

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS

For use of this form, see AR 15-6; the proponent agency is OTJAG.

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

SECTION I - APPOINTMENT

Appointed by COLONEL [REDACTED] (b)(6)z
(Appointing authority)

on 15 August 2003 (Date) (Attach inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)

SECTION II - SESSIONS

The (investigation) (board) commenced at 21st CSH, LSA Anaconda, Balad, Iraq at 1000 hours
(Place) (Time)

on 16 August 2003 (Date) (If a formal board met for more than one session, check here . Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.) The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)

The following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)

The (investigating officer) (board) finished gathering/hearing evidence at 1330 hours on 16 August 2003
(Time) (Date)

and completed findings and recommendations at 1800 hours on 24 August 2003
(Time) (Date)

SECTION III - CHECKLIST FOR PROCEEDINGS

A. COMPLETE IN ALL CASES

	YES	NO ¹⁾	NA ²⁾
1 Inclosures (para 3-15, AR 15-6)			
Are the following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)			
a. The letter of appointment or a summary of oral appointment data?	X		
b. Copy of notice to respondent, if any? (See item 9, below)			X
c. Other correspondence with respondent or counsel, if any?			X
d. All other written communications to or from the appointing authority?			X
Privacy Act Statements (Certificate, if statement provided orally)?	X		
Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses)?			X
g. Information as to sessions of a formal board not included on page 1 of this report?			X
h. Any other significant papers (other than evidence) relating to administrative aspects of the investigation or board?			

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FOOTNOTES: ¹⁾ Explain all negative answers on an attached sheet.
²⁾ Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

SECTION VI - AUTHENTICATION (para 3-17, AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

SEE ATTACHED FINDINGS + RECOMMENDATIONS MEMORANDUM

(Recorder)

Investigating Officer (President)

(Member)

(Member)

(Member)

(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

(Member)

(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

Findings and recommendations of the (investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

Raymond T. Odierno

RECEIVED

09 SEP 2003

RAYMOND T. ODIERNO
Major General, USA
Commanding

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DEPARTMENT OF THE ARMY
C CO, 64 FORWARD SUPPORT BATTALION
3 BRIGADE COMBAT TEAM, 4 INFANTRY DIVISION (M)
BALAD, IRAQ APO-AE 09323

AFCZ-FC-C

24 August 2003

MEMORANDUM FOR Commander, Task Force Ironhorse, ATTN: Chief of Staff,
Headquarters, Task Force Ironhorse, Tikrit, Iraq

SUBJECT: Findings and Recommendations of Informal Investigation of death of Iraqi
detainee # [REDACTED]

1. FINDINGS

a. On 13 August 2003, Iraqi detainee # [REDACTED] was declared dead due to
cardiopulmonary arrest by CPT [REDACTED] E Co, 204 FSB, 2 BCT. The ailment(s)
and medical conditions that led to the cardiopulmonary arrest are unknown as no autopsy
was performed. (b)(6)4 (b)(6)2

b. Detainee # [REDACTED] was a 56-year-old male that was apprehended on 3 August
2003. He was brought to the detainee center at Camp Warhorse on the same day and
Coalition Provisional Authority Forces Apprehension Form was completed. The 4th MP
Co and E Co 204th FSB report that each new detainee undergoes a medical screening
within 24 hours of arriving at the camp which includes listing chronic medications, a
brief physical examination, and treating any significant injuries/ailments. The medical
information is placed in the detainee's file. "Sick call" is provided daily by E Co 204
FSB and all detainees have access to this service. "Sick call" encounters were not
documented until 11 August 2003 when CPT [REDACTED] required written documentation to
be performed. Detainee # [REDACTED] had no documentation of a medical screening or "sick
call" encounters in his file. (b)(6)4 (b)(6)2

c. SSG [REDACTED] reports that detainee # [REDACTED] complained of being hot on the
evening of 12 August 2003 and was let out of his cell to cool down. The detainee was
given water to drink and water was poured on him by SSG [REDACTED]. The detainee was
placed back into his cell due to mortar fire and SSG [REDACTED] heard nothing more from him
that evening. (b)(6)2 (b)(6)4 (b)(6)2

d. On the 13th of August, detainee # [REDACTED] was lying on the concrete outside of his
cell. MAJ [REDACTED] CRNA, was the medical officer tending to the detainees.
She asked the MPs what was wrong and they informed her that the detainee had been
feeling ill from the night prior. SSG [REDACTED] reports that the detainee told him that he had
stomach problems and couldn't eat meat and wanted milk. She informed the MPs that
she wanted to see him after evaluating the new detainees. MAJ [REDACTED] reports that
(b)(6)4 (b)(6)2

020503

AFZC-FC-C

SUBJECT: Findings and Recommendations of Informal Investigation of death of Iraqi detainee # [REDACTED] (b)(6)4

the detainee was able to walk without assistance and through another detainee that spoke English; she was able to determine that detainee # [REDACTED] complained of his nose hurting. She obtained vital signs and examined his nose and found nothing to be abnormal. She instructed the MPs to send him to E Co 204 FSB if he worsened. SSG [REDACTED] reports that MAJ [REDACTED] instructed the MPs to give the detainee extra water and two dairy shakes in the morning and evening. She reports that she documented her encounter and the MPs assisting her confirm she wrote a medical note but the note was not found during this investigation.

