

REPRIEVE



DOWN THE TUBES:

The 2013 Hunger Strike at Guantánamo Bay

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Executive Summary

Guantánamo Bay detainees have been on hunger strike since February this year, in protest against their ongoing detention without charge or trial.

Despite President Obama's description of the prison as "a symbol around the world for an America that flouts the rule of law," he has repeatedly failed to take the concrete steps available to begin closing Guantánamo.

Hunger strikes are a tool of last resort. They reveal the abject desperation of the majority of men in Guantánamo. At the time of publication, the Defense Department's figures indicate that at least 106 detainees are on hunger strike. Forty-five of them are being force-fed.

This report exposes the hunger strike at Guantánamo from the inside, in the words of the men engaged in it. It collates unclassified testimonies from strikers' letters, calls, and visits with lawyers about the situation at the prison today.

The testimonies show the impact of the hunger-strike – some detainees have lost as much as a quarter (Shaker Aamer) or even a third (Ahmed Rabbani) of their weight. Others report health problems including chest pain, low blood pressure, and problems with their sight.

More worryingly, it finds evidence of heavy-handed tactics being used by the prison authorities in an attempt to break the strike. Detainees report:

- The frequent use of violent procedures known as Forcible Cell Extractions (FCEs) against those who refuse food, resulting in one example in aggravation of old injuries (Abu Wa'el Dhiab)
- The use of unnecessary force during the force-feeding process, resulting in vomiting or bleeding in some cases
- A new regime of invasive genital searches for any detainees wishing to take calls from family or legal counsel, or attend meetings – thought to be aimed at discouraging such calls and therefore restricting the flow of information from the prisoners to the outside world
- The use of solitary confinement to "prevent them from achieving solidarity," in the words of the Guantánamo authorities' Standard Operating Procedure.

Reprise is calling on the US authorities to cease these heavy-handed tactics and address the fundamental grievance underlying the hunger strike: indefinite detention beyond the rule of law. President Obama could do so immediately by directing the

Secretary of Defense to sign the necessary waivers to allow those prisoners who have been cleared for release by the US Government to be released. This would be a concrete first step towards his overall goal of closing Guantánamo.

1. ‘Last chance saloon’: Causes of the present strikes

Nearly all of the 166 prisoners who remain at Guantánamo Bay have been held for over a decade without charge. More than half of those have been cleared for release – in some cases for over six years. Recently revised US government figures say fewer than 3% of nearly 800 prisoners taken to Guantánamo will ever be charged with an offense.

However, over the past three years, releases have almost completely stopped. Transfers to Yemen – the origin of the majority of remaining prisoners – came to a halt when President Obama in January 2010 imposed a moratorium on transfers to the country. Subsequently in 2011, Congress included provisions in its annual defense spending bill restricting spending on transferring men from Guantánamo.

Since Obama’s moratorium, almost as many men have died in Guantánamo as have been transferred. Some of these deaths have been shrouded in suspicion. It is well over a year since any cleared man was transferred.

It is little wonder that despair prevails among Guantánamo’s detained men. The current wave of strikes began in February 2013, rooted in this desperation.

One of Reprieve’s clients, **Ahmed Belbacha**, who has been cleared for release, summarizes the motivation to strike:

“We want to end our imprisonment in Guantánamo. We should not be here. We also want the restrictions that Congress has put in place that is preventing people to be transferred to be removed. We want restrictions removed and people to be released and then we will stop [the] hunger strike.”

Nabil Hadjarab, another of Reprieve’s clients, who has also been cleared for release, says that sheer hopelessness is what pushed him to strike:

“I have no hope of getting out and that’s why I started. I want to go home. I have come to the conclusion that nothing can substitute for my freedom. I’m being detained here indefinitely with no charge. I’ve been waiting so long for my freedom. I’m tired of having my rights violated.”

“It was hard enough in Obama’s first term when there was so little progress on this issue. For him still to have ignored us in his second term – this, to us, is insanity.”

“As time passes I feel more and more like I will be here indefinitely. The mind cannot take this, day after day. I will eat again when I know I will go – when I see some hope that cleared men go.”

Reprieve’s Tunisian client, **Hisham Sliti**, another detainee cleared for release, explains

his motivation to strike:

"It's as if we're in the Bush period. The punishment and psychological torture is severe. What do they want from us after all these years?

"I've been on hunger strike since February 5, 2013 and God willing I will continue to be so until Guantánamo is closed. I have been cleared for release since 2009, a time when a dictator still ruled Tunisia. Now the country has improved and has become a democracy. Why won't they return me to my country?"

2. Case studies of hunger strikers

This section profiles three of Reprieve's clients currently on hunger strike. All are cleared for release and have shared their motivations for striking. Their stories, of cleared men spending years in limbo, are typical of the hunger strikers in Guantánamo today.

Nabil Hadjarab



Nabil Hadjarab was born in Algeria but spent his childhood in France, where his family now live as French citizens. Known to the Guantánamo guards as a "sweet kid" and a talented footballer and artist, he was cleared for release from Guantánamo in 2007 having been imprisoned without charge or trial since February 2002.

He dreams of returning to France to be reunited with his family – *"it is my motherland and French is my mother tongue. France needs to do something now on my behalf"* – yet the French government has so far failed to help him.

Nabil has always tried to take care of himself during his imprisonment, doing regular exercise in order to be in good condition for his release. But, he says, he has begun to lose hope of ever leaving Guantánamo.

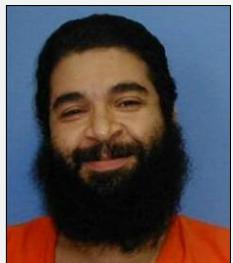
He was one of the first prisoners to join the hunger strike on 8 February 2013. His weight dropped from 155-160 lbs to around 115 lbs. He reached a point where he was regularly passing out and could barely walk, and was ultimately hospitalized for five days. From then he was force-fed.

He has said, *"the most important thing in my life is my health, my body... to sacrifice my body shows that I am serious about wanting my freedom."*

On 1 March Nabil was transferred from Camp 6, where he had been living communally for a number of years, to Camp 5, where he is held in isolation. In the process he also lost the few personal effects that he had in his cell, including family letters and books that

he has been sent during his years of detention.

