From:

(6)(6)-2

Sent:

Friday May 21, 2004 6:35 AM

To:

MAJ PMG

Subject:

FW: Discussion on detainee deaths

Attachments:

Prison deaths v3.ppt

-----Original Message---

From:

Ryder, Donald J. MG

Sent:

Friday, May 21, 2004 6:31 AM

To:

Subject:

FW: Discussion on detainee deaths

Looks like they made no changes or did not get our input.

----Original Message----

From:

(6)(6)-2 COLOASD(HA)

Sent:

Thursday, May 20, 2004 6:56 PM

To:

CIV OSD;

LTC, OSD; COL PMG; Lovelace, James J LTG DAS

COL CIDC G3

IV OASD-PA; Ryder, Donald J MG PMG;

Subject:

Discussion on detainee deaths

Sirs: Attached are draft slides for tomorrow morning's 0930 meeting with Mr

I will bring folders to the meeting.

VR

Col



Prison deaths v3.ppt (106 KB)

Colonel, USAF, NC

Special Assistant to the Assistant Secretary of Defense for Health Affairs



Deaths of Detainees Under US Military Control



Purpose

 To clarify the number, cause of death, investigations conducted and disposition of cases of deaths occurring among detainees in US custody

2

This could be the place for "where we are going." The four items I've place here are in various stages of development:

- •At least some QA policies are in effect and some monitoring by components and DOD is already occurring (Can we provide examples?)
- •Health surveillance data that can be (and at some point is) turned to individual (and force) health. As deployment examples, the data collected on health or health perceptions acquired during the post-deployment assessment process (in greater detail than is now available), the long term health using visits, the utility of the clinical practice guideline, and perhaps of environmental sampling. Might include the numbers of visits following deployments, although this seems a mixed message and will require better detail.
- •Integration and standardization of health information documentation and collection from the services and components, as well as of the assessments and preventive services offered.
- •The initiatives and developments that recognize the important status of reserve components, especially during deployments. One could tick off the related policies and public laws, but actual accomplishments would



Detainee Deaths in US-Controlled Prisons

As of May 20, 2004

• TOTAL: 59

- Iraq: 55

- Afghanistan: 4

- Guantanamo Bay: 0

3

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Iraq

- 55 detainee deaths (all prisons)
 - 21 killed by enemy mortar attack at Abu Gharib
 - 8 died during riots or escape attempts
 - 11 died of natural causes (tuberculosis, heart disease, medical conditions)
 - 1 accidental death (heat stroke)
 - 6 died of "unnatural causes"
 - 5 died of "unknown causes"
 - 3 pending medical examiner ruling

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6 "Unnatural Causes"

Case #	Circumstances	Autopsy Done?	investigation / Disposition
A03-51	1 strangulation Found outside isolation unit	Yes	
03-273	1 closed head injury; Died 12 hrs after escape attempt	Yes	
03-504	blunt force trauma and choking Died during interrogation	Yes	
03-571	blunt force trauma and choking Died during interrogation	Yes	
04-014	blunt force trauma and choking Gagged in standing restraint	Yes	
None	1 gunshot wound to abdomen: "Shot without provocation"	No/not reported	



5 "Unknown Causes"

Case #	Circumstances	Autopsy Done 0 of 5	Investigation / Disposition
None	3 reported as heart attack	No/not reported	
None	1 found dead in bed	No/not reported	·
None	1 died after falling in hospital (was having chest pain)	No/not reported	



3 Pending Medical Examiner Ruling

Circumstances	Autopsy Done 3 of 3	Investigation / Disposition
1 died sleeping after interrogation	Yes; results pending	
1 suspected heart attack	Yes; results pending	
1 unknown history	Yes; results pending	
	died sleeping after interrogation suspected heart attack	1 died sleeping after interrogation Yes; results pending 1 suspected heart attack Yes; results pending 1 unknown history Yes; results

