

## INFORMATION PAPER

b(3)-1

3 April 2003

**SUBJECT:** Issues, resolution and recommendations regarding preventive medicine (PVNTMED) support for enemy prisoners of war (EPW).

### 1. REFERENCES:

- a. AR 190-8, Military Police: Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees, 1 October 1997, paragraphs 3.3i (1-5) and 6.6a-g.
- b. FM 3-19.40, Military Police: Internment/Resettlement Operations, 1 August 2001, paragraphs 3-28, 3-48, 3-49 and 3-62.
- c. Armed Forces Pest Management Board, Technical Information Memorandum 6, Delousing Procedures for the Control of Louse-borne Disease During Contingency Operations, 13Apr 2001.
- d. United States Army Center for Health Promotion and Preventive Medicine, Technical Guide 276, Ultimate Preventive Medicine CD-ROM Resource Set, March 2002.

**2. PURPOSE.** Summarize key issues, identify lessons learned and recommend courses of action on PVNTMED management of EPW and EPW camps.

### 3. BACKGROUND.

- a. References cited identify regulatory guidance on what PVNTMED actions (eg hygiene, sanitation, medical care, records/reporting and associated activities) should be taken to insure the health and sanitary environment for EPW.
- b. There are very knowledgeable individuals within several organizations that can assist preventive medicine personnel in providing the consultative and knowledge base necessary for EPW PVNTMED management. Such organizations include the Armed Forces Medical Intelligence Center, the Armed Forces Pest Management Board (AFPMB), the United States Army Center for Health Promotion and Preventive Medicine (USACHPPM) and the Joint Readiness Clinical Advisory Board (JRCAB) plus others.
- c. During March & April, 2003 the Proponency Office for Preventive Medicine-San Antonio (POPM-SA) assisted the MEDCOM Logistics Plans and Readiness Division via submission of PVNTMED recommendations for the care of EPW.

### 4. DISCUSSION.

- a. Gathering and consolidating PVNTMED information for EPW was time consuming and sometimes confusing.

- b. Identifying specific PVNTMED policies and techniques for hands on applications in an EPW camp environment was best accomplished by speaking with AMEDD personnel who had previously been involved with either EPW or refugee camps. Additional information was obtained by reviewing historical files from POPM-SA.
- c. There was considerable confusion regarding the usage of permethrin cream and cream rinse for the control of louse-borne disease. Information from the JRCAB and from the AFPMB seemed to conflict regarding usage of medicines on people and the usage of pesticides on clothing and bedding. The option of providing permethrin treated clothing to EPW was left open for interpretation in the regulatory guidance, eg being based upon "circumstances".
- d. Concerns were eventually resolved by coordinating among those with opposing viewpoints on acceptable PVNTMED approaches to EPW issues.

5. RECOMMENDATION. USACHPPM author a Technical Bulletin, Medical (TB-MED) on PVNTMED applications in an EPW camp environment. Such a proposed TB-MED could also have potential application for a refugee camp where many people are gathered in close proximity.

COL (b)(6)-2 (b)(3)-1 / DSN471 (b)(3)-1  
Email: (b)(6)-2

(b)(6)-2

COL OTSG

From: (b)(6)-2 COL OTSG  
Sent: Wednesday, November 05, 2003 1:35 PM

To: (b)(6)-2

Cc:

Subject: Preventive medicine at EPW and Incarceration Facilities



EPW PM EPW PM and  
laper 03Apr03.dcto Supplies e-ma

SGT (b)(6)-2,

I recalled that a flurry of e-mail activity occurred back in the spring of 2003 regarding EPW PM provisions. The first attachment provides an information paper on PM support for EPW facilities. The second attachment is the flurry record that relates mainly to delousing.

Bottom line: Identifying specific PVNTMED policies and techniques for hands on applications in an EPW camp environment was best accomplished by speaking with AMEDD personnel who had previously been involved with either EPW or refugee camps.

(b)(6)-2,

During ODS did your unit perform PM support for EPW camps? If so do you have any lessons learned or guidance for (b)(6)-2?

(b)(6)-2,

Do you know if CHPPM started work on an EPW PM fact sheet or TB MED as discussed in COL (b)(6)-2 info paper?

B6-2

Atch one refers to some historical work done by POPM-SA on EPW camps, especially WRT entomological support. Can you look back into COL (b)(6)-2's files to see what he found and if possible provide it to SGT (b)(6)-2?

Thanks to all.

V/r, (b)(6)-2  
COL, MS, USAR

(b)(6)-2 LNO to OTSG  
(b)(3)-1  
Falls Church, VA 22041-3258

DSN 312-761-(b)(3)-1  
703-681-(b)(3)-1  
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(b)(6)-2

-----Original Message-----

From: [b](6)-2 [mailto:[b](6)-2]  
Sent: Wednesday, November 05, 2003 1:09 PM  
To: [b](6)-2 COL OTSG  
Subject: Re: RE: RE: Preventive medicine inspection forms

Thanks Sir,

Maybe I can assist the incoming [b](6)-2 with new info for a smoother life for her stay in  
Lovely Downtown Baghdad.

[b](6)-2

----- Original Message -----

From: "[b](6)-2 COL OTSG" <[b](6)-2>  
Date: Tuesday, November 4, 2003 3:58 pm  
Subject: RE: RE: Preventive medicine inspection forms

> SGT [b](6)-2  
> I have not found anything specific on EPW or jail PM. I have to  
> contact a presenter at the Army FHP Conference who spoke on this  
> subject.  
> V/r, COL [b](6)-2

> -----Original Message-----

> From: [b](6)-2  
> Sent: Friday, October 31, 2003 3:21 PM  
> To: [b](6)-2 COL OTSG  
> Cc: 'CPT [b](6)-2 [b](6)-2  
> [b](6)-2  
> Subject: Re: RE: Preventive medicine inspection forms

> Thanks Sir,

> They missed me again, Sir. One IED down and 30,000 to go. I had a  
> close call today on the road, but thankfully no one was injured. Keep  
> praying, it seems to be working wonders, literally.

> Anyway, I do have copies of these forms, if not all of them on the PM  
> disks.

> However, I am taking care of all the jails in Baghdad and haven't had  
> the opportunity to perform many field into surveys. The only field  
> site I have is at the BIAP which thankfully falls under the 14th PM.

> Otherwise I would

> dive in. In my earlier email I was looking for jail/prison criteria  
> we (US

> Army) may have put into place (ie. inspection forms, programs,  
> etc) which

> may help me to identify something I may have missed along the way.

> I

> already "gin'd" something together for them to implement.

> Unfortunately, I

> doubt they will, but persistence is the key, right? I couldn't locate  
> anything on the PM disk. Any ideas?

> As for the food issue, I am aware of multiple locations where the  
> local food has been savored from time to time. Yes, the "revenge" has  
> been felt, uh, not by me of course. I would never try one of their  
> cheeseburgers or pizza or chicken, not me.

> CPT [b](6)-2 I visited ABu Ghraib the other day. It's coming along  
> very nicely with the little city look. I did note that one of the  
> MP's mentioned a "restaurant" that opened a week or 2 ago- local foods.  
> Just thought I'd  
> pass it along in case they didn't let you know.

> Have a Happy Halloween, (I won't)

> SGT [b)(6)-2]

> ----- Original Message -----

> From: [b)(6)-2] COL OTSG" [b)(6)-2]

> Date: Thursday, October 30, 2003 9:45 pm

> Subject: RE: Preventive medicine inspection forms

> > SGT [b)(6)-2]

> > These attachments provide additional preventive medicine inspection forms.

> > These are for entomology collections and reporting.

> > V/r, COL [b)(6)-2]

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> >  
> >  
> >

(b)(6)-2

COL OTSG

From:  
Sent:  
To:  
Cc:

(b)(6)-2 COL OTSG  
Friday, November 07, 2003 4:29 PM

(b)(6)-2

Subject: RE: RE: Preventive medicine at EPW and Incarceration Facilities



Kandahar STHF  
Medical Tent.jpg..

SGT (b)(6)-2,  
COL (b)(6)-2, the chief of the Proponency Office for Preventive Medicine, and a JAG officer I know both agree you need to run these issues up the chain to the (b)(3)-1 SJA. As I said before, I'd also request assistance from their C-9, since they work with the IOs, NGOs and PVOs (e.g., ICRC, UN, Amnesty Int'l, etc.). For PM guidance, though, I recommend you turn to CPT (b)(6)-2, the (b)(3)-1 PM Staff Officer.

I spoke with the ICRC when they came through Kandahar to look at the STHF and to talk with the detainees there. They appreciated the medical treatment and personal hygiene facilities we provided, as Spartan as they were. I sent you the personal hygiene photo. The attached photo shows the medical facility that consisted of a litter in a GP medium tent within the compound. The MPs did not move detainees to the Forward Surgical Team but rather the physician came into the STHF to treat the detainee.

CPT (b)(6)-2  
Just a naive recommendation on my part but you might want to consult with the (b)(3)-1 SJA and the C-9 as well as look over the ICRC/UN inspection findings regarding what PM standards we should apply to the Iraqi jails. See SGT (b)(6)-2 original questions regarding drinking water quality, camp sanitation, and waste disposal. THANKS! I appreciate your listening to RAMF back here.

Very respectfully,

(b)(6)-2

COL, MS, USAR

(b)(3)-1 LNO to OTSG  
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-----Original Message-----

From: (b)(6)-2  
Sent: Friday, November 07, 2003 2:15 PM  
To: (b)(6)-2 COL OTSG

(b)(6)-2

Subject: Re: RE: Preventive medicine at EPW and Incarceration Facilities

COL [b)(6)-2]

I agree with you tenfold on all points noted. Just to throw a loop into the mess, we are opening, operating, and maintaining HN jails until the HN Jailers are trained and slowly integrated into the fray of a "normal" operation of the jail. Simply put, a rebuilding process for a portion of their legal system. I believe that if we are running the jails completely from start to finish, or, we are having them run the jails from day one, most of what you stated applies, however, the training, operation of, and rebuilding of Iraq or any nation for that matter needs to be coordinated a little better than what it has been. It is verifiably easier said than done. Nothing on the MP's, but clearly medical issues are not on their roadmap. Their areas are justice and enforcement while ours is medical. The ICRC pointed multiple deficiencies out in Guantanamo Bay and here as well. (UN also) The report's can be viewed on their website. I do wish for precise guidance from CJTF and

RHA on the process of PM and medical issues in the future, especially when they deal with HN jails and prisons. Maybe the money will be allocated for getting these facilities up to US standards PRIOR to populating them with prisoners and US Troops. It would sure resolve a multitued of health and safety issues.

Sincerely,

SGT [b)(6)-2]

----- Original Message -----

From: "[b)(6)-2] COL OTSG" [b)(6)-2]  
Date: Thursday, November 6, 2003 3:15 pm  
Subject: RE: Preventive medicine at EPW and Incarceration Facilities

(b)(6)-2

COL OTSG

From: (b)(6)-2 COL OTSG  
Sent: Friday, November 07, 2003 8:14 AM  
To: (b)(6)-2 COL OTSG  
Subject: RE: Preventive medicine at EPW and Incarceration Facilities

(b)(6)-2

Thanks for the advice. SGT (b)(6)-2 works for the (b)(3)-1 as their PM NCOIC. My consulting relationship with SGT (b)(6)-2 is based more upon friendship than positional relationship. I think he is like most American Soldiers - trying to help the locals as much as our own folks. I saw this a lot over in Afghanistan.  
V/r, (b)(6)-2

-----Original Message-----

From: (b)(6)-2 COL OTSG  
Sent: Friday, November 07, 2003 8:07 AM  
To: (b)(6)-2 COL OTSG  
Cc: (b)(6)-2 OTSG  
Subject: RE: Preventive medicine at EPW and Incarceration Facilities

(b)(6)-2

this entire issue is a legal one--the status of these persons and this internment facility--sounds like an Iraqi prison, not an EPW camp. Maybe (b)(6)-2 spouse (b)(6)-2 may be available for an informal legal eagle consult--otherwise I would ask our (b)(3)-1 SJA, COL (b)(6)-2, for an opinion as to the status of these facilities. It's unfair (and rather silly) for this SGT in Iraq to be looking to OTSG for guidance. Who does he work for--the (b)(3)-1?

-----Original Message-----

From: (b)(6)-2 COL OTSG  
Sent: Thursday, November 06, 2003 3:15 PM  
To: (b)(6)-2

(b)(6)-2

(b)(6)-2

Subject: RE: Preventive medicine at EPW and Incarceration Facilities

COL (b)(6)-2 and COL (b)(6)-2  
Do either of you MPs know of any guidance regarding how host nations under occupation can operate their jails? SGT (b)(6)-2 is the preventive medicine (PM) NCO supporting an MP Battalion in Iraq. He conducts PM surveillance of both MP-operated EPW/detainee facilities and HN-operated jails. His questions appear below my lengthy response. Thanks very much.

V/r, (b)(6)-2  
COL, MS, USAR

(b)(3)-1

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Your questions fall more into the realm of State Department, DoD, DA, and MP policy than preventive medicine guidance. You need to float these issues up the chain of command to

the <sup>(b)(3)-1</sup> C-9 civil-military operations personnel.

My opinion based upon my reading of AR 190-8 and excerpted below, is that if we, the U.S. military, run an EPW, civilian internee, or detainee facility, we must run it according to US standards, e.g., we provide water from our system, treat sick or wounded with our medical assets, etc. If, on the other hand, the Iraqis run a facility that holds only Iraqi criminals and no personnel (EPWs, CIs, or detainees) on behalf of the US, then the Iraqis can operate the facility according to their own standards - if, of course, any exist now. So that leaves the third option - we place US detainees into Iraqi jails and expect the Iraqi jailers to take care of them until we want the detainee for interrogation. Probably the worst option unless we exercise control over the Iraqi jailers. In that case I think the AR outlined below would apply just as if KBR were running the jail.

I do not know the status of civil law within Iraq. Do the public health laws, regulations, and standards (if any) that existed under the Baath party regime of Saddam Hussein still apply? Who would enforce them (e.g., Health Ministry for drinking water and sewage infrastructure) if they do? The US EPA requirements would not apply to Iraqi infrastructure. WHO standards might. But I think the answers to those questions must come from the C-9.

With regard to your question about improving the Iraqi prison sanitary infrastructure, I think you have three options, all of which would have to go up through the MP Bn Cdr:

- 1) Request ORHA pay for the improvements.
- 2) Work with the C-9 to have a non-governmental or international organization (NGO/IO) like Amnesty International pay for improvements.
- 3) Have the Iraqi government pay for it.

You can try to do what you can to provide the Iraqis with own policies and guidance for preventive medicine at US-operated EPW facilities. Basic sanitation standards, as you've said, are different in Iraq, Afghanistan, or Egypt, for that matter, than they are in the US, UK, or Canada. I thin the NGOs and IOs would agree that you cannot impose a first world solution in a third world country. The HN does not have the expertise or funds to maintain it. So the best bet for an Iraqi jail to provide sanitation facilities might be like those we established at the Short Term Holding Facilities (SHTF) at Kandahar (see attached photo) - an immersion heater, some buckets, soap, shampoo, toothbrushes & -paste, and a seepage pit over which the prisoners could perform personal hygiene.

For the overarching DoD Directive (2310.1) on EPWs and detainees, see:  
[http://www.dtic.mil/whs/directives/corres/pdf/d23101\\_081894/d23101p.pdf](http://www.dtic.mil/whs/directives/corres/pdf/d23101_081894/d23101p.pdf)

Your main reference will be AR 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees. This is a joint document (Army Regulation 190-8, OPNAVINST 3461.6, AFJI 31-304, and MCO 3461.1) available on-line at  
[http://www.usapa.army.mil/pdffiles/r190\\_8.pdf](http://www.usapa.army.mil/pdffiles/r190_8.pdf).  
See below for sections that might be of use.

AR 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees.

Paragraph 1-4.g., Responsibilities, says JTF commanders will -

- (1) Provide for an EPW, CI and RP camp liaison and assistance program to ensure the protection of U.S. interests per the Geneva Conventions upon the capture and transfer of EPW, CI, RP, and ODS to a host or other nation.
- (2) Plan and procure logistical support to include: transportation, subsistence, personal, organizational, and NEC clothing and equipment items, mail collection and distribution, laundry, and bath for EPW, CI and RP.
- (6) Identify requirements and allocations for Army Medical units in support of the EPW, CI and RP Program, and ensure that the medical annex of OPLANs, OPORDs and contingency plans includes procedures for treatment of EPW, CI, RP, and ODS. Medical support will specifically include:
  - (a) First aid and all sanitary aspects of food service including provisions for potable water, pest management, and entomological support.
  - (b) Preventive medicine.
  - (c) Professional medical services and medical supply.
  - (d) Reviewing, recommending, and coordinating the use and assignment of medically trained EPW, CI, RP and OD personnel and

medical material.

(e) Establishing policy for medical repatriation of EPW, CI and RP and monitoring the actions of the Mixed Medical Commission.

OBVIOUSLY you are ensuring your MP unit complies with items (6)(a)&(b).

Now if any of your prisoners were medical personnel in the Iraqi Army, then according to the following paragraph, they should be treating Iraqi EPWs and detainees.

Paragraph 1-5, General Protection Policy.

f. Medical Personnel. Retained medical personnel shall receive as a minimum the benefits and protection given to EPW and shall also be granted all facilities necessary to provide for the medical care of EPW. They shall continue to exercise their medical functions for the benefit of EPW, preferably those belonging to the armed forces upon which they depend, within the scope of the military laws and regulations of the United States Armed Forces. They shall be provided with necessary transport and allowed to periodically visit EPW situated in working detachments or in hospitals outside the EPW camp. Although subject to the internal discipline of the camp in which they are retained such personnel may not be compelled to carry out any work other than that concerned with their medical duties. The senior medical officer shall be responsible to the camp military authorities for everything connected with the activities of retained medical personnel.

CHAPTER THREE covers EPWs and Retained Personnel (medical personnel of the opposing force) Regarding the facilities themselves, they must be maintained with proper health and hygiene standards. See the following paragraph:

3-2. EPW internment facilities

a. The operation of all EPW internment facilities is governed by the provisions of the Geneva Conventions.

b. The theater commander remains responsible for the location of EPW facilities. EPW/RP may be interned only in premises located on land and affording proper health and hygiene standards. Except in extreme circumstances, in the best interests of the individual, EPW/RP will not be interned in correctional facilities housing military or civilian prisoners. Prisoners will not normally be interned in unhealthy areas, or where the climate proves to be injurious to them, and will be removed as soon as possible to a more favorable climate.

e. EPW/RP will be quartered under conditions as favorable as those for the force of the detaining power billeted in the same area. The conditions shall make allowance for the habits and customs of the prisoners and shall in no case be prejudicial to their health. The foregoing shall apply in particular to the dormitories of EPW/RP as it regards both total surface and minimum cubic space and the general installation of bedding and blankets. Quarters furnished to EPW/RP must be protected from dampness, must be adequately lit and heated (particularly between dusk and lights-out), and must have adequate precautions taken against the dangers of fire. In camps accommodating both sexes, EPW/RP will be provided with separate facilities for women. When possible consult the preventive medicine authority in theater for provisions of minimum living space and sanitary facilities.

f. The daily food rations will be sufficient in quantity, quality, and variety to keep EPW/RP in good health and prevent loss of weight or development of nutritional deficiencies.

(1) Account will be taken of the habitual diet of the prisoners.

(2) EPW/RP who work may be given additional rations when required.

(3) Sufficient drinking water will be supplied to EPW/RP.

(4) The use of tobacco will be permitted in designated smoking areas.

(5) EPW will, as far as possible, be associated with the preparation of their meals and may be employed for that purpose in the kitchens. Furthermore, they will be given means of preparing additional food in their possession. Food service handlers must have training in sanitary methods of food service.

(6) Adequate premises will be provided for messing.

(7) Collective disciplinary measures affecting food are prohibited.

i. Hygiene and medical care:

(1) The United States is bound to take all sanitary measures necessary to ensure clean and healthy camps to prevent epidemics. EPW/RP will have access, day and night, to latrines

that conform to the rules of hygiene and are maintained in a constant state of cleanliness. In any camps in which women EPW/RP are accommodated, separate latrines will be provided for them. EPW/RP will have sufficient water and soap for their personal needs and laundry. The necessary facilities and time will be made available for those purposes. The supporting EPW/CI PSYOP unit can assist in maintaining and improving health and sanitary conditions by producing and disseminating informational products concerning proper hygiene, sanitation, and food preparation, where required.

(2) Every camp will have an infirmary. EPW/RP with a contagious disease, mental condition, or other illness, as determined by the medical officer, will be isolated from other patients. A list of endemic diseases of military importance can be obtained from the theater surgeon or preventive medicine officer. EPW/RP will be immunized and reimmunized against other diseases as recommended by the Theater Surgeon. EPW/RP suffering from serious disease, or whose condition necessitates special treatment, surgery, or hospital care, must be admitted to any military or civilian medical unit where such treatment can be given. Special facilities will be available for the care and rehabilitation of the disabled, particularly the blind. EPW/RP will be accorded the attention of medical personnel of the power on which they depend and, if possible, of their nationality. EPW/RP will not be denied medical care. The detaining authorities shall, upon request, issue to every EPW/RP who has undergone treatment, an official certificate indicating the nature of the illness or injury, and the duration and kind of treatment received. A duplicate of this certificate will be forwarded to the ICRC. The detaining authority will also ensure medical personnel properly complete the SF 88 (Report of Medical Examination), SF 600 (Chronological Record of Medical Care and DA Form 3444 (Treatment Record). The cost of treatment will be borne by the United States.

(3) Medical inspections of EPW/RP will be held at least once a month, where each detainee will be weighed and the weight recorded on DA Form 2664-R (Weight Register). DA Form 2664-R will be reproduced locally on 8- by 5-inch card. A copy for reproduction purposes is located at the back of this regulation. This form is for the use of Army only. The purpose of these inspections will be to monitor the general state of health, nutrition, and cleanliness of prisoners and to detect contagious diseases, especially tuberculosis, venereal disease, lice, louse-borne diseases and HIV.

(4) EPW who, though not attached to the medical service of the Armed Forces, are physicians, surgeons, dentists, nurses, or medical orderlies may be required to exercise their medical functions in the interests of prisoners of war dependent on the same power after being certified per Paragraph 3-15. They will continue to be classified as EPW, but will receive the same treatment as corresponding RP (medical personnel). They will be exempted from any other work.

(5) Experimental research will not be conducted on EPW/RP.

CHAPTERS FIVE and SIX pertain to Civilian Internees or Detainees. Essentially CIs must be billeted in the same manner as EPWs and RPs.

#### 6-1. Internment Facility

a. Location. The theater commander will be responsible for the location of the CI internment facilities within his or her command. The CI retained temporarily in an unhealthy area or where the climate is harmful to their health will be removed to a more suitable place of internment as soon as possible.

b. Quarters. Adequate shelters to ensure protection against air bombardments and other hazards of war will be provided and precautions against fire will be taken at each CI camp and branch camp.

(1) All necessary and possible measures will be taken to ensure that CI shall, from the outset of their internment, be accommodated in buildings or quarters which afford every possible safeguard as regards hygiene and health, and provide efficient protection against the rigors of the climate and the effects of war. In no case shall permanent places of internment be placed in unhealthy areas, or in districts the climate of which is injurious to CI.

(2) The premises shall be fully protected from dampness, adequately heated and lighted, in particular between dusk and lights out. The sleeping quarters shall be sufficiently spacious and well ventilated, and the internees shall have suitable bedding and sufficient blankets, account being taken of the climate, and the age, sex and state of health of the internees.

