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Q: Hi. This is Sergeant [REDACTED] with the 377th Theater Support Command Historian's Office. Today's date is 21 May. The time now is 20:32. I'm here at Camp Buka. The time is local time Kuwait and I'm here interviewing Dr. [REDACTED]. Sir, could you please spell out your first and last name? b(6)2

Q: And sir could you please state your duty position and unit.  
[REDACTED] I'm a Lieutenant Colonel. I am the physician for the 530th MP battalion but here at Camp Buka in Iraq, I'm serving as the 800th Brigade surgeon, the acting surgeon.

Q: And do you belong to the 89th Regional Support Command in (inaudible)?

[REDACTED] Correct.

Q: All right, so I have to read off some boilerplate language if that's all right. Do you understand that the tape and the transcript resulting from this oral history to be retained in the United States Army Reserve historical research collection and/or (inaudible) military history crew, will belong to the United States government to be used in any manner deemed in the best interest of the United States Army as determined by the command historian or representative? Do you also understand that subject to security classification restrictions, you may be given an opportunity to edit the resulting transcript in order to clarify and expand your original thoughts? The United States Army may provide you with a copy of the edited transcript for your own use subject to any classification restrictions.

[REDACTED] That's fine.

Q: Good deal. Thank you, sir. In that case, let's go ahead and begin the interview. If you could sir, please provide a brief biography of your military career.

[REDACTED] OK. I was originally drafted in 1969 for the Vietnam War and, again at that time, I was in graduated school and the same week that I finished a master's degree, I was called on to active duty to Fort (inaudible), California. And had a basic training there and then immediately went into infantry, 11th Bravo, AIT Advanced Training at Fort Ord ((sp?)). Upon completing the infantry training, my entire unit and one other unit that was in sequence with us, we were all sent to Germany, to Frankfurt. And at that time, I was able to switch out of the infantry and work in a child's psychiatry clinic at a general hospital in Frankfurt. Completed that duty, came home and got out of reserves for a couple of years and then went back for a PhD and while I was doing my PhD, I went ahead and came back into the Army Reserves, still enlisted. Then, after my PhD, I went ahead and got a direct commission as a LDS Chaplain. And after being a university professor for a few years and still saying the army reserves as a chaplain, I decided to go to medical school and upon completion of medical school, switched over to the medical corps. I continued to work last 22

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years to serve with the, it was 82nd field hospital in Omaha, Nebraska (inaudible). It is now changed over and it's called the 4223 US Army Hospital. And I served Desert Storm with that unit 12 years ago.

Q: OK. Did you handle EPWs at that time, sir?

[REDACTED] Only wounded ones. I was in a (inaudible) hospital and the EPWs we saw came off helicopters.

Q: OK, so, you can go ahead and continue.

[REDACTED] And then, served with the 31st cash ((sp?)) hospital and then for the duration of the Desert Storm war, and then returned home and stayed with the 4223 US Army Hospital living in Utah and commuting to Nebraska, Omaha, Nebraska for drills. And then, this last January, with a two day warning, I was called up to report back to duty on January the 24th, 2003.

Q: And you reported to Fort Riley?

[REDACTED] I reported recently to Omaha, stayed there two days doing some paper work, processing in. And then we reported to Fort Riley, Kansas. I spent 78 days at Fort Riley, Kansas. We were there so long because we were originally going into Turkey and then on into Iraq with the 4th MP division and all of our equipment got placed on 40 ships along with their equipment and Turkey kept playing games, couldn't make up their mind whether they were going to let us in or not. Finally at the end, they said no. And then the war started, and it took about a month for those ships to get sent to Kuwait.

Q: OK, if I could go back a little bit. So, you went to Fort Riley on the 26th and you joined the 530th MP battalion as the battalion surgeon.

[REDACTED] Right. They were also out of Omaha. My reserve unit is in Omaha and the 530th MP battalion is in Omaha. So I was crossed over to that unit. Both units from Omaha.

Q: All right.

[REDACTED] But I live in [REDACTED] b(1) - 2

Q: Okay so you were crossed over to the 530th. When you arrived at Fort Riley on January 26th, how did the in processing go for you?

[REDACTED] The same as Desert Storm. It was just a lot of lines and eventually we started helping them. We had medics and we sped it up. Our medics started giving shots and we sped it up somewhat by being able to help. Help with lines. Spent several days doing that.

Q: Let's see. Those medics, they're from your battalion?

[REDACTED] Right.

Q: And had you met them before and how many were you commanding?

[REDACTED] No. Six medics and there was a physician's assistant. Captain [REDACTED] b(1) - 2

Q: So, physician's assistant. Is that a doctor as well?

[REDACTED] A PA.

Q: Oh, a PA.

[REDACTED] Yeah.

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Q: Okay. And so you guys helped the staff in Fort Riley. Were they overwhelmed then?

[REDACTED] Yeah, just you know, a thousand people, trying to get them through. Just big lines.

Q: And compared to Desert Storm, was it more efficient, less efficient?

[REDACTED] Pretty equal. Well both of them, again--it was interesting. You do it in an auditorium and I--before I did it at Fort Pole ((sp?)), Louisiana and, very similar. There's the same tarp, I swear was on both gym floors and the same tables and everything else. I think quite efficient, for the thousands that they're doing. No, I had no problems with it.

Q: Good deal. Now, what about the training you received at Fort Riley because you had never dealt with Enemy Prisoners of War before, so...

[REDACTED] I think it was interesting for me because always in the military, the last 20 years or whatever, I've been a physician. And so it was interesting to be in the unit where I went to staff meetings, as one of the staff, and to be with soldiers. And to see how the army is ran, I'd never seen it before. I'd always been with doctors who were laid back and other people were running it and everything else. For example, both times that I've been promoted to a Major and a Lieutenant Colonel, I never showed up. I just came to drill each time and it's, oh you're a Major now, oh you're a Lieutenant Colonel, I never even filled out paper work. And so to go from that into being with soldiers and then the 530 is a very excellent unit. You know, excellent leadership, and I give credit for it coming out of the Midwest. And so, I've lived in Omaha for nine years, so I'm not from there so I could rank on this unit. But very organized, very hard working--good leadership and good troops. And so it was interesting, for 78 days we planned this camp. To the nth detail. And the day room, on the floor, they took tape, master tape, and at the scale, mapped out this prison. And they would argue for like ten hours where to put one tent. And the latrine would be worth 20 hours of arguing. And this thing was that planned, that thought out. And so it's kind of disappointing to come here to see this place.

Q: Okay, actually, if you could sir, could you go ahead and describe a little bit of detail, what the plan was? You were going to be called up with the 4th Infantry?

[REDACTED] Yes, the 4th Infantry division had gone into Turkey, was landing in a port there, and then it was several hundred miles through the mountains. They were coming through here, they called our brigade and then the northwest Iraq, in a small town called Telfar, which is west of Mosul, is a town of Telfar--next to this town was a big airport. And why that airport's there, I have no idea. And on the--we saw satellite figures and everything else, the detailed map. And I can tell you this now, it was secret. Where we went to set up this large (inaudible) unit, about 90 miles

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in Iraq. And so we would follow straight in with the (inaudible) coming right in with it.

Q: OK, and what were your plans as a surgeon? I mean, what equipment were you ordering, what did you need, did they have it all?

