welcome

Chairman ICMM Center of Reference

David Winkler

09:15 – 09:30

Introduction to the workshop

David Winkler/ Bernhard Koch

09:30 – 10:15

*Militarising Cognition: Brain-Computer Interfaces,
Cognitive Risk-Taking, and Moral Injury*

Frederic Gilbert

Short-Break 15 minutes

10:30 – 11:15

A Typology of Cognitive Warfare Harms on Service Personnel

Michael Skerker

11:15 – 12:00

*Weaponizing Trust: Ethical Questions in Health-Related Information
Operations in Armed Conflict*

Thornton Ray

Lunch Break

Session II

13:30 – 17:00 (CEST = UTC+2)

From Neurotechnology to Moral Injury

Chair: S. Ayoub

13:30 – 14:15

*Neurotechnological Prevention of Moral Injury: Ethical and
Operational Dilemmas*

Daniel Hurst

14:15 – 15:00

*Dual Loyalty, Moral Injury, and the Ethics of Explanting
Beneficial Neural Devices in Veterans*

Christopher Bobier

[via videoconference]

Coffee-Break 30 minutes

15:30 – 16:15

Insight and Injury; Expertise, Agency, and the Epistemic Grey Zone

Sarah Hitchen

16:15 – 16:45

Time for Plenary Discussion

Moderated by Chairperson

18:00 Aperitif in the garden

18:45 Dinner at the hotel restaurant

Session III **Theory and Practice**
09:00 – 12:00 (CEST = UTC+2) Chair: A. Wildi

09:00 – 09:15

Introduction to Day Two

David Winkler/ Bernhard Koch

09:15 – 10:00

Is there No Need For a Cognitive Domain?

Patrick Hofstetter

10:00 – 10:45

Moral Injury Among Military Medical Professionals:

Thornton Ray

A Scoping Review of Empirical Evidence

Coffee-Break 30 minutes

11:15 – 12:00

Safeguarding the Mental Health of Support Personnel: Secondary

Oshri Bar-Gil

Traumatic Stress Among Military Liaison Officers in Mass Hostage Crisis,

[via videoconference]

Lunch Break

Session IV **Resilience and Preparedness 13:30 – 15:00**
13:30 – 15:00 (CEST = UTC+2) Chair: P. Ermuth/S. Ayoub

13:30 – 14:15

The Grinch's Mind, Boots, AND Heart: Dr. Seuss and the

Erika Jeschke

Myth of Military Resilience

14:15 – 15:00

Ethical Preparation as Moral Injury Mitigation in Military Medicine

Melissa Myers

[via videoconference]

Coffee-Break 30 minutes

15:30 – 16:15

Supporting Military Healthcare Personnel in Moral

Eva van Baarle

Decision-Making Under Operational Pressure

17:00 – 22:00

Host nation dinner (on-site participants only)

Details and meeting point will be communicated during the workshop

(Civilian clothes)

Session V

09:00 – 12:00 (CEST = UTC+2)

Moral Injury

Chair: D. Winkler/ B. Koch

09:00 – 09:10

Introduction to Day Three

David Winkler/ Bernhard Koch

09:10 – 09:55

From Harm to Healing? Redress for Moral Injury in Aid through

Kristin Sandvik

Legal Accountability Processes

09:55 – 10:40

Moral Injuries in Light of the Traditional Analogy Between Virtue and Health

Andreas Trampota

Short-Break 20 minutes

11:00 – 11:45

Closing Plenary discussion

Moderated by chairpersons

Outlook: Measures to be taken / Action Plan

11:45 – 12:00

Closing Remarks

Surgeon General Swiss Armed Forces

Andreas Stettbacher

Lunch Break

End of the Workshop – Departure

Oshri Bar-Gil – *Safeguarding the Mental Health of Support Personnel: Secondary Traumatic Stress Among Military Liaison Officers in Mass Hostage Crisis*

Abstract

The October 7th, 2023 terror attack resulted in an unprecedented mass civilian hostage crisis in Israel, with over 250 civilians abducted into Gaza. In response, the IDF established a dedicated directorate to support hostage families, deploying reserve officers as family liaison personnel. These officers, assigned without prior specialized training, faced prolonged exposure to traumatic materials including intelligence reports, visual documentation, media coverage, and fabricated content, all within the context of profound ambiguous loss experienced by the families they accompanied. This field study examines secondary traumatization symptoms (STS) and post-traumatic growth (PTG) indicators among family liaison officers over the course of their mission. Using a longitudinal survey design with three measurement rounds and an 84% response rate, complemented by qualitative data on coping resources and challenges, the study tracked the psychological trajectory of this unique population operating under sustained traumatic exposure. Findings reveal significant STS symptom prevalence associated with repeated exposure to difficult materials, compounded by the unresolved nature of the hostage situation and the emotional intensity of family interactions. Concurrently, officers reported meaningful indicators of post-traumatic growth. The study identifies specific exposure types, including intelligence materials, media content, and fake media, as risk factors warranting organizational attention. The presentation discusses ethical and practical implications for military and humanitarian organizations deploying personnel in prolonged trauma-adjacent roles. Recommendations address organizational responsibility for mental health protection, including pre-deployment screening, ongoing psychological support, structured peer supervision, and thoughtful mission termination protocols. The case offers transferable insights for protecting support personnel in future mass casualty and hostage situations.

