

28 AM (b)(6)-2

Surgeon

Medical Officer / Preventive Medical Officer INTERVIEW QUESTIONS

Rank LTC Branch M C Date 29 MAY 03 Unit 1 D
Duty Position Surgeon How Long in Job since Jan 03
How Long in Current MOS - 14 yrs Interviewer (b)(6)-2
How long have you been in Country - 6 MAR 04 to 12 Nov 04 in Feb -

1. What medical requirements in support of the detainee program were identified in the medical annexes of relevant OPLANS, OPORDs, and other contingency planning documents? What identified requirements were actually allocated? What procedures were specified in these documents? (Collect theater/local policies, SOPs, etc) (1.1, 1.2, 2.1, 4.1)

None on our side - Did address - detainees - EPW - TX - he will SFR
* added @ some point to medical care - ICAE published - not as of yet
He is using the ICAE -
not aware of EPW/CI/PI status

2. What training, specific to detainee medical operations, did you receive prior to this deployment? What training have you received during this deployment? (1.4)

- no specific training on detainee care -
Head of medical - he knew of none -
CG or EPW - he has not read -

3. What are the minimum medical care and field sanitation standards for collection points/internment facilities? What have you observed when detainees are received at collection points/internment facilities? (Describe the process) (1.2, 1.4, 1.8)

[Blank lines for answer to question 3]

4. How often are the collection points/internment facilities inspected (PVNTMED inspections)? Who performs the inspections (field sanitation team, PVNTMED detachment)? What do the inspections consist of? What do you do with the results of the inspections? Are the appropriate commanders taking the necessary actions to correct the shortcomings noted during your monthly medical inspections? Have you observed any recurring deficiencies during your inspections? (Obtain copies of past inspection reports) (1.1, 1.2, 1.3, 1.7, 2.1, 4.1)

CSA @ Spike is held in - no level II

5. How do you ensure that each unit has a field sanitation team and all necessary field sanitation supplies? What PVNTMED personnel are assigned to MP units responsible for detention operations? (1.1, 1.2, 1.3, 1.4, 1.5, 1.7, 2.1, 4.1)

6. How are detainees initially evaluated (screened) and treated for medical conditions (same as US)? Who performs the screening? What do you do if a detainee is suspected of having a communicable disease (isolated)? (1.1, 1.2, 2.1, 4.1) -

they should get an examination - P.A. - or MP medics - not sure -
- w/ P disease - try to get work - cannot physically
- isolate as they - try to regulate isolation - Tx

- b.c. of follow-up problems - they decide on a case by case basis, but
will hold on Tx until transferred -

7. How often do you or your staff conduct routine medical inspections (examinations) of detainees? What does the medical evaluation consist of? What is the purpose of the medical examination? How are the results recorded/reported? (1.1, 1.2, 1.3, 1.7, 2.1, 4.1)

No - not routine - it's on as needed basis - not aware
of any regulatory guidance -

8. Does every internment facility have an infirmary? If not, why not? How do detainees request medical care? What are the major reasons detainees require medical care? Have any detainees been denied medical treatment or has medical attention been delayed? If so, why? (1.1, 1.2, 1.8, 2.1, 4.1)

and states acts as an infirmary -
injury, dog bite -
observed, vomiting, abdomen -
a lot of anxiety treated there -

not that I can answer it -

9. How do detainees obtain personal hygiene products? (1.1, 1.2, 1.8, 4.1) -

they are given sundy packs - the women are really there, but
not their medical demands

for SDF eyes built r.b. m.E. d.e.g.

He makes a determination on Tx of detainees using
sustainability of Tx -

10. What are the procedures for the transfer of custody of detainees to/from the infirmary for medical treatment? How is security maintained when a detainee is transferred to a medical facility? (Database, form, etc) (1.1, 1.2, 1.7,

4.1

MIP guard - offer detainees cots - litter - blanket - just walk them across to ad station - held in separate tent - separate condition for detainee

11. What are the procedures for repatriation of sick and wounded detainees? Who is eligible for repatriation based on a medical condition? How do you interact with the Mixed Medical Commission (EPW/RP only)? (1.1, 1.2, 4.1)

not aware of any - they just release

12. Who maintains medical records of detainees? How are these maintained and accessed? What is kept in the medical record? Who collects, analyzes, reports, and responds to detainee DNBI data? (1.1, 1.2, 1.7, 4.1)

the MAF - there is some

SF 200's - + log book -

if DAF know it records go to detainee

13. What are the standards for detainee working conditions? Who monitors and enforces them? Who administers the safety program? What is included in the safety program? How does a detainee apply for work-related disability compensation? (1.1, 1.2, 1.7, 4.1)

lanby -

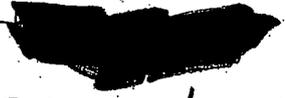
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14. How are retained medical personnel identified? What special conditions apply to them? How are they employed in the care of detainees? How are they certified as proficient? Who supervises them? (1.1, 1.2, 1.7, 4.1)

No aware of any -

6 JUL 2

Dir Psychiat MAF



- 553-7174 - Spoken Arid State
- CST then + on there

15. What measures are taken to protect US personnel from contracting diseases carried by detainees? Who monitors/enforces these procedures? (1.1, 1.2, 1.5, 1.7, 4.1)