Shaker Aamer



A British resident from South London, with a British wife and children, Shaker Aamer has been detained since February 2002 despite being cleared for release by both the Bush and Obama administrations.

He has never met his youngest son because he was born on the same day that Shaker arrived at Guantánamo. He has been threatened with release to Saudi Arabia, however if he returns there he would be certain to face further detention as well as complete separation from his family. The only humane option is for him to return to his home in Britain.

Since joining the hunger strike on February 15th Shaker estimates that his weight has fallen from 208 lbs to 150 lbs. Although he has been on hunger strike numerous times during his 11-year detention he believes that the effects of the current strike are more extreme: "*We've been through so much that the damage to our minds and bodies will be worse. I get very dizzy in the shower now. I am not what I used to be. I feel old inside.*" He has said that while he dreams of returning to his family in London he is not afraid to die for his principles.

Shaker has been the victim of particularly harsh treatment by the Guantánamo guards since he joined the hunger strike. He has been subjected to frequent and violent Forced Cell Extractions (FCEs), even for minor requests: "*They started to FCE me even if I asked for a cup of water. They come into my cell, slam me on the floor, shackle me, haul me out of the cell, put a bottle of water on my bed, pull me back in and cut the shackles off – with a few thwacks in between.*" The fear of having to endure an FCE to take a shower has led to Shaker using the toilet water in his cell to clean himself.

The guards have recently taken steps to prevent him from contacting his family and his lawyer, and he has also been deprived of personal possessions including his toothbrush, blanket and drawings from his children.

Ahmed Belbacha



Ahmed Belbacha is an Algerian national who lived in England for two and a half years. He has been detained at Guantánamo without charge or trial since March 2002 and was cleared for release in February 2007. However, having been tried in absentia and sentenced to 20 years in prison in Algeria in a 2009 show trial, it is unsafe for him to return to his country of origin.

The town of Amherst in Massachusetts and a resident of Bournemouth, where he lived from 1999-2001, have offered him a home. But he has yet to leave.

Ahmed sees the hunger strike as the final peaceful means at his disposal to protest against his indefinite detention without trial. He has said he will continue until the restrictions that Congress has placed on the transfer of detainees are removed and cleared prisoners are set free.

Despite suffering a wide range of ill effects on his health due to the hunger strike, including the loss of over a quarter of his body weight, low blood pressure, choking, chest pains and regular fainting, Ahmed is determined to remain on hunger strike until the prisoners' demands are met.

Ahmed has been force-fed against his will during this hunger strike. Due to previous surgery he had on his nose the process is especially painful for him and he says some of the nurses refuse to make accommodations for him when inserting the tube.

He has also complained of the psychological pressure Guantánamo guards have placed on the hunger strikers: they create noise and manipulate the temperature of the cells to maximize the prisoners' distress and discomfort. Ahmed has also had his few personal effects confiscated, including his toothbrush, toothpaste, family letters, legal papers and glasses.

3. Force-feeding as punishment

Guantánamo authorities have responded to hunger strike by forcibly feeding detainees. The following section documents testimonies by a number of prisoners. All confirm the use of violent tactics, from the deployment of riot squads to unnecessary force in feedings; as well as the use of forced medication.

The procedures governing the “medical management of detainees on hunger strike” are outlined by the 2013 Standard Operating Procedure (SOP).¹

Ominously, the SOP suggests the response to peaceful hunger strikes should mirror warfare:

“Just as battlefield tactics must change throughout the course of a conflict, the medical responses to Guantánamo detainees who hunger strike has evolved with time”.

¹ <http://www.aljazeera.com/indepth/2013/06/2013616142446812855.html>, last accessed: 20/06/13

Statements from the US camp authorities also indicate that the motivation for force-feeding is to prevent negative political ramifications resulting from the death of a hunger striker. During the 2006 strikes, one anonymous official stated that “the worst case would be to have someone go from zero to hero. We don’t want a Bobby Sands.”²

Based on the language used by the prison authorities, it is clear that they forcibly-feed for two reasons: to meet a perceived hostile act with a violent response and to prevent the death of hunger strikers which would result in public outcry. It is therefore telling that the decision to initiate feedings in Guantánamo rests not with the physician but the camp commander, in violation of medical ethical guidelines. The 2013 SOP states:

“In the event a detainee refrains from eating or drinking to the point where it is determined by the medical assessment that continued fasting will result in a threat to life or seriously jeopardise health, and involuntary feeding is required, no direct action will be taken *without the knowledge and written approval of the Commander*” (emphasis added).

Forcible Cell Extractions

Clients who continue to refuse both food and feedings are met with violence to extract them from their cells. Reprieve clients describe the procedure:

“After a week in hospital, the staff began to treat me badly. They wanted me to undergo tests and, when I refused, they called in the anti-riot [Forcible Cell Extraction] squad, who stormed into my hospital room at 2 p.m. on 4 March. They shackled my hands and feet to the bed and then force fed me intravenously for 24 hours.” **Ahmed Belbacha**

“Ten days ago when I was in the psychiatric clinic, I vomited blood for 3 days. I had a very strong cough and felt that my throat was injured. I saw blood. I think it happened because of the FCE team and other pressure put on us. Every day, four times a day, the FCE team is put on me. I have pain in my back and my neck and I can’t move around because of the FCE team and what they do to me.” **Abu Wa’el Dhiab**

Commander of US Southern Command Gen. John Kelly claims that the inmates “present themselves daily, calmly, in a totally cooperative way, to be fed through a tube”.³ In fact the FCE squad is regularly called in to ensure the force-feeding goes ahead. This is one of the many ways in which the prisoners are punished for protesting peacefully against their indefinite detention.