Biographical Note

Oshri Bar-Gil, PhD, is Assistant Professor of Organizational Psychology at Ruppin Academic Center, Israel. He holds a PhD in Psychoanalysis, Hermeneutics and Culture Studies from Bar-Ilan University and an MA in Social Psychology from the Hebrew University of Jerusalem. His research focuses on the intersection of psychology, organizations, and technology, with publications in *AI & Society* and *Technology in Society*. Bar-Gil presented at the 2024 ICMM Workshop on AI ethics in military healthcare, and his chapter on AI ethics codes across institutions is forthcoming in the Springer "Military and Humanitarian Medical Ethics" series (2026). During the October 7th war, he served as Director of Psychology and Resilience at the Israeli Directorate for Civilian Hostages and Absentees, leading the resilience team supporting family liaison officers. This field study emerges directly from that operational experience.

Email: oshri.bar-gil@mail.huji.ac.il

Christopher Bobier – *Dual Loyalty, Moral Injury, and the Ethics of Explanting Beneficial Neural Devices in Veterans*

Abstract

There is growing agreement that militaries bear ongoing obligations to provide veterans with continued access to, and support for, implanted neural devices that benefit them and whose removal would pose serious harm. This paper approaches the issue of neural implant explantation from the perspective of military physicians, focusing on the ethical tensions of dual loyalty and moral injury. While neural implants may offer significant functional or psychological benefits to warfighters—and, over time, become integrated into their sense of identity, agency, and autonomy—the initial decision to accept implantation may have been made under substantial institutional pressure and without proper foresight. Once service concludes, competing obligations emerge: governments may assert claims to retrieve or deactivate such devices, citing security or proprietary concerns, whereas military physicians tasked with explanation have professional and ethical duties to prioritize the welfare of their patients, which may be compromised by required explantation of the device. Additionally, requiring military physicians to participate in explantation may result in moral injury to the physicians, who would be charged with doing something they perceive to be unfair and harmful. This analysis argues that military physicians' ethical commitments may require safeguarding veterans' continued access to neural implants essential to their well-being, and thereby, this paper provides novel physician-facing reasons to support an obligation of care to enhanced veterans.

Biographical Note

Christopher Bobier is an associate professor of foundational sciences at Covenant HealthCare College of Medicine at Central Michigan University, where he specializes in medical and research ethics. He holds a PhD in ethics and publishes on topics including research ethics, medical ethics, and military ethics. He has recently co-authored several

articles, including one in *Bioethics* on Israel's post-war healthcare obligations, one in *AJOB Empirical Bioethics* examining medical sanctions and the response of pharmaceutical companies to Russia's invasion of Ukraine, and one in the *Journal of Military Ethics* addressing the ethics of banning pharmaceutical sales during wartime.

Email cabobier@gmail.com

Frederic Gilbert – Militarising Cognition: Brain–Computer Interfaces, Cognitive Risk-Taking, and Moral Injury

Abstract

Neurotechnologies are increasingly being used to support performance and decision-making in cognitively demanding operations, raising new mental health risks and ethical challenges for military medicine. Brain–computer interfaces (BCIs) are a leading example: Defence research programs (e.g., DARPA) are pursuing high-performance BCIs development to assist service members. I argue that the ethical significance of BCIs for military mental health is best understood through the lens of moral injury—the enduring psychological, emotional, and ethical harms that can follow perpetrating, witnessing, or failing to prevent acts that transgress deeply held moral beliefs. Drawing on empirical data from clinical BCI users (interviews and case materials), I develop a model of how BCI enabled enhancement may shape decision-making under stress. Such enhancement can increase cognitive risk-taking while leaving moral responsibility intact when a person knowingly proceeds with wrongdoing. Military personnel may assume cognitive risks they would be less likely to take without a BCI, and these risks can expose them to potentially morally injurious events by lowering thresholds for morally fraught actions or by reshaping how intentions and decisions are formed and justified in real time. I argue that these risks emerge partly from a blurred, experienced boundary between one's own will and technologically mediated influence, complicating how moral accountability is interpreted and narrated after the fact. Yet such mediation does not eliminate moral agency: moral injury can still occur even when a device strongly steers behaviour, because knowingly endorsing or carrying out perceived wrongdoing may produce lasting guilt, shame, anger, alienation, and loss of trust. I conclude with practical safeguards aimed at reducing mental health risks related BCI moral injury. These include governance controls on neurodata extraction and reuse, consent procedures suited to hierarchy and time pressure, and moral-injury-informed follow-up support.

