



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
TF 115TH MEDICAL  
CAMP CROPPER  
BAGHDAD, IRAQ  
APO AE 09342

FICI-MB-CHA-DCCS

12 August 2008

MEMORANDUM FOR RECORD

SUBJECT: Ethics Consultation, ISN (b)(7)(E)

1. Purpose: Opinion of the MTF Ethics Committee, convened 12 August 2008 T 1100, at TF 115<sup>th</sup> MED (Cropper), Iraq.

2. Patient's Information:

**Patient ISN:** (b)(7)(E)

**Date of birth:** unknown

**Eligibility Status:** Detainee

**Attending Physician:** MAJ (b)(3):10 U.S.C. 130(b), (b)(6)

**Request submitted by:** MAJ (b)(3):10 U.S.C. 130(b), (b)(6)

3. Members in attendance:

COL (b)(3):10 U.S.C. 130, Chairman

COL (b)(3):10 U.S.C. 130(b), (b)(6), Co-chair

COL Nursing

MAJ (b)(3):10 U.S.C. 130 Chaplain (Consulted later)

MAJ (b)(3):10 U.S.C. Internal Medicine

CPT (b)(3):10 U.S.C. 130 ICU Nurse

Dr (b)(3):10 U.S.C. 130(b), (b)(6) Cultural Advisor

Legal consult by phone: Not done due to urgency of the Consult

4. Reason for consultation: Acute Myelogenous Leukemia, likely terminal. Discuss plan of care and family visitation. This is the second Ethics Committee Consult for this patient due to his deteriorating condition. See Notes from Ethics Committee Meeting 31 July 2008

5. Relevant medical information: Patient is a 42 year old detainee who was transferred here from Bucca on 25 July 2008 for palliative care due to his diagnosis of acute myelogenous leukemia. Patient presented with anemia and malaise, and was found to have a Hct of 16 with 40% blasts. A bone marrow biopsy confirmed the diagnosis of AML. A chest xray showed a large left-sided pleural effusion and an ultrasound evaluation confirmed an accompanying pericardial effusion. Patient was also found to have splenomegaly. The theater hematologist/oncologist was consulted, and advised that there was no possibility for chemotherapy, and that palliative care was the appropriate course of action. Upon discussing

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this with the detainee, he stated that he was aware of his terminal diagnosis and his only goal was to be able to see his family. He was offered a thoracentesis to relieve his discomfort and shortness of breath, but to date he has not agreed to the procedure. The detainee has a compassionate release request in progress, but it has not been dispositioned at this time. Since the last Ethics Committee Meeting He has become significantly more dyspneic and the AML has progressed as evidenced by increased blast count. He has had a rapid deterioration in the last 48 hours with cardiac dysrhythmia, hypotension episodes, and increasing confusion and obtundation. At this time he require a nonrebreathing Oxygen face mask to maintain adequate oxygen saturation. The TIFF Commander agreed to a family visit and that is scheduled for later today.

6. Summary of discussion: We had an extensive discussion about end of life care in this patient. He had expressed his desire previously that he wanted full resuscitation; however his condition has deteriorated significantly since then and he is now terminal. There was a discussion if he should be intubated, maintained on life support. We discussed futile care in this individual. The one consideration was to continue all possible life support until the family arrived this afternoon, explain the options and prognosis to the family, and get their input into the decision making process. (b)(3):10 U.S.C. 130( again voiced the need for the body to be turned over to the family as soon as possible after the death. Standard procedures were reviewed and at this time, except for DCG intervention, SOP will have to be followed. Major (b)(3):10 discussed the patient with COL (b)(3):10 U.S.C separately and agreed with the Committees consensus opinion.
7. Was a consensus reached by the committee? Yes X No
8. Consensus opinion: Continue Comfort Care measures and any measure that would allow the family to visit with him this afternoon. No further transfusions. We will ask for the family's input . CR is still pending. DCCS will call TF 134 legal to explain the urgency for the CR. Longterm recommendations are to only provide comfort measures and pain control as long as the family concurs.
9. Differing opinions (only if no consensus is reached): None
10. Date and time opinion provided to DCCS: 12 August 2008
11. Approved by: COL (b)(3):10 U.S.C. 130(b), (b)(6)