(3) Internees shall have for their use, day and night, sanitary conveniences which conform to the rules of hygiene and are constantly maintained in a state of cleanliness. They shall be provided with sufficient water and soap for their daily personal hygiene and for washing their personal laundry; installations and facilities necessary for this purpose

shall be provided. Showers or baths shall also be available. The necessary time shall be set aside for washing and for cleaning.

and

#### 6-6. Medical Care and Sanitation

##### a. General.

- (1) Dental, surgical, and medical treatment will be furnished free to the CI.
- (2) A medical officer will examine each CI upon arrival at a camp and monthly thereafter. The CI will not be admitted into the general population until medical fitness is determined. These examinations will detect vermin infestation and communicable diseases especially tuberculosis, malaria, and venereal disease. They will also determine the state of health, nutrition, and cleanliness of each CI. During these examinations, each CI will be weighed, and the weight will be recorded on DA Form 2664-R.
- (3) Each CI will be immunized or reimmunized as prescribed by theater policy.

##### g. Sanitation.

- (1) Hygiene and sanitation measures will conform to those prescribed in AR 40-5 and related regulations. Camp commanders will conduct periodic and detailed sanitary inspections.
- (2) A detailed sanitary order meeting the specific needs of each CI camp or branch camp will be published by the CI camp commander. Copies will be reproduced in a language that the CI understands and will be posted in each compound.
- (3) Each CI will be provided with sanitary supplies, service, and facilities necessary for their personal cleanliness and sanitation. Separate sanitary facilities will be provided for each sex.
- (4) All CI will have at their disposal, day and night, latrine facilities conforming to sanitary rules of the Army.

-----Original Message-----

From: [b] (S) [redacted]  
Sent: Wednesday, November 05, 2003 2:31 PM  
To: [b] (S) [redacted] COL OTSG  
Subject: Re: Preventive medicine at EPW and Incarceration Facilities

Thank you for your assist Sir,

The attachments you sent were on 1- the confusion related to possibly having a TB MED for IR/EPW and Refugee ops (excellent idea) and 2- Delousing Issues. Thankfully, the folks at CHPPM North squared me away on the delousing issue before I came over here and I passed it along to other EPW/IR BN PM personnel who didn't have such info yet. I guess the main issue at hand is our current dealings with the City of Baghdad Jails and the transition of EPW/IR camps to full fledged facilities. The intent is to turn them over to the Iraqis and it's going that direction. However, during the transition several questions have developed in which humanitarian guidance is unclear and needs to be specified. This could also help in Afghanistan as well.

Question one- Since the jail and prison facilities are provided water from local sources, and these sources have been deemed non-potable by our standards, do we allow the prisoners to drink/use the water they have been using all their lives? To add to that dilemma, do we follow WHO standards, EPA, before we deem it potable, or do we supply them with water from our treated trailers/ROWPUS etc. If that is the case, who pays for it, bottled water, etc? We barely have enough trailers and blivetts for our own troops. The Iraqis are, after all going to reclaim the operation in full once we (US) deem them capable, but the water supply/distribution system is not going to be replaced. Note: the source treatment plants are slowly improving and easier to upgrade, yet the infrastructure for distribution is a virtual nightmare of poor lines, poor pressure, line breaks, and cross-connections/backflow. Cost for repair/replacement unimaginable at present. If there is guidance from higher up, we have yet to obtain it at the BN user level.

Question 2- Same scenario for sewer systems. Jail cells with open sewer "trenches", backed up sewer lines in cells, etc add to the rodent population, ants, roaches, etc. How do we address, or should we address upgrading these third world facilities. I have noted it in numerous reports for my chain of command but what can they really do about it. I mean, they really don't have much of a sewer trap for their toilet "holes". We are so used to having these facilities look pristine in the states but can we expect the same here?

Question 3- If they won't pick up their own garbage outside their homes, continue to have landfills (i.e. piles and piles of garbage) on the sides of the roads, how are we supposed to get them to pick up the garbage outside the jail walls. We clean them up, they re-dump. It's their culture, so should we have a protocol for dealing with it?

Question 4- With no place to eat, drink, shower, etc other than in their cells, how do we keep proper sanitation alive? The jails have no other rooms to use- barely space as it is for them to sleep. This causes even more problems as you can imagine.

I believe firmly, that as long as we use "3rd World" facilities, structures and utilities in a 3rd World, we will continue to have 3rd World problems. Aside from that, their culture is definitely a conflict with our standards. I am trying to educate the Iraqi's, as is part of my job as PM, yet for them to change their standard of living may be a problem. I mean, shaking their left hand is not on my to-do list.

Any thoughts or guidance out there would be great. I'm winging it as we go, but future PMers could really use the guidance in the above areas. I have had many an interesting discussion with MP and Medical personnel alike which causes these "moral dilemma's" to arise: Their Health vs. Geneva Covention vs. Our mission. Mission first always. Right?

Sincerely,

SGT [redacted]

PS I didn't want to send this out to all of the individuals you had on the email as cc'd for sake of saving face with "OPSEC", however, several of them could very well have the answers to these questions, or at least make those decisions if not done already. I believe COL [redacted] has civilian experience in water/wastewater.

----- Original Message -----

From: "[redacted] COL OTSG" [redacted]  
Date: Wednesday, November 5, 2003 1:35 pm  
Subject: Preventive medicine at EPW and Incarceration Facilities

> SGT [redacted],  
> I recalled that a flurry of e-mail activity occurred back in the spring of 2003 regarding EPW PM provisions. The first attachment provides an information paper on PM support for EPW facilities. The second attachment is the flurry record that relates mainly to delousing.  
>  
> Bottom line: Identifying specific PVNTMED policies and techniques for hands on applications in an EPW camp environment was best accomplished by speaking with AMEDD personnel who had previously been involved with either EPW or refugee camps.  
>  
> [redacted]  
> During ODS did your unit perform PM support for EPW camps? If so do you have any lessons learned or guidance for SGT [redacted]?  
>  
> [redacted]  
> Do you know if CHPPM started work on an EPW PM fact sheet or TB MED as discussed in COL [redacted] info paper?  
>  
> [redacted]  
> Atch one refers to some historical work done by POPM-SA on EPW camps, especially WRT entomological support. Can you look back into COL [redacted] files to see what he found and if possible provide it to SGT [redacted]?

>  
>  
> Thanks to all.  
>  
> V/r, (b)(6)-2  
> COL, MS, USAR  
> (b)(3)-1 LNO to OTSG  
> 5111 Leesburg Pike, Room 538  
> Falls Church, VA 22041-3258  
>  
> DSN 312-761 (b)(3)-1  
> 703-681 (b)(3)-1  
> 703-681  
> 301-461

> (b)(6)-2  
> [Redacted]  
>  
>  
>  
>

> -----Original Message-----  
> From: (b)(6)-2  
> Sent: Wednesday, November 05, 2003 1:09 PM  
> To: (b)(6)-2 COL OTSG  
> Subject: Re: RE: RE: Preventive medicine inspection forms

>  
> Thanks Sir,  
>  
> Maybe I can assist the incoming PM Gal with new info for a  
> smoother life for  
> her stay in lovely Downtown Baghdad.

> (b)(6)-2  
> [Redacted]

> ----- Original Message -----  
> From: (b)(6)-2 COL OTSG" (b)(6)-2  
> Date: Tuesday, November 4, 2003 3:58 PM  
> Subject: RE: RE: Preventive medicine inspection forms

> > SGT (b)(6)-2  
> > I have not found anything specific on EPW or jail PM. I have to  
> > contact a  
> > presenter at the Army FHP Conference who spoke on this subject.  
> > V/r, COL (b)(6)-2

> > -----Original Message-----  
> > From: (b)(6)-2  
> > Sent: Friday, October 31, 2003 3:21 PM  
> > To: (b)(6)-2 COL OTSG  
> > Cc: (b)(6)-2  
> > (b)(6)-2  
> > Subject: Re: RE: Preventive medicine inspection forms

> > Thanks Sir,  
> >  
> > They missed me again, Sir. One IED down and 30,000 to go. I  
> > had  
> > a close  
> > call today on the road, but thankfully no one was injured. Keep  
> > praying, it  
> > seems to be working wonders, literally.  
> >  
> > Anyway, I do have copies of these forms, if not all of them on

> the  
> > PM disks.  
> > However, I am taking care of all the jails in Baghdad and  
> haven't  
> > had the  
> > opportunity to perform many field ento surveys. The only field  
> > site I have  
> > is at the BIAP which thankfully falls under the 14th PM.  
> > Otherwise I would  
> > dive in. In my earlier email I was looking for jail/prison  
> > criteria we (US  
> > Army) may have put into place (ie. inspection forms, programs,  
> > etc) which  
> > may help me to identify something I may have missed along the  
> way.  
> > -  
> > already "gin'd" something together for them to implement.  
> > Unfortunately, I  
> > doubt they will, but persistence is the key, right? I couldn't  
> locate anything on the PM disk. Any ideas?  
> >  
> > As for the food issue, I am aware of multiple locations where  
> the  
> > local food  
> > has been savored from time to time. Yes, the "revenge" has been  
> > felt, uh,  
> > not by me of course. I would never try one of their  
> cheeseburgers  
> > or pizza  
> > or chicken, not me.  
> >  
> > CPT [b)(6)-2] I visited ABu Ghraib the other day. It's coming  
> > along very  
> > nicely with the little city look. I did note that one of the  
> MP's  
> > mentioned a "restaurant" that opened a week or 2 ago- local  
> foods.  
> > Just thought I'd  
> > pass it along in case they didn't let you know.  
> >  
> > Have a Happy Halloween, (I won't)

> > ----- Original Message -----

> > From: " [b)(6)-2 ] COL OTSG" [b)(6)-2 ]  
> > Date: Thursday, October 30, 2003 9:45 pm  
> > Subject: RE: Preventive medicine inspection forms

> > > SGT [b)(6)-2 ],  
> > > These attachments provide additional preventive medicine  
> > > inspection forms.  
> > > These are for entomology collections and reporting.  
> > > V/r, COL [b)(6)-2 ]

(b)(6)-2

**COL OTSG**

**From:** (b)(6)-2 MAJ WRAIR-Wash DC  
**Sent:** Tuesday, June 15, 2004 10:32 PM  
**To:** (b)(6)-2 COL USACHPPM; (b)(6)-2 COL OTSG  
**Subject:** RE: TSG Detainee Ops Briefing

Actually, I found out that the DAIG will get with OTSG to schedule since they want all major players (named in recommendations) to get the full brief. That means one of the permanent IGs will give it, with me there in support. This usually happens prior to the report's release (so in the next couple of weeks). FYI, both PM and clinical aspects of detainee operations are addressed.

Thanks,

(b)(6)-2

-----Original Message-----

**From:** (b)(6)-2 COL USACHPPM  
**[mailto:** (b)(6)-2  
**Sent:** Tuesday, June 15, 2004 5:56 PM  
**To:** (b)(6)-2 COL OTSG; (b)(6)-2 MAJ WRAIR-Wash DC  
**Subject:** RE: TSG Detainee Ops Briefing

O.K. you can probably ignore my other reply, that is assuming COL(P) (b)(6)-2 takes the forwarding below as a request. Thanks.

-----Original Message-----

**From:** (b)(6)-2 F COL OTSG  
**Sent:** Tuesday, June 15, 2004 1:07 PM  
**To:** (b)(6)-2  
**Cc:** (b)(6)-2 COL MEDCOM HQ  
**Subject:** RE: TSG Detainee Ops Briefing

News to me. Sounds appropriate.

-----Original Message-----

**From:** (b)(6)-2 MAJ WRAIR-Wash DC  
**Sent:** Tuesday, June 15, 2004 11:57 AM  
**To:** (b)(6)-2 COL USACHPPM; (b)(6)-2 COL OTSG  
**Subject:** TSG Detainee Ops Briefing

Sirs,

As we near release of the DAIG Detainee Operations Inspection Report, I think it would be wise to consider a briefing to TSG on the findings and recommendations that pertain to him. I don't know how to arrange this, nor am I aware of the date for the change of command. As the only medical corps officer on the inspection team, I'm more than willing to give the brief and answer questions.

What do you think?

Thanks,

(b)(6)-2

**DeFrait, Robert F COL OTSG**

**From:** (b)(6)-2 MAJ WRAIR-Wash DC (b)(6)-2  
**Sent:** Wednesday, August 18, 2004 3:26 PM  
**To:** (b)(6)-2 COL OTSG  
**Subject:** RE: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

Sir,

It may be worth a conference call to discuss this, but here's the bottom line from the IG inspection: PM assets (FSTs + PM dets) were not resourced (manpower, equipment) and, in some cases (mostly in FSTs), lacked adequate training or guidance to perform the detainee ops mission. Many PM deficiencies would probably have been avoided had units deployed with fully trained and equipped FSTs -- this finding resulted in a recommendation to force providers to fix the perpetual FST problem. Re: PM dets, given the distribution of forces and the additional "burden" of a large detainee population, there were simply not enough of them -- their training was fine, but none were aware of the detainee ops policy/doctrine. Even without the large number of detainees, some PM dets couldn't keep up with their "non-detainee" missions. Transportation & security issues certainly contributed to the problem.

Current force structure is outdated and insufficient for operations such as OEF and OIF. With units split up and scattered across a wide geographical area, and with lower echelon units capturing and detaining individuals for long periods of time (in violation of doctrine, but critical to obtain timely intel in a HUMINT-driven operation), support elements are inadequately structured to maintain the infrastructure and provide necessary services. I don't think a denominator-based approach to PM det allocation is necessarily the best model -- it's overly simplistic and fails to address other factors (number of camps/sites, geographical distribution of forces, etc) -- that, combined with population figures, should be considered in developing a sound force structure model. It's time to scrap the WWII/Cold War doctrine and think asymmetric/non-linear battlespace, modularity, and the different requirements of various operational phases (combat vs. SASO, etc).

The other piece of this is the failure of unit surgeons to understand and adequately employ FSTs and PM dets. These physicians are critical and must be trained in basic PM and detainee ops.

Let me know if I can help with anything.

(b)(6)-2

-----Original Message-----

**From:** (b)(6)-2 COL OTSG  
**Sent:** Wednesday, August 18, 2004 1:09 PM  
**To:** (b)(6)-2 MAJ WRAIR-Wash DC  
**Subject:** Fw: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

-----Original Message-----

**From:** (b)(6)-2 COL USACHPPM (b)(6)-2

(b)(6)-2

Sent: Wed Aug 18 12:57:54 2004  
Subject: RE: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

LTC (b)(6)-2

I am not personally aware of specific cases or complaints about the ability of PM assets to support Detainee Operations. However it stands to reason that the quality of any support will depend upon the level of training and experience possessed by the PM personnel in the area as well as their ability to get around [travel] the area of operations.

When considering a BOA for any PM asset, we need to consider not only the number of soldiers supported, but also the size of the operational area, FP requirements, etc. I'm not certain that one PM Detachment per 15, 000 soldiers is adequate. In fact, given the growing expectations for preventive medicine support in any theater, we may determine that an effective BOA is actually one PM Detachment per Unit of Execution (!). This will seem unrealistic to some, but the BOA should NOT be constrained (at least at first) by predetermined restrictions. We should determine what is needed, and then determine how to pay the bill. We may decide that the Army is better served by using our available assets to create more PM Detachments at the expense of Bde-level PM cells that have little real capability and poor battlefield mobility.

VR,

COL [redacted]

From: [redacted] LTC AMEDDCS  
Sent: Tuesday, August 17, 2004 4:38 PM  
[redacted] USACHPPM

[redacted]

Subject: FW: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 03

COL [redacted]

See bottom email paragraph 2.a. in regards to reviewing PVNTMED force structure to support Detainee Operations. PVNTMED Assets are organic to Military Police Brigade, Battalions, and detachments which support EPW/detainee operations. Additional PVNTMED assets in the form of PVNTMED Detachments are augmented on the basis of one detachment per 17,000 population supported.

CPT [redacted] signed in on 9 August and I've put him to work on analyzing the Basis of Allocation for PVNTMED units. MAJ [redacted] left behind a PVNTMED work load model and a recommendation that the PVNTMED BOA should be changed to one detachment per 15,000 population supported. CPT [redacted] is going over this material and has contacted Commanders from returning units to determine their workload and issues with EPW/detainee operations.

Are you aware of any problems with PVNTMED support to EPW/detainee operations from a force structure or equipment standpoint?

In paragraph 2.b., the Manpower Requirements Criteria (MARC) is underway. It is a year long process and senior PVNTMED SMEs will be contacted in the future for their input in that analysis. This is the first complete PVNTMED MARC since 1988.

Respectfully,

LTC [redacted]

LTC [redacted] Ph.D.  
Chief, Force Protection Branch  
Concepts & Requirements Division  
Directorate of Combat and Doctrine Development  
ATTN: [redacted]

(b)(3)-1

Fort Sam Houston, TX 78234-5052  
phone: 210-221-  
Fax: 210-221-

-----Original Message-----

From: Mr AMEDDCS  
Sent: Friday, August 06, 2004 4:15 PM  
To: COL AMEDDCS; ACEI OPERATIONS AMEDDCS

Subject: RE: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

Sir--we cannot comply with para 2a below--Assess the preventive medicine detachment forces structure to ensure sufficient quantities of PM detachments exist to support all collecting points and internment/resettlement facilities--this is a resourcing issue--the current ROA shows the PM Detachment allocated on the basis of one per 17,000 population supported. If the number of detainees in I/R facilities drives the numbers up, then planners/operators should deploy a sufficient number of PM Det to support that increase-- As we mentioned in the info paper, the I/R facilities have organic medical support.

(b)(6)-2

-----Original Message-----

From: COL AMEDDCS  
Sent: Friday, August 06, 2004 3:25 PM  
To: ACEI OPERATIONS AMEDDCS  
Cc:   
Subject: FW: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

put on our tasker sheets... DCDD (PM) trunks.

(b)(6)-2

-----Original Message-----

From: COL AMEDDCS  
Sent: Friday, August 06, 2004 2:51 PM  
To: Ms AMEDDCS; LLT AMEDDCS  
Cc: COL AMEDDCS  
Subject: FW: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

(b)(6)-2

Please put on your suspense file. Thanks

(b)(6)-2

Both belong to DCDD one with 31 Aug susp and one with 31 Aug 05 susp.  
Thanks

(b)(6)-2

From: COL OTSG [mailto: ]  
Sent: Friday, August 06, 2004 2:40 PM  
To: COL AMEDDCS  
Cc:   
Subject: IG Report of Army Detainee Operations Inspection S: 31 AUG 04, 31 AUG 05

(b)(6)-2

1. Based on the input you provided, OTSG's response to the DAIG Detainee Operations Inspection Tasker is attached.

2. Paragraph 1, tasker 9c, establishes two requirements for MEDCOM and AMEDDC&S:

a. Assess the preventive medicine detachment forces structure to ensure sufficient quantities of PM detachments exist to support all collecting points and internment/resettlement facilities in a non-linear battle space with 30-days. S: NLT COB 31 AUG 04.

b. Complete a manpower requirements criteria review for PM detachments following TAA 11 in AUG 05 following TAA 11. S: 31 AUG 05.

3. POC is LTC [redacted] (b)(6)-2

Thanks,

[redacted] (b)(6)-2

COL, MS

Director, Healthcare Operations, OTSG

[redacted] (b)(3)-1

COM: 703.681. [redacted] (b)(3)-1  
STE: 703.681.  
FAX: 703.681. [redacted] (b)(3)-1  
OSN: 761. [redacted] (b)(3)-1

(b)(6)-2

**COL OTSG**

**From:** (b)(6)-2  
**Sent:** Friday, August 20, 2004 9:18 AM  
**To:** (b)(6)-2  
**Subject:** Docs & Torture

FYI – sorry if this is redundant for some, but attached are the NEJM and Lancet articles that accuse military physicians of complicity in detainee abuse. Many folks asked for them, so here they all are in one email.

I'm aware of a forthcoming response from D (b)(6)-2 re: the NEJM editorial, but I don't know of similar plans for a reply to the Lancet.

Steve

(b)(6)-2

**MD, MPH**

Major, Medical Corps, US Army  
Deputy Director, Preventive Medicine Residency Program  
Division of Preventive Medicine

(b)(3)-1

Silver Spring, MD 20910

ph: 301-319 (b)(3)-1

DSN: 285- (b)(3)-1

Fax: 301-319 (b)(3)-1

(b)(6)-2

9/24/2004

86-4

CERTIFICATE OF DEATH (OVERSEAS)  
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) (Nom et prénoms) [Redacted] GRADE Grade BRANCH OF SERVICE Armée SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale [Redacted]

ORGANIZATION Organisation ~~SP-6~~ Defense [Redacted] NATION (If U.S. United States) (Pays) IRAQ DATE OF BIRTH (Date de naissance) [Redacted] SEX Sexe  MALE Masculin  FEMALE Féminin

RACE Race CAUCASOID Caucasoïde MARITAL STATUS Etat Civil SINGLE Célibataire DIVORCED Divorcé PROTESTANT Protestant OTHER (Specify) Autre (Spécifier) NEGROID Négroïde MARRIED Marié SEPARATED Séparé CATHOLIC Catholique OTHER (Specify) Autre (Spécifier) WIDWED Veuf SEPARATED Séparé JEWISH Juif

NAME OF NEXT OF KIN (Nom du plus proche parent) RELATIONSHIP TO DECEASED (Parenté du décès avec le tuteur) STREET ADDRESS (Domicile à l'usage) CITY OR TOWN AND STATE (Include ZIP Code) (Ville (Code postal complet))

MEDICAL STATEMENT (Déclaration médicale)

CAUSE OF DEATH (Enter only one cause per line) (Cause du décès (N'indiquer qu'une cause par ligne)) INTERVAL BETWEEN ONSET AND DEATH (Intervalle entre l'apparition et le décès)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Maladie ou condition directement responsable de la mort) Cardiac Arrest 260 min ANTECEDENT CAUSES (Symptoms) (Symptômes précurseurs de la mort) MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE (Condition morbide, s'il y a lieu, menant à la cause primaire) UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE (Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire)

OTHER SIGNIFICANT CONDITIONS? (Autres conditions significatives?)

MODE OF DEATH (Condition de décès) NATURAL Non naturelle ACCIDENT Mort accidentelle SUICIDE Suicide HOMICIDE Homicide AUTOPSY PERFORMED (Autopsie effectuée) YES OUI NO NON MAJOR FINDINGS OF AUTOPSY (Conclusions principales de l'autopsie) CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES (Circonstances de la mort suscitées par des causes extérieures) Sudden Cardiac Arrest NAME OF PATHOLOGIST (Nom du pathologiste) SIGNATURE (Signature) DATE (Date) AVIATION ACCIDENT (Accident d'Avion) YES OUI NO NON

DATE OF DEATH (Hour, day, month, year) (Date de décès (l'heure, le jour, le mois, l'année)) PLACE OF DEATH (Lieu du décès) (b)(3)-1 MOSUL, IRAQ

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. (J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.)

HA (b)(6)-2 in service TITLE OR DEGREE (Titre ou grade) MD, CAPT, USA GRADE (Grade) 13 INSTALLATION OR ADDRESS (Installation) (b)(3)-1 MOSUL, IRAQ DATE (Date) 05 APR 2004 SIGNATURE (Signature) [Redacted]

1 State disease, injury or complication which caused death. 2 State conditions contributing to the death. 3 Préciser la nature de la maladie, de la blessure ou de la complication qui a provoqué la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort. FOR OFFICIAL USE ONLY Exhibit 2

HEALTH RECORD

DETAINEE PRE-INTERROGATION EVALUATION

DATE: 25 MAY 04

PATIENT COMPLAINT / CONCERNS:

ALLERGIES: NKBA

BP: 122/84

P: 89

R: 18

WEIGHT: 62Kg

21 y/o ♂ healthy. Reports 46 days ago  
Dhyla Al Mokhadia base @ J.C.D.C. building  
by American soldiers. Patient had eyes covered, hands cuffed,  
no food/water x 3 days. Kicked in his head & back. Pt had  
foot stepped on.

MEDS:

Soc Hx: Tob:   
ETOH:

PSHx:

GENERAL: Normal Abnormal

HEENT: Normal Abnormal

NECK: Normal Abnormal

LUNGS: Normal Abnormal

CARDIAC: Normal Abnormal

ABDOMEN: Normal Abnormal

EXTREMITIES: Normal Abnormal

PMHX:

HTN: Y  N

DM: Y  N

TB: Y  N

CAD: Y  N

back: multiple lacer, rib like scars on back

~~Headache~~  
Headache.  
Knee injury  
from  
playing  
football  
- taken  
care of  
by American  
guards

A/P: 21 y/o w healthy

Hep A, Hep B, MMR, Td:  Given  Patient Refused

Tylenol 320-650mg PO prn pain  
Precautions taken.