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[REDACTED]: With Captain [REDACTED] ((sp?)) doing it a lot of it because he was with this unit the 530th so he really led the way on it. But we picked up some like, \$150,000 worth of medicines and equipment there. Not so much equipment, but mainly medicines at Fort Riley there and at Fort Riley, the hospital was very gracious, they helped a lot. So we had in our connexes ((sp?)) and in our medic bags and everything else, we had medicines as much as we could make up and carry. The planning was somewhere between 10 and 20,000 prisoners. And with the process, it was my understanding that we had 13 days to wait before a cash ((sp?)) hospital was going to come in and set up next to--excuse me, next to us. And so we were figuring that we were going to run this thing by ourselves for about 13 days. And I never slept through it, because I just (inaudible) this could happen. You know, there'd be no surgeons, on and on, and we'd have wounded prisoners. And I never had--no nurse, no lab, no X-ray machine, no nothing. And I went out, took my money and I bought a lamp, this lamp to have because I figured I could sew people with it in night time. You know, we have no equipment and we were going to be there, as far as I could tell by this outline, it was, we were going to follow the 4th ID in, and we were going to be in for a while. And I was going to be the only doctor. So I asked for it, I can't remember how many--but they gave me like 500 body bags or a thousand or something like that, because I saw that people were going to die. Large numbers were going to die, with that plan. And as I was interpreting it, they were throwing us in a position to not have an operating room, no lab, no x-rays, it's kind of what you do. (laughter) Then have body bags, you can patch them up.

Q: When you said there'd be wounded people and the aspirin wasn't--  
[REDACTED]: --Yeah yeah, and like I said, there was no nurses, no nothing. Just medics and the PA, but still, what are you going to do?

Q: And did you participate in the planning of the lay out of the medical house for the war as well?

[REDACTED]: Not that much, no, no. Because the cash hospital was going to come in, you know we talked about how we were going to set up our area. So, no, we weren't involved in that.

Q: Okay. And the days of training that you had, did they give you--did they break you on prisoners or handling or anything?

[REDACTED]: Once again, I saved it, kind out of bat. What I ended up doing was I volunteered and I worked at the, in the emergency room in Fort Riley a lot (inaudible). That's just when I'm on time--with my schedule, if it got slow or I got bored, that's the main thing I did, just earned my pay.

Q: Okay. Good deal.

[REDACTED]: And they were short on doctors. It was a long 78 days.  
(laughter)

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Q: And as I understand, as a doctor's tour in theater is 90 days?

[REDACTED] Correct. But in the--  
(overlapping dialogue; inaudible)

[REDACTED] Yeah, yeah. It has to be all your duty stations and there was one doctor in Fort Riley, doing his 90 days there. And so he came there about 2 weeks ahead of me and he was leaving about the same time I left to go over here.

Q: I just want to confirm in case we haven't said it yet, but the (inaudible) surgeon handles both enemy prisoners and American soldiers?

[REDACTED] Right, right. Yeah.

Q: All right, so if you could go ahead and describe your flight over to Kuwait? You left on April 10th.

[REDACTED] Right. We left Fort Riley, we stopped several time.

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AM [REDACTED] then, [REDACTED] and the worst stop was we stopped in Cyprus and we sat on the ground for four hours while we waited on some stewardesses and they wouldn't let us off the plane because theoretically we weren't in [REDACTED]. We landed there to get fuel and the [REDACTED] government wasn't in (inaudible) that we were there. And so we couldn't get off the plane. And so then finally, we were on the plane for about 21 hours or so and when we landed in Kuwait City, they still wouldn't let us off the plane because there were so many planes landing that there was no ramps to get people off. And so we sat there in Kuwait for forever. And what was irritating to me was, finally, ten minutes after midnight, we went past an SUV that had some soldiers in it and they took our ID cards and split them and that marked your time. And I'm (inaudible) because I lost the day by ten minutes. And so say I went home on July 10th, they may be flying July 11th because we sat there on that plane--we were on that plane I think more than 24 hours. And when we landed we couldn't off. You may have done the same thing.

Q: I think they just held you on the plane until it was midnight--  
[REDACTED] Everybody was laughing at me because I'd be running up there-- I mean because I'd run up the ramp, I said I am in Kuwait, it's the 10th still. So, when we went from there to this whole Camp Wolf from the airport and as I was saying before, the only thing bad was that they put us in an air conditioned tent, which was nice but that day it wasn't that hot here and it was actually too cold. And they put us in this large tent, about [REDACTED] of us, and no cots. And this was again, a little bit after midnight. So we tried to sleep on the hard floor with nothing. You just lay there on the floor with the air conditioning running and being cold. And then we got up, and they left us there the whole day. And finally that night, they did a convoy, something like 26 city busses and moved us to 35 miles from Camp Wolf to Arifjan. That 26 miles, what it was, took--I can't remember--took over four hours. Took almost the whole night for us to get there. Because they took everybody together, they made everybody--they loaded up all of our bags in trucks. And there must have been--well there were hundreds of troops that they moved. However many people it takes get into the city--21 or 26

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city busses, you know big passenger busses. That's a lot of troops and they moved all of us in this massive convoy. Took hours.

Q: Let me ask you something. Since you're with the 530 MP battalion, I don't believe they brought their subordinate unit so...

[REDACTED]: No, no. Just the headquarters unit.

Q: Had the subordinate units joined you at Fort Riley, Kansas?

[REDACTED]: No, no. They were all, most of them I think were in Fort Lewis.

Q: OK.

[REDACTED]: There's a small unit of twelve that work on a processing line. They showed up, that was it.

Q: And when did you find out that you wouldn't be joining the corps by the--the going through Turkey?

[REDACTED]: Boy, I mean for weeks and weeks it was a game. The Turkish government would say, well maybe, we're going to decide next Tuesday, next Friday, next Tuesday, next Sunday. They voted against it, it was voted down by only four people. And then they said they were going to revote it because the military wanted us to come and then they elected some president who wanted us here. And so--actually probably wouldn't end up going.

(overlapping dialogue; inaudible)

Q: OK, so, March then...

[REDACTED]: It just became more and more the writing on the wall. For a long time, we believed it. I mean, for a long time, people would keep saying, you know, the government offered them what, 26 million dollars?

Q: Geez.

(laughter)

[REDACTED]: You know, and nobody thought that they would turn down 26 million dollars. Their military wanted us in and the new elected president wanted us. So it was kind of interesting that nobody agreed to it.

Q: Now how did this affect your supply situation? Because your medical supplies are on this ship at the time so...

[REDACTED]: Right, right. And so we couldn't leave Fort Riley until the ships started getting unloaded. And they were trying to--in Kuwait--they were trying to unload the tanks, trying to unload the fighters first. Although, our stuff was intermixed with theirs. So I think we kind of had (inaudible). They did have priority over, so that was the kind of deal on that.

Q: Okay, and you make it to Arifjan April 11th.

[REDACTED]: Yeah, and yeah, ten minutes into it. And it may even have been the 12th time we got to Arifjan because yeah. Yeah, it took us so long. And so at Arifjan--then we sit there, in a hangar, no it wasn't a hangar. It was these large, large warehouses. And I was trying to count it, you know looking at the CODs and it's, it's bigger than that of a football field. In length and it's width. So and there were hundreds of us in there. And I was kind of going nuts because you know the war's going on and then we thought we were going here and I knew they were short on doctors. And I was

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starting to think, why am I sitting here? And they took an advanced party like one or two days ahead of us. And I was going to take over that but they didn't fill me in on, because I knew they were dying. You know, they took the chaplain and left me sitting there and I'm thinking, I need to go to work.

