

(b)(6)-2

COL OTSG

From: (b)(6)-2 COL OTSG
Sent: Friday, November 07, 2003 8:14 AM
To: (b)(6)-2 COL OTSG
Subject: RE: Preventive medicine at EPW and Incarceration Facilities

(b)(6)-2

Thanks for the advice. SGT (b)(6)-2 works for the (b)(3)-1 as their PM NCOIC. My consulting relationship with SGT (b)(6)-2 is based more upon friendship than positional relationship. I think he is like most American Soldiers - trying to help the locals as much as our own folks. I saw this a lot over in Afghanistan.

V/r, (b)(6)-2

-----Original Message-----

From: (b)(6)-2 COL OTSG
Sent: Friday, November 07, 2003 8:07 AM
To: (b)(6)-2 COL OTSG
Cc: (b)(6)-2 OTSG
Subject: RE: Preventive medicine at EPW and Incarceration Facilities

(b)(6)-2

this entire issue is a legal one--the status of these persons and this internment facility--sounds like an Iraqi prison, not an EPW camp. Maybe (b)(6)-2 spouse (b)(6)-2 may be available for an informal legal eagle consult--otherwise I would ask our (b)(3)-1 SJA, COL (b)(6)-2, for an opinion as to the status of these facilities. It's unfair (and rather silly) for this SGT in Iraq to be looking to OTSG for guidance. Who does he work for--the (b)(3)-1?

-----Original Message-----

From: (b)(6)-2 COL OTSG
Sent: Thursday, November 06, 2003 3:15 PM
To: (b)(6)-2

(b)(6)-2

(b)(6)-2
Subject: RE: Preventive medicine at EPW and Incarceration Facilities

COL (b)(6)-2 and COL (b)(6)-2
Do either of you MPs know of any guidance regarding how host nations under occupation can operate their jails? SGT (b)(6)-2 is the preventive medicine (PM) NCO supporting an MP Battalion in Iraq. He conducts PM surveillance of both MP-operated EPW/detainee facilities and HN-operated jails. His questions appear below my lengthy response. Thanks very much.

V/r, (b)(6)-2
COL, MS, USAR

(b)(3)-1 LNO to OTSG
(b)(3)-1
Falls Church, VA 22041-3258

DSN 312-761- (b)(3)-1
703-681- (b)(3)-1
703-681-
301-461-

(b)(6)-2

Your questions fall more into the realm of State Department, DoD, DA, and MP policy than preventive medicine guidance. You need to float these issues up the chain of command to

the (b)(3)-1 C-9 civil-military operations personnel.

My opinion based upon my reading of AR 190-8 and excerpted below, is that if we, the U.S. military, run an EPW, civilian internee, or detainee facility, we must run it according to US standards, e.g., we provide water from our system, treat sick or wounded with our medical assets, etc. If, on the other hand, the Iraqis run a facility that holds only Iraqi criminals and no personnel (EPWs, CIs, or detainees) on behalf of the US, then the Iraqis can operate the facility according to their own standards - if, of course, any exist now. So that leaves the third option - we place US detainees into Iraqi jails and expect the Iraqi jailers to take care of them until we want the detainee for interrogation. Probably the worst option unless we exercise control over the Iraqi jailers. In that case I think the AR outlined below would apply just as if KBR were running the jail.

I do not know the status of civil law within Iraq. Do the public health laws, regulations, and standards (if any) that existed under the Baath party regime of Saddam Hussein still apply? Who would enforce them (e.g., Health Ministry for drinking water and sewage infrastructure) if they do? The US EPA requirements would not apply to Iraqi infrastructure. WHO standards might. But I think the answers to those questions must come from the C-9.

With regard to your question about improving the Iraqi prison sanitary infrastructure, I think you have three options, all of which would have to go up through the MP Bn Cdr:

- 1) Request ORHA pay for the improvements.
- 2) Work with the C-9 to have a non-governmental or international organization (NGO/IO) like Amnesty International pay for improvements.
- 3) Have the Iraqi government pay for it.