Report submitted (this note & precautions) to P.I.D  
via deputy commander

(b)(6)-2

(b)(6)-4

(b)(6)-4

ISN:

CAMP:

V-A

SEX:

M

USAF 44F3

1983

MD

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

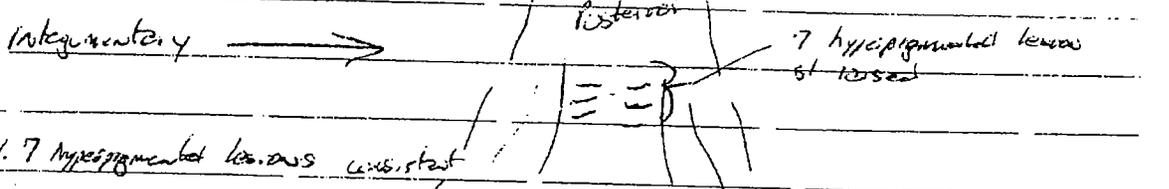
31 May 64 S-21 y/o <sup>27</sup> DETAINEE released by CID for complete HTP  
 He reports approx 45 days ago he was beaten by coalition forces.  
 He reports he was beaten on the head, and the back. He  
 now has marks on his back which he reports are either  
 from the beating or from riding in a vehicle.

BP - 140/85  
 P - 82  
 T - 100.3  
 R - 18

0) LUNGO <sup>2</sup> N/A IS STROKE/APOPLEC CAST-AL  
 Neuro CN II - XII, C4-7I MOTOR AND L1-S2 MOTOR GROSSLY EXAMINED  
 Reflex 2+ <sup>3</sup>

PSH - d HEENT - AL  
 FH - SINGLE PUPILS W/CSH  
 SH - P TONICUS  
 MED - d  
 ALLERGIES N/A

HEENT - AL  
 HEENT - SUPPER 5 SCLEROPHTHY C. THYROMEDY  
 HEENT - RRR 5 MURMURS  
 CONTROLS - NO 3 OF TESTICLES ARE SPERMATID  
 ROSTAL - NO SPHINCTER LEAVE NEW MASSES/HYPERTROPHY



1) 7 hypopigmented lesions consistent  
 possible trace from blow or even possibly contact abrasion  
 2 otherwise NL PE  
 difficult to determine duration may take 7-3 days

1) 1 P/O P/R ON SIDE CALL  
 2. Case + PLAN discussed. C. pr length through integument

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT SERVICE	RECORDS MAINTAINED AT
		PSH	
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.	WARD NO.
--------------	----------

NAME: [Redacted] RANK: [Redacted]  
 SSN: [Redacted] DOB: [Redacted]  
 UNIT: [Redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1 USAPA V2.00

AUTHORIZED FOR LOCAL REPRODUCTION

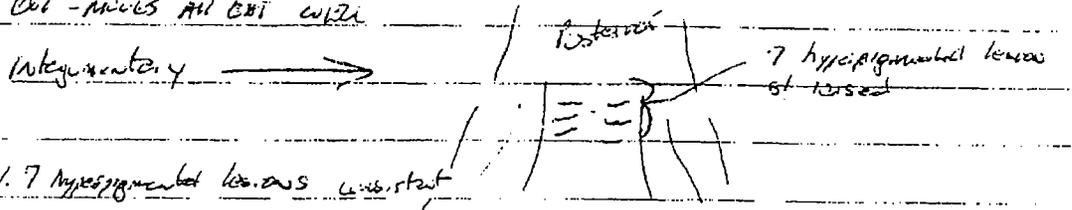
MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
31 May 64	S-21 y/o <sup>21</sup> DETAINEE released by CID for complete HPI
	4 reports approx 45 days ago he was beaten by coalition forces
131-140/85	He reports he was beaten on the head, and now back he
P-82	now has marks on his back which he reports are either
T-100.3	from the beating or from riding in a vehicle
R-18	

1) UNWD  $\rightarrow$  NVA IS STRIKE/AFFORRECE GATT-AL  
 Neuro C4-71 MOTOR AND LI-52 MOTOR (LASS: EXTRA)  $\rightarrow$

PHYS - 4  
 PSY - 4  
 FH - SINGLE ARMED WGS - CATT  
 SH - 1 POINTED  
 MED - 4  
 ALLERGY N-FUN

HEENT - AL  
 NECK - SUPPL 5 GLENOIDALTY C. THYROIDITIS  
 HEENT - RND 5 MURMURS  
 CONTROLS - NO 3 OF TESTICLES ARE SPREAD MARKS  
 RECTAL - NO SPHINCTER RING NICE MASS/HEMORRHOID  
 PROSTATE



1) 1.7 hypopigmented lesions consistent  
 & possible trace from blow or laceration or even possibly contact abrasion  
 difficult to determine duration now have 7 sites  
 & otherwise no PE

2) 1 PE: PEN on sock call  
 2. Core + PLAN discussed & pr length through interop:

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPT. SERVICE CSH	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; ID No or SSN, Sex; Date of Birth; Rank/Grade)

REGISTER NO.	WARD NO.
--------------	----------

NAME: [Redacted] RANK: [Redacted]  
 SSN: [Redacted] DOB: [Redacted]  
 UNIT: [Redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1 USAPA V2 00

FOR OFFICIAL USE ONLY  
 Law Enfor 1 C five  
 MEDCOM - 411

EXHIBIT 7  
 14



AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DATE

3-FEB 04

- 1) ATENOLOL 50mg QD
- 2) ASA 100mg qd
- 3) NITROGLY 250mg BID OR  
MAXX 250mg QD.

Chronic  
Med's  
Naprosyn  
or  
Vioxx  
3 FEB 04  
SSG [redacted]

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; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

6-6

[Redacted box]

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

STANDARD FORM 60  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-

EXHIBIT #3

Task Force Alcatraz  
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM  
(Subject to Privacy Act of 1974)

AST, FIRST, MI.

SSN: ISN: [redacted] (b)(6)-4  
DOB: [redacted] RANK: Private UNIT: ABU Ghayth  
Physician: [redacted] Ward: 1001 STAT: Routine Specimen Date and Time: 13 May 2004 Reported by: [redacted] (b)(6)-2 Date and Time: 13 May 1430

Chemistry (STAT)			Chemistry (Piccolo Analyzer)			Hematology			
6+	7+	8+	Chem 12	MetLyte8	BMP	Liver	CBC	Malaria	H/H
TEST	RESULT	REF. RANGE	X TEST	RESULT	REF. RANGE	X TEST	RESULT	REF. RANGE	
Na		128-145 mmol/L	ALB	3.7	3.3-5.5 g/dL	WBC	9.2	4.8-10.8 x10(3)/uL	
K		3.3-4.7 mmol/L	ALP	86	53-128 U/L	RBC	5.52	4.2-6.1 x10(6)/uL	
Cl		98-108 mmol/L	ALT	14	10-47 U/L	Hgb	15.0	12.0-18.0 g/dL	
pH		7.35-7.45	AMY	77	14-97 U/L	Hct	47.4	35.0-50.0%	
PCO2		35-45 mmHg	AST	19	11-38 U/L	MCV	85.9	80.0-99.0 fl	
PO2		80-90 mmHg	Tbil	1.3	0.2-1.6 mg/dL	MCH	27.1	27.0-31.0 pg	
TCO2		18-33 mmol/L	BUN	15	7-22 mg/dL	MCHC	31.6	33.0-37.0 g/dL	
HCO3		22-28 mmol/L	Ca	9.3	8.0-10.3 mg/dL	Pit	197	130-400 x10(3)/uL	
sO2		95-99%	Chol		100-200 mg/dL	LY%	31.3	15.0-50.0%	
BEecf		(-2) - (+3)	CK		39-380 U/L	LY#	29	0.7-4.3 x10(3)/uL	
AGap		8-16 mmol/L	CL	106	98-108 mmol/L	Differential			
iCa		0.11-1.23 mmol/L	TCO2	23	18-33 mmol/L	Segs		Mono	
BUN		7-22 mg/dL	Creat	1.3	0.6-1.2 mg/dL	Bands		Eos	
Glu		73-118 mg/dL	GGT	11	5-65 U/L	Lymph		Baso	
Creat		0.6-1.2 mg/dL	Glu	93	73-118 mg/dL	Atyp Ly		Immature cells	
Hct		35.0-60.0%	K	4.3	3.3-4.7 mmol/L	RBC Morph:			
Hgb		12.0-18.0 g/dL	TProtein	7.4	6.4-8.1 g/dL	Pit verify:			
Lactate		0.90-1.70 mmol/L	Na	141	128-145 mmol/L	Spun Crit		35-60%	
Urinalysis			Misc. Chemistry			Malaria (waiting for supplies)			
Color		Straw/Yellow	Mono		Negative	Sed Rate			
Clarity		Clear	(RPR)	To Follow (Stat)		Sed Rate	4	1hr = 0-20 mm	
Glucose		Negative	HIV		Negative	Coagulation (waiting for analyzer)			
Bilirubin		Negative	Meningitis		Presumptive Negative	[redacted]			
Ketone		Negative	Legionella		Presumptive Negative	[redacted]			
SG		1.010-1.025	Troponin I		< 0.5 ng/mL	[redacted]			
Blood		Negative	Myoglobin		< 80 ng/mL	[redacted]			
pH		5.0-8.0	RSV		Negative	[redacted]			
Protein		Negative-Trace	Microbiology			[redacted]			
Urobili		Negative	Source:			[redacted]			
Nitrite		Negative	FecLeuk		Negative	[redacted]			
Leuko		Negative	Gram Stain			[redacted]			
Urine Microscopic			WetPrep		Negative	[redacted]			
WBC		Epi	KOH		No Fungal Elements	[redacted]			
RBC		Mucus	OccBld		Negative	[redacted]			
Bacteria		Yeast	O&P		No Ova/Parasite	[redacted]			
Casts:		Spermatozoa	Chlamydia		Presumptive Negative	[redacted]			
Crystals:		Amorph Sed	Strep A		Negative	[redacted]			
Other:			Leishmania		Presumptive Negative	[redacted]			
Other:						[redacted]			

EXHIBIT # 3

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

16 MAR 04 S- 62 y/o male detainee, c/c CONSTIPATION. NO BM X 3 DAYS. PT, IS DIABETIC. ~~ADD TESTS~~ B6-2  
⊖ MEDS ⊖ ALLERGIES

BP- 156/106  
P- 68  
R- 116  
SpO2- 98%  
O- ELDERLY MALE APPEARS TO BE IN DISTRESS- V/S  
A- R/O CONSTIPATION

- P- - PT. RELIEVED A DIGITAL EXAM
- PT. RELIEVED ENEMA
- PT. HAD BM
- PT. INSTRUCTED TO RTC IF SX COME BACK
- PT RECEIVES BISACODYL - TAKE 1 TAB AM AND PM (5mg)
- PLAN DISCUSSED w/ PATIENT

7 HHA  
 ⊕ HHA conducted visual check of chest pain B6-2  
 3-5 day BP check effort  
 which additional recommendations  
 may be given [redacted] REC [redacted] 91W  
 B6-2  
 ILT, SP GOR

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; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

ISN [redacted] #1  
 [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 8-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1  
 USAPA V2.00  
**EXHIBIT #3**

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

18 MAR 09.

% lower extremity weakness x 2 mo.

ESID HIS

Notes to be unable to use porta-potty. Feels "too weak" legs too weak, R > L. Pt reports right side "weak" since % stroke on Leg 1/2 month prior to his arrest. Also % back pain! can't walk. No % H/O or Hx diabetes.

Exam: Elderly, in hosp. Good historian.

Mod. B. arm/hand/leg weakness compared to D of tremor, severe intact. Cx 2-12 intact. Q gait. QVD

CTS

R/R Q @ @ says @ m.

Legs not in NARS Q edema.

@ ear @ drum scaring @ night TM. Throat mildly irritated.

Imp: 1) recent @ MCA stroke @ hemiparesis. 2) chronic @ osteoarthritis with acute exacer.

Plan: Septe DP BID x 5 days. Arrange visit early release.

(b)(6)-2

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPON

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

(b)(6)-4

#

[Redacted box]

/ G1

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-9.202-1

USAPA V2.00

EXHIBIT # 3

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MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

22 APR 09

6) VC y/o ♂ returned referred by medic for evaluation  
Pt is well known to me. He presents c/o

100 - P

161/110 BP 130/80

Generalized <sup>+ fatigue</sup> bodyaches + weakness. He reports he believes  
he has had some wt loss.

97.9 T  
WT

7) WND ♂ NAO v/s STABLE  
Unable to ambulate.

PMK

PSH -

1) Generalized bodyaches + weakness

MARRIED 2 SONS

FM - 4 children

MESO -

1) LABS after which additional recommendations may be  
given

MARRIAGES - Unknown

(b)(6)-2 [Redacted Box]

PA-C

1LT SP USA

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; ID No or SSN; Sex; Date of Birth; Rank/Grade.) REGISTER NO. WARD NO.

(b)(6)-4 [Redacted Box]

64NCI #2

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1 USAPA V2.00

EXHIBIT # 3  
12

Task Force Alcatraz  
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM  
(Subject to Privacy Act of 1974)

LAST, FIRST MI: G-1 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ RANK: \_\_\_\_\_ UNIT: \_\_\_\_\_

Physician: 27 Ward: \_\_\_\_\_ STAT: \_\_\_\_\_ Specimen Date and Time: 22 APR 04 1205 Reported by: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Chemistry (STAT) / Green Top				Chemistry (Piccolo Analyzer) / Green Top			
6+ 7+ 8+ Glu Crea				Chem 12 MetLyte8 BMP Liver			
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB	3.9	3.3-5.5 g/dL
	K		3.3-4.7 mmol/L		ALP	88	53-128 U/L
	Cl		98-108 mmol/L		ALT	12	10-47 U/L
	pH		7.35-7.45		AMY	81	14-97 U/L
	PCO2		35-45 mmHg		AST	21	11-38 U/L
	PO2		80-90 mmHg		Tbil	1.3	0.2-1.6 mg/dL
	TCO2		18-33 mmol/L		BUN	16	7-22 mg/dL
	HCO3		22-28 mmol/L		Ca	9.4	8.0-10.3 mg/dL
	sO2		95-99%		Chol		100-200 mg/dL
	BEecf		(-2) - (+3)		CK		39-380 U/L
	AGap		8-16 mmol/L		CL	101	98-108 mmol/L
	iCa		0.11-1.23 mmol/L		TCO2	24	18-33 mmol/L
	BUN		7-22 mg/dL		Creat	1.4	0.6-1.2 mg/dL
	Glu		73-118 mg/dL		GGT	12	5-65 U/L
	Creat		0.6-1.2 mg/dL		Glu	102	73-118 mg/dL
	Hct		35.0-60.0%		K	4.1	3.3-4.7 mmol/L
	Hgb		12.0-18.0 g/dL		TProtein	7.5	6.4-8.1 g/dL
	Lactate		0.90-1.70 mmol/L		Na	141	128-145 mmol/L

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Immature cells
RBC Morph:	
Plt verify:	
Spun Crit	35-60%

Urinalysis

Color	Straw/Yellow
Clarity	Clear
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
SG	1.010-1.025
Blood	Negative
pH	5.0-8.0
Protein	Negative-Trace
Urobili	Negative
Nitrite	Negative
Leuko	Negative

Mono	Negative
RPR	Negative
HIV	Negative
Meningitis	Presumptive Negative
Legionella	Presumptive Negative
Troponin I	< 0.5 ng/mL
Myoglobin	< 80 ng/mL
RSV	Negative

Sed Rate

Sed Rate	1hr = 0-20 mm
----------	---------------

Urine Microscopic

WBC	Epi
RBC	Mucus
Bacteria	Yeast
Casts:	Spermatozoa
Crystals:	Amorph Sed
Other:	
Other:	

Source:

FecLeuk	Negative
Gram Stain	
WetPrep	Negative
KOH	No Fungal Elements
OccBld	Negative
O&P	No Ova/Parasite
Chlamydia	Presumptive Negative
Strep A	Negative
Leishmania	Presumptive Negative

Urine	Negative
Serum	Negative
ABO/Rh	
T/C	

EXHIBIT #3  
13 Enc 2

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

11 MAY 04 5) 70? y/o ♂ Betwina referred by medic for evaluation.  
BP 126/72 Pt. c/o progressive generalized body pain and muscle weakness  
P 72 x 5 months. Pt reports symptoms are worsening. Pt reports  
T 99.1 Symptoms started after he was beaten.  
98% on RA

0) UNWID ♂ NAO VS STABLE APOBELLG  
UNABLE TO AMBULATE without assistance

4) 1. Generalized body pains and weakness - WORSENING  
2. Unable to ambulate without assistance

PMH

PSH

PH - children  
PH - MAREDO & LINES

M50 - d

Allergies - NKD

S4 - 30 pt/y Badles

(b)(6)-2

PA-C

INT SP USA

12 MAY 04 MD Note

70+ y/o FROG Betwina y/o Generalized distal weakness and ↓ sensation. Unable to ambulate and has generalized weakness. States fingers/hands are numb & has vague sensation of heat. No other neuro sys or tremor.  
Cognitive function is intact.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	(b)(6)-2	RETAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SP		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			RE	ID NO.

(b)(6)-4

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

EXHIBIT # 3

14

Exam Mildly wide stance gait. & tremor of  
 facials. Weak all extremities but has  
 ↓ muscle tone. & wasting noted. ⊕ 2 reflexes  
 and D.P. pulses. & clonus or apnoeas.  
 C/D → XII apnoeic attack.  
 Speech and understanding are normal.

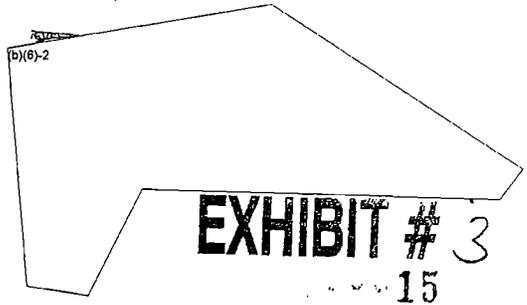
Imp? General weakness? distal weakness with  
 spindly ↓ sensation.

Plan: CBC & diff. → ✓ Bil of macroc. Ery.  
 Chem 20.  
 UA & micro  
 (Wid scan VDR 1/3 rpr. also.)

(Cranial Nerveology  
 and  
 Head CT =  
 Contact of  
 Act OK.)

- Plan
- " No tobes dorsalis // 3° Syphilis.
  - " Bil chg.
  - " Subdural Hematoma (reports 1/2  
 being matter by creating  
 peripheral.)
  - " Transverse myelitis //
  - " Post-viral dysfunction.

Consent to 31 case in Head CT = contrast  
 and Nerveology evaluation.



0147-03-02255-61125

### CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is DCSPER.

INTERMENT SERIAL NUMBER

(b)(6)-4

FROM:

Commander, [redacted]

(b)(3)-1

Abu Ghraib Prison, Iraq, APO AE 09335

TO:

Commander

(b)(6)-2

Iraq

NAME (Last, first, MI)

(b)(6)-4

GRADE

UNKNOWN

SERVICE NUMBER

NA

NATIONALITY

IRAQI

POWER SERVED

IRAQ

PLACE OF CAPTURE/INTERMENT AND DATE

ABU GHRAIB PRISON, 200308042,

PLACE OF BIRTH

UNKNOWN

DATE OF BIRTH

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN

UNKNOWN

FIRST NAME OF FATHER

(b)(6)-4

PLACE OF DEATH

ABU GHRAIB PRISON

DATE OF DEATH

20 AUGUST 2003

CAUSE OF DEATH

MYOCARDIAL INFARCTION

PLACE OF BURIAL

NA

DATE OF BURIAL

NA

IDENTIFICATION OF GRAVE

NA

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel) **NO PROPERTY**

RETAINED BY DETAINING POWER

FORWARDED WITH DEATH CERTIFICATE TO (Specify)

FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

Internee # [redacted] was found to be in distress around 2230hrs. He was initially unalert and unresponsive. Medical staff was notified around 2235 hrs and responded promptly. At 2240hrs SPC [redacted] observed the patient to be pulseless, unresponsive, and not breathing. At 2245hrs IV was started followed by application of a Defib/Monitor shortly afterward. CPR had been conducted for 15 minutes up to that point. The monitor showed no signs of organized rhythm; only asystole. CPR was continued for a short period and the patient pronounced deceased at 2300hrs. No pulse, blood pressure, pupils fixed, dilated and unresponsive to corneal stimuli.

DO NOT WRITE IN THIS SPACE  
CERTIFIED A TRUE COPY

DATE

2003 Aug 21

(b)(6)-2

SIGNATURE OF COMMANDING OFFICER

(b)(6)-2

CT 50

SIGNATURE

(b)(6)-2

ADDRESS

(b)(3)-1

12



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-944-7912



**AUTOPSY EXAMINATION REPORT**

Name: BTB (b)(6)-4  
SSAN: NA  
Date of Birth: Unknown  
Date/Time of Death: 20 Aug 2003

Autopsy No.: 03-369  
AFIP No.: 2892220  
Rank: NA  
Place of Death: Abu Ghraib Prison,  
Iraq  
Place of Autopsy: Camp Sather, Iraq

Date/Time of Autopsy: 22 Aug 2003  
Date of Report: 9 Oct 2003

**Circumstances of Death:** The decedent was a prisoner in Abu Ghraib prison in U.S. Custody. On or about 20 Aug 2003 he was noted to be pulseless and apneic. Cardiopulmonary resuscitation was unsuccessful. There was no prior complaint or trauma.

**Authorization for Autopsy:** Armed Forces Medical Examiner, per 10 U.S. Code 1471

**Identification:** Tentative by Army Criminal Investigation Division (CID). Antemortem dental, fingerprint, and DNA profile not available.

**CAUSE OF DEATH:** Arteriosclerotic Cardiovascular Disease (ASCVD)

**MANNER OF DEATH:** Natural

FOR OFFICIAL  
USE ONLY

EXHIBIT 9

**AUTOPSY REPORT ME03-369**

(b)(6)-4

2

0147-03-CID259-61195

**FINAL AUTOPSY DIAGNOSES:**

- I. Mild-moderate three vessel coronary arteriosclerosis
  - A. Ischemic cardiomyopathy (450 grams)
  - B. Left ventricle hypertrophy (1.8 cm)
  - C. Pulmonary edema and congestion (combined weight 1900 grams)
  - D. Chronic passive congestion of the liver
  - E. Congestive splenomegaly (350 grams)
- II. Hemangioma of the liver
- III. Mild decomposition

21

**FOR OFFICIAL  
USE ONLY**

**EXHIBIT 9**

TRIP TO RI 1/19/85  
BUT HE PRACTICES AND THEY DO NOT!

RE  
RE  
RE

1 day  
NO DEVELOPMENT  
IN PART 2.5  
RECORD - 8  
GIVE - SMALL  
GIVE - SMALL

1 1 2

For Official Use Only  
Law Enforcement Sensitive

EXHIBIT 37-3

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7 Jun 04	S - 35 yld ♂ <del>DETAINED</del> referred CLO for complete H+P.
BP - 151/100	Pt reports while being detained at Alabaw Base he was physically abused for 5 days. He reports he was
P-67	Kicked and punched by coalition forces at that time.
T-99.4	Pt reports he was threatened of sodomy with a water
R-1B	bottle, but denies any actual sexual penetration with any FOB. Pt refuses rectal exam at this time. He
BP Report 142/94	reports he has no current bruises or scars, he reports they have all healed.
PMH - pneumonia	
PSH -	
FH - 9 children married	Punkos D) UNKND ♂ NAD VS ↑ BP AFABRICK GALT-NL
SH - 36 pt/yr	MURD: CN II - ILL, CK - TZ MOTOR AND LI - S2 MOTOR
MID - 6 current	GROSSLY INTACT (D) DTES 2+ (D)
Allergies - ?	HEENT - NL LUNGS - CTR (D) HEART - RRR & MURMUR GASTRO - NL ♂ & RESIDUES EXT - MOVES ALL WELL pulse equal (D) integumentary - Neg for neuro ecchymosis or ecchols
	#) 1. Alleged abuse 2. NL PE 3. otherwise Pt refuse rectal exam of this time
	p) 1. F/O on sidecall per 2. CASE AND PERM DISCUSSED @ left with patient through provider

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE ICD, SP US RECORDS MAINTAINED AT PA-C
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SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
----------------	------------	-------------------------

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
---	--------------	----------

ISN: (b)(6)-4

COMPOUND: B4

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1  
 USAPA V2.00 1 2 3

For Official Use Only  
 Law Enforcement Sensitive

Exhibit 78-1

Ad not see L MOWERS AND MOWERS ALADARK

5 days of abuse  
BETWEEN 1 P.M. AND 5 P.M.

