

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 24-Aug-06

Time: 1251

ISN: 888-00-0693

Cell#: (b)(2)

Language:  Arabic  English  Farsi  French  Pashtu  Russian  Urdu  Uzbek

Subjective:

Detainee seen off block for Food Refusal assessment with interpreter. Detainee reported via interpreter that he is "not mental or nothing." He reported that he "can't eat," because he vomits "blood." He reported that he also unable to drink water for the same reason. He reported that if his "health got better, yes" he would start eating. He reported that he is not depressed. He denied having S/HI/AVH. Detainee reported that he could no longer speak.

Objective:

Upon approach detainee was speaking to corpsman from delta clinic while laying down on the floor of his cell. He was wearing orange pants and no shirt. He appeared to be weak and reported that it was difficult to speak, but he refused to drink water. Detainee informed corpsman of his problem with vomiting blood. Corpsman will F/U with clinic staff. As per corpsman, detainee was standing laughing and smiling when they arrived to the block. As per block MA, detainee has refused 26 meals.

Mental Status Exam:

Appearance: disheveled

Mood: unable to assess

Distinguishing Features: none noted

Affect: unable to assess

Alert/Orientation: alert

Thought Content: within normal limits

Speech: ranging via interpreter

Thought Process: coherent

Eye Contact: none

Thought Perception: within normal limits

Communication: normal

Attention/Concentration: within normal limits

Motor Skills: within normal limits

Intelligence: unable to assess

Memory: intact

Insight/Judgment: poor

Level Status: Level III

Self-Injurious Behavior: None other than Food Refusal

Assessment:

Axis I and Axis II Deferred, seen for Food Refusal. Detainee was somewhat cooperative, but then refused to answer any questions from BH after several attempts. Detainee did not appear to be in any mental distress at this time. He appeared to be weak, but refused to drink water. This detainee's food refusal coincides with multiple other food refusals by other detainee's who are demanding release, although he reported that he would begin eating if his health improves, as evidenced by detainee standing laughing and smiling, but then was unable to stand or speak after he saw medical.

Plan:

Continue to reassess pm or within seven days for status of Food Refusal and reasons why he is refusing.

F/U is scheduled for pm

Discuss case at next treatment team

Initiate or maintain precautions for

Referral to psychologist for complete evaluation

Recommend medication evaluation

Recommend (b)(3):10 USC §130b,(b)(6)

Encourage fluid intake and eating

DETAINEE IDENTIFICATION (Imprid)

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

0693

SEX: Male

10V

888-00-0693

DOB:

ISN: 888-00-0693

Date: 15-Aug-05

Cell#:

Time: 1241

Language:  Arabic  English  Farsi  French  Pashtu  Russian  Urdu  Uzbek

Subjective:

FOOD REFUSAL ASSESSMENT. It was explained to detainee the purpose of the assessment but he refused to answer any questions.

Objective:

Tech met with detainee on (b)(2). Upon approach, detainee was lying on his rack. Per the MA's, detainee has missed 10 meals to include breakfast this a.m.. The MA's report no unusual behavior last night or today. Per DIMS, detainee MA's found detainee unresponsive in cell, Hospital Corpsman arrived, took vital signs, and determined that detainee was cleared to stay in his cell.

Mental Status Exam:

Appearance: neat/clean

Mood: stable

Distinguishing Features: none noted

Affect: congruent

Alert/Orientation: alert

Thought Content: within normal limits

Speech: ranging via interpreter

Thought Process: coherent

Eye Contact: good

Thought Perception: within normal limits

Communication: normal

Attention/Concentration: within normal limits

Motor Skills: within normal limits

Intelligence: average

Memory: intact

Insight/Judgment: good

Level Status: Level III

Self-Injurious Behavior: None other than food refusal

Assessment:

DX: Defer. Meal refusal. Detainee not cooperative with assessment. Detainee would not indicate the motivation behind his meal refusal. This detainee's meal refusal coincides with multiple other food refusals by other detainees who are demanding release.