(b)(3):10 U.S.C. 130(b), (b)(6)

COL, MC  
DCCS/TF115 MED(b)(3):10  
U.S.C. 130(b), (

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SUBJECT: Ethics Consultation

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5. VICTIM:

1. MUNAI AL-SAMARAI, ALLAH ALDIN (DECEASED); FRCIV; IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (b)(7)(E) CAMP REMEMBRANCE II, THEATER INTERNMENT FACILITY, CAMP CROPPER, BAGHDAD, IZ; XZ ; [UNDETERMINED MANNER OF DEATH]

6. INVESTIGATIVE SUMMARY:

THE INFORMATION IN THIS REPORT IS BASED UPON AN ALLEGATION OR PRELIMINARY INVESTIGATION AND MAY BE CHANGED PRIOR TO THE COMPLETION OF THE INVESTIGATION.

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION.

THIS OFFICE WAS NOTIFIED BY THE PATIENT ADMINISTRATION DIVISION, 115TH COMBAT SUPPORT HOSPITAL (CSH), CAMP CROPPER, BAGHDAD, IRAQ APO AE 09342 (CCIZ), OF THE DEATH OF A DETAINEE IN THE INTENSIVE CARE UNIT (ICU).

PRELIMINARY INVESTIGATION DISCLOSED MR MUNAI WAS ENROLLED INTO THE THEATER INTERNMENT FACILITY ON 27 FEB 05 AND WAS TREATED INTERMITTENTLY SEVERAL TIMES THROUGHOUT HIS INTERNMENT FOR LEUKEMIA. MR MUNAI WAS ADMITTED TO THE ICU ON 29 JUL 08, FOR ONGOING SYMPTOMS OF WHAT WAS DESCRIBED AS THE END STAGE OF LEUKEMIA. MR MUNAI'S CONDITION DETERIORATED AND ON 12 AUG 08, MR MUNAI'S FAMILY VISITED HIM AT THE ICU. THE FAMILY REQUESTED MR MUNAI NOT BE RESUSCITATED IF HE WENT INTO A STATE OF CARDIAC ARREST. ON 12 AUG 08, MR MUNAI'S SYMPTOMS WORSENERED AND HE SUBSEQUENTLY DIED.

MR MUNAI WAS PRONOUNCED DEAD AT 1829, 12 AUG 08, BY MAJ (b)(3):10 U.S. (b)(3):10 U.S. THE PRELIMINARY OPINE WAS MR MUNAI'S PRIMARY CAUSE OF DEATH WAS ACUTE MYELOGEOUS LEUKEMIA, WITH SECONDARY CONTRIBUTORS OF RESPIRATORY FAILURE AND EMPYEMA.

NO EXTERNAL INJURIES TO MR MUNAI WERE REPORTED PRIOR TO HIS DEATH, AND MR MUNAI MADE NO CLAIMS OF ABUSE ON HIS INITIAL SCREENING FOR DETENTION ON 27 FEB 05 OR DURING HIS TREATMENT.

MR MUNAI'S REMAINS WERE RELEASED TO MORTUARY AFFAIRS, SATHER AIR

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FORCE BASE, BAGHDAD, IRAQ, FOR TRANSPORT TO DOVER AIR FORCE BASE, DOVER, DE, PENDING AUTOPSY BY THE OFFICE OF THE ARMED FORCES MEDICAL EXAMINER.

INVESTIGATION CONTINUES BY USACIDC.

7. COMMANDERS ARE REMINDED OF THE PROVISIONS OF AR 600-8-2 PERTAINING TO SUSPENSION OF FAVORABLE PERSONNEL ACTIONS AND AR 380-67 FOR THE SUSPENSION OF SECURITY CLEARANCES OF PERSONS UNDER INVESTIGATION.