SHOULD NOT BE BUT WAS NOT SOUTHWEST.

PT RECALLED

P MOWERS

OR LAD MOWERS

**CERTIFICATE OF DEATH**

INTERMENT SERIAL NUMBER

For use of this form, see AR 190-8; the proponent agency is DCSPER.

**FROM:**

Commander, (b)(3)-1 Abu Ghraib Prison, Iraq, APO 09335

**TO:**

Commander  
(b)(3)-1  
Iraq

NAME (Last, first, MI) (b)(6)-4 GRADE UNKNOWN SERVICE NUMBER (b)(6)-4

NATIONALITY IRAQI POWER SERVED IRAQ PLACE OF CAPTURE/INTERMENT AND DATE ABU GHRAIB PRISON, 20040123

PLACE OF BIRTH UNKNOWN DATE OF BIRTH 1/1/50

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN UNKNOWN FIRST NAME OF FATHER (b)(6)-4

PLACE OF DEATH ABU GHRAIB PRISON DATE OF DEATH 19 FEBRUARY 2004 CAUSE OF DEATH CARDIC / GASTRIC BLEED

PLACE OF BURIAL NA DATE OF BURIAL NA

IDENTIFICATION OF GRAVE NA

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)  
 RETAINED BY DETAINING POWER       FORWARDED WITH DEATH CERTIFICATE TO (Specify)       FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

Patient collapsed at Camp Ganci 6 - Medics began CPR on scene. Patient seized prior to transport. Patient brought to inprocessing - Intubation attempted by Medics - Unsuccessful. IV access gained. CPR terminated at 19:25 HRS.

— Cause of Death - Carpiopulmonary Arrest. No signs of trauma to Deceased.

DO NOT WRITE IN THIS SPACE  
CERTIFIED A TRUE COPY

DATE 19 Feb 04 SIGNATURE OF MEDICAL OFFICER (b)(6)-2 LTC, MC

SIGNATURE OF COMMANDING OFFICER (b)(6)-1 (b)(6)-2 LTC, MP

WITNESSES SIGNATURE ADDRESS (b)(6)-2 MEDICAL NCOIC

ADDRESS (b)(6)-2

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
Date: 19 FEB 01	At 19:15 hrs. Medical arrived at Camp #6 for a complaint
Hrs: 19:18	of amnesia & dizziness. Pt was brought out of his tent
BP: /	by the EPW's to front gate. Pt was assessed and transported
P: /	rapidly to Inprocessing due to low level of consciousness. Pt
R: /	was immediately given CPR and bagged via BUM on room air.
SpO2: /	Two attempts to intubate with an ET tube were unsuccessful.
T: /	Pt was pronounced dead by LTC [redacted] MD at 19:25 hrs.
Med All: /	[redacted]
	[redacted]
	[redacted]
Meds: unknown	[redacted]
	LTC, me
FMHx: /	
SMHx: /	

HOSPITAL OR MEDICAL FACILITY 320th Mp BN	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; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.	WARD NO.
--------------	----------

EPW

[redacted]

Gracey #6

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1 USAPA V2.00

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 MEDCOM - 492

EXHIBIT



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 Rockville, MD 20850  
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**PRELIMINARY AUTOPSY REPORT**

Name: <span style="border: 1px solid black; padding: 2px;">(b)(6)-4</span>	Autopsy No.: ME 04-101
SSAN: N/A	AFIP No.: Pending
Date of Birth: BTB 1 JAN 1950	Rank: Iraqi Civilian
Date of Death: 19 FEB 2004	Place of Death: Abu Ghraib Prison
Date of Autopsy: 28 FEB 2004	Place of Autopsy: BIAP Mortuary
Date of Report: 28 FEB 2004	Baghdad Airport, Iraq

**Circumstances of Death:** This believed to be 54 year old Iraqi male civilian was a detainee of the U.S. Armed Forces at Camp Ghanci, Abu Ghraib Prison, Iraq, when he was brought to the main gate unconscious by other detainees. The decedent reported an inability to urinate to medics earlier on the day of his death. When brought to the gate the other detainees reported the decedent was dizzy and nauseated prior to losing consciousness.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

**Identification:** Identification is established by visual examination by CID agents.

**CAUSE OF DEATH:** Acute Peritonitis secondary to Perforating Gastric Ulcer.

**MANNER OF DEATH:** Natural

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Acute Peritonitis secondary to Gastric Ulcer Perforation
  - A. Perforating gastric ulcer of pyloric region of the stomach associated with 900 mls of purulent ascites and fibrinous exudate on the surface of the intestines, liver and spleen.
- II. Mild atherosclerosis of the right coronary artery (< 25% stenosis).
- III. Dense fibrous adhesions of the left lung to the parietal pleura of the left hemithorax.

These findings are preliminary, and subject to modification pending further investigation and laboratory testing.

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**EXHIBIT**

**AUTOPSY REPORT ME 04-101**

(b)(6)-4

[Redacted box]

IV. Mild decomposition.

V. Toxicology pending.

(b)(6)-2

[Redacted box]

*MAJ, MC*

(b)(6)-2

D.O.

MAJ MC USA

Deputy Medical Examiner

0036-04-00259-  
8015,



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**FINAL AUTOPSY EXAMINATION REPORT**

Name: <sup>(b)(6),4</sup>  
SSAN: N/A  
Date of Birth: BTB 1 JAN 1950  
Date of Death: 19 FEB 2004  
Date of Autopsy: 28 FEB 2004  
Date of Report: 25 JUN 2004

Autopsy No.: ME 04-101  
AFIP No.: 2917545  
Rank: Iraqi Civilian  
Place of Death: Abu Ghraib Prison  
Place of Autopsy: BIAP Mortuary  
Baghdad Airport, Iraq

**Circumstances of Death:** This believed to be 54 year old Iraqi male civilian was a detainee of the U.S. Armed Forces at Camp Ghanci, Abu Ghraib Prison, Iraq, when he was brought to the main gate unconscious by other detainees. The decedent reported an inability to urinate to medics earlier on the day of his death. When brought to the gate the other detainees reported the decedent was dizzy and nauseated prior to losing consciousness.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

**Identification:** Identification is established by visual examination by CID agents.

**CAUSE OF DEATH:** Acute Peritonitis secondary to Perforating Gastric Ulcer.

**MANNER OF DEATH:** Natural

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**EXHIBIT # 7**

**AUTOPSY REPORT ME04-101**

(b)(6)-4

**FINAL AUTOPSY DIAGNOSES:**

- I. Acute Peritonitis secondary to Gastric Ulcer Perforation
  - A. Perforating gastric ulcer of pyloric region of the stomach associated with 900 mls of purulent ascites and fibrinous exudate on the surface of the intestines, liver and spleen.
- II. Mild atherosclerosis of the right coronary artery (< 25% stenosis).
- III. Dense fibrous adhesions of the left lung to the parietal pleura of the left hemithorax.
- IV. Mild decomposition.
- V. Toxicology is negative for ethanol, drugs of abuse and cyanide.

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**EXHIBIT # 7**

**AUTOPSY REPORT ME04-101**

(b)(6)-4

**EXTERNAL EXAMINATION**

The body is that of a well-developed 71 1/2 inch long, 185-190 pounds (estimated) male Iraqi civilian whose appearance is consistent with the reported age of 54 years. Lividity is difficult to assess because of dark skin pigmentation and early decomposition. Rigor is easily broken, and the temperature is ambient. Marbling of the skin of the arms, abdomen and lower legs are consistent with early decomposition changes.

The scalp is covered with black and gray hair in a normal distribution. The irides are obscured by clouded corneas but appear dark colored and the pupils appear round and equal in diameter. The conjunctivae are free of injuries. The external auditory canals are dry and free of abnormal secretions. The left ear is missing the top portion of the helix (remote injury) and the right ear is unremarkable. The nares are patent, the nasal septum is intact and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in fair repair.

The neck is straight. A 0.7 x 0.5 cm nevus is on the posterior neck. The trachea is midline and mobile. The chest is symmetric and free of external injuries. A 5.2 x 3.1 cm oval area of hyperpigmented skin is on the right side of the abdomen. The abdomen is flat and free of palpable masses. The genitalia are those of a normal adult circumcised male. There are multiple pink (hypopigmented) areas of skin on the glans penis. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The left buttock has a 4.9 x 1.9 cm oval scar. The anus is atraumatic and has non-thrombosed external hemorrhoids.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are chipping and splitting and the web spaces between the fingers and toes are free of injuries. A 9.5 x 3.5 irregular scar is on the anterior lateral aspect of the left thigh and a 5.2 x 2.2 cm scar is immediately below the left knee.

**CLOTHING AND PERSONAL EFFECTS**

The following clothing items and personal effects are present on the body at the time of autopsy:

The decedent was received nude for autopsy examination.

**MEDICAL INTERVENTION**

There are no medical appliances on the body at the time of autopsy. Cardiopulmonary resuscitation was reportedly done at the time of the decedent's collapse.

**RADIOGRAPHS**

A complete set of postmortem radiographs is obtained and demonstrates the following:

- Air under the diaphragm
- No long bone fractures or foreign bodies.

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**EXHIBIT # 7 17**

**AUTOPSY REPORT ME04-101**

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**EVIDENCE OF INJURY**

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

There are no significant injuries.

**INTERNAL EXAMINATION****HEAD:**

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1450 gm brain, which is softened, discolored and has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

**NECK:**

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact gray-white mucosa. The thyroid gland is symmetric, red-brown and without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. The right pleural cavity contains approximately 400 ml of bloody fluid. The pericardial sac contains approximately 30 ml of serosanguineous fluid and the peritoneal cavity contains approximately 900 ml of purulent ascites. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The right and left lungs each weigh 1100 gm. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. The left lung is densely adherent to the parietal pleura of entire left hemithorax. No mass lesions or areas of consolidation are present in either lung.

**CARDIOVASCULAR SYSTEM:**

The 475 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show mild atherosclerosis (< 25% stenosis) of the left anterior descending branch of the left coronary artery and right coronary artery. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.2 and 0.3-cm thick, respectively. The endocardium is smooth and

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**EXHIBIT # 7**

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**AUTOPSY REPORT ME04-101**

(b)(6)-4

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glistening. The aorta gives rise to three intact and patent arch vessels and has mild atherosclerosis. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1275 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The gallbladder mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 175 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

**PANCREAS:**

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

**ADRENALS:**

The right and left adrenal glands are symmetric, with bright yellow cortices and gray medullae. No masses or areas of hemorrhage are identified.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 150 gm and 130 gm, respectively. The external surfaces are coarsely granular. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains a scant amount of urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains no food. A perforating ulcer, 1.5 x 1.0 cm on the mucosal surface of the stomach and 0.6 x 0.6 cm on the serosal surface, is in the pyloric region of the stomach. The greater omentum is adherent to the serosal surface of the stomach and surrounds the perforation of the stomach wall. The abdominal cavity contains approximately 900 ml of purulent ascites and fibrinous material covering the intestines, liver, and spleen. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by an OAFME photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, spleen, liver, lung, kidney, brain, bile, gastric contents, and psoas muscle.
- The dissected organs are forwarded with body.

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**EXHIBIT # 7**

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**AUTOPSY REPORT ME04-101**

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- Personal effects are released to the appropriate mortuary operations representatives.

**MICROSCOPIC EXAMINATION**

Selected portions of organs are retained in formalin, without preparation of histologic slides.

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**EXHIBIT # 7**

**AUTOPSY REPORT ME04-101**

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(b)(6)-4

**OPINION**

This believed to be 54 year old Iraqi male died from acute peritonitis (inflammation of the abdominal cavity) that was caused by an ulcer that perforated through the stomach wall. The gastric contents and secretions spilled into the abdominal cavity causing the inflammation and infection. The decedent was most likely septic (bacteria in the blood system) and that caused his dehydration and kidney failure. His kidney failure was manifested in his inability to form urine. Kidney failure would then cause acid/base derangements, which then caused a fatal cardiac arrhythmia. The manner of death is natural.

(b)(6)-2

*ms. mc [signature]*

(b)(6)-2 D.O.

MAJ MC USA  
Deputy Medical Examiner

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**EXHIBIT # 7**



**CERTIFICATE OF DEATH**

For use of this form, see AR 190-8; the proponent agency is DCSPER.

INTERMENT SERIAL NUMBER

(b)(6)-4

FROM:

Commander, [redacted]

(b)(3)-1

Abu Ghraib Prison, Iraq, APO AE 09335

0140-03-C 10259-61190

TO:

Commander

(b)(3)-1

Iraq  
APO AE

NAME (Last, first, MI) [redacted]		GRADE NA	SERVICE NUMBER NA
NATIONALITY IRAQI	POWER SERVED IRAQ	PLACE OF CAPTURE/INTERMENT AND DATE ABU GHRAIB PRISON, 20030811, TRANSFER FROM CROPPER	
PLACE OF BIRTH UNKNOWN		DATE OF BIRTH UNKNOWN	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN UNKNOWN Spouse (b)(6)-4		Abu Ghraib	FIRST NAME OF FATHER [redacted]
Wife, [redacted]	Rafia City, Sagalawia Area		[redacted]
PLACE OF DEATH ABU GHRAIB PRISON	DATE OF DEATH 13 AUGUST 2003	CAUSE OF DEATH MYOCARDIAL INFARCTION	
PLACE OF BURIAL NA	DATE OF BURIAL NA		
IDENTIFICATION OF GRAVE NA			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

No Property

RETAINED BY DETAINING POWER

FORWARDED WITH DEATH CERTIFICATE TO (Specify)

FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS

(Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

Brought to the gate by other detainees, white gray color, early rigor mortis. No pulse, respirations and pupils fixed and dilated. Probable cause of death Myocardial Infarction and sudden death due to extreme heat and self induced dietary restriction.

Time of death 0548 hrs

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE 13 AUGUST 2003	SIGNATURE OF MEDICAL OFFICER [redacted] MAJ, [redacted]
	SIGNATURE OF COMMANDER [redacted], LTC	WITNESSES
	SIGNATURE [redacted]	ADDRESS
	[redacted]	ADDRESS



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**AUTOPSY EXAMINATION REPORT**

Name:

SSAN: NA

Date of Birth: Unknown

Date/Time of Death: 13 Aug 2003

Date/Time of Autopsy: 25 Aug 2003

Date of Report: 24 Oct 2003

Autopsy No.: ME 03-368 (EPW 3)

AFIP No.: 2892218

Rank: NA

Place of Death: Abu Ghraib

Prison, Iraq

Place of Autopsy: Camp Sather, Iraq

**Circumstances of Death:** This Iraqi enemy prisoner of war was an inmate of Abu Ghraib Prison. On or about 13 Aug 2003 Mr.  was brought to the gate by other detainees and was noted to be pulseless and apneic.

**Authorization for Autopsy:** Armed Forces Medical Examiner, per 10 U.S. Code 1471

**Identification:** Presumptive by US Army Criminal Investigative Division (CID).  
Antemortem fingerprint, dental, and DNA records non-existent.

**CAUSE OF DEATH:** Arteriosclerotic cardiovascular disease (ASCVD)

**MANNER OF DEATH:** Natural

**FINAL AUTOPSY DIAGNOSES:**

- I. 3 vessel moderate to severe coronary artery atherosclerotic stenoses
  - A. Ischemic cardiomyopathy (525 grams)
  - B. Left ventricular hypertrophy (1.8 cm)
  - C. Focal bridging of the left anterior descending coronary artery (LAD)
  - D. Pulmonary congestion (1600 grams)
  
- II. Mild decomposition
  - A. Postmortem freeze artifact
  - B. Postmortem bile toxicology consistent with decomposition
  
- III. Fibrous pleural adhesions

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61190

EXTERNAL EXAMINATION

The body is that of a well-developed, thin, muscular, 70 inch tall, 150 pounds (estimated) male whose appearance is consistent with an estimated age of 40-60 years. Lividity is posterior, purple, and fixed. Rigor is indeterminate secondary to postmortem freezing. There is mild decomposition consisting of clouding of the corneas, early skin slippage, and slight green discoloration of the right lower quadrant of the abdomen.

Identifying marks include a 3/4 x 1/2 inch scar on the skin overlying the right patella.

The scalp is covered with straight black hair in a normal distribution. Corneal clouding obscures the irides and the pupils. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and adequate.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

CLOTHING AND PERSONAL EFFECTS

None.

MEDICAL INTERVENTION

None.

EVIDENCE OF INJURY

None.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the partially frozen 1450 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

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NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. There are fibrous adhesions in both pleural cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 850 and 750 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 525 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show 50-75% multifocal stenoses of the proximal portion of the left anterior descending coronary artery with focal bridging, a focal proximal 90% stenosis with calcification and 75-90% multifocal stenoses of the mid portion of the right coronary artery. There is a focal 75% stenosis of the proximal left circumflex coronary artery. No acute changes (plaque hemorrhage, rupture, or thrombosis) are noted. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The wall of the left ventricle is hypertrophied measuring 1.8 cm in thickness. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1400 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 150 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. There is an adjacent 10 gram accessory spleen near the hilum.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

JUG 14

EXHIBIT 5

(b)(6)-4

0140-03-C.10259-611/

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 200 gm each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 10 ml of green liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by SGT [REDACTED] B6-2
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, liver, kidney, brain, bile, and psoas muscle
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representatives of the [REDACTED]

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

TOXICOLOGY

Toxicologic analysis of bile revealed an ethanol concentration of 47 mg/dL, acetaldehyde 8 mg/dL, and trace amounts of 2-propanol and 1-propanol all of which are consistent with decomposition. No illicit substances were detected.

OPINION

This Iraqi male prisoner of war died of arteriosclerotic coronary artery disease. Significant findings of the autopsy included severe narrowing of the blood vessels supplying blood to the heart and enlargement of the heart. No external or internal trauma was noted.

The manner of death is natural.

JUN 15

EXHIBIT 5

AUTOPSY REPORT AIP# 2892218, EPW#3, Mission# 48

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(b)(6)-4

(b)(6)-2

(b)(6)-2, MD

MAJ, MC, USA  
Deputy Medical Examiner

0140-03-CID259-  
61190

JUN 16

EXHIBIT 5



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**PRELIMINARY AUTOPSY REPORT**

**Name:** (b)(6)-4

**SSAN:** NA

**Date of Birth:** 1 JAN 1941

**Date of Death:** 8 JAN 2004

**Date of Autopsy:** 11 JAN 2004

**Date of Report:** 11 JAN 2004

**Autopsy No.:** ME04-12

**AFIP No.:** Pending

**Rank:** Status Unknown

**Place of Death:** Abu Ghraib, Iraq

**Place of Autopsy:** BIAP Mortuary,  
Baghdad, Iraq

**Circumstances of Death:** Iraqi detainee died while in U.S. custody.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

**Identification:** Identification by accompanying paperwork and wristband, both of which include a photograph and identification number (b)(6)-4

**CAUSE OF DEATH:** Atherosclerotic Cardiovascular Disease Resulting in Cardiac Tamponade

**MANNER OF DEATH:** Natural

These findings are preliminary, and subject to modification pending further investigation and laboratory testing.

Exhibit ref

**AUTOPSY REPORT ME04-12**

(b)(6)-4

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Atherosclerotic Cardiovascular Disease**
  - A. Hemopericardium (650-milliliters)**
  - B. Rupture of the anterior wall of the left ventricle**
  - C. Acute myocardial infarction**
  - D. Atherosclerosis of the coronary arteries, focally severe**
  - E. Arterionephrosclerosis**
  - F. Mild atherosclerosis of the aorta**
- II. Pleural and Pulmonary Adhesions**
- III. Enlarged, Nodular Prostate Gland**
- IV. Toxicology Pending**

(b)(6)-2

(b)(6)-2

MD

**CDR, MC, USN, DMO/FS**  
**Chief Deputy Medical Examiner**

UW 1-04-10027-80153  
0007 04



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**FINAL AUTOPSY REPORT**

<b>Name:</b> [Redacted]	<b>Autopsy No.:</b> ME04-12
<b>SSAN:</b> N/A	<b>AFIP No.:</b> 2909183
<b>Date of Birth:</b> 1 JAN 1941	<b>Rank:</b> Status Unknown
<b>Date of Death:</b> 8 JAN 2004	<b>Place of Death:</b> Abu Ghraib, Iraq
<b>Date of Autopsy:</b> 11 JAN 2004	<b>Place of Autopsy:</b> BIAP Mortuary,
<b>Date of Report:</b> 18 FEB 2004	Baghdad, Iraq

**Circumstances of Death:** Iraqi detainee died while in U.S. custody.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

**Identification:** Identification by accompanying paperwork and wristband, both of which include a photograph and identification number [Redacted]

**CAUSE OF DEATH:** Atherosclerotic Cardiovascular Disease Resulting in Cardiac Tamponade

**MANNER OF DEATH:** Natural

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**EXHIBIT # 9**

**FINAL AUTOPSY DIAGNOSES:**

- I. Atherosclerotic Cardiovascular Disease**
  - A. Hemopericardium (650-milliliters)**
  - B. Rupture of the anterior wall of the left ventricle**
  - C. Acute myocardial infarction**
  - D. Atherosclerosis of the coronary arteries, focally severe**
  - E. Arterionephrosclerosis**
  - F. Mild atherosclerosis of the aorta**
  
- II. Pleural and Pulmonary Adhesions**
  
- III. Enlarged, Nodular Prostate Gland**
  
- IV. Toxicology is negative for ethanol, cyanide, and drugs of abuse**

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**EXHIBIT # 9 18**

**EXTERNAL EXAMINATION**

The remains are received clad in a long brown outer garment, a blue vest, a white undershirt, khaki colored pants (outer), a white, pajama type pants. An identification bracelet that includes the decedent's name, photograph, and detainee number is on the left wrist.

The body is that of a well-developed, well-nourished appearing, 67-inches, 180-pounds (estimated) male, whose appearance is consistent with the reported age of 63-years. Lividity is posterior and fixed, except in areas exposed to pressure. Marked facial congestion is present. Rigor is passing. The body temperature is that of the refrigeration unit.

The scalp is covered with gray-black hair with male pattern balding. The corneae are moderately opaque. The irides are hazel and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions and foreign material. The earlobes are creased. The nose and maxillae are palpably stable. The teeth are natural and in poor condition, with several teeth partially or totally missing. Facial hair consists of a gray beard and mustache.

The neck is mobile and the trachea is midline. The chest is symmetric. The abdomen is protuberant. The genitalia are those of a normal adult, circumcised, male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. Severe dry dermatitis involves both feet. The fingernails are intact. A ½-inch acrochordon is on the posterior right thigh. A 1 ½-inch scar is on the posterior right forearm. No tattoos or other significant identifying marks are present.

**MEDICAL INTERVENTION**

There is no evidence of medical intervention on the body at the time of the autopsy.

**EVIDENCE OF INJURY**

There is no evidence of significant recent injury noted at the autopsy.

**INTERNAL EXAMINATION****HEAD:**

The brain weighs 1450-grams. There is no epidural, subdural, or subarachnoid hemorrhage. Coronal sections demonstrate sharp demarcation between white and gray matter, without mass or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of abnormalities. There are no skull fractures. No evidence of non-traumatic disease processes is noted.