Plan:

Reassess detainee's motivation for meal refusal. Detainee instructed to contact BHS if there are any concerns, if his mood deteriorates, or if he begins to have thoughts of self/other-harm. Detainee was strongly encouraged to continue eating his meals and was informed that continuing to not eat could result in negative consequences to his health if he continues to refuse meals.

- F/U is scheduled for prn
- Initiate or maintain precautions for
- Recommend medication evaluation
- Encourage fluid intake and eating
- Discuss case at next treatment team
- Referral to psychologist for complete evaluation
- Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

Continue to reassess detainee's mental status and motivation to hunger strike. This was the 2nd attempt to evaluate this detainee for food refusal.

(b)(3):  
10  
USC

DETAINEE IDENTIFICATION (Impress)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

10V

888-00-0693

DOB:

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
15 AUG 65	DET SEEN IN CELL FOR BET. PET WAS LYING ON HIS BED
BR 150/90	WHEN H.A.'S ARRIVED DET DID NOT RESPOND TO VERBAL
P 102	STIMULATION BUT DID TO STOMACH P/B AND AMMONIA
SP02 99	INHALANT. DET V/S WERE TAKEN AND THEN CALLED IN
R 20	PERRL @ <del>PERRL</del> <sup>BOX</sup> <del>FOR SET</del> SECOND SET OF V/S P. 98. BP <sup>132</sup>
BS 88	PERR ENSIGN DUCOTE DET WAS LEFT IN CELL HL
I 99	<div style="border: 1px solid black; padding: 5px;"> <p>(b)(3):10 USC §130b,(b)(6)</p> <p><i>Noted</i></p> </div>
15 Aug 65	<div style="border: 1px solid black; padding: 5px;"> <p>(b)(3):10 USC §130b,(b)(6)</p> <p><i>Noted</i></p> </div>
@ 1745	<div style="border: 1px solid black; padding: 5px;"> <p>(b)(3):10 USC §130b,(b)(6)</p> <p><i>Noted</i></p> </div>

(b)(3):10 USC §130b,(b)(6)

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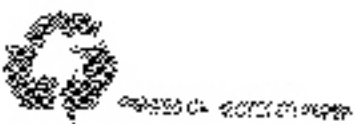
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; IG No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

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CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

STANDARD FORM 800 (REV. 8-67)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 201-8.202-1

GTMO JMG 76



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
17 Aug 05	HM NOTE: DET REFUSED FELDENE 20mg 2-3 CONSECUTIVE TIMES.		
	DET STATES NO REASON FOR REFUSAL		REQUEST TO
	DIS. MED.		(b)(3):10 USC §130b,(b)(6)
18 Aug 05	PA Note - Continue to offer meds for		
	3 more days, will put on hold at that		(b)(3):10 USC §130b,(b)(6)
	time		
1400 23 Aug 2005	ERT called by (b)(2) on ISN 693. Det prev. been		
	counseled on risks of his decision to hunger strike. VS		
	BP 118/62, P 62, RR 14, T 98.7@, Blood Sugar 141, SpO2 98%.		
	Det medically stable & left on block		(b)(3):10 USC §130b,(b)(6)
26 Aug 05	HM NOTE: Det is c/o coughing up blood det. Stated he thinks		
2310	blood is coming from stomach and requests to see doc doctor Det		(b)(3):10 USC §130b,(b)(6)
	could not tell HM how long it had been going on		
27 Aug 05	Reviewed continue to monitor, will see in		
	clinic if Sx continue		(b)(3):10 USC §130b,(b)(6)
4 Sep 05 @	HM note: Det. refused Feldene 20mg 19		
0600	consecutive days. Refused Refer to 18 Aug 05		
	note. HM recommend dia. Feldene: — Yapo		
	(b)(3):10 USC §130b,(b)(6)		
	Noted		

**VOLUNTARY AND VOLUNTARY TOTAL FASTING AND RE-FEEDING**

**SOP: 001**

**Refusal to Accept Food or Water/Fluids As Medical Treatment**

Detainee Number 1093 Age \_\_\_\_\_ Date 13 Aug 05

The above detainee has refused to accept food or water/fluids as medically indicated by the (b)(2) \_\_\_\_\_ Medical Officer of the Day.