OPMG Document



Afghanistan

- 4 detainee deaths
 - -3 died of unnatural causes
 - autopsies completed; all ruled by Medical Examiner as homicides
 - 1 died in custody; circumstances unknown
 - no autopsy done

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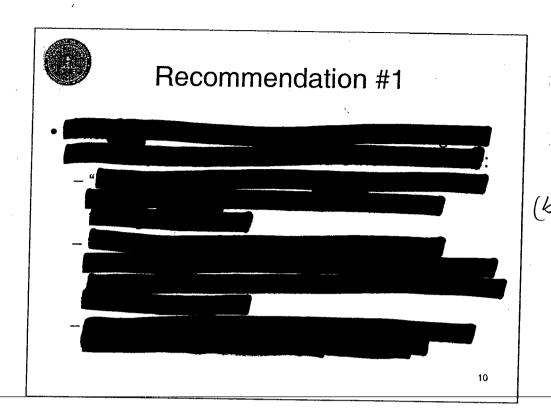
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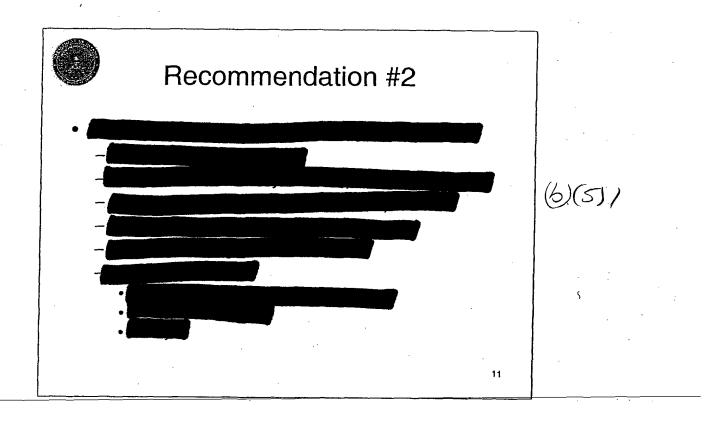
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3 "Unnatural Causes"

Case #	Circumstances	Autopsy Done? 3 of 3	Investigation / Disposition
A02-93	blunt force injuries found restrained in cell	Yes	
A02-05	1 blunt force to lower extremities	Yes	
A03-144	1 blunt force trauma	Yes	







Backups

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References

- DODD 2310.1; <u>DoD Enemy POW Detainee Program</u>
 - Designates Secretary of the Army as the Executive Agent for DoD for the administration of the DoD Enemy Prisoners of War Detainee Program (OPR is ASD/ISA)
- Army Regulation 190.8/OPNAVINST 3461.6/
 AFJI 31-304, MCO 3461.1; Enemy Prisoners of War,
 Retained Personnel, Civilian Internees and Other
 Detainees
- ASD Health Affairs Memorandum April 10, 2002
 - "DoD Policy on Medical Care for Enemy Persons Under US Control Detained in Conjunction with Operation ENDURING FREEDOM"

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Forensic Definitions

- Cause of death:
 - The disease, injury or abnormality that alone or in combination is responsible for initiating the sequence of functional disturbances that eventually ends in death
- Manner of death:
- A classification of the way in which the cause of death came about with reference to personal causation. It is the way in which the cause of death came about and designates the circumstance under which the cause of death arose. It explains how the cause of death came about. An opinion of the forensic pathologist based on the known facts concerning the circumstances leading up to and surrounding the death, the autopsy findings, and laboratory tests.
 - Accepted manners of death are: Natural, Accident, Suicide, Homicide, and Undetermined.
- Homicide:
 - A death that results from the intentional (explicit or implied) or grossly reckless behavior of another person or persons.
 - Homicide is not synonymous with murder (a legal determination) and includes both criminal actions and excusable incidents (i.e. self-defense, law enforcement, combat).
- - A death that results inadvertently or where no harm was intended (explicit or implicit).
- Undetermined manner of death:
 - Indicates there is insufficient information about the circumstances of the death to make a ruling or when the cause of death is unknown.