Biographical Note

Fred Gilbert is Associate Professor of Philosophy & Ethics at the University of Tasmania. His current research explores the ethics of novel implantable brain–computer interfaces, with a focus on how AI mediated human–computer interaction can shape an agent's sense of control, autonomy, agency, and self—particularly in the context of treatment for neurological and psychiatric conditions (e.g., dementia, severe depression, Parkinson's disease, obsessive–compulsive disorder). He also works on the governance of neurodata and post-trial responsibilities in neurotechnology research. He has published over 110 scholarly works, including in military medical ethics, with articles in leading journals such as *Nature*, *Nature Medicine*, and *Brain Stimulation*. His work has been discussed in outlets including *The New Yorker* and *The New York Times*.

Email frederic.gilbert@utas.edu.au

Sarah Hitchen– *Insight and Injury; Expertise, Agency, and the Epistemic Grey Zone*

Abstract

We argue that members of the armed forces occupy an epistemic grey-zone as individual agents. Echoing the tensions between expertise and uncertainty, risks and the need for new forms of action, and agency with uncertain responsibility characteristic of grey zone conflict and a desire to use emergent technologies well. Information and cognitive warfare stand out here as the ability of subjects to reason well is a key concern. We suggest that not only those targeted by these strategies, but those who must choose when and how to implement them, may suffer serious harms as agents. This epistemic grey-zone is particularly notable in the case of military medics who occupy a uniquely demanding role in modern conflict; shaping and enacting ethical policies and practices in evolving doctrinal fields. We address four key elements of this grey-zone here; epistemic oppression, epistemic privilege, and epistemic and moral competence. Whilst expertise and experience-based insight are usually sought out, we suggest that role-based binds on acceptable beliefs and speech, combined with suppression and misrecognition of individual experience-based testimony and thought by those who have not served in this way, and the complexity of navigating the ethical landscape of modern military practice may alienate the military medic from their authentic epistemic states. This, we conclude, constitutes a form of epistemic injury, and is a situation requiring urgent attention in order to ensure that medics' agency and mental health does not suffer in ways which will negatively impact both the medic themselves and the standing of the medic in shaping ethical doctrine and practice which they and others can stand behind as

experts who serve. Furthermore, this acts as a test case for other aspects of autonomy and agency which includes and goes beyond the ideas of moral injury enriching our study of both in the process.

Biographical Note

Sarah Hitchen is a Lecturer in Philosophy in the School of Global Affairs at Lancaster University in the United Kingdom. She teaches and conducts research in the philosophy of war and conflict, drawing on a background in war and security studies, as well as in bioethics and the medical humanities, particularly in the areas of consent, agency, and rights. Her principal research interests focus on the experiences of individuals in service and the legal, moral, and political relationships between institutions, individuals, and the state.

Email s.a.hitchen@lancaster.ac.uk

Patrick Hofstetter – *Is There No Need for a Cognitive Domain?*

Abstract

Cognitive warfare is increasingly framed as a “sixth domain” in which the human brain becomes a battlefield, prompting calls to anticipate and mitigate novel harms. This presentation argues that the framing is analytically inflated and ethically distracting. At the political-strategic level, influence operations that target perception, trust, and will are real and consequential, but they are not conceptually new: coercion and the struggle over decision-making have always been integral to war. For armed forces and military formations, the decisive problems of the 21st century remain predominantly physical—terrain, firepower, protection, logistics, casualty care, and the management of violence under uncertainty. The “brain-as-battlefield” narrative risks domain inflation and can divert attention and resources from well-established, high-burden harms produced by kinetic operations, including blast-related traumatic brain injury, sleep deprivation, chronic stress, PTSD, and moral injury. We propose an ethical triage: address cognitive effects where they translate into concrete operational and legal-ethical issues, but resist metaphorical expansions that obscure the medical-ethical agenda that most reliably reduces suffering.

Biographical Note

Patrick Hofstetter has been a lecturer in leadership and communication at the Military Academy (MILAC) at ETH Zurich since 01.01.2023, where he contributes his interdisciplinary background and his diverse practical experience. After obtaining a Master of Science in Physics from the University of Bern, Patrick Hofstetter taught physics and mathematics as a secondary school teacher, then studied military science at the Military Academy at ETH Zurich and served as a career officer in the Swiss Armed Forces in various leading functions and in leadership training. During four years he contributed to the armed forces reform 2017 with the project «job profiles defense». In parallel, he wrote his dissertation under Prof. Dr. Bruno Staffelbach at the Chair of Human Resource Management at the University of Zurich, which was awarded the Norbert Thom Foundation's Recognition Prize for Outstanding Dissertations in Public Management / Public Business Administration in 2017. From 2020 to 2022, Patrick Hofstetter was responsible for the digitization of the University of Lucerne in the context of the Covid 19 pandemic and for the foundation of the Continuing Education Academy at the University of Lucerne. He was the commander of a mountain infantry battalion and is currently assigned as a reserve officer (Colonel, OF-5) to the Operational Training Staff.