Q: Hmm, interesting. Okay, so you're dying. I suppose seeing a chaplain would be a good thing but seeing a doctor might be above it.

[REDACTED] Yeah, when you're majorly short on them. So anyhow, we--

Q: --I'm sorry, but who was short on them?

[REDACTED] This unit was, you know Camp Buka was short on their doctors.

Q: Thank you, that's what I wanted to hear.

[REDACTED] The Brits had kind of started this place and then just kind of, over night, they just start bringing in hundreds and hundreds of prisoners. And it just rapidly escalated, and the Brits, I don't know what they had for medical help here but it was gone. And when I got here, there was only like two doctors.

Q: And at this point, the war had been going on for close to four weeks.

[REDACTED] Right, right. So then they had all these prisoners and they start bringing them in here by mass numbers. But they didn't--they hadn't mass stuff to providers. That's where I came in here.

Q: OK so you came in, there were probably close to 6,000 prisoners.

[REDACTED] No there were 6,800.

Q: 6,800?

[REDACTED] Right.

Q: And, there were only two British doctors--

[REDACTED] --No, no, there were no British doctors. It was, two Americans. Captain (inaudible) and Major [REDACTED] b(u) 2

Q: Okay.

[REDACTED] The only two I can think of. And then--

Q: And then did they have medical assistants or--

[REDACTED] They had medics also and they had a PA. Yeah. Had one PA. So two doctors and one PA.

Q: And that was it?

[REDACTED] Yeah.

Q: For 6,800 people.

[REDACTED] Plus 1,500 American soldiers.

Q: Plus 1,500 Americans, thank you.

[REDACTED] Yeah, yeah. And so it was--and there was another PA here who was taking care of American soldiers.

Q: Okay.

[REDACTED] So you had two divisions of two Pas. For that many--that many customers.

Q: And is that a normal situation, ratio?

[REDACTED] Nah, that would never be normal. And not for the badly wounded. And so, the day I got here--and it was on this stretcher here--what (inaudible) day of Iraq, had been shot and imprisoned.

Q: Oh, okay.

[REDACTED] And so--

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Q: That was the Palm Sunday riots. I--oh, no, the week after that I believe.

[REDACTED] Yeah, I mean just the--and so the first few days I was here, to me, was interesting. Part of it. In that--

Q: We're gonna go ahead.

[REDACTED] Okay.

Q: Pause the interview here.

(break in tape)

Q: All right, this is Sergeant [REDACTED] <sup>b(6)2</sup>. I'm resuming my interview with Lieutenant [REDACTED]. The lights have gone out in the tents, so it's going to be an interesting situation. But there's no reason we can't do a field interview in the dark. All right sir, so you were talking about your arrival...

[REDACTED] <sup>b(6)2</sup>  
A11 My first day here, coming into Camp Buka. I wasn't sure where to work and so I came here, and I think I couldn't find my PA so I came to the battalion aid station and was working here. And on this stretcher that we're using as a table here was a dead Iraqi prisoner that one of the guards had shot, he apparently was swinging a club at one of the other--one of the American guards. And so my PA came and picked me up and by this time, it was in the dark. And we went down to the original prison. And at that time there was a little over [REDACTED] prisoners there.

Q: The core holding area? <sup>b(2)3</sup>

[REDACTED] Right, the core holding area which you were unable to see. But going down there in the dark was, the word I used several times, was I described it as being surreal in that, under the bright lights, the prison lights, it was very much different than we had seen in the daytime. But you had these (inaudible) of compounds, where the (inaudible) wires stands up. And each compound had about 500 prisoners in it and then there was a narrow lane going in between them. And so what we did, we started at the end of it and we had two medical boxes full of antibiotics and IVs and different things like that. And we'd just drag these down the middle. The prisoners would just crowd the edge of their compounds and they were really upset. For one thing, one of them had been shot and I think a lot of them were aware of that, and then they hadn't been treated. And the guards who were behind a gate that didn't have a lock on it. And there was like three guards per compound with a little wooden gate that wouldn't lock. And these prisoners could come in, any time, if they rushed it. And a lot of them would have been shot but they still would have killed you. And so I'm sitting there, I just left a dead prisoner, laying on this cot here but I got my (inaudible) on and I went down there, these bright lights. And these kind of angry prisoners and the effect of it is, it's like you we're in a World War II, Nazi concentration camp movie. You've got prisoners, they're kind of yelling, they're crowding the edge of the fence there and then the smell was just, it was this horrendous smell. And then just garbage every place. And the wind, the wind blows against the wire you know and everything else.

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Q: The smell and the garbage, is that because the prisoners are being mistreated? Or why is that happening?

[REDACTED] It was just, there was so many of them. And they tried--I mean they had open pit latrines and if you put 1,000 people in maybe b(2)-3 four acres or whatever, there's no way, there's no place to put anything else. There's no way to clean it.

Q: And what about trash collection?

[REDACTED] Part was that it was the wind, we had these sandstorms. And if everything blows---yeah to me, they could have been after it and picked it up better. But they're just trying to have--they're just pretty much coming in nonstop you know. They're feeding them MRE type meals, they're blowing away.

Q: So it wasn't negligence or mistreatment of the prisoners?

[REDACTED] No, no, no, no. It's just the general situation.

Q: Okay.

[REDACTED] And so we were only able to see--we would ask the guards to give us prisoners who had wounds, who had bullet wounds. And we'd have them give us a prisoner who spoke English. And all the compounds had--so we didn't take translators with us. We'd just get a prisoner out and use them. And so they'd bring out these prisoners, I don't know how many we saw. Just one after, after, after, another of these guys--and then somebody else. (inaudible) been hospital.

Q: They actually had bullet wounds?

[REDACTED] Yeah, yeah. You know, stitched up and they'd be all (inaudible) or infected.

Q: Bullet wounds from that day or?

[REDACTED] No, no no. From the war. When they were captured, you know, they were taken to hospitals or whatever. And had been sewn up and everything else. But had never been treated there, they'd just been thrown in jail with all these masses, stitches and--some prisoners had gaping holes. Just you know, certain wounds you don't sew up because you're guaranteed infection. If you take a deep bullet hole wound and you sew up the top of it, that's how you get (inaudible). And so a lot of these had secondary healing where you take a while to come up. (inaudible). That's all we did for days and we'd just do that, and the other day, we'd go back to our tents. We had no shares, no nothing. We just had the cots and tents that were out. And I just collapsed, I never took my clothes off, never took my boots off. Because you're just so filthy dirty and so tired and there's no way to shower. And then we had these sandstorms, these tents just shake. We haven't had big sandstorms like we did five weeks ago. And it's hot. Unless (inaudible) was hot. Then the heat was a good thing. But there was a lot more sandstorms, just horrendous.

Q: Now how many hours were you working per day--

[REDACTED] --God, you'd just. You know, I didn't pay attention to it because it didn't matter. You know, you're not going home or anything else. And you just lay down and get up and do it again.

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We did that several days and then they got us a good number of doctors. They started coming in.

Q: Where did these doctors come from?

[REDACTED] I don't know. You know, Arifjan or whatever.