You can try to do what you can to provide the Iraqis with own policies and guidance for preventive medicine at US-operated EPW facilities. Basic sanitation standards, as you've said, are different in Iraq, Afghanistan, or Egypt, for that matter, than they are in the US, UK, or Canada. I thin the NGOs and IOs would agree that you cannot impose a first world solution in a third world country. The HN does not have the expertise or funds to maintain it. So the best bet for an Iraqi jail to provide sanitation facilities might be like those we established at the Short Term Holding Facilities (SHTF) at Kandahar (see attached photo) - an immersion heater, some buckets, soap, shampoo, toothbrushes & -paste, and a seepage pit over which the prisoners could perform personal hygiene.

For the overarching DoD Directive (2310.1) on EPWs and detainees, see:
http://www.dtic.mil/whs/directives/corres/pdf/d23101_081894/d23101p.pdf

Your main reference will be AR 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees. This is a joint document (Army Regulation 190-8, OPNAVINST 3461.6, AFJI 31-304, and MCO 3461.1) available on-line at
http://www.usapa.army.mil/pdffiles/rl90_8.pdf.
See below for sections that might be of use.

AR 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees.

Paragraph 1-4.g., Responsibilities, says JTF commanders will -

- (1) Provide for an EPW, CI and RP camp liaison and assistance program to ensure the protection of U.S. interests per the Geneva Conventions upon the capture and transfer of EPW, CI, RP, and ODs to a host or other nation.
- (2) Plan and procure logistical support to include: transportation, subsistence, personal, organizational, and NBC clothing and equipment items, mail collection and distribution, laundry, and bath for EPW, CI and RP.
- (6) Identify requirements and allocations for Army Medical units in support of the EPW, CI and RP Program, and ensure that the medical annex of OPLANS, OPORDs and contingency plans includes procedures for treatment of EPW, CI, RP, and ODs. Medical support will specifically include:
 - (a) First aid and all sanitary aspects of food service including provisions for potable water, pest management, and entomological support.
 - (b) Preventive medicine.
 - (c) Professional medical services and medical supply.
 - (d) Reviewing, recommending, and coordinating the use and assignment of medically trained EPW, CI, RP and OD personnel and

medical material.

(e) Establishing policy for medical repatriation of EPW, CI and RP and monitoring the actions of the Mixed Medical Commission.

OBVIOUSLY you are ensuring your MP unit complies with items (6) (a) & (b).

Now if any of your prisoners were medical personnel in the Iraqi Army, then according to the following paragraph, they should be treating Iraqi EPWs and detainees.

Paragraph 1-5, General Protection Policy.

f. Medical Personnel. Retained medical personnel shall receive as a minimum the benefits and protection given to EPW and shall also be granted all facilities necessary to provide for the medical care of EPW. They shall continue to exercise their medical functions for the benefit of EPW, preferably those belonging to the armed forces upon which they depend, within the scope of the military laws and regulations of the United States Armed Forces. They shall be provided with necessary transport and allowed to periodically visit EPW situated in working detachments or in hospitals outside the EPW camp. Although subject to the internal discipline of the camp in which they are retained such personnel may not be compelled to carry out any work other than that concerned with their medical duties. The senior medical officer shall be responsible to the camp military authorities for everything connected with the activities of retained medical personnel.

