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Individual Detainee Deaths Cited in DoD Investigations in Guantanamo Bay, Afghanistan and Iraq (March 2003 - September 2004) (U)

Location	False Report	Killed by Enemy Attack	Killed in Rioting	Detainee Other Deaths	Total
Guantanamo Bay	0	0	0	0	0
Afghanistan	0	0	0	5	5
Iraq	1	27	13	49	90
Total	1	27	13	54	95

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receive several levels of healthcare. The first involves daily sick call held in each callblock. Sick call teams are based in a fixed-facility clinic within the Camp Delta compound, where detainees sometimes receive other outpatient care. The inpatient Detention Hospital is a separate and modern facility within Camp Delta with its own physician staff and capabilities equivalent to a field surgical hospital.

(FOUO) Health Records. Health records are maintained for each detainee.

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~~(FOUO)~~ Detainee Nutrition. Medical personnel attempt to weigh all detainees monthly, but 10 percent of detainees refuse this. Detainees are categorized by Body Mass Index (BMI) and tracked over time.

(U) Medical Involvement in Interrogation

~~(FOUO)~~ Recent Involvement. Detainee Hospital personnel coordinate extensively with

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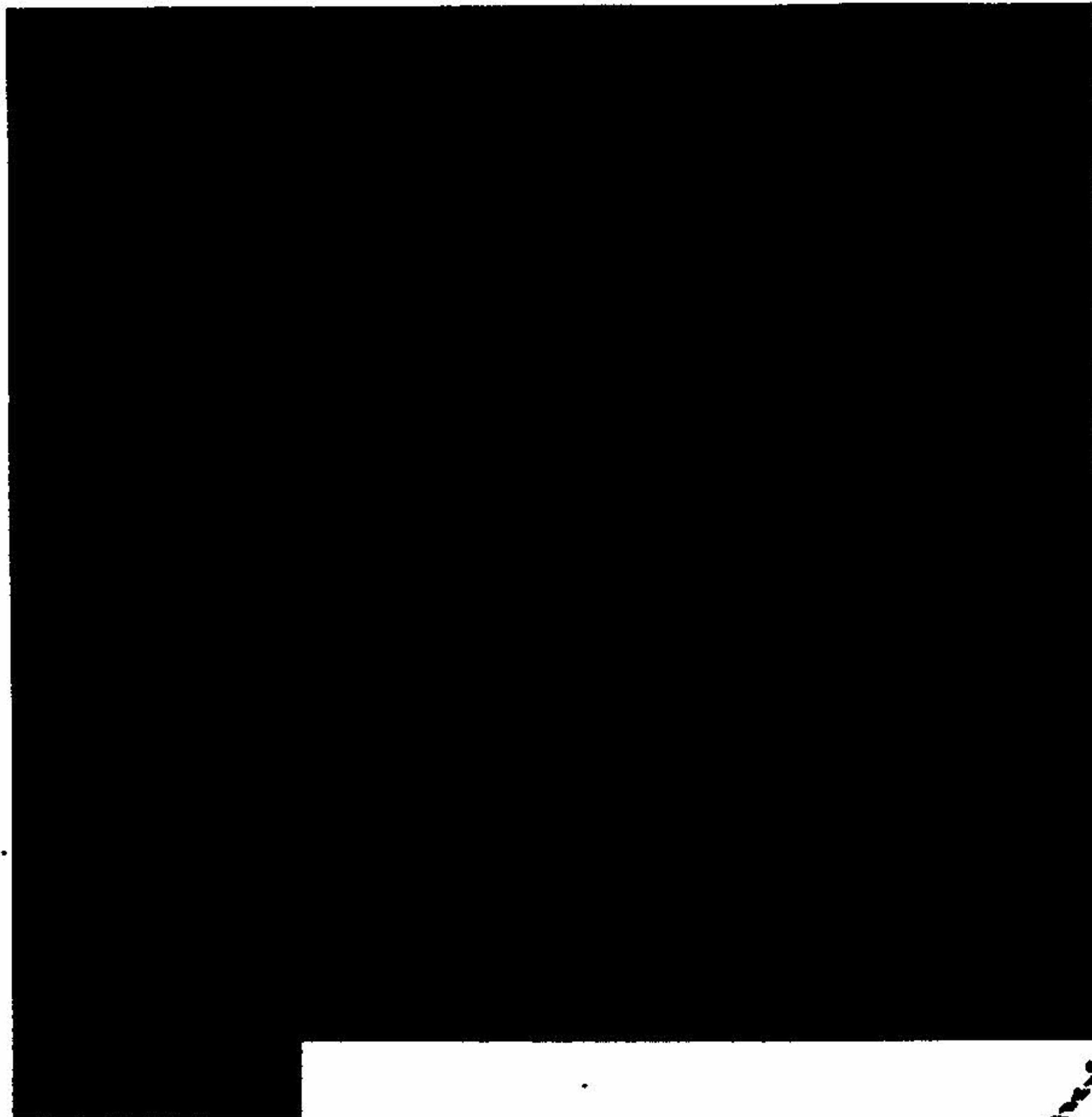
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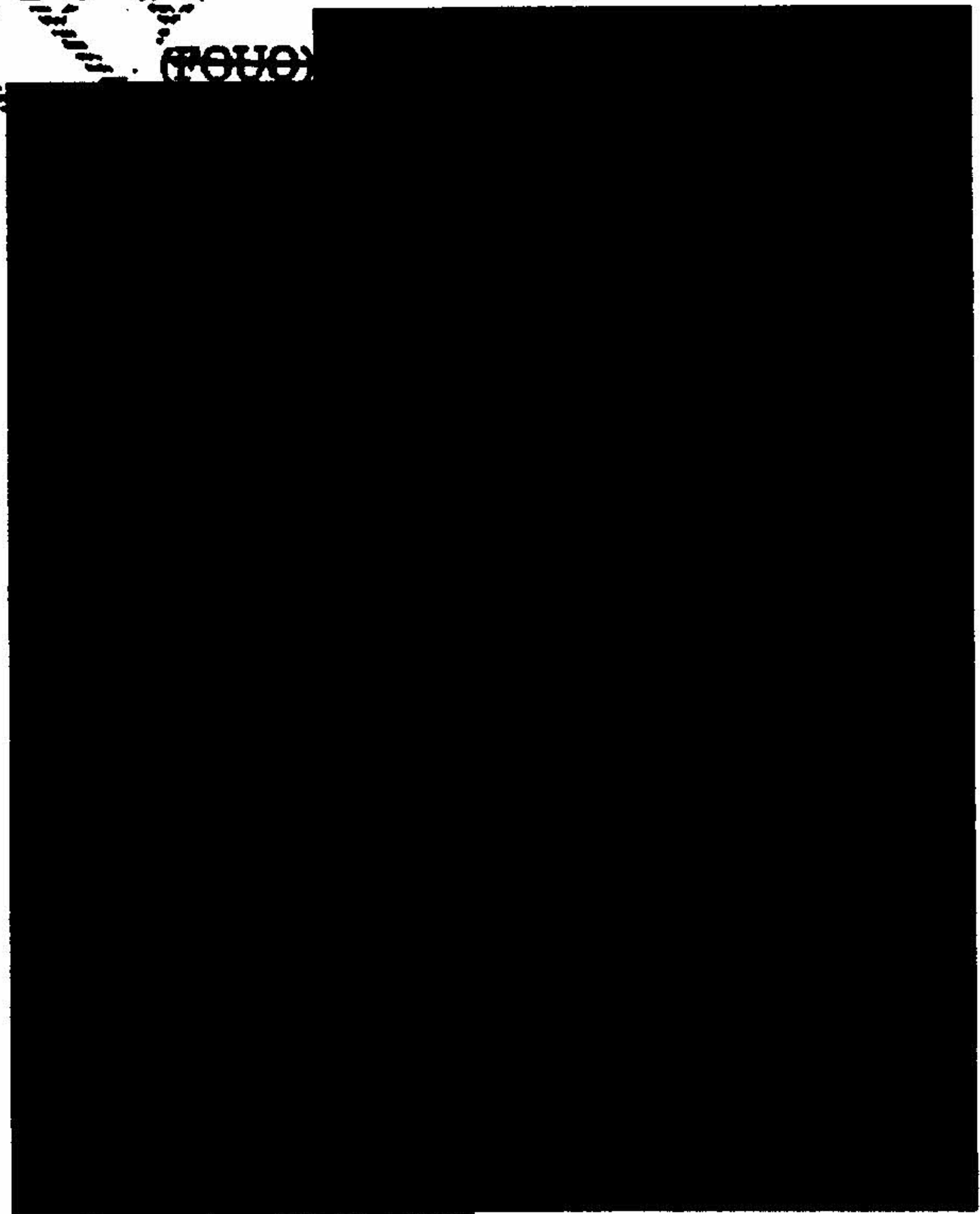
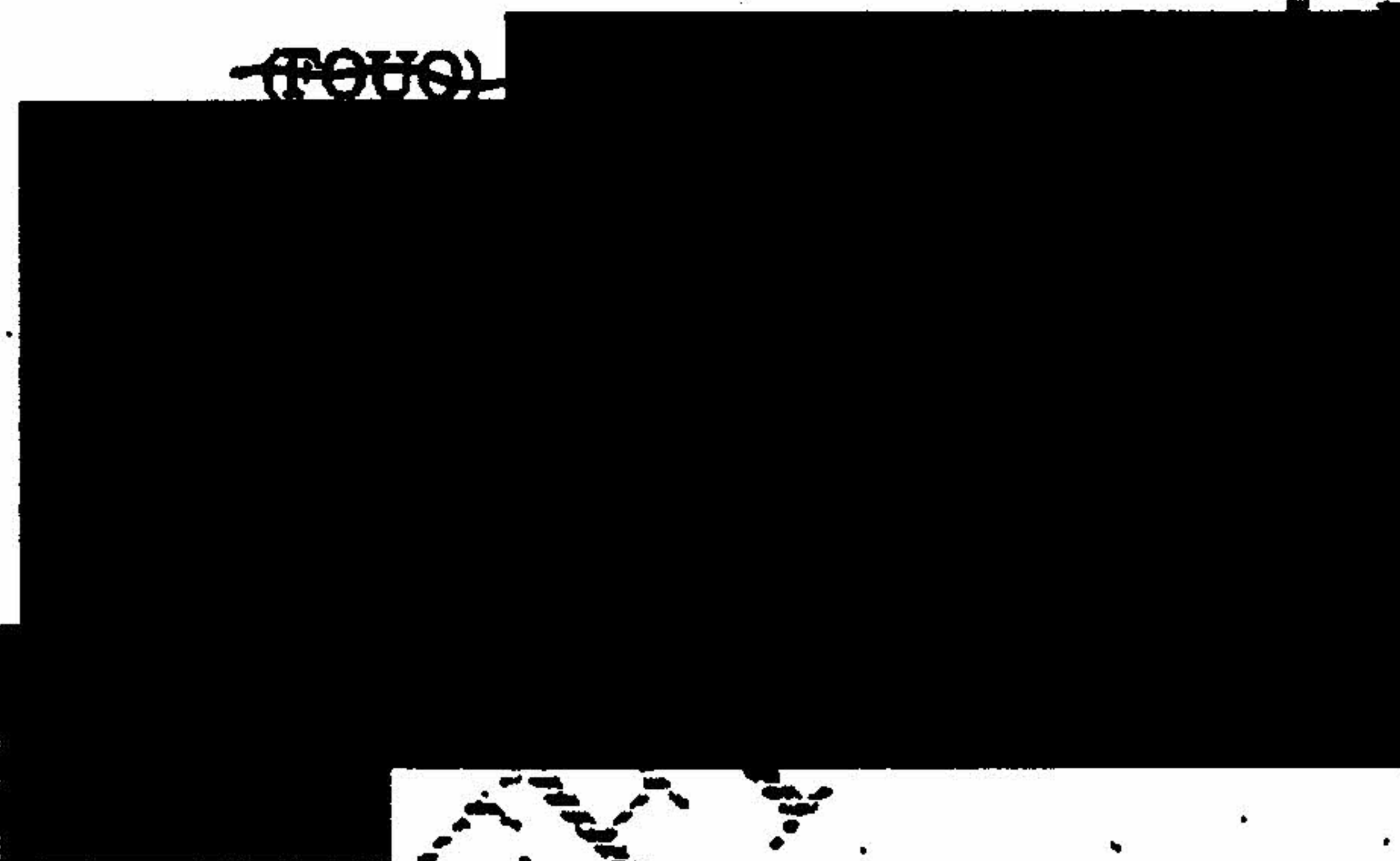
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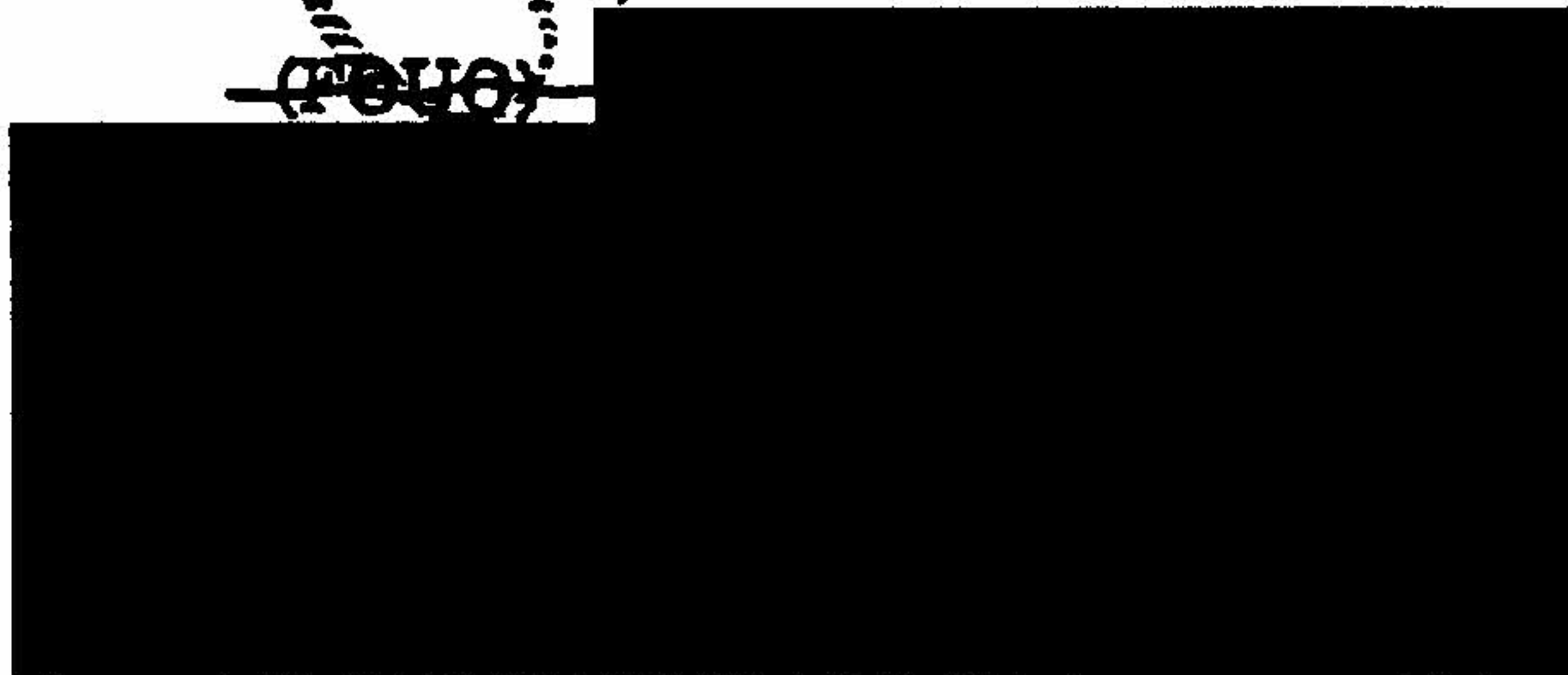