Email patrick.hofstetter@vtg.admin.ch

Daniel Hurst – *Neurotechnological Prevention of Moral Injury: Ethical and Operational Dilemmas*

Abstract

It has been theorized that future large-scale combat operations between peer or near-peer adversaries will occur in environments characterized by degraded command and control, including the inability to rapidly evacuate casualties from the point of injury to higher echelons of care. Such conditions create fertile ground for moral injury and other forms of psychological distress among combatants and caregivers alike. A common assumption within both clinical and ethical discourse is that moral injury should be prevented whenever possible. Proposed strategies often emphasize traditional, “innocuous” measures—such as reinforcing servicemember purpose, moral reasoning, and alignment of an agent's actions with just war principles. Yet, what if neurotechnological solutions could be developed to achieve the same end? Emerging technologies—including pharmacologic agents, neuromodulation, biofeedback and closed-loop systems, and brain-computer interfaces—raise the possibility of preventing moral injury before it takes root in the servicemember. But at what moral cost? If we blunt or modulate moral emotions to preempt injury, do we risk eroding the very capacity for moral sensitivity integral to moral agency? Are we preventing suffering, or preventing the recognition of wrongdoing? This presentation traces the ethical issues at the intersection of neurotechnology, moral injury, and military medicine. It asks whether a morally uninjurable soldier—one

neurologically insulated from guilt, shame, or remorse—would still be a moral soldier at all and whether the supposed benefits outweigh possible risks.

Biographical Note

Daniel J. Hurst, PhD is Director of Medical Professionalism, Ethics, and Humanities, as well as Associate Professor and Chair of the Department of Medical Education and Scholarship at Rowan-Virtua School of Osteopathic Medicine in Stratford, New Jersey, USA. In addition, Hurst has served as a chaplain in the United States Air Force Reserve since 2011, currently holding the rank of Major. He is a 2023 graduate of the US Air Force's Air Command and Staff College. He received his PhD in healthcare ethics from Duquesne University, a MSc in global health and infectious diseases from The University of Edinburgh, and holds two additional graduate degrees in theology and moral philosophy.

Email hurst@rowan.edu

Erika Ann Jeschke – *The Grinch's Mind, Boots, AND Heart: Dr. Seuss and the Myth of Military Resilience*

Abstract

Dr. Seuss is famous for examining human experience from what might be called the “wrong end of the telescope,” revealing moral, emotional, and political truths through exaggeration and inversion. Using *How the Grinch Stole Christmas!* as an analytic lens, this essay reframes contemporary military resilience by foregrounding the lived experience of the U.S. “citizen-service member.” Specifically, it interrogates two persistent complexities obscured by dominant resilience frameworks: the tension of forming a coherent identity while transitioning across the deployment cycle, and the fraught relationship between service members and the political community they serve within an All-Volunteer Force (AVF). The presentation begins by deconstructing prevailing military resilience literature, particularly programs such as BATTLEMIND and Master Resilience Training, which advance a myth of the “good military member.” This figure is characterized by rational self-control, emotional regulation, and self-reliant mental bootstrapping, with resilience narrowly defined as an individual psychological virtue oriented toward sustained combat performance. Drawing on qualitative data, the essay demonstrates how this myth shapes service members’ sense of self, while simultaneously constricting their emotional relationships to civilians, giving rise to a second myth—the “civilian or military member”—in which military and civilian identities are experienced as incompatible. Against this backdrop, this presentation parallels the Grinch’s Christmas journey with the deployment-cycle experiences of “citizen-service members.” Like the Grinch, service members undergo more than a cognitive recalibration; they experience grief, alienation, anger, and moral dissonance that cannot be resolved through positive thinking alone. The Grinch’s transformation is ultimately made possible not by self-correction but by communal practices of ritual, inclusion, and care enacted by the Whos. This communal ethic provides a model of socio-political resilience that proposes a new mode of reintegration focused on shared responsibility. By expanding resilience beyond individual mental toughness to include relational, emotional, and political virtues.

Biographical Note

Erika “Ann” Jeschke, PhD is developing a broad program of research that focuses resilience on the rhythm and resonance of human performance in military medicine. The goal of this research is to develop a theory of performance for trauma medicine that is framed by meaning, movement, and music all culturally salient attributes of human performance in military operations as well as specific as the civilian community to which service members return post-deployment. Dr. Jeschke also serves as an ethics consultant to Special Operations Medicine and is a faculty member at the University of Chicago MacLean Center for Clinical Medical Ethics. Relying on medical humanities and anthropology, she seeks to expand the context of caring beyond the medical clinical and physician-patient dyad to include communal healing rituals as a means of restoring social identity and social justice after experiences of collective trauma.

