

BUSPH Faculty Call for Action to End Force-Feeding of GITMO and U.S. Hunger Strikers



Professor George Annas led an expert panel on the topic of force-feeding Guantanamo prisoners who hunger strike. Attendees viewed video footage of Wisconsin prisoner Warren Lilly (right).

To BU School of Public Health ethics experts, the most jarring image in the video footage of the force-feeding of Warren Lilly, a Wisconsin prisoner who began a hunger strike in 2004, is not the nasogastric tube or the restraints holding him in a chair -- or even his emaciated body, covered only in a towel.

It is the white coats surrounding him, worn by the doctors who are doing the force-feeding, as Lilly screams at them to stop.

The participation of physicians in the practice of force-feeding prisoners at the Guantanamo Bay detention center, as well as in U.S. prisons, is an issue that some BUSPH faculty have taken the lead in opposing for years.

On Tuesday, the first anniversary of the release of a report ordered by President Obama on the conditions at Guantanamo, the group renewed its call for an end to the practice at a forum on the BU medical campus. The experts appealed to their colleagues and the public-at-large to put pressure on policy makers to end the practice, and urged professional medical associations to hold physicians accountable for participating in a practice that the World Medical Association, the American Medical Association, and other medical groups have opposed.

"Force-feeding is intended to break the mind, body and soul of prisoners, and of whole communities," said forum panelist Sondra Crosby, MD, an internist at Boston Medical Center and associate professor of medicine and health law, bioethics & human rights. "Doctors' participation in this validates torture -- it normalizes it... The danger is that the physician could be deemed part of the oppressing system," which damages the doctor-patient bond of trust.

Crosby noted that the military has justified force-feeding at Guantanamo, or GITMO, because it has been done in US prisons; now, she said, US prisons are mimicking practices at Guantanamo, adding restraint chairs and frigid temperatures.

"This is really a horrible downward spiral and nothing that should be associated with medicine," she said.

The expert panel, headed by [George Annas](#), professor and chair of health law, bioethics & human rights at BUSPH, acknowledged that the issue of force-feeding prisoners is complex, given that some would argue that physicians are obligated to save lives, and that some prisoners may not be competent to refuse food. But Annas, Crosby, BUSPH Professor [Michael Grodin](#) and the other panelists were careful to distinguish between suicidal or mentally incompetent prisoners who refuse food, and the competent, informed prisoners who do so as a form of protest or demand, for a legitimate purpose.



Scott Allen discusses the ethical dilemmas prison physicians can face.

They noted that the World Medical Association had issued an ethics statement saying that physicians should never condone or participate in forcible feeding or any other measure which may amount to cruel, inhuman or degrading treatment -- a violation of the Geneva Conventions. Prisoners at Guantanamo and in U.S. prisoners have described pain, vomiting, bruising and other injuries from being placed in restraint chairs for hours at a time and being fed through tubes.

Grodin, MD, professor of health law, bioethics & human rights and professor of psychiatry at the BU School of Medicine, said a BUSPH-affiliated group, Global Lawyers and Physicians, has tried for years to get the public engaged in the force-feeding issue, but that its efforts -- many co-sponsored with Physicians for Human Rights -- have fallen short, in part because of how the issue has been framed.

There is a school of thought, Grodin said, that looks at the issue through a humanitarian lens -- ie, "How can you be against force-feeding people to save their lives?" He said the issue needs to be re-framed to focus on the means and motives of force-feeding, which he likened to a form of torture, as well as on the legitimacy of the demands -- often for prompt and fair trials -- that drive prisoners to refuse food.

"We need to re-frame the discussion and have prison and military doctors on board" opposing the practice, Grodin said. "That's very important."

Panelist Scott Allen, a physician from Brown University who specializes in prison medicine and formerly worked in the Rhode Island prison system, agreed, saying too many doctors "bend" to the chain of command and sacrifice medical ethics and loyalty to their patients, many of whom have legitimate grievances that physicians should not ignore.

"I think far too much of the effort of physicians in these settings is focused on clinical issues, not on the [larger issues] that led" to the hunger-strike showdown, he said.

Allen said he is bothered that leading medical associations have publicly opposed physicians participating in force-feeding, but have done nothing to hold doctors who do it accountable.

"We made sure all these medical organizations are on board against these practices, but there's no stomach or mechanism to enforce the ethical code," he said.

Both the World Medical Association and AMA ethical guidelines state that striking prisoners who have made informed refusals for medical intervention should not be force-fed. But U.S. military guidelines in use at Guantanamo and other detention settings permit involuntary force-feeding of detainees. Involuntary force-feedings have been undertaken at Guantanamo on multiple occasions, and sometimes appear to have been used for punishment rather than preservation of life, the panelists said. A mass hunger strike began at Guantanamo in the summer of 2005 and reached a peak of more than 120 detainees.

Annas noted that the forum came a year after a report commissioned by the Secretary of Defense confirmed that prisoners at Guantanamo were being subjected to force-feeding--and more than a year after President Obama pledged to close GITMO within a year and to end torture.

Annas said the report's conclusion that force-feeding was consistent with the Geneva Conventions, which bar humiliating and degrading treatment, was "inconceivable." But he added: "No one in power at the time thought that they were talking about something that would go on for longer than another year. [But today], nothing has changed at Guantanamo."

Panelist Caroline Apovian, MD, an associate professor of medicine at BU who heads the nutrition center at Boston Medical Center, said that from a medical perspective, force-feeding a starving patient can pose serious risks, including precipitating heart failure or damaging the esophagus. In the hospital setting, she said, such feeding is done slowly and cautiously.

In a discussion following the panel presentation, [Leonard Glantz](#), professor of health law, bioethics & human rights, brought up the political dimensions of force-feeding, questioning why the political right would not endorse allowing suspected terrorists to die of starvation, at will. Annas said the military's argument against such a policy is that mass deaths of prisoners held at Guantanamo could "inflame jihadists," noting that the political implications of the issue were complex. Those issues could continue once Guantanamo is closed and the remaining prisoners are transferred to the U.S., he said.

The forum was co-sponsored by the [Department of Health Law, Bioethics & Human Rights](#); Global Lawyers & Physicians; and the Health and Human Rights Caucus. Background materials on the topic are available on the GLP website (<http://glp.squarespace.com/military-medical-ethics/>).

Submitted by Lisa Chedekel
chedekel@bu.edu