

<b>DETENTION HOSPITAL GUANTANAMO BAY, CUBA</b>	<b>SOP NO: 001</b>
<b>Title: VOLUNTARY AND VOLUNTARY TOTAL FASTING AND RE-FEEDING</b>	<b>Page 1 of 12</b> <b>Effective Date: 15 Oct 03</b> <b>Revised: 11 August 05 1830</b>
<b>SCOPE: Detention Hospital/Delta Clinic</b>	

- I. Encl:** (1) Refusal to Accept Food or Water/Fluids as Medical Treatment Form  
(2) Voluntary and Voluntary Total Fasting Medical Evaluation Sheet  
(3) Voluntary and Voluntary Total Fasting Medical Flow Sheet  
(4) Clinical Protocol for Re-Feeding

## **II. BACKGROUND**

Refusals of food and water can be expected in any detained population as individuals may use fasting as a form of protest or to demand attention from authorities. Thirst strikes, although rare, can be more rapidly damaging given the local climate. The reasons for food refusal can be varied as can the level of fasting (not necessarily total). Religious fasting, which may be seen in Muslim detainees during Ramadan, should not be considered a hunger strike. While hunger striking has traditionally been used to describe a spectrum of situations involving fasting, for the purposes of this standard operating procedure (SOP), the term will be used as defined below.

## **III. POLICY**

A. Joint Task Force (JTF)-GTMO policy is to avert death from hunger strikes and from failure to drink as well as to monitor the health status of detainees who are fasting voluntarily. Every attempt will be made to allow detainees to remain autonomous up to the point where failure to eat or drink might threaten their life or health. The Detention Hospital (DH) is responsible for providing health care monitoring and medical assistance as clinically indicated for detainees who are voluntarily fasting or on a hunger strike. The Officer in Charge (OIC) of the DH will ensure that the appropriate standards of care for the medical and administrative management of fasting detainees are adhered to. The DH OIC will do everything within his/her means to monitor and protect the health and welfare of hunger striking detainees including involuntary intravenous hydration and/or enteral tube feeding if necessary. DH medical personnel will make every effort to obtain consent from a voluntary faster for treatment.

B. In the event a detainee refrains from eating to the point where involuntary feeding is required, no direct action will be taken without the knowledge and written approval of

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the JTF-GTMO Commander. If the JTF-GTMO Commander, as the approval authority, makes the decision to authorize involuntary re-feeding of a detainee, he will immediately inform the Commander, USSOUTHCOM, of his decision. In turn, the Commander, USSOUTHCOM, will notify appropriate Joint Staff and Department of Defense offices of the need to initiate involuntary re-feeding of a detainee.

### C. Definitions.

**Voluntary Fasting (VF)**. A voluntary fast occurs when a detainee communicates his intent to JTF-GTMO personnel to undergo a period of fasting for a specific purpose, has had no solid food intake for a period of 72 hours (9 consecutive meals), but is taking adequate liquids/fluids by mouth.

**Voluntary Total Fasting (VTF)**. A voluntary total fast occurs when a detainee communicates his intent to JTF-GTMO personnel to undergo a period of fasting for a specific purpose and has not taken any solids or liquids for a period of more than 48 hours.

**Hunger Striker**. A hunger striker is a detainee who communicates his intent to JTF-GTMO personnel to undergo a period of voluntary or total voluntary fasting as a form of protest or to demand attention from authorities. The designation of a detainee as a hunger striker is based on intent, purpose, and behavior and will be determined by the JTF-GTMO Surgeon in conjunction with input from the DH medical staff, the Commander, Joint Detention Group (JDG), and the Commander, Joint Intelligence Group (JIG). Certain situations may exist where the detainee is on a VF or VTF, but is not a hunger striker (ex. religious fast, severe depression with suicidal intent manifested by not eating or drinking).

**Meal**. The combined or individual consumption of fluids and/or solid food required to maintain daily metabolic requirements. These requirements vary by individual. For the purpose of this instruction, three 8 fluid ounce bottles of Ensure constitute one meal.

