

Gitmo revisited

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The recurrent controversies surrounding Guantanamo Bay bring to mind the time I spent there a decade ago as a military physician. As an Air Force infectious disease specialist, I was deployed to the Guantanamo Bay naval base as part of the military's response to the Cuban and Haitian refugee crisis in 1994-1995. During my stint on that desert island I saw compassion, hope, and frustration, and the first detentions of foreign citizens that would get us into trouble later.

Many Americans may remember that in 1994 about 46,000 Haitian and Cuban men, women, and children took to sea on rafts and boats in a vain attempt to reach the US mainland, in a replay of the Mariel boatlift 14 years earlier. This mass exodus was stimulated by one of Castro's periodic political maneuvers in Cuba and by Haiti's endemic governmental instability. The boat passengers were picked up by the US Coast Guard and eventually brought to Guantanamo Bay, or Gitmo, as it is colloquially known. There they were housed in large tent cities on the base, which consists of 45 square miles of heavily guarded land on the rocky southeastern tip

of Cuba. "Operation Sea Signal" was the United States' response to this refugee crisis, providing the migrants with the necessities of daily life, as well as comprehensive health care, until the broader immigration and asylum issues could be settled.

If the social milieu was unsettled, the medical challenges were legion as well. My colleagues and I set up a program to administer directly observed treatment (DOT) for tuberculosis to over 300 Haitians and dozens of Cubans with active disease. Well over 5% of the Haitians were HIV-positive and required counseling and more specialized care. We found that the vast majority of the Haitian refugees had never seen a physician in their lives. Most were malnourished and had chronic parasitic worm and amebic infestations. On a positive note, the Haitian refugees were generally young, and once their nutritional and basic medical needs were met they became healthy and robust: this was the nature of those who had survived Haiti's endemic chaos.

Conversely, the Cuban refugees included many older men and women and more refugees with chronic illnesses. A significant number were actually recent residents of mental asylums and prisons. Though most of them had received decent ongoing care back home, we saw some interesting peculiarities of the Cuban health system, such as the tendency to diagnose seizure disorders in young children—about 10% of children were on antiseizure

medications. A couple dozen young men claimed to need monthly phlebotomies for treatment of hemochromatosis, a diagnosis for which we found no support and that we concluded had been diagnosed spuriously, perhaps to provide regular donors for the country's blood bank needs.

I found the medical work fulfilling but the administrative duties onerous. As second-in-command for one of the Air Force medical units, I dealt with the numerous and often conflicting requests from other military branches, the State Department, INS, outside activist groups, NGOs, and other sundry bureaucracies, many of which greatly impeded our health care mission. Inquiries from congressional offices to report on the status of individual cases—almost all Cuban refugees with relatives already living in the United States—became so numerous that we had to assign a non-commissioned officer just to handle them. Our work became much more complicated when Washington decided to open up a special dispensation for Cuban refugees with medical conditions, allowing them to enter the United States in an expedited fashion. This led to a run on medical evaluations for conditions both real and fabricated (the latter outnumbering the former).

Gitmo was not without its attractions. In our downtime we ran on roads and trails that crisscrossed through the hills of southeastern Cuba, pausing occasionally to marvel at the 3-foot long iguanas or

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plump banana rats that clambered through the brush. We snorkeled in the pristine reef waters off the rocky beaches. The 1950s-era officers' clubs and restaurants were in full swing, offering Mongolian barbecue on Thursday nights and Country and Western line dancing on Saturdays. The chapels were full on Sundays. One could get a picture of an idyllic, if isolated, posting that represented an America in miniature, with elementary schools, barbershops, hi-fi stores, and McDonalds. Perhaps the refugees who were living in fenced compounds hastily erected on the golf course had this image in mind when they launched their rafts.

However, the hills of Guantanamo Bay harbored a dark side. We saw the first inklings of what would become prison camps on Gitmo. About 1000 of the Cuban refugees picked up were criminals or presumed sociopaths and were therefore confined to what became "Camp X-Ray." Though this refugee operation was free from the kinds of complaints of abuse that have surfaced recently regarding Gitmo, the crowded conditions and simmering political ferment led to some security challenges, including 2 refugee riots.

Most unsettling to many of us were US actions that devolved from the fact that Jean-Bertrand Aristide had been reinstated to authority in Haiti, while Fidel Castro was still preeminent in Cuba. The Cuban refugees were allowed to immigrate en masse to the United States as political refugees, while the Haitian refugees were forced to return to their still-chaotic homeland. Some observers saw a hint of racism there; others chalked it up to the residua of decades of Cold War politics. Whatever the truth, I saw the Haitian families lined up to board the Coast Guard cutters that were ready to take them back to Port au Prince and can report that by and large they bore their lot with equa-

nimity. If they hadn't won the immigration lottery like their Cuban counterparts, they at least had lived in a safe, secure environment where their nutritional and medical needs had been met for 6 months or so. They were, we rationalized, perhaps a little better off than before they got picked up on the ocean.

My most affecting accomplishment was to help get an ill Haitian man named Ivrene and his daughter into the United States. Ivrene had been a political activist in Haiti, who fled Haiti with his 4-year-old daughter, Sandy, after his wife was assassinated by the Tonton Macoute. His work for us as a translator and liaison to the Haitian community was cut short by a progressive illness that was eventually diagnosed as advanced HIV infection with wasting. The understanding that he would probably die within a period of months without advanced medical help led us to request his transfer to a hospital in the United States, but we ran up against intransigent immigration policies. Ivrene's warm and cheerful personality in the face of extreme adversity affected us deeply, and several of us explored the possibility of adopting his daughter if Ivrene died at Gitmo. My colleagues and I worked every avenue without apparent success, but I heard shortly after I came back to the States that Ivrene and his daughter had been accepted as humanitarian refugees and had found a haven in south Florida.

A decade later, I remember Gitmo as a place of healing and hope, and I have a hard time digesting the recent stories of prisoner abuse. I cannot fathom this place as a sort of Devil's Island for those nameless men caught up in the war-on-terror dragnet. I'd rather see it return to its status as a sleepy desert island and Cold War relic, an arid land of rocky hills and beaches, from which occasionally beautiful flowers were seen to blossom.

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