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ping detainees naked for exams.

~~(FOUO)~~ Some detention facilities have detainee clinics or infirmaries, while others do not. All locations appear to conduct routine detainee sick call operations, but actual procedures for detainee access vary. Most locations conduct some form of daily sick call. A few do so twice daily.

~~(FOUO)~~ Responses to an interview question about routine medical examinations varied widely. Only a couple interviewees confirmed monthly medical examinations with recorded detainee weights. A few others mentioned monthly examinations more vaguely. One officer described monthly weights tracked on a spreadsheet but no routine medical inspections. Several enlisted medics responded that routine examinations were conducted daily or even twice daily, apparently confusing the distinction between sick call operations and periodic routine examinations.

~~(FOUO)~~ With one exception, all interviewees denied that appropriate medical care had ever been consciously denied. That exception involved one medic interviewed in Baghdad who described how detainee access to optometry services for glasses was managed by interrogators and as a reward for cooperation.

~~(FOUO)~~ Impressions of proper procedures following detainee death varied. Most personnel indicated a requirement to notify their chain of

command. Two thought that remains should be released to families or other civilians. One interviewee thought he should first notify the ICRC upon death of a detainee.

~~(FOUO)~~ Medical Involvement in Interrogation. All interviewees indicated they had no involvement in detainee interrogations and that interrogators respected the need for medical clearance before detainees were interrogated.

~~(FOUO)~~ Interrogator Access to Medical Information. No interviewee indicated they should provide any medical information to interrogators except when medical conditions warranted special accommodations. None indicated they had ever been asked for medical information about detainees except in this context. All denied ever being asked by interrogators to alter medical documents.

~~(FOUO)~~ Interviewees described widely varied procedures for maintaining detainee medical records. At some places, especially in Baghdad, individual detainee medical records were managed and kept secure by medical personnel. At least one unit also backed up detainee medical records on a computerized data system. A medic in Baghdad even described how ICRC representatives were denied access to detainee medical records out of privacy concerns. Overall, however, procedures were not standardized. At one location, the Persons Under Control (PUC) manager kept copies

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of detainee medical records. At another, military interrogators held the detainee medical records. Several interviewees indicated they did not maintain individual detainee medical records, and instead kept occasional medical notes in other detainee record files. One unit kept medical information on individual detainees in a common medical logbook.

~~(FOUO)~~ Preventing and Reporting Suspected Abuse. Virtually all interviewees recognized the need to report suspected detainee abuse, and most indicated they would notify their chain of command. Of the 38 medical personnel interviewed, four said they had seen or suspected detainee abuse. In one case, an enlisted Navy corpsman serving with the Marines noted broken ribs and temporary unconsciousness occurring after detention - he reported this to the commanding officer of the Military Police company. In a second case, another enlisted Navy corpsman noted suspicious bruises at initial screening of a detainee - he reported this to the sergeant of the guard. The third case involved a physician working at the Baghdad airport in June 2003 when a detainee died under unclear circumstances. He had not initially suspected detainee abuse, but came to this belief later and reported his concerns to investigators. Finally, a mental health physician at the 28th Combat Support Hospital in Baghdad (supports Abu Ghraib) had observed medical personnel handling detainees unnecessarily roughly during transportation. He reported this to medical super-

visors and the behavior was stopped. We attempted to validate the nature of any corrective actions taken in each of these cases, but we were unable to cross-reference the brief comments with our other records.

~~(FOUO)~~ As with our own processes, Major General Fay's recent investigation at Abu Ghraib was not designed to focus specifically on medical aspects of detainee operations. However, some of his findings add to our own with regard to the roles of medical personnel in preventing and reporting suspected detainee abuse. Specifically, he found that enlisted medics had witnessed obvious episodes of detainee abuse, apparently without reporting them to superiors. One episode involved a detainee whose wounded leg was intentionally hit. Two others involved detainees handcuffed uncomfortably to beds for prolonged periods, such that one eventually suffered a dislocated shoulder and another experienced pain when eventually forced to stand. A further episode involved a medic who saw pictures of naked detainees in a pyramid.