~~(FOUO)~~

~~(FOUO)~~

(U) Behavioral Science Consultation Team

~~(FOUO)~~



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to a combat support role.

(FOUO)

[REDACTED]

[REDACTED]

(FOUO)

[REDACTED]

(U) Interrogator Access to Medical Information

(FOUO)

[REDACTED]

(FOUO)

[REDACTED]

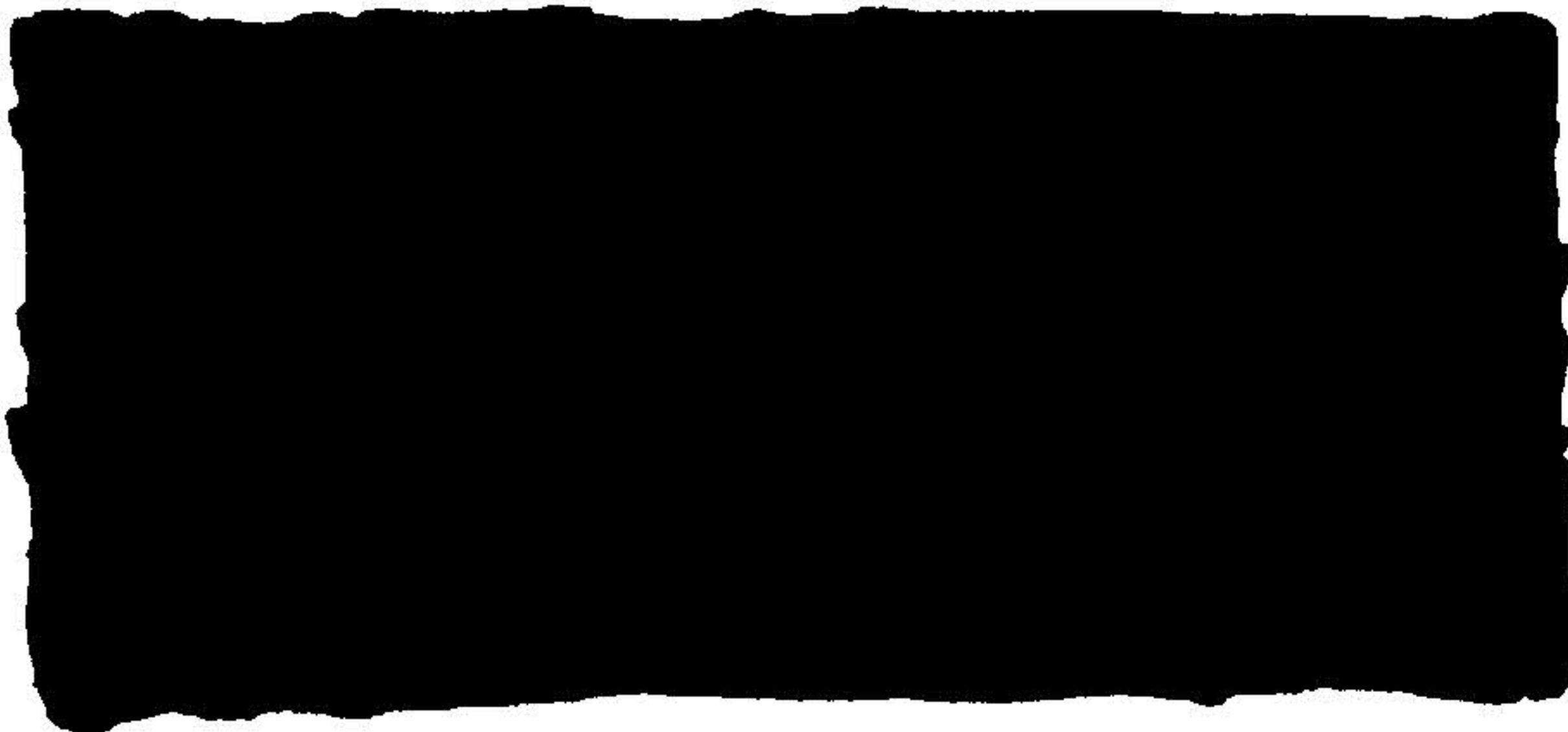
