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As the prison-wide hunger strike at Guantánamo enters its 133rd day, a group of top U.S. doctors and public health specialists are calling on their colleagues in the military to boycott the mass force-feeding of prisoners. In an article for *The New England Journal of Medicine*, three professors from Boston University write: "Physicians at Guantánamo cannot permit the military to use them and their medical skills for political purposes and still comply with their ethical obligations. Force-feeding a competent person is not the practice of medicine; it is aggravated assault." We speak to George Annas, one of the co-authors of the article. He is a professor of health law, bioethics and human rights at the Boston University School of Public Health.

AARON MATÉ: The prison-wide hunger strike at Guantánamo Bay has entered its 133rd day. Lawyers say at least 130 of the 166 remaining prisoners at Guantánamo are refusing to eat as part of the hunger strike that began in February. Forty-three prisoners are now being force-fed through tubes.

Since the hunger strike began, pressure has been mounting on President Obama to address the crisis. On Monday, Obama formally named the attorney Clifford Sloan to become the new special envoy for closing down Guantánamo. Sloan served as an associate counsel to former President Bill Clinton and as assistant solicitor general under former President George H.W. Bush. He was also once the publisher of the website *Slate*.

Also on Monday, the Obama administration publicly identified for the first time the 46 prisoners at Guantánamo whom it plans to hold indefinitely without charge or trial. The White House says these men are too dangerous to release but can't be prosecuted. They include 26 Yemenis, 12 Afghans, three Saudis, two Kuwaitis, two Libyans, a Kenyan, a Moroccan and a Somali. The Pentagon disclosed the names after the *Miami Herald* and a group of Yale Law School students sued for their release. More than half of the remaining prisoners have been cleared for release.

AMY GOODMAN: As the hunger strike at Guantánamo continues, the military's practice of force-feeding is coming under increasing criticism. A group of top U.S. doctors and public health specialists are calling on their colleagues in the military to boycott the mass force-feeding of prisoners. In an [article](#) for *The New England Journal of Medicine*, three medical

professors from Boston University wrote, quote, "Physicians at Guantanamo cannot permit the military to use them and their medical skills for political purposes and still comply with their ethical obligations. Force-feeding a competent person is not the practice of medicine; it is aggravated assault," the authors wrote. The article goes on to, quote, "As [Guantánamo] increasingly ... becomes a medical ethics-[free] zone, we believe it's time for the medical profession to take constructive action."

For more, we go to Boston, where we're joined by George Annas, one of the co-authors of that *New England Journal of Medicine* article. He's a professor of health law, bioethics and human rights at Boston University's School of Public Health, also a professor in the Boston University School of Medicine and the School of Law, co-founder of Global Lawyers and Physicians and the author of or editor of 16 books on health law and bioethics.

Professor Annas, welcome to *Democracy Now!* Talk about your piece in *The New England Journal of Medicine* that you co-authored with others.

GEORGE ANNAS: Thank you.

Yes, the piece is, as you said, a call to American physicians, especially military physicians at Guantánamo, to stop force-feeding hunger strikers. This has obviously gone on, on and off, almost since Guantánamo opened, but there only have been two mass hunger strikes, one back in 2006, which was broken by bringing in so-called restraint chairs, which actually look like electric—the old chairs that used to be used for executions, the electric chairs, where you're strapped in by six- to nine-point restraints and then have a tube manually inserted up your nose, down your—down your esophagus, and that's used to feed people while they're restrained, often for as many as two hours. That hadn't—had been rarely done until this new mass hunger strike, and now that old—they've reverted to that old, what I call very violent type of force-feeding—something that has nothing to do with medicine.