Q: And what went through your mind. I mean, you're going several days--

[REDACTED] --The first night, like I said, I walk out of here with a guy laying her dead, and I go down there in the dark and all of a sudden, I call it a spiritual experience, I thought I'd died and gone to hell. It was, that wild. It's hard--I mean the smell, the visual thing of it. And the lights, these bright lights. And these prisoners--and the noise of it. You get 6,000 people and you're going down a lane that's only like 15-20 feet across. You're going down between 6,000 people and most of them pretty irritated.

Q: Are they talking or yelling?

[REDACTED] Oh yeah, yeah. They're just making noise. Going, "doctor! Doctor!" They can all say that. And then we wouldn't see them and so half of them were mad because we couldn't see them. We could only see people with infected wounds. We'd change these dressings and you know, go back the next day and put them on antibiotics and on and on. And we were irritating a lot of people because we were doctors and you know, if you had a headache, a backache, you know whatever, a bellyache, diarrhea, constipation, we didn't see you. And so, and most of them had that kind of stuff. Their living in tents on the ground--trust me you don't feel good and whatever. So we weren't real popular. What was interesting was that real fast that they could see that we would come back. They'd been told tomorrow a bunch of times. But the staff (inaudible), they were just short. But I do think that, I want to say, that for a few days there or whatever, in my mind, there were like two PAs and two doctors, I can't think of them. And you can't do it, you can't handle--

Q: Let me ask you, medics. Were they able to handle some of the minor stuff? The diarrhea, the backaches, the stomach aches...

[REDACTED] No, no no. Because they were helping us do the dressings. No, no. We only had--they were. It takes one to write in a book, who we're seeing and what they had and what we did to them. And then the rest of it would be you know, stuff, taking off bandages and we took like an IV bag and put a line on it and then we (inaudible) with that. So that, one person had to have the IV, it's still water, you know, but and then on (inaudible). They would have them you know cleaning them and redressing them. Every now and then we'd be you know, cutting into them, doing cuts and stuff like that. But, it's just in the dirt, I mean it's just wild.

Q: In the dirt out there or?

[REDACTED] Yeah, we were in the dirt. Literally and figuratively. And then laid down in the dirt. You know, we just go right down this dirt trail in the compound. There was a trail, it was a (inaudible). Wide enough for two humvees is all.

Q: And did you have this medical tent set up at the time or?

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[REDACTED] This was, this was our triage. And the Spanish hospital was here and so if something was bad down there, we had a (inaudible) to have, we still have it. We load them up in the (inaudible) and bring them up here. If it's something we couldn't handle, we brought them up here and if they couldn't handle it here, then they went over to the Spaniards.

Q: OK and what is the Spanish hospital in relation to yourself? I mean, what's their role and mission?

[REDACTED] They're--they would be more of a level two type thing. They can do some surgeries--and they've got their big ship out here, it went off for the first time today.

Q: Okay and what is the name of that ship or?

[REDACTED] The name of it?

Q: Yes sir.

[REDACTED] I don't remember, I was just on it. I had lunch on it.

(laughter)

Q: (laughter) That's okay.

[REDACTED] And there was an American ship called the Comfort. That was taking people too, and I didn't understand that. I don't feel they took many prisoners. I'm not sure. And so with these prisoners at wartime, I don't know. There was a big British hospital up in Nasriye that's still there. And so I think--most of these, we're working on by the briefs, hospital.

Q: Okay and the Spanish--what is level two? Is that, level one is here?

[REDACTED] Right and level two is higher, they've got surgeons and x-rays and everything else. So they can help us out on, you know, the more complicated ones. And I failed to mention, you know, they were here but the problem is, they weren't going down into the field.

Q: Okay.

[REDACTED] They stayed up here.

Q: And so, has there been much use of the Spanish hospital units here?

[REDACTED] Yeah, yeah. A fair amount. And so then, by calling then, I got tasked then to be the acting brigade surgeon. And so then I had to start interacting between all these people. And that's been my pain in the butt. Because there for a while, we had two Iraqi doctors, who, they weren't prisoners and yet they were held down there. In essence, they were prisoners but they had some other title. And so we had them helping us. I didn't know they were there for about five days, geez, I could have used them. So I ended up having to interface with two Iraqi doctors, the Spanish doctor and I speak Spanish because I'm a former missionary in South America so I can speak Spanish. So I'm interfacing with them and then all these doctors here, and the medics, and the PAs and everything else, and so. My boon in life is I value going to five meetings a day. And I spend about half the day going around just seeing that everybody has feathers that are not ruffled and everybody's pointing in the same direction. Which sounds easier than it is. (laughter) Because when you're dealing with doctors and whatever...

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But now, so now the work becomes more routine. We're down to [REDACTED] prisoners and what I do so that I feel like--because I'm critical of doctors who administrate the stuff and don't see prisoners. We have here in the camp, an area of high security prisoners. These prisoners don't get to stand up except for a few minutes a day. They're sitting in one tent with [REDACTED] guards looking at both ends of the tent. So these guys are of special interest. These are ones who, either did something really wrong, or they think they know somebody who did something really wrong. And so I go see them every day and that way I feel like I am working as a doctor. And I'm in a camp now that's probably 125 degrees when I see them. It's not air conditioned. And this air conditioning--this was my big battle, this is my accomplishment for being here, I take credit for this--is I fought for five weeks to get it air conditioned. Because we have soldiers that come in with heat problems, and yet a soldier with a temperature of 125 and the tent's 115, how can you cool it down if the tent's 115. Our thermometers wouldn't work. You pick up any thermometers up until--this air conditioning's been here about three days. You pick up a thermometer out of the drawer, it'd be maxed out. And you couldn't shake it down because it would just come right back immediately because it was probably 115-120 degrees in the tent. And so to take somebody's temperature, you had a hard time doing it. And then trying to cool them off, you know, you really couldn't. And your IV would be the same thing. Somebody's temperature's 105 and you've got an IV that's 120, you're not going to cool them down very fast. So now we have air conditioning, so creative accomplishment, I can be famous for that. So, anyhow, so now it's just more than mundane thing of seeing prisoners everyday and then we maxed out at about 2,000 American soldiers, about 2,100 and a large group of them left so we're down to probably 1,600 American soldiers. And one of the interesting problems we had here was a virus that went through the camp, we called it the Buka plague, it caused vomiting and diarrhea. And some units were hit extremely hard on it. The military intelligence unit had [REDACTED] people in, and all [REDACTED] at one time or another had it. And the unit I'm in, probably I'm guessing maybe 50 percent. And I never had. As interesting as it is, I work with Iraqi prisoners, I don't wash my hands like I ought to. I see them, on and on. And I see the Americans with it, and some people have had it several times. But at one time, the worst we had it in one day, we had 51 people who were treated with IVs. It was just a lot, that's a--

Q: That is a lot. Now, medical supplies are class what?

[REDACTED] I'm not sure what it is. I don't speak Army talk.

Q: Okay. But were you ever short of medical supplies? Was that ever a concern?

[REDACTED] Only the air conditioners. And I fought that, which to me was a legal issue, had somebody have died. There would have been one legal battle over that one, as to have you can justify some soldier dying of a heat stroke. Because people die of heat strokes in

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level three hospitals in the United States. I mean it can be a serious, serious thing. And they would have no defense for it.

Q: All right, let's--I'm sorry let's go to the Buka illness or the Buka plague for the moment. I mean, I heard--what are some of the theories going about? I've heard dysentery...

