



UNDERSECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

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ACTION MEMO

PERSONNEL AND
READINESS

April 29, 2005 – 1:30 PM
DepSec Action _____

FOR SECRETARY OF DEFENSE

FROM: Dr. David S. C. Chu, Under Secretary of Defense, P&R

David S. C. Chu 4/29/05

SUBJECT: Role of Medical Personnel in Detainee Operations--SNOWFLAKE

- You asked “How could what was going on at Abu Ghraib and possibly some of the abuse at other locations not be noted by medical people? Any why would medical people not have reported it?” (TAB A)
- In November 2004, the Army Surgeon General initiated a comprehensive review of medical participation in detainee operations, including policies and procedures, management of medical records, incidents of failure to report suspected abuse, and adequacy of training. The review team interviewed more than 1,000 medical personnel at all levels who served in Iraq, Afghanistan and Guantánamo Bay, including personnel from all three Services, active and Guard/Reserves. This report is nearly complete, and I will soon receive it. It should include fact finding on medical reporting on suspected detainee abuse.
- The conduct of medical personnel in detainee operations has been a priority concern since April 2002, when Dr. Winkenwerder published guidelines on medical care for enemy persons detained in conjunction with Operation ENDURING FREEDOM (TAB B).
- We have also acted to address concerns regarding whether autopsies were properly requested in cases of detainee deaths. In June 2004, Dr. Winkenwerder developed, and you issued, a policy memo: “Procedures for Investigation into Deaths of Detainees in the Custody of the Armed Forces of the United States.”
- Our most important policy initiative – consistent with Church recommendations – has been to develop an OSD policy memorandum to reaffirm enduring medical principles on detainee care and strengthen medical system procedures – including those for reporting suspected detainee abuse. This policy memorandum, “Medical Program Principles and Procedures for the Protection and Treatment of Detainees,” was approved by the Deputy Secretary on April 22, 2005 (TAB C).

383.6

29 Apr 05

11 Apr 05



RECOMMENDATION: We would like to meet with you to ensure that all your questions and concerns are answered, and to provide you a detailed summary of the Army Surgeon General's report, including major findings and recommendations.

CONCUR_____ NON-CONCUR_____ OTHER_____

Attachments: **As** stated

Prepared by: Colonel David **Adams**, OASD(HA), 697-2111



TAB

A



FOUO

APR 11 2005

TO: Pete Geren
MG Mike Maples

FROM Donald Rumsfeld *DR*

SUBJECT: Abu Ghraib

How could what was going on at Abu Ghraib and possibly, same of the abuse in other locations not be noted by medical people? And why would medical people not have reported it?

Thanks.

DHK:ss
040805-17

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Please respond by 4/21/05



FOUO

OSD 08249-05

TAB

B





HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C 20301-1200

APR 10 2002

MEMORANDUM FOR SECRETARY OF THE ARMY
SECRETARY OF THE NAVY
SECRETARY OF THE AIR FORCE
CHAIRMAN OF THE JOINT CHIEFS OF STAFF

SUBJECT: DoD Policy on Medical Care for Enemy Persons Under US. Control
Detained in Conjunction with Operation ENDURING FREEDOM

REFERENCES: (a) DoD Directive **5136.1**, "Assistant Secretary of Defense for Health
Affairs (ASD(HA))," May **27, 1994**

(b) DoD Directive **2310.1**, "DoD Program for Enemy Prisoners of
War (EPOW) and Other Detainees," August **18, 1994**

(c) Third Geneva Convention Relative to the Treatment of Prisoners
of War of August **12, 1949**

(d) **AR 190-8, OPNAVINST 3461.6, AFJI 31-304, MCO 3461.1**,
"Enemy Prisoners of War, Retained Personnel, Civilian Internees
and Other Detainees," 1 October **1997**

This policy memorandum, issued under the authority of reference (a), provides guidance, consistent with references (b) through (d), for medical care for enemy detainees under U.S. control.

To the extent appropriate and consistent with military necessity, medical care shall be provided consistent with reference (d). Detainees under U.S. control suffering from a serious disease, **or** whose condition necessitates special treatment, surgery, hospital care, or rehabilitation shall be provided, to the extent feasible, the medical attention required by their state of health. All practicable efforts shall be made to provide such care at the location where such persons are detained. The health of each detainee under **U.S.** control shall be monitored and medical records shall be maintained **as** provided in reference (d).

