

Introduction

In March 2013, a group of detainees at Guantánamo Bay Detention Camp, Cuba, went on hunger strike. At the height of their protest, 106 individuals were refusing to eat. For detainees incarcerated for over a decade without charge or trial, food refusal offered a potent way to rebel. Having been stripped of their capacity for political communication and placed in an institution that severely restricted personal freedom, the simple act of not eating allowed detainees to reassert control over their bodies. It granted autonomy and self-determination, posing a challenge to Guantánamo's disciplinary ethos. These hunger strikes were also highly political. By rejecting food, detainees openly defied the authority of the American government which had incarcerated them. They used their bodies as weapons, the last remaining resource available for remonstrating against adverse institutional conditions.¹ In turn, the newsworthy nature of these protests drew international attention to allegations of institutional torture and violence seemingly supported by the Obama administration. The protestors knew that hunger strikes attract worldwide interest from journalists, human rights activists, politicians, ethicists, and doctors. They had posed a formidable moral question: Is it acceptable to allow a prisoner to starve to death?

Corpses present problems. A dead hunger striker can offer evidence of deplorable prison conditions. A death also goes some way towards validating dissident political perspectives. These, after all, had been worth dying for. Surely they must have some value? In the event of a death, less sympathetic

observers always assert that hunger striking amounts to suicide and that the corpse was once a ‘terrorist’ intent on endangering the public with mindless violence. Why, they ask, should anyone care about a dead ‘terrorist’? Yet, in politically charged circumstances, a lifeless hunger striker can swiftly transform into a martyr, a victim of political cruelty whose desperation led him/her to perform the unthinkable act of mutilating one’s own body, entirely eradicating it in a grotesque act of disfigurement that (s)he could have halted at any time simply by eating.

Throughout the twentieth century, the emaciated bodies of hunger strikers provided a powerful symbol of determined resistance to aggressive states, not least in Ireland. Hunger strikers who died there did so for a national or collective cause, not to selfishly escape individual suffering or institutional misery. Their deaths were altruistic, selfless acts performed for the greater good of a national, religious, or political cause.² They became ‘good deaths’, not suicides. In turn, death by hunger strike reshaped public perceptions of victim and aggressor. Bobby Sands provides a compelling example. Allowed to starve in a Northern Irish prison in 1981, the image of his emaciated body still raises claims of political intransigence and cruel, unnecessary treatment at the hands of Margaret Thatcher. Now valorised as an emblem of Irish self-sacrifice, Sands metamorphosed from ‘terrorist’ to martyr while the British state adopted the role of violent oppressor. Alternative perspectives on Sands’ death exist, but this account predominates.³ On a less ideological level, Sands’ death sparked rioting throughout Northern Ireland, aroused international concern about the treatment of republican prisoners, and altered the trajectory of Northern Irish politics throughout the 1980s. Meanings became attached to Sands’ withered body; his corpse became politically encoded.⁴ Both his hunger strike and death provided a public spectacle.⁵

For most governments, deaths from hunger strike are best avoided. But what alternatives are there? At Guantánamo, at the time of writing, detainees are being force-fed. Force-feeding (or forcible-feeding, as it was once termed) involves inserting a stomach tube into the mouth of a prisoner/patient which is then passed downwards through the throat and oesophagus before eventually arriving in the stomach. The passing of the tube causes most patients to gag, choke, and vomit over themselves. Once the patient has been calmed, liquid food is then poured into the top of the tube, and it descends into the stomach. Digestion is resumed. Force-feeding can also be performed using a nasal tube. It shares similarities with artificial feeding, a procedure that keeps mentally ill patients who refuse

to eat alive, as well as coma patients.⁶ Yet subtle differences exist. Unlike artificial feeding, force-feeding tends to be performed against the will of patients (mostly prisoners) who have decided not to eat. Moreover, most hunger strikers are not mentally ill. A lack of food by no means impairs the human capacity to make rational judgements. Hunger strikers often experience hallucinations and mental distress, but rarely go insane. This complicates matters. According to accepted medical ethics, *same* patients have a basic right to be able to refuse medical treatment (including force-feeding) if they wish. Moreover, force-fed prisoners typically insist that the procedure is used primarily to punish, degrade, and harm. They claim that the passing of a stomach tube through the inner body is intensely painful, as well as emotionally traumatic. Force-feeding has also been known to kill when liquid food has accidentally been decanted into the lungs rather than stomach, the end result being a rapid death from pneumonia. Force-feeding emerges from the historical and present-day record as physically dangerous, ethically precarious, and irrefutably unpleasant.

This study examines force-feeding from historical perspectives. It unearths prisoner experiences, public reactions, and ethical debates. It situates force-feeding within broader ideas on pain and suffering, recaptures the emotional and physical sensation of being fed, and assesses the contrasting meanings attached to force-feeding in the various socio-political contexts in which it was performed. The main focus is on England, Ireland, and Northern Ireland, a complex geo-political region in which heated debates on force-feeding first emerged and recurrently resurfaced throughout much of the twentieth century. Although Russian prisoners went on hunger strike in the nineteenth century,⁷ it was English suffragettes who first demonstrated the political potency of hunger striking in groups.⁸ Between 1909 and 1914, imprisoned suffragettes refused food collectively and exhibited an absolute determination to fast until death, if necessary. To avoid a martyrdom, the Home Office authorised force-feeding. Incensed suffragettes and an array of unpartisan critics posed a number of challenging ethical questions. Is force-feeding safe? Can it kill? Are doctors who force-feed acting ethically, in line with the norms of their profession? Or, instead, have they become pawns in a battle of wills between government and prisoners? And do these doctors really believe that they are saving lives? Or are they perhaps more interested in disciplining recalcitrant prisoners?

When suffragettes stopped hunger striking in 1914, these questions remained unresolved. Undeterred by hostile public opinion, and perhaps

impressed by the efficacy of feeding technologies in quelling prison rebellion, the British government maintained its policy of feeding hunger strikers. Just as the suffragette campaign quietened during wartime, the Irish republican movement began to gain considerable momentum. Irish national independence was ultimately secured in 1921. As had been the case when dealing with the suffragettes, the British government used imprisonment extensively to tackle republican dissidence. Inspired by the suffragettes, a large number of republicans went on hunger strike, only to be fed against their will. The contentious death of prominent Irish Republican Army (IRA) member, Thomas Ashe, in 1917 ultimately forced a change in hunger strike management policy in Ireland.⁹ Ashe was the first political casualty of force-feeding; pneumonia infected his body following a botched feeding attempt by an inexperienced doctor. But even despite this prominent fatality, prisoners outside of Ireland continued to be fed against their will. In England, conscientious objectors were force-fed throughout the First World War, often in a brutal, degrading way, despite firm evidence that the procedure could kill.