(U) Psychology Support of Interrogations

~~(FOUO)~~ Our basic findings for Iraq are identical to those presented for Afghanistan. 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

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their core missions is to support interrogations. In Iraq, we interviewed two military personnel and one civilian serving in this capacity. All three emphasized their separation from detainee medical care. Only one believed he had observed or suspected detainee abuse. No details were offered, except that, when this occurred, he recommended the interrogation not proceed and brought in medical personnel to evaluate the detainee.

(U) Detainee Deaths in Iraq

~~(FOUO)~~ We reviewed CID summary investigative reports on 63 reported detainee deaths in Iraq. As of September 30, 2004, 21 of these reported deaths remain the subject of open investigations. Not reflected in these summary investigative reports are an additional 27 detainees known to have been killed by enemy mortar attacks on the Abu Ghraib prison in Baghdad, Iraq. Five detainees died in such an attack on August 16, 2003, and 22 detainees died in such an attack on April 20, 2004.

~~(FOUO)~~ The table on the next page shows our own categorization of the 90 total reported detainee deaths in Iraq as of September 30, 2004. Our categorization scheme here differs 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. We labeled as "Non-Trauma" those natural deaths from underlying medical dis-

ease, along with cases where environmental conditions may have contributed. "Killed in Rioting" deaths represent detainees killed by U.S. forces while rioting or attempting escape. "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 eight deaths individually described further below. "Battlefield Injury" deaths are those due to complications directly related to major battle wounds, despite adequate medical care.

~~(FOUO)~~ In 33 of their 63 reported detainee deaths in Iraq, CID summary investigative reports indicate that medical personnel either rendered care before death, attempted resuscitation about the time of death, or (one case only) rushed to the scene but determined that resuscitation would be futile. These cases with references to medical care include six of the eight "Suspicious for Abuse" detainee deaths (see below), and six of the seven "Non-Trauma" detainee deaths clustered in August 2003 (see further below). We cannot tell from investigative reports if medical personnel were involved or not in other reported detainee deaths, although our own interviews suggest one such case where an Army physician reported his suspicions of detainee abuse to his chain of command and was interviewed by investigators. None of the summary investigative reports suggest that medical personnel either contributed to detainee abuse or misrepresented findings. As noted below, however,

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unconfirmed subsequent reports do raise concerns about misrepresentation of physical circumstances in one reported case of detainee death at Abu Ghraib, in Baghdad.

~~(FOUO)~~ Our processes did not allow us to assess the frequency with which medical personnel reported suspicions of detainee abuse or adverse conditions. Evidence from investigative reports, however, suggests that medical personnel often have exposure to the circumstances of detainee treatment. In this regard, summary reports on two different "Point of Capture" detainee deaths suggest that medical personnel (an Army medic

and a Navy corpsman, respectively) caused investigations to be initiated, separate from any issues of medical care.

~~(FOUO)~~ Presented below are brief synopses of the eight reported detainee deaths in Iraq that we found to be "Suspicious for Abuse" upon after reviewing CID investigative summary notes and available autopsy results. We subsequently present overview observations regarding "Non-Trauma" detainee deaths in Iraq, along with case synopses of the seven such deaths occurring in August 2003.

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

Site	Task Force Categorization of Death Cause								Total
	Enemy Attacks	Non-Trauma	Killed in Rioting	Point of Capture	Suspicious for Abuse	Battlefield Injury	No Information	False Report	
Abu Ghraib	27	15	10	0	1	0	1	0	54
Other Sites	0	9	3	10	7	4	2	1	36
Total	27	24	13	10	8	4	3	1	90
Status of Associated Investigations									
Investigations Still Open	n/a	5	3	4	7	0	2	0	21
Investigations Closed	n/a	19	10	6	1	4	1	1	42
Mention in CID Investigative Summary Notes of Medical Involvement									
Medical Mentioned	n/a	19	4	0	6	3	1	0	33
No Medical Mention	n/a	5	9	10	2	1	2	1	30

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(U) "Suspicious for Abuse" Detainee Deaths in
Iraq

~~(FOUO)~~ 11/4/03 at Abu Ghraib in Baghdad (Suspicious for Abuse) - Detainee was initially reported to have slumped over during interrogation and then to have died despite attempted medical resuscitation. Autopsy by OAFME revealed broken ribs and compromised respiration. Sources outside of the CID investigative summary report have subsequently suggested that respiration may have been compromised by hooding, and that medical personnel may have placed an IV line after death to falsely suggest that resuscitation had been attempted. The CID investigation of this case is still open. Aside from the issue of possible detainee abuse during interrogation, the appropriateness of medical documentation in this case deserves further review, as does the possibility that medical personnel may have acted to misrepresent circumstances. We do not know whether medical personnel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuse.