CHAPTER THREE covers EPWs and Retained Personnel (medical personnel of the opposing force) Regarding the facilities themselves, they must be maintained with proper health and hygiene standards. See the following paragraph:

3-2. EPW internment facilities

a. The operation of all EPW internment facilities is governed by the provisions of the Geneva Conventions.

b. The theater commander remains responsible for the location of EPW facilities. EPW/RP may be interned only in premises located on land and affording proper health and hygiene standards. Except in extreme circumstances, in the best interests of the individual, EPW/RP will not be interned in correctional facilities housing military or civilian prisoners. Prisoners will not normally be interned in unhealthy areas, or where the climate proves to be injurious to them, and will be removed as soon as possible to a more favorable climate.

e. EPW/RP will be quartered under conditions as favorable as those for the force of the detaining power billeted in the same area. The conditions shall make allowance for the habits and customs of the prisoners and shall in no case be prejudicial to their health. The foregoing shall apply in particular to the dormitories of EPW/RP as it regards both total surface and minimum cubic space and the general installation of bedding and blankets. Quarters furnished to EPW/RP must be protected from dampness, must be adequately lit and heated (particularly between dusk and lights-out), and must have adequate precautions taken against the dangers of fire. In camps accommodating both sexes, EPW/RP will be provided with separate facilities for women. When possible consult the preventive medicine authority in theater for provisions of minimum living space and sanitary facilities.

f. The daily food rations will be sufficient in quantity, quality, and variety to keep EPW/RP in good health and prevent loss of weight or development of nutritional deficiencies.

- (1) Account will be taken of the habitual diet of the prisoners.
- (2) EPW/RP who work may be given additional rations when required.
- (3) Sufficient drinking water will be supplied to EPW/RP.
- (4) The use of tobacco will be permitted in designated smoking areas.
- (5) EPW will, as far as possible, be associated with the preparation of their meals and may be employed for that purpose in the kitchens. Furthermore, they will be given means of preparing additional food in their possession. Food service handlers must have training in sanitary methods of food service.
- (6) Adequate premises will be provided for messing.
- (7) Collective disciplinary measures affecting food are prohibited.

i. Hygiene and medical care:

- (1) The United States is bound to take all sanitary measures necessary to ensure clean and healthy camps to prevent epidemics. EPW/RP will have access, day and night, to latrines

that conform to the rules of hygiene and are maintained in a constant state of cleanliness. In any camps in which women EPW/RP are accommodated, separate latrines will be provided for them. EPW/RP will have sufficient water and soap for their personal needs and laundry. The necessary facilities and time will be made available for those purposes. The supporting EPW/CI PSYOP unit can assist in maintaining and improving health and sanitary conditions by producing and disseminating informational products concerning proper hygiene, sanitation, and food preparation, where required.

(2) Every camp will have an infirmary. EPW/RP with a contagious disease, mental condition, or other illness, as determined by the medical officer, will be isolated from other patients. A list of endemic diseases of military importance can be obtained from the theater surgeon or preventive medicine officer. EPW/RP will be immunized and reimmunized against other diseases as recommended by the Theater Surgeon. EPW/RP suffering from serious disease, or whose condition necessitates special treatment, surgery, or hospital care, must be admitted to any military or civilian medical unit where such treatment can be given. Special facilities will be available for the care and rehabilitation of the disabled, particularly the blind. EPW/RP will be accorded the attention of medical personnel of the power on which they depend and, if possible, of their nationality. EPW/RP will not be denied medical care. The detaining authorities shall, upon request, issue to every EPW/RP who has undergone treatment, an official certificate indicating the nature of the illness or injury, and the duration and kind of treatment received. A duplicate of this certificate will be forwarded to the ICRC. The detaining authority will also ensure medical personnel properly complete the SF 88 (Report of Medical Examination), SF 600 (Chronological Record of Medical Care and DA Form 3444 (Treatment Record)). The cost of treatment will be borne by the United States.

(3) Medical inspections of EPW/RP will be held at least once a month, where each detainee will be weighed and the weight recorded on DA Form 2664-R (Weight Register). DA Form 2664-R will be reproduced locally on 8- by 5-inch card. A copy for reproduction purposes is located at the back of this regulation. This form is for the use of Army only. The purpose of these inspections will be to monitor the general state of health, nutrition, and cleanliness of prisoners and to detect contagious diseases, especially tuberculosis, venereal disease, lice, louse-borne diseases and HIV.

