

14 January 2003

## RECOMMENDED COURSE OF ACTION

FOR

### RECEPTION AND DETENTION OF INDIVIDUALS UNDER 18 YEARS OF AGE

#### OBJECTIVE:

Propose specific processing actions related to the transport, evaluation, management, and detainment of Pediatric Detainees at Guantanamo Bay, Cuba in order to minimize psychological, emotional, and physical harm. NOTE 1: Assumption is that this COA will become a SecDef directive since it imposes tasks on CENTCOM. NOTE 2: With regard to educational programs addressed on pages 6 and 7, this COA is more onerous than GC III requires for pediatric detainees fifteen and above. GC III only pertains to children under the age of fifteen.

#### Assumptions:

- All efforts should be made to keep those in the pediatric age range from undergoing detention at Guantanamo Bay, Cuba.
- People less than age 18 years are emotionally, psychologically, and physically dynamic and complex. If it is determined that they must be detained, then all aspects of their transport, in-processing, and detainment should be specific for this age group.
- Exposure of pediatric detainees to adult detainees will have a high likelihood of producing physical, emotional, and psychological damage to the pediatric detainee. As such, all activities of the pediatric detainee, prior to and including detention, should be isolated by sight and sound from the adult population of detainees.
- Aspects of pediatric detainee plans should be implemented and ready for action prior to the arrival of any proposed pediatric detainees. Currently this could be as early as January 25<sup>th</sup>, 2003.

#### Age Determination

- Age determination should be based on any reliable information indicating the detainee's date of birth. Whenever there is doubt concerning the accuracy of the information concerning the detainee's date of birth, the detainee should be screened by medical personnel for a final age determination.
- Additional medical evaluation with the assistance of a forensic pathologist might offer additional information should there be a lack of historical data to provide an accurate age.

REASON: Whether a minor is emancipated or not is only relevant in the context of certain legal issues such as enforceable contracts. Should not be relevant for determining emotional maturity. **Processing**

#### Pediatric Detainees

- Pediatric detainees should be transported and processed utilizing the following recommendations.
- Once an age determination has been made, the command receiving the detainee for detention, should be notified of age and medical background in order to allow the command time to prepare a facility, educational, medical, and security assets to manage the detainee appropriately.
- Interrogation or questioning of a pediatric patient for anything other than identifying and medical information should be prohibited.

**Deleted: Legal Designation of Age**

**Deleted:** <#>All efforts should be made, prior to transfer of a prospective detainee, for legal and medical personnel to determine an accurate age for the prospective detainee.¶  
This assessment

**Deleted:** obtainable designating

**Deleted:** prospective

**Deleted:** ¶

**Deleted:** Once this age has been determined, legal assets should then designate whether the prospective detainee is designated as pediatric, an emancipated minor, or an adult.

**Deleted:** ¶  
<#>Those legally designated as adults or emancipated minors should be transported and processed for detainment utilizing procedures already in place for detainee transport.¶

**Deleted:** Those legally designated as

**Deleted:** pediatri

**Deleted:** As soon as it is determined that a prospective pediatric detainee shall be processed for transport and detainment

**Deleted:** ainment

00766-008284

During interrogations, appropriate medical personnel should be present to monitor pediatric detainees' psychological well being. REASON: Fully expect interrogations to occur. REASON: Vague.

- REASON: Sounds like a preamble.