Email stlamazonia@gmail.com

Melissa Myers – *Ethical Preparation as Moral Injury Mitigation in Military Medicine*

Abstract

Moral injury is an inherent risk in a profession such as military medicine where dual loyalties force military physicians into decisions which cannot satisfy all of their inherent duties. Particularly during triage, military physicians may be forced to make decisions which conflict with their inherent moral values. While moral injury has been recognized as a hazard of the profession, the focus in this area has been on recognition and recovery from moral injury and not prevention. In this presentation, I will discuss the potential of education intervention as a means to decrease risk for moral injury using reflections from medical students at the Uniformed Services University. Students were asked to confront and contemplate the reality of providing care in a resource constrained environment, recognizing that a

patient's death could result from these constraints. We found that through intensive conversation and simulation, students were able to identify ethical frameworks to use in the case of resource constrained triage, as well as realizing that in a mass casualty situation not all casualties can be saved. I argue that through preparation, military physicians can decrease the risk of inadvertently making a decision which is not in accordance with their inherent duties as either a physician or an officer. Military physicians may be able to recognize that the death of a casualty during war due to resource constraints does not violate their duties as a physician and, in realizing this, minimize their exposure to moral injury. In my presentation, I will review the reflections of students before and after their exposure to this course, and suggest how this could be applied in different settings for military healthcare professionals.

Biographical Note

LTC Melissa Myers, MD, MS is a U.S. Army Emergency Physician. She is an Associate Professor of Military Medicine at the Uniformed Services University, where she teaches ethics and military medicine and directs the University's culminating medical student field practicum. Dr. Myers graduated from the Virginia Commonwealth University School of Medicine in 2012, and completed a residency in Emergency Medicine in 2015. She completed a Master's in Bioethics from Creighton University in 2025. She has published and spoken on military medical ethics, moral injury, and public health mandates for healthcare providers.

Email melissa.myers@usuhs.edu

Thornton Ray – *Weaponizing Trust: Ethical Questions in Health-Related Information Operations in Armed Conflict*

Abstract

Contemporary armed conflicts increasingly include information operations that target trust, confidence, and belief formation within enemy institutions and populations. While the ethical dimensions of information warfare have been widely debated, comparatively little attention has been given to information operations that deliberately engage medical knowledge, public health practices, or confidence in healthcare systems. This paper examines the ethical questions raised when health-related information—true, misleading, selectively disclosed, or withheld—is used to undermine an adversary's military or civilian medical system. Using a series of illustrative scenarios, the paper explores whether and how ethical limits differ when information operations involve medical interventions rather than conventional military or political messaging. These scenarios include efforts to sow doubt about vaccine efficacy among enemy forces or civilian populations; the dissemination of accurate but operationally sensitive information about pharmaceutical risks; the withholding of information concerning adverse effects of biomedical enhancement programs; and historical comparisons such as the Allied decision to restrict access to penicillin during the Second World War. Together, these cases probe the moral significance of intent, truthfulness, foreseeable harm, audience composition, and the distinction between withholding benefits and actively shaping harmful beliefs.

Thornton Ray – *Moral Injury Among Military Medical Professionals: A Scoping Review of Empirical Evidence*

Abstract

Contemporary military operations increasingly emphasize cognitive and psychological dimensions of warfare, yet ethical attention to the moral burdens borne by military medical professionals remains limited. In large-scale combat operations (LSCO), military medical personnel operating under mass casualty conditions, delayed evacuation, and command-driven constraints may face ethically injurious situations with lasting psychological consequences, challenging professional ethics, humanitarian commitments, and mental health. This scoping review examined empirical studies addressing moral injury among military medical professionals. Five databases were searched for peer-reviewed empirical studies published between 1990 and 2024, with additional manual review of references and military medical doctrine. Only four studies met inclusion criteria, involving U.S. military physicians and nurses with deployment experience across multiple conflicts. Major contributors to moral injury included care of severely injured civilians, particularly children; second-guessing clinical decisions under austere conditions; limited medical capability; and perceived ethical conflict within command structures. Across studies, moral injury was frequently conflated with moral distress, reflecting persistent conceptual uncertainty. The scarcity of empirical research focused on military medical professionals and moral injury is ethically and operationally concerning. Doctrine, prevention, and treatment strategies grounded primarily in civilian data may inadequately reflect the moral realities of military medical practice in high-intensity conflict. This presentation outlines the current empirical landscape and offers recommendations for strengthening the evidence base, including methodological approaches capable of capturing the moral complexity faced by military medical professionals in future warfare.

Biographical Note

Major Thornton Ray brings over 17 years of diverse military experience, spanning the U.S. Army and U.S. Air Force. Currently, he serves as a Medical Service Corps officer in the Air Force Reserves and as a consultant for the U.S. Navy Bureau of Medicine and Surgery, offering critical insights into operational healthcare policy. He presented at the 2025 ICMM conference on "The Ethics of Forcing Civilian Hospital Evacuations in Armed Conflict: Case Studies & Implications". A published author in the British Medical Journal, his co-authored article, "Reassessing Reverse Triage in Future Conflict", examines a potential ethical challenge in battlefield medical care. His views are his alone and don't reflect official policy of the DoD.