(4) EPW who, though not attached to the medical service of the Armed Forces, are physicians, surgeons, dentists, nurses, or medical orderlies may be required to exercise their medical functions in the interests of prisoners of war dependent on the same power after being certified per Paragraph 3-15. They will continue to be classified as EPW, but will receive the same treatment as corresponding RP (medical personnel). They will be exempted from any other work.

(5) Experimental research will not be conducted on EPW/RP.

CHAPTERS FIVE and SIX pertain to Civilian Internees or Detainees. Essentially CIs must be billeted in the same manner as EPWs and RPs.

6-1. Internment Facility

a. Location. The theater commander will be responsible for the location of the CI internment facilities within his or her command. The CI retained temporarily in an unhealthy area or where the climate is harmful to their health will be removed to a more suitable place of internment as soon as possible.

b. Quarters. Adequate shelters to ensure protection against air bombardments and other hazards of war will be provided and precautions against fire will be taken at each CI camp and branch camp.

(1) All necessary and possible measures will be taken to ensure that CI shall, from the outset of their internment, be accommodated in buildings or quarters which afford every possible safeguard as regards hygiene and health, and provide efficient protection against the rigors of the climate and the effects of war. In no case shall permanent places of internment be placed in unhealthy areas, or in districts the climate of which is injurious to CI.

(2) The premises shall be fully protected from dampness, adequately heated and lighted, in particular between dusk and lights out. The sleeping quarters shall be sufficiently spacious and well ventilated, and the internees shall have suitable bedding and sufficient blankets, account being taken of the climate, and the age, sex and state of health of the internees.

(3) Internees shall have for their use, day and night, sanitary conveniences which conform to the rules of hygiene and are constantly maintained in a state of cleanliness. They shall be provided with sufficient water and soap for their daily personal hygiene and for washing their personal laundry; installations and facilities necessary for this purpose

shall be provided. Showers or baths shall also be available. The necessary time shall be set aside for washing and for cleaning.

and

6-6. Medical Care and Sanitation

a. General.

- (1) Dental, surgical, and medical treatment will be furnished free to the CI.
- (2) A medical officer will examine each CI upon arrival at a camp and monthly thereafter. The CI will not be admitted into the general population until medical fitness is determined. These examinations will detect vermin infestation and communicable diseases especially tuberculosis, malaria, and venereal disease. They will also determine the state of health, nutrition, and cleanliness of each CI. During these examinations, each CI will be weighed, and the weight will be recorded on DA Form 2664-R.
- (3) Each CI will be immunized or reimmunized as prescribed by theater policy.

g. Sanitation.

- (1) Hygiene and sanitation measures will conform to those prescribed in AR 40-5 and related regulations. Camp commanders will conduct periodic and detailed sanitary inspections.
- (2) A detailed sanitary order meeting the specific needs of each CI camp or branch camp will be published by the CI camp commander. Copies will be reproduced in a language that the CI understands and will be posted in each compound.
- (3) Each CI will be provided with sanitary supplies, service, and facilities necessary for their personal cleanliness and sanitation. Separate sanitary facilities will be provided for each sex.
- (4) All CI will have at their disposal, day and night, latrine facilities conforming to sanitary rules of the Army.

-----Original Message-----

From: [REDACTED]
Sent: Wednesday, November 05, 2003 2:31 PM
To: [REDACTED] COL OTSG
Subject: Re: Preventive medicine at EPW and Incarceration Facilities

Thank you for your assist Sir,

The attachments you sent were on 1- the confusion related to possibly having a TB MED for IR/EPW and Refugee ops (excellent idea) and 2- Delousing Issues. Thankfully, the folks at CHPPM North squared me away on the delousing issue before I came over here and I passed it along to other EPW/IR BN PM personnel who didn't have such info yet. I guess the main issue at hand is our current dealings with the City of Baghdad Jails and the transition of EPW/IR camps to full fledged facilities. The intent is to turn them over to the Iraqis and it's going that direction. However, during the transition several questions have developed in which humanitarian guidance is unclear and needs to be specified. This could also help in Afghanistan as well.