### Pre-transport Preparation

- Pediatric detainees should be transported per the following guidelines.
- Transport in separate aircraft, from adult detainees.
- If separate air transport is not possible, then separate accommodations (including separation from adult detainees by sight and sound) should be made available.
- Medical evaluation consisting of a brief medical history, appropriate focused exam, and vital signs should be performed prior to consideration for transport. If any medical conditions are identified that will require treatment during or soon after transport, appropriate medical supplies for administration and plan for treatment should be devised. Medical supplies enough for three days should accompany the patient.
- If a medical condition is identified that could be exacerbated by transport or that contraindicates transport is identified during pre-transport medical evaluation, transport should be delayed until the condition is adequately addressed.
- Medical personnel accompanying these detainees would ideally have experience in pediatric assessment and treatment. If a detainee transported weighs less than 32 kg, then at least one of the medical personnel accompanying the detainee should have training in Pediatric Advanced Life Support (PALS). Appropriate medical equipment for weight/age appropriate airway management should also be available as per PALS protocol.
- An interpreter with fluency in the primary language of the detainee should be dedicated one-on-one to the detainee throughout the transportation process.
- The detainee should be transported with the lowest level of restraint that, in the medical providers assessment, would provide adequate control of the patient. All efforts should be made to inform the detainee about transport procedures and what to expect during transport. If the detainee is very calm and cooperative, a minimum of leg restraints would be warranted. The next higher level of restraint would be the addition of soft wrist bindings (leather with padding). If this level is not adequate, then addition of a soft vest would be warranted.
- Should the detainee continue to escalate in violence level despite maximum physical restraint described above, then chemical restraint would be appropriate.
  - wt > 50 kg: 1mg Ativan, 2mg Haldol, 25 mg Benadryl IM (may be mixed in single syringe)
  - wt > 30 kg, < 50kg: 1mg Ativan, 1 mg Haldol, 12.5 mg Benadryl
  - < 30kg: no chemical restraint
  - These are suggestions for weight based chemical restraint. Medical providers accompanying detainees may need to utilize other medications as are available. Other medications used should be appropriately dosed for the weight of the patient.
- There should be constant access for the detainee to bathroom facilities.
- No devices should be utilized to obstruct vision during the transportation (e.g. hoods).
- Appropriately sized TB mask should be placed on the detainee for protection of personnel during transport. Interpreter should explain that the mask is used to stop the spread of certain diseases and will be removed when evaluation for respiratory illness is complete in about three days.
- A minimum of two security officers should accompany each pediatric detainee.

REASON: This option should be security driven.

### Initial Arrival Plan:

- An interpreter that is fluent in the detainees primary language should continue to accompany the detainee throughout the arrival and transport for clear communication of directions and instructions
- If the detainee arrived via separate transport, he/she should be transported via ambulance to the DACU, located at USNH, GTMO for in-processing. The patient should remain isolated from the adult detainee population during this transport.

**Deleted:** If interrogation is attempted, a legal representative should be assigned to the detainee to act as counsel for the child's emotional, psychological, medical, and emotional protection.

**Deleted:** ¶

¶ Expedited Processing

**Deleted:** ¶

**Deleted:** Pediatric detainees will likely be less capable of dealing with the stress of detention and the ambiguity of their situation as compared to their adult counterparts. As a result, all efforts should be made to inform the detainees of their proposed length of detainment as soon as possible. The specific goals of detention should be developed prior to detainment so that efficient completion of those goals can be actively sought. This population group has the greatest possibility to go on to have productive lives, but also have the most to lose by prolonged detention. Once the goals of detention have been completed, out-processing of the detainee should be expedited.

**Deleted:**

**Deleted:** Detainees identified as pediatric patients and all detainees 15 years or younger, regardless of legal status,

**Deleted:** Ideally, these patients should be

**Deleted:** transported by separate air transport

**Deleted:** patient

**Deleted:** patient

**Deleted:** patient

**Deleted:** No weapons should be utilized by security assigned to these patients. At maximum, batons and pepper spray could be carried

**Deleted:** ¶

<#> All personnel specifically assigned to the pediatric detainee for transport should not wear standard military uniforms. Personnel should wear appropriate civilian attire (shirt, slacks, etc.) as to minimize the psychological stress to the detainee. ¶

- Two security officers, ideally trained in pediatric restraint techniques shall accompany the detainee at all times.
- If the detainee arrives on transport with adult detainees, the detainee should be removed from the transport either first or last, whichever allows for the easiest segregation of the pediatric detainee from coming in contact with the adult detainees.
- The level of physical restraint should be kept at a minimum while still providing safety to the detainee and security personnel. The level of restraint should be appropriate for the level of violence or resistance experienced.
- Only those patients legally designated as pediatric should be transported to the DACU Spell out for in-processing procedure. Detainees that are emancipated minors and all detainees greater than 17 years of age should be processed via usual procedure for adult detainees.