2 Mitchell, L. (2006), ‘God Mode’, Harper’s, August: 9

3 <http://www.defense.gov/transcripts/transcript.aspx?transcriptid=5208>, last accessed 05/07/13

"I don't want to be force-fed – I reject this. But when the MPs come to force me in the chair, if I refuse to be tied up, they call the FCE team. So I have a choice. Either I can exercise my right to protest my detention, and be beaten up, or I can submit to the force feeding, which is so painful." **Samir Moqbel**

"They started the routine of torturing me by the riot squad for every meal and then returning me to the cell. They did not have any regard for the problems in my back and they throw me on the floor while pressing very strongly on my back so that I have very acute pains." **Abu Wael Dhiab**

"They wear white gowns with black uniforms with weapons. The outfits they wear are like the Darth Vader uniforms from Star Wars. They force me to lie on the concrete floor on my stomach. They stand outside the door and order me to bend my legs up at the back. Then they rush into the cell and sit on me. One will bind my hands, one my legs, and so on. I am not resisting or doing anything, I am just lying on the floor. If I want to say anything – 'I am on hunger strike and I am demanding my rights' or even 'I want to use the toilet' – they shout, 'Don't resist! Don't resist!'"

Ahmed Ghulam Rabbani

For some of the prisoners, the use of the FCE in force-feeding has caused serious physical injuries.

"The reason I want to stop the FCE is because a while ago they broke a rib in my chest. After it healed, the FCE again broke the same rib. It happened over and over again and the injury gets worse. And just recently they broke my rib again. That is the reason I want to stop the FCE-ing to the feeding." **Abu Wael Dhiab**

The force-feeding chair

Once forcibly extracted from his cell, the SOP's "chair restraint system clinical protocol" governs the use of an eight-point restraint chair into which the detainee is strapped. It dictates that "detainee is escorted to the chair restraint system and is appropriately restrained by the guard force."

Reprieve's clients describe the procedure of being shackled, strapped and restrained in the chair:

"They put you on a chair... it reminds me of an execution chair. Your legs and arms are tied in with belts. Your shoulders are tied with belts. There are I think 6 belts in all. If you refuse to let them put the tube in, they force your head back" **Nabil Hadjarab**

"Straps and shackles are put in place and only the chains on the hands are

released. Then all the straps are tightened forcefully so that I cannot move or breathe. In addition to this, there are six riot force members: one holding the head and putting his fingers on the throat and neck from below the chin with severe pressure, the second and third hold the hands, the fourth and fifth hold the legs, and then upon the nurse inserts the tube. If you are in pain it is natural for your head to move, so they shout 'don't resist'.” **Abu Wa’el Dhiab**

“Being force fed is very painful. They shackle tightly and every now and then they injure you and you’re unable to walk. When I walk with shackles I will bleed because they cut the skin.” **Ahmed Belbacha**

Tube insertion

Once the detainees have been secured in the force-feeding chair the SOP orders that the guard then “shackles detainee and a mask is placed over the detainee’s mouth to prevent spitting and biting...”. According to the biting protocol, “if the detainee is able to get the [feeding] tube between his teeth, the [registered nurse] shall...direct the guard staff to stabilize the detainee’s head in the midline position...Hold traction on the tube for as long as necessary for the detainee to relax his jaw; then continue safe removal of the tube. This may take considerable time.”

The military physician passes a tube into their nose and down their esophagus into the stomach, before pumping in a can of Ensure or another nutritional supplement. The tube is removed and re-inserted each time, maximising the discomfort experienced by the hunger striker. The insertion of the tube itself is often highly unpleasant, and repeated insertions can cause nasal infections.

“The force-feeding itself is simple torture. Now they are using the metal-tipped tubes, forcing them in and pulling them out twice a day, leaving people vomiting on themselves in the restraint chair, and so forth.” **Shaker Aamer**

“I will never forget the first time they passed the feeding tube up my nose. I can’t describe how painful it is to be force-fed this way. As it was thrust in, it made me feel like throwing up. I wanted to vomit, but I couldn’t. There was agony in my chest, throat and stomach. I had never experienced such pain before. I would not wish this cruel punishment upon anyone.” **Samir Moqbel**

“Some are passing out from having the tubes inserted. Of course it is not comfortable. It is very risky because if the tube goes in the wrong way the liquid might get into your lungs. I know some who have developed infections in the nose.” **Nabil Hadjarab**

For Ahmed Belbacha the procedure is particularly painful due to previous surgery he

underwent on his nose. However, some of the nurses refuse to make accommodations for this.

"I had an operation on my nose and so need the smallest feeding tube possible, if they are going to force-feed me against my will at all. But the feeding tubes they use with us are Gauge 10, 120 cm long. This is bigger than necessary and extremely painful." **Ahmed Belbacha**

Unnecessary force during force-feeding

A number of detainees have reported unnecessary force and pain during tube feeding:

"The guard entered the tube through my nose, and then pumped the feeder. The food rushed into my stomach too quickly. I asked him to reduce the speed. He not only refused, but tried to turn it up. However, it was already as high as it could go. This was barbaric. After he finished his work, he roughly pulled the tube from my nose, threw it onto me, and left the room." **Ahmed Belbacha**

"During one force-feeding the nurse pushed the tube about 18 inches into my stomach, hurting me more than usual, because she was doing things so hastily. I called the interpreter to ask the doctor if the procedure was being done correctly or not. It was so painful that I begged them to stop feeding me. The nurse refused to stop feeding me." **Samir Moqbel**

"They use the gratuitously cruel way of force-feeding us. They use nurses to harm the brothers during feeding. One brother was bleeding from his nose at the very time the nurse was shoving the tube into his lungs (not his stomach). He was coughing up blood." **Shaker Aamer**

"There is one man from hospital who is particularly cruel. He puts the liquid food in too fast. When the detainee is vomiting they usually take the tube out, but he refused. That leaves the detainee vomiting on himself during feeding." **Shaker Aamer**

Vomiting

The force-feeding procedure often induces vomiting in the hunger strikers, and if a prisoner does vomit he will be re-fed until the food stays down:

"I have thrown up sometimes because of the feeding. Especially at bedtime I start to throw up. They do not see me – because if they did they would take me and will repeat the feeding again. That is worse than throwing up." **Ahmed Belbacha**

"Another prisoner has a problem in the stomach meaning he cannot be fed quickly

because it has shrunk. Fast feedings cause him to vomit everything, so he is fed slowly. If he vomits, they tell him they have to re-feed him. This goes on again, and he vomits and it is repeated, and so on. Then the nurse withdraws the tube slowly and he vomits again.” **Abu Wael Dhiab**

