

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 30 Dec 04 - 25 Dec 05

Report requested by: (b)(3):10 USC

D, JTF000693

20/888-00-0693

M/3

Reg #:

Ph:

Military Unit: UNKNOWN

24 Dec 05 @ 0854 (Coll)

BLOOD

22 Dec 05 @ 2132 (Coll)

URINE

ASAP COLOR	YELLOW	
APPEARANCE	CLEAR	
GLUCOSE-URINE	NEGATIVE	(Neg.-Trace)
BILIRUBIN	NEGATIVE	(neg)
KETONES	NEGATIVE	(Neg)
SG.	PENDING	
BLOOD-URINE	NEGATIVE	(Neg)
URINE pH.	5.5	(5.0-8.0)
PROTEIN	NEGATIVE	(Neg-Trace)
UROBILINOGEN		(0.2)
	0.2 E.U/DL	
NITRITE	NEGATIVE	(Neg)
LEUKOCYTE ESTER	NEGATIVE	(Neg)

22 Dec 05 @ 1831 (Coll)

SERUM

H PYLORI QL POSITIVE

Interpretations:

NORMAL = NEGATIVE

22 Dec 05 @ 1828 (Coll)

SERUM

ASAP AMYLASE	<30	(30-110)	U/L
Result Comment:	amylase result <30 U/L, below analyzer assay range....mam		
LIPASE	70	(23-300)	U/L

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L=Lo R=Ht *Critical R=Resist S=Susc MS=Mod Susc I=Intermed
 []=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

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PATIENT LAB INQUIRY

For: 21 Dec 05 - 24 Dec 05

Report requested by: (b)(3):10 USC

EJTF000693

20/888-00-0693

M/3

Reg #:

Ph:

Military Unit: UNKNOWN

24 Dec 05 @ 0854 (Coll)

SERUM

MG.	2.20	(1.6-2.3)	mg/dL
PHOSPHORUS.	4.40	(2.5-4.5)	mg/dL
GLUCOSE	88	(74-106)	mg/dL
BUN	3	(9-20)	mg/dL

L+

Result Comment:

call to and repeated back by (b)(3):10 USC 00925...mam

CREAT	0.8	(0.8-1.5)	mg/dL
NA+	141	(137-145)	mmol/L
K	3.8	(3.5-5.1)	mmol/L
CL-	103	(98-107)	mmol/L
CO2	26.1	(22.0-30.0)	mmol/L
CA.	8.9	(8.4-10.2)	mg/dL
TP.	6.7	(6.3-8.2)	g/dL
ALBUMIN	3.6	(3.5-5.0)	g/dL
AST	23	(17-59)	U/L
ALT	32	(21-72)	U/L
TBILI	1.0	(0.2-1.3)	mg/dL

24 Dec 05 @ 0854 (Coll)

BLOOD

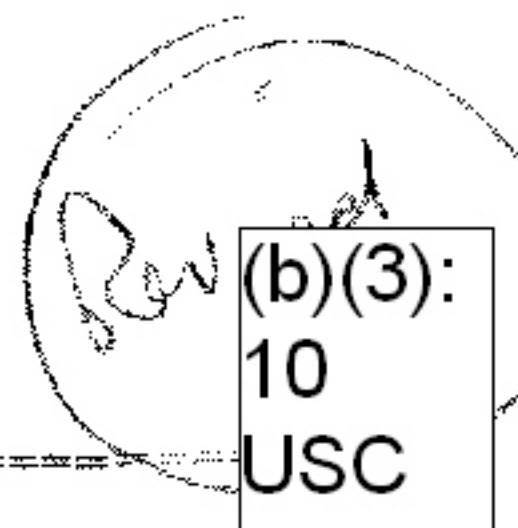
WBC	2.9	L	(4.5-10.8)	x10(9)/L
RBC	4.63	L	(4.7-6.2)	x10(12)/L
HEMOGLOBIN.	13.8		(13.5-17.5)	g/dL
HEMATOCRIT.	40.3		(40-54)	%
MCV	87.0		(80-94)	fL
MCH	29.8		(26.0-34.0)	pg
MCHC.	34.3		(32-36)	G/DL
RDW	10.7	L	(11-16)	
PLT CT.	164		(130-400)	x10(9)/L
MPV	11.0	H	(6-10)	
NEUT%	51.00		(39-69)	%
LYMPH%	42.90		(37-63)	%
MONO%	1.70		(0-13)	%
EOS%	3.90		(0-5)	%
BASO%	0.50		(0-2)	%
NEUT#	1.47	L	(2.52-8.64)	x1000/uL
LYMPH#	1.24		(.9-4.86)	x1000/uL
MONO#	0.03		(0-1.08)	x1000uL
EOS#	0.11		(0-.54)	x1000/uL
BASO#	0.01		(0-.22)	x1000uL
NEUT/100 WBC.	57		(51-67)	%
LYMPH/100 WBC	39	H	(21-35)	%
MONO/100 WBC.	3	L	(4-8)	%
EOS/100 WBC	1		(1-4)	%
BASO/100 WBC.	0		(0-2)	%
PLT EST				

