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America's Guantanamo Gulag

By Mike Marion

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Medical Management of Detainees With Weight Loss—that is the euphemistic title of a standard operating procedure (SOP) document at the Guantanamo Bay prison camp. It details the way in which inmates are to have a two-foot long plastic tube forced through their nose and into their stomach to deposit food that they have refused to eat.

The so-called medical management (a.k.a. force-feeding) has been deemed necessary due to prisoners engaging in hunger strikes to protest the fact that they are being held without charge or trial, many for

over a decade. And speaking of euphemisms, the hunger strikes are now officially called “long-term non-religious fasts.” The term hunger strike, which was once used routinely in official documents, is now completely absent from the SOP.

On May 21, 2014, a federal judge ordered that videotapes of a hunger striking prisoner be produced for his lawyers to review. The videos document the force-feeding of Abu Wa’el Dhiab, 42, a prisoner held without charge since August 2002. According to Dhiab’s lawyer, Jon Eisenberg, “there are hundreds of force-feedings on tape, maybe even thousands.”

Following the ruling, two more hunger strikers have asked that the court order the U.S. military to preserve the video evidence of their force-feedings. The video also shows “forcible cell extractions,” in which a team of guards in riot gear violently remove prisoners from their cells. This includes Ahmed Rabbani, a Pakistani father of three held without charge for over a decade. Rabbani contracted a chest infection as a result of force-feeding, causing him to vomit blood. Rabbani says that the procedure was repeated even despite the infection, and he suffered several botched attempts, one of which left him “screaming in pain.”

Some may be tempted to dismiss such accounts as the ranting of terrorists, such as J.D. Gordon, retired Navy Commander and former Pentagon spokesman. In a piece at FoxNews.com, he claims that the “jihadists” at Guantanamo receive better treatment than U.S. veterans, with a patient-to-health-care-provider ratio of 1.5 to 1.

This observation fails to take into account two critical pieces of information: 1) the majority of the 779 prisoners who have been held at Guantanamo since its opening have never been shown to be “fellow jihadists” of al Qaeda—they have not even been charged, let alone faced trial; and 2) the primary purpose of the medical professionals at Guantanamo seems to be not so much administering treatment as it is inflicting harm on prisoners in the U.S. government’s attempt to defeat their hunger strike and hold them indefinitely.

In regards to the first point, 78 out of the 149 prisoners still being held at Guantanamo have been cleared for release, with 75 of those having been cleared for over four years. And in the first place, many prisoners were sold into captivity by warlords and corrupt government officials for large sums of money. The U.S. dropped leaflets over Pakistan, for example, reading:

“You can receive millions of dollars. ... This is enough to take care of your family, your village, your tribe for the rest of your life—pay for livestock and doctors and school books and housing for all your people.”

Unsurprisingly, a large number of those who ended up being thrown into the prison camp were hardly “the worst of the worst,” as the government likes to portray. In fact, most were not only non-terrorists, but non-criminals altogether.

As for the second point about medical professionals inflicting harm, this is the way that board-certified internist and infectious disease specialist Kent Sepkowitz, MD described “the miserable reality of force-feeding at Guantanamo”:

“Without question, it is the most painful procedure doctors routinely inflict on conscious patients. The nose—as anyone knows who ever has received a stinger from an errant baseball—has countless pain fibers. Some patients may scream and gasp as the tube is introduced; the tear ducts well up and overflow; the urge to sneeze or cough or vomit is often uncontrollable. A paper cup of water with a bent straw is

placed before the frantic and miserable patient and all present implore him to Sip! Sip! in hopes of facilitating tube passage past the glottis and into the esophagus and stomach.

“The procedure is, in a word, barbaric. And that’s when we are trying to be nice.”



Undoubtedly, the procedure is used countless times every day throughout the world to treat patients and save lives, despite the pain and discomfort suffered. But in the case of Guantanamo hunger strikers, individuals are refusing to eat in response to their indefinite imprisonment. Liquid food is forced into their stomachs as they are held in a chair with what the military calls “humane restraints”—a.k.a. five-point shackles.

The American Medical Association sent a letter to the Pentagon stating that the practice “violates core ethical values of the medical profession.” In a 2006 declaration, the World Medical Association stated that when a prisoner is capable of making an “unimpaired and rational judgment” to refuse nourishment, “he or she shall not be fed artificially.”

Yet, consider the case of Emad Hassan, who was 23 years old and a college student in Pakistan when he was seized by Pakistani officials and sold to the U.S. military for a bounty of \$5,000. That was 12 years ago, and Hassan is now suing President Obama in order to stop his continual force-feeding, which has been going on since 2007 despite the fact that he has long been cleared for release.

Hassan says the military has used intentionally cruel techniques in order to cause more pain and humiliation. In a letter to his attorneys, he claims that: liquid is pumped into his stomach at excessive speed, causing him to vomit on himself; he is given medication to counteract the resulting constipation, and then left to defecate on himself in the restraint chair; they started using thicker tubes to be inserted into the nostrils, and instead of leaving the tubes in place, they began removing them each time so as to require the procedure to be repeated twice a day. Hassan says he has been force-fed more than 5,000 times.

The details of Hassan’s treatment bring to mind Soviet dissident Vladimir Bukovsky, who spent nearly 12 years in the Gulag for nonviolent human rights activities. In 1971, while Bukovsky was imprisoned in Moscow, he refused the KGB’s preferred lawyer and demanded a lawyer of his choice. He then went on a hunger strike:

“So, to break me down, they started force-feeding me in a very unusual manner—through my nostrils. About a dozen guards led me from my cell to the medical unit. There they straitjacketed me, tied me to a

bed, and sat on my legs so that I would not jerk. The others held my shoulders and my head while a doctor was pushing the feeding tube into my nostril.

“The feeding pipe was thick, thicker than my nostril, and would not go in. Blood came gushing out of my nose and tears down my cheeks, but they kept pushing until the cartilages cracked. I guess I would have screamed if I could, but I could not with the pipe in my throat. I could breathe neither in nor out at first; I wheezed like a drowning man—my lungs felt ready to burst.”

The employment of medical professionals and the corresponding Orwellian euphemisms against Guantanamo prisoners should be deeply unsettling to Americans. The miscarriage of justice in the fact that half of the inmates remain imprisoned despite being cleared for release for over four years should be appalling to Americans. And the eerie similarity of Vladimir Bukovsky’s account at the hands of the KGB to the accounts of Guantanamo prisoners at the hands of the U.S. military should make all Americans wonder what, if anything, their country still stands for.