After 1917, England and Ireland had contrasting hunger strike management policies. In Ireland, republican prisoners continued to hunger strike throughout the War of Independence (1919–21) and Civil War (1922–23). In the latter conflicts, approximately 8000 republican prisoners staged hunger strikes.¹⁰ However, Irish prison doctors were reluctant to force-feed and grappled instead with the uneasy task of caring for patients as they slowly, and deliberately, wasted away. Most notoriously, the former Lord Mayor of Cork, Terence MacSwiney, died in 1920 after enduring seventy-four days without food, causing an international uproar.¹¹ After securing national independence, the Irish government never authorised force-feeding. In contrast, force-feeding remained common in English prisons throughout much of the century. Numerous convict prisoners—including murderers, anarchists, and peace protestors—went on hunger strike only to be subjected to the stomach tube. The commonplace nature of both hunger striking and force-feeding in twentieth-century English prisons passed mostly unnoticed until 1973 when four Provisional Irish Republican Army (PIRA) prisoners, including two young sisters Marion and Dolours Price, decided to refuse food. Their feedings attracted international attention. The death of PIRA prisoner, Michael Gaughan, in the following year following complications with force-feeding finally encouraged the Home Office to change its policies. Partly in response to the British government's mishandling of its politicised prisoners, the

World Medical Association formally declared force-feeding as unethical in 1975.¹² For the first time, the medical profession clearly outlined ethical standards on hunger strike management, even though force-feeding had by then proven controversial for nearly sixty years. Prisoners could no longer be fed against their will, one consequence being that ten PIRA members starved to death in Maze Prison, Northern Ireland, in 1981. These included Bobby Sands. Evidently, hunger striking was an important feature of the medical and emotional landscapes of the twentieth-century prison. A complex interplay evolved historically between two contrasting options: force-feeding and allowing self-starvation. Prisoners who went on hunger strike endured deep physical and emotional suffering. Those who were force-fed found themselves subject to pain, degradation, and, in many instances, physical and verbal intimidation. In turn, force-feeding called into question basic tenets that underscored medical ethics and modern understandings of liberal western society itself. The wilful infliction of pain clashed profoundly with expectations of medical professionalism and civilised behaviour.

HISTORIOGRAPHY

Why is a historical study of force-feeding important? Such an investigation fills a significant historiographical lacuna. When studying broader political campaigns such as republicanism, historians of Ireland have routinely denounced force-feeding as unsavoury and vicious. Their discussion has been condemnatory but rarely reflective. In his study of Irish imprisonment between 1912 and 1921, William Murphy briefly alludes to the ethical problems posed by force-feeding.¹³ Popular accounts of Irish hunger striking, such as Barry Flynn's *Pawns in the Game*, condemn the procedure as brutal and torturous.¹⁴ Yet the ethical issues that surround force-feeding are far more intricate than these passing mentions suggest and warrant a more focused inquiry. Such a study would also shed light on the ethical, physical, and emotional aspects of hunger striking yet to come to light due to a tendency among historians of Ireland to focus almost exclusively on the political dimensions of twentieth-century prison protests.¹⁵ Recent oral history research into the Northern Irish Troubles undertaken by Greta Jones, James McKenna, and Farhat Manzoor has opened up possibilities for examining fresh aspects of Irish conflict. In their *Candles in the Dark: Medical Ethical Issues in Northern Ireland during the Troubles*, the authors highlight the complexity of providing and receiving medi-

cal care in a conflict zone and the day-to-day challenges in adhering to medical ethical norms.¹⁶ In their study, the authors firmly demonstrate that hunger striking is a form of protest with implications that extend far beyond the political. For those who willingly starve themselves, food refusal bears physical, psychological, and emotional consequences.

Suffragette historians have proven more attentive to the medical and socio-cultural aspects of force-feeding. The technologies used to feed suffragette prisoners, and their emergence in Victorian asylums, have been illuminated by Elizabeth Williams and Sarah Chaney.¹⁷ Elsewhere, I have situated debates on force-feeding within a broader context of criticism directed at the Edwardian medical profession as supporters of violence against both animals and women and also investigated the medical ethical debates that emerged during the British suffragette campaign.¹⁸ Feminist historian, Jennian F. Geddes, has rebuked the Edwardian medical profession for failing to speak out against force-feeding and supporting state policies.¹⁹ These studies highlight the ethical conundrum presented by force-feeding. Yet considerable scope exists for examining the endurance of force-feeding policies beyond the suffragette hunger strike campaign. Force-feeding remained in use in English prisons throughout much of the century. But historians have yet to critically evaluate the ruthless feedings of First World War conscientious objectors, unearth the harrowing experiences of convict prisoners subjected to the stomach tube, or examine the public uproar caused in the mid-1970s by the force-feeding of PIRA prisoners.

The issue of force-feeding taps into far broader historiographical themes including the history of medical ethics, gender, liberal political culture, Anglo-Irish relations, institutional welfare, prisoner well-being, radical movements, and social power. Historical analysis also has much to offer present-day debates. While it cannot hope to resolve the thorny ethical debates that currently surround the body of the twenty-first-century hunger striker, a historically grounded study could certainly help make sense of these controversies by offering historical insight and rooting discussions currently being waged by bioethicists, human rights activists, and politicians at the time of writing in a broader lineage of concern about force-fed prisoners. Although historically disparate, the presence of similar—almost identical—fundamental medical ethical concerns about force-feeding in historical and present-day incidences demonstrates some degree of continuity across time, as well as geographical space. Group hunger strikes tend to occur decades apart, meaning that medical communities often

lack an immediate ethical framework based upon recent practice to refer to when the state initiates force-feeding policies. Today, the nearest focal point for western doctors is, perhaps, the hunger strikes staged during the Northern Irish Troubles. Yet the force-feedings that took place in that period have been mostly forgotten about outside of Northern Ireland. Concerned doctors are perhaps cognisant of the fact that suffragettes were once force-fed. Some (particularly in Ireland) may be familiar with the death of Thomas Ashe. Yet few would be conscious of the intricacy of the discussions recurrently played out throughout the twentieth century in the pages of *Votes for Women*, *British Medical Journal* and the *Guardian*, or in the tense atmosphere at the public inquest on Thomas Ashe's body in Dublin, 1917. Few would recognise the relevance of historical debates to current ethical discussion. Given the temporal distance of large-scale prison hunger strikes, historiographical analysis of past experiences and debates holds the potential to inform current approaches to hunger strike management and help make sense of a persistent ethical conundrum.

WHY HUNGER STRIKE?

In 1975, the World Medical Association formally declared force-feeding as unethical. Why, then, is the procedure still being used? Force-feeding has been resorted to once again in the context of an alarmist concern over 'terror' and the wilful refusal of the Bush and Obama administrations to adhere to international human rights practices. It has helped to tarnish twenty-first American policies. On 11 September 2001, Islamic fundamentalists destroyed the World Trade Center, New York, in an unprecedented display of 'terror'. Two months later, President George Bush authorised the indefinite detention of anyone suspected of involvement in 'terrorist' activity against America. The first group of detainees was transported to Guantánamo from Afghanistan in January 2002. Upon their arrival, Secretary of Defense, Donald Rumsfeld, announced that members of this group were to be held as 'unlawful combatants', not as prisoners-of-war. He defended this loss of entitlement to special status on the basis that Al-Qaeda was not a recognised state party, meaning that its members were exempt from the Geneva Convention, a series of treaties on the treatment of civilians and prisoners-of-war. Al-Qaeda, Rumsfeld insisted, was an international terrorist group.²⁰