It's actually opposed by all medical groups that have taken a stance on the ethics of force-feeding hunger strikes, including the World Medical Association, and even the American Medical Association, which is historically quite conservative. So there's no real question that doing this is wrong for a physician to do. The question is how to stop them, because what we've seen, obviously, the physicians at Guantánamo are young, mostly guys, recent

graduates from their residency programs. They're isolated out there. They really don't have any support from their colleagues. So, our main call is to try to get their colleagues, their civilian colleagues, to support them, if they decide, as we think they should, to stop force-feeding hunger strikers.

AMY GOODMAN: In fact, who are these doctors who are doing this? Could you say more about them?

GEORGE ANNAS: Well, we don't—I mean, one of the things at Guantánamo is the entire base is basically on permanent lockdown. It's very difficult to get there. It is not open to civilian physicians at all. They need special permission or a court order to go down there. We don't know the names of any of them. That's all kept secret. They all—even they don't wear name badges. When they do wear name badges, they have made-up names like names of cars, for example. So, it's a very strange environment for physicians to be working in—for anyone to be working in, actually.

AARON MATÉ: Well, Doctor, on the issue of force-feeding as a form of torture, can you explain the distinction between a prisoner choosing or willing to risk the end of their life by refusing food and committing suicide?

GEORGE ANNAS: Sure. Thank you. Yes, I mean, I have actually spoken on this issue to medical groups for many years. And at the beginning, I found that many physicians said that, "Well, as long as you're doing it to save someone's life, if they're—you know, they may be mentally ill or mentally compromised, that that's what doctors do." And so, the first thing to know about hunger strikers is, we're talking about competent hunger strikers, people who know what they're doing, know the risks and benefits of what they're doing, and are protesting their conditions. We're not talking about someone who's, again, mentally ill, kind of anorexic or other conditions.

Secondly, there's a long history of hunger strikers in the United States and in the world. It's essentially the only thing that a prisoner can do, effective thing, to protest their conditions. And the reason that the U.S. government and other governments have come down so hard on hunger strikers is that it's very effective. It really scares the prisoner—the people who are holding the prisoners. They don't want—as President Obama said himself at a news conference two months ago, "I don't want them to die." It's not that they want to die. They don't want to die. They'd be thrilled if they got the issues that they wanted—if they were released, for

example, or at least got a hearing or got charges. That's really all they're asking for. And they're not asking for death, but they're willing to risk death to make their point. So they're not suicidal. Even the U.S. military has stopped saying that these hunger strikers are suicidal. They admit they're not. They say they're not going to let them die, but that's because, again, hunger striking is so effective, because people identify with that. We know what it is not to eat. None of us have not eaten for as long as the hunger strikers have eaten, but—but it's a very effective way to show how serious you are about your issues.

AMY GOODMAN: I want to turn to former Guantánamo prisoner Sami al-Hajj, the only journalist to—held at the prison. He was held for more than six years without charge. In January 2007, he began a hunger strike there that lasted 438 days until his release on May 2008. I [spoke to him in December](#) in Doha, Qatar, where he works for Al Jazeera. He talked about being violently force-fed during the hunger strike.

SAMI AL-HAJJ: They doesn't bring a small tube, big.

AMY GOODMAN: They bring a tube that's too big—

SAMI AL-HAJJ: Yes, yes, too big, very big.

AMY GOODMAN: —to put up your nose and down into your stomach?

SAMI AL-HAJJ: And there is some [inaudible]. When they take it, they take it by force, and very quick.

AMY GOODMAN: So they jerk it out of your nose.

SAMI AL-HAJJ: Yes, some blood coming, yes. And many times they doesn't cleaning the tube. When they feed the other guy, they come, and same thing. They give it to you by—

AMY GOODMAN: They use the tube that they used in the person they have seated next to you.

SAMI AL-HAJJ: For another, yes, yes.

AMY GOODMAN: And then they put it into you—

SAMI AL-HAJJ: For you, yes.

AMY GOODMAN: —without cleaning it.

SAMI AL-HAJJ: Without cleaning. You see the blood and everything—

AMY GOODMAN: You see the blood.

SAMI AL-HAJJ: —inside, yes.

