

# Physicians for Human Rights

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

<https://phr.org/our-work/resources/suffering-ex-guantnamo-detainees-deserve-medical-care-and-support/>

## Public Facing Advocacy Writing

By [Brigadier General \(ret\) Stephen Xenakis, MD](#), and [Vincent Iacopino, MD, PhD](#).

Former Guantanamo detainee Abu Wael Dhiab, who was resettled to Uruguay and recently went missing for several weeks, is in the midst of a hunger strike. He is reportedly refusing food, and now liquids, to protest his inability to leave the country and join his family abroad. Dhiab accepted the transfer to Uruguay, reasonably expected to be reunited with his wife and children, and has felt frustrated and disheartened by the delays.

Dhiab fell off the radar this summer, sparking international speculation and apprehension based on the assumption that any former detainee might be up to something sinister. Instead, Dhiab traveled to a Muslim community near Brazil's border. It was the first Ramadan that I was going to spend among Muslims in 15 years, he [told](#) the Associated Press. He then went to the Uruguayan consulate in Venezuela, pleading with officials there to send him to Turkey to see his family for the first time since he was detained.

To be clear, Dhiab is legally entitled to leave Uruguay. The United States never charged him with a crime, he was formally cleared of any ties to terrorism, and he can hardly walk without crutches. Nonetheless, he was treated as a security threat and jailed in Venezuela before being deported back to Uruguay, where he's been unable to get the social and medical support he needs.

Dhiab's situation is tragic. It was also entirely avoidable. We were among the independent medical professionals who [evaluated](#) Dhiab and examined his medical records while he was held at Guantanamo from 2002 until 2014. Years of prolonged detention, emotional and physical distress, and the death of his son in Syria's ongoing conflict inflicted deep psychological trauma. In addition, Dhiab suffers from chronic pain and partial paralysis from a prior car accident.

Our review showed that the staff at Guantanamo routinely withheld Dhiab's crutches and wheelchair and refused to give him basic over-the-counter painkillers. They also subjected him to repeated forcible cell extractions, a tactic typically reserved for non-compliant prisoners, which was unnecessary in Dhiab's case and aggravated his medical condition. After he and dozens of other detainees began a hunger strike, Dhiab was forcibly fed while strapped into a five-point restraint chair.

The American and World Medical Associations [prohibit](#) force-feeding of competent adults under any circumstance, and Dhiab was certainly competent just desperate to be heard. In a lawsuit filed by Dhiab's lawyers, a federal judge said the procedure caused unnecessary pain and agony. There was no medical basis for force-feeding Dhiab. He was simply punished for protesting.

As a result of these experiences, Dhiab has complex medical, psychological, and social needs. Research shows that people who have been tortured in detention need a range of services to support their reintegration and rehabilitation. Yet upon Dhiab's release, instead of making an individualized transfer plan to address those complex needs, the U.S. government loaded him on to a plane to a place far from anything or anyone familiar.

Many former Guantanamo detainees are being released with serious medical conditions. Earlier this year, a morbidly obese, chronically ill Egyptian man was [transferred](#) to Bosnia without adequate medical support. Another detainee was [released](#) in April weighing around 75 pounds, after a decade of force-feeding. Last year, a former detainee in Kazakhstan [died](#) of kidney failure just six months after his release.

The conditions at Guantanamo Bay inflicted lasting physical and psychological harm on many men. The Obama Administration has commendably worked to free as many detainees as possible. But the plan to expedite transfers has shortchanged the men who need more extensive care in the countries where they are resettled. As a recent *New York Times* [investigation](#) shows, many men detained in CIA and military custody suffer from lasting mental and physical harm as a result of their mistreatment. They have not received support.

As physicians, before we release a patient from the hospital, we plan a therapeutic handoff which includes medical needs down the road. That's exactly what's needed here. Authorities already review the medical condition of each detainee as part of a rigorous, pre-transfer security review process. This information should also be used to devise an appropriate post-detention care plan, one that addresses each detainee's medical and psychological needs.

Dhiab's tragic circumstances serve as a teaching case. Individualized treatment and support could have alleviated the stress of being alone in an unfamiliar country, after years of indefinite detention. When the U.S. government released him, it gave him a letter stating unequivocally that he is not a terrorist. That letter helps, but these men need much more to reverse the impact of Guantanamo. Ensuring that they receive rehabilitation and support in the countries that accept them should take the highest priority.

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