In the tense years that followed, experts heavily debated the legal status of Guantánamo, a site in which individuals could be housed indefi-

nately without trial. Critics denounced Guantánamo as a ‘legal black hole’.²¹ The site seemed exempt from normal rules of law and warfare as well as standard judicial processes.²² As Italian philosopher Giorgio Agamben suggested, the legal status of detainees was radically erased at Guantánamo, producing legally unnameable and unclassifiable beings. Ominously, Agamben compared this to the loss of Jewish identity in Nazi concentration camps.²³ Providing a counter-argument, influential political thinkers such as Michael Ignatieff insisted that the removal of a certain degree of privacy and human rights was a ‘lesser evil’ than the ‘greater evil’ which would ensure should the ‘terrorists’ win.²⁴ Yet many disagreed with him.²⁵ Even Ignatieff himself eventually tempered his arguments. During his election campaign, Barack Obama opposed the Bush’s administration’s handling of Guantánamo, although he made few changes to the camp upon coming to power in 2008.²⁶

Since 2002, detainees at Guantánamo have protested by hunger striking.²⁷ In doing so, they have drawn international attention to their treatment and detention without trial. The camp’s first hunger strike started in January 2002 and peaked at 150 detainees. It ended in the following month when officials apologised for mistreating the Quran. A more sustained period of hunger striking began in 2005 when detainees decided to protest their innocence and rally against their institutional treatment by refusing food. Hunger strikes took place intermittently at Guantánamo until 2013, when the aforementioned mass hunger strike commenced. In December 2013, the US military announced that it would no longer disclose information about hunger strikes. Force-feeding is known to have taken place since 2002.²⁸

Does the nature of these protests share any commonalities with historical hunger strikes? In many ways, yes. Part of the detainees’ anger stems from having been classified as ‘enemy combatants’ rather than prisoners-of-war. Historically, classification was a common motivation for hunger striking. In the 1910s, the Home Office refused to grant suffragettes political prisoner status, rousing numerous women to go on hunger strike. Similarly, Irish republicans often fasted (in the 1910s, 1920s, and 1970/80s) in protest against the British government’s obstinate refusal to recognise their special status within the prison, to distinguish them from everyday criminals and thieves. Many politicised prisoners viewed having to associate with ordinary criminals as defilement and sought to secure space from the polluting influences of rapists, murderers, and thieves. According to their line of argument, politicised prisoners are different

from ordinary criminals and should be treated as so.²⁹ Yet special category status also held symbolic value. It might have confirmed that dissidents have valid political perspectives. This was ideologically problematic. How could female suffragettes have been awarded political prisoner status in a country that actively denied women political participation? Were individuals who expressed their political views by planting bombs and murdering civilians really deserving of special category status? And would such an acknowledgement have in some way validated political violence?

Evidently, hunger strikes are very much concerned with identity. By criminalising political offences, politicians actively undermined the political agendas of suffragettes and Irish republicans by casting their offences as terrorism or simple crime. A similar line of thought pervades government approaches to Guantánamo today. But this begs the question: What precisely constitutes ‘terrorism’? A century ago, many viewed the militant suffragettes as akin to ‘terrorists’. Yet few, if anyone, would consider them in this light today. In the 1910s and 1920s, Irish public opinion was deeply divided on the extent of violence being perpetrated for the cause of national independence. Yet the IRA members who then helped to secure Irish independence are today valorised in Ireland as heroes who successfully overthrew centuries of British oppression. Precisely who becomes defined as ‘terrorist’, ‘dissident’, or ‘criminal’ depends heavily on historical and political context.³⁰ Nonetheless, political discourses of ‘terrorism’ and ‘criminality’ undoubtedly shape prisoner experiences, define terms of imprisonment, and provide the starting point of many incidences of food refusal. They also help governments justify harsh bodily interventions such as force-feeding unlikely to be considered acceptable in ‘normal’ circumstances.

Hunger strikes, past and present, are equally concerned with bodily autonomy and institutional conditions. For philosophers such as Michel Foucault, the modern prison is a site in which power runs ‘through’ the body.³¹ Prior to the nineteenth century, criminals who had committed even relatively trivial crimes were liable to be hanged. The gallows provided a visible and potent public symbol in place to deter the living from pursuing crime.³² In contrast, imprisonment became more common from the early nineteenth century. Western prisons were systematically reformed, although this reorganisation took the form of solitude, silence, isolation, the control of personal time (as exemplified by rigidly prescribed meal times), and the introduction of physically and psychologically exhausting regimes such as the treadmill. In Foucault’s model, the modern prison

system became inherently disciplinary and punitive; all punishments were now firmly directed towards the body and mind.³³ The casting of politicised prisoners as ‘terrorists’ or enemies of the established social order further encouraged harsh institutional treatment, particularly if prison staff viewed their prisoners as part of an enemy threat to the nation, if not western liberality itself. To worsen experiences even further, politicised prisoners were more likely to rebel while incarcerated, to see their imprisonment as unfair and unjust. Pain and force were far from incompatible with the disciplinary tendencies of the prison and were routinely directed at prisoners with unshakeable political views.

Conflict between prison staff and politicised prisoners is regularly played out on the level of the body. Accusations of physical and mental torture—or at least cruel, inhuman, and degrading treatment—have recently solidified the idea that Guantánamo constitutes a serious human rights threat.³⁴ If anything, Guantánamo is now a byword for injustice. Upon returning home, released detainees have reported regular beatings, rape threats, psychological intimidation, and the cutting of body parts including the genitals.³⁵ Torture can be difficult to define. Psychological torture is immeasurably harder to gauge than physical torture as it tends not to leave an array of physical marks and bruising as evidence.³⁶ However, it certainly exists. Sociologists have gone so far as to depict Guantánamo as the archetypal Foucauldian prison, an establishment where penal discourses, practices, and technologies are directed towards the bodies and mind of detainees. According to criminal rights expert Michael Welch, Guantánamo couples penal technologies with harsh interrogation, torture, repressive confinement conditions, and few prospects for release. Power relations act unfavourably on inmates who find themselves confined in a panoptican-like institution where they are constantly monitored by CCTV cameras and forced to sleep in brightly lit cells.³⁷ The Pentagon’s power over their bodies is absolute.

Suffragettes, conscientious objectors, and PIRA prisoners similarly complained of receiving exceptionally harsh institutional treatment due to their political views. Conditions for suffragette and Irish republican prisoners were perhaps not as imposing as they now are for Guantánamo detainees. However, many suffragettes (particularly those drawn from middle-class backgrounds) left the prisons horrified at the conditions which they had encountered, as did a considerable number of conscientious objectors during the First World War. Similarly, the widespread use of internment in Northern Ireland from 1971, followed by the con-

struction of the formidable Maze Prison complex in which Bobby Sands died, raised concern about deplorable prison conditions and the manner by which the government chose to treat its incarcerated political opponents. The so-called ‘dirty protest’, in which Northern Irish republican prisoners smeared their own excrement over their cell walls and refused to wear anything other than a blanket, perhaps exemplifies the lengths politicised prisoners have gone to in order to rally against their institutional treatment.

How can autonomy be regained in such contexts? Fasting offers an important opportunity to reassert bodily control in an environment deliberately designed to curtail individual choice and decision-making. Food is central to prison life. It helps to structure time, conditions custodial life, and is symbolic of the prison experience.³⁸ Refusing food directly challenges the normal disciplinary workings of prisons. It disrupts day-to-day schedules and represents a firm rejection by prisoners of the regimented power systems that structure institutional life and the harsh, discriminatory conditions which they often face. It also invokes the idea that a prisoner or detainee has a right to die if they wish, perhaps the ultimate, most extreme, assertion of control over one’s own body. If prisons are concerned with controlling life at its most basic levels, then hunger striking (with its potential to rescue a prisoner from unfair judicial systems, political injustice, and institutional brutality through death) signifies a complete dismissal of the basic principles that undergird the modern prison. Hunger striking subverts the power relations that run ‘through’ the prisoner’s body. It also self-consciously presents an open challenge to the government which oversees the prison network and uses it to tackle political dissidence.