[REDACTED] Most people get diarrhea and vomiting or some will just get one or the other. Like one of the troops this morning, he kind of described how you'd feel to be curled up on top of our garbage can. He couldn't (inaudible). He tried to just describe this to me and he couldn't get the garbage can up. It's just explosive, vomiting diarrhea. And we're documenting the first--oh the first night I was here, on top of all this other stuff, I finally went to bed and I don't know what time it was, it was really late. Somewhere at like four o'clock on the morning, these dogs start fighting like ten feet outside our head. There used to be all kinds of wild dogs going through here. At night time you'd hear it. But these guys--these dogs, it was after this horrendous night, like four in the morning, these dogs, I don't know how many of them. And they were literally outside the tent. Just fighting like crazy. And then the next night, this Buka plague started in our unit and I think they woke me up four times. They'd come in the tent, "medic, medic!" well they'd wake me up because I don't sleep very good, you know I--whatever. And why should I have them wake up a medic when I'm already awake. And four times then, this going to bed late, that you're sitting there, and they're waking you up. The thing came on fast, these soldiers would drop almost.

Q: Do you remember what day it was? I mean, the specific day, or do you have records of that?

[REDACTED] It was immediate. I mean, on the second day. They had me up all night.

Q: Oh, on the second day. So that was the 16 April or mid-April.

[REDACTED] Yeah, yeah. And others in the camp here already had it. We didn't bring it in. We weren't the ones that started it. What caused it, probably a virus, it was my understanding--the Brits looked at it and came up with I think six different viruses. I don't think it was just the same virus. But how it was spread, I don't know. It would tend to go in tents. But why I never got it and my PA never got it, there's sickness in the tents still now, and like two out of six of us had it. Not real clear. But that one MI unit, they all got it.

Q: Did someone else theorize that it could be or said the Brits said it was the Norwalk ((sp?)) virus?

[REDACTED] Right, right which is a type of a virus.

Q: Okay.

[REDACTED] Okay. A (inaudible) virus. That's what I was told, that the Brits apparently did some study on it, whatever. But I don't know if that's true or not, that's a good story. But how it spread, I don't know. I mean (inaudible). One of the problems here is that Iraqi prisoners don't like to use toilets, just culturally. And

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right outside here, there's probably 5,000 poops or pees right out the door here.

Q: And just on the sand?

[REDACTED] Yeah. I mean, there's a latrine there and they'll go in the sand. They prefer squatting down to do it. And so this whole place has just been covered with it.

(overlapping dialogue; inaudible)

[REDACTED] With the complaints I've had they've been like getting gravel on the roads and they dug--apparently gravel is super expensive here. And they have to haul it to who knows where. And I've forever tried to get them to, down the road, knock down the dust. It can be just horrendous. And these air conditioners. I got the air conditioners, and they're slowly getting the gravel down. And now we have this mess hall, whereas before, each area had their own mess hall, there are several tents around here.

Q: The mobile kitchen trailers.

[REDACTED] Right right. And I think a lot of this stuff could have been spread that way too.

Q: That was the period that I (inaudible) as well.

[REDACTED] So I don't know. But these viruses tend to run their course. When somebody gets them, they get their antibiotics against them and it's over with.

Q: Some people have also said it's just, you know, we're new to this area and that...

[REDACTED] Yeah, yeah. I accept all explanations. I've heard some wild ones and I tell them I say, I don't particularly agree with that, but I can't prove it's not true.

Q: What's the best one of them you've heard, if you don't mind me asking?

[REDACTED] Oh, oh. What? That Iraqis were spreading it on purpose. That the prisoners had it and it was a plot to get us. So the conspiracy theory was the best one, I mean that was the best one.

Q: And what about the prisoners, were they coming down with the Buka?

[REDACTED] Only a few, not very many. And what's interesting is I work over here at this compound and they had a mix of a strip on their meals and they start getting kind of a, they've already eaten and everything, but the United Nations type MRE.

Q: The human daily ration, the one in the yellow packet.

[REDACTED] Yeah, anyhow, they're all getting constipated. So, we don't see that many prisoners with this, which is kind of interesting. We have antibiotics against it. So whether the flies are carrying it, whether it's in the wind, whether it's hand to mouth, people being in the same tent, no good explanation. But boy, when people get it, they can drop in like one hour. Just, you know, you're working and all of a sudden you're not working. You're just bent over, losing it.

Q: And I've heard it lasts approximately about 48 hours?

[REDACTED] Yeah about that. And then, the occasional person just has it longer. And I have not had it. Have you had it?

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Q: I'm not quite sure. I've had the runs since I've been here but I don't think...There was a while, I was up at Garma by Baghdad and I might have had a light version of it there, because I just felt nauseous for one day and then the runs for a little bit longer.

[REDACTED] So like I say, now we're just, everybody's just coming up with rumors as to where the plague's (inaudible). That is the entertainment of the day, is trying to guess what's going to happen to this plague.

Q: Let's see, 650 prisoners. The war cease fire has...

[REDACTED] It's great. And as I mentioned at our staff meeting a couple of nights ago when you were there, Camp Buka's not going to be a permanent place. The rumor originally was this was going to be a humanitarian standard, because you're close to the port, close to the railroad, close to the highway, close to the Kuwaiti border with you know, resupply. And with all that, they were going to make this a humanitarian base. And they say they're not. And then, you know, they announced this being an EPW camp, not a prison for bad guys. And yet now, most of our people coming in now are bad guys. So and then they're building up these small--

Q: Bad guys being criminals.

[REDACTED] Yeah, yeah. And they're going to leave these prisons now up north, they want to (inaudible). So and this place has to be costing an absolute fortune. I don't know why we just want take each prisoner and say, here's 5,000 bucks get out of here, stay out of trouble, we want our money back, and you come out ahead.

Q: So now, this hospital--let me ask. How are sick--or how is the medical treatment done for the Iraqis and then how is it done for the Americans? And I mean by that, in particular, like sick call, when does it begin or is it 24 hours?

[REDACTED] Sick call is over here, the 161st has it now but more than that, very impressively, the 46th engineer group, they had one PA with like seven medics or whatever, they staffed it, ran it, 24 hours a day, seven days, by themselves.

(overlapping dialogue; inaudible)

[REDACTED] They did an extremely good job. And every time I'd ask, do you want help? He said, "nope, we can do it." And then they did an extremely good job. Which now they left a week ago and the 161st stepped down.

Q: And when did the 161st step down?

[REDACTED] Probably, two or three weeks ago. Two weeks ago.

Q: Okay. Now, did they assist you in your work with the prisoners?

[REDACTED] Right. So the way it is now, we have two tents now down at the new prison, the uh--

Q: The interment facility.

[REDACTED] Yeah and the guards bring down the prisoners who say they have a problem. It's really organized now and we see them in tents, there's no air conditioning, but we see them in the tents. Some things that we can't handle there, they need IVs, they need an x-ray, you know, they passed out, then we put them on a deuce and they have to bring them up here.

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Q: Okay.

[REDACTED] Okay and if they need surgery or whatever, the Spaniards can do that or even x-ray. Then, for the American soldiers, the 46th engineer PA handled them, 24 hours a day. Of course, now they have sick call seven to ten because this is military police unit, probably, maybe even a fourth of this compound is working 24 hours a day, you can't see geez you missed sick call. So I've asked them to be very, very liberal. That there job's not to say, geez, this isn't serious enough, sick call into the tent. I've asked them to be very, very liberal on it. So we see them there, and up until yesterday, there's some connexes, which is your metal boxes that everything's shipped in in the back of a truck. Prisoners who are in trouble or you know, are causing riots or the rapists, whatever, they were in those connexes. I would go by and see them, they had a barbed wire, wood frame on the end of it. And it was getting so hot, it was probably 130 degrees in there or whatever, it got to be just too hot. And I believe it was yesterday was the last day that they took them out of there. And so I made rounds on them too.

