

# Physicians for Human Rights

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

<https://phr.org/news/report-documents-pervasive-deficiencies-in-medical-care-of-detainees-at-guantanamo-bay-detention-center/>

## Public Facing Advocacy Writing

NEW YORK and WASHINGTON This week, the [Center for Victims of Torture](#) (CVT) and [Physicians for Human Rights](#) (PHR) released a report detailing widespread medical deficiency at the Guantanamo Bay detention center. Following an in-depth review of publicly available information related to medical care at Guantanamo both past and present as well as consultations with independent medical experts and detainees lawyers, CVT and PHR found pervasive shortcomings that belie U.S. officials claims that care for detainees is equivalent to that afforded U.S. service members or, as one former Guantanamo commander put it: as good as or better than anything we would offer our own soldiers, sailors, airmen or Marines.

The report, [Deprivation and Despair: The Crisis of Medical Care at Guantanamo](#), finds systemic and longstanding deficiencies in care, including the subordination of medical needs to security functions resulting in the denial of care, patient distrust of medical professionals due to a history of medical complicity in torture, patient neglect, rapid rotation of medical professionals in and out of Guantanamo causing discontinuity of care, and denial to detainees of access to their own medical records. In conjunction with the International Day in Support of Victims of Torture on June 26, the report provides evidence of significant defects in medical care at Guantanamo and reaffirms the call to permanently close the detention facility as a necessary step toward fully addressing the human rights issues illuminated in this latest review.

The problems at Guantanamo cannot be resolved without structural, operational, and cultural reform, said [Vincent Iacopino](#), MD, PhD, Physicians for Human Rights senior medical advisor. As the detainees age under these conditions, the longstanding medical and psychological impacts of their torture continue to be compounded. Given the constraints of Guantanos medical operations and history of care, their increasingly urgent medical needs cant be dealt with safely or effectively.

The report outlines a systemic failure by medical professionals to gather and document information from detainees regarding torture and abuse suffered at CIA black site prisons, where some detainees were held captive for years following their apprehensions, as early as 2002. Prisoners at black sites were kept naked in pitch black cells with their wrists and ankles shackled to a ring on the wall while loud music blared 24 hours a day in cells that were infested with rats and insects. Detainees experienced multiple forms of interrogation tactics, including hooding, waterboarding, the use of stress positions, isolation, exploitation of phobias, and forced nudity and sexual humiliation. The absence of documented trauma histories in detainees medical records has led to inaccurate diagnoses and improper treatment.

Many of the men who remain at Guantanamo are torture survivors or victims of similarly significant trauma, and all of them are either suffering from or at high risk of the additional profound physical and psychological harm associated with prolonged indefinite detention, said [Scott Roehm](#), director of the Center for Victims of Tortures Washington, D.C. office and lead author of the report. This trauma history is at the root of several of the medical care deficiencies we identified, and it exacerbates all of them.

The medical care situation at Guantanamo is not sustainable and should be expected to worsen if the status quo continues and as the detainee population ages. Of course, Guantanamo should be closed, but unless and until it is, the medical care deficiencies there must be acknowledged and addressed by Congress, the courts, and the executive branch. The system itself is broken, and so systemic change is necessary.

PHR and CVTs report reinforces previous statements from former Guantanamo commanding officers that the detention center is unprepared to address the medical needs of an aging population, especially given current U.S. laws that prohibit transferring detainees to the United States for any reason. Forty men are still held at the detention center, 31 of whom have never been charged with a crime. Five detainees have long been cleared for transfer by consensus of the executive branches national security apparatus, which determined that the men pose no meaningful threat to the United States.

The report details case studies of Guantanamo detainees, including Abd al-Hadi al-Iraqi (aka Nashwan al-Tamir), who was captured in 2006, rendered to a CIA black site, then transferred to Guantanamo the following year. In 2018, al-Tamir collapsed in his cell from a degenerative spinal condition that was diagnosed in 2010 and previously disclosed to Guantanamo medical personnel. After multiple emergency surgeries conducted at Guantanamo by off-island medical professionals to avoid paralysis, al-Tamirs condition is still unresolved. The U.S. government has continued with his prosecution proceedings, requiring al-Tamir to attend court on a gurney, take powerful pain medication during legal proceedings, and sleep in the courtroom when the predictable effects of that medication set in.

Among other recommendations, CVT and PHR are calling for the U.S. executive branch to allow meaningful and regular access to Guantanamo by civilian medical experts, including permitting such experts to evaluate detainees in an appropriate setting, without the use of restraints and outside the presence of any other personnel, and to have timely access to all medical records, subject to detainees

consent. The report calls on Congress to create a new position of chief medical officer who would be stationed at Guantanamo but report outside the Guantanamo chain of command and who would oversee the provision of medical care to detainees and to establish a commission comprised of independent, senior medical experts to assess, report on, and provide additional recommendations with respect to the provision of medical care at Guantanamo.

These are hardly radical proposals, Iacopino said. They are basic steps toward bringing medical care at Guantanamo in line with accepted standards of care. Congress has an opportunity to take these steps right now, in the context of this years defense authorization bill. Lawmakers should seize that opportunity.

**Additional PHR resources on the U.S. governments use of torture at Guantanamo Bay detention center:**

**Additional CVT resources on the U.S. governments use of torture at the Guantanamo Bay detention center:**

*Physicians for Human Rights (PHR) is a New York-based advocacy organization that uses science and medicine to prevent mass atrocities and severe human rights violations. [Learn more at phr.org/about/](http://phr.org/about/)*

*The Center for Victims of Torture is a nonprofit organization headquartered in St. Paul, MN, with offices in Atlanta, GA, and Washington, D.C.; and healing initiatives in Africa and the Middle East. Visit [www.cvt.org](http://www.cvt.org)*

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