It has been explained to the detainee the grave risks involved with not following the medical advice directing him to eat life-sustaining food and to drink water/fluids. As a direct result of his refusal to eat and/or drink, he understands that they may experience: hunger, nausea, tiredness, feeling ill, headaches, swelling of their extremities, muscle wasting, abdominal pain, chest pain, irregular heart rhythms, altered level of consciousness, organ failure and coma. He understands that his refusal to eat life-sustaining food or drink water/fluids and to follow the medical advice may cause irreparable harm to himself or lead to his death.

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

He understands the alternatives available to him including oral food and fluid, oral rehydration solutions (Gatorade), oral nutritional supplements (Ensure), intravenous hydration, and intravenous nutrition (total parenteral nutrition and peripheral parenteral nutrition).

He fully understands the prognosis if he does not accept food as directed above.

Translator	(b)(3):10 USC §130b,(b)(6)
Witness S	
Medical P	

Enclosure (1)

Voluntary Total Fasting Medical Evaluation Sheet

Detainee Number 1093

Date of Evaluation \_\_\_\_\_

Date of Onset \_\_\_\_\_

CC: Hunger striker: Food \_\_\_\_\_ Fluids \_\_\_\_\_ Both

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

MEDS: 2

ALLERGIES: NKDA or \_\_\_\_\_

PMH:

Reason for Strike? no reason given

Physical Assessment: Def Refused A&O

Inprocessing BMI: \_\_\_\_\_

Current Weight: \_\_\_\_\_ Current BMI: \_\_\_\_\_

Heart Rate \_\_\_\_\_ BP \_\_\_\_\_ RR \_\_\_\_\_ T \_\_\_\_\_ LOC: Yes No

Other Pertinent Physical Exam Findings:

Assessment: Hungerstriker

Plan: Refuses Meds

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. Other:

Translator: \_\_\_\_\_  
 Provider: \_\_\_\_\_

(b)(3):10 USC §130b,(b)(6)

Enclosure (3)

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10 Aug 05	HM Note: (S) Det seen @ 5/2. Det has % (b) knee pain. See notes for 05 Aug & 06 Aug. P/A note on 06 Aug denies brace/ace wrap. HM recommends eval by PT. (b)(3):10 USC §130b,(b)(6)
10 Aug 05	MD Note/continue to monitor knee pain. Just started pain meds. (b)(3):10 USC §130b,(b)(6)
12 Aug 05	HM responded to (b)(2) for cord injury follow-up. Patient unresponsive through pain block. Upon entering scene was rebracket and placed in supine position. Patient A10A3, res: B/P 116/62, pulse: 88. RL to blood sugar 81. referred to (b)(3):10 USC §130b,(b)(6) Instruct to leave pt as Reviewed

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CHRONOLOGICAL RECORD OF MEDICAL CARE

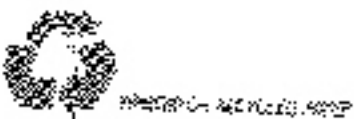
Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSACMP  
FPMR (41 CFR) 201.9.202-1

USE VII

GTMO JMG 80







Voluntary and Voluntary Total Fasting Medical Flow Sheet

Detainee Number 693

Date	Daily Standing Heart Rate	Daily Mental Status Assessment	Drinking?	Eating?	Time of last urination?	Document meals eaten per CP (B,L,D)	Daily Weight	Weekly BMI	Comments
7/26	71 124/97	A30x3	NO	NO	Two Clinics 1730		161 105		4L IVF in Clinic - Walked to BR
7/26	ATE	A30x3 MRE							BROKE HUNGER STRIKE
7/28	—	—	—	—	—	—	—	—	DET. PRAYING. EATING meals APPEARED well

L28

Enclosure (5)