Moreover, hunger strikes can be remarkably effective. In numerous historical circumstances, the decaying body of a hunger striker has transformed into an object of political currency, allowing dialogues to open up between prisoners, the public, and the state. As James Vernon suggests, hunger strikes proved their worth in the twentieth century as a means of articulating political critique in a number of contrasting scenarios (including England, Ireland, and India).³⁹ Hunger striking itself is a form of political expression transmitted via the body. Given that prisoners can no longer express their political views through traditional means such as voting, publishing, or donating to public organisations, food refusal allows prisoners to articulate their concerns and perspectives.⁴⁰ Hunger striking is a highly communicative act.⁴¹ As Bobby Sands’ example once again dem-

onstrates, it can force the public to rethink the meanings attached to terms such as ‘terrorism’ and how the state enacts violence upon the body within institutions.⁴²

Nonetheless, governments are armed with their own weapon: the stomach tube. Force-feeding robs prisoners of a scarce opportunity to assert sovereignty over their own bodies. It provides a powerful example of how institutional power and authority can be inscribed onto the bodies of prisoners. Force-feeding is a remarkably intrusive procedure that requires considerable force. Most prisoners struggle against the prison doctor’s efforts to secure access to the most innermost of body regions: the digestive system. To avoid impending pain, they might hit or attack the doctor and his/her attendants and struggle violently against the agony of a tube being forcefully inserted through their bodies. For such reasons, prisoners are often pinned down and restrained during the procedure, further adding to a sense of degradation, subjugation, and humiliation. Force-feeding ultimately negates the prisoners’ self-declared reclamation of their own bodies and strips them of their proclaimed right to die. In that sense, it bears a psychological function, discouraging protests by undermining the mental will to continue fasting. In Foucauldian terms, these prisoners become subject to sovereign power acting directly upon their bodies. Force-feeding at Guantánamo can certainly be considered as an expression of sovereign power, a political management of subjects whose lives need to be preserved.⁴³ However, force-feeding is an imperfect solution. The most determined prisoners choose to withstand pain and discomfort due to a firm conviction in their moral cause. Such prisoners also attract significant levels of journalistic attention which helps to damage the government’s reputation. Moreover, the procedure calls into question basic tenets of western liberal society relating to the acceptability of inflicting pain upon institutionalised groups already bereft of independence and autonomy.

EXPERIENCING FORCE-FEEDING

What does it feel like to be force-fed? And how does it feel to perform the procedure? The experiences of Lady Judith Todd provide some insight. Born in 1943, Judith was the daughter of Garfield Todd, the president of Rhodesia between 1953 and 1958. In the early 1960s, Judith became politically active and openly opposed the minority government of Ian Smith, leader of the predominantly white government that declared independence from the UK in 1965. Smith—the personification of white Rhodesia—was

widely criticised as an unrepentant racist whose policies caused the deaths of thousands of native Zimbabweans. In January 1972, twenty-nine-year-old Judith was arrested and dispatched to a jail in Marandellas, Zimbabwe. Her father, Garfield, was imprisoned elsewhere at the same time. While incarcerated, Judith briefly went on hunger strike to protest against her detention. She was force-fed. Judith's protest proved successful. Her feedings garnered international media attention, and both Judith and Garfield were released several weeks later, although they were expelled from the country. Judith decided to relocate to London where she continued to protest against Smith's government and, later, Robert Mugabe's regime.⁴⁴

Judith had been placed in solitary confinement indefinitely without charge or trial. Like many detainees at Guantánamo, she went on hunger strike to rebel against her circumstances. News of Judith's plight spread internationally. In an hour-long interview on London Weekend Television, Smith casually stated that if Judith chose not to eat, 'it does not worry me a great deal'. When asked if he intended to authorise force-feeding, Smith commented that he was unaware of the hunger strike, that the matter was 'of little consequence', and that he did not receive daily reports.⁴⁵ Yet under his disinterested facade, Smith was determined to break Judith's hunger strike. Embarrassingly, it coincided with Smith's efforts to placate a Peace Commission's concerns that his government was using emergency powers to muzzle political opposition.

During the first few days of her protest, prison staff left tempting food in Judith's room in an effort to break her will power. She steadfastly refused all meals.⁴⁶ Visitors reported that Judith was tremulous and shaking.⁴⁷ After nine days of refusing to eat, Judith was led from her prison cell to the doctor's office and asked to take a seat. She then found herself being forcefully held down while a nurse pushed a tube into her throat. Judith vomited the tube out eight or nine times. Adding to the sense of intimidation in the doctor's office, prison officials warned Judith that this process would continue as long as her fast lasted. Exhausted and shaking, Judith immediately gave up her protest against (what she later described as) 'the vindictive reaction of the Smith regime to those of us who reject the Anglo-Rhodesian settlement proposals'. When the prison authorities allowed Judith's mother to visit her, the distressed prisoner reportedly said 'you must go away and tell people I couldn't take it. I failed. I would have gone on with the hunger strike, but force-feeding I could not take'.⁴⁸ Evidently, Judith's encounter with the stomach tube was marred by intimidation and physical force. Her protest was ultimately broken by

force-feeding, a procedure which she felt physically and mentally unable to cope with. Force-feeding also broke Judith's emotional resolve to persevere with her fast. Prison discipline had been successfully enacted upon her body to restore institutional order. It seems clear from Judith's account that she experienced force-feeding as a violent assault upon her body and mind, accompanied by physical and verbal intimidation. Its main purpose seemed to be to bring her protest to a sudden end for political purposes and to normalise institutional power relations. It represented an enactment of sovereign power upon the inner body itself.

How did Judith's experiences equate to official claims about the nature and purpose of 'artificial feeding'? Since the British Home Office first declared that suffragette prisoners needed to be fed against their will in 1909, governments have adamantly insisted that 'artificial feeding' is humane and necessary to stop irrational prisoners from taking their own lives.⁴⁹ The contention that 'artificial feeding' is preferable to allowing suicide was similarly evoked by the Home Office in 1974 in its justification for feeding PIRA hunger strikers against their will.⁵⁰ The American government currently presents 'artificial feeding' as a modality of prisoner care, a procedure that prevents self-harm and saves the lives of unreasonable fasting prisoners.⁵¹ According to the government, 'artificial feeding' is safe, life-preserving, and in line with standard hospital feeding practices, even if it is somewhat uncomfortable. Governments are adept at refuting counter claims. Official reviews of force-feeding practices at Guantánamo have confirmed that force-feeding helpfully saves lives.⁵² In 2007, George Bush's Bioethics Council informed him that force-feeding amounts to torture. Bush ignored the Council's damning opinions.⁵³ This was despite a broad international medical consensus on force-feeding being a procedure best avoided.⁵⁴

The portrayal of force-feeding as a benevolent form of therapeutic care forms part of an effort to transform hunger strikes into a medical, rather than political, problem. Upon becoming hospitalised, hunger strikers are no longer dangerous 'enemy combatants' or 'terrorists' but 'recipients of care'.⁵⁵ By invoking notions of care, hunger strikes are medicalised, diverting attention from the political roots of these protests. The portrayal of force-feeding as a medical procedure has consistently undermined complaints made by prisoners of the excruciating agony caused by having a long tube inserted into the innermost reaches of their body. Rather than simply being a form of therapy, force-feeding can easily be construed as a

political technology of the body, at worst, a degrading, ruthless form of medical treatment used to discipline the bodies of fasting prisoners.