## IV. PROCEDURES

A. Effective management of individuals or groups who refuse to eat or drink requires a close partnership between the DH medical staff and the Joint Detention Group (JDG) security force.

B. Security forces under the JDG will monitor each detainee's daily intake of meals and water.

C. The JDG will notify the DH medical staff of each detainee who meets the definition of VF or VTF as outlined above, and maintain a current missed meals list on that detainee. This list will be communicated via e-mail, phone or memorandum to the Director of Clinical Services and Support (DCSS) and the Senior Nurse Executive (SNE) each day. Included in this list will be a running total of consecutive missed meals by each

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detainee who is on a VF or VTF. In addition, the JDG can include detainees of concern who have not met the criteria for a VF or VTF, but who may not be taking in adequate nutrition or fluids.

D. Once notified, DH medical personnel will evaluate each detainee. Part of this evaluation will be to determine the intent and purpose of the VF or VTF. The JTF-GTMO Surgeon, in conjunction with input from the DH medical staff, the Commander, JDG, and the Commander, JIG, will determine whether the actions of a detainee meet the criteria for a hunger strike as outlined above. A list of those detainees on hunger strike will be forwarded by the DCSS to JDG/S3 and to the SNE and this information will be included in the daily SITREP.

E. If during the course of a hunger strike, involuntary re-feeding is required, the JTF-GTMO Surgeon will make specific recommendations to the JTF-GTMO Commander as to the timing and requirement for such involuntary re-feeding. The JTF-GTMO Commander will decide, in writing, whether to order the involuntary re-feeding of a detainee. If the JTF-GTMO Commander, as the approval authority, makes the decision to authorize involuntary re-feeding of a detainee, he will immediately inform the Commander, USSOUTHCOM, of his decision. In turn, the Commander, USSOUTHCOM, will notify appropriate Joint Staff and Department of Defense offices of the need to initiate involuntary re-feeding of a detainee.

F. Enclosure (1), *Refusal to Accept Food or Water/Fluids As Medical Treatment*, will be verbally translated at the initial assessment, alerting detainees of the dangers of failure to eat or drink. The DH medical staff shall make every effort to convince the detainee to accept treatment. Medical risks faced by the detainee if treatment is not accepted shall also be explained. A note will also be put in the out-patient chart.

## V. MEDICAL EVALUATION AND MANAGEMENT

A. The DH medical staff will monitor the health of any detainee who is on a VF or VTF. Upon notification, DH medical personnel will do the following:

1. A complete medical record review
2. An intake (food/fluids) history
3. General physical examination to include: Vital signs (HR, BP, RR, T), weight and body mass index (BMI).
4. Consultation with Behavioral Healthcare Service (BHS) for an assessment of the mental and psychological status.
5. Document the evaluation on enclosure (2), the *Voluntary and Voluntary Total Fasting Medical Evaluation Sheet*.
6. A BHS provider will document the psychological evaluation on a Standard Form 600.
7. Once the detainee is being evaluated on a periodic basis, all evaluations will be recorded on the *Voluntary and Voluntary Total Fasting Medical Flow Sheet* (enclosure

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3). This form will be maintained with the detainee's Medication Administration Record (MAR).

B. Detainees on a VF or VTF will be prioritized in the following manner:

1. **Priority One.**

(b)(2)

2. **Priority Two.**

(b)(2)

3. **Priority Three.**

(b)(2)

C. If a DH medical officer has reason to believe that the continuation of the fasting state could endanger a detainee's health or life, the detainee will be admitted to the DH. Clinical protocols for refeeding can be found in enclosure (4). When, as a result of inadequate intake or abnormal output, a DH medical officer determines that a detainee's life or health might be threatened if treatment is not initiated immediately, the DH medical officer shall give consideration to forced medical treatment of the detainee. When, after reasonable efforts, or in an emergency preventing such efforts, a medical necessity for immediate treatment of a life or health threatening situation exists, the DH medical officer may request that treatment be administered without the consent of the detainee. Once again, no direct action will be taken to involuntarily feed a detainee without the written approval of the JTF-GTMO Commander as set out above. DH medical staff shall document their treatment efforts.