Forced medication

To try to prevent vomiting, nausea and bloating a medication called Reglan is used. The SOP instructs medical staff “to enhance gastric motility” in strikers by administering “Metoclopramide (Reglan) 10 mg via enteral feeding tube (place in feeding bag before nutritional supplement)”. It is likely that this drug is being forcibly administered to detainees without their informed consent. Reprieve clients state:

*“One of the detainees on the hunger strike, who went on strike about two months ago, fell unconscious on 27 March 2013. They put him on the oxygen ventilator, and fed him intravenously by serum. He began vomiting, so they gave him an anti-vomiting injection.” **Ahmed Belbacha***

*“I have tried to ask what goes in the food. In the beginning, they put the medicine with the food and I asked the corpsman, ‘Does the food include medicine?’ He said, ‘It’s been included all along’.” **Ahmed Belbacha***

*“There is no doubt that they would give me medicine without asking me. There is no doubt about that. I have experience in strikes. They grind up the medicine and mix it with the food. We know that.” **Abu Wa’el Dhiab***

Aside from this being a breach of medical ethics, Reglan has a number of dangerous and potentially permanent side effects. Critically, the SOP says nothing about side-effects or informed consent.

It is widely acknowledged that the prolonged use of Reglan can cause tardive dyskinesia, a neurological disorder which causes involuntary muscle movements, mostly in the face.⁴ Symptoms of tardive dyskinesia can develop and persist long after medication has been discontinued. For this reason, the US Food and Drug Administration-approved labeling text for branded Reglan tablets, which are produced by ANI Pharmaceuticals, Inc., carries a prominent “black box” warning:

“Treatment with metoclopramide can cause tardive diskinesia...The risk of developing tardive diskinesia increases with duration of treatment and total cumulative dose... Treatment with metoclopramide for longer than 12 weeks should be avoided in all but rare cases...”

4 <http://www.tardivedyskinesia.com/>, last accessed 04/07/13

The US Food and Drug Administration-approved label for branded Reglan tablets warns that “treatment with metoclopramide for longer than 12 weeks should be avoided in all but rare cases.” Force-feeding commenced by at least 4 March 2013. Therefore there is a serious risk that detainees have been involuntarily (and probably unwittingly) receiving Reglan for longer than the maximum 12-week period. Since there is no suggestion in the SOP that informed consent should be sought, the mandatory warning on the drug’s label is deprived of any efficacy.

Other known side effects of Reglan are depression, thoughts about suicide and suicide.⁵ The drug’s Medication Guide notes that some people who take Reglan have ended their own lives. This side effect is of particular concern in the present situation, where the drug is administered to men who have been held without charge for over 11 years, and have been driven to hunger strike because they see no hope of release. **Shaker Aamer** notes the cruel irony:

“It makes me laugh – the Arabs say that when things get so sad you have to laugh. They are force-feeding more than forty depressed people Reglan, which is a drug that has a side effect: it makes people depressed.”

The accumulated documentation of the inhumane treatment of hunger strikers suggests that, rather than having the best interests of the detainees at heart, as they claim, the Guantánamo authorities are instead doing whatever it takes to break the strike.

“Dry cells”

Following the feedings, the SOP then counsels that the detainees be placed in “dry cells” to monitor and prevent vomiting. If a prisoner vomits or attempts to induce vomiting after he is placed in a dry cell, his “participation in the dry cell will be revoked and he will remain in the restraint chair for the entire observation time period during subsequent feedings”. **Ahmed Belbacha** describes the dry cell:

“When they feed us, they shut off the water and they shut off the bathroom for one hour after the feeding. Because if they see somebody within that hour throwing up, they will take him and they repeat the feeding again.”

4. Further punishment of hunger strikers

Apparent attempts by Guantánamo authorities to break the hunger strike are not limited to force-feeding. Since February, detainees have reported an increase in a number of

⁵ http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/017854s058lbl.pdf, last accessed 05/07/13 and <http://www.fda.gov/downloads/Drugs/DrugSafety/UCM235574.pdf>, last accessed 05/07/13

other forms of punishment, including solitary confinement and confiscations. They have also reported a new policy of intimate searches for any prisoner wishing to attend phone-calls or meetings with lawyers.

Solitary confinement

The SOP specifically mandates the use of solitary confinement to break hunger strikes: “in the event of a mass hunger strike, isolating hunger striking patients from each other is vital to prevent them from achieving solidarity”. Having previously lived in communal cell blocks, the vast majority of hunger striking prisoners have now been transferred to isolation cells or solitary confinement.

“I was moved to a place where you are all by yourself – Camp 5 Echo. It is a place that even the government has declared unfit for holding prisoners.” **Adel Hakeemy**

“They took me to Camp 5, a camp for torture and ill-treatment. They kept me in solitary confinement. I had no access to a toilet which worsened my bladder problem.” **Abu Wael Dhiab**

“We used to give each other support through this ordeal. Now, because of our isolation, I can’t give a brother much help.” **Ahmed Belbacha**

“The past two months prior to writing this letter have been the worst for the detainees. The detention camp has become a collection of solitary cells. Our detention has changed from prison life previously being spent as a group to solitary confinement in locked solitary cells now. Life in Camp 6 in which the prisoners were living communally has become solitary confinement.” **Samir Moqbel**

Solitary confinement for prolonged periods has been shown to have devastating psychological effects. One study by a psychology professor at the University of California analyzed a hundred randomly selected inmates at California’s Pelican Bay supermax prison.⁶ It concluded that for some prisoners the effect of solitary confinement is so devastating that the practice amounts to torture.