AMY GOODMAN: Did you say—when they would take the tube of a man next to you and put it into you, shove it down through your nose into your stomach, would you say something?

SAMI AL-HAJJ: For that, yes.

AMY GOODMAN: Would you ask why they were doing this?

SAMI AL-HAJJ: Yes, they said—they told us, "We want you to break your hunger strike." They tell us directly like that. They ask us to break our hunger strike. They said, "We'll never deal with you as the detainees until you break your hunger strike."

AMY GOODMAN: That was former Guantánamo prisoner Sami al-Hajj. We were speaking in the headquarters of Al Jazeera in Doha. And you can go to our website at democracynow.org for the hour. It is, to say the least, chilling. Professor George Annas, as you listen to that, even if force-feeding wasn't done in that way—it's sort of hard to say "violent force-feeding," because it might be a bit of a redundancy, but he's saying they used tubes that were too big, that were particularly painful, and they would take those tubes, unwashed, and go from one to the next prisoner. This was at the time when he was there. Can you talk about this, as they said, "We want you to stop your hunger strike"?

GEORGE ANNAS: Well, the purpose of using the restraint chairs is to try to break the hunger strike, but both of those techniques that he talked about—using tubes that are too big and reusing tubes that were used on another prisoner—are specifically against protocol, they're against policy. It certainly could have been done, but it was not policy. It is policy to use the smaller—the small tubes and never to reuse tubes. So—but, again, that's certainly plausible that that happened to him. Using the restraint chairs and force, for a competent—force-feed a competent hunger striker has been called by, like, the World Medical Association cruel, inhuman and degrading treatment, and it certainly is not—using it the way that was just described is akin to torture. We don't make the argument that it's torture. We don't think you have to make that argument, in that it's a violation of the Geneva Conventions to treat

prisoners in a cruel, inhuman and degrading manner. And virtually everybody agrees, with the exception of the Department of Defense, that what's going on at Guantánamo to force-feed the hunger strikers is cruel, inhuman and degrading.

AARON MATÉ: I want to ask about one of the drugs that's being used now in the force-feeding of hunger strikers. According to Al Jazeera, a new policy for force-feeding the prisoners at Guantánamo, those that are on hunger strike, includes the recommended use of a controversial drug that may cause serious neurological disorders, including one that mimics Parkinson's disease. The British-based group Reprieve filed an incident report this week with the FDA demanding an immediate investigation into the use of the brain-altering drug called metoclopramide. The group asked the agency to take all possible measures to prevent further use of the drug in force-feeding at Guantánamo. Doctor, your response?

GEORGE ANNAS: I just don't know any—enough about that—about that to respond. It strikes me as unlikely that that's being used in any systematic way, but I just don't know. I don't know. And that's one of the big problems about Guantánamo is how much we don't know. I mean, what we know is bad enough. And what we don't know is, I think, shameful. I don't think there should be any secret medical protocols. I don't think there should be any secret medical treatments. I think, by their nature, any medical treatment that's given to any patient anywhere in the world should be public information—not the name of the person, but the technique—so that other physicians can comment on it, and so that people can know whether this is a reasonable thing to do or not and what the side effects are, etc.

AMY GOODMAN: Pardiss Kebriaei, the senior staff attorney for the Center for Constitutional Rights, [recently appeared](#) on *Democracy Now!* and talked about what President Obama could do to close Guantánamo.

PARDISS KEBRIAIEI: There are things that the president can do on his own in his administration starting now. He can, number one, appoint someone within the White House with the stature and the backing and the authority to get the job done. He said Guantánamo needs to close. It is a national security liability. It is legally unsupportable. It is morally wrong. It is unjust. The world knows it. President Obama knows it. The American people should know it. It needs to close. So, appoint someone to focus on this and lead the effort to closure, signal to his secretary of defense to start certifying people for transfer under the National Defense Authorization Act, and lift the blanket ban that continues on all repatriations to Yemen—that he imposed. That is clearly within his control. So there are specific things he can do now.