Email ttray149@gmail.com

Kristin Sandvik – *From harm to healing? Redress for moral injury in aid through legal accountability processes*

Abstract

For both military and humanitarian personnel, the lifecycle of moral injury spans from recruitment, training, and deployment, exposure to risk, harm and moral dilemmas in the field (whether kinetic or non-kinetic), and experiences of trauma, mental health challenges, and perceptions of institutional betrayal culminating in claims-making and contestation vis-à-vis bureaucratic or legal institutions or private parties (such as insurance companies). This paper focuses on this final stage, examining legal accountability and redress for moral injury in the context of humanitarian aid work. Drawing on a decade of research on the humanitarian duty of care (Sandvik, 2018), including court documents, media reports, and participant observation, the paper explores how conceptualizations of moral injury in the context of sexual abuse/harassment and kidnapping cases intersect with legal liability and institutional recognition of responsibility and harm. The paper examines three cases: (1) The Case involving the Norwegian Refugee Council and its responsibility for the 2012 kidnapping of aid workers in Dadaab litigated in the Oslo District Court in 2015; (2) the lawsuits and settlements between Mercy Corps and the daughter of its founder dealing with sexual abuse claims (North America); and (3) the ongoing lawsuit against the German organization Cadus e.V regarding the kidnapping, detention and torture of two aid workers in Syria (currently pending in Berlin). The legal accountability aspects of these cases include a lack of training and preparedness, inadequate security and safeguarding protocols, failure to respond appropriately to crisis incidents, and failure to provide support, follow up and compensation. The paper argues that to move from harm to healing, legal accountability for moral injury must be accompanied by ethical accountability for moral injury, pointing to the importance of respect, recognition, 'being believed', and institutional commitments to improve organizational practices to avoid future incidents and harm to others.

Biographical Note

Kristin Bergtora Sandvik is Research Professor in Humanitarian Studies at the Peace Research Institute Oslo (PRIO) and Professor of Sociology of Law at the University of Oslo. She earned her S.J.D. from Harvard Law School. Her scholarship engages with the intersections of law, ethics, and humanitarian governance, with particular emphasis on accountability, innovation, and the socio-legal dimensions of crisis response. Sandvik has led major research projects, including work on humanitarian technology, ethical innovation, and legal responsibility. Her recent monograph, *Humanitarian Extractivism* (Manchester University Press, 2023), critically examines the digitalization of aid, and she has also published on the role of AI in humanitarian action. Sandvik has served on a number of international ethics advisory boards and contributes extensively to debates on legality, governance, and normative frameworks in humanitarian practice. She has recently founded CRITPEACE, a Nordic research network facilitating critical dialogue on rearmament and peacebuilding.

Email k.b.sandvik@jus.uio.no

Michael Skerker – *A Typology of Cognitive Warfare Harms on Service Personnel*

Abstract

Modern technology allows adversaries to promulgate psychologically manipulative messaging at speed and scale. The coupling of these capabilities with hybrid war strategies by some powers means that service personnel might be subject to manipulative messaging both at home and abroad. They may also of course also be manipulated by their own governments. Victims of deception and manipulation may suffer psychological distress in addition to the psychological injuries long associated with combat because of the moral badness of manipulation and the guilt victims may feel about having been made unwitting agents of their enemy. I will propose a typology of cognitive manipulation service personnel may be subject to in this paper. As examples: troops' own governments might manipulate personnel into fighting an unjust war and/or into using unjust tactics, for example by dehumanizing noncombatants and encouraging massacres. The enemy may deceive personnel with honeytraps, by undermining service members' belief in their citizens' support or the legitimacy of their own government, with slander about their political or military leaders, or with ruses leading to "red on red" attacks (i.e. fratricide). I suggest how different tactics

might be more likely to cause regret, remorse, loss of trust, PTSD, or moral injury. The utility of this exercise might better serve therapeutic than normative ends since there are already ample reasons not to launch unjust wars or massacres without considering the psychological and moral effects on the perpetrators. A unique normative point regards ruses designed to induce fratricide, which, apart from the perhaps unconsidered psychological toll on enemy perpetrators of the fratricidal attack, might be seen as wholly good from the agent's perspective. These ruses seem to have an added harmful element that changes the moral valence of performing them.

Biographical Note

Michael Skerker is a Professor in the Leadership, Ethics, and Law Department who focuses on police, military, and intelligence ethics. He is the author of *The Moral Status of Combatants* (Routledge, 2020) and *An Ethics of Interrogation* (Chicago, 2010) and co-editor of *Sovereignty and the New Executive Authority* (Oxford, 2017), *Military Virtue* (Howgate, 2019), and *Cyber Warfare Ethics* (Howgate, 2021). Recent articles have addressed the ethics of customer selection, the ethics of military influence operations, and proportionality in warfighting. Prof. Skerker has consulted with and created ethics training materials for Naval Special Warfare, the High Value Detainee Interrogation Group, US law enforcement, and Fortune 500 companies.