Question one- Since the jail and prison facilities are provided water from local sources, and these sources have been deemed non-potable by our standards, do we allow the prisoners to drink/use the water they have been using all their lives? To add to that dilemma, do we follow WHO standards, EPA, before we deem it potable, or do we supply them with water from our treated trailers/ROWPUS etc. If that is the case, who pays for it, bottled water, etc? We barely have enough trailers and blivetts for our own troops. The Iraqis are, after all going to reclaim the operation in full once we (US) deem them capable, but the water supply/distribution system is not going to be replaced. Note: the source treatment plants are slowly improving and easier to upgrade, yet the infrastructure for distribution is a virtual nightmare of poor lines, poor pressure, line breaks, and cross-connections/backflow. Cost for repair/replacement unimaginable at present. If there is guidance from higher up, we have yet to obtain it at the BN user level.

Question 2- Same scenario for sewer systems. Jail cells with open sewer "trenches", backed up sewer lines in cells, etc add to the rodent population, ants, roaches, etc. How do we address, or should we address upgrading these third world facilities. I have noted it in numerous reports for my chain of command but what can they really do about it. I mean, they really don't have much of a sewer trap for their toilet "holes". We are so used to having these facilities look pristine in the states but can we expect the same here?

Question 3- If they won't pick up their own garbage outside their homes, continue to have landfills (i.e. piles and piles of garbage) on the sides of the roads, how are we supposed to get them to pick up the garbage outside the jail walls. We clean them up, they re-dump. It's their culture, so should we have a protocol for dealing with it?

Question 4- With no place to eat, drink, shower, etc other than in their cells, how do we keep proper sanitation alive? The jails have no other rooms to use- barely space as it is for them to sleep. This causes even more problems as you can imagine.

I believe firmly, that as long as we use "3rd World" facilities, structures and utilities in a 3rd World, we will continue to have 3rd World problems. Aside from that, their culture is definitely a conflict with our standards. I am trying to educate the Iraqi's, as is part of my job as PM, yet for them to change their standard of living may be a problem. I mean, shaking their left hand is not on my to-do list.

Any thoughts or guidance out there would be great. I'm winging it as we go, but future PMers could really use the guidance in the above areas. I have had many an interesting discussion with MP and Medical personnel alike which causes these "moral dilemma's" to arise: Their Health vs. Geneva Covention vs. Our mission. Mission first always. Right?

Sincerely,

SGT (b)(6)-2

PS I didn't want to send this out to all of the individuals you had on the email as cc'd for sake of saving face with "OPSEC", however, several of them could very well have the answers to these questions, or at least make those decisions if not done already. I believe COL (b)(6)-2 has civilian experience in water/wastewater.

----- Original Message -----

From: "(b)(6)-2" COL OTSG" (b)(6)-2
Date: Wednesday, November 5, 2003 1:35 pm
Subject: Preventive medicine at EPW and Incarceration Facilities

> SGT (b)(6)-2,
> I recalled that a flurry of e-mail activity occurred back in the spring of 2003 regarding EPW PM provisions. The first attachment provides an information paper on PM support for EPW facilities. The second attachment is the flurry record that relates mainly to delousing.
>
> Bottom line: Identifying specific PVNTMED policies and techniques for hands on applications in an EPW camp environment was best accomplished by speaking with AMEDD personnel who had previously been involved with either EPW or refugee camps.
>
> (b)(6)-2
> During ODS did your unit perform PM support for EPW camps? If so do you have any lessons learned or guidance for SGT (b)(6)-2?
>
> (b)(6)-2
> Do you know if CHPPM started work on an EPW PM fact sheet or TB MED as discussed in COL (b)(6)-2 info paper?
>
> (b)(6)-2
> Atch one refers to some historical work done by POPM-SA on EPW camps, especially WRT entomological support. Can you look back into COL (b)(6)-2 files to see what he found and if possible provide it to SGT (b)(6)-2?