8. USACIDC REPORTS ARE EXEMPT FROM AUTOMATIC TERMINATION OF PROTECTIVE MARKINGS IN ACCORDANCE WITH CHAPTER 3, AR 25-55.

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### CONVOY LIST OF REMAINS OF DECEASED PERSONNEL

## PRIVACY AND STATEMENT

AUTHORITY: 40 USC Sections 1401 through 1408, EO 13526, Nov. 1963 (SSN).

**PURPOSE AND USE:** This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

[illegible]

CAMP CROPPER

12 Aug 2008@1906

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Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Note

Report requested by: (b)(3);10 U.S.C. 130(b),(b)(6)

Aug 2008@1828 INPT Register # 5031 PHYSICIAN  
LOG NOTES

Summoned bedside by nursing staff at 1826 for loss of all vitals. On evaluation, pt unresponsive, pupils dilated and fixed, no spontaneous respirations or heart beats. Monitor reading asystole. Pronounced dead at 1829. DCCS notified, Dr. (b)(3);10 U.S.C. paged, and Dr. (b)(3);10 U.S.C. 130(b) also paged.  
Signed: (b)(3);10 U.S.C. 130(b),(b)(6)

20/(b)(6) CROP, ISN171563 FOREIGN NATIONAL - POW/INTERN  
01 Jan 1981 / Male H: not on file  
Reg #: 5031 Loc: ICU 1 W: not on file  
Spon: CROP, ISN (b)(7)(E) Rank:  
Unit: RR:  
Automated version of SF509

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AIR 40400. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.					
<p style="text-align: center;"><i>Instructions - Medical Officer in attendance will:</i></p> <p>Prepare, in one copy only, items 1 through 10 and sign item 11. Print or type entries.</p>		<p style="text-align: center;"><i>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</i></p>			
<b>SECTION A - ATTENDING MEDICAL OFFICER'S REPORT</b>					
PERSONAL DATA					
<p>1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)</p> <p><del>Abdullah</del>, Allah Ad Deen Aldin Murai Abdullah unaim Kamel Kamel Al (b)(6) TSN (b)(7)(E)</p>		<p>2. TIME OF DEATH (Hour-day-month-year)</p> <p>1829 12 Aug 2008</p>			
<p>3. MEDICAL EXAMINER/ CORONER'S CASE</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>4. RELIGION</p> <p>Muslim</p>			
<p>5. CHAPLAIN NOTIFIED</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		<p>6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH</p> <p>unknown</p>			
<p>Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number</p>					
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
<p>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)</p> <p>DUE TO (or as a consequence of)</p> <p>Acute myelogenous Leukemia</p>			<p>3 months</p>		
<p>7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)</p> <p>(1)</p> <p>(2)</p>					
<p>8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT</p> <p>a. Atrial Fibrillation w/ RVR</p> <p>b. Delirium</p>			<p>1 day</p> <p>2 days</p>		
<p>9. DATE</p> <p>12 Aug 2008</p>		<p>10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE</p> <p>(b)(3):10 U.S.C. 130(b),(b)(6) <b>MAJ</b></p>			
SECTION B - ADMINISTRATIVE A					
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					
<p>20. AUTOPSY PERFORMED (If yes, give date and place)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>			<p>21. AUTOPSY ORDERED BY (Signature)</p>		
<p>22. PROVISIONAL PATHOLOGICAL FINDINGS</p>					
<p>23. DATE</p>		<p>24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY</p>		<p>25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY</p>	
<p>26. DATE</p>		<p>27. TYPED NAME AND GRADE OF REGISTRAR</p>		<p>28. SIGNATURE OF REGISTRAR</p>	

TAB

## CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER  
(b)(7)(E)

FROM:

TO:

NAME (Last, first, MI)

GRADE

SERVICE NUMBER

NATIONALITY

POWER SERVED

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

DATE OF DEATH

CAUSE OF DEATH

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)

Patient transferred from Camp Bucca on 29 July for end-of-life care because of his known Acute Myelogenous leukemia. Had been progressively worsening over the prior 2 weeks with worsening respiratory function. Over the last several days his clinical condition rapidly deteriorated necessitating high flow oxygen by facemask. On the day of his death, he developed atrial fibrillation with rapid ventricular rhythm and delirium. Over the course of the day he became progressively more hypoxic until he finally succumbed. He was pronounced dead at 1829 hrs, pupils fixed and dilated, no pulse or heart sounds and platypnea movement.