ADEQUATE 140,000-440,000/mm3

DIFF/TECH/COMM. mam

NORMOCYTIC.

L=Lo H=Hi *-Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)lder, (I)nterpretations, (R)esult



ISN: 888-00-693

RECORD INACTIVATED

(DATE) 10 JUN 2006

SIGNED:

(b)(3):10 USC
§130b,(b)(6)

(SMO)

DENTAL OFFICER

STANDARD FOR 508 (REV. 3-34)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-6.202-6

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE		SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	

DATE:
1 June 2006

**BEHAVIORAL HEALTHCARE SERVICES
TREATMENT PLAN**

ALLERGIES:
NKDA

DIAGNOSTIC IMPRESSION:	
Axis I:	Deferred
Axis II:	Antisocial features
Axis III:	See Medical Record. History of hunger striking.
Axis IV:	Routine stressors of confinement

MEDICATIONS:	
Not currently receiving psychotropic medications	

TREATMENT HISTORY AND CURRENT PLAN

1. SELF OR OTHER HARM PRECAUTIONS INITIATED ON THIS DATE: NA
2. Follow all (JTF-JMG) accepted standards of care in the medical and administrative management of food refusing detainee.
3. Monitor and protect the health and welfare of a food refuser detainee, consistent with legal authority and standard medical and psychiatric practice.
4. At least weekly while detainee on hunger strike list, psychiatric assessments will be done to rule-out underlying mental illness as a cause for food refusal.
5. BHS should become involved with the detainee before, or immediately upon commencement, of food refusing behavior in order to continually assess the food refuser's mental health and offer support of BHS services. Detainee's history and current presentation is not consistent with a major mood, anxiety, and/or psychotic disorder.
6. Recent food refusal does not appear due to reasons secondary to a psychiatric disorder.
7. While ultimate decision for detainee block location is up to the DOC, BHS recommends that detainee be in a cell on a block devoid of food refusers.
8. As Detainee transitions from food refuser to voluntary feed status, he will be initially followed PRN by BHS.
9. Removed from hunger striker list on 6 Jun 06. Follow-up and final evaluation completed on 6 Jun 06.

(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY JTF-GTMO DETENTION HOSPITAL	STATUS DETAINEE	DEPART./SERVICE BEHAVIORAL HEALTH SERVICES	RECORDS MAINTAINED AT DELTA CLINIC JTF-GTMO, CUBA
DETAINEES IDENTIFICATION		FOLLOW UP PRN	LANGUAGE Arabic

ISN: 0693

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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Detention Hospital, JTF-GTMO, Cuba

BEHAVIORAL HEALTHCARE SERVICES FOLLOW-UP

DATE: 7Jun06
TIME: 2140

DETAINEE: 888-00-693

CELL: ALPHA-5

LANGUAGE:

☐ Pashtu
☐ English

☒ Arabic
☐ Russian

☐ Urdu
☐ French

☐ Farsi
☐ Uzbek

S/O: S: FINAL FOOD REFUSAL ASSESSMENT: Spoke with detainee via interpreter. Detainee was in good spirits throughout interview. Detainee states he has been eating all meals lately without refusal. States that he has no "mean thoughts" of hurting others or himself. States he does not see "ghosts" or "genies" in his cell and that he does not hear voices. Detainee denies SI/HI/AVH.

O: Detainee was dressed appropriately in tan clothing upon arrival of BHU staff and interpreter escorted by guard. Detainee appeared to be in good health as evidenced by his weight gain via MAs logs. Guard staff says that detainee has been compliant with all meals lately. Detainee did not appear to be responding to internal or external stimuli. Does not appear to have SIB.