Q: Okay.

[REDACTED] So, there for a while, we were busy because when they built the new prison, they had the old one still open, the new one open, so we were seeing prisoners at the brand new prison, still at the old one, at the connexes, and then this high security area. It was kind of--we'd see them in five different areas.

Q: Okay now you said at the interment facility, they're putting in a tent, and you would see--or medics would see them there.

[REDACTED] And the physicians and the PAs.

Q: Cool. Now how was it at the old facility?

[REDACTED] We just saw them out on the street.

Q: So you would go out to them--

[REDACTED] --We just went down the lane, every day. And down the lane, and they came out there, amidst the sun and the dirt and whatever, we treated them. So there was no facility or anything else.

Q: Let me ask, how's the Red Cross been throughout this?

[REDACTED] They were really interested as to what was going on at the beginning. You know, the lack of treatment and everything else. And I feel on the whole, that they were very satisfied. They saw we were trying, and there were things that weren't done, it wasn't because we didn't care. You know, if you're short on people, you're short on people. And then this high security area, that crossed them, I didn't know it was there. Probably even today, probably 50 percent of the soldiers here don't know this area's over here. It's about 200 yards behind the burn over here. Nobody knows it's even there. And I didn't know it was there and they weren't being seen. And the Red Cross found out about it and gave us a check off on that. And so when I went over there, it was like the second or third day, the Red Cross doctor went with me, and he complimented this--my interaction with the Red Cross doctor was that I felt that he was satisfied with what we were doing. So

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b(1)(a)2 A1 there was never, again, if something wasn't done, it was because we were short and on and on. And they had to see it.

Q: So out of, I want to say not quite ignorance, but lack of not being informed as opposed to deliberate action...

[REDACTED] Right, and just being overwhelmed with numbers and everything else. And I felt they saw that we were passionate and had every intention to do good.

Q: Could you give an approximate number of how many Iraqi prisoners you treated or have been treated medically?

[REDACTED] It'd be in the thousands. Because it was interesting, after it settled down, we became their entertainment is what I would say.

(laughter)

[REDACTED] We were at break. That's why we start to see you know, headaches, backaches, whatever whatever.

Q: So people who've been in the compound wanted to get out--  
(overlapping dialogue; inaudible)

[REDACTED] And I have philosophy that everybody gets a pill. In my own practice I do that. I don't give out antibiotics, because there are all kinds of studies, showing that we way over use them. So, if you have a backache, you get a Tylenol or an Ibuprofen or whatever, and I still do it now. I, I mean they hurt, they're bored, they're sleeping on the grounds, you know, on and on. And they're getting bit by scorpions and vipers and whatever, so. It's not my job to say that somebody doesn't hurt bad enough.

Q: Now you talked about scorpions and vipers. What areas or how much of pest control is handled by you or what advice do you do?

[REDACTED] There was definitely--when we first moved in, (inaudible) in a 24 hour period, two of them got bit. A viper and I think one of them died. They had to life flight them out of here. And he may have died. We could never track it down, we couldn't find out where the guy went to or whatever. So, these are pretty serious. And then, that was only two. When they moved into this brand new, brand new area. It's a big area.

Q: Big area, hadn't been inhabited by humans before, so vipers--  
[REDACTED] Were in there, yeah.

Q: Have any US soldiers been bit by vipers or scorpions?

[REDACTED] Scorpions, yeah, yeah. Scorpions a lot. And right now, if you go out there and start moving--the 46 engineers, they had three of them, they were just signed in. One of them was a big one, it was black. It was probably six inches long or whatever and it looked like a big lizard. And the other two were small white ones, the whites are the ones that get everybody.

(break in tape)

Q: All right, this is Sergeant [REDACTED] I'm interviewing

b(1)(a)2 Lieutenant [REDACTED] We were just talking about some of the pests and problems that they cause on the post here, scorpions and vipers.

[REDACTED] Now, Major [REDACTED] one of the traditions here, he killed two snakes in his tent. One of them was just here about a week or so ago, it was a big one. And I don't know if anybody ever saw what

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kind of snake it was or whatever, but he described one of them as big. And their area's been there for weeks and weeks, so I don't know where the heck that thing came from.

Q: Probably swallowing up dogs.

[REDACTED] Yeah, yeah. The dogs are the worst thing and we went and killed a bunch of them.

Q: Now, for a doctor I expect wild dogs on post has got to be a major post.

[REDACTED] Well, they can carry rabies, and fleas and everything else and they're just mangy dogs. And I feel sensitive to the Iraqi people, when we leave a bunch of these dogs running loose, I (inaudible) they could take out a little kid. Some little kid crossing the field, and you got 700 or 800 dogs. We're not killing them now but we killed a whole bunch of them. The veterinary people are here now and you're supposed to catch them alive so they can go kill them. And then some soldier took a rifle and killed some dog, apparently the whole story is this dog was in between a whole bunch of soldiers and this kid shot him from a long distance. That makes a good story.

Q: In Arifjan, a soldier was being attacked by a dog, and another soldier did the right thing, he shot the dog. But he didn't pay attention to where the other soldier was, he shot from a distance as well, it went through the dog and hit the soldier, so.

[REDACTED] Yeah, yeah. So, anyhow. So that's where we are today. It's more mundane type thing and my philosophy is that most of these prisoners are good people and I leave it up to the (inaudible) of God to pick out the bad ones. I treat them all as if they're good people and give them respect, and maybe we can stop the violence, the circle of hatred, it just goes on and on and on.

Q: Could I get some statistical information from you? Like numbers processed a day average or, both American and Iraqi.

[REDACTED] You know, we have log books on it. I mean, I would have to dig it out, but we have the books on all of it.

Q: But do you have sit reps that would have that information?

[REDACTED] Have what?

Q: Situation reports?

[REDACTED] No, you know, only now this week have they asked us from Arifjan, have they sent us some papers that we're to fill out now. Whereas in the past, lucky us, we didn't have to do it. So, yeah we can pull up all along, day one when we started. The numbers are kind of confusing because you have different degree of difficulty of the problems and then different numbers in prisoners. So when you have almost 7,000 prisoners you have a bigger pool to draw from than when you get down to 600. And the prisoners are more complicated. But we have that information, we just have to dig it out.

Q: All right sir. If it's all right, we might do that later. Now, one of the big problems here at Arifjan is the heat. What do you do to prevent that?

[REDACTED] Camp Buka--

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Q: I'm sorry?

[REDACTED] You said Arifjan, here at Camp Buka.

Q: Oh, Camp Buka, I'm sorry.

[REDACTED] No right now, yeah, that is the overwhelming that controls your whole day. The thing that affects you because by 8:30 it's 100 degrees. And like the other day, I was walking--we have a thermometer so I know what it is. I'm not guessing that, boy this is 120 degrees. No, we have a very accurate (inaudible) thermometer. The other night, I was just, in my mind, thinking how cool it was. You just went, I can handle this. Walk by thermometer, it's 106. It's like, you know, (inaudible) it's that cool. But in our tent--see my problem is, that in the afternoon I have a 2-3 hour break between seeing prisoners, and then before I start these meetings at 4:00 and on and on. But the problem is, I go back to our tent and, I'm not exaggerating, it's got to be 125 degrees in there. And so about half the time, for a while, I would just lay on the floor, in front of the door, and just exist. It just overwhelms you. And now I think I'm getting more acclimatized to it, it doesn't bother me as much. And it's kind of a mental thing, now I'm just saying, no, I'm not going to let it bother me.