A similar study by the US military of almost 150 naval aviators who were imprisoned in Vietnam reported that they found social isolation to be as torturous and agonizing as any physical abuse they suffered.⁷ US Senator John McCain himself endured five years spent in solitary confinement. “It’s an awful thing, solitary,” he wrote, having spent more than two years of it spent in isolation in a fifteen-by-fifteen-foot cell, “it crushes your spirit

6 http://www.newyorker.com/reporting/2009/03/30/090330fa_fact_gawande , last accessed 04/07/13

7 Ibid.

and weakens your resistance more effectively than any other form of mistreatment.”⁸

Cell conditions

Prisoners also report guards manipulating cell temperature. Hunger strikers, already thin and frail, are particularly sensitive to these extremes:

“The administration is getting more angry, and doing everything they can to break our hunger strike. They make our cells freezing cold, which is much harder to take when you’ve not eaten for weeks...In the night people are dying from cold. In the day they are dying from the heat. People cry from the heat and the humidity. I could not put the prayer schedule on the wall because it was so damp. It is systematic torture.” **Shaker Aamer**

“The air conditioning system is designed to promote discomfort – it is either extremely hot or cold. The guards have their own rules and make every effort to disturb us. This is all pressure on us to break up the strike.” **Ahmed Belbacha**

“But here is the dilemma: we have to be clean for prayer, but to ‘shower’ in the sink means exposing ourselves to the cameras. It’s also cold water, and they have been running the air conditioning very, very low since the strike started. But I decided to do it anyway. I shivered, but I prayed, and for a moment I felt some peace.”

Younous Chekkouri

Other detainees report filthy and hazardous cell conditions:

“The air in the room was stifling. The smell in the room was very bad, like living in a toilet. The ventilation was non-existent – it simply sucks out the bad smell and re-circulates it right back to the middle of the cell” **Adel Hakeemy**

“Despite the government’s knowledge that I have a chest problem, they brought me to a cell whose floor has a glossy paint which peels, breaks up and ends up like fine dust. This glossy paint fills our sleeping covers, my prayer mat and my clothes. This enters our lungs and hurts my chest a lot.” **Ahmed Ghulam Rabbani**

Sleep deprivation

Hunger strikers also confirm the deliberate use of noise and disturbance during the night in order to deprive the detainees of sleep.

“In the middle of the night a guard will pound on my door until I get up and stand for him. The recreation schedule too is only for our discomfort. The schedule

8 Ibid.

changes every day and prevents us from sleeping. My recreation time is often from 4am – 6am, or it doesn't come at all." **Ahmed Belbacha**

"They continue to insult us at prayer time, and make noise 24/7. They keep their walkie talkies on full volume. They FCE prisoners day and night." **Shaker Aamer**

"I cannot sleep during the night from the raised voices of the soldiers, the raised volume of the radio, slamming of doors, the sound of chains and keys." **Samir Moqbel**

"The lights are on me for 24 hours a day." **Abu Wael Dhiab**

Confiscation of belongings

Many prisoners' personal effects, including medical equipment and legal documents, have been confiscated since the hunger strike began.

"They've taken my glasses, so I can't read, not since 27 February. They've put us in solitary cells and have even taken our hair trimmers. Why did they take our things? Because we have gone on hunger strike." **Samir Moqbel**

"They have taken away all the medicinal assistance that I had. The first thing they took was a medical belt that I had to use for my bad back. Second, they took the device that keeps my knee straight and in place. When I use the toilet my knee will dislocate unless I have this strap... This is a psychological war against me. It is destroying me." **Adel Hakeemy**

"When we were on Rec they took our prayer rugs and gave back only half of them. They took all our toilet paper except for thirty pieces. They took all the caps from our water bottles. They took all our family letters and pictures. My glasses, legal papers, toothbrush, toothpaste, all of my other necessities have been taken. And they don't tell you anything about when you will have your belongings back. When I ask them for my things that were in my previous cell they only bring me a shaving kit." **Ahmed Belbacha**

"They've taken almost all my 'comfort items' away now, along with the knee brace the doctors ordered, the back brace, the medical socks for my edema, and the blanket for my rheumatism." **Shaker Aamer**

"Later that morning I heard yelling, and found that guards had come to demand two detainees give up their long-sleeved thermal T-shirts. Again, the guards who come to confiscate a man's T-shirt chant 'SOP', but the real reason is to make striking man suffer more than they already are. The camp administration are without mercy; they will do anything to try to break this strike." **Younous**

Chekkouri

"They took everything. Our cells are empty and there is nothing left. They moved us into another empty block and after a while they give us blanket and that is all. All we can have now are blankets and the clothes on our backs. I am now in pain as a result of having to sleep on the concrete floor. Pain starts immediately when I'm on floor...Pain in my neck, pain in my chest...no pillow." **Younous Chekkouri**

"Sometimes they even take all of the personal effects of one of the prisoners and leave him in his cell without shoes; just his clothes." **Samir Moqbel**

"Things are even worse here in Camp Five Echo. When I was in Camp Six I had all my paperwork. Now I have none of my legal materials. I have no addresses. I cannot even write to you as my lawyer, I can only write my lawyer's name on the envelope and hope that it gets to him." **Ahmed Ghulam Rabbani**

Another cruel irony of the hunger strike is that at the same time as the detainees are being administered potentially harmful medicine, they are being denied the medication they genuinely need.

"I stayed one week in the hospital. They did not do anything more than force feed me. They did not perform any of the tests necessary when I told the doctors and nurses that in addition to my old problems, I have sharp pains in my head, eyes, and ears, and after a week I was returned to Camp V and specifically solitary confinement." **Abu Wa'el Dhiab**

"In the clinic they told me that they cannot do anything for me. They said that my matter was in the hands of the Colonel. I fell unconscious and I was not treated in the hospital. The people in charge brought a doctor to examine my knee. The doctor said I have a severe infection in my knee and it gets very swollen. I need injections to keep the swelling down. The military said that I would not be allowed to have that injection while I am in Camp Five. The doctor ordered medicine but the military will not give me that medicine..."

"The doctors all refuse to give us medicine. It has become a pantomime. The Watch Commander spoke to us. He said, 'You have destroyed our reputation in front of the world. Don't expect anything positive from us any more'." **Adel Hakeemy**

Restricting access to lawyers and family

In recent months a new regime of invasive genital searches has been implemented which hunger striking prisoners have to undergo in order to make contact with the outside

world.

The prison guards know that these highly intrusive searches are religiously sensitive for the men, as well as humiliating and degrading. They can therefore be considered as an indirect means of limiting their communication and a method of increasing the psychological pressure on the detainees to end the hunger strike.

