

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
03 JUL 02	4 Nurse note / Hunger Strike Plus:
0910	<p>(S) "I'm good". States he's eating 100% of his meals. (Gross/CP concern) No water tasting bad and ↓ H₂O intake. Reports hx of kidney stones. No dysuria, mild flank pain. ASD ↓o soreness (rtt block), motor pain. Denies st. want out of his "cupboard" (cell).</p>
P-90 P (standing)	<p>(C) Standing in unit, calm, c full effect. Appropriate during interview. Management problems.</p> <p>(AP) Voluntary malnutrition/dehydration, resolving. Encourage ↑ fluid intake. Dental consult for possible dental caries. Flu tomorrow.</p>
(b)(3):10 USC §130b,(b)(6)	
04 JUL 02	4 Nurse note / Hunger strike +/lt?
0935	<p>(S) "I'm better." Reports he's eating 100% of his meals. No sleep difficulties due to "anxiety" (re confinement and HA/dizziness). Also ↓o "rash" on hands + face after eating breakfast. Believes it's the eggs (reported egg allergy in mouth). Rash observed presently. No swelling to lips + eyes. No SOB, chest pain, syncope. No swelling to (P) baseline = 5cm (wrist) (cont)</p>
P-84 P	

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			(b)(3):10 USC §130b,(b)(6)
LAST	FIRST	MI		
DEPART./SERVICE		HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; IO No or SSN; Sex; Date of Birth; Rank/Grade)			REGISTER NO.	WARD NO.

D. JTF AD 0693
 888-00-0093

PROGRESS NOTES
 Medical Record

DATE

NOTES

(cont)

^{TIP}
firm, nonmobile. Seen in cell for sick-call yesterday.

09502

① other symptoms.

0935

② Standing in unit cell. I neutral affect. Appropriate during interview. ① management problems.

③ voluntary insubordination/dehydration (resolving).

④ mandibular fracture (ITD 7/5).

Possible egg allergy (educated to not eat eggs @ breakfast)

AU 7/5.

(b)(3):10 USC §130b,(b)(6)

01 Jul 2002 Psychiatry/Hunger Strike Management Note
1019

This detainee was seen for an initial hunger strike evaluation, his chart reviewed, and his case discussed with the treatment team (b)(3):10 USC §130b,(b)(6). He was interviewed with the help of an Arabic interpreter.

This 23 year old Yemeni male was consulted to mental health after reportedly refusing 10 consecutive meals. He stated he was refusing meals in protest of the conditions in (b)(2) and would not eat or drink until he's moved out.

During the interview on 01 July, the detainee was calm, cooperative, dressed appropriately in an orange jumpsuit with fair hygiene. He complained of anxiety with accompanying shortness of breath related to being in "tight spaces" which he's had for 4 years. R-14, P-114. He reported he was not eating and was only drinking water "once a day". Last urine output was reported as "last night". Pulse - 114 (sitting, refused to stand), R - 14, weight 161 lbs (BMI - 25).

The detainee's past medical and psychiatric history was remarkable for kidney stones (self-reported) and treatment for anxiety and "internal problems" 2 years ago. He also reported his father had a "mental disorder" but could not name or describe it. He denied previous alcohol use and admitted to tobacco and "cot" use over a year ago (narcotic stimulant). He complained of decreased duration and quality of sleep related to anxiety. Also complained of nightmares of "being in a box". No current complaints of SOB, chest pain, racing thoughts. He currently complains of suicidal ideations with no intent or plan and denies any previous ideation in the past.

MSE: Alert and oriented X 4. Described his mood as "anxious" with an neutral affect. Speech was spontaneous with a regular rate, rhythm and volume. Good eye contact was maintained with the interpreter during the interview. Insight and judgement appeared to be fair. He endorsed + SI (no plan/intent) but denied HI and AVT hallucinations. Thought process was linear and goal directed. No psychomotor retardation or agitation noted. No evidence of psychosis.

A: I. Adjustment Disorder with Anxiety
II. Passive Aggressive Personality Traits
III. Voluntary Malnutrition/Dehydration

P: Encourage food and fluid intake
Education regarding harmful effects of starvation/dehydration
Follow-up 02Jul02 for physical examination
Monitor for changes in condition and self-harming behavior
Daily follow-ups/pulse check until detainee is eating/drinking regularly for 14 days

D, JTF 000693
888-00-0693

GTMO JMG 135

(b)(3):10 USC §130b,(b)(6)

D, JTF 000693
888-00-0693

01 Jul 2002 Psychiatry/Hunger Strike Management Note
1019

This detainee was seen for an initial hunger strike evaluation, his chart reviewed, and his case discussed with the treatment team (b)(2). He was interviewed with the help of an Arabic interpreter.

This 23 year old Yemeni male was consulted to mental health after reportedly refusing 10 consecutive meals. He stated he was refusing meals in protest of the conditions in (b)(2) and would not eat or drink until he's moved out.

During the interview on 01 July, the detainee was calm, cooperative, dressed appropriately in an orange jumpsuit with fair hygiene. He complained of anxiety with accompanying shortness of breath related to being in "tight spaces" which he's had for 4 years. R-14, P-114. He reported he was not eating and was only drinking water "once a day". Last urine output was reported as "last night". Pulse - 114 (sitting, refused to stand), R - 14, weight 161 lbs (BMI - 25).

