Muslim chaplain speaks out over Guantanamo hunger strike

Janice Hopkins Tanne *New York*

Muslim prisoners at the US base at Guantanamo Bay are on a hunger strike and some are being force fed, James Yusuf Yee, a Muslim chaplain and US Army officer who served at Guantanamo Bay for 10 months, told a meeting in New York last week.

Captain Yee's assignment at Guantanamo Bay ended in September 2003. He was then arrested and charged with espionage and crimes carrying a death penalty, but he was later cleared. He resigned from the army in January 2005.

Last week, Captain Yee told a crowded meeting sponsored by the Center for Constitutional Rights at New York University Law School that prisoners at Guantanamo were on a hunger strike.

"The prisoners are human. They are Muslim men, husbands, fathers, brothers. They have families, wives, sisters, brothers, and children. In the

press they are portrayed as people who are in some way directly related to September 11. I found it hard to believe that all are connected, that they are all terrorists. Some 200 have been released," he said.

They were despondent and depressed after being detained without being charged, having access to lawyers, or being brought before a court for nearly four years, he said. He described emotional distress and severe depression and said that some prisoners had stopped talking and had regressed to a child-like state because of stress. At least two prisoners had been "permanently" in the Guantanamo hospital and were being force fed. Now, he said, 18 were being force fed.

Captain Yee is a graduate of the US military academy at West Point and served in the US Army for 14 years. A third generation Chinese-American who grew up in a comfortable suburban household, he converted to Islam while in the US Army, studied in Damascus, and became a US Army Muslim chaplain, before being assigned to Guantanamo.

At the same meeting, Gitanjali Gutierrez, a lawyer with the Center for Constitutional Rights representing Guantanamo detainees, said that the number

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of prisoners on hunger strike might have been as high as 250 of the approximately 550 prisoners still held at Guantanamo, although it might now be as low as 131. She said that 21 prisoners were in hospital, 20 of them being force fed through nasogastric tubes.

"The Department of Defense refuses to release the names of the men hospitalised and won't tell their attorneys," she said. An Army spokesman told Reuters that the men on hunger strike were being closely monitored by medical personnel and were clinically stable.

Ms Gutierrez said that the detention policy in Guantanamo was based on the principles of secrecy, isolation, and dependency. Men were dependent on US guards for such things as water and toilet paper, she said. They were told that cooperation with interrogators would bring them better treatment.

"The isolation is severe," she said. Prisoners are not able to make telephone calls to their families or their lawyers, as prisoners in US prisons can. "Mail delivery is every six months, at best," she said. (See p 913.)

Funding in Africa is concentrating too heavily on the "big three"

Klaus Morales *BMJ*

Certain tropical diseases are being unjustly ignored in Africa because funding is so heavily concentrated on the "big three" diseases—HIV/AIDS, tuberculosis, and malaria—says a new study by David Molyneux and colleagues (*PLoS Medicine*, doi: 10.1371/journal.pmed.0020336).

The neglected tropical diseases, including schistosomiasis, onchocerciasis, trachoma, lymphatic filariasis, and the soil-transmitted helminth infections, are responsible for as many as 500 000 deaths a year. But the international health community gives priority to the big three.

"Instead of 95% of funding being addressed to the big three, give them 90% and we will be

able to do a lot of cost effective treatment with the extra 5%. We don't need research; we just need funds to sustain the implementation of control programmes, and we urge policy makers and donors to rethink policies, and address the neglected diseases," said Alan Fenwick, professor of tropical parasitology at Imperial College, London and one of the co-authors of the paper.

These diseases can be effectively treated with a minimum budget, estimated at \$0.40 (£0.23; €0.33) a year. The proposed rapid impact package includes four drugs—praziquantel, albendazole, ivermectin, and azithromycin—with the three last being donated

by multinational pharmaceutical companies, the paper says.

"Compared to a minimum of \$200 per person per year to treat HIV/AIDS, \$200 to treat a single episode of tuberculosis and \$7-10 to treat a single episode of malaria, the cost of the package would be negligible. It is equivalent to the costs of 12 condoms for HIV prevention and a quarter of the price of an antimalarial bednet," the paper says.

Professor Molyneux, director of the Lymphatic Filariasis Support Centre at the Liverpool School of Tropical Medicine, added, "For the big three, transmission would still continue at the present rate. For example, treating three million people until the end of this year as stated in the '3 by 5' target for HIV would still leave 90% of HIV infected individuals untreated and actively transmitting."

There are currently six public-private partnerships working in Africa linked to specific

neglected tropical diseases, each reaching a large number of people. "Our plan is to bring all of them together to complete the job we have started, and reach half a billion people annually for five years. In doing so, we would take morbidity due to these diseases out of the burden of disease equation for Africa.

"If donors would just get the funding more evenly balanced, we can put forward this emergency treatment package through these integrated programmes," said Professor Molyneux.

Implementing these goals, however, might be not as simple as it sounds. "The final costs of an integrated package may need to include the costs of drug use monitoring and of developing new tools for neglected disease control. Additional costs must therefore be considered in order to promote ongoing research and development for new neglected diseases control tools," the article says.