

KBR's Foreign Contractors at Guantanamo Spared Controversial Anti-Malarial Drug Given to Detainees

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The detention center at the naval base at Guantanamo Bay, Cuba. (Photo: Todd Heisler / The New York Times)

The Defense Department [has claimed](#) it took the unprecedented step of forcing all “war on terror” detainees sent to Guantanamo in 2002 to take a high dosage of a controversial anti-malarial drug known to have severe side effects because the government was concerned the disease could be reintroduced into Cuba by detainees arriving from malaria-endemic countries Afghanistan and Pakistan.

But hundreds of contractors who were hired by Kellogg Brown & Root (KBR), at the time a subsidiary of Halliburton, the oil services firm formerly headed by Dick Cheney, from malaria-endemic countries such as the Philippines and India and tasked with building Guantanamo’s Camp Delta facility in early 2002 did not receive the same type of medical treatment, calling into question the Pentagon’s rationale of mass presumptive treatment of detainees with the drug mefloquine, a Truthout investigation has found.

Numerous peer-reviewed journal articles and public health experts have linked mefloquine, also known by its brand name, Lariam, with severe side effects, including vertigo, nausea, vomiting, dizziness, anxiety, panic attacks, confusion, hallucinations, bizarre dreams, sores and homicidal and suicidal thoughts.

Indeed, a 2002 study reported that upwards of 80 to over 90 percent of all healthy volunteers administered treatment doses of mefloquine suffered either vertigo or nausea. According to the study by Austrian researchers, “Participants suffering from severe (grade

3) vertigo (73 percent) required bed rest and specific medication for 1 to 4 days.”

Last December, Truthout published an [investigative report](#) that, for the first time, revealed details of a previously secret government policy that called for all detainees sent to Guantanamo to be given 1,250 milligrams – the treatment dosage – of mefloquine, regardless if they had malaria or not.

Defense Department spokeswoman Maj. Tanya Bradsher told Truthout a “decision was made” to “presumptively treat each arriving Guantanamo detainee for malaria to prevent the possibility of having mosquito-borne [sic] spread from an infected individual to uninfected individuals in the Guantanamo population, the guard force, the population at the Naval base or the broader Cuban population.”

Capt. Albert Shimkus, who was head of the Naval Hospital at Guantanamo and the chief surgeon for Joint Task Force 160, told Truthout the hundreds of contractors who arrived at Guantanamo in March 2002 to construct prison camps were the medical responsibility of the contracting agency, which was KBR.

Shimkus, who signed the Standard Operating Procedure (SOP) in January 2002 authorizing the 1,250 mg dosage of mefloquine for all Guantanamo detainees, said he was told by KBR personnel, during a meeting around that time at separate medical facilities used by the firm at the naval base, that contractors were taking malaria prophylaxis drugs and would remain on such drugs while they remained on the island.

Shimkus said he could not recall what anti-malarial drugs the contractors were taking, but he believed they were not given treatment doses of mefloquine.

Chemical prophylaxis of malaria is not necessary in areas where the disease is not endemic, except for a few weeks after leaving a malaria-endemic area, according to tropical disease experts.

Gabriela Segura, a spokeswoman for KBR, told Truthout that KBR provided “immunizations against diseases and harmful agents endemic to each employee’s destination in accordance with the recommendations of Centers for Disease Control and Prevention, International SOS, and the World Health Organization.”

However, Segura said KBR could not identify the anti-malarial drug administered to the corporation’s contractors at Guantanamo.

Bradsher, the Defense Department spokeswoman, referred all questions about the treatment of contractors to KBR, stating that the firm is “responsible for its own contractors.”

Shimkus said he never reviewed medical records or other documents pertaining to KBR contractors to verify they were being treated with anti-malarial medications, nor did he inquire about the medical status of any of the workers brought to Guantanamo. Instead, he said he relied on assurances from KBR.

“I was confident,” Shimkus told Truthout, “that, based on the information we were receiving from [KBR], that the malaria situation was under control, and they understood the environment they were coming into, and they were all using chemical prophylaxis.”

Relying on the contracting agency is consistent with a Defense Department document from Naval Facilities Engineering Command (NAVFAC) entitled “Special Conditions for Guantanamo Bay Projects.”

The October 2004 document, which was issued while mefloquine treatment was still an active policy at Guantanamo, states that contractors “shall screen prospective employees with the objective to exclude those with admitted chronic disorders from traveling to Guantanamo Bay.”

It notes that contracting firms such as KBR shall make “Every reasonable attempt ... to prevent personnel with chronic disorders, which may require treatment, such as cardiovascular defects, tuberculosis, mental health problems, and alcoholism, from being sent to Guantanamo Bay.”

While the NAVFAC document puts primary responsibility for the health of contract workers onto the contracting agency, a KBR statement provided to Truthout puts the onus for extraordinary health measures on the Department of Defense.

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As described by Segura, KBR’s policy notes that it looks “to the client to determine if any added health measures are necessary for employees, contractors or subcontractors.” According to their policy, “Any guidance as to additional health procedures will then be incorporated at the direction of the client.”

According to a public health expert who previously spoke to Truthout about the questionable practice of administering high doses of mefloquine to detainees, the only anti-malarial drug that would have eliminated the malaria parasite at infectious stages of its life cycle was primaquine. That drug is only administered for two weeks, yet Shimkus indicated that KBR contractors took anti-malarial drugs for the entirety of their stay at Guantanamo, and that more than one drug was used, depending on the worker’s country of origin. It’s not known if foreign contract workers were given primaquine because Segura said KBR was unable to locate any individuals at the corporation who would be in a position to disclose the drugs the firm gave its contract employees.