"The administration sent the translator to inform each detainee that from tomorrow anyone who goes to an appointment with his lawyer must be searched thoroughly, including your private parts. They made sure to repeat the bit about the search of the private parts to make sure there was no misunderstanding." **Shaker Aamer**

"They have increased the torture with a new form of degradation and derision of us and our religion. As of three days since the date of this letter our private parts are checked and they know this is a sensitive matter for us and our religion." **Abu Wael Dhiab**

"The anal cavity inspection procedure exists. I have been inspected from top to bottom. Nine days ago, when I wanted to speak to my elderly mother, I was deprived of a call to her because they said if I wanted it they would search me from top to bottom... I did not go to the call with my aged mother because of this." – **Adel Hakeemy**

"The Staff Judge Advocate came to me and told me that I have a call on Thursday. I'm sorry if I'll be unable to make the call if there's going to be genital checks, which are humiliating and inhumane. I'm really sorry that I won't be able to make it." **Ahmed Ghulam Rabbani**

"Whenever a detainee leaves Camp 6 he is subject to inhuman genital checks and when he arrives at the place of his appointment, wherever it is, they repeat the checks by soldiers of the camp to which he went. When he returns, the same thing happens...I think they want to deal with all of us in a manner which offends our religion and psychological torture. We've been here 11 years now and no one from among our family or friends visits us...All those who we meet are American and when they enter they are searched so how can banned items reach us? They're only doing that to take vengeance upon us...and to oppress our unity in hunger striking." **Hicham Sliti**

As well as using this indirect means of restricting detainees' access to their families and lawyers, the guards have also been placing outright restrictions on communication.

"I asked for a call with my wife. A colonel from the Navy said that a phone call is a privilege, not a right. 'Until you comply with the system you cannot have one' he

said. ‘There is now an emergency at the prison [the hunger strike] and there will be no more family calls from people on strike,’ he said.” **Shaker Aamer**

Forcible Cell Extractions

Since joining the hunger strike, **Shaker Aamer** has been subject to the violent FCE procedure for almost every aspect of his daily life. This entails sending in the riot squad to physically remove or return Shaker to his cell on the slightest pretext.

“They FCEd me five times in one day. The pretext was that I refused to close my bean hole which they use to push food into the cell. So they started to FCE me even if I asked for a cup of water. They come into my cell, slam me on the floor, shackle me, haul me out of the cell, put a bottle of water on my bed, pull me back in and cut the shackles off – with a few thwacks in between...”

“They FCEd me soon after my last call with my lawyer. They didn’t say a word. They just came in, FCEd me, then put me back in the cell and left.

“Everything I ask for they put me through an FCE, even a shower. So to avoid the FCE, I showered from the toilet – the same place (I am humiliated to write) that I must shit. I take water from there to wash myself; it’s necessary as I can’t pray or read the Qur’an without ablution.

“After your last phonecall I came back to my cell and found the FCE team there, waiting for me. They refused to let me go peacefully into my cell. All I had to do was walk two yards into the cell. But they didn’t allow that.

“After I went to sleep, at around 11pm, they came again with the FCE team and grabbed me off my bed, threw me on the floor, and cuffed me hand and foot with my face down... As they normally are, they were violent doing all this and put a lot of pressure on my back and hands.”

5. Consequences

Weight and physical frailty

In spite of the prison authority’s forced-feedings, detainees nevertheless report significant weight loss.

Below is a selection of Reprieve client weights. It juxtaposes the figures before the strike those recently reported. Reprieve considers degree of weight loss to be reflective of the majority of hunger strikers since the absence of solid food intake and reduced mobility due to chronic lethargy naturally lead to the body’s use of fat reserves and some muscle

wastage.

Detainee name	Weight before	Weight after	Weight loss
Shaker Aamer	208lbs	150lbs	28%
Abu Wael Dhiab	150lbs	135lbs	15%
Nabil Hadjarab	156lbs	123lbs	22%
Ahmed Rabbani	167lbs	107lbs	36%

Rerieve client Samir Moqbel confirmed on May 8 that some detainees weigh as little as 77lbs and that some detainees have lost over 40lbs.

In addition to frailty, the effects of significant weight loss include chronic fatigue, joint pain and muscle pain. Several Reprieve clients report the inability to walk or sit for long periods.

*“I am unable to sit now. My right leg is really weak and hurting me; my back is also hurting me a lot and as a result I am unable to sit. A lot of other things happening to me.” **Abu Wael Dhiab***

For the hunger strikers, every day functioning becomes a struggle and the rare occasion they have for recreation is a function lost on their weak bodies.

*“Many of the prisoners spend their whole time in their cells unable to leave for recreation - a result of the strike and the poor state of their health.” **Samir Moqbel***

Long-term medical consequences

Pain in the kidneys seems to be recurrent suffering amongst strikers. More worryingly, Ahmed Rabbani and Ahmed Belbacha recently complained that they were experiencing chest pain. This could be a sign of cardiac problems: hunger strikers are known to lose cardiac muscle, so combined with stress and exhaustion, hunger strikers are exposed to higher risks of cardiac failure.

In parallel, other detainees experience eye problems, for which they are not being treated. **Nabil Hadjarab** and **Adel Al-Hakeemy** are both in this situation. The former complained that he felt “pressure in [his] eyes”, while the latter was told by the doctor, after having voiced his concern about his sudden poor sight, that on the colonel’s order “he would not get treatment until [he] went blind”.

Low blood pressure seems, also, to be a symptom experienced by a number of

Guantánamo hunger strikers. Shaker Aamer reported having witnessed a detainee fall down twice before he was taken to the prison hospital with a very low blood pressure of (80/30) (normal blood pressure ranging between (120/80) and (140/90)). When reporting this incident, **Shaker Aamer** commented that “*a lot of brothers have worse than this.*”

In fact, a number of detainees have shared repeated episodes of fainting, probably connected to low blood pressure. **Ahmed Rabbani**, Nabil Hadjarab and Adel Al-Hakeemy have each reported having fainted several times. Ahmed told Reprieve that he has “*fainted more than twenty times*” since the beginning of the strike.