Q: Now, how about the US soldiers who, you know, some of the soldiers are in the guard towers, now it's eight hours it used to be 12 hours. Some of those towers are metal so the heat can get pretty intense. Have there been heat casualties?

[REDACTED] No, no. Knock on wood. I can't believe we didn't, I can't believe it. And we couldn't have handled it if it happened. These (inaudible) trucks, I mean I had plans to put people in with the cabbage, the lettuce and the ice. The meat.

Q: Because, you didn't have the air conditioning.

[REDACTED] No, no. A few times we used the Spanish (inaudible). But somebody, to cool them down, you'd have had to put them in a trunk, in a (inaudible) truck.

Q: Now, a couple days ago, at one of the meetings, we talked about that sulfur smell and how it was affecting one of the guard posts, or the check posts as you say. That to me's kind of a unique experience. What else have you faced like that?

[REDACTED] To me, the level of concerns I have for what's going to happen to us, desert syndrome number two, I feel it is going to come from what we've been breathing. We were down there in those compounds breathing that stuff, next to prisoners coughing in your face and on and on and the wind blowing. These guys are pooping all over the place and on and on, and I question what's in the air. And plus the dust, there's a medical problem called silicosis from breathing dust. And I just question what breathing contaminated soil and who knows what is in the soil. That's my concern.

Q: Speaking of what is in the soil, I have heard rumors that this was a landfill once--

[REDACTED] It's certainly a landfill all the way around this. But again, this was a tv station.

Q: Okay.

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[REDACTED] That's what the big tower is, for the tv station. And so, I would assume that in the immediate area around us--have you been in to Ukasar ((sp?))?

Q: No sir.

[REDACTED] Every inch of it between here and there is a dump. Every inch of the road is where they haul big trucks in and dump the stuff. So if this wasn't a garbage site, and they found out on the map of the prison in our talk, they have this one area called boot hill, this morning they found seven people with shovels outside of the SUV and they're burying a new pit. And it is a burial ground, it's right here on post. Probably a thousand yards from here. And so, so they bury people here and then when the MI guy was interviewing somebody, this guy was getting ready to get on the bus and he said, I feel bad about this, I got to tell you, I know where there are some landmines, ten minutes from here. So they convinced the guy to stay over night, and you can drive out there if you want, you can see them, they got them taped off. These landmines are just sitting on the ground. Just mass of them. Landmine field just about a thousand yards from where that new prison was going to be. So I mean, there's crap around here and I guess (inaudible) goes up in the air. So I mean, the burial ground's part of it and then if this was a garbage dump, it is ten feet away. So the area itself, the main area was a tv station.

Q: You mentioned the landmines. Have any soldiers been injured in any attacks or unexploded ordnates or anything like that?

[REDACTED] No, not here. They have all over the place, that's a big concern. Had they built that second prison, there may have been a good chance that somebody may have, because it was right next to it. But these things, I saw a picture of it, one of my medics went on patrol with the guards and they got pictures of it. These things were just laying on the ground, it wasn't even buried. Or it was buried then and the wind's blown it off. It's just all over, it's just funny, I mean you think of a landmine, (inaudible) this just looks like someone went out there and just started throwing them around. Tons of them.

Q: And there's, from what I've understood, there's literally tons of unexploded ordnates surrounding this camp.

[REDACTED] Yeah, I've heard of that. The landmines are the most worrisome I think.

Q: Yeah, an RPG you can see and if you step on it, it might not explode.

(overlapping dialogue; inaudible)

[REDACTED] Yeah, but a whole landmine...

Q: All right, let me see. Let me ask you, doctrinally, has this been what you expected or have you had to use many field expedencies here, and if so what?

[REDACTED] It wasn't the horror picture that I stayed awake with, thinking of going through Turkey. Me, being the only doctor with thousands or hundreds of casualties, and not being seen by anybody. But it was halfway overwhelming--it came as close to that as I

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wanted it to. For the first few days, just the mass casualties that we saw, that were infected and needed to be, you know, wounds changed and everything else. What I feel good about is that I feel, this is what I tell the new doctors and PAs next when they come in, that in your life, you will not help improve the quality of life and bring comfort to people. But also, you will never be so uncomfortable yourself. And I feel that. I feel like I have done more, been able to help more people than I ever did in my old practice and make life better. You're driving your humvee, if somebody's walking, you pick them up. You don't do that at home. And if there's some soldier, it's 115 degrees out, and he's walking in the sun--and there's a thousand things a day you get to do like that. And with the prisoners, to just sit there and listen to them like they're human beings--they probably haven't ever seen a doctor in life. Giving them care, to me is very unique. It's very, very touching. Sometimes I've been very, very pleased with that. I feel I have made the world a better place. And the United States, I don't make it a better place very much. I don't know if that makes sense.

Q: It does, it does.

[REDACTED] But just, in treating Iraqis as good people, and like I said, I let God (inaudible) pick out the bad ones, that's not my job. And also not my job to say who's not sick enough to be seen. I'm getting paid good money, I'll see them all. I don't care if it's a headache.

Q: Let's see, have they been appreciative, the Iraqis?

[REDACTED] Yeah, yeah. Because, I mean they recognize you here. Yeah.

Q: How about the interaction with the prisoners?

[REDACTED] I've heard many of them speak English, so --

Q: Do you get to talk to some of them and know them?

[REDACTED] On the whole, you don't, because that's not real good. I mean that's -- you know, I mean there's -- what's that -- Stockholm syndrome or whatever where you -- so no, I never made a goal to do that or anything else. But I've hired two former prisoners. I paid for them with my own money. They're my translators. And they speak very good English. One kid's kind of retarded, and he doesn't speak that good English, but with these prisoners down at the Conex (sp?), these guys are sleeping down there with them, and they're having a guard fight (inaudible). We've had three severely mentally ill patients down there. I don't know if you were here for that or not.

Q: Actually, I heard it was four.

[REDACTED] The fourth one was up here, but there was three of them down there. It was just crazy. These guys had never been here. They weren't criminals. They weren't prisoners of war. Somehow, they got released from mental hospitals, and they got swept up and brought here. See anyhow, this one guy would help bathe and everything else, and then the other kid, he was in the (inaudible) guard (inaudible) Sergeant, but he spoke extremely good English. (inaudible). So he would help them, but now he stays here some

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place and every morning my PA picks him up and he goes down and translates for me down there.

Q: So let me ask you -- you said you had four mentally ill patients. How did you handle them differently from the rest of the prisoners, or --

A: Well, they were in the conex, so they weren't handled good. I mean, these people were probably schizophrenic, whatever. I mean, these people only talked to the four winds. So, no, there was no -- as far as I can remember -- if I had the ability, I would have thrown them out. I mean, these were people, you know, peeing under the (inaudible), you know, whatever, whatever. Did they not know their names, who they were, where they were from, or anything else. So they had them in conex (sp?) said just to hold them there, because they cause problems if you put them in --

Q: And if they were put in the compound, what would have happened?