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EXHIBIT # 9

19

(b)(6)-4

**NECK:**

The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is slightly enlarged, symmetric, and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is no abnormal accumulation of fluid in the pleural or peritoneal cavity. Scattered adhesions involve both lungs and the chest wall. The organs occupy their usual anatomic positions. The thickness of the subcutaneous adipose tissue over the abdomen is 1 ¼-inches.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 850 and 620-grams, respectively. The external surfaces are deep red-purple with marked anthracotic mottling. The pulmonary parenchyma is diffusely congested and edematous, without significant emphysematous changes. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

**CARDIOVASCULAR SYSTEM:**

The 410-gram heart is contained in an intact pericardial sac. There are 650-milliliters of clotted blood in the pericardial sac. The epicardial surface is smooth, with minimal fat investment. A 1-centimeter in length, slit-like, irregular defect goes through the entire thickness of the anterior wall of the left ventricle, near the interventricular septum. A rim of hemorrhage surrounds this defect. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show near complete occlusion of the mid portion of the left anterior descending coronary artery by atherosclerosis. The other coronary arteries have only mild atherosclerotic narrowing, up to 20%. The myocardium has patchy fibrosis. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.3 and 0.4-centimeters thick, respectively. The interventricular septum is 1.4-centimeters thick. The endocardium is smooth. The aorta gives rise to three intact and patent arch vessels and has mild atherosclerosis. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1640-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 12-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 320-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is slightly soft, maroon and congested.

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**EXHIBIT # 9**

20

**AUTOPSY REPORT ME04-12**

5

(b)(6)-4

**PANCREAS:**

The pancreas is and yellow-tan, with the usual lobular architecture and changes of early atolysis. No mass lesions or other abnormalities are seen.

**ADRENAL GLANDS:**

The right and left adrenal glands are symmetric, with yellow cortices, gray medullae, and atolytic changes. No masses or areas of hemorrhage are identified.

**GENTOURINARY SYSTEM:**

The right and left kidneys weigh 190 and 175-grams, respectively. The external surfaces are intact with numerous pits, scars, and the characteristic "flea-bitten" appearance associated with poorly controlled hypertension. A 4-centimeter simple cyst is within the cortex of the right kidney. The cut surfaces are red-tan and congested, with blunted corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 50-milliliters of dark yellow urine. The prostate gland is moderately enlarged, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 40-milliliters of dark tan fluid and partially digested food. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**MUSCULOSKELETAL:**

No non-traumatic abnormalities of muscle or bone are identified.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by OAFME photographer PH3 (b)(6)-2, USN
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, cavity blood, bile, spleen, liver, lung, brain, kidney, urine, gastric contents, and psoas muscle
- The dissected organs are forwarded with body
- Personal effects and clothing are released to the mortuary personnel

**MICROSCOPIC EXAMINATION**

Selected portions of organs are retained in formalin, without preparation of histologic slides.

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**EXHIBIT # 9 21**

**AUTOPSY REPORT ME04-12**

(b)(6)-4

**OPINION**

This 63-year-old male, (b)(6)-4, died as a result of atherosclerotic cardiovascular disease resulting in cardiac tamponade. The autopsy revealed hemopericardium, with a rupture of the free wall of the left ventricle and focally severe atherosclerosis of the coronary arteries. Toxicologic studies were negative for ethanol, cyanide, and drugs of abuse. The manner of death is natural.

(b)(6)-2

ca. 5.

(b)(6)-2  
**MD, FS, DMO**  
**CDR, MC, USN**  
**Chief Deputy Medical Examiner**

[Redacted] B6-2

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**LAW ENFORCEMENT SENSITIVE**

**EXHIBIT # 9**

007-04-0289-8013



DEPARTMENT OF DEFENSE  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

REPLY TO  
ATTENTION OF

AFIP-CME-T

PATIENT IDENTIFICATION

AFIP Accessions Number      Sequence  
2909183                              00

TO:

Name  
(b)(6)-4

OFFICE OF THE ARMED FORCES MEDICAL  
EXAMINER  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

SSAN:                              Autopsy: ME04-012  
Toxicology Accession #: 040164  
Report Date: APRIL 6, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL  
AMENDED REPORT

AFIP DIAGNOSIS              REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 1/8/2004              Date Received: 1/15/2004

**VOLATILES:** The **CAVITY BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

**CYANIDE:** There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

**DRUGS:** The **BLOOD** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)-2

(b)(6)-2      PHD...  
Certifying Scientist, (b)(3)-1  
Office of the Armed Forces Medical Examiner

(b)(6)-2

Director, (b)(3)-1      Ph.D. DABFT  
Office of the Armed Forces Medical Examiner

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4W ENFORCEMENT SENSITIVE

EXHIBIT # 9

23



0032.04.110719.9398  
6 Ancr. 2

**PRISONER IN PROCESSING MEDICAL SCREEN**

NAME: (b)(6)-4 COMPOUND: (b)(6)-4  
DATE: 6 APR 04 DATE: 1928 ISN: (b)(6)-4  
HISTORY BY TRANSLATOR: YES NO AGE: 76  
NAME OF TRANSLATOR: Ayad

1) DO YOU HAVE ANY NEW MEDICAL PROBLEMS OR INJURIES NOW?  
*muscle spasms in heart x 2 yrs ago off + on weakness & tiredness / abrasions on both knees*  
2) HAVE YOU HAD TUBERCULOSIS? IF YES, WHEN & HOW WERE YOU TREATED? *can't remember what happened* NO

A) HAVE YOU HAD A COUGH FOR MORE THAN 2 WEEKS?  YES  NO *white color*  
B) HAVE YOU BEEN COUGHING BLOOD?  YES  NO *not blood*  
C) HAVE YOU BEEN LOSING A LOT OF WEIGHT?  YES  NO *(smoker) don't know*

3) CHRONIC MEDICAL PROBLEMS (DIABETES, HYPERTENSION, HEART DISEASE): *1 times he has had hypertension*

4) MEDICATION: *takes medication unknown for diabetes & hypertension*

5) ARE YOU ABLE TO WALK UNASSISTED?  YES  NO  
6) ARE YOU ABLE TO FEED YOURSELF?  YES  NO

8) PULSE: 65 BLOOD PRESSURE: 144/92 RESPIRATORY RATE: 16  
WEIGHT: 197 lbs HEIGHT: 5'9"

A YES TO QUESTIONS 1-4 REQUIRES REFERRAL TO BN MD OR PA, UNLESS MINOR PROBLEM FOR QUESTION 1. A NO TO QUESTIONS 6 OR 7 ALSO REQUIRE MD/PA EVALUATION.

**MD/PA FOLLOW UP NOTE**

DATE: 15 APR 04

ASSESSMENT:

*Refer to SF 600  
Dated 15 APR 04*

RECOMMENDATIONS:

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

Table with columns: DATE, SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION. Contains handwritten entries for 15 APR 06 and 16 2/87, detailing patient symptoms and medical history.

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; ID No or SSN; Sex; Date of Birth; Rank/Grade.) REGISTER NO., WARD NO.

NAME: [redacted], RANK: [redacted], SS#: [redacted], DOB: [redacted], UNIT: [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRM (41 CFR) 201-9.202-1 USAPA V2.00

JUN 8 EX 4

0032-04-C10789-83988

# Theater Trauma Registry Record

For use of this form, see AR 40-66; the proposed agency is OTSG

**AUTHORITY:** SOME REGULATION  
**PURPOSE:** To provide a standard means of documenting combat trauma for care at echelons 1-3  
**ROUTINE USES:** The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.  
**DISCLOSURE:** This is protected health information. HIPAA laws apply

MTF DESIGNATION: **BCDF** CASUALTY NAME: (b)(6)-4 CASUALTY SSN: \_\_\_\_\_

Arrive DTG: **11 MAY 04 1455** Rank: \_\_\_\_\_ Date of Birth: **75 yrs** Gender:  Male  Female Unit: **GANCI 7**

**ARRIVAL METHOD:**  WALKED  Non-MED GND  SHIP EVAC  Host Nation  US  Civilian  USA  SOF  
 CARRIED  GND AMB  Host Nation  Combatant  USN  NGO ( )  
 Non-MED AIR  DUSTOFF  Contractor  USMC  Other  
 OTHER: **B6-2** Coalition( )

Wound DTG: **N/A B6-2** PROTECTION: **N/A** TRIAGE CATEGORY:  
 IMMEDIATE  
 DELAYED  
 MINIMAL  
 EXPECTANT

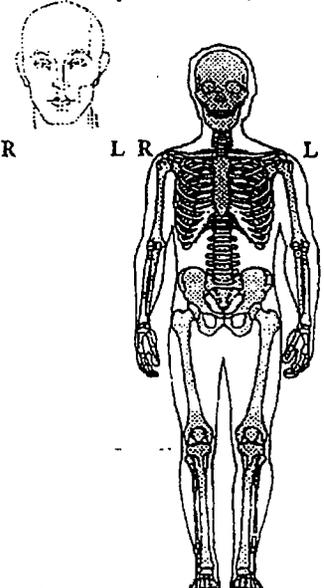
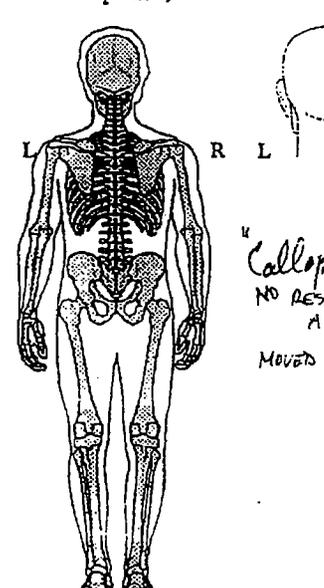
WOUNDED BY:  ENEMY  FRIENDLY  CIVILIAN (Host Country)  TRAINING  SELF ACCIDENT  SELF NON-ACCIDENT  SPORTS-RECREATION  OTHER: **DETAINEE**

Not Worn	Worn	Struck	Penetrated

GLASGOW COMA SCALE (circle one)  
**3** 8 12 15  
 UNC STUPOR LETHARGY ALERT

MECHANISM OF INJURY:  MVC  BURN 1° 2° 3° \_\_\_\_\_ %TBSA  
 GSW/BULLET  AIRCRAFT CRASH  CRUSH  
 BLUNT TRAUMA  KNIFE/EDGE  FALL  
 SINGLE FRAGMENT  CBRNE  IED  
 MULTI FRAGMENT  BLAST  OTHER: **cardiac arrest**

INJURY Description (Location, nature and size in cm. Be specific.)

**Collapsed**  
 NO RESPONSE -  
 A MONIA TAB  
 MOVED TO SHABE

TX & PROCEDURES:		
SEDATED/IMMOB	Y/N	
INTUBATED	Y/N	
CRIC	Y/N	
NEEDLE DECOMP	Y/N	
Chest Tube	L	R air/blood
COLLOID		ml
CRYSTALLOID	LRNS/HTS	ml
TOURNIQUET	Time on	
Collar / C-spine	Time off	
HEMOSTATIC DEVICE	Y/N specify:	
OXYGEN	100%	Liters/min.
RBC		Units
FFP		Units
CRYO		Units
Pls		Packs
HBOC		ml
Fresh Whole Bld		Units

OR Start  Stop  Vent On  Off  ICU in  Out  DISPOSITION:  RTD  DECEASED EVACUATED to: \_\_\_\_\_  
 URGENT  
 URGENT SURGICAL  
 ROUTINE  
 MINIMAL

SPECIALTY: **ETC** DATE: **11 MAY 04** DTG: **11 MAY 04**

June 2009  
 Ex 4

0032-04-CID799-83918



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
 1413 Research Blvd., Bldg. 102  
 Rockville, MD 20850  
 1-800-944-7912



**PRELIMINARY AUTOPSY REPORT**

**Name:** (b)(6)-4  
**US Detainee #:** (b)(6)-4  
**Date of Birth:** 01 JAN 1929  
**Date of Death:** 11 MAY 2004  
**Date of Autopsy:** 17-18 MAY 2004  
**Date of Report:** 18 MAY 2004

**Autopsy No.:** ME 04- 358  
**AFIP No.:** pending  
**Rank:** Iraqi National,  
**Place of Death:** Baghdad, Iraq  
**Place of Autopsy:** LSA Anaconda  
 Mortuary, Balad Iraq

**Circumstances of Death:** This 75 year old male, an Iraqi National, was a detainee at the Central Baghdad Detainee Facility (Abu Ghraib). On 11 May 2004 he reportedly abruptly collapsed and became unconscious. Resuscitation was initiated and continued during transport to the facility hospital where he died. Mr. (b)(6)-4 had a past medical history significant for diabetes mellitus, hypertension and previous myocardial infarction.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

**Identification:** Positive identification accomplished by comparison to photographs and reports supplied by the investigative agency ( (b)(6)-4 ), LSA Anaconda, Balad, Iraq)

**CAUSE OF DEATH:** Severe Atherosclerotic Coronary Vascular Disease

**MANNER OF DEATH:** Natural

This is a preliminary report based on initial examination of the remains, a final report will follow.

0032.04. CID 79.8391\$  
2

**AUTOPSY REPORT ME04- 358**

(b)(6)-4

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Severe Atherosclerotic Coronary Vascular Disease**
  - a. **Right Coronary Artery: 95% to pinpoint stenosis**
  - b. **Left Coronary Artery: 80% stenosis with concentric calcification**
  - c. **Proximal Left Descending Coronary Artery: 90% stenosis**
  - d. **Status Post Remote Posterior Ventricular-Septal Infarction**
  - e. **Severe Aortic Atherosclerosis**
  
- II. Aortic Aneurysm (8cc)**
  
- III. Cardiomegaly (810gm)**
  
- IV. Marked Nephrosclerosis**
  
- V. No external injuries noted**
  
- VI. Toxicology pending**

(b)(6)-2

**CDR MC USN (FS)  
Deputy Armed Forces  
Medical Examiner**

JUN 12

Ex 6

TO:

NAME (b)(6)-4		GRADE N/A	SERVICE NUMBER (b)(6)-4
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH	DATE OF BIRTH		FIRST NAME OF FATHER
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			DATE OF BURIAL
PLACE OF DEATH DIXON HOSP, ABU GHURIB	DATE OF DEATH 28 MAR 04	CAUSE OF DEATH GSW, (R) chest - massive hemothorax	
PLACE OF BURIAL	IDENTIFICATION OF GRAVE		

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

RETAINED BY DETAINING POWER
  FORWARDED WITH DEATH CERTIFICATE TO (Specify)
  FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

Patient brought to prison hosp., Abu Ghraib as emergency after suffering GSW, to chest & neck, allegedly during riot at prison. (R) chest wound had been decompressed with needle externally. Sp > 100 initially. (R) chest tube inserted, with release of 2,500 cc. blood & continued bleeding. V.S deteriorated abruptly. pt. was intubated & emerg. (R) extended thoracotomy performed. Attempts were made to control multiple paravertebral injuries & (R) paravertebral was done. Massive hemothorax & neurovascular injury (R) chest. int. massive unsuccessful.

DO NOT WRITE IN THIS SPACE  
CERTIFIED A TRUE COPY

DATE	(b)(6)-2
SIGNATURE	(b)(6)-2
WITNESSES	
SIGNATURE	ADDRESS
SIGNATURE	ADDRESS

th. signed  
20, 8 hr  
28 MAR 04

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LAW ENFORCEMENT SENSITIVE

Exhibit

28 MAR 04

0004 04-115784-83480

S-27 Y/O MALE CRIMINAL DETAINEE. GWT SHOT IN (R) KNEE  
DURING RIOT AT HARD SITE. ⊖ ALLERGIES ⊖ MEDICATIONS

O - YOUNG MALE DETAINEE IN DISTRESS. GSW TO (R) KNEE W/ EXIT  
WOUND TO BACK OF KNEE.

A - GSW TO (R) KNEE

- P -
- PRESSURE DRESSINGS TO BOTH ENTRY + EXIT WOUNDS.
  - IV VIA 18G TO (R) AC
  - POST HEMORRHAGING, WOUNDS WERE IRRIGATED AND CLEANED
  - WOUNDS BOTH RECEIVED 3 SUTURES VIA 3-0 THREAD
  - PT RECEIVED LIDOCAINE (10cc) AT GSW SITE AND 10MG VALIUM<sup>VIA</sup> IV
  - PT. WILL BE HELD FOR OBSERVATION APPROXIMATELY 12 HOURS
  - PT RECEIVED IV ANTIBIOTICS (AUGMENTIN)

HARD SITE  
IS:V# (b)(6)-4

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Exhibit 8

33







28 MAR 04

0051-01-...

S-27 Y/O MALE CRIMINAL DETAINEE. GOT SHOT IN (R) KNEE DURING RIOT AT HARD SITE. @ ALLERGIES @ MEDICATIONS

O- YOUNG MALE DETAINEE IN DISTRESS. GSW TO (R) KNEE W/ EXIT WOUND TO BACK OF KNEE.

A- GSW TO (R) KNEE

- P-
- PRESSURE DRESSINGS TO BOTH ENTRY + EXIT WOUNDS.
  - IV VIA 18G TO (R) AX
  - POST HEMORRHAGING, WOUNDS WERE IRRIGATED AND CLEANED
  - WOUNDS BOTH RECEIVED 3 SUTURES VIA 3-0 THREAD
  - PT. RECEIVED LIDOCAINE (10CC) AT GSW SITE AND 10MG VALIUM<sup>VIA</sup> IV
  - PT. WILL BE HELD FOR OBSERVATION APPROXIMATELY 12 HOURS
  - PT RECEIVED IV ANTIBIOTICS (AUGMENTIN)

HARD SITE

ISN#

(b)(6)-4

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USE ONLY  
Law Enforcement Sensitive

ENC 3

38



Date - 23 Jan 04

#

(b)(6)-4  
10799

Ht - 5'10"

Wt - 85kg.

Condition - fair.

C/O - HTN

meds - takus: Capoten 25mg BID.  
ASA 100mg I daily.

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USE ONLY

LAW Enforcement Sensitive

ENC 5

... 40

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
Date: 19 FEB 01	At 19:15 hrs. Medical arrived at Camp #6 for a complaint
Hrs: 19:18	of amnesia & dizziness. Pt was brought out of his tent
BP: /	by the EPW's to front gate. Pt was assessed and transported
P: /	rapidly to Inprocessing due to low level of consciousness. Pt
R: /	was immediately given CPR and bagged via BVM on room air.
SpO2: /	Two attempts to intubate with an ET tube were unsuccessful.
T: /	Pt was pronounced dead by LTC [redacted] MD at 19:25 hrs.
Med All: /	[redacted]
	[redacted]
	[redacted]
Meds: <i>amblyop...</i>	[redacted] LTC, me
FMHx: /	
SMHx: /	

HOSPITAL OR MEDICAL FACILITY 320th Mp BN	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; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.	

EPW [redacted]  
Gracey #6

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV. 8-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

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ENC 5

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
-----------	------------	----------------	-----------

DATE	NOTES
------	-------

28 Halon  
2000

Operative Note  
 Iraqi detainee presented front. GSW (R) neck,  
 (R) chest just lateral to sternum. Awake.  
 somewhat combative. initial VS 107-130/p. @ 1850.  
 Rt. tube thoracostomy. with ~ 15mi 7200cc.  
 returned. less combative. FTT placed.  
 P (L) femoral cath. Transthoracic stabl. X 2. PAXES.  
 1st unit in @ 1910. BP ↓ in. pulse lost.  
 CPR started @ 1925. pericardio-centesis. ⊖ blood.  
 ACLS - Vasopressin 1929. No return vitals,  
 Rt. thoracostomy. 1937. attempted over sew  
 p. second pulmonary injury. R upper + a middle  
 lobe. Appeared agonal. Halon chng. D E  
 TA 40 + premonitory expelled 1950.  
 Received total 104 PAXES. Open pericardial sac  
 + cardiac massage. without a return of  
 vitals despite bi. dose epi / atropine. P/A.  
 Pronounced 2015 -  
 Rt chest closed.

(b)(6)-2

NO. CPT. USA

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Exhibit \_\_\_\_\_

000001

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
2018	OP Note CSW R chest cont'd in vest.
2018	same. subsequent patient demise
2018	At thoractomy, evidence of pulmonary injury, Pneumothorax + effusion
2018	Multiple / Odd! Multiple injury R upper / middle lobe.
2018	specimen to patient unable to receive the knowledge until
2018	despite massive volume received, pronounced. © 2018.

(b)(6)-2

NO. CPT, 1412

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
PART / SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
<small>ENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)</small>			REGISTER NO.	WARD NO.

PROGRESS NOTES  
Medical Record  
STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

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Exhibit

000012

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
		1amate # unknown
1847	2mg morphine IV	BVM 1859
121	1mg epinephrine IV	
	2.5 verset IV	
128	1amp bicarb IV	Pt came w/ IV in @ AC 1L NaCl 2nd bag NaCl
129	40units Vesopressor IV	Pt given IV in @ hand @ 1850 18g 1L NaCl
433	Unasyn IV	stopped 1859 Chest tube initiated @ 1855 32F @ side
19	10mg meperidine	1858 10cc syringe Succ
144	1amp epi	<del>1903</del> 1903 Trach tube initiated 7
145	1amp bicarb	Hespan initiated IV @ <del>1903</del> DC @ 1910 cont. @ 2013
1939	1g CaCl 2units	O <sup>-</sup> blood given @ 1910 2 <sup>nd</sup> unit @ 1912 3 <sup>rd</sup> @ 1921
150	1amp bicarb	3 <sup>rd</sup> bag NaCl given @ 1910 6 <sup>th</sup> @ 1931 5 <sup>th</sup> @ 1932 4 <sup>th</sup> @ 1933
1953	1mg Epi	large bore IV femoral vein initiated @ 1910 @ side
953	1mg Atropine	5mg Verset @ 1917
959	1g CaCl	foley catheter 16F initiated @ 1922
1003	1mg Epi	CPR started @ 1925 stopped @ 1935 BVM cont.
1004	1mg Atropine	spinal needle initiated @ 1930 DC @ 1932
1009	1mg Epi	@ side thoracotomy initiated @ 1937 reanastomosis
610	1mg Atropine	O <sup>+</sup> blood @ 1944 8 <sup>th</sup> @ 1952 9 <sup>th</sup> @ 1959 10 <sup>th</sup> @ 2000
013	1mg Epi	11 <sup>th</sup> @ 2015
		2017 no carotid pulse
		pronounced dead @ 2018 28MARCH

PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)

RECORDS MAINTAINED AT:		
PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSH/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 603 (REV. 5-6) Prescribed by GSA and ICMF

For Official use Only

Exhibit \_\_\_\_\_

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is OCSI/LR

LAB

SERIAL NUMBER

001504 CID209 00186

FROM:

TO:

NAME (Last, first, MI) <small>(b)(6)-4</small>		GRADE	SERVICE NUMBER
NATIONALITY <b>IRAQI</b>	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH	DATE OF BIRTH		FIRST NAME OF FATHER
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH <b>BOF</b>	DATE OF DEATH <b>16 JAN 04</b>	MODE OF DEATH <b>CARDIAC ARREST</b>	DATE OF BURIAL
PLACE OF BURIAL	IDENTIFICATION OF GRAVE		

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

RETAINED BY DETAINING POWER

FORWARDED WITH DEATH CERTIFICATE TO (Specify)

FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

PT. WAS ABOUT TO START MORNING PRAYER WHEN HE COLLAPSED - TAKEN TO IRAQI CLINIC - SEEN BY DR. [REDACTED] - CPR INITIATED - FAILED TO RESUSCITATE PT. PRONOUNCED DEAD @ 05:45 - 16 JAN 04.

DO NOT WRITE IN THIS SPACE  
CERTIFIED A TRUE COPY

DATE

16 Jan 04

SIGNATURE OF MEDICAL OFFICER

(b)(6)-2

LTC, MC

SIGNATURE OF COMMANDING OFFICER

(b)(6)-2

SIGNATURE

ADDRESS

DA FORM 2669-R, MAY 82

OFFICIAL USE ONLY

SECTION OF JUL 63 IS OBSOLETE.