In a recent telephone interview with his lawyer, Ahmed Rabbani described double vision problems saying “*now I have very confused vision. Particularly, for example, when I look at the fence in the rec cage. I have coordination problems and we the detainees have difficulty understanding each other now.*” What is particularly troubling about Ahmed’s reports is that these symptoms also correspond with those expected from the long-term administration of Reglan.

6. The legal and ethical context

Medical ethics

Force-feeding mentally competent detainees is widely recognized as a violation of medical ethics; a position “not in serious dispute”.⁹ The World Medical Association (WMA) adopted the following position in its 1975 Tokyo Declaration: “Where a prisoner refuses nourishment and is considered by the physician as capable of forming an unimpaired and rational judgment concerning the consequences of such a voluntary refusal of nourishment, he or she shall not be fed artificially”.¹⁰ The WMA went on to reiterate its view in its 2006 Malta declaration, stating that:

“the forced feeding of hunger strikers is unethical, and is never justified...[and] makes it absolutely clear that force feeding constitutes a form of inhuman and degrading treatment...The final decision to intervene must take into account the hunger striker’s informed decision and must lie with the physician and not with any non-medical authority”.

The WMA constitutes the highest authority on medical ethics and its position is endorsed by the American Medical Association (AMA) as well as by the British Medical Association

⁹ Annas, G., Crosby S. and Glantz, L. (2013), ‘Guantanamo Bay: A Medical Ethics-free Zone?’, *The New England Review of Medicine* online, June 12

¹⁰ <http://www.wma.net/en/30publications/10policies/c18/index.html>, last accessed 05/07/13

(BMA). The President of the AMA, Dr. Jeremy Lazarus, restated this position in a letter addressed to Secretary of Defense Chuck Hagel in which he condemned force-feeding in Guantánamo, describing it as “violating core ethical values of the medical profession”. Similarly, Professor Vivienne Nathanson, Head of Science and Ethics at the BMA, declared that her organization was “deeply concerned by the reported involvement of doctors in these practices”.¹¹

Allow access for independent “doctors of confidence”

In late May 2013, thirteen Guantánamo detainees, including seven Reprieve clients, wrote an open letter to their military doctors calling on them to allow independent medical access.¹² The letter stated:

“I am protesting the fact that I have been locked up for more than a decade, without a trial, subjected to inhuman and degrading treatment...[and] I have no other way to get my message across...”

“You claim to be acting according to your duties as a physician to save my life. This is against my expressed wish...When I try to refuse the treatments you force them upon me, sometimes violently.”

“I cannot trust your advice, because you are responsible to your superior military officers who require you to treat me by means unacceptable to me, and you put your duty to them above your duty to me as a doctor. Your dual loyalties make trusting you impossible...”

“[Therefore] I am respectfully requesting that independent medical professionals be allowed into Guantánamo to treat me, and that they be given full access to my medical records, in order to determine the best treatment for me... This is the least you can do to uphold the minimum of your oath to ‘do no harm.’”

In response, 150 independent medical professionals published a letter to President Obama in the medical journal *The Lancet*, offering their full support for their demands and declaring their willingness to travel to Guantánamo and provide medical assistance.¹³

“It is clear that they do not trust their military doctors...Without trust, safe and acceptable medical care of mentally competent patients is impossible. Since the detainees do not trust their military doctors, they are unlikely to comply with current

11 <http://www.guardian.co.uk/world/2013/jun/16/stop-guantanamo-force-feeding>, last accessed 05/07/13

12 <http://www.guardian.co.uk/world/interactive/2013/may/31/guantanamo-detainees-protest-letter> last accessed 04/07/13

13 <http://www.thelancet.com/journals/lancet/article/P11S0140-6736%2813%2961414-2/full-text#> last accessed 04/07/13

medical advice...

"We endorse their request, and are prepared to visit them under appropriate conditions, to assist in their recovery and release, and certify when we are confident it is medically safe for them to fly."

Reprise lends its full support to this call and urges the US government to admit independent medical practitioners to counsel the hunger strikers.¹⁴

International law

Not only does the force-feeding of mentally competent detainees conflict with medical ethics, it also violates basic international law. Article 14 of Convention III states, "prisoners of war are entitled in all circumstances to respect for their persons and their honor".¹⁵ Furthermore, the Additional Protocols to the Conventions (1977) state explicitly that it is prohibited to subject detainees to

"any medical procedure... which is not consistent with generally accepted medical standards which would be applied under similar medical circumstances to persons who are nationals of the party conducting the procedure and who are in no way deprived of liberty."¹⁶

The protocol also prohibits compelling medical personnel "to perform acts or to carry out work contrary to the rules of medical ethics". By looking at the ethical positions presented above, it appears clear that Guantánamo detention authorities are acting in violation of international law.

Position of political bodies

Politicians in both the United States and Europe have condemned force-feeding. More generally, they have also condemned the indefinite nature of detention in Guantánamo. Following a visit of the naval base on June 7, California's Senator Dianne Feinstein (Dem), who is also Chairwoman of the Senate Intelligence Committee, voiced her concern about the treatment currently inflicted upon the hunger strikers. In a letter to Secretary of Defence Chuck Hagel she stated:

14 The concept of a "doctor of confidence" has its basis in the case of a mass hunger strike among detained refugees in the Netherlands, in which independent practitioners were dispatched to the aid of the 180 food refusers. Their use as external practitioners rested on their medical independence, neutrality on the aims of the hunger strike and creative coping dilemmas for resolving problems in a charged environment. See Assistance in Hunger Strikes: a manual for physicians and other health personnel dealing with hunger strikers' (1995) in Johannes Wier Foundation for Health and Human Rights (ed.).