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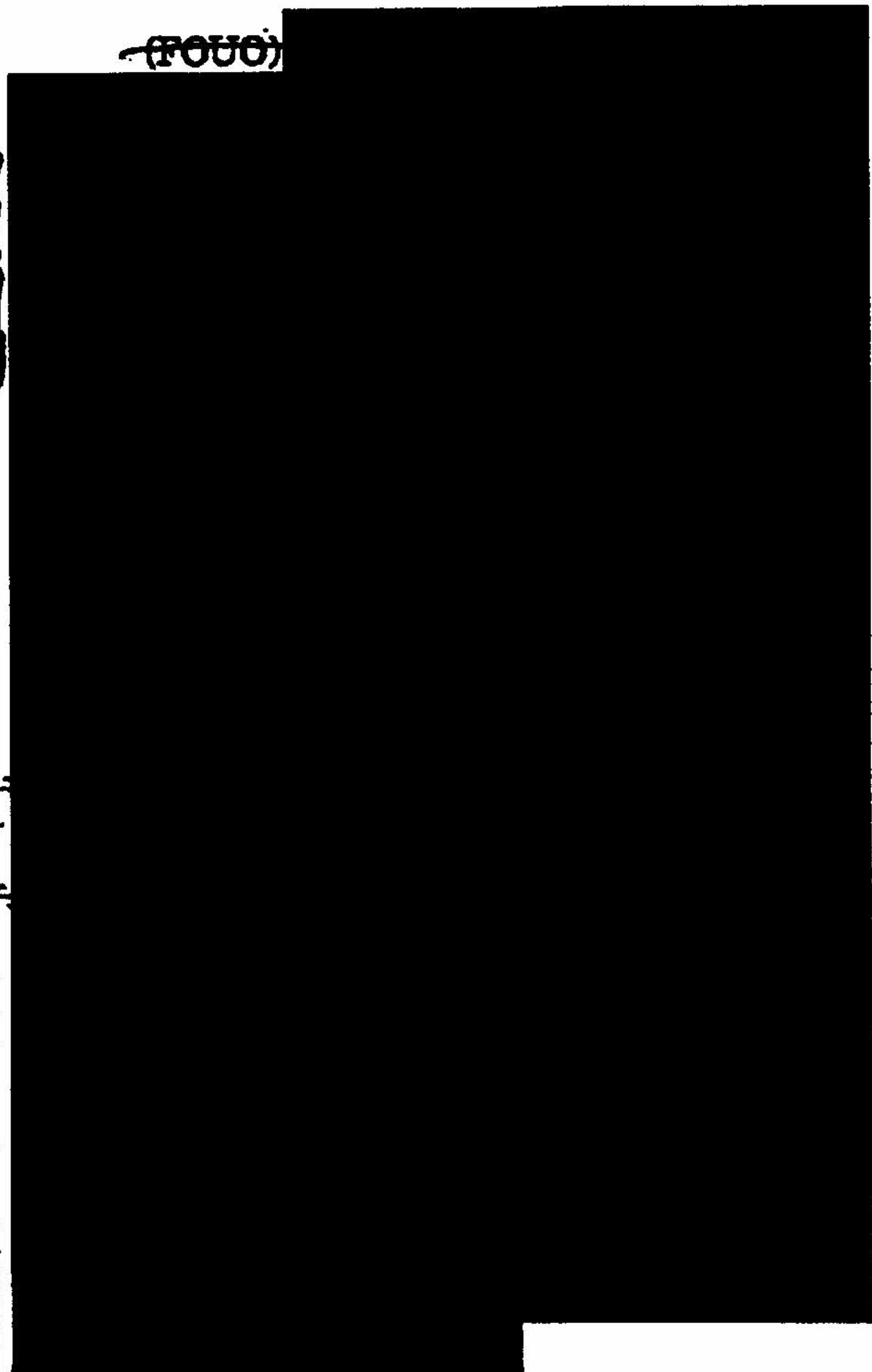
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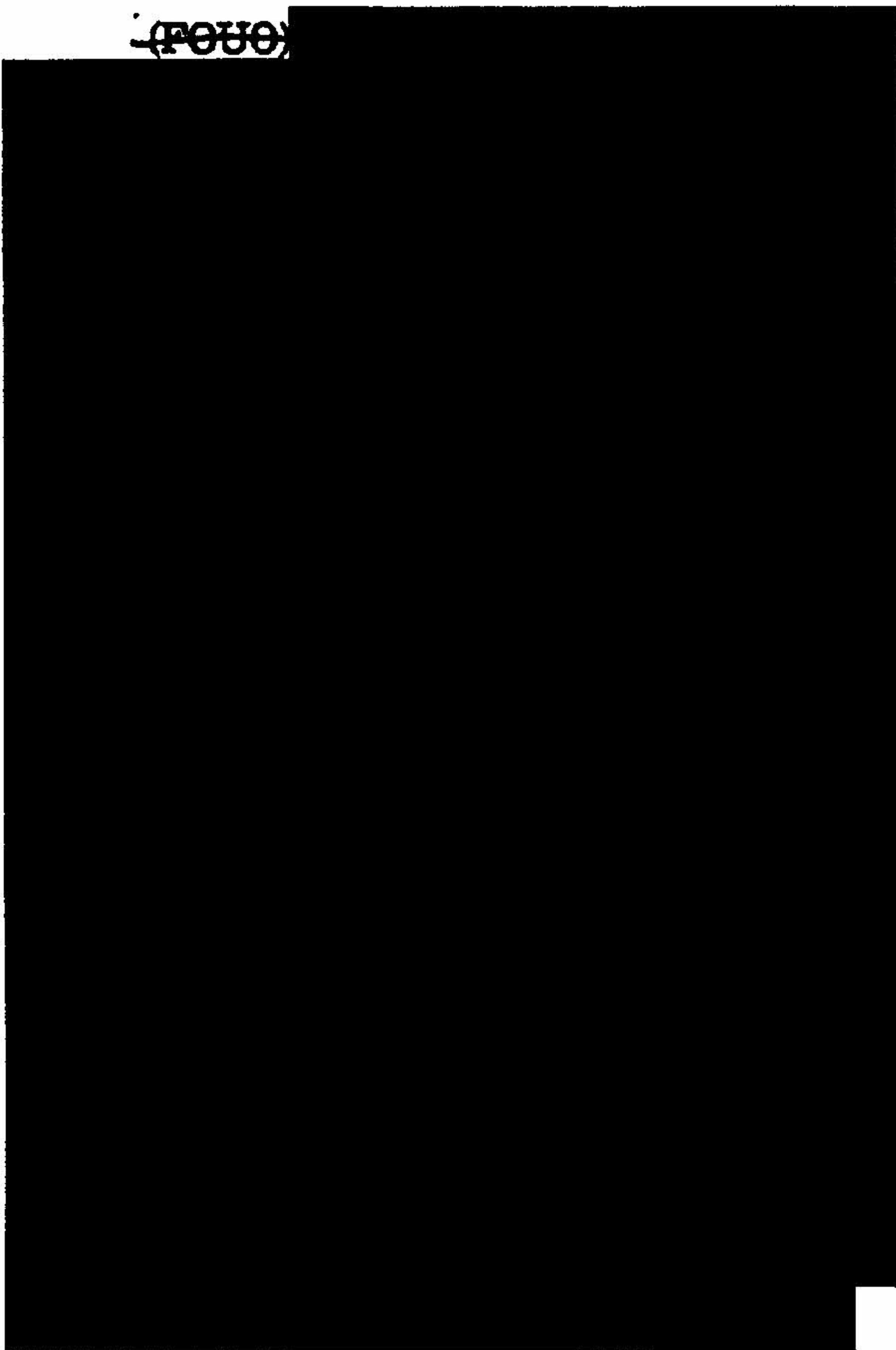


