

By Ann Neumann

From [Waging Nonviolence](#) | Original Article



*Guards from Camp 5 at Joint Task Force Guantanamo escort a detainee from his cell to a recreational facility within the camp. (Flickr/Kilho Park)*

I know a hunger-striking prisoner who hasn't eaten solid food in more than five years. He is being force-fed by the medical staff where he's incarcerated. Starving himself, he told me during one of our biweekly phone calls last year, is the only way he has to exercise his first amendment rights and to protest his conviction. Not eating is his only available free speech act.

The prisoner has lost half his body weight and four teeth to malnutrition. He and his lawyer have gone to court to stop the force-feedings, but a judge ruled against him in March. If I asked you to guess where Coleman is being held, you'd likely say Guantánamo — “[America's offshore war-on-terror camp](#)

” — where a mass hunger strike of 100 prisoners has brought the ethics of force-feeding to American newspapers, if not American consciences. Twenty-five of those prisoners are now being manually fed with tubes.

But William Coleman is not at Guantánamo. He's in Connecticut. The prison medical staff force-feeding him are on contract from the University of Connecticut, not the U.S. Navy. Guantánamo is not an anomaly. Prisoners — who are on U.S. soil and not an inaccessible island military base — are routinely and systematically force-fed every day.

The accounts of force-feeding coming out of Guantánamo, including Samir Naji al Hasan Moqbel's “[Gitmo is Killing Me](#)” in *The New York Times* two weeks ago, are consistent with how Coleman has described the process to me — and to the Supreme Court of Connecticut.

On Oct. 23, 2008, medical staff and corrections officers first strapped Coleman at four points to a vinyl medical table and snaked a rubber tube up his nose, down his throat and into his stomach. When the tube kinked, they thought his reaction to the pain was resistance and tied him across the chest with mesh straps. They reinserted the tube and Coleman gagged as they drained Ensure, a nutrient drink, into it. He continued to gag. He bled. He vomited. He felt violated, not medically treated. Coleman is still being force-fed; sometimes the staff put a semi-permanent tube up his nose, sometimes they don't. They no longer strap him down. He knows the staff. They are, he says, following orders.

The fact that force feedings are being discussed in the context of Guantánamo is dangerously misleading; it obscures the routine use of feeding tubes in American prisons. Other recent feeding tube cases have taken place in Washington state, Utah, Illinois and Wisconsin — all prisoners who had the resources to contest their treatment in court. No sweeping study of force-feeding has been done, so statistics on usage don't exist. Only three states have laws against force-feeding prisoners: Florida, Georgia and California, where a hunger strike in 2011 at a facility in Pelican Bay effectively caused a court examination of prison conditions. Just this week Leroy Dorsey, who sued New York state to have his force-feedings stopped, [lost his case](#).

“Force-feeding order did not violate inmate's rights,” the Reuters headline reads.

No matter where force-feedings take place, whether in Guantánamo or Connecticut, they are considered torture by most of the world's medical and governing bodies. As U.N. High Commissioner for Human Rights [Rupert Coville said this week](#) about tube usage, "If it's perceived as torture or inhuman treatment — and it's the case, it's painful — then it is prohibited by international law."

[At](#)

[The Daily Beast](#)

[, Kent Sepkowitz](#)

, a doctor, writes, "Without question, [force-feeding] is the most painful procedure doctors routinely inflict on conscious patients," and calls it "barbaric."

In 2005, when 142 Guantánamo detainees stopped eating, their subsequent force-feedings caused 263 international doctors to write an open letter in [the medical journal The Lancet](#) that denounced the practice and called on doctors to stop participating. They wrote, "Physicians do not have to agree with the prisoner, but they must respect their informed decision."

To little effect, the [American Medical Association condemned](#) the force feedings in 2005, 2009 and again last week, saying that "every competent patient has the right to refuse medical intervention, including life-sustaining interventions."

Yet most media outlets continue to portray feeding tube use as a "complex ethical debate." It's not. Competent prisoners go on hunger strike because they have something to say and no other way to say it. Prison officials choose not to hear — and silence them with tubes. In court documents, wardens cite two primary concerns: the health of the prisoner, whose well-being they are responsible for (and for whose "suicide" they could be blamed); and prison order, including disruption of facility routine, copycat hunger strikers, and low morale among corrections officers and staff.

According to Mara Silver, who wrote about prison hunger strikes [for Stanford Law Review in 2005](#)

, there is scant evidence that hunger strikers disrupt prison order. In fact, she notes, wardens often aren't required to show proof when challenged. Consistently, routinely, wardens are deferred to in these cases.

Last week [The Chicago Tribune reported](#) that President Obama, who has not yet fulfilled a

campaign promise to close Guantánamo, had courts on his side:

Most U.S. judges who have examined forced feeding in prisons have concluded that the measure may violate the rights of inmates to control their own bodies and to privacy — rights rooted in the U.S. Constitution and in common law. But they have found that the needs of operating a prison are more important.

Prisoners' rights activists have long acknowledged courts' reluctance to reconsider application of common law and constitutional rights to those inside. This status quo works so long as it is supported by public opinion — or public ignorance of the practice.

Hunger strikes have the power to change public opinion. This might be why the warden of Coleman's prison has refused my request for a visit — and that of any other journalist. As the warden put it in a brief letter, they think my presence might “exacerbate” the inmate's condition or “contribute to his detriment.” Or, perhaps, bring attention to Coleman's case. So long as force-feeding is considered an exceptional practice, applied to less than two dozen men from foreign countries, and on foreign soil, the public and the medical community can remain ignorant of the torture within our growing domestic prison industry.

For an [article on William Coleman](#) that appeared in *Guernica* magazine in January, I spoke with American bioethicist Jacob Appel, who has [written extensively about Coleman](#) and feeding-tube usage in U.S. prisons. The public discourse about Guantánamo, Appel told me, had falsely assumed that torture and abuse are an exception rather than the general rule. Guantánamo, he said, “was presented as ... an extraordinary set of circumstances, not an outflow of American law.”