USAPPC V1.00

EXHIBIT 4

Dear Sir,

0032-04701 30136

Im Dr. (b)(6)-2 a Junior physician. Working in  
ABU GHURAYB prison hospital.

At about 5:45 A.M. Prisoner w Number (b)(6)-4 was Brought  
to the Casualty. Suffering From Fully dilated Both pupils  
and absence of Both heart beats and respiration.

taking a clinical history while doing Cardiac Massage From  
the other prisoners revealed that the attack came to him  
at the early Morning while he was praying, they said that  
he suddenly lost his consciousness and his Breathing was stopped  
In addition to the presence of a frothy material coming out of his  
Mouth.

The real cause of Death is Unknown. Such cases requires A

(b)(6)-2



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
 1413 Research Blvd., Bldg. 102  
 Rockville, MD 20850  
 1-800-944-7912



**PRELIMINARY AUTOPSY REPORT**

Name: (b)(6)-4

Autopsy No.: ME04-38  
 Internment Sequence Number: (b)(6)-4

Date of Birth: 15 November 1978;  
 Date/Time of Death: 16 January 2004/0545  
 Place of Death: Abu Ghurayb Prison, Iraq  
 Date/Time of Autopsy: 02 February 2004/ 1400  
 Place of Autopsy: Mortuary Facility, Baghdad International Airport, Iraq

**Circumstances of Death:** Collapsed while performing morning prayers.

**Authorization for Autopsy:** Armed Forces Medical Examiner, per 10 U.S. Code 1471

**Identification:** Identification Tag

**PRELIMINARY AUTOPSY DIAGNOSIS:**  
**I. NO EVIDENCE OF SIGNIFICANT TRAUMA**

**II. BILATERAL PULMONARY EDEMA (850 GRAMS EACH).**

**III. TOXICOLOGIC AND MICROSCOPIC EXAMINATION PENDING**

**CAUSE OF DEATH: PENDING**  
**MANNER OF DEATH: PENDING**

/original signed/  
(b)(6)-2 MD  
 CAPT MC USN  
 Regional Armed Forces Medical Examiner

20



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
Office of the Armed Forces Medical Examiner  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-944-7912



**AUTOPSY EXAMINATION REPORT**

Name:   
Autopsy No.: ME04-38  
AFIP Number: 2914569  
Internment Sequence Number:   
Date of Birth: 15 November 1978  
Date/Time of Death: 16 January 2004/0545  
Place of Death: Abu Ghurayb Prison, Iraq  
Date/Time of Autopsy: 02 February 2004/ 1400  
Place of Autopsy: Mortuary Facility, Baghdad International Airport, Iraq

**Circumstances of Death:** Collapsed while performing morning prayers.

**Authorization for Autopsy:** Armed Forces Medical Examiner, per 10 U.S. Code 1471

**Identification:** Identification Tag

**CAUSE OF DEATH:** MYOCARDITIS

**MANNER OF DEATH:** NATURAL

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**WE ENFORCEMENT SENSITIVE**

Ex 16

**EXHIBIT # 16**

**AUTOPSY REPORT ME04-038**

(b)(6)-4

2

**FINAL AUTOPSY DIAGNOSES:**

- I. CARDIOVASCULAR SYSTEM:**
  - A. MYOCARDITIS WITH FOCAL NECROSIS AND SCARRING**
  - B. FOCAL MODERATE CORONARY ATHEROSCLEROSIS**
    - 1. 60% STENOSIS OF PROXIMAL LEFT ANTERIOR DESCENDING CORONARY ARTERY**
    - 2. 40% STENOSIS OF LEFT MAIN CORONARY ARTERY**
- II. RESPIRATORY SYSTEM:**
  - A. BILATERAL PULMONARY EDEMA (850 GRAMS EACH)**
- III. HEPATOBILIARY SYSTEM:**
  - A. FOCAL HEPATIC STEATOSIS**
- IV. NO EVIDENCE OF SIGNIFICANT TRAUMA**
- V. TOXICOLOGY IS NEGATIVE FOR ETHANOL, DRUGS OF ABUSE, AND CYANIDE**

FOR OFFICIAL USE OF  
LAW ENFORCEMENT

**EXHIBIT # 16**

**AUTOPSY REPORT MEDCOM 038**

(b)(6)-4  
[Redacted]

3

**EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished appearing, muscular, 74 inch tall male whose appearance is consistent with the reported age of 25 years. Lividity is present in the posterior dependent portions of the body, except in areas exposed to pressure. Upon initial examination, the body is frozen. Thawing is accomplished over four days. Rigor has passed, and the temperature is eventually that of ambient room.

The scalp is covered with straight black hair in a normal distribution. A beard is present. The irides are brown and the pupils are round and equal in diameter. No conjunctival petechiae are present. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. There is no external evidence of trauma.

**CLOTHING AND PERSONAL EFFECTS**

The following clothing items and personal effects are present on the body at the time of autopsy:

- Grey shirt
- Grey sweatshirt
- Orange jumpsuit
- White boxers
- 2 pairs of socks, one white, one black
- Blanket

**MEDICAL INTERVENTION**

There is no evidence of recent medical intervention.

**RADIOGRAPHS**

A complete set of postmortem radiographs is obtained and demonstrates no evidence of skeletal trauma.

**EVIDENCE OF INJURY**

There is no evidence of significant recent injury.

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**EXHIBIT # 16**

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**AUTOPSY REPORT ME04-038**

(b)(6)-4

4

**INTERNAL EXAMINATION****HEAD:**

The galcal and subgalcal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1300 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

**NECK:**

A separate layerwise dissection of the neck is performed. The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 850 gm each. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

**CARDIOVASCULAR SYSTEM:**

The 450 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 2.0 and 0.8 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable (see AFIP consultation report below).

**LIVER & BILIARY SYSTEM:**

The 2450 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

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**LAW ENFORCEMENT SENSITIVE**

**EXHIBIT # 16 26**

**AUTOPSY REPORT ME04-038**

161614

5

**SPLEEN:**

The 360 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

**PANCREAS:**

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

**ADRENALS:**

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 220 grams each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelvis are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 30 cc of brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by AFIP photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, spleen, liver, brain, bile.
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

**MICROSCOPIC EXAMINATION**

**Cassette Summary:**

1. Right ventricle
2. Anterior left ventricle
3. Interventricular septum
4. Liver
5. Spleen
6. Kidney
7. Brain
8. Lung
9. Lung
10. Pancreas

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LAW ENFORCEMENT SENSITIVE**

**EXHIBIT # 16**

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**AUTOPSY REPORT ME04-038**

(b)(6)-4

6

**Microscopic Description:**

**BRAIN:** unremarkable.

**LUNGS:** eosinophilic proteinaceous material within alveolar spaces bilaterally.

**HEART:** see AFIP consultation below.

**LIVER:** focal macrovesicular steatosis without inflammation or increased fibrosis.

**SPLEEN:** autolytic; otherwise unremarkable.

**PANCREAS:** autolytic; otherwise unremarkable.

**KIDNEY:** autolytic; otherwise unremarkable.

B6-2

**CONSULTATION FROM DR. [REDACTED] CARDIOVASCULAR  
PATHOLOGY DEPARTMENT, ARMED FORCES INSTITUTE OF PATHOLOGY:**

**Heart:** 450 grams; normal epicardial fat; closed foramen ovale, normal left ventricular chamber dimensions: left ventricular cavity diameter 40 mm, left ventricular free wall thickness 13 mm, ventricular septum thickness 15 mm; right ventricular thickness 4 mm, without gross scars or abnormal fat infiltrates; marked post-mortem decompositional changes, otherwise unremarkable valves, endocardium, and myocardium; histologic changes show multiple foci of interstitial and replacement fibrosis, some of which are associated with lymphocytic infiltrates; a section from the posterior left ventricle shows a subepicardial focus of granulomatous inflammation with central fibrinoid necrosis; special stains including Brown-Brenn, Brown-Hoppa, Ziehl-Neelsen, GMS, and Warthin-Starry are negative for microorganisms.

**Coronary Arteries:** Normal ostia; right dominance; focal moderate atherosclerosis:  
Left main coronary artery: 40% luminal narrowing by pathologic intimal thickening  
Left anterior descending coronary artery: 60% narrowing of proximal LAD by pathologic intimal thickening; no other significant atherosclerosis.

**Diagnosis:**

1. Myocarditis with focal necrosis and scarring
2. Focal moderate coronary atherosclerosis

**Comment:** In most instances myocarditis is caused by viral organisms, however the histologic appearance in this case is atypical with areas of granulomatous inflammation and fibrinoid necrosis. The granulomas do not have the usual non-necrotizing appearance of sarcoidosis. All special stains for microorganisms are negative. Other possible causes of myocarditis includes various bacterial, fungal, and Mycobacterial

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**EXHIBIT # 16**

**AUTOPSY REPORT ME04-038**

(b)(6)

7

organisms, and negative stains do not indicate absence of disease. This case was also reviewed by the Infectious Disease Department.

**OPINION**

This 25 year-old detainee died as a result of MYOCARDITIS (inflammation of the heart). There is no evidence of significant trauma. The manner of death is NATURAL.

(b)(6)-2

*02 April 2004*

(b)(6)-2 MD

**CAPT MC USN**  
Regional Armed Forces Medical Examiner

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**EXHIBIT # 16**

0012-04-00252  
80156

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'autres-Mer)			
NAME OF DECEASED (b)(6)-4		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race		SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
<input checked="" type="checkbox"/> CAUCASOID Caucasien <input type="checkbox"/> NEGROID Négré <input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		MARRIAGE STATUS Statut Civil <input type="checkbox"/> SINGLE Célibataire <input type="checkbox"/> MARRIED Marié <input type="checkbox"/> WIDOWED Veuve <input type="checkbox"/> DIVORCED Divorcé <input type="checkbox"/> SEPARATED Séparé	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Rapport du défunt avec le mort	
STREET ADDRESS Carré et Rue		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause de décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort Myocarditis			
ANTECEDENT CAUSES Symptômes préexistants de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, mène à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant conduit la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Cause de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort survenues par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Non accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Non intentionnelle	SUICIDE Suicide (b)(6)-2		
<input type="checkbox"/> HOMICIDE Homicide (b)(6)-2	NAME OF PERSON KILLED Nom du défunt CAPT, MC, USN		
DATE OF DEATH (Hour, if known) Date de décès (Heure, si connue) 18 Jan 2004	PLACE OF DEATH Lieu de décès Iraq		AVIATION ACCIDENT Accident d'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt en présence de témoins et le décès est survenu à l'heure indiquée et à la suite des causes énoncées ci-dessus.			
(b)(6)-2		TITLE OR DEGREE Titre ou diplôme Armed Forces Medical Examiner	
GRADE Grade CDR	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902		
DATE Date 14 JAN 2004	SIGNATURE Signature (b)(6)-2 CAPT MC USN AFMC		
I state (insert injury or non-injury as applicable) which occurred on (insert date, time, etc.) This condition contributed to the death, but not related to the disease or condition causing death. Je déclare la nature de la blessure, de la blessure ou de la maladie ou de la condition qui a provoqué la mort. Préciser la signification d'une blessure et la date, l'heure et le lieu de la blessure ou de la condition qui a provoqué la mort.			

DD FORM 2084

REPLACES DA FORM 2084, 1 JAN 78 AND DA FORM 2084-REP, 31 SEP 71, WHICH ARE OBSOLETE.

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EXHIBIT #

16 30

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DATE

2 AUG 04

g) 20 y/o ♂ detainee referred by CEO for H + P. H reports he was stepped in the face by coalition forces last night. He reports after he was stepped he fell over into the barb wire and out the top of his (L) ring finger. In addition he reports he twisted his (L) ankle 3-4 days ago while running.

Resp 123  
P - 71 140/106  
Allergies - PCN

o) WNLV ♂ NAD

HEENT - NL ♂ ECHYMOSIS OR ABRASIONS

HEART - RRR ♂ MURMURS

LUNGS - CTA ♂

(B) Ring finger 2 cm LAC ON Volar ASPECT

(C) Ankle - N26 EDEMA  
N26 ECCHYMOSIS  
(+) PRN

- #) 1. Alleged step to face no echymosis or scars
- 2. LAC (B) Ring finger superficial
- 3 (C) Ankle sprain

- \*) 1. Tetanus shot + clean and dress wound
- 2. RICE For Ankle sprain
- 3. F/U PRN
- 4. Case + PLAN discussed @ length 0 Pt through

HOSPITAL OR MEDICAL FACILITY

DR'S NAME

STATUS

DEPART./SERVICE

SSN/ID NO.

RELATIONSHIP TO SPONSOR

RECORDS MAINTAINED AT

PATIENT IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

(b)(6)-4

REGISTER NO.

WARD NO.

FUND: Coager #3

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

USAPA V2.00

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MEDCOM - 548

EXHIBIT # 6

0013-04-10784  
85982

**Certificate Of Death**

For use of this form, see AR 180-8, the  
Proponent agency is DCSOPS

Internment Serial Number

(b)(6)-4

To:

From:

(b)(6)-1

Name (Last, First, MI)

(b)(6)-4

Grade

Service Number

Nationality

IZ-Iraq

Power Served

IZ-Iraq

Place of Capture/Internment and Date

MC 348 105

2004/01/04

Name, Relationship, Address of Next of Kin

(b)(6)-4

Father's First Name

(b)(6)-4

Place Of Birth:

Date Of Birth:

1986/01/01

Place of Death

BCF,

Date Of Death

2004/04/10

Cause Of Death

GUNSHOT WOUND

Place Of Burial

Date Of Burial

2004/04/11

Identification Of Grave

Personal Effects: Please See Attached Page

Brief Details Of Death And Burial: Please See Attached Page

Do Not Write In This Space

(Seal of the Office of The Provost Marshal  
General)

Date

2004/04/11

Signature of Commanding Officer

Witnesses:

Signature

Address

Signature

Address

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- Law Enforcement Sensitive -

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Ex 7



RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

03 Iraqi EPW ♂ c/o pain in ribs and difficulty breathing. Clo PN in Lower left abdominal quadrant.

XRAYs taken at 0130: KUB & Chest by Sgt

(b)(6)-2

72 11/6/66

Lungs: ~~CTA~~ ~~SECRET~~

GEN: VDNV, A30 X 3

Heart: RPR, NO M/R/G

Lungs: CTR (B), Decreased breath sounds in (B) bases

AB: (+) TTP in LUQ. (X) rebounding (X) guarding (X) masses

↓ B.S. thru-out, soft

A: Blunt trauma to gastro. Area with atelectasis in (B) lower lung fields, mild ileus

P 1. Return to 521st Detention Center

2. Diet as tolerated

3. Return to A.S. if vomiting or ↑ AB. PT

Chest Xray: (X) PTR, Atelectasis in lower lung fields, (B) tented diaphragms.

KUB: stool throughout, with dilated loops in (L) UQ, (+) air fluid level, (X) gas in rectum, (X) free air

(b)(6)-2

(b)(6)-2

(b)(6)-2

CPT MC

NOTIFICATION (Use this space for Mechanical

RECORDS MAINTAINED AT:

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

(b)(6)-4

73 NOV 69

44

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 800 (REV. 5-84) Prescribed by GSA and ICMH FIRMR (41 CFR) 201-45.505

EXHIBIT \$

1. DATE AND TIME OF CAPTURE 29 Jun 03		2. SERIAL NO. 0070087 A	
3. NAME		4. DATE OF BIRTH	
5. RANK	6. SERVICE NO.		
7. UNIT OF EPW		8. CAPTURING UNIT B Co 1/36	
9. LOCATION OF CAPTURE (Grid coordinates) Sector 15			
10. CIRCUMSTANCES OF CAPTURE Threat	11. PHYSICAL CONDITION OF EPW	12. WEAPONS, EQUIPMENT, DOCUMENTS	
1. DATE AND TIME OF CAPTURE 29 Jun 03		2. SERIAL NO. 0070087 B	
3. NAME		4. DATE OF BIRTH	
5. RANK	6. SERVICE NO.		
7. UNIT OF EPW		8. CAPTURING UNIT	
9. LOCATION OF CAPTURE (Grid coordinates) Sector 15			
10. CIRCUMSTANCES OF CAPTURE Threat	11. PHYSICAL CONDITION OF EPW Good	12. WEAPONS, EQUIPMENT, DOCUMENTS	
1. DATE AND TIME OF CAPTURE		2. SERIAL NO. 0070087 C	
3. NAME		4. DATE OF BIRTH	
5. RANK	6. SERVICE NO.		
7. UNIT OF EPW		8. CAPTURING UNIT	
9. LOCATION OF CAPTURE (Grid coordinates)			
10. DESCRIPTION OF WEAPONS, SPECIAL EQUIPMENT, DOCUMENTS			

who fired base out?

45

EXHIBIT B

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (b)(3)-1
29 June 03	CPW from [redacted]
0550	[redacted] Brought into
P/P 12/72	for a possible Broken collar bone
P/	possible (R) orbit fracture + bleeding +
0297	a cut below left eye
	XRAYs taken at 0615, (R) & (L) clavicle, skull
	wound under (R) eye was cleaned, Bacitracin C
	Ice was applied to (R) eye
	<del>XRAY</del> SO SHOWS: TORADOL 60mg I.M. 0604
	Staff Note
	(S) CPW brought to Trauma room s/p arrest for
	+ obvious swelling to (R) eye area and (L) clavicle
	P+ clo pain in (L) shoulder gastering towards it and ho
	(L) arm against his body. other clo @ this time. (S)
	(S) Gen: w/ w/ but thin young Iraqi m
	HEENT: (+) ecchymosis and edema around (R) orbit
	EOMV, OP clear 2 mm, (-) bary abnl.
	Heart: RRR, no m/r/l/g
	Lungs: CTA (R), no w/r/l/r
	Abd: NT/ND, no HSM, no masses (S)
	Chest: Approx 7cm area of ecchymosis overlying obvio
	deformity of (L) clavicle + overlying skin treated

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

(b)(5)-4 [redacted]

DOB: 16 Sept 70

RECORDS MAINTAINED AT:	CPT
PATIENT'S NAME (Last, First, Middle Initial)	(b)(6)-2
RELATIONSHIP TO SPONSOR	FAMILY PRACTICE CLINIC
SPONSOR'S NAME	STATUS
DEPART./SERVICE	SSN/IDENTIFICATION NO.
	ORGANI

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM Prescribed by G.S. FIRM (41 CFR)

EXHIBIT \$

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

23

Staff Note Cont.

Real: angulated (L) clavicle mid-shaft fx

Ø (R) clavicle fx

Ø orbital / zygomatic arch fx on plain films

(M) (L) clavicle fx

(1) figure of 8 shoulder harness and (L) air sling applied

(2) Turodol 60mg IM x 1 for pain relief

(3) Pt released to detainee camp

(R) facial bruising / swelling

(1) Blood and dried blood cleaned w sterile NS

(2) Dressing applied to small (<1cm) abrasion over (R) cheekbone

(3) Ice applied to ↓ swelling

(4) Dispo. as above

(b)(6)-2	
CPI	MD
STA	
FAM	NIC

[Redacted signature area]

All: B6-2

EXHIBIT #



0038.04. CID 789. 83988

CERTIFICATE OF DEATH

INTERN (b)(6)-4

For use of this form, see AR 190-8; the proponent agency is DCSPER.

FROM:

BAGHDAD CENTRAL DETENTION FACILITY

TO:

(b)(6)-4	GRADE	SERVICE NUMBER (b)(6)-4
	IND DATE	

PLACE OF BIRTH	DATE OF BIRTH
----------------	---------------

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN	FIRST NAME OF FATHER
--	----------------------

PLACE OF DEATH BCDFH, ASU CATHAK	DATE OF DEATH 19 MAY 04	CAUSE OF DEATH Heart myocardial infarction, massive
PLACE OF BURIAL	DATE OF BURIAL	

IDENTIFICATION OF GRAVE

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

RETAINED BY DETAINING POWER     
 FORWARDED WITH DEATH CERTIFICATE TO (Specify)     
 FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

Adm. to BCDFH 12 May with abd. pain/distention, dehydration, hypotension of C. intestinal stem and prox. fastates. X-ray paralytic ileus. Rehydrated x 18hr. Increased abd. pain on 19 May. Resp. arrest with X-ray, resuscitated with Ambu bag ventilation. No tracheal intubation. Cardioresp. arrest; CPR instituted immediately, ACLS protocol. Fibrillated, ventilated. No recovery of cardiac rhythm after 20 min. Pronounced dead at 0915 hr. by me.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE 19 May 04	(b)(6)-2
	SIGNATURE (b)(6)-2	Coc, me
	SIGNATURE	ADDRESS
	SIGNATURE	ADDRESS

DA FORM 2669-R, May 82

EDITION OF 1 JUL 63 IS OBSOLETE.

(b)(6)-1

CPL MT  
COMMUNICATIONS EX 04

0038-01-CID 714-8398

**HOSPITAL REPORT OF DEATH**  
OR USE OF THIS FORM, SEE AR 40-2. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL. NAME AND LOCATION OF HOSPITAL: **BAGHDAD CENTRAL DETENTION FACILITY**

Instructions - Medical Officer in attendance will: *Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*  
are, in one copy only, Items 1 through 10 and sign Item 11. or type entries.

**SECTION A - ATTENDING MEDICAL OFFICER'S REPORT**

b)(6)-4	<b>PERSONAL DATA</b>	
	2. TIME OF DEATH (Hour-day-month-year) <b>0915 19 MAY 04</b>	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO
	4. RELIGION	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH	

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

<b>CAUSE OF DEATH</b>		<b>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</b>
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) <b>Acute myocardial infarction, massive</b>	<b>1-2 hrs.</b>
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of) (1) <b>Severe coronary artery occlusive disease</b> (2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. <b>Prostatic disease, acute/subacute</b> b. <b>dehydration</b>	<b>2-3 days</b> <b>2-3 days</b>
9. DATE <b>19 May 04</b>	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER b)(6)-2 <b>MD Col, MC</b>	

**SECTION B - ADMINISTRATIVE**

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

**SECTION C - RECORD OF AUTOPSY**

20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> NO		21. AUTOPSY ORDERED BY (Signature)
22. PROVISIONAL PATHOLOGICAL FINDINGS		
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

USAPPC V2.00

8

Ex 3

**EMERGENCY RESUSCITATION RECORD - PART 1**  
For use of this form see MEDCOM Cir 40-6

0038-04-C10784-83488

Complete this report within 2 hours following the arrest/event. Place the original in the patient's record and provide a copy to the Nursing Supervisor.

**1. DATE:** 19 MAY 04

**3. WITNESSED ARREST?**  
 YES  NO  UNKNOWN  
**MONITORED AT ONSET?**  
 YES  NO

**2. LOCATION OF RESUSCITATION EVENT**  
 MICU  SICU  CCU  NICU  ED  PACU  OR  WARD: \_\_\_\_\_  
 DIAGNOSTIC / PROCEDURE AREA: \_\_\_\_\_  
 OUTPATIENT CLINIC: \_\_\_\_\_  
 OTHER (Specify): Pt brought to EMT from ICW a.v.c. - 0800

4. INTERVENTIONS (✓ - IN PLACE AT START OF ARREST)	(✓ - INSERTED DURING ARREST)	COMMENTS
<input checked="" type="checkbox"/> IV Access	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Endotracheal Tube	<input checked="" type="checkbox"/> Time: 0808	- #9 tube
<input type="checkbox"/> Mechanical Ventilation	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Arterial Line	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Central Venous Line	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Pulmonary Artery Catheter	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Nasogastric Tube	<input checked="" type="checkbox"/> Time: 0830	- 16 ga French
<input type="checkbox"/> Pacing Device (Specify type): _____	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Implantable Defibrillator / Cardioverter	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Other (Specify): Foley	<input checked="" type="checkbox"/> Time: 0808	18 Fr Foley to drainage

**5. IMMEDIATE CAUSE OF ARREST / EVENT (Check one)**

Lethal Arrhythmias  
 Hypotension  
 Respiratory Depression  
 Metabolic  
 Myocardial Infarction or Ischemia  
 Unknown  
 Other: \_\_\_\_\_

**6. RESUSCITATION ATTEMPTED**

YES (Check all that were used)  
 Chest Compressions  
 Defibrillation  
 Airway Management

NO (Check one)  
 False alarm/arrest (BLS / ALS not needed)  
 Do not attempt resuscitation (DNAR)  
 Considered futile  Found dead

**7. INITIAL CONDITION**

**CONSCIOUS**  
 Yes  No

**BREATHING**  
 Yes  No

**PULSE**  
 Yes  No

Site: \_\_\_\_\_

**8. INITIAL RHYTHM**

Ventricular Fibrillation  Perfusing Rhythm  
 Ventricular Tachycardia  Bradycardia  
 Pulseless Electrical Activity  Asystole

**RETURN OF SPONTANEOUS CIRCULATION (ROSC)**  
 Returned at: \_\_\_\_\_ : \_\_\_\_\_  Never achieved  
 Unsustained ROSC:  < 20 min  > 20 min

**CPR STOPPED AT:** 0915

**WHY:**  ROSC  DNAR  
 Considered futile  Death

**9. EVENT TIMES**  
(Times are required to calculate the American Heart Ass'n and European Resuscitation Council in-hospital chain of survival.)