The detainee's past medical and psychiatric history was remarkable for kidney stones (self-reported) and treatment for anxiety and "internal problems" 2 years ago. He also reported his father had a "mental disorder" but could not name or describe it. He denied previous alcohol use and admitted to tobacco and "cot" use over a year ago (narcotic stimulant). He complained of decreased duration and quality of sleep related to anxiety. Also complained of nightmares of "being in a box". No current complaints of SOB, chest pain, racing thoughts. He currently complains of suicidal ideations with no intent or plan and denies any previous ideation in the past.

MSE: Alert and oriented X 4. Described his mood as "anxious" with a neutral affect. Speech was spontaneous with a regular rate, rhythm and volume. Good eye contact was maintained with the interpreter during the interview. Insight and judgement appeared to be fair. He endorsed + SI (no plan/intent) but denied HI and AVT hallucinations. Thought process was linear and goal directed. No psychomotor retardation or agitation noted. No evidence of psychosis.

- A: I. Adjustment Disorder with Anxiety
II. Passive Aggressive Personality Traits
III. Voluntary Malnutrition/Dehydration
- P: Encourage food and fluid intake
Education regarding harmful effects of starvation/dehydration
Follow-up 02Jul02 for physical examination
Monitor for changes in condition and self-harming behavior
Daily follow-ups/pulse check until detainee is eating/drinking regularly for 14 days

D, JTF 000693
888-00-0693

GTMO JMG 137

(b)(3):10 USC §130b,(b)(6)

D, JTF 000693
888-00-0693

GTMO JMG 138

Hunger and/or Thirst Strike Medical Evaluation Sheet

Date of Onset 6/25/02 Date of Evaluation 7/2/02

CC: Hunger or Thirst Strike (circle one or both as applicable)

HPI: 23 y/o ♂ refusing meals for many days.

⊕ Anorexia. Drinks 1 glass A/D / day.
 Loss of appetite. Depressive
 disturbance. Depression
 PMH: No Depression - Phlo SA
Loss of > 1 yr ago

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

Y or N was on meds in the past.
 Y or N "wants to die" but
 Y or N suicidal ideation
 Y or N Depression

? No kidney problems

MEDS: ⊕

Reason for Strike? Wants to move
cells. Doesn't like being held to.

ALL: NEDA

Physical Assessment:

Height (as recorded in inprocessing exam) 6'7"
 Current Weight 161 Current BMI 25

Heart Rate _____ BP _____ RR _____ T _____ LOC Ax3

Other Pertinent Physical Exam Findings: SEA-MAD And - Blough
lungs - (T) (B) but Debra
(r-RR) on new - instantly on bed

Assessment: 1) Voluntary malnutrition is not diagnosed
 2) Depressive D/O FF NOS - ⊕ active SI other than
"wants to die" but does not have any plan.

Plan:

1. Explained risks of inadequate intake of food and/or water to patient. 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 Hunger/Thirst Strike SOP.
4. Other: 2 L IVF LR - Offered. misstor depression - refused
unable to draw blood, my, POU (p multiple strikes) - cont'd & went to drug flr

Translator: _____
 Provider: (b)(3):10 USC §130b,(b)(6)

888-00-0643

Refusal to Accept Food or Water/Fluids As Medical Treatment

Detainee Number 888-00-00493 Age _____ Date 9/2/02

I refuse to accept food or water/fluids as medically directed by the medical officer of the day at (b)(2)

As explained to me by (b)(3):10 USC §130b,(b)(6), 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, fatigue, malaise, headaches, edema, muscle loss, abdominal pain, chest pain, cardiac dysrhythmias, 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.

Patient Signature X Oh refused to sign but verbalized understanding.
(b)(3):10 USC §130b,(b)(6)
Translator/Witness _____
Witness _____
(b)(3):10 USC §130b,(b)(6)
Medical Provider _____
(b)(3):10 USC §130b,(b)(6)

جسم الإنسان مكون من ٧٠ بللغة من المياه ، عند غير السوائل هذا الماء
 لتوقف عن العمل وعند تم تقفيت الشهوة الحسية عن العمل مما يؤدي إلى الموت
 عن المنافع الحار الذي نعيش فيه البحتاج عن الشرب (المياه وسوائل اخرى) لمدة
 ٤٨ - ٥١ ساعة بسبب الضرر الشديد للصحة
 لا تقول عطشك ان العطش عدوة عن ان الجسم يحتاج في المياه
 ان التبول بكميات قليلة ولون غامق عن عطشك عن عطوات الحفبات ،
 مما يؤدي إلى الموت اذا الأهل بعين الشروط أطول من اليسير .
 ان الطعام مهم جداً للجسم فهو يعمل كوقود للأعضاء ويقينا عن قتل الحياة
 وبصلااء لا يوجد أي شئ أكثر أهمية من الطعام
 الطعام يعطي أجسامنا الطاقة اللازمة لتبقى عن النشاط البدنية مثل
 الحج ، العزيمت ، العبء الكلية ، الدورة الدموية ، وغيرها المنافع .
 القائمة التالية لسوء تملكك مع بعض أعراف البهتار عن الطعام ،
 الأعراف المباشرة :

- ١ - الجوع
- ٢ - شهوة النوم
- ٣ - قلة الشهوة
- ٤ - كسل
- ٥ - جفاف الفم

As read & verbalized in transcript.
 (b)(3); 10 USC §130b, (b)(6)