### In-Processing Procedure

- In-processing pediatric patients should initially occur in the DACU at USNH, GTMO. All attempts should be made to not have adult detainees present in the area during this in-processing procedure.
- A surrogate should be assigned to the patient in order to act on the patient's behalf to consent for medical interventions and procedures. All attempts to gain the detainee's assent for treatment should be sought.
- Medical in-processing evaluation should be completed within 24 hours of arrival of the detainee
- An interpreter fluent in the detainee's primary language should remain at the DACU throughout the in-processing procedure.
- Chest x-ray should be performed for evaluation of pulmonary tuberculosis.
- Venous blood draw should be performed with the following labs performed:
  1. Hepatitis Panel
  2. HIV antibody
  3. Electrolyte panel
  4. Complete blood count
  5. Additional studies might be warranted depending on baseline medical conditions identified by history or physical examination
- Body cavity search should be performed with every attempt to minimize the trauma to the detainee. This should be performed by a medical provider, preferably by someone other than who will be responsible for the detainees general medical care.
- A minimum of two security personnel should be present throughout the in-processing procedure. Ideally, these personnel will have training in juvenile restraint techniques. A medical examination should be performed by the Pediatrician utilizing standard adolescent screening forms.
- A treatment plan and appropriate medical screening should be performed as per guidelines in the *Guidelines for Health Supervision III* (American Academy of Pediatrics) and *Standards for Health Services in Juvenile Detention and Confinement Facilities* (NCCHC).
- No interrogation procedures or questioning other than for medical history and identification information should be utilized during in-processing. However, if any information is spontaneously disclosed, personnel in the area should report this information to the appropriate authority.
- Consent should be documented by the patient's surrogate prior to administration of immunizations. If no prior immunization history is identified, the following immunizations should be given:
  - tetanus vaccine
  - influenza vaccine
  - additional vaccines might be indicated depending on prior history and exposures
- Initial vaccine administration should be documented with follow-up vaccinations scheduled per the ACIP (Advisory Committee on Immunization Practices) guidelines.
- The detainee should be transported from the DACU to their designated residence via ambulance utilizing the same transport procedures.

**Deleted:** for those patients legally defined as

**Deleted:** legally

**Deleted:** patient's

**Deleted:** patient

**Deleted:** Security personnel should refrain from wearing military uniforms and should wear appropriate civilian attire.

**Deleted:**

**Residence Specifications**

- Pediatric detainees should have all aspects of their housing, activities, and care located separate from the adult detainee population.
- The housing location of pediatric detainees should be separated from the adult detainee population by both sight and sound.
- There should be no common space interaction between the pediatric detainees and adult detainees.
- The facility utilized for the housing and detention of the pediatric detainee should have its own security providing internal and external perimeters.
- Options for such housing would include:
  1. A double wide trailer either utilized from current available assets or brought in exclusively for this purpose. Appropriate modification would have to be made
  2. Utilizing a house in a previously constructed housing area. The area would subsequently have to be blocked off to establish an adequate perimeter and security control.
  3. Construction of a housing facility that fits the specifications listed
- The housing structure should not employ any construction aspects commonly associated with jails or prisons, including (but not limited) bars, metal walls, iron/metal fencing, etc.
- Each pediatric detainee should be supplied with a primary living space with a minimum space of 20ft by 30ft.
- A bathroom facility should be available directly connected to this living space, not requiring leaving the indoor environment.
- A bed should be provided consisting of a thick mattress (no metallic or sharp components)
- Bedding materials including several sheets and two blankets should be provided
- Bedding materials should be exchanged weekly for clean linen
- The primary living space should be fully contained (walls on all sides) with air conditioning available
- Walls should be flush with no beams or 2x4s within reach.
- Preferably, safety windows should be provided so that the patient is able to look outside the primary living space.
- A separate space should be located adjacent to the primary living space of the pediatric detainee for security and support staff to utilize. This space should include:
  1. Multiple electrical outlets for electrical access.
  2. Two computers with internet access (for staff use only)
  3. Phone with functioning phone line
- The living space should be inspected by a specialist in Pediatric Psychological care to assure that the primary living space is safe for a pediatric patient.
- The pediatric detainee should be expected to stay within the primary living space from 1900 to 0700 hours.
- Adequate lighting for reading should be provided from 0700 through 2200 hours
- An open, outside recreation area should be constructed and easily accessed from the primary living space area.
- The recreation area should lie within the same perimeter as the primary living space. The size of the recreation area should be a minimum of 50ft x 50ft.
- The detainee should be allowed to play in the recreation area a minimum 3 hours per day.
- Gaming toys should be provided, but restricted to spongy balls (eg Nerf football, Nerf soccer ball, etc.). As the detainee's assessment progress, advancing the range of gaming tools available might be advanced
- Different facilities will be needed for the detainee if his/her activity requires restriction due to the possibility of self harm or harm to others. Preferably, this would be a self contained room with padded walls. The minimum space for such a room would be 10ft x 10ft. This facility would ideally be located separate from the primary residence, but within the same confines of the same perimeter. This facility should also be supplied with flat bed padding, soft restraints for legs and arms, and a stretcher. Access to medications used for chemical restraint should also be available near this area.