How do those called upon to force-feed perceive the procedure? The medicalisation of hunger striking brings a new actor into the fold: the prison doctor. According to traditional medical ethics, doctors have a *duty* to save lives and preserve health. Ideally, all medical workers are expected to adhere to the ethical norms of their profession, underpinned by the Hippocratic Oath. This includes treating patients decorously and never providing treatment against a patient's will. The problem is that force-feeding is not simply a medical procedure, it is a political act. By chance of being employed in a prison during periods of political tension, many doctors have been faced with the uneasy task of deciding what to do with a patient who refuses to eat. If they chose to feed him/her, they found themselves open to accusations of taking part in a broader political programme of subjugating political dissent. It could have been that many prison doctors had little interest in the political tumults outside of the prison and saw their duty to save lives as more important than political exigencies. But it is equally plausible that some male prison doctors employed in the 1910s truly opposed female demands for suffrage and that those employed in the 1970s were horrified at the nature of PIRA violence being perpetrated across Britain, Ireland, and Northern Ireland. Could their perceptions of the 'terrorist' prisoner have informed their decision to pick up the stomach tube and, in some cases, use it to inflict pain and violence?

In theory, governments traditionally left decisions to feed to the discretion of prison doctors. Nonetheless, many doctors undoubtedly felt pressured by the government and their institutional superiors to force-feed, even if the procedure clashed with their ethical or personal inclinations. As Leith Passmore demonstrates in relation to post-war West Germany, the political pressure placed on prison doctors to perform force-feeding has been known to conflict with ethical inclinations and place considerable mental strain on doctors. One West German doctor who was persuaded to force-feed committed suicide.⁵⁶ The role of prison doctors is inherently complex. They operate in a 'dual loyalty' to the ethical norms of their profession and the needs of the institution in which (s)he works. Part of the prison doctor's role inevitably involves helping to enforce institutional discipline. As historian Joe Sim argues, prison doctors historically took on a proactive role in enforcing discipline; they were crucial figures in the disciplining of the body.⁵⁷ According to Sim, prison doctors have not simply benevolently healed prisoners at times of illness but also helped to

actively enforce the apparatus of physical and psychological control that surrounds prisoners.

Scenarios of conflict often worsened this situation. Prison doctors dealing with politicised prisoners found themselves engaging with political agendas and performing acts that would be deemed unacceptable in peacetime. Certainly, this has been the case at Guantánamo recently. Since 2004, evidence has mounted of medical personnel failing to maintain medical records, conduct routine medical examinations, and take proper care of disabled and injured detainees. Critics have accused them of falsifying medical records and death certificates as well as sharing private medical information to help design coercive psychological interrogation techniques.⁵⁸ An outraged international medical community has expressed vehemence about doctors co-operating in practices widely considered as torturous including sleep deprivation, prolonged isolation, feigned suffocations, and beatings.⁵⁹ Guantánamo's medical staff tend to be depicted as pawns in a political game, as individuals who have abandoned the medical ethical norms of their profession by breaching fundamental human rights to support military objectives.⁶⁰

If Guantánamo can be regarded as a site in which physicians play a pivotal role in enacting discipline, can force-feeding be construed as yet another manifestation of physical and mental torture? This is certainly the view of many medical ethicists and the detainees themselves. The claim that force-feeding is tantamount to torture has pervaded critiques of the procedure since the suffragettes first objected to being fed in 1909. Suffragettes likened force-feeding to oral rape.⁶¹ They portrayed it as a vindictive act that did little to preserve health but certainly helped the government to subjugate, degrade, and brutalise its political opponents. Force-fed male prisoners were less inclined to call upon the allegory of oral rape, but similarly depicted their encounter with the stomach tube as needless and excruciatingly painful. Regardless of political or geographical context, representations consistently emerged of force-feeding as an unwarranted assault upon the body performed solely to enact discipline and dissipate political will. Prisoners in all of the historical contexts discussed in this monograph perceived the procedure as a punitive disciplinary mechanism.

Various arguments underpinned historical accusations of torture. The fact that prison doctors normally force-fed in the first week of a hunger strike seemed suggestive. Terence MacSwiney's hunger strike of 1920 firmly demonstrated that prisoners could potentially remain alive without eating for over seventy days. In relation to Judith Todd, *The Guardian*

commented in 1972 that there seemed to have been no reason to force-feed her. Quoting an anonymous English doctor, the newspaper stated that ‘they obviously hate her guts, quite literally. There is absolutely no need to forcibly-feed a young, healthy adult—no one’s going to die after an eight-day fast. That’s nonsense. To call it “treatment” is medically very cynical’. The commencement of force-feeding early on in a hunger strike, especially when accompanied by verbal and physical intimidation, allowed critics to portray the procedure as brutal and unnecessary. In 1972, the *Guardian* asserted that force-feeding could only be ‘properly described as torture’ and asked: ‘Is this necessary treatment, with a prisoner’s health in mind, or is it closer to punishment, with a prisoner’s subjugation in mind?’. The editorial continued by lamenting:

However humane a future physical solution may be, the practice of forcible-feeding is and will always be an assault against the rights of another human being over his own body. After all, to kill yourself *outside* prison walls is no crime. Unfortunately it is, quite simply, easier to force a tube into someone’s stomach than listen to them and see if their demands can be met.⁶²

In addition, it hardly seemed to be in the public interest for prison doctors to tackle hunger striking with their stomach tubes. Prison hunger striking caused no harm to other prisoners or staff members, or to the general public. It was an inwardly directed form of violence that harmed only the protestor him/herself. Nor could hunger striking truly be classified as suicide. The intention of refusing food was to draw attention to political or institutional concerns. Hunger strikers did not usually set out with the intention of ending their own lives, although they recognised this as a possibility.⁶³ Instead, swiftly curtailing a hunger strike with a stomach tube seemed to be a ‘lesser evil’ than permitting self-starvation, even if it did entail an impermissible intrusion into personal autonomy.⁶⁴ The forceful ending of a hunger strike also quelled journalistic interest. In comparison, protracted periods of self-starvation have tended to attract prolonged media coverage, as evidenced by the international attention garnered by the Maze Prison hunger strikes of 1980–81.

To further buttress claims of torture and medical excesses, force-feeding has often been performed painfully, violently, and with force and restraint. In the twentieth century, most force-fed prisoners complained of receiving unfair prison treatment more generally. They claimed that their prison experiences were marred by violence and excessive punishment. Given this

broader context, force-feeding has always become entangled with broader debates on human rights, civil liberties, torture, and the function of state-supported violence in modern liberal societies. Privacy, self-determination, and bodily integrity are now fundamental human liberties in western cultures, even in prisons. Yet the state also has an interest in preserving life and maintaining order in institutions which strongly mitigated against the privacy rights of prisoners such as Judith Todd. In the historical examples outlined in this study, the state's interest in tackling political dissidence in prisons mostly outweighed prisoner rights. This study explores the multifaceted experiences of both being force-fed and performing force-feeding. To achieve this, it uses a wide range of sources including oral history testimonies, autobiographies, prison diaries, propaganda, letters, newspaper accounts, and official documentation to recapture the physical and emotional intricacies historically embodied in the act of force-feeding.

