

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 MG RAYMOND ODIERNO
(Appointing authority)

on 22 JULY 03 (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 TIKRIT, IRAQ at 1200
(Place) (Time)

on _____ (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 _____ on _____
(Time) (Date)

and completed findings and recommendations at _____ on _____
(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?	X		

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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 IV - FINDINGS (para 3-10, AR 15-6)

The (investigating officer) (board), having carefully considered the evidence, finds:

FACTS:

Prisoner # (b)(6)4 died at approximately 0445D on 22 July 2003 at the TFCCP. According to the parties the deceased had been helped to the latrine for nausea by two other prisoners just prior to his death. After leaving the latrine, the deceased lost consciousness and was carried back to his tent. The prisoners then alerted SPC (b)(6)4 and PV2 (b)(6)4 who checked on the prisoner. The prisoner was unconscious with what was felt to be a weak pulse. SPC (b)(6)4 notified SGT (b)(6)4, who instructed PFC (b)(6)4 to get a medic. SGT (b)(6)4, 4th MP medic, responded and did not feel a pulse. SSGT (b)(6)4, senior medic, was notified and responded with CPT (b)(6)4 from the aid station. The prisoner was pronounced dead at 0545.

The deceased had been held at the DCCP since 27 June 2003. During this time he had sought medical attention from MP medics on multiple occasions. According to the MP daily log, the deceased had been seen on 02 July for chest pain. The deceased was taken to the aid station and eventually to the 28th CSH for treatment. The deceased was seen by a cardiologist at the 28th CSH and diagnosed with coronary artery disease, angina and type II diabetes. The prisoner was discharged back to the DCCP with medications. Prisoner # (b)(6)4 stated that he had taken care of the deceased since his arrival at the DCCP. He further stated that the deceased had advanced coronary artery disease and had some sort of procedure done last year (presumably angioplasty since there was no chest scar indicating bypass surgery) and was allegedly scheduled to have a second procedure done in April of this year. The deceased had received his medications regularly during his stay in the DCCP. The deceased had also been seen on 03 July for vomiting, was treated and released by the MP medics, seen 16 July for passing out, treated and released by MP medics, and 19 July for dehydration, treated and released by MP medics. # (b)(6)4 stated that the deceased had not been feeling well for the last 4-5 days and had been feeling weaker and was unable to eat. The evening before his death, the deceased had complained of abdominal pain. # (b)(6)4 stated he told the guard, and the deceased was given an aspirin. Several MP's verified that the deceased had not been eating well for the past one to two weeks. The MP's also verified that the deceased had to have help going to the latrine during the last 2-3 days.

An autopsy was performed on the deceased by Dr. (b)(6)4 chief of forensics for Salah-al-din province. The autopsy did not reveal any external or internal signs of trauma. The cause of death was listed as congestive heart failure. This was most likely secondary to a myocardial infarction (heart attack).

The MP medics are utilized for sick call and treating the EPW's within the DCCP, although this is not their primary responsibility. They have very limited assets for patient care. All EPW's with medical complaints are screened by MP Medics. The medics then decide who should be seen at the aid station or whether a higher medical personell should be consulted.

EPW's are not screened for medical problems when they are placed in the DCCP and there was no medical record keeping prior to the death of this prisoner.

F. CONCLUSIONS:

The deceased prisoner more than likely suffered a myocardial infarction and developed congestive heart failure which reached a critical point prior to his death. (C) The patient had a known history of coronary artery disease. (M, L) His last contact with the MP medics was on 19 July, 3 days prior, for dehydration. The prisoner also allegedly complained of abdominal pain with nausea and vomiting during the days preceding his death, which are symptoms consistent with his disease. (M) According to the autopsy report there was no evidence of foul play or traumatic injury. (C) The MP medics are ill suited to handle complex medical patients and provide sick call to the EPW's as well as carry out their primary mission of supporting the MP unit. (P)

SECTION V - RECOMMENDATIONS (para 3-11, AR 15-6)

In view of the above findings, the (investigating officer) (board) recommends:

There should be no disciplinary action taken against the MP medics or other.

The MP medics should not be used as the primary care giver for the EPW's ✓

A physicians assistant or other higher medical authority should be assigned to provide sick call and medical care for the prisoners at the DCCP. This will allow the MP medics to accomplish their mission of providing medical support for their unit and remove them being the primary care giver of the EPW's.

If providing a Physicians assistant is not possible, a formal Standard operating procedure should be established for the MP medics to operate under in providing care for the EPWs with direct oversight by physicians assistant or other higher medical authority. In addition a system to identify complex medical patients, medical screening of patients and tracking of medical problems should be instituted for the DCCP. This would however place even more of a burden on the MP medics and keep them from accomplishing their primary mission of medical support for the MP unit.

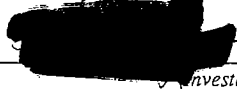
all
except as noted (b)(6)2

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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.)

(b)(6) z



CPT

(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)

The 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.)

[Handwritten Signature]

4 AUGUST 2003

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