Deleted: D  
Deleted: legally designated as pediatric

Deleted: Commandeering of  
Deleted:

Deleted: have

Deleted:



- If multiple pediatric detainees are to be housed, they should have separate primary living spaces (similar dimensions). They could conceivably share bathroom facilities. Limited, closely observed interaction between pediatric patients would likely be allowed.
- If the location of the facility for pediatric detainees is greater than 5 minutes travel time from the areas that ambulances for adult detainee services are kept, then an ambulance should be dedicated to and maintained at the pediatric detainee facility.

**Personnel**

- Initial assessment and survey of current security personnel should be performed in order to identify any members who have experience in juvenile detention. These security members should be reassigned to the pediatric detainee facility until adequate training of other security personnel is completed.
- Any identified members with this experience should be utilized for the initial phases of pediatric detainee security. Depending on the level of experience, these personnel might be able to provide some training to other personnel interested in participating in the detention of pediatric detainees.
- If evaluation of the personnel already present at the command does not identify a person qualified to adequately instruct other security members on the specifics of juvenile detention techniques and appropriate restraint tactics, an appropriately qualified member of the juvenile detention community in the United States should be identified and contracted to teach appropriate techniques to the staff selected for the care of pediatric detainees. This training should include all members involved in the care of pediatric detainees, including security staff, educators, and medical personnel. This process should be implemented immediately.
- Two security members with the appropriate juvenile training should be assigned to each pediatric detainee at all times.
- A designated educator should be assigned to each pediatric detainee for a minimum of 4-6 hours per day for educational pursuits.
- For the times that a pediatric detainee is not actively participating in educational pursuits, a child psychiatric tech should be assigned to the patient to assist in socialization and other constructive activities (games, outside activity). Ideally, these individuals would be able to speak the detainees primary language. In addition, these providers should be certified in PALS (Pediatric Advanced Life Support). A total of 3 psychiatric technicians should be made available for rotational coverage of the pediatric detainee.
- An interpreter should be available 24 hours per day, 7 days per week and present on site to maximize communication and to minimize confusion of the pediatric detainee to his/her circumstances. This will likely require at least 2 interpreters be dedicated to the pediatric detainees for any one primary language.
- Psychiatric technicians should be able to monitor more than one pediatric detainee at a time, but should not be responsible for more than three detainees at any one time.
- A Pediatrician or Family Physician with pediatric experience should be available for routine medical care evaluations and continuing medical care as well as consultation for emergency medical interventions.
- Additional personnel may need to be utilized intermittently depending on medical, educational, or emotional needs of the detainee. Some providers that might be necessary include, but should not be limited to:
  1. Pediatric Psychologist/Psychiatrist: this individual should be present at all in-processing of pediatric detainees for initial assessments and development of psychological supportive care services. In addition, intermittent reviews of the progress of the patient should be performed (approximately every 3 months, depending on the severity of the psychiatric needs of the patient).
  2. Social Worker (experienced with children): this individual would be involved in the weekly evaluation and continued therapy proposed by the Pediatric Psychologist/Psychiatrist. If personnel at USNH, GTMO are not available for this purpose, personnel may have to be separately dedicated to this aspect of care.