15 <http://www.icrc.org/applic/ihl/ihl.nsf/Article.xsp?action=openDocument&documentId=F0E25F9F56372523C12563CD0051AB8F> last accessed 09/07/13

16 <http://www.icrc.org/ihl/WebART/470-750016?OpenDocument> last accessed 09/07/13

"I write to express to you my concerns and opposition to the force- feeding of detainees...as a matter of policy that stands in conflict with international norms....I believe that the current approach raises very important ethical questions and complicates the difficult situation regarding the continued indefinite detention at Guantánamo."¹⁷

On May 21, the European Parliament proposed a motion in which it condemned force-feeding as a "violation of basic freedom of the individual".¹⁸ The motion went on to condemn the actions of Guantánamo officials:

"instead of showing serious intentions to improve the situation for the illegally detained, the authorities at Guantánamo are reacting with repression and imposing additional hardship and suffering".¹⁹

The European Parliament then adopted a joint motion for a resolution in which it

"expresses concern for the well-being of the hunger striking detainees and those being force-fed, and expresses its grave concern over the mental and physical condition of the prisoners, a number of whom have been subjected to torture or inhuman and degrading treatment."²⁰

International organizations

The United Nations' High Commissioner for Human Rights regards force-feeding in the case of the Guantánamo hunger strike as "torture". This renders the practice illegal under international human rights law. Spokesperson for the Office of the High Commissioner for Human Rights (OHCHR), Rupert Colville stated, "if it's perceived as torture or inhuman treatment [...] then it is prohibited by international law".²¹

The International Committee of the Red Cross (ICRC) is "opposed to forced feeding or forced treatment" as it considers "essential that the detainees' choice be respected and their human dignity preserved".²²

17 <http://www.feinstein.senate.gov/public/index.cfm/press-releases?ID=8af43b52-0301-42b9-8f72-27f88997bd39>, last accessed 05/07/13

18 <http://www.europarl.europa.eu/sides/getDoc.do?type=MOTION&reference=B7-2013-0233&language=IT> last accessed 05/07/13

19 Ibid.

20 <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+MOTION+P7-RC-2013-0234+0+DOC+XML+V0//EN&language=fr> last accessed 05/07/13

21 <http://www.france24.com/en/20130501-force-feeding-torture-un-law-guantanamo-hunger-strike> last accessed 05/07/13

22 <http://www.icrc.org/eng/resources/documents/faq/hunger-strike-icrc-position.htm> last accessed 05/07/13

7. Recommendations

Motion against force-feeding

On July 01, 2013 Reprieve filed a motion in US federal court to stop them being force-fed and force-medicated. The motion was brought by four Reprieve clients – all of whom have been cleared for release. It asked that the court rule to stop force-feeding in the prison and stop force-medicating prisoners, particularly with Reglan.

Reprieve's Strategic Director and counsel for the men Cori Crider said:

"After nearly a dozen years of limbo, the last thing my clients feel they have left is the basic dignity of choosing what goes into their bodies. For the US military to strip this final right from them is appalling – which is why everyone from the head of the American Medical Association to President Obama has condemned force-feeding. Nabil and the other prisoners need Obama to wake up to the crisis in Guantánamo, which is the worst he will face of his presidency. History will closely study how these men were treated."

Blocking the supply of Reglan for forced medication

Reprieve has submitted voluntary adverse impact reports to the FDA on behalf of three clients currently being force-fed, drawing the agency's attention to the severe risk of side effects due to the prolonged and forcible use of the Reglan and calling for an investigation into the misuse of the drug. Furthermore, it has also written to ANI Pharmaceuticals, Inc., the only FDA-approved manufacturer of branded Reglan. In the letter, Reprieve asked the company to put in place distribution controls to prevent further supply of this product to Guantánamo.

A roadmap to close Guantánamo

The military prison at Guantánamo is now facing the worst crisis of the Obama presidency. In its July 2013 report entitled 'How to Close Guantánamo' Reprieve proposed a roadmap for its closure. The roadmap explains how to defuse crisis take steps to close the prison. Put simply, the prison is not an intractable problem, it can be closed.

Certainly, the Bush administration bequeathed this administration some difficulties in Guantánamo. But in many cases the situation is much simpler than commonly claimed. The key to solving the problem is to prioritize the easier cases, while creating systems to resolve those thought to be more complex in the medium term.

In brief, the Administration must take the following steps:

1. Announce the appointment of a White House official responsible for Guantánamo.
2. Ensure that the White House Official and the new envoys collaborate closely with counsel for the detainees, UN-sponsored rehabilitation personnel and others seeking the same goal: the closure of Guantánamo Bay.
3. Immediately appoint an independent rapporteur who reports directly to the White House official, charged with resolving the complaints of the detainees in conjunction with the JTF-GTMO command.
4. Charge Secretary of Defense Chuck Hagel to start issuing ‘national security waivers’ for the 86 detainees who have been cleared (some for almost a decade, most by both the Bush and Obama Administrations), beginning immediately with those slated to go to dependable allies (in, for example, Western Europe).
5. Establish, with allies, rehabilitation centres overseen by the ICRC in various countries where detainees can and should be returned, where such institutions are necessary. Such centres exist already in Kuwait and Saudi Arabia. Since the majority of prisoners remaining come from Yemen, the US should swiftly agree a US- or UN-funded rehabilitation centre to house Yemeni ex-prisoners while they transition to civilian life, and transfer both ‘cleared’ and ‘conditionally cleared’ Yemenis to the centre. With the annual cost of Guantánamo now running at over \$1 million per prisoner per year, it makes no economic sense not to pursue this option.
6. Scrap the discredited military-commissions system and bring Article III judges and juries to Guantánamo to hold Constitutionally-compliant trials for all those who have, according to a *prima facie* case, committed criminal activity. There has been resistance to trying the cases on the mainland, but as they say, “if the mountain won’t come to you...” There is no constitutional prohibition against importing judges and jurors to Guantánamo Bay.
7. Restart – and complete – the previous prisoner exchange talks with the Taliban for the remaining Taliban in Guantánamo.
8. Re-assess all indefinite detention cases and, where feasible, transfer individuals to other countries with appropriate security guarantees. Convene the Periodic Review Boards announced by Executive Order 13567 to determine whether these men should remain in “continued detention” under constitutional principles of justice and in good conscience. Extend Article III trials to the individuals currently in this category, and if the evidence against them cannot sustain a conviction, release them.
9. Work with Congressional allies to loosen, and eventually repeal, the restrictions on prisoner transfer contained in the last several National Defense Authorization Acts

(NDAs). If negotiation fails, veto the NDAA.

-- ENDS -

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