DO NOT WRITE IN THIS SPACE  
CERTIFIED A TRUE COPY

DATE

(b)(3); 10 U.S.C. 130(b); (b)(6)

12 August 2008

SIGNATURE OF COMMANDING OFFICER

SIGNATURE

WITNESSES

ADDRESS

SIGNATURE

ADDRESS

**FROM:** CDR, TF-134, Camp Victory, Iraq  
**THRU:** CDR, MNF-I, Camp Victory, Iraq  
**TO:** CDR, USCENTCOM

**Subject:** SIR 08-00136

1. **Category:** 2
2. **Type of Incident:** Detainee death (natural causes)
3. **Date/Time of Incident:** 121829CAUG08
4. **Location:** ICU, TF 115 Hospital, Camp Cropper
5. **Other Information:**
  - a. **Racial:** N/A
  - b. **Trainee involvement:** N/A
6. **Personnel Involved:**
  - a. **Subject:**
    - (1) **Name:** Samarai, Allah, Al
    - (a) **ISN#:** (b)(7)(E)
    - (b) **DOB:** 01JUL1966
    - (c) **Sex:** Male
    - (d) **Place of Birth:** Samarra, Iraq
    - (e) **Marital Status:** M
    - (f) **Religion:** Sunni Islam
    - (g) **Date of Capture:** 24FEB05
    - (h) **Circumstances:** Suspected acts of violence against Coalition Forces , captured by 1 BCT 42 ID
7. **Summary of Incident:** On 29JUL08 detainee ISN# (b)(7)(E) was transferred to Camp Cropper from Camp Bucca for medical treatment of leukemia. On 121829CAUG08, detainee died due to natural progression of the disease at the ICU of the TF 115 Hospital at Camp Cropper. Detainee was pronounced dead by the physician on duty 121829CAUG08.
8. **Remarks:** The TF 115 & TF 62 chain of command was notified. Military Police and CID were also notified.
9. **Publicity:** None anticipated
10. **Commander Reporting:** COL (b)(3):10 U.S.C. 130 115<sup>th</sup> CSH CDR
11. **Point of Contact:** LTC (b)(3):10 J3, TF 134, (b)(3):10 U.S.C. 130(b),(b)(6)  
or DSN: (b)(3):10 U.S.C. 130
12. **Downgrading Instruction:** N/A

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
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SECTION A - ATTENDING MEDICAL OFFICER'S REPORT					
PERSONAL DATA					
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)  <u>Murari, Allah Al Deen Aldin Murari</u> <u>Abirulhaqunain Kamel Kareel Al</u> (b)(6) TSN (b)(7)(E)		2. TIME OF DEATH (Hour-day-month-year) <u>1829 12 Aug 2008</u>  3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO  4. RELIGION <u>Muslim</u>  5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH <u>unknown</u>			
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7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death)		DUE TO (or as a consequence of) <u>Acute myelogenous leukemia</u> 3 months			
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)  (2)			
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a. <u>Arrhythmia w/ RVR</u> 1 day b. <u>Delirium</u> 2 days			
9. DATE <u>12 Aug 2008</u>		10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER (b)(3):10 U.S.C. 130(b), (b)(6) <u>MAT</u>			
SECTION B - ADMINISTRATIVE ACTION					
TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
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23. DATE		24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY		25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY	
26. DATE		27. TYPED NAME AND GRADE OF REGISTRAR		28. SIGNATURE OF REGISTRAR	