PUBLIC PROTESTS

If force-feeding is entangled with far broader debates about medical ethics, human rights, prisoner welfare, and western liberality, then it is unsurprising that the issue has captured public attention since the inception of force-feeding policies in 1909. It garnered interest even from those who had no sympathy whatsoever for political violence or particular causes. Force-feeding prompted debate as it conflicted with modern western sensitivities towards pain, humanity, and individual rights. By the early twentieth century, freedom from physical coercion and deliberately inflicted pain was generally seen as a basic human right. In an increasingly secular society, suffering served little symbolic value while citizens were encouraged to demonstrate compassion towards those subjected to interpersonal violence and abuse. Anecdotes of institutional brutality provided reference points for a broader debate on the rights of dependent persons held in state-managed institutions.⁶⁵ Critics encouraged the public to imagine what it felt like to be force-fed, to empathise with those depicted as being in physical and mental agony. It was this imagining of painful encounters that propelled passionate public responses. In the west, the wilful infliction of pain is an act supposedly banished to the past; hanging, lashing, and torture are today seen as barbaric practices that fell out of fashion during the transition from pre-modern to modern society.⁶⁶ Imposing discomfort on criminals seems somewhat superfluous. Exclusion from society is supposed to be punishment enough; there appears to be no need to inflict further distress in prisons. Indeed, in the post

9/11 world, western commentators typically depict the Muslim East as a space of torturous institutional practices, somewhat ironically.⁶⁷ It is in 'less civilised' countries (such as the Islamic state and often Russia) that outdated prison conditions are meant to prevail, not in the 'civilised' west.⁶⁸ Pain occupies a precarious position in the emotional economies of western societies.

The fact that doctors inflicted pain added further emotional contours to the matter. Over the past century, the western medical profession has built strict ethical standards designed to protect vulnerable patients, including the institutionalised. Largely in response to twentieth-century controversies, including Nazi experimentation and institutional child experimentation, the discipline of bioethics evolved internationally during the 1970s and 1980s to codify ethical practice and safeguard patients from the less savoury aspects of modern orthodox medicine.⁶⁹ The framing of prison doctors as torturers, in both the past and present, raised broader questions about the role of medical professionals, particularly those working in politically charged circumstances. Force-feeding cast negative light on prison medicine. Perhaps unsurprisingly, force-fed prisoners have often received the most vocal support from members of the medical profession.

Inevitably, a large number of people have always existed who hold no sympathy whatsoever for the plight of force-fed 'terrorists'. The extremities of violence perpetrated by political dissidents often mitigated against compassion. Nonetheless, the broader socio-cultural issues at stake in force-feeding debates always ensured that sizable opposition surfaced when the procedure was being used. At the time of writing, international opposition is pronounced. Although World Medical Association guidelines weigh against force-feeding, individual governments are not legally obliged to adhere to these. Critics of the Association's universal rule suggest that it pays inadequate attention to regional and individual circumstances. Hunger strikes, some maintain, occur in a range of complex politicised contexts, a point which international ethical guidelines fail to fully consider.⁷⁰ Declarations on force-feeding are not legally binding, meaning that the legal status of the practice remains blurry.

These arguments have failed to satisfy those concerned with prisoner welfare and an apparent misuse of medical power. The 2013 hunger strikes also encouraged Amnesty International to write to the Secretary of Defense, Charles Hagel, expressing concern about the well-being of Guantánamo detainees and reinforcing its long-held stance that force-feeding is cruel, inhuman, and degrading.⁷¹ Yasin Bey, an actor and rapper previously known as Mos Def, featured in a well-publicised video that

showed him being force-fed. Produced for human rights group Reprieve, the video displayed Bey's intense physical suffering as over a metre of rubber tubing was passed through his inner body. Bey, in tears, begged the physician to stop.⁷² These protests played upon public sensitivities to physical agony and emotional distress. In 2006, Birmingham-based neurologist and human rights activist, David Nicholl, wrote a letter to the *Lancet*, signed by 262 other doctors, in which he remonstrated against the feeding and restraint of Guantánamo detainees on the basis that it contradicted the Declarations of Tokyo and Malta. Nicholl pointed out that since 1974 British governments had respected the rights of prisoners to refuse medical treatment if they wished under very difficult circumstances, even allowing Northern Irish prisoners to die in 1981.⁷³ In 2013, Nicholl commenced a five-day fast on the twelfth anniversary of the destruction of the World Trade Center. He sought to draw attention to the plight of Shaker Aamer who had been held at Guantánamo for eleven years without being charged. David started his hunger strike at the precise time that the first plane had hit the Twin Towers on 9/11. Shaker Aamer is known to have been part of the 2013 hunger strikes; he was repeatedly force-fed.⁷⁴

In the same year, the American Medical Association wrote a twenty-five-page letter to Hagel condemning force-feeding as degrading and dangerous.⁷⁵ The British Medical Association denounced force-feeding as a 'stain on medical ethics'.⁷⁶ American physicians George Annas, Sondra S. Crosby, and Leonard H. Glantz remonstrated in the *New England Journal of Medicine* that military physicians should adhere to the same standards of practice as civilian physicians, even if they do work in unusual conditions. Hunger strikes, the authors asserted, are not a medical problem and should never be treated as one.⁷⁷ In November, a task force composed of bioethicists and medical practitioners published a report entitled *Ethics Abandoned: Medical Professionalism and Detainee Abuse in the War on Terror*. The authors claimed that medical staff were participating in systematic torture and firmly dismissed suggestions that force-feeding was only being used when the life of a detainee was endangered. They also insisted that force-feeding contradicted US Bureau of Prisons policies which had strict rules on how physical restraint could be used and frowned upon the Department of Defense's practice of screening physicians before sending them to Guantánamo to ensure that they are willing to force-feed. The report concluded that force-feeding amounts to torture as it seemed inhumane and degrading.⁷⁸ Torture itself is enough to arouse public anxiety. Yet the idea of pain being wilfully imposed by members of a trusted

profession raises broader concerns about the nature of medical power and the use of therapeutic technologies for purposes other than to heal.

This study pays close attention to individuals who publicly objected to force-feeding. Intriguingly, many of those who remonstrated against the procedure in the twentieth century had no contact with the prisoners whom they set out to protect. Many had no obvious sympathy with the political agendas of the force-fed. Most abhorred the levels of political violence that was deeply affecting their communities. Nonetheless, they decided to condemn force-feeding due to the powerful meanings attached to the act in modern western liberal culture. In the contexts discussed in this study, groups of medical men organised to investigate suffragette force-feedings; playwrights such as George Bernard Shaw publicly involved themselves in the issue; liberal newspapers including the *Guardian* rallied against force-feeding; Irish republicans used Thomas Ashe's death to support its propaganda against British rule; peace movements debated the brutal feedings of its members; partisan campaigners with no knowledge of the political intricacies of Northern Ireland took to the streets to protest against PIRA force-feedings; both Northern Irish loyalists and republicans united to object to the feedings of the Price sisters. Force-feeding has always provoked mixed emotions among the public and has proven deeply objectionable to a diverse array of partisan and non-partisan critics.