D.

(b)(2)

E. (b)(2)

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(b)(2) and the monitoring continued. An entry will be made in the health record to this effect.

F. Only the JTF-GTMO Surgeon will remove a detainee from the Hunger Striker list. The DCSS or his/her designated representative will notify JDG/S3 personnel via phone call, SIPR net, or in writing upon discontinuation of the hunger strike. No detainee will be removed from the monitoring phase until a DH medical officer has evaluated him and has determined that he is no longer on a VF, VTF, or hunger strike.

**Refusal to Accept Food or Water/Fluids As Medical Treatment**

Detainee Number \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

The above detainee has refused to accept food or water/fluids as medically indicated by the Camp Delta Medical Officer of the Day.

It has been explained to the detainee the grave risks involved with not following the medical advice directing him to eat life-sustaining food and to drink water/fluids. As a direct result of his refusal to eat and/or drink, he understands that they may experience: hunger, nausea, tiredness, feeling ill, headaches, swelling of their extremities, muscle wasting, abdominal pain, chest pain, irregular heart rhythms, altered level of consciousness, organ failure and coma. He understands that his refusal to eat life-sustaining food or drink water/fluids and to follow the medical advice may cause irreparable harm to himself or lead to his death.

He understands that this is not a complete list of the risks involved with the refusal to follow medical advice and that he may experience other severe complications.

He understands the alternatives available to him including oral food and fluid, oral rehydration solutions (Gatorade), oral nutritional supplements (Ensure), intravenous hydration, and intravenous nutrition (total parenteral nutrition and peripheral parenteral nutrition).

He fully understands the prognosis if he does not accept food as directed above.

Translator Signature

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Medical Provider Signature

\_\_\_\_\_

Enclosure (1)

**Voluntary and Voluntary Total Fasting Medical Evaluation Sheet**

Detainee Number \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

Date of Onset \_\_\_\_\_

CC: Hunger striker:      Food      Fluids      Both

HPI:

H/O depression?	Y	N	MEDS:
H/O Suicidal ideation?	Y	N	
Mood problems?	Y	N	
Anxiety problems?	Y	N	ALLERGIES: NKDA or _____

PMH:

Reason for Strike? \_\_\_\_\_

Physical Assessment:

Inprocessing BMI: \_\_\_\_\_

Current Weight: \_\_\_\_\_ Current BMI: \_\_\_\_\_

Heart Rate \_\_\_\_\_ BP \_\_\_\_\_ RR \_\_\_\_\_ T \_\_\_\_\_ LOC: Yes No

Other Pertinent Physical Exam Findings:

Assessment:

Plan:

1. Explained risks of inadequate intake of food and/or water to detainee. Risks include, but are not limited to: headache, fatigue, malaise, nausea, abdominal discomfort, muscle wasting, heart problems/cardiac dysrhythmias, and death.
2. Detainee given informational handout and expressed understanding after all his questions were answered.
3. Continue follow-up as per Voluntary and Voluntary Total Fasting and Re-feeding SOP.
4. Other:

Translator: \_\_\_\_\_

Provider: \_\_\_\_\_

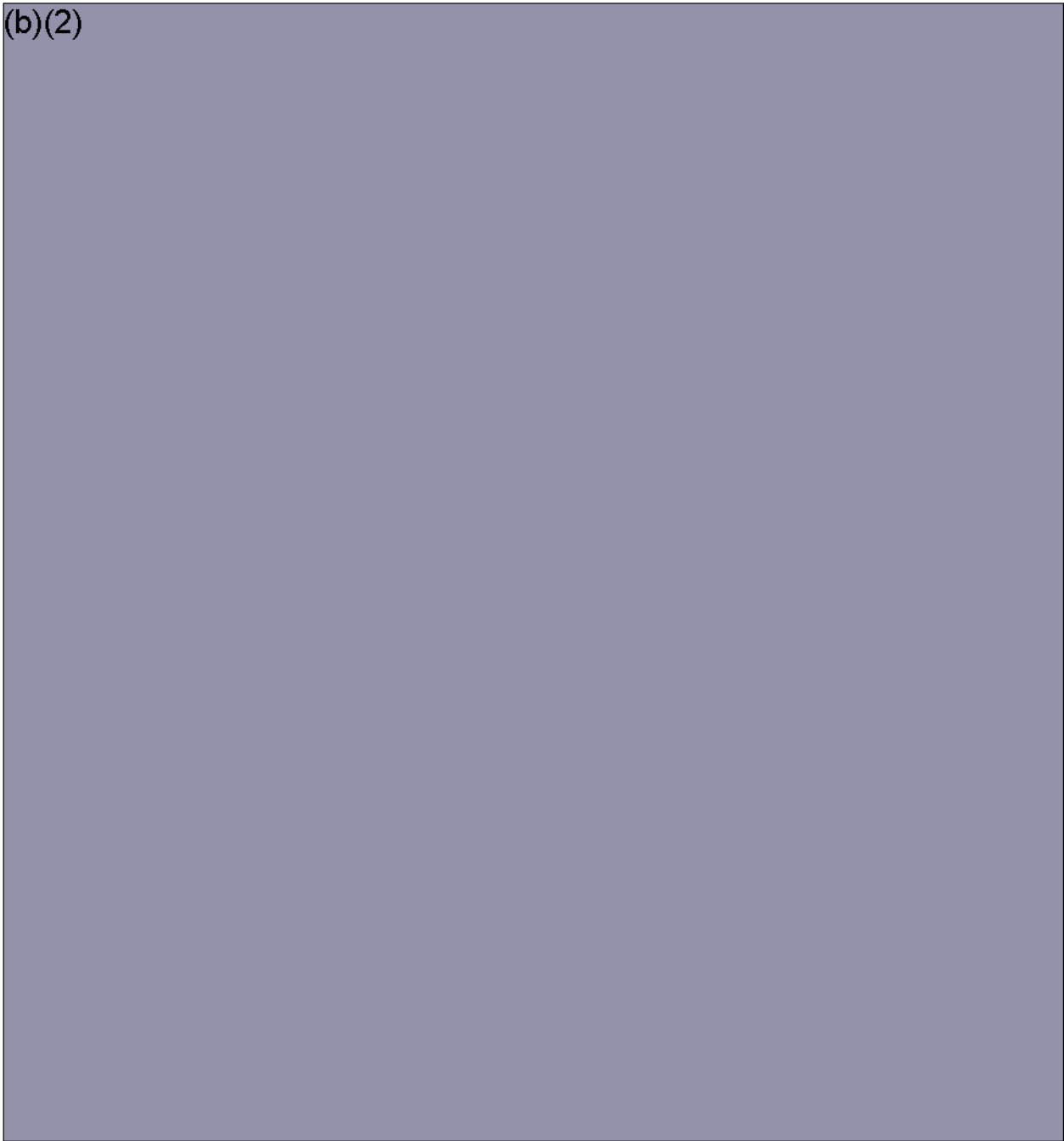
Enclosure (2)





**Clinical Protocol for Re-Feeding**

(b)(2)

