

# Center for the Victims of Torture

## Torture, Former Combatants, Political Prisoners, Terror Suspects, & Terrorists

<https://www.justsecurity.org/64691/deprivation-and-despair-the-crisis-of-medical-care-at-guantanamo/>

### Public Facing Advocacy Writing

by [Scott Roehm](#)

June 26, 2019

[detainee treatment](#), [Guantanamo](#), [Military Commissions](#), [NDAA](#)

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Earlier this year, in a rare and refreshing moment of candor, the admiral who was in charge of the U.S. military prison at Guantanamo Bay, Cuba, [expressed concern](#) about the military's ability to provide medical care to the detainees still held captive there. Many of the 40 remaining prisoners are entering old age and there is seemingly no prospect of their release. Speaking to reporters in April, Rear Adm. John Ring said:

Unless America's policy changes, at some point we'll be doing some sort of end of life care here. A lot of my guys are prediabetic. Am I going to need dialysis down here? I don't know. Someone's got to tell me that. Are we going to do complex cancer care down here? I don't know. Someone's got to tell me that.

I'm sort of caught between a rock and a hard place. The Geneva Conventions Article III, that says that I have to give the detainees equivalent medical care that I would give to a trooper. But if a trooper got sick, I'd send him home to the United States. And so I'm stuck. Whatever I'm going to do, I have to do here.

But what Ring did not tell reporters was that, when it comes to concerns regarding the state of medical care at Guantanamo, complications associated aging are just the tip of the iceberg.

Today, my organization, the Center for Victims of Torture (CVT), along with Physicians for Human Rights (PHR), released a joint report finding that Guantanamo's medical care system has long been broken in a number of respects. The legacy of U.S. torture and in particular medical complicity in that unlawful and immoral project is at the root of many of the medical care deficiencies we identified and continues to exacerbate all of them.

The report *Deprivation and Despair: The Crisis of Medical Care at Guantanamo* compiles and analyzes opinions from over the years of independent civilian physicians who have managed to access detainees, review medical records, and otherwise interface with Guantanamo's medical care system. Our analysis was further informed by consultation with several of the physicians and with counsel for detainees. (The full report is available [here](#); a stand-alone executive summary [here](#); and a selection of some of the civilian medical experts' findings and conclusions regarding the treatment of various detainees [here](#). The report also includes case studies for four detainees, three of whom remain at Guantanamo).

Our findings include, but are not limited to:

We assess these, and the balance of our findings broadly, against the standard of care that Guantanamo officials claim to provide, and which is required by the [military's own regulations implementing the Geneva Conventions](#) that detainees receive medical care equivalent to that afforded U.S. service members and more specifically against the [United Nations Standard Minimum Rules for the Treatment of Prisoners](#) (the Nelson Mandela Rules), which the United States has championed. We conclude that the United States is not meeting its obligations in a host of areas, and detainees are paying the price.

However, our findings and conclusions, distressing as they are, should not be taken as a sweeping indictment of front-line medical personnel at Guantanamo. Many of the deficiencies in medical care that we describe are structural, operational, and/or cultural, and cannot be fixed by even the best intentioned of the staff working there. Some of the deficiencies can be mitigated, but only to a degree, as long as Guantanamo remains open. Lack of torture rehabilitation services, for which there is widespread and urgent need, cannot be remedied at all at least not in a meaningful way in a facility antithetical to the core requirements for effective treatment (including instilling a felt sense of safety and allowing the victim control over elements of the rehabilitation context, content and process).

Stepping back, all of this is yet another reason why Guantanamo should be closed. Recognizing that day is a long way off, though, we recommend a series of steps that one or more of the executive branch, Congress and the courts can take at least to improve the status quo in the interim. They include:

In a welcome sign, both Democrats and Republicans in Congress have begun to acknowledge, to varying degrees, the medical care crisis at Guantanamo and are [working toward](#) pursuing some legislative improvements consistent with what we recommend. Of particular note, the annual defense authorization bill (NDAA) as reported out of the Republican-led Senate Armed Services Committee (SASC) would create a chief medical officer for Guantanamo very much along the lines we suggest. The SASC bill would also, as it has in years past, create an exception to the statutory ban on U.S. transfers for detainees who require emergency medical care that Guantanamo cannot adequately provide.

The House Armed Services Committee's companion bill, while much more ambitious on Guantanamo in critical respects like prohibiting the administration from sending new detainees there, and dropping the U.S. transfer restrictions altogether, is surprisingly less robust on medical care specifically. The bill includes a sense of Congress on the provision of medical care at Guantanamo that does not sufficiently reflect the scope or gravity of the problems, and it calls for a report by the Government Accountability Office on the quality of medical care detainees receive. A positive development in a vacuum, but far less so if it serves to delay (or worse yet displace) other legislative changes that can and should be made now.

There is a long way to go before the NDAA becomes law, including consideration on the floor in both chambers and subsequent conference negotiations to reconcile the versions that the House and Senate pass, respectively, which presents both opportunities and risks. I hope lawmakers will look to protect, and where possible enhance, the types of medical care provisions that we are recommending at every turn. The problems our report identifies will only worsen over time. If left unaddressed, as our report warns, complex medical conditions that cannot be managed at Guantanamo should be expected to accelerate in frequency and escalate in severity. The costs of such inaction, first and foremost for the remaining detainees, but also for the United States, would be devastating.

[detainee treatment](#), [Guantanamo](#), [Military Commissions](#), [NDAA](#)

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