STRUCTURE

This study is not intended as an exploration in political history, although the political contexts in which prison doctors force-fed form a backdrop. The main emphasis is on the construction of hunger striking as a medical problem and the institutional and social relations that emerged from this. The focus is on bodies, emotions, and the enactment of institutional and clinical power on a physical and psychological level. Most importantly, it investigates ethics. Since 1909, broadly similar ethical questions have surfaced about force-feeding in contrasting contexts. Yet force-feeding carried particular meanings in different socio-political and geographical climates. The same basic ethical questions remained the same but were negotiated in light of considerations including gender, nationality, and attitudes towards political dissidence. The force-fed body has always been portrayed as a helpless victim of medical torture. Yet stomach tubes were inserted into different types of bodies throughout the twentieth century:

male and female bodies, British and Irish bodies, politicised and convict bodies, wartime and peacetime bodies.

The omnipresent similarity of debate means that historical analysis of force-feeding can be used to shed light on recurrent ethical problems. In adopting an approach that aims to speak to present-day concerns, this study draws upon the ideas of historians including Sarah Ferber and Duncan Wilson who have called for a greater integration of historical analysis and bioethical research. In *Bioethics in Historical Perspective*, Ferber suggests that history can be thought about in relation to medical ethics in meaningful ways. Knowledge of ideas and events which still bear on the conduct of medicine could be used to contribute to medical policy and practice. Historical reflection on medical ethics, Ferber maintains, can help to find answers to immediate policy issues while also examining how questions about medical practice and policy were posed in the first place.⁷⁹ It is unlikely that history will always provide firm answers, but it could encourage bioethicists to ask the right questions in the first place by demonstrating how moral positions are rooted in specific socio-cultural and historical contexts.⁸⁰ Strengthening this line of thought, Wilson points out that historians of medicine are conspicuously absent from the interdisciplinary field of bioethics (which is comprised of professionals including doctors, sociologists, and ethicists). Wilson argues that historians need to overcome their long-standing scepticism towards bioethics and view it instead as an interdisciplinary meeting-ground where historical perspectives could productively contribute. The history of medical ethics, Wilson maintains, does not necessarily have to involve radically critiquing dubious aspects of medical history.⁸¹

This study by no means seeks to add to the sensationalistic trend of writing shocking *exposés* of the medical past. Accordingly, it refrains from depicting prison doctors simply as brutal torturers intent on showing stomach tubes deep into the bodies of defenceless suffragettes and Irish republicans. Instead, it offers a more nuanced, reflective, account of prison medical practice and prisoner experiences. For instance, it examines how prison doctors navigated the ethical problems that surrounded force-feeding; the ways in which the bodies of hunger strikers were monitored, regulated, and cared for; and the diversity of opinion (even within the medical profession) on the need to feed prisoners against their will.

Each chapter focuses on a particular aspect of force-feeding. Combined, the chapters provide a broadly chronological account of force-feeding as it took place across the British Isles. Chapter 2 asks: How and why did

ethical debates on force-feeding first develop and evolve? What were the main issues at stake? And why did some members of the medical profession find force-feeding so problematic? Between 1909 and 1914, militant suffragettes staged the first group hunger strikes, placing the Home Office and prison doctors in a precarious position. Should these women be released, fed, or allowed to starve? Force-feeding was decided upon. The government presented ‘artificial feeding’ (as used in asylum care) as a life-saving medical intervention being used to stop irrational women committing suicide. In sharp contrast, released prisoners complained of relentless vomiting, rough treatment at the hands of prison doctors, and physical trauma. Evidently, two opposing interpretations of force-feeding immediately came into play.

The chapter examines how the key ethical questions that still surround force-feeding first formed during the suffragette hunger strike campaign. Contemporary critics denounced force-feeding as torturous, dangerous, coercive, and as a perversion of normal medical ethics. The chapter also pays attention to the troubled role of the prison doctors who force-fed and who, for the first time, became cast as torturers. It suggests that outraged suffragettes were adept at eliciting support from the English medical community who willingly provided damning evidence on the problematic nature of force-feeding and claimed that prison doctors who fed were ‘prostituting’ their profession to help the government defeat political opposition. Medical ethics, it seemed, had been temporarily abandoned in English prisons. This chapter also examines other questions posed in this period. Is force-feeding psychologically and emotionally damaging? And is it acceptable to feed mentally ill and physically disabled prisoners against their will? Overall, this chapter introduces the core ethical questions that have been asked about the paternalism of force-feeding, setting the stage for a more detailed consideration of specific aspects of these debates in subsequent chapters.

Chapter 3 investigates the fraught career trajectories of doctors employed in prisons at times of political crisis. It focuses on the problem of medical participation in force-feeding and the dubious role of prison doctors who have helped state bodies tackle political dissidence. As a case study, the chapter focuses on one doctor employed at Mountjoy Prison, Dublin, throughout the Irish revolutionary period: Raymond Granville Dowdall. By chance of being employed in a prison during a period of political tumult, Dowdall encountered an array of politicised prisoners, including suffragettes, labour leaders, and Irish republicans. Dowdall force-fed many of them when they

went on hunger strike. In doing so, he found himself positioned precariously between the state and the fasting prisoners under his care. This chapter also suggests that institutional problems develop when medical staff harbour negative attitudes towards politicised prisoners. Doctors do not always act neutrally; they share attitudes towards certain patients which can affect treatment, particularly during conflict when the willingness of doctors to adhere to medical ethical norms can be compromised by the socio-political climate in which they reside. This problem manifested in the brutal treatment of imprisoned Irish republicans following the Easter Rising of 1916. Republican prisoners were awarded worryingly low levels of therapeutic care and subjected to harsh punishments. When prominent Irish Republican Brotherhood (IRB) member, Thomas Ashe, died in 1917 after being forced to sleep without bedding on the floor of a cold cell for a number of nights, and then being force-fed, Dowdall became implicated as a ‘puppet’ of the British government, as an individual who had willingly murdered on behalf of the state. An emotionally charged inquest followed. Dowdall suffered a nervous breakdown and died in the following year. By using Dowdall as a case study, this chapter explores the attitudes of doctors towards prisoners whom they fed, the deeply problematic career trajectories of doctors who have worked in conflict zones, and the broader problems that have emerged when prison doctors become embroiled in the task of helping to maintain civil order.

Chapter 4 asks: What does it feel like to be on hunger strike? It makes extensive use of autobiographical evidence to recapture the physical and emotional experiences of fasting in revolutionary period Ireland. It provides a deeply personal account of the physical and emotional trauma entailed in starving oneself to death, encouraging reflection on the question of whether it is more ethical to let prisoners starve than to feed them. After Ashe’s death, force-feeding was gradually abandoned in Ireland. New policies of permitting self-starvation were set in place although, in reality, most prisoners were prematurely released. The chapter probes into how the bodies and minds of hunger strikers slowly decayed in Irish prisons. It suggests that hunger strikers tended not to feel the effects of hunger until around ten days into a protest. During the first week, hunger subsided as the body consumed its internal fat supplies. Yet bodies rapidly lost weight and prisoners experienced hallucinations. It was only in the second week of a hunger strike that prisoners began to collapse and become bed-bound. Most were released after around fifteen days. Hunger strikers learnt instinctually that the human body requires a period of slow

recuperation. If food was consumed too rapidly upon coming off hunger strike, serious injury—even death—could occur.