Mental Status Exam:

Appearance-	neat/clean	Mood-	euthymic
Distinguishing Features-	none noted	Affect-	congruent
Alert/Oriented-	alert	Thought Content-	WNL
Speech-	ranging via interpreter	Thought Processes-	logical
Eye Contact-	good	Memory-	unable to assess
Communication-	normal	Attention/Concentration-	WNL
Motor Skills-	WNL	Intelligence-	unable to assess
		Insight/Judgment-	adequate

A: Axis I: No diagnosis, Axis II: **antisocial Traits**, Axis III: History of hunger strikes. There seems to be no psychological component to the detainees hunger strikes as evidenced by his choosing to return to normal eating habits.

P: Follow up PRN.

- ☒ FU is scheduled for PRN.
- ☐ Initiate or maintain pre-cautions SH SW
- ☐ Recommend medication evaluation.
- ☐ Encourage fluid intake & eating

- ☐ Discuss needs at next treatment team
- ☐ Referrals
- ☐ Recommendations

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0000 - 693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba	
1SV	0000
SEX:	
DOB:	

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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Detention Hospital, JTF-GTMO, Cuba

BEHAVIORAL HEALTHCARE SERVICES FOLLOW-UP

DATE: 6Jun06
TIME: 2110

DETAINEE: 888-00-0693

CELL: A-5

LANGUAGE:

☐ Pashtu
☐ English

☒ Arabic
☐ Russian

☐ Urdu
☐ French

☐ Farsi
☐ Uzbek

S/O: FINAL FOOD REFUSAL ASSESSMENT. Spoke with detainee via Arabic interpreter. Detainee was informed that BHU was there to speak with him. Detainee stated, " You have four questions. Sleep good, eating good." Detainee denied any SI/HU/ AVH.

Upon arrival detainee was talking to another detainee when tech approached with interpreter and MA. Detainee came over by cell door when called by MA. Detainee appeared neat and clean. Detainee was pleasant and cooperative while speaking to technician via Arabic interpreter. Detainee was looking back and forth between technician and interpreter. Detainee did not appear to be responding to any external/ internal stimuli. No SIB was noted.

Mental Status Exam:

Appearance-	neat/clean	Mood-	euthymic
Distinguishing Features-	none noted	Affect-	congruent
Alert/Oriented-	alert	Thought Content-	WNL
Speech-	ranging via interpreter	Thought Processes-	linear/logical
Eye Contact-	little to none	Memory-	unable to assess
Communication-	normal	Attention/Concentration-	WNL
Motor Skills-	WNL	Intelligence-	average
		Insight/Judgment-	fair

A: Axis I: Deferred Axis II: *Antisocial Features* Axis III: History of Hunger Striking

(b)(3):10

Detainee acknowledged BHU staff and was cooperative as evidenced by his answering questions asked by technician.

P: Continue with treatment plan

- ☒ FU is scheduled for PRN.
- ☐ Initiate or maintain pre-cautions SH SW
- ☐ Recommend medication evaluation.
- ☐ Encourage fluid intake & eating

- ☐ Discuss case at next treatment team
- ☐ Referral to psychologist for complete eval
- ☐ Recommend disc (b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (imprint)

0000

683

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba		
		SEX:
1SV	0000	DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 3-84)

GTMO JMG 1270

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		

DATE: BEHAVIORAL HEALTHCARE SERVICES

19 MAR 2006 TREATMENT PLAN

ALLERGIES:
NKDA

DIAGNOSTIC IMPRESSION:

Axis I:	Deferred Diagnosis
Axis II:	Antisocial Features
Axis III:	Defer to Medical Record
Axis IV:	Routine Stressors of Confinement

MEDICATIONS:

No psychotropic medications currently.

TREATMENT HISTORY AND CURRENT PLAN

1. SELF OR OTHER HARM PRECAUTIONS INITIATED ON THIS DATE:
2. Follow all (JTF-JMG) accepted standards of care in the medical and administrative management of food refusing detainee.
3. Monitor and protect the health and welfare of a food refuser detainee, consistent with legal authority and standard medical and psychiatric practice.
4. At least weekly psychiatric assessments to rule out underlying mental illness as a cause for food refusal.
5. BHS should become involved with the DET before, or immediately upon commencement, of food refusing behavior in order to continually assess the food refuser's mental health, counsel the DET regarding the adverse health effects associated with food refusal and offer support of BHS. DET's history and current presentation is not consistent with a major mood, thought, and psychotic disorder.
6. Continued food refusal does not appear due to reasons secondary to a psychiatric disorder.
7. DET will continued to be followed by BHS with weekly psychtech evals for MSE.

