



DEPARTMENT OF THE ARMY
HEADQUARTERS, 705TH MILITARY POLICE BATTALION (I/R)
CAMP BUCCA, IRAQ, APO AE 09375

REPLY TO
ATTENTION OF

ATZL-DBB-CDR

27 FEB 2007

MEMORANDUM FOR RECORD

SUBJECT: TIF SOP 107, Hunger Strike Procedures

1. PURPOSE: To establish procedures to monitor detainees on hunger strike.
2. APPLICABILITY: This Standard Operating Procedure (SOP) applies to all assigned, attached and operationally controlled personnel working at the Theater Internment Facility (TIF) at Camp Bucca, Iraq.
3. REFERENCES: DoDI 2310.08, Medical Program Support to Detainee Operations, 6 June 2006; DoD Policy Letter, Standard Operating Procedures for Involuntary Feeding of Detainees on Hunger Strike at Guantanamo Bay, 16 October 2006; MNFI Detainee Hunger Strike Standard Operating Procedure (SOP), 19 December 2006; AR 190-47 (United States Army Correctional System).
4. GENERAL PROCEDURES: A detainee is considered to be on a hunger strike when he refuses to eat nine (9) consecutive meals (ex. 3 meals for a 3 day period), as a form of protest. The protest may or may not be verbalized. A detainee who eats any portion of a meal is not generally considered to be on a hunger strike.
 - a. If a detainee residing in a communal compound is suspected of being on a hunger strike, or makes a statement of being on a hunger strike, the following will occur:
 - (1) The Compound Commander will request that the internee be transferred to the Special Housing Unit (SHU) for Administrative Segregation with Medical Observation (ASMO).
 - (2) The SHU staff will begin to monitor the detainee's meal consumption. After the ninth consecutive meal is missed, the hunger strike procedures will be initiated.
 - b. The hunger strike procedures will be terminated when all of the following occur:
 - (1) The detainee eats a meal or a portion of a meal (excluding liquids).
 - (2) After examining the detainee, a physician or physician's assistant (Medical Officer, MO) recommends that the hunger strike procedures be terminated.

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5. SPECIFIC PROCEDURES:

a. The following are responsibilities of the TIF Commander (TIF CDR) or his representative:

(1) Immediately report the hunger strike through the chain of command to the BDE CDR when the detainee has reached nine consecutive missed meals.

(2) Notify medical and mental health staff. Medical and mental health staff shall perform an initial evaluation IAW MNFI Detainee Hunger Strike Standard Operating Procedure (SOP) dated 19 December 2006.

(3) Ensure the detainee is administratively segregated in a single occupancy cell. The cell should not be accessible by other detainees and should have good visibility for the guards and medical staff. The guards should search the cell and remove all food. Movement to other quarters, such as a medical facility, may be initiated at any time if medically indicated.

b. The S3 will:

(1) Authorize movement of detainee conducting a hunger strike to the SHU. Send a SPOT Report to BDE when internee is suspected of being on a hunger strike. Updated SPOT reports will be sent after the sixth missed meal and the 9th missed meal. SPOT reports will be sent to BDE daily thereafter.

(2) Notify the TIF CDR or his/her representative when a detainee has missed six (6) consecutive meals.

(3) Prepare Movement Request Review (MRR) stating the beginning and approximate end date of segregation, including special handling procedures in DD Form 509.

(4) When internee has reached nine consecutive missed meals direct that photograph's of the detainee be taken. The photograph will include the detainee's stripped upper torso with a side and front view. Write the name, ISN, height and weight of the internee photographed. Include the date and time that the photograph was taken.

(5) Record all actions in the Control Blotter.

c. The SHU Block NCO will:

(1) Record all pertinent information regarding the internee's participation in the hunger strike on DA Form 3997 (Military Police Blotter).

(2) Annotate in the detainees' record and the blotter at each subsequent meal, the status of the hunger strike, i.e. if and how much the detainee has eaten.

d. The SHU Compound Shift Leader (CSL) will:

(1) Submit an Incident/ Observation Report to the Operations Center recording a detainee's refusal or consumption of every meal. Record any subsequent refusal to consume meals and number them sequentially. Notify the S3 when a detainee refuses to consume the seventh consecutive meal and continually thereafter until the hunger strike protocol has been terminated.

(2) Assure delivery of three meals per day, regardless of the detainee's refusal to eat. All meals will be pre-approved by the medical staff. Intake amounts shall be carefully recorded, after each meal, by compound guard and the remainder taken away.

(3) Assure an adequate supply of drinking water is provided for the internee. Compound guard records the amount of fluids consumed.

(4) Monitor the detainee's behavior and record/ report anything out of the ordinary to SHU Block NCO and Company Commander.