Cuban Government Concerns

In a second report Truthout published last December on the use of mefloquine at Guantanamo, Shimkus said one of the reasons the Pentagon took the extraordinary step of implementing a policy of mass presumptive treatment was to address concerns raised by Cuban government officials about the possibility of reintroducing malaria into the country.

The benefits of mass empiric treatment of detainees, although unprecedented, “outweighed the risks,” Shimkus said.

An emailed request for comment sent to the Washington, DC office of the [Cuban Interests Section](#), an organization established in 1977 to foster dialogue between US and Cuban diplomats, was not returned.

A Hurried Hiring Process

The hiring of low-wage contractors to work at Guantanamo was fraught with controversy. A

[report published in Asia Times](#) in July 2006 stated that KBR's hiring process was kept "under wraps by both the US and Philippine governments."

Using a Philippine recruitment agency with ties to KBR, Asia Times reported that the Philippines and the US agreed that "all worker travel documents and recruitment requirements would be expedited in just a few hours by US embassy officials."

"According to people familiar with the situation, the Guantanamo-bound Filipino workers were allegedly slipped out of the Ninoy Aquino International Airport without passing through standard immigration procedures and left Manila onboard a chartered flight to Cuba," Asia Times reported.

That story is backed up by a [news report](#) published in August 2002 by Filipino-American journalist Rick Rocamora, who interviewed one of the contract employees from the Philippines. According to Rocamora's account, "the Philippine Overseas Employment Administration [POEA] received a phone call from the US Embassy and the Philippine Ambassador in Washington D.C. to expedite approval."

The approvals, which reportedly can take some months to process, were rushed through within 24 hours and the workers "transported on a chartered DC-10 Greece-registered Electra Airlines direct to the US naval base in Guantanamo Bay with refueling stops in Dubai, Greece, and Portugal."

Segura, the KBR spokeswoman, said, "As a matter of practice, KBR provides medical mobilization physicals prior to employees deploying to international projects."

The speed with which the contract workers were recruited and sent to Guantanamo raises questions as to whether KBR, POEA and its subcontractors had sufficient time to assess the newly hired workers for malaria or other diseases. Neither POEA nor Anglo-European Services, cited in reports by Rocamora and Asia Times as the local recruitment agency for the workers in the Philippines, returned requests for comment.

Both India and the Philippines have higher risk profiles of transmission of the deadly falciparum variant of malaria than does Afghanistan. In India in 2002, there were 1.86 million cases of malaria, over 40 percent from the deadly falciparum strain, and most parts of the country are considered to have high transmission rates of the vivax form of the disease. Almost 1,000 people died of malaria in India in 2002.

In the Philippines, there is a great deal of variability of risk depending on the region of the country, but 57 out of 79 provinces are considered malaria-endemic. Confirmed cases of malaria in the Philippines from 2002 to 2005 went from approximately 38,000 to over 50,000 cases per year.

Lingering Questions

Defense Department officials have claimed US personnel stationed at Guantanamo were not given treatment or prophylactic doses of mefloquine or any other anti-malarial medication because their concerns about the disease rested solely on its reintroduction into Cuba by foreign nationals and not on malaria of Cuban origin.

However, the Defense Department's reasoning for developing a policy of mass presumptive treatment for detainees, and detainees only, using the drug mefloquine raises questions

about other possibilities as to why the drug was administered.

A report by Seton Hall University School of Law's Center for Policy and Research last December, issued at the same time Truthout released the findings of our investigation, stated that treatment doses of mefloquine on all the detainees, without an accepted medical rationale by any public health official willing to publicly support the policy, could be attributed to a medical experiment, "gross medical malpractice" or possibly one of three other possibilities, any of which "would likely satisfy the legal definition of torture as articulated by the Department of Justice in 2002."

Shimkus has vehemently denied that mefloquine was used for any other purpose. He said the policy of mass presumptive treatment was enacted following discussions he and other military officials had with the Centers for Disease Control (CDC), the Navy Environmental Health Center (NEHC) and the Armed Forces Medical Intelligence Center (AFMIC) at Fort Detrick, Maryland, which is part of the Defense Intelligence Agency (DIA). The human intelligence division of DIA was one of the primary agencies involved in the interrogations of the detainees.

Shimkus said he also answered to a medical chain of command that ran through the United States Southern Command (SOUTHCOM), indicating that senior Pentagon officials would have been knowledgeable about the policy. He said he could not recall the name of the official to whom he reported.

CDC has refused repeated requests for comment. A spokesperson for the Navy and Marine Corps Public Health Center (formerly NEHC) indicated no response was available for publication at press time. Truthout's request for comment was being "coordinated through the Navy's Bureau of Medicine and Surgery and may require additional coordination and permission through the Chief of Naval Information offices in Washington, DC."

A defense official who spoke to Truthout on background said the role of AFMIC, now known as the National Center for Medical Intelligence (NCMI), is to provide "infectious disease risk assessments in support of US military and civilian force protection measures. NCMI's function does not include prescribing treatment or making treatment policies."

The defense official also noted the importance of using anti-malaria drugs "where malaria risks are heightened." However, he would not directly comment on what AFMIC told Guantanamo officials in 2002.

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