



The
CENTER for
VICTIMS of
TORTURE



Physicians for
Human Rights

INDEPENDENT MEDICAL EXPERTS ON THE STATE OF MEDICAL CARE AT GUANTÁNAMO

For years, officials at the Guantánamo Bay detention center have claimed that detainees there receive high quality medical care equivalent to that afforded U.S. service members. Independent medical experts who have accessed detainees, reviewed medical records, and/or interfaced with Guantánamo's medical care system have experienced something very different:

Sondra Crosby, MD, describing the failure to properly diagnose and treat a detainee tortured repeatedly at CIA black site prisons:

Mr. Al-Nashiri is most likely irreversibly damaged by torture that was unusually cruel and designed to break him... Making matters worse, there is no present effort to treat the damage, and there appear to be efforts to block others from giving him appropriate clinical care.... His deterioration is exacerbated by the lack of appropriate mental health treatment at Guantánamo. Based on my assessment and vast experience caring for survivors of torture, the physical and mental health care afforded to him is woefully inadequate to his medical needs. A significant factor in my opinion is that medical professionals, including mental health care providers, have apparently been directly or indirectly instructed not to inquire into the causes of Mr. Al-Nashiri's mental distress, and as a consequence, he remains misdiagnosed and untreated.

Homer Venters, MD, MS and Vincent Iacopino, MD, PhD, expressing deep concern over failure to provide timely surgical intervention to a detainee for whom it was clearly required:

We are deeply concerned that the facts of this case do not support DOD's public claim of appropriate, high quality, and timely medical/surgical care. With all due respect to the medical personnel who traveled on short notice to Guantánamo and performed the therapeutic intervention, especially with Hurricane Irma approaching, this case exemplifies serious problems in the accurate and timely diagnosis of emergency medical/surgical conditions.... It is common medical knowledge, at the most basic level, that spinal stenosis associated with increasing motor weakness requires urgent diagnosis and surgical treatment. When this patient experienced symptoms of urinary incontinence weeks ago, in addition to motor weakness, the medical staff should have acted immediately, but did not. Instead, we understand that the medical plan was to have an anesthesiologist travel to Guantánamo on September 12, 2017 for steroid injections and for a neurosurgeon to travel to Guantánamo on October 2, 2017. If true, this plan is a stunning example of inappropriate diagnosis and treatment for a true medical emergency.

Brigadier General (Ret) Stephen

N. Xenakis, MD, recounting an interaction he witnessed at Guantánamo where facility operating procedures overrode a detainee's medical needs:

Mr. Dhiab appropriately requested analgesic medication for his pain in a form that he would have been able to ingest, but was refused by the nurse provider. Furthermore, the nurse and accompanying assistant judge advocate (ASJA) reported that the attending physician refused to see Mr. Dhiab to discuss treatment of his pain and prescription of medications. The nurse and staff claimed that they were abiding by Standard Operating Procedures (SOPs) stipulating the terms of interactions with detainees.

Jess Ghannam, MD, responding to an opinion from Guantánamo's senior medical officer regarding a detainee on hunger strike whose weight had dropped to 75.5 pounds:

My clinical experience, training and basic standard-of-care principles leads me to the conclusion that the [senior medical officer's] declaration regarding Mr. Ba Odah is flawed and reflects a strikingly inadequate response to Mr. Ba Odah's reported condition. The [senior medical officer's] course of treatment, as reported in his declaration, departs from the basic tenants[sic.] of diagnostic, preventative and remedial care, particularly for a patient who is so abnormally malnourished and underweight as Mr. Ba Odah. It is difficult, if not impossible, to have confidence in the conclusions it draws about his physical and mental state....

Sondra Crosby, MD, discussing failure to adequately treat a detainee who became obese at Guantánamo as a result of interrogators exploiting an eating disorder by offering him excessive amounts of food in exchange for information:

It is my strong conclusion that Mr. El-Sawah is in extremely poor health and requires timely medical evaluation and treatment for multiple serious medical conditions. I am alarmed that since my initial evaluation in 2011, appropriate testing and treatment has not occurred. This failure of treatment is despite multiple and repeated recommendations from military physicians, whose opinions and recommendations are generally in agreement with my own. Because of the failure of Guantánamo officials to comply with medical recommendations that would meet basic standards of care, Mr. El-Sawah's health has markedly deteriorated.

***Deprivation and Despair:
The Crisis of Medical Care at Guantánamo***

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