(b)(6)4
e. At approximately 1600 the same day, detainee [REDACTED] was let out of cell as he complained of being hot per SSG [REDACTED] SPC [REDACTED] claims that the detainee complained of chest pain. The detainee was placed in the shade and given water. Within 30 minutes, detainee # [REDACTED] was vomiting. SPC [REDACTED] (4th MP medic) was summoned but was not in the area. E Co 204 FSB was called and SPC [REDACTED] came to the detainee camp. SPC [REDACTED] saw the detainee and decided to go to the aid station to ask the medical officers for further guidance. He arrived and was informed to give intravenous fluids and phenergan. Once he returned to the detainee camp, the detainee was noted to be unconscious without respirations or pulse. SPC [REDACTED] confirmed that the detainee had no pulse and went to the aid station to get help. SSG [REDACTED] had initiated CPR once the detainee became unresponsive. CPR was continued until the detainee was transported to E Co 204 FSB.

(b)(6)4
f. CPT [REDACTED] was the medical officer in charge of running the code. Upon presentation, detainee # [REDACTED] was unresponsive without spontaneous respirations or a pulse. CPR was resumed, IV access was obtained, and the detainee was intubated. Cardiac monitoring revealed ventricular tachycardia without a pulse. The detainee received defibrillation of 200-300-360 joules, followed by epinephrine and lidocaine and repeat defibrillation of 360 joules. No change in cardiac conversion was noted. Blood work revealed a glucose of 293, BUN 22, Sodium 140, potassium 3.8, hematocrit 29, pH 7.152, bicarbonate 9, and base excess of -20. An axial temperature was noted to be 104.0 F. On obtaining a rectal temperature, bowel function was noted to be lost. CPR was terminated and CPT [REDACTED] declared the time of death at 1719. Medical care was appropriate and met the standard.

g. The conditions of the detainee camp are adequate. The detainees are given 5-6 bottles of water a day and can have more if they ask for it. All of the detainees have a rug or mat to sit or lie on. They are released from their cells to use the restroom and to walk in the courtyard at scheduled times but can also leave their cell if they request. The camp consists of two large cells that are designed to hold 30-35 adults each. There are two smaller cells that are used to separate detainees with tribal conflict or those that hold titles or power within the country. The MPs report that there are usually more detainees than they have room for so overcrowding has been an issue. The facility is clean without evidence of garbage or trash. There is no air conditioning or fans that circulate air. The cells are warm and the air is stagnant within them. Detainees are

except as noted (b)(6)2

020504

AFZC-FC-C

SUBJECT: Findings and Recommendations of Informal Investigation of death of Iraqi detainee # [REDACTED]

(b)(6)4

given three MREs a day but the MPs report that most of the detainees don't eat them as they complain of the smell and taste.

h. An interpreter from the MI BN is available on occasion but most of the time the MPs and medical personnel rely on other detainees to help with the language barrier. The MI interpreter claims that he had talked with detainee # [REDACTED] in the past but not during this incident and has no knowledge of any medical history on the detainee.

all
(b)(6)4

i. The medical officers of E Co 204 FSB and the 1982 FST. Physicians, physician's assistants, nurse anesthetists, and registered nurses perform the medical evaluations and sick call duties at the detainee camp. Physicians and physician's assistants have credentials to provide this type of medical care, however, nurse anesthetists and registered nurses do not have the same practicing privileges. Individual's credential packets were not available for review.

2. RECOMMENDATIONS

a. All medical information and encounters should be documented. A paper trail becomes significant and is standard of care throughout the world. Documentation provides better care and protects those providing the care. Recommend that the initial medical screening and all medical encounters and interventions be documented and placed in the detainee's file.

b. Ensure all providers providing medical care have the appropriate credentials and skills. Many nurses have learned through their experiences how to care for individuals but they do not have the authority to examine, diagnose, and treat medical conditions. With that said, they may not have the knowledge base to recognize a problem that needs further attention. Recommend that nurses and nurse anesthetists provide care within the scope of their credentials. If nurses continue to provide care, recommend that the supervising physician provide a guideline for them to follow and list the conditions/procedures that they can perform autonomously and those conditions that need to be referred to a physician or physician assistant. Also recommend that all documentation be reviewed and signed by a physician with the appropriate credentials.

c. Interpreters are a must. It is apparent that many individuals had differing opinions as to what detainee # [REDACTED] was complaining of and the designated interpreter was not involved in any aspect of this case. Without the use of an interpreter and relying on another detainee to bridge the language gap, it becomes a guessing game as to what an individual is saying. If detainee # [REDACTED] had chest pain the night prior to his death, no one was aware of it and that may be due to the language barrier. If this was known, his death may have been prevented. Recommend that an interpreter be readily available in all detainee camps, especially for the initial medical interview and during sick call.

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020505

AFZC-FC-C

SUBJECT: Findings and Recommendations of Informal Investigation of death of Iraqi detainee # [REDACTED] (b)(6) 4

d. Autopsy. To give a definitive cause of death, an autopsy is required. Without an autopsy I can not comment on whether or not detainee # [REDACTED]'s death was related to his living conditions, heat, medical care (or lack of), or underlying ailments. Recommend that future deaths of Iraqi detainees undergo autopsy so more can be learned about the causative factors and can possibly help with future operations and care.

3. The POC is the undersigned (DNVT 534 [REDACTED]) (b)(6) 2

[REDACTED] M.D.

MAJ, MC
BN Surgeon, 64 FSB

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