

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

02 Aug 05 Det c/o (B) knee pain. Det was injured x4 months ago and banged knees into wall. Det stating pain is 10/10. Feels like bones are rubbing together. Pain is localized. Never had x-ray. Swelling erythema & distention. From Det takes Motrin PM for pain. HM recommends clinic visit for possible x-ray

(b)(3):10 USC §130b,(b)(6)

2 Aug 05 PA Note - use motrin pm for pain

8/05/05 HM NOTE: DET WANTS 2 Two knee brace for (B) + (B) knees when Corpsmen ask to do exam Det said NO Doc already knows about it and Beina it when HM comes back out

(b)(3):10 USC §130b,(b)(6)

5 Aug 2005 no note/ No indication for knee brace with recent evaluation Det needs to allow HM to examine to see if exam has changed that may indicate knee brace

(b)(3):10 USC §130b,(b)(6)

15 Aug 05 1645 Examined knees bilaterally on bk; Detainee in supine position on cot; Detainee c/o pain in extension more in (B) knee; pain in flexion (B); swelling noted bilaterally Detainee states he's had swelling bilaterally on medial

HOSPITAL OR MEDICAL FACILITY STATUS DEPART. SERVICE RECORDS MAINTAINED AT SPONSOR'S NAME SSN/ID NO. RELATIONSHIP TO SPONSOR PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID (in or SSN); Sex; REGISTER NO. WARD NO.)

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CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

STANDARD FORM 800 (REV. 6-97) Prescribed by GSA/ICMR FPMR (41 CFR) 301-8.202-1

and lateral aspects on both knees; +2 pedal pulses bilaterally; negative Homans sign; b swelling noted on calves. Had Detainee stand and bend knees. Detainee able to bend to floor but had some difficulty coming up from bending; Detainee c/o pain when ascending but denied any pain descending; Detainee states he's had this pain for 4 months, states naprosyn and ben-gay do not work, and that his father had arthritis; Detainee states pain in knees is worse in the am. Detainee also requests something for heat rx. Detainee seen 6/19/05 by (b)(3):10 USC §130b,(b)(6) for ① knee pain denied knee brace @ that time; Detainee feels that brace would help his pain.

(b)(3):10 USC §130b,(b)(6)

P. ① Feldene 20mg QD x 1 month & food

- ② Apply ice to site prn
- ③ Encourage exercises for knees
- ④ Re-eval in 2 weeks

(b)(3):10 USC §130b,(b)(6)

6 Aug 05 PA Adfe - will start Feldene 20mg QD

Continue exercises daily
① Ice wrap/brace use

(b)(3):10 USC §130b,(b)(6)

PA

Starvation/Dehydration Information Handout

The human body is composed of 70% water. Without water and/or other fluids, our cells shrink down (become dehydrated) and eventually the systems in our bodies stop functioning. In the hot climate you are now living in, the lack of fluids for more than 24 to 48 hours could seriously impact your health. Do not ignore your thirst—it is a sign that you are becoming dehydrated. Dark urine or decreased frequency of urination is another sign of dehydration. Death can occur in less than one week when no fluids are drunk to replace the constant losses occurring within the body.

Not eating enough food can also be harmful to your health. Food keeps us alive and well by acting as “fuel” off of which our bodies run. Besides water, there is no greater need in our bodies than food. Food gives our body necessary energy and allows our bodies to maintain its systems—brain function, muscle contraction, liver function, kidney function, cardiac activity, the immune system, and tissue maintenance. There are many harmful effects of not eating. The following list gives many of them but the final consequence of not eating is death.

Early Effects of Starvation

- hunger pains
- sleepiness
- dizziness
- weakness
- weight loss (initially water weight)

Later Effects of Starvation

- fatigue
- decreased ability to fight infections
- decreased mental concentration
- difficulty urinating
- depressed mood
- loss of consciousness
- muscle loss
- tissue loss (such as the liver, heart, and lungs)
- death

Many of the effects of starvation and dehydration may be reversed by starting to eat and/or drink in a timely manner. You may be at a higher risk if you have other medical problems. Some of the effects may become permanent, and irreparable harm may occur to your body if self-starvation or refusal of water/fluids is allowed to continue for a long time.

