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Guantanamo's Ethical, Medical Challenges

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NEW YORK : The United Nations recommendation that the United States should release all detainees being held at the detention centre in Guantanamo Bay is just one in a long and widespread series of criticisms of the war conducted by the Bush administration against terrorism. The fate of the Guantanamo prisoners is among the most serious ethical and medical challenges now facing the US. One of the main arguments for denying constitutional protection to the Guantanamo prisoners rests on the allegation that Guantanamo is in Cuba, off American soil. Yet, respect for basic human dignity fostered by the Bill of Rights is not limited by nationality and territory. And if the US Constitution were not enough, international human rights law (customary and treaty-based), extends such protection.

While the Bush Administration is adamant in its rejection of the UN recommendation, and federal district and circuit courts of appeal do not speak with one voice on behalf of human dignity, a British judge recently allowed three British prisoners at Guantanamo to pursue legal action for their release. Judge Andrew Collins' position on this issue is in line with that of the European Parliament that in Strasbourg, France, which also condemned the treatment of prisoners at Guantanamo and renewed its calls for the detention centre to be closed.

While legal condemnation awaits the final word of a Supreme Court or supranational tribunal with enforcing capabilities, the inhumane treatment of prisoners poses a more immediate ethical pronouncement from the medical profession. The UN report confirms that prisoners were subjected to cruel and inhuman treatment, including forced feedings to hunger strikers, painfully jabbing food tubes through their noses. These practices amount to torture, according to the International Committee of the Red Cross (ICRC) and Physicians for Human Rights has consistently stated that force feeding of hunger strikers violates standards of medical ethics.

Many of the responses from commanding officers of the US army have been ethically troubling. General Bantz J Craddock, head of the United States Southern Command, admitted that detainees had been strapped into "restraint chairs " and forced fed. Detainees would urinate or defecate on themselves, often vomiting and bleeding due to the forced insertion of the feeding tubes. "Experience teaches us" - stated Capt. John S Edmonson, former chief medical officer at Guantanamo - "that such symptoms are to be expected whenever naso-gastric tubes are used." General Craddock indicated, however, that the hunger strikers had in fact been indulged to the point that they had been allowed to choose the colour of their feeding tubes.

Equally troubling from the medical and ethical perspective is the collaboration of US Army doctors in the torture of prisoners. In 2004, Dr Robert Jay Lifton reported "increasing evidence that doctors, nurses and medics have been compliant in torture and other illegal procedures in Iraq, Afghanistan and Guantanamo Bay." The ICRC charged that US interrogators engaged the participation of medical personnel in what the committee called "a flagrant violation of medical ethics".

Physicians' participation in torture is an ongoing phenomenon in countries under military rule. Doctors' participation in torture can take several forms, from assessing a prisoner's health status before torture is initiated to determining how much longer torture may be continued without immediate danger to the prisoner's life. Complicity also includes reviving torture victims who have fainted from pain, and active participation in the interrogation process. Many prisons in those

countries have medical and paramedical personnel on their staffs, and so is likely to be the case in the dungeons of Guantanamo Bay.

Doctors aiding and abetting torturers confront the medical profession with one of its most crucial ethical dilemmas, which the Declaration of Tokyo, agreed in 1975 by the World Medical Association, sought to confront with a firm ethical prescription: "The doctor shall not countenance, condone or participate in the practice of torture or cruel, inhuman or degrading procedures, whatever the offence of which the victim of such procedures is suspected, accused or guilty, and whatever the victim's beliefs or motives, and in all situations, including armed conflict and civil strife." The moral and legal challenge confronted by the United States is to fight its war on terrorism while adhering to international human rights standards, which are not in conflict with the protections offered by the US Constitution. For the medical profession the challenge is not to collaborate with torture. The Government of the United States should seriously investigate and prosecute all allegations of torture and cruel and inhuman treatment of Guantanamo inmates - not because of the international outcry it has provoked, but because it is the right thing to do.

Another significant step in the right direction would be to set up a medical committee to evaluate the health status of prisoners, providing adequate treatment to those that need it. How to face the Guantanamo issue offers the United States a chance to live up to the ideals of respecting and ensuring human dignity framed in the Bill of Rights that are part and parcel of the US Constitution.

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