Email skerker@usna.edu

Andreas Trampota – *Moral Injuries in Light of the Traditional Analogy Between Virtue and Health*

Abstract

The analogy between the good (ethical, virtuous) life and the “health of the soul” (mental health) is as old as Western ethics. Since its beginnings, this conceptual connection between ethics and mental health – with its great hermeneutic potential, which however can also lead to misunderstandings – was present. The locus classicus is Plato's depiction of virtue and justice as “health of the soul”. In this vein, he writes, in the Republic: “Virtue [...], as it seems, would be a kind of health and beauty and good condition of the soul, and vice would be disease, ugliness, and weakness.” (Republic IV 444d-e) Idioms such as “Medical model in Ethics” or “Medical model of virtue as health” have their origin in this way of thinking. That in the 1990s the term “moral injuries” has been coined and the relevant phenomena have been discussed since then, primarily in the context of military ethics, can be understood in an illuminating way within this tradition of thought. These injuries have a significant impact on mental health due to the threat posed by a traumatic experience, whereby the resulting suffering is a manifestation of serious moral transgressions – which is why these injuries have a distinctly ethical quality.

In my paper, I would like to explore the relationship between military medical ethics and mental health by (a) focusing on moral injuries and (b) examining them in light of the traditional analogy between virtue and health. My hope is that this will clarify the connection between mental health and moral integrity, both in general and specifically regarding military medical ethics.

Biographical Note

Andreas Trampota has been a research fellow at the Institute for Theology and Peace (ithf) in Hamburg since 2022 and teaches peace and conflict ethics in the master's program “Peace and Security Studies” at the Institute for Peace Research and Security Policy (IFSH) at the University of Hamburg. He studied philosophy and theology in Freiburg im Breisgau, Munich, London, and Tübingen. From 2002 to 2022, he taught at the Munich School of Philosophy, becoming a professor of philosophical ethics in 2015. Research stays took him to Fordham University in New York and UCLA in Los Angeles. His work focuses on ancient ethics, modern moral philosophy, contemporary analytical philosophy, medical ethics, and peace ethics.

Email trampota@ithf.de

Eva van Baarle – *Supporting Military Healthcare Personnel in Moral Decision-Making Under Operational Pressure*

Abstract

Military medical personnel frequently encounter morally complex situations, where operational demands may conflict with professional medical obligations and personal values. Decisions such as balancing military orders against urgent patient needs, or the use of medication to sustain deployability, can generate significant moral stress. Research shows that prolonged exposure to such moral stress is associated with moral injury, psychological overload, reduced quality of care, and increased risk of team-level conflict. These concerns are explicitly recognized in recent NATO doctrine AMedP-8.19, 2025, which emphasizes the importance of moral decision-making and mental health protection in contemporary operations. Military healthcare personnel are a particularly important group to support, as their work is structurally characterized by conflicting moral principles and dual loyalties: responsibility towards the patient, the military organization, and the operational mission. Military organizations have traditionally relied on compliance-based ethics frameworks that focus on rules, protocols, and legal standards. While necessary, these

approaches are often insufficient for addressing the morally ambiguous and value-laden dilemmas faced by military medical personnel in modern conflict environments. This project applies a co-creation research approach to further develop and evaluate a value-based reflection tool specifically tailored to military medical practice. Through close co-creation with military medical personnel, the tool is adapted to be directly applicable during and after deployments, and to be used in both individual and team-based contexts. The intervention aims to support systematic clarification of values and ethical principles, strengthen structured moral deliberation, enhance ethical decision-making under operational pressure, and reduce moral stress.