We would recommend that you resume a regular diet and resume consumption of water and other fluids. Please ask the physician if you have any further questions or concerns as to how self-starvation or dehydration may affect your health.

Enclosure (1)

Refusal to Accept Food or Water/Fluids As Medical Treatment

Detainee Number 693 Age _____ Date 7/26/05

I refuse to accept food or water/fluids as medically indicated by the (b)(2) Medical Officer of the Day.

As explained to me by the (b)(2) Medical Officer of the Day, I fully understand the grave risks involved with not following the medical advice directing me to eat life-sustaining food and to drink water/fluids. As a direct result of my refusal to eat and/or drink, I understand that I may experience: hunger, nausea, tiredness, feeling ill, headaches, swelling of my extremities, muscle wasting, abdominal pain, chest pain, irregular heart rhythms, altered level of consciousness, and coma. I understand that my refusal to eat life-sustaining food or drink water/fluids and to follow the medical advice may cause irreparable harm to myself or lead to my death.

I understand that this is not a complete list of the risks involved with the refusal to follow medical advice and that I may experience other severe complications.

I fully understand the alternatives available to me.

I fully understand my prognosis if I do not accept food as directed above.

(b)(3):10 USC §130b,(b)(6)

Detainee Signature

Translator Signature

Witness Signature

Medical Provider Signature

Enclosure (2)

Voluntary Total Fasting Medical Evaluation Sheet

Detainee Number 1073

Date of Evaluation 7/26/05

Date of Onset (b)(3):10 USC §130b,(b)(6) 4 days now

CC: Hunger striker: Food Fluids Both

HPI: No nephrolithiasis / NO

H/O depression? Y N
H/O Suicidal ideation? Y N
Mood problems? Y N
Anxiety problems? Y N

MEDS: Documented

ALLERGIES: NKDA or _____

PMH:

Reason for Strike? "Mood Problems for the Brothers"

Physical Assessment: WNL

Inprocessing BMI: _____

Current Weight: Referenced STARTS can't stand alone - STOPS on some getting up
Current BMI: _____ 161 lbs

Heart Rate 71 BP 124/77 RR 16 T _____ LOC: Yes No

Other Pertinent Physical Exam Findings:

Assessment: AOK - Sitting up and walking - looks fit and well.

Plan:

1. Explained risks of inadequate intake of food and/or water to detainee. Risks include, but are not limited to: headache, fatigue, malaise, nausea, abdominal discomfort, muscle wasting, heart problems/cardiac dysrhythmias, and death.
2. Detainee given informational handout and expressed understanding after all his questions were answered.
3. Continue follow-up as per Voluntary Total Fasting and Re-feeding SOP.
4. (b)(3):10 USC §130b,(b)(6)

Translator: _____

Provider: _____

Enclosure (3)

Refusal to Accept Medical Evaluation

Detainee Number 693 Age _____ Date 7/26/05

I refuse to accept a medical evaluation as medically indicated by the (b)(2) Medical Officer of the Day.

As explained to me by the (b)(2) Medical Officer of the Day, I fully understand the grave risks involved with not following the medical advice directing me to have an evaluation to monitor the effects of my refusal to eat life-sustaining food and to drink water/fluids. I understand that my refusal to be evaluated may delay intervention that may lead to irreparable harm to myself or lead to my death.

I understand that this is not a complete list of the risks involved with the refusal to be medically evaluated.

I fully understand the alternatives available to me.

I fully understand my prognosis if I do not accept the medical advice directed above.

(b)(3):10 USC §130b,(b)(6)

Detainee Signature _____

Translator Signature _____

Witness Signature _____

Medical Provider Signature _____

Enclosure (4)