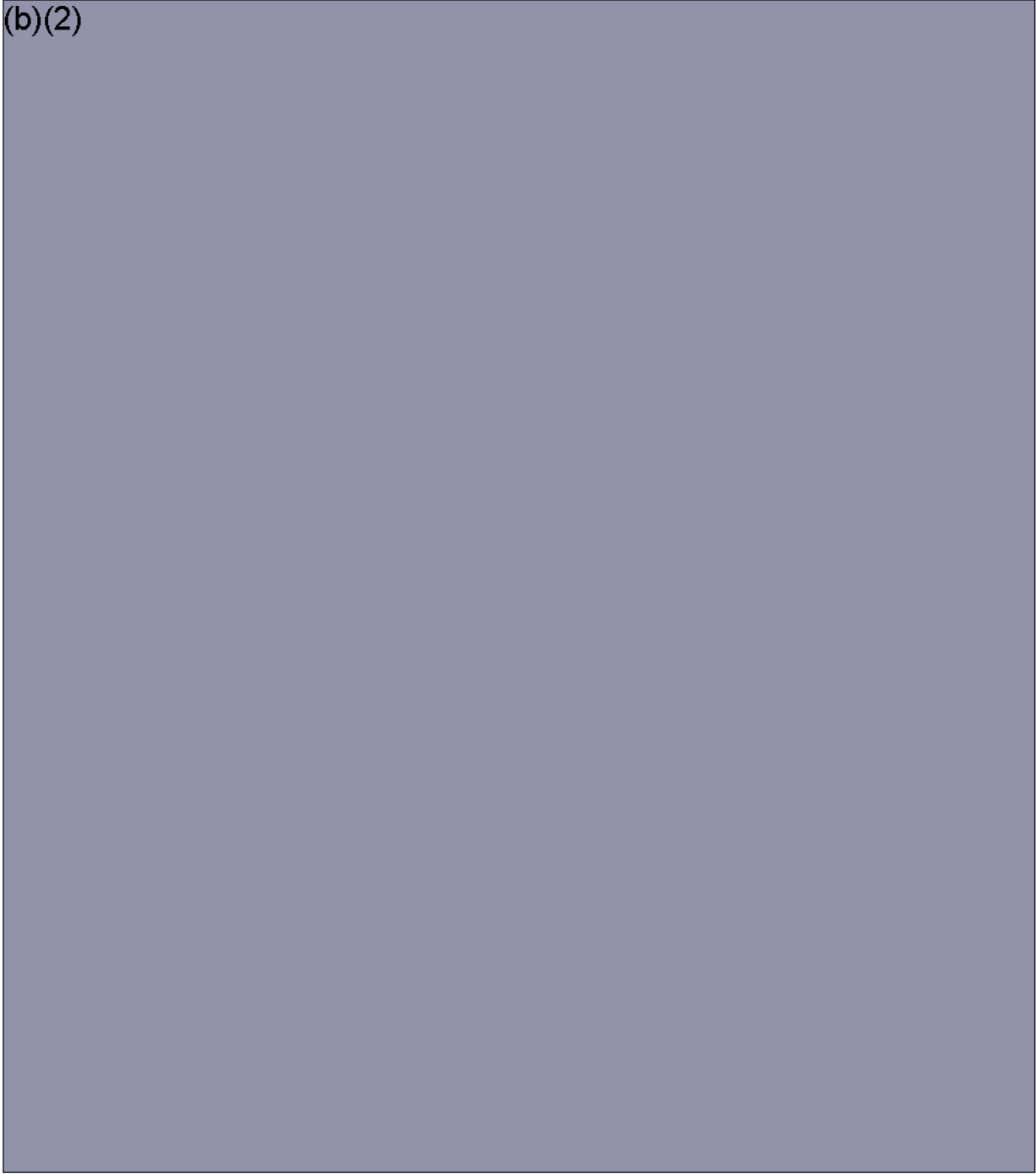


Enclosure (4)

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(b)(2)




Enclosure (4)

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(b)(2)



Enclosure (4)

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**STANDARD OPERATING PROCEDURES**  
Detention Hospital  
Guantanamo Bay, Cuba

<b>REVIEWED AND APPROVED BY:</b>	
_____	_____
Officer In Charge	Date
<b>IMPLEMENTED BY:</b>	
_____	_____
Director for Administration	Date
_____	_____
Senior Enlisted Advisor	Date
<b>ANNUAL REVIEW LOG:</b>	
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
<b>SOP REVISION LOG:</b>	
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
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<b>ENTIRE SOP SUPERSEDED BY:</b>	
Title: _____	_____
SOP NO: _____	Date: _____