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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 Afghanis 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 Afghan 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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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 38 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	6	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

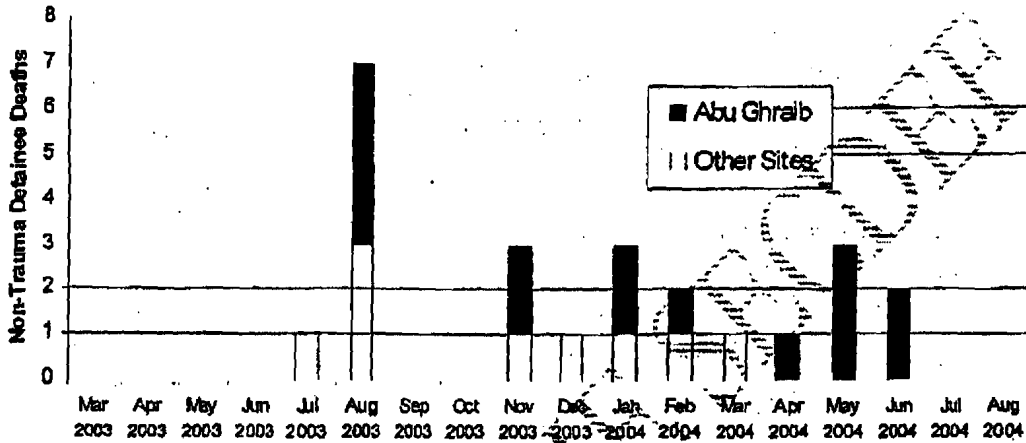
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Non-Transit Detainee Deaths in Iraq, By Month (U)



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influenced non-trauma detainee deaths at other times. The seven "Non Trauma" detainee deaths occurring in Iraq in August 2003 are summarized below. In each of these seven cases, CID investigations of detainee death are now closed.

- Detainee became short of breath and suffered low blood pressure during a transport by bus. He briefly improved after medics administered a fluid bolus, but later worsened and died. Autopsy by OAFME showed no evidence of trauma, although a precise cause of death could not be determined.

~~(FOUO)~~ 8/3/03 at Camp Cropper in Baghdad (Non-Trauma) - Data is incomplete. Detainee was observed by other detainees to be extremely ill before death. They ultimately brought him to the aid station, where medical life-saving measures were unsuccessful. Medical photos support a military physician's impression of no external injuries. No autopsy was performed.

~~(FOUO)~~ 8/8/03 at Abu Ghraib in Baghdad (Non-Trauma) - Detainee with known diabetes had been on a hunger strike for two days. Other detainees saw him suffer chest pain and eventually collapse. Medics were summoned and they began cardiopulmonary resuscitation, which was not successful. Autopsy by OAFME cited atherosclerotic heart disease complicated by diabetes.

~~(FOUO)~~ 8/7/03 at Diwania (Non-Trauma)

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~~(FOUO)~~ 8/11/03 at Abu Ghraib in Baghdad (Non-Trauma) - Detainee had been treated for shortness of breath during medical in-processing, but he later refused to accept an inhaler. He was later found unconscious. Medics were summoned and began cardiopulmonary resuscitation, which was not successful. Autopsy by OAFME cited atherosclerotic heart disease.

~~(FOUO)~~ 8/13/03 at Abu Ghraib in Baghdad (Non-Trauma) - Detainee was found by other detainees to have no breathing or pulse. They carried him to prison gate area. Autopsy by OAFME found atherosclerotic heart disease. Investigative summary report mentions a suspicion the detainee suffered a heart attack due to the combined effects of extreme heat and self-induced dietary restriction. No mention is made of medical involvement except for the autopsy.

~~(FOUO)~~ 8/20/03 at Abu Ghraib in Baghdad (Non-Trauma) - Other detainees told guards of this detainee's apparent distress from illness. Medical staff arrived within ten minutes and found the detainee to have no pulse. They began cardiopulmonary resuscitation and advanced cardiac life support, without success. Autopsy by OAFME found atherosclerotic heart disease.

~~(FOUO)~~ 8/22/03 at Camp Satho in Baghdad (Non-Trauma) - Detainee was found on the ground with shallow breathing, decreased perspiration, and a high temperature. Aggressive administration of intravenous fluids by medical personnel

failed to prevent his rapid subsequent death. Autopsy by OAFME cited the death as heat-related.

~~(FOUO)~~ We do not know whether medical personnel reported concerns about climate impacts on detainee health in August 2003 or at other times. Sources outside our process suggest that at least some medical personnel did report concerns about detainee welfare during such hot periods. Overall circumstances would probably have led a number of medical personnel to have such concerns.

Conclusions (U)

(U) Medical doctrine of the U.S. Armed Forces is ultimately rooted in the Geneva Conventions of 1949, and applies the standard of humane medical care to all categories of detainees. This doctrine has been in place throughout operations in GTMO, Afghanistan and Iraq. In addition, we note that the Office of the Secretary of Defense is currently developing specific policies to address the issues raised below.

(U) The medical personnel that we interviewed appeared to understand, in general terms, their responsibility for providing humane medical care to detainees, but few had received training specifically relevant to detainee screening and medical treatment. In Afghanistan and Iraq, however, we found inconsistent field-level implementation of specific requirements, such as monthly medical inspections and weight recordings. One

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