



From Your ANA President

Searching for transparency at Guantanamo Bay

LATE LAST FALL, I received an invitation to view the detainee facilities at Guantanamo Bay (GTMO), Cuba. The purpose of the trip was to take a firsthand look at the facilities, meet with staff, and review pertinent policies and nursing practices. American Nurses Association (ANA) is the first nursing organization invited to view the camps.

I can't imagine a better example of complexity in a practice environment—one that demonstrates our contemporary scope of practice and directly involves our Code of Ethics: How do nurses advocate for their patients in these detention facilities? Given the obligations expressed in the Code of Ethics, what challenges do nurses encounter when trying to meet them?

With these and many other questions, I began preparations. I tucked in my briefcase resource documents from ANA—our profession's Code of Ethics, the Scope and Standards of Practice, and several position statements. Because I believe these documents are the foundation for our profession and all nurses should consult them, their contents served as my compass on the tour.

After landing in Cuba, we took a short boat ride across Guantanamo Bay surrounded by military gun boats. Throughout the trip, security was extremely tight—so tight that although I saw detainees outside engaged in such chores as laundry, I never had a chance to speak with them. We were treated like VIPs, yet kept on a schedule that left little time for casual conversation or exploration. Whether this whirlwind was intended to improve or slow down communication is open to question.

During an extensive orientation briefing, Joint Task Force Guantanamo Commander Rear Admiral Harry Harris spoke of his desire for transparency in GTMO operations and answered many of my questions. For example, he told me the military has invested more than \$100 million in housing, health care, and interrogation facilities at the six camps, which hold about 430 detainees living in various levels of security.

After this briefing, I felt ready to talk to the nurses. Nurses provide care in the hospital and supervise the corpsmen, who provide care in the camps and clinic. These nurses, all Navy officers, have my utmost respect and appreciation for their sacrifices in serving our country.

The chief nurse met with us and accompanied us on the hospital part of the tour. She told us that nurses are assigned to the camps only for 4 to 6 months, so there is a lot of turnover and a resulting need for clearly written policies and procedures. I noticed quality outcome reports on a bulletin board; results of these studies have the potential to enhance the quality and effectiveness of nursing practice in GTMO health care facilities.

My conversation with the chief nurse was shorter than I had hoped, as she did not join us after we left the hospital and continued with the camp tour. Thus, many of my questions about nursing went unanswered, with transparency not yet achieved. To get a complete picture, I needed more time with the chief nurse and the opportunity to meet with other nurses.

As I walked through the facilities, I was mindful of our Code of Ethics and the fact that it describes the practice of every registered nurse in every role and every setting. In this setting, the issues need to be identified by the nurses experiencing them. Their role as patient advocate is essential.

Although Admiral Harris stated that he was working toward greater transparency, I never got an answer to my key question: Does the practice environment support, hamper,

or prevent compliance with the Standards and Code of Ethics? I strongly believe that additional conversations with the Red Cross, specialty organizations, Joint Commission on Accreditation of Healthcare Organizations, and again with ANA may help the Commander and all of us feel confident that the operations are indeed transparent and appropriate.



ANA President Rebecca Patton tours the detainee facilities at Guantanamo Bay.

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