In addition, this chapter suggests that a series of prolonged hunger strikes in 1920 (which resulted in the deaths of three prisoners including Lord Mayor of Cork Terence MacSwiney) radically changed understandings of human starvation. Whereas suffragette prisoners had been force-fed in the first week of a hunger strike due to a fear that they would die in a matter of days, from 1920, it seemed clear that fasting prisoners could remain alive for some months, albeit in an incapacitated condition. It transpired that force-feeding had in fact been unnecessary in the first week of a hunger strike to save lives. This chapter also examines the changing functions of prison doctors whose role adjusted from force-feeding ‘torturer’ to helpless overseers of death. It argues that the abandonment of force-feeding in Ireland encouraged relatively compassionate relationships to form between doctors and their starving patients. Doctors struggled emotionally to care for patients who were gradually wasting away and whose health and lives could have been saved by the simple act of resuming eating. Overall, the chapter assesses the problems that emerge when doctors cannot force-feed, pointing to some reasons why certain doctors might consider feeding prisoners as ethically preferable to letting them starve to death.

Chapter 5 investigates how war has impacted on the experiences of hunger strikers. It suggests that broader contexts of international warfare have encouraged military and prison staff to treat politicised prisoners particularly harshly. During wars, politicised prisoners are often cast as enemies of the state, paving the way for institutional violence and inhumane treatment. War breeds hatred and contempt reflected in severe institutional treatment. In such circumstances, hunger striking is exceptionally common. Yet protests take place in the face of powerful discourses on the danger seemingly posed by political dissidents to the safety of the nation. As a case study, the chapter focuses on the plight of First World War conscientious objectors who were imprisoned due to their unwillingness to fight. They were beaten, subjected to verbal intimidation, and forced to live in deplorable conditions. When they went on hunger strike, prison doctors force-fed conscientious objectors in a brutal, degrading, and intimidating manner. Moreover, they fed prisoners despite a knowledge that force-feeding could kill if performed carelessly (as recently demonstrated by the death of Thomas Ashe). One conscientious objector died following a particularly violent bout of force-feeding. Somewhat paradoxically,

this chapter suggests that wartime hunger strikers were often adept at drawing public attention to unacceptable institutional conditions. While imprisoned, they could do little to challenge the government that had incarcerated them. But opportunities arose to speak out once war ended. In the 1920s and 1930s, former conscientious objector prisoners successfully campaigned for prison reform. Some brought considerable change to the prison system. This chapter also briefly considers the fate of force-fed peace activists during the Cold War and Irish republican prisoners during the Second World War (or the ‘Emergency’, as it was termed in Ireland) who were allowed to starve to death. In summary, this chapter investigates the relationship between hunger strikers and wartime governments to consider how the discourses that surround conflict can tarnish the experiences of fasting prisoners.

Chapter 6 focuses on the question of whether force-feeding is therapeutic or punitive. Are hunger strikers really fed to keep them alive? Or do prison doctors recognise the punitive value of force-feeding in enforcing discipline, moulding behaviour, and maintaining prison order? It uses statistical and textual evidence relating to twentieth-century English convict prisoners who went on hunger strike to add support to the view that prison doctors performed the procedure to enact discipline and subdue rebellion. It makes extensive use of newspaper coverage and a unique source: a detailed register of hunger strikes staged in English prisons maintained by the Prison Commissioners of England and Wales. Between 1913 and 1940, the Commissioners meticulously recorded prisoner motivations for hunger striking, the length of hunger strikes, the different feeding methods used by doctors, and the prisons in which prisoners staged hunger strikes, leaving behind a detailed record of convict force-feeding.

The chapter maintains that force-feeding was remarkably common in twentieth-century English prisons. It suggests that force-feeding brought most convict hunger strikes to a swift end. Most prisoners were unable to withstand the physical and emotional agony of being fed against their will. However, a small (but highly vocal) number of prisoners did endure prolonged periods of hunger striking and force-feeding (sometimes up to two years) due to the firm conviction which they held in the moral right of their protest. Some sought to maintain their innocence. Others felt that they had been unfairly convicted on the basis of their beliefs, including anarchism and right-wing racism. They successfully resisted the disciplinary tendencies of prison doctors who sought to end their protests with their feeding tubes. In summary, the

chapter provides evidence that prison doctors who fed fully recognised the disciplinary value of the stomach tube.

Chapter 7 asks: Why was it only in 1975 that the medical profession formally declared force-feeding as unethical? The feeding of hunger strikers had caused controversy for over sixty years. After all, suffragettes and Irish republicans had amassed considerable support for their anti-force-feeding campaigns. Yet their protests had failed to translate into policy change. This chapter explores the force-feeding of PIRA prisoners in English prisons in the mid-1970s. It focuses on the feeding of two young Northern Irish sisters—Marion and Dolours Price—whose prison experiences garnered international attention. Upon being force-fed, their plight attracted sympathy even among those with little empathy for PIRA violence. This chapter argues that a particular socio-cultural climate existed in the 1970s that facilitated the formal condemnation of force-feeding by the medical profession. As in the past, force-feeding raised basic questions about the purpose of inflicting pain on politicised prisoners in a western, liberal culture that felt compassion for those perceived to be in physical distress. The emotional economies of post-war British culture clashed with the rational political logic of using force to maintain national security. Yet the climate in which force-feeding took place had radically changed by the 1970s. Higher public sensitivities towards medical paternalism and torture existed following the Nuremburg trials of the 1940s. This was linked to the development of a robust human rights movement and, more specifically, the evolution of concern over prisoner welfare. In the 1970s, PIRA prisoners found support from a broader international community of human rights and prisoner welfare activists who saw force-feeding as a severe breach of human dignity and basic rights. The high public profile of debates on PIRA force-feeding (in comparison to that experienced by convict prisoners) drew attention to broader concerns about English and Northern Irish prison conditions.

This chapter also links the abandonment of force-feeding policies in England to the emergence of modern bioethics. The post-war period witnessed mounting concern about the nature and misuse of medical power, as exemplified by contemporary debates on matters such as human experimentation. Prison medicine became targeted as an archetypal example of the excesses of institutional medical power. Medical staff were criticised for helping to maintain prison discipline rather than acting autonomously from the state. In 1974, the death of PIRA prisoner, Michael Gaughan, ultimately forced a reconsideration of the official stance on the safety

of ‘artificial feeding’. The Declaration of Tokyo (1975) outlined force-feeding as unethical in light of this death, while also considering broader matters relating to medical professionals working in conflict zones who engaged in torture and political coercion. This chapter demonstrates that PIRA force-feedings were pivotal to the announcement of the Declaration and traces the evolution of medical discussion in England between Gaughan’s death and the announcement of the Declaration. The chapter concludes by discussing the shifting roles of doctors during the Northern Irish Troubles who were now called upon to care for the starving bodies of hunger strikers without being able to intervene. Using oral history evidence, it suggests that this policy change placed considerable mental strain on doctors working in a conflict zone. Many were unable to cope with the pressure of letting patients die. One shot himself in the head. In summary, this chapter investigates the reasons why force-feeding came to be agreed upon as ethically unacceptable in the context of the Northern Irish Troubles, seemingly ending a debate that had first arisen in 1909 during the suffragette hunger strikes.

NOTES

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