~~(FOUO)~~



(U) Preventing and Reporting Suspected Abuse

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(U) Afghanistan

(U) Interviews of Medical Personnel
in Afghanistan

~~(FOUO)~~ Our larger process of structured interviews included seven medical personnel in June 2004 at Kandahar, Afghanistan, including a physician, a physician assistant, and five enlisted medics. The enlisted medics were all assigned to a Military Police company. These interviews focused on the same themes we have used to organize other parts of our report on medical issues. In contrast to our discussions of Guantanamo Bay, we group these themes closely together here as interview findings only, because our processes in Afghanistan and Iraq did not allow us to corroborate interview findings with medical facility tours and files review as had been possible at Guantanamo Bay. While our sample size of interviewed medical personnel in Afghanistan was small, our findings closely match those reported on July 21, 2004 in Department of the Army Inspector General Report on Detainee Operations.

~~(FOUO)~~ Detainee Screening and Medical Treatment. All interviewees described the goal of offering detainees a standard of medical care similar to that available to U.S. soldiers. One medic thought the detainees got more responsive care than U.S. soldiers. Each interviewee described ini-

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tial medical evaluations of every detainee. Several described visual rectal and genital examinations that had been performed to look for weapons or bruising that might indicate abuse. As noted elsewhere, Brigadier General Jacoby issued guidance prohibiting further rectal or genital examinations of detainees at about this same time.

~~(FOUO)~~ Specific training with regard to detainee medical care was limited to informal sessions after deployment to help them distinguish between real and "pseudo" complaints by detainees. Responses to a question about governing directives for detainee medical care were vague, and none mentioned the Geneva Conventions. At the same time, each individual seemed strongly aware of a general responsibility to treat detainees humanely and with respect.

~~(FOUO)~~ Detainee sick call is held on a daily basis, but processes are sometimes informal - medics talk to detainees and guards to see who needs care. There is no infirmary at the detention facility, although medics are available at all times if summoned by a guard. Detainees are taken to a nearby military medical unit as needed for medical care, although detainee complaints are usually routine and transport is seldom necessary.

~~(FOUO)~~ The medical personnel we interviewed all seemed committed to providing humane medical care for detainees in

Afghanistan. The general circumstances they described, however, make it clear they were not equipped to fully comply with all doctrinal requirements for detainee medical care. For example, there was no mention of monthly medical assessments or weight recordings, as required by AR 190-8, and it seems unlikely these would be feasible under the broader conditions described.

~~(FOUO)~~ Medical Involvement in Interrogation. None of the medical personnel described any medical participation in interrogation processes except the need to medically clear detainees for interrogation and the responsibility to inform interrogators when medical problems might warrant special accommodations.

~~(FOUO)~~ Interrogator Access to Medical Information. Documentation of medical care is not standardized or rigorous, although clearly some care is recorded. Separate detainee medical records are not maintained. Instead, medical records that do exist were kept in Person Under Control (PUC) files used also for other purposes. This practice makes it impossible to control or even monitor access to detainee medical information. No interviewee had ever been asked to alter medical documentation.

~~(FOUO)~~ Preventing and Reporting Suspected Abuse. None of interviewed medical personnel had seen or suspected detainee abuse.

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Each indicated they would report abuse to their chain of command if they suspected it.

(U) Psychology Support of Interrogations

~~(FOUO)~~ Analogous to the BSCT in Guantanamo Bay, the Army has a number of psychologists in operational positions (in both Afghanistan and Iraq), mostly within Special Operations, where they provide direct support to military operations. They do not function as mental health providers, and one of their core missions is to support interrogations. According to the Director, Psychological Applications Directorate (U.S. Army Special Operations Command), the only reason for sharing any medical information would be to ensure that detainees are treated in accordance with their medical requirements. He personally knew of no cases where medical records were used to plan an interrogation. A manual is currently being developed to function both as a training document and a set of guidelines (standards of practice) for psychologists who perform in this role.

(U) Detainee Deaths in Afghanistan

~~(FOUO)~~ As shown in the table on the next page, we reviewed CID summary investigative reports on five detainee deaths occurring in Afghanistan between August 28, 2002 and November 6, 2003. No other detainee death investigations have been initiated in Afghanistan as of

September 30, 2004. Also presented below are brief synopses of these five cases. Two similar detainee deaths at Bagram raise concerns that medical personnel may have misrepresented detainee injuries likely to have been apparent at the time of death. These two cases deserve further investigation into the appropriateness of medical documentation. The three other reports describe individual deaths with little or no mention of medical involvement. The table below shows our own categorization of reported detainee deaths, which differ from that used internally by CID. The differences reflect our separate focus on medical perspectives and not any disagreement with the investigative interpretation of case findings. "Point of Capture" deaths represent individuals killed by U.S. forces at about the time of apprehension under diverse circumstances that are difficult to assess. "Suspicious for Abuse" is our own subjective label for four deaths individually described further below.