(5) Make a log entry into the DA Form 1594, when the Medical Officer (MO), conduct's their daily check. Also, notify the S3 whenever the Medical Officer fails to make their daily check or fails to follow procedures as stated by this SOP.

NOTE: After the Hunger Strike Procedure has been initiated, ensure that the detainee does not receive any caffeine products (chi tea). Only water is provided during the hunger strike.

6. HUNGER STRIKE PROCEDURES:

a. The Compound Commander will brief the TIF CDR or his representative on the detainee's condition daily.

b. Medical and mental health staff shall perform an initial evaluation.

(1) Examine the general physical condition of the detainee, measure and record vital signs, current height and weight.

(2) Perform urinalysis.

(3) Take a blood sample (basic chemistries, complete blood count) from the detainee.

(4) If clinically indicated, perform radiographic and/or laboratory studies

(5) Medical staff will photograph the detainee's stripped upper torso with a front and side view. Write the detainee's name, internment serial number (ISN), height, weight, date and time on the bottom of the photograph and maintain in detainee's medical file.

(6) Conduct psychological evaluation to determine if the detainee suffers from a mental disorder which renders him incapable of making a rational, reasonable decision concerning the

hunger strike. If the psychologist determines the detainee to be mentally incompetent to make a rational decision about the hunger strike and/ or be suffering from a mental disorder, the detainee will be referred to mental health for appropriate medical treatment of the disorder.

(7) During the psychological evaluation, attempt to determine the cause for the hunger strike. Inform the TIF CDR of the findings.

(8) Detainees refusing to participate in the initial and periodic medical examinations or treatments for a mental disorder may be forced to participate by order of the TIF Commander.

c. Medical staff will conduct periodic evaluations of the detainee.

(1) Daily evaluations will include measuring and annotating the detainee's vital signs and weight.

(2) Every three days, a blood sample is drawn from the detainee for basic chemistry assessment.

(3) Every week, draw a blood sample from the internee for complete chemistries, and take a photograph of the detainee's stripped upper torso (front and side view). Include name, ISN, height, weight, date and time on the bottom of the photograph and maintain in medical file.

(4) Every month, draw a blood sample from the detainee for an Iron Panel, take a urine sample and conduct an electrocardiogram (12 lead ECG).

(5) These evaluations will be annotated in the detainee's medical records and reported through the chain of command to the TIF CDR.

d. The mental health team will conduct daily examinations of the detainee and conduct appropriate interventions to induce the detainee to end the hunger strike. These interventions may include, but are not limited to, including the detainee in small groups during meal times to create peer pressure to encourage him to eat and resolving the causes of the strike.

e. At no time will guard force offer foods which are not on the standard menu for detainees. Guards will not procure food from external sources. Medical staff may prescribe alternate diets if a detainee has a health condition requiring a special diet. However, alternative meals will not be prescribed solely to induce a detainee to eat. Such situations would motivate further hunger strikes by the rest of the detainee population.

f. The hunger strike procedures will be terminated when all one of the following occurs:

(1) Detainee eats six consecutive meals (excluding liquids)

(2) After examining detainee, a medical officer or physician's assistant recommends that the hunger strike procedures be terminated.

- (3) The TIF Commander terminates the hunger strike procedures.

7. MEDICAL INTERVENTION:

a. Prior to medical intervention being initiated against the detainee's will, both the facility medical staff and the mental health team shall make reasonable efforts to convince the detainee to voluntarily accept treatment. They must inform the detainee of the medical risks involved in a hunger strike and document their efforts.

b. When the treating physician determines that the detainee's situation is deteriorating and an injury may result, or a life threatening situation exists, the medical staff shall immediately notify the TIF CDR. When medically indicated, the treating physician shall consider and may recommend forced medical treatment of the internee. **The approval authority for forced medical treatment is the TIF CDR.**

c. Detainees with metabolic disorders or certain other illnesses, who deviate from normal eating habits or fluid intake, could experience an immediate, significant hazard to their health and well-being. This may also necessitate forced medical treatment.

d. If forced medical treatment is initiated, it will be continued until the detainee's life or permanent health is no longer threatened. Forced medical treatment normally consists of the following:

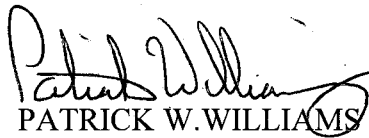
(1) Nasogastric tube for feeding.

(2) If a nasogastric tube is not medically appropriate or successful, then intravenous fluids and hyperaliminations intravenously may be necessary.

(3) As a last resort, gastrostomy and tube feeding through the stomach may be required.

e. Each case must be evaluated on its own merits and individual circumstances. None of the above indicated procedures are meant to limit or override the exercise of sound medical judgment by the physician responsible for the detainee's medical care.

7. Point of contact is S3 at DSN 318-853- 1165.


PATRICK W. WILLIAMS
LTC, MP
Commanding