

04-309: DEATH FROM TORTURE

Meet "04-309." I don't know his name—DOD redacted that from the reports on detainee deaths it released to ACLU some time ago. "04-309" is the number DOD assigned to the autopsy they did on him in Mosul on April 26, 2004, just two days before the Abu Ghraib story broke.

When 04-309 was captured by Navy Seals around April 2, 2004, he was around 27, a "well-developed, well-nourished" man, 6 foot and 190 pounds. He had no visible scars. He was, apparently, healthy.

04-309 did, however, show signs of minor injury: cuts and bruises around his head and belly and right shoulder and arm. These wounds may have come when he was arrested—his autopsy summary says "Q by NSWT [Navy Seals], struggled/interrogated" before it describes he, "died sleeping."

But 04-309's Final Autopsy Report—completed on November 22, 2004, long after Abu Ghraib broke and the CIA's Inspector General concluded the CIA's interrogation program was cruel and inhumane (though not all that long after a criminal investigation of homicides committed in 2002 concluded, on October 8, 2004, that the deaths were partly caused by sleep deprivation and stress positions)—doesn't conclude how he died. It does, however, describe these "circumstances of death:"

During his confinement, he was hooded, sleep deprived, and subjected to hot and cold environmental conditions, including the use of cold water on his body and hood.

Later in the document, the Opinion section explains,

Based on the available investigation and complete autopsy examination, no definitive cause of death for this approximately 27-year old male Iraqi civilian in US custody in Iraq could be determined. There is evidence of multiple minor injuries; however, there is no definitive evidence of any trauma significant enough to explain the death. The injuries include bilateral periorbital ecchymoses ("blackeyes"); abrasion and contusions of the face, torso, and extremities; contusion on the side of the neck' and subgaleal hemorrhage of the scalp.

There is evidence of restraint, consisting of "flexicuffs" around the wrists with associated minor contusions, and asphyxia from various means cannot be completely excluded in a restrained individual.

There are non-specific cardiac findings, including mild medial thickening of the sinus nodal artery and focal mild dysplasia of the penetrating branches of the atrioventricular nodal artery. However, there is no associated increased septal fibrosis, which can be a potential substrate for cardiac arrhythmia. There is no gross evidence of atherosclerosis of the coronary arteries. A cardiac arrhythmia related to ion channelopathies or coronary vasospasm cannot be excluded.

The decedent was also subjected to cold and wet conditions, and hypothermia may have contributed to his death.

Therefore, the cause of death is best classified as undetermined, and the manner of death is undetermined.

Now I'm no doctor—and I definitely can't make sense of the cardiac findings. But it sounds

like "stress positions," "sleep deprivation," "walling," and "water dousing" are all leading candidates to have caused the death of 04-309. Or, to use the terms used for techniques approved for use by one Special Forces group in Iraq until May 18, 2004, about a month after 04-309's death, "safety positions," "sleep adjustment/sleep management," "change of environment/ environmental manipulation," and "mild physical contact." It doesn't really matter what you call the techniques, though, because they amount to torture that—in the case of an apparently healthy 27 year old man—appear to have killed him in three days time.

A lot of people—from the CIA to Cheney to the torture apologists—want this debate to be about waterboarding, a technique they've only admitted to using with three detainees, and a technique that—as far as we know—did not kill anyone in US custody. But that distracts from the other techniques that just as much torture, the ones that were killing Iraqi civilians in a matter of days.

Update: From drational, who confirms my suspicion that this autopsy report was a cover-up.

Marcy, I took a look at this autopsy as well. The final autopsy report notes Cerebral edema (swollen brain) and microscopic evidence of "early acute neuronal injury". It also shows pulmonary edema (water in the lungs).

The autopsy report looks like a cover up. Arrhythmias cause death acutely; you will definitely not see brain injury as described.

The autopsy is more consistent with partial suffocation leading to brain injury, followed by heart failure. He had to have been alive for at least 4-8 hours after the lethal brain injury (hypoxia) in order to develop the edema and neuropathological changes observed.

Also, a bunch of us are trying to focus attention on the non-waterboarding torture today. Here's a diary that drational did over at DKos, translating some of the medicalese into English.

Update: Glenn's got a great post on this too.