~~(FOUO)~~ 12/4/02 and 12/10/02 at Bagram (Suspicious for Abuse) - Two separate cases, five days apart, suggest very similar circumstances. Both involve disruptive detainees who were restrained in their cells in standing positions; then apparently beaten; still later found collapsed in their cells; and ultimately rushed to a nearby medical facility. The first case is described only as dead on arrival. Notes on the second case indicate that cardio-pulmonary resuscitation (CPR) was begun at the scene and continued during transport, but

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with death declared shortly thereafter. In both cases, separate physicians are cited as finding no evidence of bruising or injury. Also in both cases, however, autopsies within days subsequently revealed massive blunt force injuries to the legs, with muscle injury so severe that bilateral leg amputations would have been necessary if the detainee had survived. CID investigations into possible detainee abuse by guards, completed in October 2004, have led to criminal charges against several individuals. Review of these cases with OAFME support our concern that local physicians may have misrepresented, either consciously or due to incomplete examinations, the condition of these detainees at death. The appropriateness of medical documentation in these cases deserves further review, separate from the issue of abuse by guards. We do not know whether medical person-

nel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuse.

~~(FOUO)~~ 11/6/03 at Gereshk (Suspicious for Abuse) - Detainee arrived with extensive bruising noted by U.S. medical personnel after interrogation elsewhere by Afghani military forces. He remained under Afghani guard within a U.S. compound. Two days later, he was found dead in his cell. Exact circumstances of treatment and interrogation are unclear. A local U.S. military surgeon attempted a preliminary autopsy but could not determine a cause of death, and so he appropriately referred the case for forensic autopsy by OAFME. Subsequent laboratory tests at that autopsy revealed evidence of severe muscle injury. Investigation of this case remains open. We do not know whether medical

Individual Detainee Deaths Cited in DoD Investigations in Afghanistan (March 2003 - September 2004) (U)

	Cause of Death Category		Total
	Point of Capture	Suspicious for Abuse	
Number of Individuals Mentioned	1	4	5
Status of Associated Investigations			
Investigations Still Open	0	4	4
Investigations Closed	1	0	1

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personnel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuse.

~~(FOUO)~~ 2/1/03 at Gardez (Suspicious for Abuse) - Seven Afghans reported they had been held for three months at an isolated location along with another eighth person. They claim to have been abused during this period, and that the eighth fellow detainee had been killed. Local Afghani officials were interviewed and doubted the story. No body was ever produced. The report of death was originally thought by CID investigators to be false, but recent information has led them to suspect detainee abuse and to re-open their investigation. At this point, the circumstances are unclear. Investigative summary report makes no mention of medical involvement.

~~(FOUO)~~ 8/28/02 at Lwara (Point of Capture) - Detainee was shot and died shortly after capture by U.S. forces. Summary investigative report makes no mention of medical care or medical personnel.

(U) Iraq

(U) Interviews of Medical Personnel in Iraq

~~(FOUO)~~ We interviewed 38 medical personnel in Iraq during June 2004, including two headquarters-level physicians, 20 other physicians, four other medical department officers, and 12 enlisted medics and corpsmen. Most were directly involved

in detainee medical care. They represented at least a dozen different units at various locations. Feedback did not differ in any obvious way between these groups of interviewees. Our interviews focused on the same themes we have used to organize other parts of our report on medical issues. In contrast to our discussions of Guantanamo Bay, we group these themes closely together here as interview findings only, because our processes in Afghanistan and Iraq did not allow us to corroborate interview findings with medical facility tours and files review as had been possible at Guantanamo Bay.

~~(FOUO)~~ Detainee Screening and Medical Treatment. None of the interviewed medical personnel described pre-deployment training related to detainee medical care or Geneva Convention responsibilities, although one physician described such training previously in medical school. When asked about directives governing their duties relative to providing medical care for detainees, only a handful mentioned the Geneva Conventions at all. Most made vague reference to unspecified Army regulations. Training received in theater related mostly to specific medical issues or approaches to unruly detainees.

~~(FOUO)~~ Detainees appear to always receive initial medical examinations and must be medically cleared before interrogation. The examinations vary widely in comprehensiveness and are sometimes cursory. No interviewee mentioned detainee rectal examinations, but several described strip-

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