Biographical Note

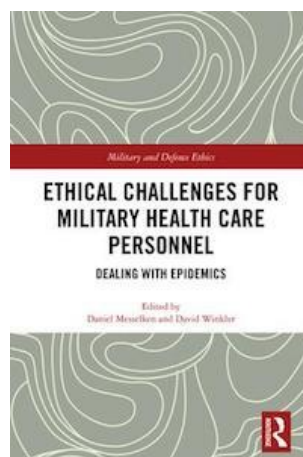
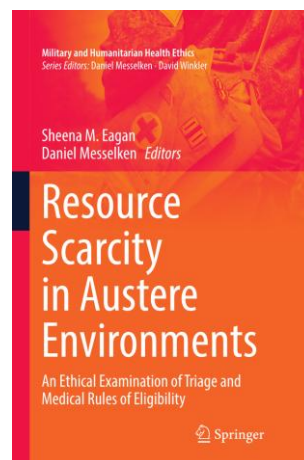
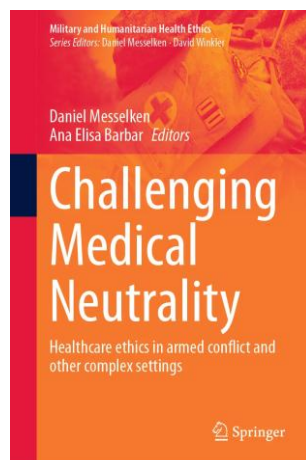
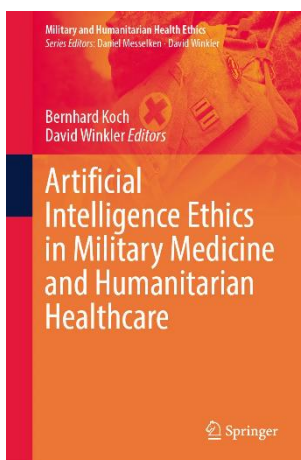
Eva van Baarle is associate professor of ethics at the Netherlands Defence Academy and visiting researcher at the Department of Medical Ethics, Law and Humanities, VU University Medical Centre. She holds a PhD in philosophy, on fostering moral competence through structured ethics training. Her work focuses on the intersection of ethics, leadership, and social/ psychological safety.

Email em.v.baarle@mindef.nl

Publications from previous workshops

- Koch, Bernhard, Winkler, David (2026), editors. **Artificial Intelligence Ethics in Military Medicine and Humanitarian Healthcare**. Springer.
- Barbar, Ana; Messelken, Daniel (2024), editors. **Challenging Medical Neutrality - Ethics of providing health care in armed conflict and other complex settings**. Springer.
- Eagan, Scheena; Messelken, Daniel (2023), editors. **Resource Scarcity in Austere Environments: An Ethical Examination of Triage and Medical Rules of Eligibility**. Springer. DOI 10.1007/978-3-031-29059-6
- Messelken, Daniel; Winkler, David (2022), editors. **Health Care in Contexts of Risk, Uncertainty, and Hybridity**. Springer. DOI 10.1007/978-3-030-80443-5
- Messelken, Daniel; Winkler, David (2020), editors. **Ethics of Medical Innovation, Experimentation, and Enhancement in Military and Humanitarian Contexts**. Springer. ISBN 978-3-030-36318-5
- Messelken, Daniel; Winkler, David (2017), editors. **Ethical Challenges for Military Health Care Personnel: Dealing with Epidemics** (Proceedings of the 5th ICMM Workshop on Military Medical Ethics). Routledge. ISBN 978-1472480736
- Messelken, Daniel; Winkler, David (2015), editors. **Proceedings of the 4th ICMM Workshop on Military Medical Ethics**. Bern, 2015. ISBN 978-3-905782-98-1
- Messelken, Daniel; Baer, Hans U (2014), editors. **Proceedings of the 3rd ICMM Workshop on Military Medical Ethics**. Bern, 2014. ISBN 978-3-905782-97-4
- Messelken, Daniel; Baer, Hans U (2013), editors. **Proceedings of the 2nd ICMM Workshop on Military Medical Ethics**. Bern, 2013. ISBN 978-3-905782-94-3

More information on: <http://publications.melac.ch/>



Practical Information

Registration is mandatory for all attendants. No participation is possible without registration and the zoom access links will only be distributed to admitted participants.

Please be aware that **places at the workshop are limited** as we want to keep the format of the workshop as close as possible to the previous years, which includes time and opportunity for discussions. These are only possible in a smaller group. Participants will be selected with the aim of putting together a well-balanced group of speakers and participants to allow for productive discussions. The number of participants per country can be limited.

Criteria for selection will be:

- The motivation and previous knowledge/ expertise/ experience of applicants;
- The function and institutional role of applicants;
- The application date is received.

Workshop fee online Free of charge, motivation letter needed.

Workshop fee on-site **860 CHF** to be paid directly at the hotel.
Includes 3 hotel nights (17-20 June 2026) and all meals during the workshop and the transport from Geneva airport to the hotel in Jongny s / Vevey.
The host nation dinner on Friday is offered to all on-site participants.

Workshop location

The on-site workshop will take place at
Hôtel du Léman, Ch. de la Fontaine 2, 1805 Jongny s / Vevey
<https://www.hotel-leman.ch/en.html>

The online workshop will be streamed via videoconferencing.

Dress code

Dress code during the workshop is office uniform for military personnel, and smart casual for civilian attendees and military personnel who cannot wear their uniform.

Contact

ICMM Centre of Reference for Education on International Humanitarian Law and Ethics

Internet <https://www.melac.ch/>

Email workshop@melac.ch

Swiss Armed Forces, Medical Services Directorate, Centre of Competence for Military and Disaster Medicine

Internet www.arreesanitaetsdienst.ch

Email mme-loac.lba@vtg.admin.ch

Emergency tel. contact during the workshop

Workshop staff **+41 79 781 55 25**

Workshop venue "Hotel du Léman" +41 21 923 03 03