

Physicians for Human Rights

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

<https://phr.org/our-work/resources/failing-to-heal-hunger-strikes-in-guantnamo-and-the-role-of-medical-professionals/>

Public Facing Advocacy Writing

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Almost every medical school student takes an oath upon graduation based on the classic 4th century BC text named after the father of medicine, Hippocrates. It is worth recalling the ancient commitment to the central tenet of the classic oath regarding the sick: I will keep them from harm and injustice. This commitment is echoed in the contemporary international medical principle of beneficence, which mandates that the modern physician be an advocate for the patients interests, from the perspective of both immediate medical services and the necessary protective environment in which those services are provided.

In a recently released bipartisan and comprehensive report on detainee treatment at the detention facility in Guantnamo Bay (GTMO), Cuba, the Constitution Projects Expert Task Force devotes a whole chapter to the spectacular failure of medical professionals in GTMO to protect detainees from harm or injustice. Beginning with the troubling reflections of US Navy Capt. Albert Shimkus, the former detention centers chief medical officer, the report demonstrates in great detail the willingness of medical personnel at GTMO to participate in a deliberate attempt to misrepresent the cruel realities in the detention facility by proffering a false reality. Capt. Shimkus official claim was that prisoners at GTMO never had it so good, with first-rate medical care and balanced nutritious meals.

Although the regular medical services provided no doubt did meet appropriate professional standards, psychologists, psychiatrists, and physicians were also actively engaged in a much darker aspect of GTMO: the often brutal interrogations of detainees. Medical professionals were complicit in torture by helping to refine practices euphemistically called Enhanced Interrogation Techniques, by monitoring medical redlines during the interrogations, and by providing interrogators and their superiors with the moral fig leaf that a doctor was monitoring the situation. Officials in charge of interrogation policy could rely on the involvement of doctors to claim that any abuses were not really all that bad. This dichotomy of conflicting responsibilities of Department of Defense medical professionals ensured a Jekyll and Hyde reality for detainees, which negated any real therapeutic relationship as demanded by the Hippocratic Oath and by medical ethics. The same medical professionals who monitored interrogation of detainees were also responsible for regular health care of those same people. By accepting these detrimentally opposing roles, healers could inevitably no longer be healers.

The absence of a trusting relationship between detainees and health professionals was further exacerbated by another Kafkaesque reality that GTMO detainees find themselves in a regime of indefinite detention. Dozens of people remain in GTMO without criminal charge and with no hope of ever leaving the facility. The US government has cleared for release some 86 of the 166 prisoners currently in Guantnamo, many of whom have been awaiting their freedom for many years. Physicians for Human Rights (PHR) has documented the severely detrimental health impacts this complete uncertainty and inability to determine ones own fate has on detainees. The US government knows full well that many detainees have never had any hostile intentions toward the United States, and that they should have never been held at GTMO in the first place. The only reason they are still there is the inconvenient fact that no acceptable third country is available to take them off our hands. This result is hardly surprising, given that the United States brought the detainees to GTMO despite international criticism, and US lawmakers ensured that not a single one of them could be released into the United States. In recognition of the futility of a diplomatic Mission Impossible along the lines of, Please take some GTMO detainees off our hands, while we in the US will take none, thank you very much, the office charged with the closure of GTMO was closed itself.

Imagine the combined impact of all of these factors on the detainees at GTMO. The utter desperation of being at the complete mercy of a seemingly unaccountable authority that declares one thing and does another has had deadly consequences. In acts of complete desperation, detainees have resorted to harming themselves, as is evidenced by the seven suicides and several waves of hunger strikes at GTMO.

As media reports indicate, as many as 130 prisoners could now be on a hunger strike. And what is the US governments response to this ongoing crisis? Force feeding. As experts at PHR have clearly demonstrated, force feeding can amount to torture. The international medical community has authoritatively addressed the issue of treatment of hunger strikers in the Declaration of Malta by the World Medical Association, and the US government should strictly follow those guidelines and procedures. The Declaration of Malta has one important recurring theme and precondition, though, which the current system in GTMO simply cannot meet a trusting and respectful relationship between the hunger striker and his doctor.

If the past is not to be prologue for more abuses, the current administration must do three things immediately to act responsibly during this crisis:

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