ID depends + isolate - gloves + mask -

16. What kind of stress counseling do you provide to Soldiers/Guards of detainees? (1.1, 1.2, 2.1, 4.1)

Not a a routine brief -
the Dir-Gen met past studies
a CST is here dir -

17. What are the procedures if a detainee in U.S. custody dies? (1.1, 1.2, 4.1)

IDK -

18. What do you perceive to be doctrinal medical shortcomings pertaining to detainee operations? How would you fix/incorporate into updated doctrine/accomplish differently? Does the current force structure of the Medical/MS/SP Corps support the successful accomplishment of detainee operations? What are the shortcomings, and how do we fix the problem at the Army level? (1.1, 1.3, 1.5, 1.7, 2.1, 2.2, 3.1, 4.1)

toys/AT
ALREADY C+S - not much strong instruction on care of detainees - learn from the plg -
GC - no formalized training - school house can't keep up w the changing requirements -
credentialed ops - useful at operations no one has trained on -
re commend med ops MTT - to include detainee ops -

19. If you noticed any markings and/or injuries on a detainee that might lead you to believe the detainee was being abused, what would you do with the information? Do your subordinates know the reporting procedures if they observe or become aware of a detainee being abused? (1.1, 1.2, 1.6, 4.1) (Serious Incident Report/Commander's Inquiry, etc)

ask the
M's how they
handle -

- if report, take it to @ PMA + the JAG

20. Overall, how do you feel detainees are being treated at the infirmary, collection points and/or detention facilities? What systemic weaknesses have you identified? **No standard. Personal observations. (1.1, 1.2, 2.1, 4.1)**

Txid family - genuine sense of care - by the medical personal -

21. What AARs or lessons learned have you written or received regarding detainee operations? Can I get a copy? (preferably on disk) (2.2) _____

22. What do you perceive as the mission of your unit? Describe the importance of your role in that mission. **(Insight to the Soldier's understanding and attitude concerning unit mission and their role)** _____

23. Describe your working environment and living conditions since being in Theater. **(Identify physical and psychological impact on Soldier's attitude).** (1.2, 1.3, 1.4, 1.5, 1.6, 1.7) _____

24. Describe the unit command climate and Soldier morale. Has it changed or evolved since you have been in Theater? **(Identifies Soldier's perception of the chain of command and Soldier attitude. Does the Soldier feel supported? Do Soldiers feel the Command cares? Are they getting clear guidance?)** _____

25. Are you aware of any incidences of detainee or other abuse in your unit? _____

No -

Fit same in the last group - 15-6 & SJAG -

ADVISEMENT OF RIGHTS (For military personnel)

The text of Article 31 provides as follows a. No person subject to this chapter may compel any person to incriminate himself or to answer any questions the answer to which may tend to incriminate him. b. No person subject to this chapter may interrogate or request any statement from an accused or a person suspected of an offense without first informing him of the nature of the accusation and advising him that he does not have to make any statement regarding the offense of which he is accused or suspected, and that any statement made by him may be used as evidence against him in a trial by court-martial. c. No person subject to this chapter may compel any person to make a statement or produce evidence before any military tribunal if the statement or evidence is not material to the issue and may tend to degrade him. d. No statement obtained from any person in violation of this article, or through the use of coercion, unlawful influence, or unlawful inducement, may be received in evidence against him in a trial by court-martial. (1.2, 1.6)

I am _____ (grade, if any, and name), a member of the (DAIG). I am part of a team inspecting detainee operations, this is not a criminal investigation. I am reading you your rights because of a statement you made causes me to suspect that you may have committed _____. (specify offense, i.e. aggravated assault, assault, murder). Under Article 31, you have the right to remain silent, that is, say nothing at all. Any statement you make, oral or written, may be used as evidence against you in a trial by courts-martial or in other judicial or administrative proceedings. You have the right to consult a lawyer and to have a lawyer present during this interview. You have the right to military legal counsel free of charge. In addition to military counsel, you are entitled to civilian counsel of your own choosing, at your own expense. You may request a lawyer at any time during this interview. If you decide to answer questions, you may stop the questioning at any time. Do you understand your rights? Do you want a lawyer? (If the answer is yes, cease all questions at this point). Are you willing to answer questions?

26. Describe what you understand happened leading up to and during the incident(s) of abuse. (No applicable standard) _____

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27. Describe Soldier morale, feelings and emotional state prior to and after these incidents? (Identifies unit and Soldier morale, atmosphere, mood, attitude, stress, retaliation, preemption, family crisis)

28. Was this incident reported to the chain of command? How, when & what was done? What would you have done? (Identifies compliance, procedure, timeliness, Soldier perception of action taken and effect on unit morale.) (1.2, 1.6)

29. How could the incident have been prevented? (Identifies root cause and perceived solution) (No applicable standard)

30. Describe any unit training or other programs that you are aware of that teach leaders and Soldiers how to recognize and resolve combat stress.

31. What measures are in place to boost morale or to relieve stress? (Identifies perceived solution.)

Leadership at the unit level -

32. What measures could the command enact to improve the morale and command climate of your unit? (Identifies perceived solution.)