In any case in which there is uncertainty about the need, scope, or duration of medical care **for** a detainee under U.S. control, medical personnel shall be guided by their professional judgments **and** standards similar to those that would be used to evaluate medical issues for **U.S.** personnel, consistent with security, public health management,



HA POLICY: 02-005

and other mission requirements. Specific requests for guidance, that cannot be resolved at a lower level, will be forwarded through the Chairman of the Joint Chiefs of **Staff** to this office **for** resolution.

William Winkenwerder, Jr.

William Winkenwerder, Jr., MD.



TAB

C



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04/22/05 4/2
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THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, D.C. 20301-1200

SECRETARY OF DEFENSE

2005 APR 13 PM 5:03

ACTION MEMO

HEALTH AFFAIRS

FOR DEPUTY SECRETARY OF DEFENSE

APR 11 2005

FROM: *William Winkenwerder*
William Winkenwerder, Jr., M.D., ASD (Health Affairs)

DEF SEC DEF
HAS SEEN
PW APPROVED
APR 22 2005

THROUGH: David S. G. Chu, USD (Personnel & Readiness)
David S. G. Chu

SUBJECT: Medical Program Principles and Procedures for the Protection and Treatment of Detainees – Policy Memo

- The memo at TAB A reaffirms key principles of participation by U.S. Armed Forces medical personnel in Department of Defense detainee operations and describes procedures consistent with these principles.
- **This** memo will help address three significant concerns:
 - Church Report findings, including the call for a DoD-level policy review in the **areas** of training programs, use of behavioral science personnel assisting interrogators in developing interrogation strategies, interrogator access to detainee medical information, and the obligation **to** report detainee abuse (TAB B).
 - Feedback from our U.S. **Armed** Forces medical personnel stating a need for more explicit policy guidance for detainee operations.
 - Allegations of military medical involvement in detainee abuse expressed by **civilian** medical opinion leaders, the **American** Medical Association, international medical organizations, the International Committee of the Red **Cross**, and others.
- The memo's principles are derived from widely recognized international medical guidelines protecting prisoners and detainees against torture and abuse, including a U.N. General Assembly Resolution (although the memo does not cite the source). Adjustments have been made to incorporate law of **armed conflict** principles and standards of **U.S.** law.
- Major points of the proposed memo:

Prepared by: Col David Adams, OASD (HA), (703)697-2111, DOCS Open 77432, 77434, 77438



OASD 07030:

- o Medical personnel engaged in treatment of detainees have a **duty** to give them proper care and protect their **health**.
 - o Medical personnel in a provider-patient relationship with detainees have the **exclusive purpose of providing health care**.

 - o Medical personnel not in a **provider-patient** relationship (e.g., behavioral science consultants to interrogators) do not become involved in treatment activities.
 - o Regardless of role, medical personnel, like **ALL US** Armed Forces, may not be complicit, actively or passively, in detainee abuse.
 - o The disclosure of medical information for lawful law enforcement or intelligence purposes is allowed, but must be approved and documented through an appropriate process.
 - o Medical personnel have a **duty** to report suspected detainee abuse to the chain of command, and should also, when needed, report through medical channels to senior leadership.
- Given a persistently vocal group of Department critics from the medical community, and the media's continual reporting of these allegations and concerns, I believe this memo will be very beneficial to the Department.
 - This memo is not groundbreaking, nor does it establish new precedents that will limit other military activities. However, it fills a significant void in communicating Department policy **to** internal and **external** audiences, and reinforces longstanding tenets of military medicine.
 - Unless you have an objection or concern, I propose **that** this policy memorandum, which has been reviewed extensively within OSD and the Joint Staff, be signed out under my office.

DEPSEC Action:

Concur 4/22/05 Non-Concu. _____ Other _____

COORDINATION: TAB C *-Missing 4/22/05*

Attachments:

As stated



FOUO

APR 11 2005

TO: Fete Geren
MG Mike Maples

FROM: Donald Rumsfeld *DR*

SUBJECT: **Abu Ghraib**

Row could what **was** going on at **Abu Ghraib** and **possibly**, some of the abuse in other locations not be **noted by** medical people? **And** why would **medical** people not **have** reported it?

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DHR:ss
040805-17

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Please respond by 4/21/05



FOUO

OSD 08249-05