

# BEYOND METAL BARS:

## Breaking Down the Health Care Dynamics at Guantanamo Bay

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### ABSTRACT

This paper was written to shed light on the circumstances and health care dynamics in Guantanamo Bay. It outlines the countless rights violations that serve as social determinants to detainee health, the selective medical care provided to detainees, and the secretive approach of medical personnel in regards to ill-treatment. It draws from the conclusions from a case study that was conducted by non-governmental medical experts on nine Gitmo detainees. It also explores the role of physicians and dual loyalty conflicts.

Despite President Obama's claims of shutting Guantanamo Bay down, the military detention camp remains standing. The institution is often criticized for its human rights violations and severe health problems. For example, detainees at Guantanamo are exposed to methods of torture that include solitary confinement, force feedings, psychological trauma, religious abuse, sleep deprivation, and physical assault.<sup>1</sup>

Health as a human right is not restricted to health care and medical equipment. It entitles others to a healthy living environment and requires the presence of basic rights. However, Guantanamo detainees are subject to unjust interrogation methods that include stress positions and perceived suffocation.<sup>2</sup> A report written was written on Guantanamo Bay by the Human Rights Watch in 2008.

“Continuing to house detainees in single-cell units 22 hours a day with virtually nothing to do....and no access to natural light and fresh air is not just cruel, it may be counterproductive...It is unwise and short-sighted to warehouse them in conditions that may have a damaging psychological impact.”<sup>3</sup>

Yet these methods continue to be in use.

The treatment of Gitmo detainees not only violates international law, but the UN minimal rules for prison treatment, the UN Convention Against Torture, the International Covenant on Civil and Political Rights, the World Health Organization's prison rights and several other regulations.<sup>4</sup> However, the classification of detainees as 'unlawful combatants' rather than as prisoners by the Bush Administration exempts them from any protection under the Geneva Convention.<sup>5</sup>

Prisoners may suffer from conditions such as major depressive disorder, PTSD, anxiety disorders, somatization, and sexual dysfunction. These forms of abuse violate the conditions in UN Convention Against Torture and are performed merely for the purpose of increasing psychological and physical pain. Almost all detainees that have been released report severe difficulty adjusting and reintegrating back into a normal lifestyle.<sup>6</sup>

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In 2011, PLoS medicine published an article that outlined the results of a case study conducted by non-governmental medical experts on nine Guantanamo detainees. Each of the detainees claimed to have experienced torturous interrogation methods such as forced nudity, rape, sleep deprivation, and beatings. The medical experts were able to diagnose seven detainees with severe PTSD. However, despite clear symptoms in their medical records, they were not officially diagnosed with the condition by the medical personnel in the institution. Furthermore, depression was merely treated with medication and suicide checks. It was concluded from the study that medical personnel at Guantanamo intentionally hid any evidence of torture in their patients. They did not inquire about the cause for symptoms they observed.<sup>7</sup>

Medical personnel are mandated to keep patient records confidential and to report any obvious signs of abuse. The World Medical Association's Declaration of Tokyo explains that physicians are not allowed to assist or condone in acts of torture under any circumstances.<sup>8</sup> However, interrogators at Guantanamo are not only given access to medical records for exploitation, but they are also advised by physicians as to how to play on detainee vulnerabilities.<sup>7</sup>

Vincent Iacopino, the advisor for Physicians for Human Rights and one of the authors of the PLoS article, expressed his disapproval of the matter. He emphasized the unlikelihood of any trained physician not being able to detect these severe psychological conditions given the clear symptoms.<sup>9</sup> He also claimed that the physicians in the institution ought to have their license removed.

The concept of dual loyalty comes to play as medical personnel are ethically torn between the loyalty they owe to their country and the loyalty they owe to their patients. The Geneva Convention addresses this phenomenon: "Although [medical personnel] shall be subject to the internal discipline of the camp ... such personnel may not be compelled to carry out any work order other than that concerned with their medical ... duties."<sup>10</sup> However, it is clear that the loyalty for the country that allows the very existence of the institution far exceeds any integrity owed to their patients.

The health of detainees at Gitmo is clearly unvalued and undermined. They are highly prone to severe mental illnesses, deprived of legitimate diagnoses, and denied fundamental human rights. The public is informed that detainees are given access to sufficient care when, in reality, the medical staff are indirectly supporting unjust treatment. It is safe to say that these continuous rights violations have severely damaged the physical and mental health of detainees. The very existence of the institution is in violation of international law, and it is not until the international community can take enough action to advocate for its official closure that detainees will come close to recovering.

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