HOSPITAL OR MEDICAL FACILITY JTF-GTMO DETENTION HOSPITAL	STATUS DETAINEE	DEPART./SERVICE BEHAVIORAL HEALTH SERVICES	RECORDS MAINTAINED AT DELTA CLINIC JTF-GTMO, CUBA
DETAINEES IDENTIFICATION		FOLLOW UP Weekly	LANGUAGE Arabic

ISN: 00693

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 800 (REV. 6-97)

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF -JMG, Medical Department, Guantanamo Bay, Cuba

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba
05JUN06	(b)(2)
1230	Discharge Note - Medical Staff Detainee has ended his hunger strike. Detainee has demonstrated a change in his behavior by eating several meals. Detainee has shown that he can tolerate returning to solid food. Detainee is transferred off (b)(2). Detainee is well hydrated. Detainee's condition is good upon transfer off (b)(2). - Detainee's new complaint. Tolerating PO intake well. Ask Reg- to Diet w/ Ensure x 3 this am. Labs drawn this am. Weight: 161.9 lbs (6/5/06) Vitals: Temp: 97 F HR: 87 /min RR: 16 /min BP: 124/83 Goal daily kcal: >2000 Received: Regular meals w/ Ensure Supplementation. <input checked="" type="checkbox"/> Compliant with oral feeding. The intent of the medical staff is to safely and effectively maximize nutrition and hydration of the detainee. The detainee was advised that a return to hunger striking would be hazardous to his health. Labs (P) PLAN: 1. Transfer off (b)(2) to a transition (out patient) BLOCK non-feeding block per DOC. 2. Regular diet as tolerated. 3. Activity per Guard Force protocol. 4. Guard Force to weigh detainee weekly. 5. Detainee may have additional supplemental feeding supervised by the Guard Force. 6. Follow-up medical care will be provided as needed when BLOCK hospital corpsmen make their routine rounds per the Camp Delta Outpatient Clinic protocol. 7. Block HMs who round on the detainee will be authorized to dispense up to two cans of Vanilla Flavored ENSURE twice daily at 0600 and 1400. No other flavor or brand of supplement will be dispensed other than Vanilla Flavored ENSURE. 8. Detainee will have lab studies drawn upon leaving (b)(2) if not obtained within the past 48 hours. No refusal by Detainee allowed. Labs will be drawn as needed on the blocks and will consist of a Basic Metabolic Panel, CBC, LFTs, Mg, Phos, and Ca. - No need to Redraw today's labs. 9. Flu on (P) lab. 10. Flu apt in Det Clinic in 7 weeks. JTF GTM (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

JTF -JMG, Medical Department, Guantanamo Bay, Cuba

DATE

(b)(2)

04JUN06

1100

Progress Note - Medical Staff

Patient offered a meal but refused - enteral feeds as recommended (voluntarily accepted oral food)
 Chart reviewed. Detainee appears to be well hydrated. His condition is good.

-Detainee's new complaints. Detainee has now consumed 6 meals & evidence of emesis or other GI distress. Per CW staff he's very hungry & has been on regular meals x 2 days. Detainee didn't want REAT. observed closely for refeeding syndrome (no evidence of such at this time.)

Weight: 161.7 lbs (6/4/06)

Vitals: Temp: 96 HR: 89 /min RR: 18 /min BP: 125/78

~~EF Day~~: Feeding Block Day #160; No EF needed in past 1.5 days

Goal daily kcal: >2000

Received:

Reg for meal w/ Enteral TID

☐ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☒ Close medical observation

☐ Change to following:

→ If he eats 3 more meals he'll be off the HS list. Potentially can be D/C from U.S.A. Block tomorrow. No evidence of Refeeding Syndrome at this time.
 → Will need the 6 dot Clinic in 1 week if D/C in am.

JTF GTMO Detention Hos

(b)(3):10 USC
§130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
 MEDICAL RECORD
 STANDARD FORM 600 (rev. 9/05)