	HOUR	MIN
Collapse / Arrest Onset:	_____	_____
CPR Started:	0835	_____
1st Defibrillation:	_____	_____
Airway Achieved:	_____	_____
1st Dose Epinephrine:	_____	_____
Code Team Called:	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Time:	_____
Code Team Arrived:	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Time:	_____

**10. GLASGOW COMA SCALE**  
(Post-resuscitation)  
 Circle appropriate scores, then total.

**EYE OPENING**  
 4 - Spontaneously  
 3 - To voice  
 2 - To pain  
 ① - No response

**VERBAL RESPONSE**  
 5 - Oriented, converses  
 4 - Disoriented, converses  
 3 - Inappropriate responses  
 2 - Incomprehensible sounds  
 ① - No response

**MOTOR RESPONSE**  
 6 - Obeys verbal commands  
 5 - Localizes painful stimulus  
 4 - Withdraws from pain stimulus  
 3 - Flexion, decorticate posturing  
 2 - Extension, decerebrate posturing  
 ① - No movement

**SCORE:** 0

**PATIENT DISPOSITION:**  
 Pt died in ER  
 0915

(b)(6)-4

AGE: \_\_\_\_\_  
 GENDER: \_\_\_\_\_  
 HEIGHT (in): \_\_\_\_\_  
 WEIGHT (lbs): \_\_\_\_\_

EX 3

17 MAY 09

EMERGENCY RESUSCITATION RECORD - PART

0036-04-010785-83588

TIME (Hr/Min):	0800	0803	0807	0815	0825	0845	0850	0850	0856	0900	0908	0910	0915
VITALS	BLOOD PRESSURE		82/43	83/37		93/41		129/49					
	HEART RATE (* = CPR)	136	124	133		128	109	123	40				
	RHYTHM	ST	ST						agonal				
	PULSE PALPABLE (Y/N)	Y							PPR	CPR	CPR	CPR	CPR
	DEFIBRILLATION (Joules: 200, 300, 360)												
	CARDIOVERSION (Joules: 50, 100, 200, 300, 360)												
	PACING PERFORMED (✓)												
	RESPIRATIONS		Bagged										
AIRWAY	BAGGED w / 100% O2 (✓)		Bag										
	INTUBATED (✓)								#9ETT				
	MASK (Specify type)		100% NRB	NRB		PRB	NRB						
	% OXYGEN	100%	100%										
	O2 SATS P/O tube		99%	84%		98%	83%						
MEDICATIONS	EPINEPHRINE (1 mg - IV / ET tube)								10 1amp	10 1amp	10 1amp		
	ATROPINE (0.5 - 1 mg - IV / ET tube)										10 1amp		
	LIDOCAINE (1-1.5 mg / kg - IV / ET tube)										10 1amp	10 1amp	
I V D R I P S	LIDOCAINE (1 GM / 250cc - IV at 1 - 4 mg / min)												
	DOPAMINE (400 mg / 250cc - IV at 1 - 20 mcg / kg / min)				10/250cc			below					
L A B S	POTASSIUM (K)												
	GLUCOSE												
	CALCIUM (Ca)												
	MAGNESIUM (Mg)												
A B G S	PH												
	pCO2												
	pO2												
	HCO3												

From  
Dero  
P  
P  
(b)(6)-2

(b)(6)-2

(b)(6)-2

CTC AK



**MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET**

For use of this form, see MEDCOM Circular 40-5

0038-04-00789-83488

**SECTION I - PATIENT ASSESSMENT**

DATE: 15 May 04      PATIENT ACUITY LEVEL: \_\_\_\_\_      POST-OP DAY: \_\_\_\_\_      HOSPITAL DAY: 1

**COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:**

Time \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_       AMBULATORY     CRUTCHES     WHEELCHAIR     STRETCHER

Total ER/RR/PACU time \_\_\_\_\_ Physician \_\_\_\_\_ Anesthesia (Specify): \_\_\_\_\_

Procedure/Diagnosis \_\_\_\_\_ B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

LOC \_\_\_\_\_ Neurovascular checks \_\_\_\_\_

Dressing/cast \_\_\_\_\_ Tubes \_\_\_\_\_

Intake (IV, po) \_\_\_\_\_ Output (EBL, other) \_\_\_\_\_ Voided  No  Yes Amount: \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_

Report From \_\_\_\_\_ Received By \_\_\_\_\_

<b>VITAL SIGNS</b>	TIME:	1315	1800	2130	2400																
	BP ARTERIAL LINE																				
	BP CUFF	138/93	125/70	113/62	139/87																
	TEMPERATURE	95.8	97.5	95.9	97.6																
	PULSE	132	130	148	96																
	RESPIRATORY RATE	28	18	40	40																
	OXYGEN (L/%)																				
	PULSE OXIMETER	95%	95%	93%	93%																
	O2 METHOD	RA	RA	RA	RA																

Oxygen Method Key:      NC = Nasal cannula      NR = Non rebreather      FM = Face mask      VM = Venturi mask  
 MT = Mist tent      PR = Partial rebreather      A = Aerosol      TC = Trach collar

<b>PAIN</b>	TIME:	1430	2045	2300																		
	PAIN INTENSITY	10	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••
		5	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••
		0	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••
	MED ADMINISTERED (Y/N)	Y	Y	Y																		
RELIEF ACCEPTABLE (Y/N)		N																				

<b>SPECIAL NEEDS</b>	TIME:	1430	2045			
	*Skin breakdown prevention	U	RL			
	*Falls prevention protocol	U	RL			
	*Restraint protocol	U	RL			
	*Seizure precautions	NA				
*Isolation precautions	NA					
YESTERDAY'S WEIGHT: _____						
TODAY'S WEIGHT: _____						
WEIGHT CHANGE: _____						
*Per hospital policy.						

24 HOUR TOTALS	PO	IV #1	IV #2					TOTAL IN	Urine		Stool			TOTAL OUT
----------------	----	-------	-------	--	--	--	--	----------	-------	--	-------	--	--	-----------

PATIENT IDENTIFICATION

(b)(6)-4

Bed 11

DIAGNOSIS: Acute Abdx.

DRG: \_\_\_\_\_ ADMISSION DATE: 15 MAY 04

LOS: \_\_\_\_\_ EXPECTED RELEASE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

PRIMARY CARE MANAGER: ODD

ISOLATION REQUIRED (Specify): \_\_\_\_\_

E 3

38-04-C10789-83594

**SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS**

**INSTRUCTIONS:** A check  in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 1430 INITIALS: WA	TIME: 2100 INITIALS: RL	TIME: 2200 INITIALS: RL
<b>1. NEUROLOGICAL:</b> Alert and oriented to person, place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	<input checked="" type="checkbox"/> (-)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. CARDIOVASCULAR:</b> Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. (See page 3 for extremity perfusion)	<input checked="" type="checkbox"/> tachycardic equal - upper & lower extremity pulses - 1+	<input checked="" type="checkbox"/> tachy cardiac	<input type="checkbox"/>
<b>3. PULMONARY:</b> Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	<input checked="" type="checkbox"/> equal - upper chest symmetrical - tachypneic slight	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4. G.I.:</b> Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding.	<input checked="" type="checkbox"/> w/ - dark in color - abdomen tender distended	<input type="checkbox"/> BOUTS OF EMESIS, DISTENDED - TENDER, HYPRACTIVE BS x 3 QUAD & BS RUQ ON AUSCULTATION	<input type="checkbox"/> NG TUBE @ NARE CONT. SUCTION
<b>5. G.U.:</b> Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	<input checked="" type="checkbox"/> (-)	<input type="checkbox"/> SM AMTS URINE	<input type="checkbox"/>
<b>6. MUSCULOSKELETAL:</b> Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	<input checked="" type="checkbox"/> (-)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7. SKIN:</b> Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	<input checked="" type="checkbox"/> (-)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8. PAIN:</b> No complaints of pain/discomfort. (See page 1 for documenting pain intensity.)	<input checked="" type="checkbox"/> + -	<input type="checkbox"/> C10 PAIN RUQ ABD	<input type="checkbox"/>
<b>9. PSYCHOSOCIAL:</b> Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness \* - Central line)

TIME: 1430 INITIALS: WA	TIME: 2100 INITIALS: RL	TIME: _____ INITIALS: _____
IV patency <input checked="" type="checkbox"/> q _____ hr:	IV patency <input checked="" type="checkbox"/> q 8 hr:	IV patency <input checked="" type="checkbox"/> q _____ hr:
IV site care provided: _____	IV site care provided: flushed	IV site care provided: _____
IV tubing changed: _____	IV tubing changed: _____	IV tubing changed: _____
IV Site #1: RAC OK	IV Site #1: RAC OK	IV Site #1: _____
IV Site #2: _____	IV Site #2: _____	IV Site #2: _____
Comments: _____	Comments: LR DS 1/2 @	Comments: _____
	75 cc/hr	

53 19



SECTION III - INTERVENTIONS & TEACHING (Cont) 0038-04-110709-83488

TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE

SECTION IV - NOTES

18 May 04 @ 1430 - Pt transferred from ENT. He was seen at BAS = 2-3 day  
 Lx of abd pain. No. Gt 4th abd pain persisting. Abd distended. GBS present  
 upon auscultation. Abd tender to touch especially upper (R) quadrant. It  
 having brown colored emesis ~ 50cc. Will continue to monitor. — CPT (b)(6)-(2)  
 1550 - Gt's emesis gone to pt. Will continue to monitor — CPT (b)(6)-(2)  
 1700 - Gt results, last BM x 3 days ago. Nausea remains. Assisted to BR  
 several times. Tenderness to abd over RUC remains. Abd remains  
 distended. NPO remains. — CPT (b)(6)-(2)  
 1730 - Very small stool produced. Remains NPO. Constantly using for H<sub>2</sub>O.  
 — CPT (b)(6)-(2)

19 MAY 04 0100 ASSESSMENT MEDCOM 689-R. PT HAD BM x 2, VIA  
 TRANSLATOR. BM WAS MED AMT. ABD DISTENDED, HYPOACTIVE BS X  
 3 QUAD, GBS RUC UPON AUSCULTATION. ABD TENDER TO RUC.  
 PT HAD BOUTS OF EMESIS, UPON CONSULTING DR. ODDI NG PLACED  
 IN (R) NARE. PLACEMENT CHECKED & AIR BOLUS. PT GIVEN 25MG  
 DEMEROL - 25MG PHENERGAN FOR EMESIS @ 2045. G RELIEF  
 FROM PAIN NOTED. PT TO X-RAY @ 2200. DR. (b)(6)-(2)  
 DR (b)(6)-(2) IN. TO SEE PT, CBC - CHEM 12 DRAWN.  
 PT CONTINUES TO COMPLAIN OF PAIN. WILL CONTINUE TO  
 MONITOR. — (b)(6)-(2) SPEC 91WMB

19 MAY 04 0100 Addendum LR BOLUS 1 LITER GIVEN PER  
 DR (b)(6)-(2) — (b)(6)-(2) SPEC 91WMB



(b)(6)-4



0058-04-C1D789-8358

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET					FROM 1400 HOURS TO 0200 HOURS	TOTAL HOURS COVERED	DATE 18 May 04			
ORAL				INTRAVENOUS						
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL	
1400	Sup of H <sub>2</sub> O	<del>1400</del>	7	1400	1000	D5 LR @ 100cc/12x6"				
				1400	<del>50</del>	Togalmet IVB	50	1430		
				IRRIGATIONS (N/G, Bladder, etc.)						
				TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL			
				BLOOD/BLOOD DERIVATIVES						
TIME STARTED	PRODUCT (i.e. B1, A1b, P. cells, etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL	OTHER INTAKE					
					TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL		
				GRAND TOTAL INTAKE						

0038-04-110715-83488

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span style="font-size: small;">(b)(6)-4</span> </div>			<div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 5px;">↓</span> <span>19 May 04</span> </div>	0740 HOURS	
			1. O <sub>2</sub> per NC to maintain O <sub>2</sub> sat @ 90% or greater		
			2. Ativan 1-2 mg IV per agitation q 6h per or		
			3. Haldol 0.5 mg IV agitation q 6h per		
NURSING UNIT	ROOM NO.	BED NO.	VO Col <span style="border: 1px solid black; padding: 2px;">(b)(6)-2</span> / <span style="border: 1px solid black; padding: 2px;">(b)(6)-2</span>		LTCAN
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

0238-04-CID775-83988

CLINICAL RECORD - DOCTOR'S ORDERS  
For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER 18 May 04	TIME OF ORDER 1300 HOURS	LIST TIME ORDER NOTED AND SIGN
↓			① Admit to ICW. ② V.I. of 6h x 4hrs. the bid ✓ ③ Diet. NPO for few sips of water for dry mouth pain ④ I.V. (100) 25/RL at 100 cc/h. x 6 hrs. the 75 cc/h. ⑤ activity; HRS elevated to 20-30% pt. up		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
④ call of pt. has more emesis! ⑦ call of temp 7101°F a syst BP < 90/ ⑤ lab: CBC bp-12 g Ams 2 days ✓ send next urine for U/A call results to me ✓					
NURSING UNIT	ROOM NO.	BED NO.			
ICW		11			

PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
④ Demol, 25mg + phenyleph 12.5mg I.M. q6h for pain. ② Tolmet, 300mg 2xPB on slow I.V. push q8h ③ call me if any questions (b)(6)-2					
NURSING UNIT	ROOM NO.	BED NO.			
ICW		11			

PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER 18 May 04	TIME OF ORDER 1545 HOURS	LIST TIME ORDER NOTED AND SIGN
B6-2			①. Hlets exema: V.O. Dr. (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.			
ICW		11			

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 1994-383-710

"USE BALL POINT PEN-PRESS FIRMLY I NO CARBON PAPER REQUIRED"

0039-64-C10715-83981

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER 18 May 2004	TIME OF ORDER 2325 HOURS	LIST TIME ORDER NOTED AND SIGN
↓			① IVF Bolus - LR 1L over 1 <sup>o</sup>		
			② ↑ IVF to 150cc/h		
			③ Repeat c.c.D. diff SMA-7 T.BIL, D.BIL - Done		
NURSING UNIT	ROOM NO.	BED NO.	④ Obstructive secretion <sup>CR</sup> in A.M. 15 May 2004 0800		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	(b)(6)-2
			⑤ AM Labs @ 0800 19 May 2004		
			① Type - Cross		
			② CBC - Diff		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	(b)(6)-2
			18 MAY 04 2100 HOURS		
			NO: ET drawn / CA ODD		
			NG TUBES IN INT SW		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	(b)(6)-2
2900 Feb Hill / 1087W			0530 19 May		
			① LR		
			② 0.9% Nacl for I.V. (fluid at 125 cc/h)		
NURSING UNIT	ROOM NO.	BED NO.	③ Repeat chem - 12 in ~ 1 hr		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	(b)(6)-2
			19 May 04 0713 HOURS		
			① LR		
			② 0.9% Nacl for I.V. (fluid at 125 cc/h)		
NURSING UNIT	ROOM NO.	BED NO.	③ Repeat chem - 12 in ~ 1 hr Phanjan		

DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

# Theater Trauma Registry Record

For use of this form, see AR 40-66; the proponent agency is OTSG 0038-04-110799-83988

**AUTHORITY:** SOME REGULATION  
**PURPOSE:** To provide a standard means of documenting combat trauma for care at echelons 1-3  
**ROUTINE USES:** The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.  
**DISCLOSURE:** This is protected health information. HIPAA laws apply

**MTF DESIGNATION:** BCDF (b)(6)-4  
**Number:** (b)(6)-4  
**CASUALTY SSN:** (b)(6)-4  
**Arrive DTG:** 1200  
 18 MAY 04  
**Rank:**  
**Date of Birth:** JULY 1966  
**Gender:**  Male  Female  
**Unit:** 4th

**ARRIVAL METHOD:**  
 WALKED  Non-MED GND  
 CARRIED  SHIP EVAC  
 Non-MED AIR  GND AMB  
 OTHER  DUSTOFF

**Nation:**  
 US *Retained*  
 Host Nation  
 Enemy  
 Coalition

**Service:**  
 Civilian  USA  SOF  
 Combatant  USN  NGO  
 Contractor  USMC  Other  
 USAF

**Wound DTG:**  
**WOUNDED BY:**  
 ENEMY  UNK  
 FRIENDLY  
 CIVILIAN (Host Country) *N/A*  
 TRAINING  
 SELF ACCIDENT  
 SELF NON-ACCIDENT  
 SPORTS-RECREATION  
 OTHER

**PROTECTION:**  
*N/A*

Not Worn	Worn	Struck	Penetrated

**TRIAGE CATEGORY:**  
 IMMEDIATE  
 DELAYED  
 MINIMAL  
 EXPECTANT

**GLASCOW COMA SCALE (circle one)**  
 3 8 12 **(15)**  
 UNC STUPOR LETHARGY ALERT

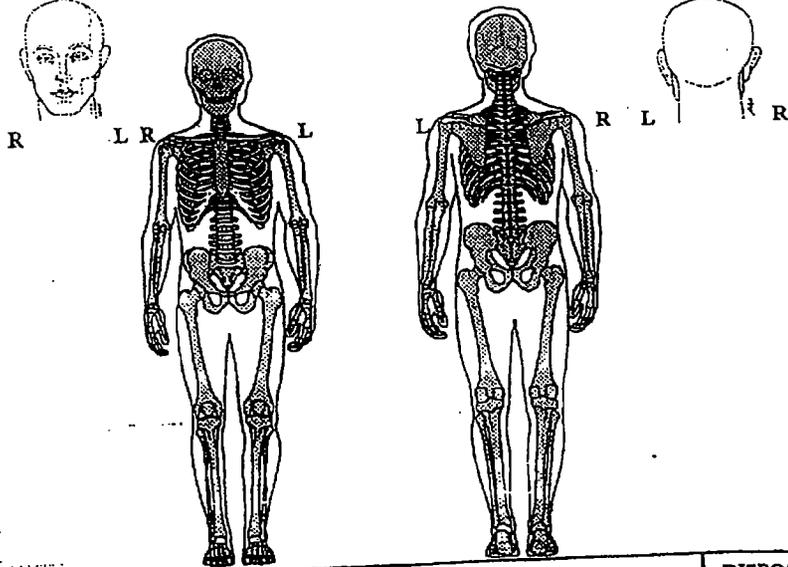
**HELMET**  
**FLAK VEST**  
**CERAMIC PLATE**  
**EYE PROTECTION**  
**OTHER:**

**VITALS:**

TIME	1208
Pulse	127
Temp	97.0
B/P	112/59
Resp	28
SpO <sub>2</sub>	99% RA

**MECHANISM OF INJURY:**  
 MVC  BURN 1° 2° 3° %TBSA  
 GSW/BULLET  AIRCRAFT CRASH  CRUSH  
 BLUNT TRAUMA  KNIFE/EDGE  FALL *N/A*  
 SINGLE FRAGMENT  CBRNE  IED  
 MULTI FRAGMENT  BLAST  OTHER

**INJURY Description (Location, nature and size in cm. Be specific.)**



**TX & PROCEDURES:**

SEDATED/IMMOB	Y/N
INTUBATED	Y/N
CRIC	Y/N
NEEDLE DECOMP	Y/N
Chest Tube	L R air/blood
COLLOID	ml
CRYSTALLOID	1.5 LNS/HTS 2000 ml
TOURNIQUET	Time on
Collar / C-spine	Time off
HEMOSTATIC DEVICE	Y/N specify:
OXYGEN	Liters/min
RBC	Unit
FFP	Unit
CRYO	Unit
Pls	Pack
HBOC	Unit
Fresh Whole Bld	Unit

**OR Start DTG:** **Vent On DTG:** **ICU in DTG:** **DISPOSITION:** ADMITTED EVACUATED to  
**Stop DTG:** **Off DTG:** **Out DTG:**  RTD *ICU*  URGENT  
 DECEASED  URGENT SURGICAL  
**PROVIDER:** **SPECIALTY:** **DATE:** DTG: 18 MAY 04  ROUTINE  
 MINIMAL

MEDCOM Test Form 1381, OCT 2003

# Theater Trauma Registry Record

For use of this form, see DA PAM XXX; the proponent agency is OTSG

Observations/Notes (Holding, En route, etc)

TIME	BP	PULSE	TEMP	SpO2	MENTAL Status	DRUG	DOSE	ROUTE	DTG
		per Lt.	(b)(6)-2		(A) V P U	Demetrol	300mg	IVPA	11:30 AM
1230					(A) V P U	Morphine	4mg	IVP	
1240					(A) V P U	Plexugen	125mg	IVP	
1300	139	90	130	28	(A) V P U				
					A V P U				
					A V P U				

NOTES: Exam by Lt. (b)(6)-2 yesterday & today for low abd pain, nausea, vomiting and decreased mentation. 300mg Demetrol (b)(6)-2 (b)(6)-2 LTC AW. 1300 - Vomited small amount coffee ground emesis. 1/2 abd pain. Pt to be admitted to ICU via OR table saw. IVRI maintained. Pt alert & oriented; skin warm. (b)(6)-2 LTC AW

MEDICATIONS:  20	LABS:	XRAYS:	PMH:  Allergies: NKDA.
------------------------	-------	--------	---------------------------------

Discharge Summary Information (Diagnosis, Procedures and Complications)  
Head and Neck:

Chest: see Progress Notes

Abdomen: (b)(6)-2

Upper: (b)(6)-2

Pelvis: CR, Me, VSAR

Lower:

Skin:

Cause of Death at \_\_\_\_\_

ANATOMIC:  
 Airway  Head  Neck  Chest  Abdomen  Pelvis  Extremity (Upper/Lower)  Other

PHYSIOLOGIC:  
 Breathing  CNS  Hemorrhage  Total Body Disruption  Sepsis  Multi-organ failure  Other

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
-----------	------------	----------------	-----------

DATE	NOTES
------	-------

19 May 04  
0928h

Death Note.

Pt found to have O<sub>2</sub> sat in low 80's => O<sub>2</sub> started.  
 Had resp. arrest while in X-ray => brought immediately to  
 EMT. Bp = 83/40; initially. Sv. started in @ ext. jugular  
 (pupils. vv. flat) => NS at 150 c/min. Airway - bag ventilating  
 ~ 15 min => pt awake, RR = 45/min. Bp = 120/60.  
 At this point, pt. agitated, splashing, moving all ext.  
 NG tube had been pulled by pt. in ICU => reinserted now  
 on 3<sup>rd</sup> attempt. Following this, pt. had cardiorespiratory arrest,  
 CPR initiated immediately, pt. intubated & difficulty @ 9.0 endo  
 tube; tidal volume followed - pt. rec'd epine,  
 atropine, CaCl<sub>2</sub>, & NaHCO<sub>3</sub>. Final pulse @ 100. compressions  
 never resumed any cardiac rhythm - remained asystolic during  
 CPR efforts, which were continued for 20 minutes. Despite fix  
 pupils. vv., pupils vv. distended. Hypoxia @ sed'n noted  
 was 86%. Labs revealed K<sup>+</sup> 6.12, creat = 3.3,  
 & cPK = 3,416. With no return of cardiac rhythm for 20  
 min. of resuscitation, CPR was D/C'd & pt. pronounced dead  
 by M&S at 0915 hrs.

