

TRANSFERRED TO OTHER AGENCY

- DOD

Subject: Medical Summary on Detainee [REDACTED]

April 29, 2003

CL37A

1. This is a [REDACTED] male from [REDACTED] who was in-processed on 8 Feb02 who on 16Jan03 attempted suicide by hanging himself with a towel. He was unresponsive and was in critical condition requiring admission to the ICU and intubation on a respirator.
2. The patient recovered slowly and was successfully extubated and received a PEG tube for feedings and a suprapubic tube for urination. During this time period he opened his eyes, but did not interact with his environment.
3. Neurology evaluated patient on 18 Feb03. The patient persisted in a vegetative state with noted dystonia due to hypoxic brain injury he sustained during the hanging. A repeat EEG showed slowing and a head CT was unremarkable. He was placed on several medications to control the dystonia which was a result of the hypoxic brain injury. The prognosis was predicted to be poor by the Neurologist with a likelihood of a normal life of <5% and a 1-year mortality of approximately 40% due to a nosocomial infection or other related complication.
4. During the last several weeks, this patient has had multiple nosocomial infections which is typical for a hospitalized patient with significant brain injury. These infections have included pneumonia, prostatitis, tinea, and recurrent C. difficile colitis.
5. The patient has been evaluated by a Rehabilitation specialist and is receiving physical therapy. An Arabic translator and chaplain to speak to the patient in his own language also occurs daily.
6. Over the past week, the patient acutely experienced a marked improvement in his neurologic status. He began speaking in both Arabic and English, interacting with others, following commands, and engaging in this medical care. The change was both sudden and refreshing. He is now progressing with PT performing strengthening exercises with the goal towards patient ambulation. In addition, his dystonia has improved allowing for reduction in his medications.
7. A neurologist will arrive today to reassess the patient's status and make further recommendations on his medications for dystonia and for seizure prevention.
8. I would recommend that a rehabilitation specialist return to reevaluate him given his significantly improved status if he remains here. I would also recommend the purchasing of rehab equipment, obtaining a speech therapist, and performing a swallow study to assess if he can take orals.
9. This detainee has significantly improved both physically and mentally over the past 3 months; the recent improvement in his status is exhilarating. However, it should be noted that his rehabilitation will be long and that he will likely suffer complications along the way. Since his suicide attempt, he has developed several medical issues as listed below. Such issues will likely continue and may be associated with a significant risk of morbidity and mortality.

Medical Diagnoses

1. Hypoxic Brain Injury s/p suicide attempt
2. Dystonia/Myoclonus due to brain injury

3. History of possible seizure activity on antiepileptics
4. History of depression
5. Gastritis
6. History of recurrent C. difficile colitis (3)
7. History of tinea corporis
8. History of nosocomial pneumonia (2)
9. Prostatitis

The Medical Staff of JTF GTMO most strongly advocate for [REDACTED] earliest return to his home country.

[REDACTED]

Reviewed and approved by:

[REDACTED]