

CMO  
DCMO  
Captain Davies, Prisons Branch (OPs)

MANAGEMENT OF MASS HUNGER/THIRST STRIKES

1. Mass Hunger Strikes, in the past, have been commenced by the initial action of a few prisoners generally 10 - 20 with the addition of a further 5 - 6 each day. By this method in a comparatively short time Prison Medical Staff generally find themselves embarrassed by sheer numbers requiring daily medical check in addition to those requesting attention on Sick Parade. A fact that this latter figure usually increases at the same time is not to be wondered at as the general purpose of mass food/fluid refusal is to embarrass and disrupt Prison Services (Medical and Administrative) to the greatest possible extent. However these "strikes" have usually occurred in pursuance of one grievance or another, and judging by the fact that these grievances have always been resolved after a comparatively short lapse of time, I have always been tempted to think that the "strike action" was initiated or should I say "timed" as to create maximum inconvenience with a minimum risk to those taking part.

2. However on the approach of the date where after special category will no longer be granted to prisoners, it is certain that some disruptive action will be taken by those prisoners already holding special category and also by those to whom it is refused. This will very likely take the form of, or include, mass refusal of food and possibly of fluid. Whether or not the recent death of Prisoner Stagg will be any deterrent is a matter for conjecture but plans for dealing with such a demonstration must be drawn up.

3. Prison Medical Officers have already been notified by SMO Circular Letter of 19.7.74 of the policy regarding artificial feeding of hunger strikers and the management of hunger strikers in general. A copy of CMO's letter of 19.7.74 is appended.

4. In the case of Mass Hunger Strikes it is recommended that:-

- (a) in Cellular Prisons, strikers remain in their locations, and
- (b) in Compound Prisons, strikers remain in their Compounds

health and general physical condition permitting.

5. In the event of the Strike Action being prolonged - generally by a small determined number - to the stage when progressive weight loss is established, together with persistent Ketonuria and evident signs of dehydration, these prisoners should be transferred:-

- (a) to the Prison Hospital for more frequent monitoring of their condition. This stage may be expected towards the end of the first week, if those concerned are genuinely on hunger strike.
- (b) to a National Health Service Hospital, should these signs become more pronounced and are accompanied by:-
  - (i) Falling Blood Pressure
  - (ii) Postural Hypotension
  - (iii) Rising Pulse Rate
  - (iv) Decreasing Urinary output
  - (v) Increasing dehydration

This stage may be anticipated at or about the end of the 3rd - 4th week.

They will be transferred to the National Health Service Hospital for expert observation rather than treatment by Consultants, the Consultants being free to offer expert advice and the prisoners being equally free to accept or refuse this advice, as they may wish. This point should be stressed to strikers at an early stage, ie, on their transfer to the Prison Hospital, but certainly before cerebation is likely to become impaired.

6. (a) In the case of Compound Prisoners, should the Prison Hospital be unable to accommodate those requiring admission, as at 5(a) above, it may be necessary to equip a special compound for their accommodation (ie, a compound no longer in use for pure accommodation purposes).
- (b) In the case of Cellular Prisons, eg, Belfast Prison where Hospital patient accommodation is severely restricted, it may be necessary to transfer such prisoners to the nearest Compound Prison where accommodation is more likely to be available - possibly Maze Prison.

7. Where fluid refusal is allied to food refusal the onset of signs of deterioration are much more rapid and may be expected within days - a prominent sign being the inability to maintain cerebation for any period beyond a few minutes at a time.

8. (a) It is essential that prisoners embarking on Hunger/Thirst Strike be fully documented:-

- (i) as regards their Confidential Medical Records, using Forms IMR 7 and 8.
- (ii) as regards daily notification to this Department, using the prescribed forms.

(b) As part of the procedure of warning strikers of the inherent dangers of their action, Medical Officers should stress the additional dangers in relation to known pre-existing medical conditions from which some may be already "at risk" eg, Renal Disease, Peptic and Duodenal Ulcer, Diabetes, etc.

9. Should extra beds and allied equipment be required, eg, Compound type Prisons where recreational or other compounds are pressed into service, this can be arranged at short notice on application to this Department.

10. The various stages of management may be set out diagrammatically as attached.



R A McKeown  
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