Presumed cause of death: acute MI, massive,  
 unresponsive to resuscitative efforts.

M&S

(b)(6)-2

also brused during resuscitation

(b)(6)-2

CO, Mc

MEDICAL RECORD      PROGRESS NOTES

DATE	NOTES
18 May 04 2330h	<p>Placed by M05 [redacted] General Surgery  on about 11am, seems to have ↑ PV of tenderness &amp;  obvious diffuse tenderness &amp; distention.  Afebrile.  abd. V/S done (portable): difficult due to bowel gas,  but prob has mild gB dilatation &amp; obvious calcu-  (frac. "sludge" 20) to dehydrostom,  = Acute cholecystitis?)  WBC pending, UA pending.  Will continue to follow closely.</p>
19 May 04 0715h	<p>Afebrile; continues to have signs of distention  &amp; obvious moderate distention because of this.  From lab: Na+ 113, but Cl- ↑ to 100. Will Δ I.V. fluid  to NS &amp; repeat lab in 1 hr. For report hold from this Am.</p>

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

[redacted]

**PROGRESS NOTES**  
Medical Record  
**STANDARD FORM 509** (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

MEDICAL RECORD      PROGRESS NOTES

DATE: 18 May 44      NOTES: Admission

1230 hrs      38yo male      Detention brought to ED by 1LT (b)(6)-1      (b)(3)-1

2-3 day hx of progressive lower abdominal pain, now more severe & worse. N/V (reportedly had small coffee-ground vomit this AM - rec simethicon). From this morning. States he's had similar pain in past → took some medicine, resolution of pain. Seen yesterday at such care. Also OK for borderline creat = 1.3 & hemocrit 42%.

Ⓜmetastatic stone and BUN/creat = 28/2.2 only; H/H = 18.4/56.6g; 130/95 ab = 2.8 amylase = 97 AST/ALT = 35/20 (AKL) creat. 8.8

4.5/21      WBC = 8,100 (was 3,100 yesterday)

NO prior surgery. NO known allergies. @ am for many yrs ago.

Bp sometimes low. NO hx of cardiac, pulm, hepatic, renal, thyroid or EYE. Esthetic young in med. history - diff from abd. pain; 5 So

Hand/mch OK; no disease lymphadenopathy, thyromegaly, SVD.

Tender midline.

Chd symmetrical; good breath sound throughout, 5th rib phoski

Heart - abd, tachycardic - 120/min; good pulse. phoski pm not clear

abd - st. distended, diffuse tenderness, lower > upper quadrants; pm bowel sounds; hyperactive to percussion.

abd. Krag; smart. of small bowel gas; air in @ abd & distal sigmoid (redundant); large and stone in descending colon & process.

RELATIONSHIP TO SPONSOR: Signoril.      SPONSOR'S NAME: LAST Signoril.      FIRST (over)      MI      SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE      HOSPITAL OR MEDICAL FACILITY      RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)      REGISTER NO.      WARD NO.



PROGRESS NOTES  
 Medical Record  
 STANDARD FORM 509 (REV. 5/1991)  
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2031b(1)  
 USAPA V1 0

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
-----------	------------	----------------	-----------

DATE	NOTES
------	-------

Diagnosis:

- ① Acute/subacute abd. pain, ? steadily.  
 pos. intestinal stone, pos. distention  
 pos. incipient pancreatitis
- ② dehydration, mod. to mod. severe,  
 E ↑ing BUN/creatinine & mild hypotension
- ③ hematemesis, mild (incl. in ET),  
 prob. secondary to gastritis, pos. stress ulceration

Recommendation/Plan:

- ① Admit to BCDFH table for rehydration, observation,  
 & repeat labwork
- ② IV fluids + Tygacil + NPO status
- ③ NG tube if recurrent emesis or indication of  
 actual pancreatitis or further abd. distention

(b)(6)-2  
 [Redacted Box]  
 (u)

col, me

18 May 04  
 2300h

↑ abd. pain for past 2 hrs. or so, E recurrent emesis => NG-tube for  
 <100 cc NG drainage + signif. gastric air but no relief of  
 pain — pt. moaning continuously now. Repeat xray  
 shows multiple air-fluid levels in large & small bowel, & some  
 air in sigmoid; no evid. of free air.  
 Exam: diffuse tenderness over lower quadrants, i mild bowel  
 distention; no rebound tenderness; pain to no bowel sound.  
 Tympanic to percussion. Plan: repeat CBC now  
 — ② Surg. consult E MAS

(b)(6)-2  
 STANDARD FORM 509 (REV. 11-83)  
 [Redacted Box]  
 USAPA V1 OC

003P.01-11025.83994

**Task Force Alcatraz**  
**Baghdad Central Detention Facility Hospital**

**LABORATORY RESULTS FORM**  
 (Subject to Privacy Act of 1974)

AST, FIRST, MI. (b)(6)-4  
 SSN (b)(6)-4  
 Diagnosis: **ACUTE ABDOMEN**

Physician: (b)(6)-2  
 Ward: **CW** STAT  Specimen Date and Time: **18 May 2002** Reported by: (b)(6)-2 Date and Time: **18 MAY 2002**

Bed: **11** Routine

Chemistry (i-STAT) / Green Top				Chemistry (Piccolo Analyzer) / Green Top			
6+	7+	8+	Glu Crea	Chem 12	MetLyte8	BMP	Liver
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L	L	ALB	3.0	3.3-5.5 g/dL
	K		3.3-4.7 mmol/L	H	ALP	94	53-128 U/L
	Cl		98-108 mmol/L		ALT	unreadable	10-47 U/L
	pH		7.35-7.45		AMY	92	14-97 U/L
	PCO2		35-45 mmHg	H	AST	49	11-38 U/L
	PO2		80-90 mmHg		Tbil	0.7	0.2-1.6 mg/dL
	TCO2		18-33 mmol/L		BUN	unreadable	7-22 mg/dL
	HCO3		22-28 mmol/L		Ca	8.7	8.0-10.3 mg/dL
	sCO2		95-99%	L	Chol	51	100-200 mg/dL
	BEecf		(-2) - (+3)		CK		39-380 U/L
	AGap	↑	8-16 mmol/L		GL	100	98-108 mmol/L
	BUN		7-22 mg/dL	H	TCO2	21	18-33 mmol/L
	Glu		73-118 mg/dL	L	Creat	2.1	0.6-1.2 mg/dL
	Creat		0.6-1.2 mg/dL		GGT	<5	5-65 U/L
	Hct		35.0-60.0%		Glu	85	73-118 mg/dL
	Hgb		12.0-18.0 g/dL	L	K	4.3	3.3-4.7 mmol/L
	Lactate		0.90-1.70 mmol/L	L	TProtein	5.7	6.4-8.1 g/dL
				L	Na	113	128-145 mmol/L

Urinalysis			Differential		
Color	Yellow	Straw/Yellow	Segs	Mono	
Clarity	Cloudy	Clear	Bands	Eos	
Glucose	Neg	Negative	Lymph	Baso	
Bilirubin	Neg	Negative	Atyp Ly	Immature cells	
Ketone	Neg	Negative	RBC Morph:		
SG	1.030	1.010-1.025	Plt verify:		
Blood	Small	Negative	Spun Crit	35-60%	
pH	5.0	5.0-8.0	Malana	Purple	
Protein	100	Negative-Trace	Thin	No Plasmodium Seen	
Urobili	0.2	Negative	Thick	No Plasmodium Seen	
Nitrite	Neg	Negative	Meningitis	Presumptive Negative	
Leuko	Neg	Negative	Legionella	Presumptive Negative	
			Troponin I	< 0.5 ng/mL	
			Myoglobin	< 80 ng/mL	
			RSV	Negative	
			Source:		
			FecLeuk	Negative	
			Gram Stain		
			WetPrep	Negative	
			KOH	No Fungal Elements	
			OccBld	Negative	
			O&P	No Ova/Parasite	
			Chlamydia	Presumptive Negative	
			Strep A	Negative	
			Leishmania	Presumptive Negative	

Other lab request to be sent out:

Task Force A. Baghdad Central Detention Facility Hospital				LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)							
LAST, FIRST, MI.				STAT (b)(6)-4		Diagnosis:					
Physician:		Ward: <u>IN-PAT</u> Bed: <u>IN-PAT</u>		Specimen Date and Time: <u>18 MAY 04</u>		Reported by: (b)(6)-2	Date and Time: <u>18 MAY 04 1645</u>				
Chemistry (i-STAT) / Green Top				Chemistry (Piccolo Analyzer) / Green Top				Hematology / Purple Top			
6+ 7+ 8+ Glu Crea				Chem 12 MetLyte8 <u>(BMP)</u> <u>(Liver)</u>				<u>(CBC)</u> Malaria H/H			
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB	<u>28</u>	3.3-5.5 g/dL		WBC	<u>8.1</u>	4.8-10.8 x10(3)/uL
	K		3.3-4.7 mmol/L		ALP	<u>54</u>	26-84 U/L		RBC	<u>6.28</u>	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT	<u>20</u>	10-47 U/L	*	Hgb	<u>18.4</u>	12.0-18.0 g/dL
	pH		7.35-7.45		AMY	<u>97</u>	14-97 U/L	*	Hct	<u>56.6</u>	35.0-60.0%
	PCO2		35-45 mmHg		AST	<u>35</u>	11-38 U/L		MCV	<u>90.1</u>	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil	<u>1.2</u>	0.2-1.6 mg/dL		MCH	<u>29.2</u>	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	<u>28</u>	7-22 mg/dL		MCHC	<u>32.9</u>	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca	<u>8.8</u>	8.0-10.3 mg/dL		Plt	<u>315</u>	130-400 x10(3)/uL
	sO2		95-99%		Chol		100-200 mg/dL		LY%	<u>10.7</u>	15.0-50.0%
	BEecf		(-2) - (+3)		CK		39-380 U/L		LY#	<u>0.9</u>	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL	<u>95</u>	98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2	<u>21</u>	18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL	*	*Creat	<u>2.2</u>	0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT	<u>25</u>	5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu	<u>118</u>	73-118 mg/dL		Atyp Ly		Immature cells
	Hct		35.0-60.0%		K	<u>4.5</u>	3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein	<u>5.7</u>	6.4-8.1 g/dL		Plt verify:		
	Lactate		0.90-1.70 mmol/L		Na	<u>130</u>	128-145 mmol/L		Spun Crit		35-60%
Urinalysis				Misc. Chemistry				Malaria / Purple			
Color		Straw/Yellow		Mono		Negative		Thin		No Plasmodium Seen	
Clarity		Clear		RPR		Negative		Thick		No Plasmodium Seen	
Glucose		Negative		HIV		Negative		Sed Rate / Purple Top			
Bilirubin		Negative		Meningitis		Presumptive Negative		Sed Rate		1hr = 0-20 mm	
Ketone		Negative		Legionella		Presumptive Negative		Coagulation (waiting for analyzer)			
SG		1.010-1.025		Troponin I		< 0.5 ng/mL					
Blood		Negative		Myoglobin		< 80 ng/mL					
pH		5.0-8.0		RSV		Negative					
Protein		Negative-Trace		Microbiology							
Urobili		Negative		Source:							
Nitrite		Negative		FecLeuk		Negative					
Leuko		Negative		Gram Stain				HCG			
Urine Microscopic				WetPrep		Negative		Urine		Negative	
WBC		Epi		KOH		No Fungal Elements		Serum		Negative	
RBC		Mucus		OccBld		Negative		Blood Bank/ Purple and Red Top			
Bacteria		Yeast		O&P		No Ova/Parasite		ABO/Rh			
Casts:		Spermatozoa		Chlamydia		Presumptive Negative		T/C			
Crystals:		Amorph Sed		Strep A		Negative					
Other:				Leishmania		Presumptive Negative					
Other lab request to be sent out:											

0038-04-C10791-83780

B6-2

160 ~~752~~  
243

TEST(S)		SPECIMEN TAKEN		DATE		TIME		A.M.		P.M.		REMARKS <b>CISE BAMP, LIVER PAIN</b>
REQUESTED		RESULTS										

Enter in above space		PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE	
REQUESTING PHYSICIAN'S SIGNATURE		REPORTED BY	
TECH		MD DATE	
LAB ID NO.		SPECIMEN/LAB RPT. NO.	

MISC		PATIENT		US	
URGENCY		BED		AMB	
ROUTINE		INPATIENT		DOM	
TODAY		INP			
PRE-OP		SPECIMEN SOURCE			
STAT		(Specify)			

(b)(6)-4

(b)(6)-2

MISCELLANEOUS  
STANDARD FORM 557 (Rev. 3-77)  
Prescribed by GSA/ITPM  
FORM 557 (31 201-45) 505

557-107

PATIENT'S MED. RECORD

003F-01-010745-83770

Task Force Alca. az  
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM  
(Subject to Privacy Act of 1974)

ST, FIRST, MI (b)(6)-4 **GY** SSN \_\_\_\_\_ DOB \_\_\_\_\_ RANK \_\_\_\_\_ UNIT \_\_\_\_\_

Physician: **LT** (b)(6)-2 Ward: **X** STAT Routine Specimen Date and Time: **17 MAY 04 1500** Reported by: (b)(6)-4 Date and Time: **17 May 04 1530**

Chemistry (STAT)			Chemistry (Piccolo Analyzer)			Hematology					
6+	7+	8+	Glu	Crea	Chem 12	MetLyte8	BMP	Liver	CBC	Malaria	H/H
TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
Na		128-145 mmol/L		ALB	4.0	3.3-5.5 g/dL		WBC	3.1	4.8-10.8 x10(3)/uL	
K		3.3-4.7 mmol/L		ALP	79	53-128 U/L		RBC	6.23	4.2-6.1 x10(6)/uL	
Cl		98-108 mmol/L		ALT	<5	10-47 U/L		H Hgb	18.3	12.0-18.0 g/dL	
pH		7.35-7.45		AMY	65	14-97 U/L		Hct	55.6	35.0-60.0%	
PCO2		35-45 mmHg		AST	27	11-38 U/L		MCV	89.3	80.0-99.0 fl	
PO2		80-90 mmHg		Tbil	1.1	0.2-1.6 mg/dL		MCH	29.4	27.0-31.0 pg	
TCO2		18-33 mmol/L		BUN	15	7-22 mg/dL		L MCHC	32.9	33.0-37.0 g/dL	
HCO3		22-28 mmol/L		Ca	7.4	8.0-10.3 mg/dL		Pit	377	130-400 x10(3)/uL	
sO2		95-99%		Chol		100-200 mg/dL		L LY%	20.2	15.0-50.0%	
BEecf		(-2) - (+3)		CK		39-380 U/L		L LY#	0.6	0.7-4.3 x10(3)/uL	
AGap		8-16 mmol/L		CL	100	98-108 mmol/L		Differential			
iCa		0.11-1.23 mmol/L		TCO2	20	18-33 mmol/L		Segs		Mono	
BUN		7-22 mg/dL	H	Creat	1.3	0.6-1.2 mg/dL		Bands		Eos	
Glu		73-118 mg/dL	L	GGT	<5	5-65 U/L		Lymph		Baso	
Creat		0.6-1.2 mg/dL	H	Glu	165	73-118 mg/dL		Atyp Ly		Immature cells	
Hct		35.0-60.0%	H	K	4.8	3.3-4.7 mmol/L		RBC Morph:			
Hgb		12.0-18.0 g/dL		TProtein	7.3	6.4-8.1 g/dL		Pit verify:			
Lactate		0.90-1.70 mmol/L		Na	130	128-145 mmol/L		Spun Crit		35-60%	
Urinalysis			Misc. Chemistry			Malaria (waiting for supplies)					
Color		Straw/Yellow		Mono		Negative					
Clarity		Clear		RPR							
Glucose		Negative		HIV		Negative					
Bilirubin		Negative		Meningitis		Presumptive Negative		Sed Rate			
Ketone		Negative		Legionella		Presumptive Negative		Sed Rate		1hr = 0-20 mm	
3G		1.010-1.025		Troponin I		< 0.5 ng/mL		Coagulation (waiting for analyzer)			
Blood		Negative		Myoglobin		< 80 ng/mL					
pH		5.0-8.0		RSV		Negative					
Protein		Negative-Trace		Microbiology							
Trobili		Negative		Source:							
Nitrite		Negative		FecLeuk		Negative					
Leuko		Negative		Gram Stain				HCG			
Urine Microscopic			WetPrep			Negative		Urine		Negative	
MBC		Epi		KOH		No Fungal Elements		Serum		Negative	
RBC		Mucus		OccBld		Negative		Blood Bank			
Bacteria		Yeast		O&P		No Ova/Parasite		ABO/Rh			
Casts:		Spermatozoa		Chlamydia		Presumptive Negative					
Crystals:		Amorph Sed		Strep A		Negative					
Other:				Leishmania		Presumptive Negative					
Other:											

003 P. 04- C10715- 8358

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is DCSPER.

INTERNATIONAL  
(b)(6)-4

FROM:

BAGHDAD CENTRAL DETENTION FACILITY

TO:

(b)(6)-4	GRADE	SERVICE NUMBER (b)(6)-4
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PLACE OF CAPTURE/INTERMENT AND DATE

PLACE OF BIRTH

DATE OF BIRTH

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN

FIRST NAME OF FATHER

PLACE OF DEATH  
BCDFH, ASU GHARIB

DATE OF DEATH  
19 MAY 04

CAUSE OF DEATH  
Acute myocardial infarction, massive

PLACE OF BURIAL

DATE OF BURIAL

IDENTIFICATION OF GRAVE

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

RETAINED BY DETAINING POWER

FORWARDED WITH DEATH CERTIFICATE TO (Specify)

FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

Adm. to BCDFH 18 May with abd. pain/distention, dehydration, hypoxia of @ medial stern and  
X-rays: paralytic ileus. Rehydrated x 18hr. Increased abd. pain on 19 May  
Resp arrest while in X-ray, resuscitated with Ambu bag ventilation. No tracheal intubation.  
Cardioresp arrest; CPR instituted immediately, ACLS protocol. Intubated, ventilated. No recovery  
of cardiac rhythm after 20 min. pronounced dead at 0915 hr. by me.

DO NOT WRITE IN THIS SPACE  
CERTIFIED A TRUE COPY

DATE

19 May 04

SIGNATURE

SIGNATURE

SIGNATURE

ADDRESS

0038-09-00765-8399

**CLINICAL RECORD** **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**  
 For use of this form, see AR 40-407;  
 the proponent agency is the Office of The Surgeon General. Mo. Yr.

VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME	HR	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION														
ORDER DATE	CLERK/ NURSE			DATE COMPLETED														
				18	19	20	21	22										
18 May 78	W	VS q 6 <sup>o</sup> x 24 <sup>o</sup>	06	/	/													
			12	/	/													
			18	W	/													
			24	RL	/													
18 May 78	W	VS q 8 <sup>o</sup> x 24 <sup>o</sup>	06	/	/													
			14	/	/													
			22	/	/													
18 May 78	W	VS BID	08	/	/													
			20	/	/													
18 May 78	W	Diet NPO x for low dips	07	W														
		for day month pm	19	RL														
18 May 78	W	HOB 1 20-30 <sup>o</sup> for pt comfort	07	W														
			19	RL														
18 May 78	W	Call if pt has more emesis	07	W														
			19	RL														
18 May 78	W	Call if pt has T > 101 <sup>o</sup> F or	07	W														
		ap BP < 95	19	RL														
18 May 78	W	Strain all urine if	07	W														
		possible	19	RL														
18 May 78	W	Record fluid I+O g	07	W														
		Sheet	19	RL														
18 May 78	W	Call md if any questions	07	W														
			19	RL														

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: \_\_\_\_\_

ADDITIONAL PAGES IN USE:  YES  NO

PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION: (b)(6)-4

**ACTION TIMES**  
 USE PENCIL. CIRCLE ACTION TIMES  
 D 8 9 10 11 12 13 14 15  
 E 16 17 18 19 20 21 22 23  
 N 24 01 02 03 04 05 06 07

DA FORM 4677 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED.

Ex 5







0038-04-010789-8358

Task Force atraz Baghdad Central Detention Facility Hospital						BORATORY RESULTS FORM (Subject to Privacy Act of 1974)					
(b)(6)-4				S (b)(6)-4		DOB		RANK		UNIT EMT	
Physician (b)(6)-2 OL		Ward: EMT		STAT Routine		Specimen Date and Time: 19 MAY 04 - 0815		Reported by (b)(6)-2		Date and Time:	
Chemistry (I-STAT) / Green Top						Chemistry (Pico Analyzer) / Green Top					
6+ (7+) 8+			Glu Crea			Chem 12 MetLyte8 BMP Liver					
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na	132	128-145 mmol/L		ALB	2.5	3.3-5.5 g/dL	H	WBC	11.6	4.8-10.8 x10(3)/uL
	K	4.8	3.3-4.7 mmol/L		ALP	72	53-128 U/L		RBC	5.08	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT	18	10-47 U/L		Hgb	14.7	12.0-18.0 g/dL
	pH	7.131	7.35-7.45		AMY	124	14-97 U/L		Hct	46.2	35.0-60.0%
	PCO2	67.1	35-45 mmHg		AST	122	11-38 U/L		MCV	90.8	80.0-99.0 fl
	PO2	19	80-90 mmHg		Tbil	1.0	0.2-1.6 mg/dL		MCH	28.7	27.0-31.0 pg
	TCO2	24	18-33 mmol/L		BUN	42	7-22 mg/dL	L	MCHC	31.7	33.0-37.0 g/dL
	HCO3	22	22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	334	130-400 x10(3)/uL
	sO2	17%	95-99%		Chol		100-200 mg/dL	L	LY%	6.4	15.0-50.0%
	BEecf	-7	(-2) - (+3)	H	CK	3416	39-380 U/L		LY#	0.7	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL	99	98-108 mmol/L	Differential			
	iCa	1.27	0.11-1.23 mmol/L		TCO2	20	18-33 mmol/L	Segs		Mono	
	BUN		7-22 mg/dL		Creat	3.3	0.6-1.2 mg/dL	Bands		Eos	
	Glu		73-118 mg/dL		GGT	<5	5-65 U/L	Lymph		Baso	
	Creat		0.6-1.2 mg/dL		Glu	37	73-118 mg/dL	Atyp Ly		Immature cells	
	Hct		35.0-60.0%		K	4.4	3.3-4.7 mmol/L	RBC Morph:			
	Hgb		12.0-18.0 g/dL		TProtein	4.8	6.4-8.1 g/dL	Plt verify:			
	Lactate		0.90-1.70 mmol/L		Na	124	128-145 mmol/L	Spun Crit		35-60%	
Urinalysis											
Color			Straw/Yellow	Mono		Negative		Malena (waiting for supplies) / Purple			
Clarity			Clear	RPR		Negative					
Glucose			Negative	HIV		Negative					
Bilirubin			Negative	Meningitis		Presumptive Negative		Sed Rate / Purple Top			
Ketone			Negative	Legionella		Presumptive Negative		Sed Rate		1hr = 0-20 mm	
SG			1.010-1.025	Troponin I		< 0.5 ng/mL		Coagulation (waiting for analyzer)			
Blood			Negative	Myoglobin		< 80 ng/mL					
pH			5.0-8.0	RSV		Negative					
Protein			Negative-Trace	Source:							
Urobili			Negative	FecLeuk		Negative					
Nitrite			Negative	Gram Stain							
Leuko			Negative	WetPrep		Negative		Urine		Negative	
WBC			Epi	KOH		No Fungal Elements		Serum		Negative	
RBC			Mucus	OccBld		Negative		Blood Bank / Purple Top			
Bacteria			Yeast	O&P		No Ova/Parasite		ABO/Rh			
Casts:			Spermatozoa	Chlamydia		Presumptive Negative		T/C			
Crystals:			Amorph Sed	Strep A		Negative					
Other:				Leishmania		Presumptive Negative					
Other:											