Deleted: these patients

Deleted: (

Deleted: )

Deleted: personnel

Deleted: personnel

3. Audiologist: this individual may be involved in initial evaluation of hearing status of the patient. Continued involvement would only be necessary if a hearing deficit was identified and continuing care was required.
  4. Speech Therapist: this individual would be necessary only if a developmental speech problem was identified. The speech therapist from the local DOD school might be contracted for this purpose.
  5. Developmental Pediatrician: this individual would be utilized for evaluation of a detainee that has been identified as developmentally immature or having an adverse developmental progression.
  6. Occupational/Physical Therapist: this individual would be utilized for addressing any physical limitation that occurred prior to or after detention.
- All personnel involved in the detention of pediatric detainees should refrain from wearing military uniforms and utilize appropriate civilian attire.

Deleted: personnel

Deleted: personnel

Deleted: personnel

Deleted: was

Deleted: personnel

**Education NOTE: The plan below seems to accept western standards as the norm without considering the cultural differences of detainees.**

- An educational provider should be dedicated for pediatric detainee educational pursuits
- Any pediatric detainee who is detained longer than 72 hours should have active initiation of educational services implemented.
- The educational provider should be fluent in both English and the primary language of the detainee.
- The educational provider should be capable of producing a comprehensive teaching plan in all primary subjects (reading, writing, mathematics) utilizing detainees primary language.
- A school psychologist could be employed to administer psychological assessment testing for the definition of a detainee's competency level in multiple subjects to clarify reasonable goals for educational pursuit.
- Regular review of educational plans and appropriate modifications should be documented every 3 to 6 months.
- Each pediatric detainee should be expected to participate in educational instruction for a minimum of 4-6 hours per day.
- The detainee should be allowed to take breaks from educational pursuits as determined by the educational provider for food and recreation time.
- A separate educational provider should be employed for each pediatric detainee with a different primary language. One educational provider could teach multiple pediatric detainees with the same primary language.
- All attempts should be made to minimize the rotation of educational providers in order to maximize the consistency of educational practice.

Deleted: e

**Nutrition**

- At initial in-processing, the pediatric detainee should be allowed to identify foods that he/she enjoys and what constitutes their usual diet.
- A nutritionist should be available for evaluation of each pediatric patient and implementation of a nutritional plan, regardless of the patients initial appearance of health.
- All attempts should be made to provide food that the detainee enjoys, but also provides appropriate nutritional value to promote appropriate growth and development. Consideration of the detainee's ethnic preferences should be made when possible.
- Weight measurement should be performed during initial in-processing and then again every 3 months for monitoring. If concerns regarding the detainee's nutritional status arise prior to that, evaluation by the medical staff and nutritionist should be performed.
- A minimum of three well balanced meals and two snacks should be made available to all pediatric detainees daily in order to facilitate normal growth and development.

Deleted: ir

**Religion**

- All pediatric detainees should be screened for religious preference

- Appropriate religious personnel should be made available if possible for spiritual support as requested
- Religious material (Qu'ran, Bible, praying mat, etc.) should be supplied if possible to detainees if requested.

### **CONTRIBUTING PROVIDERS**

LT [REDACTED] M.D.	Pediatrician
LCDR [REDACTED] M.D.,M.P.H.	Infectious Diseases
LCDR [REDACTED] Psy.D.	Child Psychologist
CDR [REDACTED] M.D.	Psychiatrist

### **Reviewed and forwarded by:**

CAPT [REDACTED] NC, USN      JTF GTMO Surgeon