>
>
> Thanks to all.
>
> V/r, (b)(6)-2
> COL, MS, USAR
> (b)(6)-1 LNO to OTSG
> 5111 Leesburg Pike, Room 538
> Falls Church, VA 22041-3258
>
> DSN 312-761 (b)(3)-1
> 703-681 (b)(3)-1
> 703-681
> 301-461

> (b)(6)-2
> [Redacted]

> -----Original Message-----
> From: (b)(6)-2
> Sent: Wednesday, November 05, 2003 1:09 PM
> To: (b)(6)-2 COL OTSG
> Subject: Re: RE: RE: Preventive medicine inspection forms

>
> Thanks Sir,
>
> Maybe I can assist the incoming PM Gal with new info for a
> smoother life for
> her stay in lovely Downtown Baghdad.

> (b)(6)-2
> [Redacted]
> ----- Original Message -----
> From: (b)(6)-2 COL OTSG (b)(6)-2
> Date: Tuesday, November 4, 2003 3:58 PM
> Subject: RE: RE: Preventive medicine inspection forms

> > SGT (b)(6)-2
> > I have not found anything specific on EPW or jail PM. I have to
> > contact a
> > presenter at the Army FHP Conference who spoke on this subject.
> > V/r, COL (b)(6)-2

> > -----Original Message-----
> > From: (b)(6)-2
> > Sent: Friday, October 31, 2003 3:21 PM
> > To: (b)(6)-2 COL OTSG
> > Cc: (b)(6)-2
> > (b)(6)-2
> > Subject: Re: RE: Preventive medicine inspection forms

> > Thanks Sir,
> >
> > They missed me again, Sir. One IED down and 30,000 to go. I
> > had
> > a close
> > call today on the road, but thankfully no one was injured. Keep
> > praying, it
> > seems to be working wonders, literally.
> >
> > Anyway, I do have copies of these forms, if not all of them on

> the
> > PM disks.
> > However, I am taking care of all the jails in Baghdad and
> haven't
> > had the
> > opportunity to perform many field ento surveys. The only field
> > site I have
> > is at the BIAP which thankfully falls under the 14th PM.
> > Otherwise I would
> > dive in. In my earlier email I was looking for jail/prison
> > criteria we (US
> > Army) may have put into place (ie. inspection forms, programs,
> > etc) which
> > may help me to identify something I may have missed along the
> way.
> > -
> > already "gin'd" something together for them to implement.
> > Unfortunately, I
> > doubt they will, but persistence is the key, right? I couldn't
> locate anything on the PM disk. Any ideas?
> >
> > As for the food issue, I am aware of multiple locations where
> the
> > local food
> > has been savored from time to time. Yes, the "revenge" has been
> > felt, uh,
> > not by me of course. I would never try one of their
> cheeseburgers
> > or pizza
> > or chicken, not me.
> >
> > CPT [b)(6)-2] I visited ABu Ghraib the other day. It's coming
> > along very
> > nicely with the little city look. I did note that one of the
> MP's
> > mentioned a "restaurant" that opened a week or 2 ago- local
> foods.
> > Just thought I'd
> > pass it along in case they didn't let you know.
> >
> > Have a Happy Halloween, (I won't)

> > SGT [b)(6)-2]
> >
> > ----- Original Message -----
> > From: [b)(6)-2] COL OTSG" [b)(6)-2]
> > Date: Thursday, October 30, 2003 9:45 pm
> > Subject: RE: Preventive medicine inspection forms

> > > SGT [b)(6)-2]
> > > These attachments provide additional preventive medicine
> > > inspection forms.
> > > These are for entomology collections and reporting.
> > > V/r, COL [b)(6)-2]