AMY GOODMAN: President Obama is saying he appointed this person to close Guantánamo, to begin to talk to Congress. What Pardiss Kebriaei is saying is that President Obama has in his power, for example, the release of more than half of the prisoners, because they have been cleared for release already. George Annas?

GEORGE ANNAS: No, I agree with her. Everything she said, I think is right. The problem—I mean, Clifford Sloan, I don't know who he is, but he's, I'm sure, a good guy and a powerful guy. But his appointment is in the State Department, and the State Department has virtually no authority over Guantánamo at all. It's part of the Defense Department. And I think that's right. The president says he wants to close Guantánamo. He's the president of the United States. He has the authority to instruct his secretary of defense to close Guantánamo. "Just figure it out. It's an order from your commander-in-chief. You figure it out." You know, it's just not credible for him to continue to say, from almost his first day in office, "I want to close Guantánamo," and then not do anything to actually accomplish that mission.

AARON MATÉ: Professor, are you satisfied with the current state of debate in the medical community when it comes to the role of doctors at Guantánamo?

GEORGE ANNAS: No, I'm not. That's one of the reasons we wrote this piece in *The New England Journal of Medicine*, to try to—to try to get doctors more involved. I understand why they don't want to get involved. Like everybody else, they don't know what's actually going on there, and so it's very hard for them to say, "Well, it should stop." That excuse, I think, is gone now, so I really think organized medicine and individual physicians have to do whatever they can do to bring this issue to their colleagues. I mean, organized medicine is actually a pretty powerful force in this country. It's never been—never been organized to oppose a specific policy of using—of the government using physicians for their own purposes, as they're being used in Guantánamo. And—but I think it could be. I think we may be very close to that. I'm very—it's very good that the American Medical Association's president has come out very strongly to stop the force-feeding.

AMY GOODMAN: And, very quickly, George Annas, when you mention the American Medical Association, also the American Psychiatric Association took strong stands against the use of psychiatrists being used at Guantánamo for interrogations. The American Psychological Association was different, and the debate raged there. What similarities do you see?

GEORGE ANNAS: Well, you're correct. I mean, the main difference that you could see is that psychiatrists, of course, are medical doctors, and, you know, they're bound by the Hippocratic Oath, the Hippocratic tradition, bound not to—not to act against the best interests of their patients ever and not to treat them without their consent. So, the American Psychiatric Association was very strong on—against the use of their members or the use of psychiatrists in Guantánamo at all, especially for interrogation, obviously, but ultimately at all. Psychologists, again, are not—are not medical physicians, so they haven't—they haven't taken—they're not bound by the Hippocratic tradition, although they like to think—to say they are. But they were very disappointing, very disappointing.

What it does raise the question is, all right, let's suppose we get the doctors out of this, all the physicians say, "We're not going to—we're not going to cooperate and force-feed, and we're going to support our colleagues in not doing it." The response of the military will then be, "Well, then we'll have the nurses do it." I think the nurses won't do it, either, if the doctors don't order them to do it. But then, are the medics going to do it? Are the enlisted guys down there going to do it? It doesn't necessarily solve the problem to get the doctors out of it. On the other hand, it's a powerful move, because as long as the physicians are involved, you can make a credible argument to the American public, I think, that what we're trying to do is save their lives, we're trying to do good things, because doctors, in general, that's their reputation, and rightfully so. They try to do what's best for their patient with their patient's consent. So, as long as the doctors are involved, it's very, very, very difficult for anyone who doesn't know all the facts there to see that anything wrong is going on.

AMY GOODMAN: George Annas, we want to thank you for being with us, and we will—we will link to the [letter](#) you co-authored in *The New England Journal of Medicine* called, "Guantanamo Bay: A Medical Ethics-free Zone?" George Annas, professor of health law, bioethics and human rights at Boston University School of Health—Public Health.