~~(FOUO)~~ 6/6/03 at Al Nasiriyah (Suspicious for Abuse) - Detainee died of strangulation, with broken ribs and neck bone found at autopsy. Investigation suggests he was beaten and then dragged by the neck by a guard. He had earlier been screened by medical personnel; medics were called to the scene at the time of his death. The CID investigation of this case is still open. We do

not know whether medical personnel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuse.

~~(FOUO)~~ 11/26/03 at Forward Operating Base (FOB) Tiger (Suspicious for Abuse) - Investigation and autopsy suggest this detainee died of asphyxia caused by smothering and chest compression during an interrogation. Medics were called to scene and attempted resuscitation, but were unsuccessful. The CID investigation of this case remains open. We do not know whether medical personnel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuse.

~~(FOUO)~~ 1/9/04 at Al Asad (Suspicious for Abuse) - Detainee was found slumped, shortly after being gagged and shackled to a doorframe. Medics were summoned but determined that attempted resuscitation would be futile. Autopsy by OAFME found that death was due to asphyxia, with bruising, and multiple broken ribs. The CID investigation of this case is still open. We do not know whether medical personnel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuse.

~~(FOUO)~~ 12/1/03 at Balad (Suspicious for Abuse) - Detainee died of blunt head injury shortly

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after being taken to the 21st Combat Support Hospital (CSH). The circumstances of injury are unclear. The CID investigation of this case is still open. Concerns of medical personnel are suggested in a Memorandum for the Record, dated May 11, 2004 from personnel of 21st CSH. We do not know whether medical personnel reported suspicions of abuse at the time of death.

~~(FOUO)~~ 6/13/03 at Baghdad Airport (Suspicious for Abuse) - Circumstances of death are not well known. Autopsy by OAFME revealed that death was caused by closed head injury. Investigative summary report makes no mention of medical involvement, but our own interviews revealed that an Army physician suspected detainee abuse and reported this to investigators within a month or so of the death. The CID investigation of this case is still open.

~~(FOUO)~~ 4/2/04 at Mosul (Suspicious for Abuse) - Detainee was allowed to sleep after interrogation, and later was found unresponsive. He died despite emergency medical resuscitation efforts at 67th CSH lasting about one hour. An Army physician at the time suspected cardiac arrest, but the exact cause of death remains uncertain even after an autopsy by OAFME. Meanwhile, subsequent other testimony suggests detainee abuse. The CID investigation of this case

is still open.

~~(FOUO)~~ 9/11/03 at Tikrit (Suspicious for Abuse) - Detainee was reportedly shot by a U.S. guard without apparent justification. Investigative summary report makes no mention of medical involvement. The CID investigation is closed, and charges have been initiated.

(U) "Non-Trauma" Detainee Deaths in Iraq

~~(FOUO)~~ The chart on the next page shows the monthly distribution of 24 total "Non-Trauma" detainee deaths in Iraq. One observation is the reasonably similar pattern of "Non-Trauma" deaths occurring at Abu Ghraib and elsewhere; another is the higher number of deaths in August 2003, when the local climate was very hot.

~~(FOUO)~~ Summary notes mention a possible role of environmental heat in two of the non-trauma deaths, both occurring in August 2003. One detainee had intentionally restricted his own diet, and an autopsy by OAFME revealed coronary artery disease - comments about extreme heat are made by the investigator. In a second case, the OAFME officially labeled the death as heat related. An unusual incidence of non-trauma detainee deaths in August 2003 suggests, but does not prove, that extreme heat may have been a factor in other deaths, as well. The available data, however, makes it unclear whether environmental factors

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