A: I don't know. I don't think they would have been beat up, or whatever, but we would have lost them. They probably would have laid there and -- you know, oh, what's that guy doing back there?

Q: So what happened to these persons?

A: I got in trouble over this one. We fought this for a week. This was one of my three battles. One was air conditioning. The other was getting a helicopter down here. There was a hospital in Baghdad that said they would take them. And the third was to get gravel on the road, so finally, after a week of talking about this, and Major [REDACTED] (sp?) -- have you interviewed her?

Q: No, sir. But I know who you're talking about, the S1 --

A: Right. Major [REDACTED] works about 20 hours a day, OK? I'm not saying she's up 20 hours a day. She's working 20 hours a day, fine tuning, micro-managing every prisoner here, (inaudible) conservated areas bigger. And so she was helping on this. We got this hospital lined up, got this helicopter to come down. This was five or six days ago, to take these people to Baghdad. And I wanted to go, because I haven't been to Baghdad, and I'm sitting there -- I work every day of the week, and this would be my trip.

Q: What hour shift do you work, sir? About 12-hour days, 8-hour days?

[REDACTED] I go 7:00 til about 10:00 at night. But I'm just checking on things. Is that work? I'm in five meetings a day. That's work. Yeah, so I see my own patients, and then I want to know what's going on.

Q: And you know it's over in 90 days.

[REDACTED] Yeah.

Q: I expect that helps. All right, so let's go back to --

[REDACTED] OK, so basically there's this long, drawn-out story. So anyhow, we finally get a helicopter in here, and these guys are to be here at 7:00, and so I have these prisoners. I get them bathed, and I have brand new uniforms for them. These jump suits for them. I get them bathed, get them all clean, get them -- and come up here. And then -- I'm going down so I can sleep good. So at five o'clock in the morning, I get up and started rounding these prisoners up. I get up here and we make the decision let's go

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ahead and put them to sleep. So we inject them with haldol (sp?) and valium. And the helicopter doesn't come. And here, I've put four psychotics to sleep. So anyhow, then the helicopter, they called to say -- they didn't tell us. We called them, they say, well, it's overcast, we couldn't fly. So at 9:30, 9:25, they said we'll be there in half an hour. When they hung up, we could hear them. It was a one-minute warning. We've got these four people in here and the helicopter (inaudible) at about 1,000 yards. We didn't want them waiting, so we grabbed them, tried to get them out there (inaudible) -- and I talked them into letting my translator go with us, who's living down there with them, and he knows them. They trust him and everything else. So originally, they said no. Then, OK, you can go. They've got the force. So we get on this Black Hawk. We go up there, and the unit that's supposed to meet us doesn't show up, and we landed it at Baghdad International Airport.

Q: Oh, Baghdad International Airport, BIA.

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[REDACTED] Yeah. Saddam International Airport, that's what they wanted to (inaudible). We landed right in front of that sign, it was right there on the runway. The helicopter's sitting there. And the minute they turned it off, when we landed, we said, could you get the 150th MP group and have them come out here. We have the prisoners. And some little cute voice from off the radio said, yeah, we'll do that. Well, they turn off that helicopter then, that shut off the radio. This isn't a car. So we lost our contact. And luckily, here, somebody gave me a radio. I called back and said, it's 170 degrees and these guys are waking up. It takes four hours to get there and I've got some prisoners that are waking up, and we're sitting on the runway. It's 100 and x degrees, and these guys don't show up. Finally, finally, an hour and 40 minutes later, these guys show up with the dukes that have, and the only thing in my mind is what do I do with these prisoners? Do I put them on there, because this helicopter then needed to leave because we had to get back before dark. And I thought, just take care of -- they know where to go, they've got the (inaudible) anything else. So I get in the helicopter and leave. I take them stuff to stay. So anyway, it's a long story. So they take off and end up and the hospital doesn't take them. So here is this MP group with these four psychotic (inaudible) prisoners, and I came back and Major [REDACTED] was ready to kill me. And legally, you don't do that. You don't drop somebody off with somebody else. You take them to the door and sign off on them. So I said, oh, geez, I, oh. You asked me to be (inaudible), not on this. So anyhow, that was a long story. Apparently, somewhere, somehow, they got accepted at some hospital up there. But that was -- gosh. Because I thought I had done everything so cool. I came back and I gave her a thumbs up, and oh boy. It wasn't thumbs up. Major [REDACTED] (sp?) found out that the hospital hadn't accepted them, and there were four psychotics out there -- she expected me to stay. My thinking was how am I ever going to get back from Baghdad? I could have been up

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there for days, you know, and I have a job down here. I should have stayed, because I wanted to go. Crap. I could have had a day vacation up there. And I was (inaudible) with people who will work, and I thought, no, this helicopter's sitting here waiting on me. I'm going to go. I should have stayed. I don't know how I'd have gotten back. It's a long trip from here to Baghdad. It was four hours one way on the helicopter. So anyhow, that was (inaudible).

Q: Let me ask you, what's been your most interesting case, and what's been your most interesting moment here in Iraq?

[REDACTED] Those four whackos was a better story -- I'm going to get in this trouble over it. It took me 14 hours in one day, doing all this, and then took a week of begging. They wanted us to take these prisoners up there in either an ambulance -- it was a 14-hour trip on the road, or the Dukes they have. Can you imagine trying to keep somebody drugged up for 14 hours, or being psychotic and waking up in a black, enclosed ambulance box? They would have gone nuts. Plus, then somebody could have shot your butt while you're spending 14 hours driving up there in an ambulance. Just those first few days of just going to bed -- you know, same thing happened in Desert Storm. Desert Storm, I didn't take my clothes off for five days. I didn't take my boots off. These nights, there was no reason to take your boots off. There's nothing you can do. You're in a tent full of dirt. So, yeah. There's no specific thing, it's just an overall thing, and now, it just, in fact, I feel that I do good. That I -- that I help people get along. I mean, I'm safe to say -- these two Iraqi doctors wanted to leave. And the Army, by rights, didn't have the -- we held them for months. They were detained personnel. And this one was an old guy and he was dying to -- he was a General, Brigadier General, and he was dying to leave. And when he left, he was ready to kiss my feet, and I was to come to his house, and on and on. That was very rewarding. And a lot of good experiences like that, truly making people feel good. And in the States, you don't do that. You don't do that very often. In other words, here, just the personal satisfaction of making a better place is just non-stop. So you still want to leave tomorrow?

Q: Yes. Let me ask, what is the most common injury you've treated with Iraqis and Americans?

[REDACTED] Well, with Americans, it was the Hookah (sp?) plague --

Q: OK.

[REDACTED] -- (inaudible) everything else. With Iraqis, the first half of it, was (inaudible) infected wounds. There really were some interesting wounds. A lot of them were lower extremity wounds. And like (inaudible) that, I'll explain. The medics on that is if you're shot above, you're dead. So you don't get a chest wound, other than in the movies. Chest wound -- we (inaudible), but most chest wounds are dead. They collapse the lungs, blow up the heart, blow a blood vessel, and you die. So a lot of buttocks. One kid had a wall with a hole in it and he also had a hole in his butt.

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It was (inaudible) wall with a bullet hole in it. You know, he was going through this. So there was some of that, some pretty gaping open stuff. Of course, now, I think we see up front, I think. Now, it's just kind of depression and just -- the misery, not like right for every day, where I see people who don't get up, who maybe spend one hour a day standing up. And so they're sitting on the ground or laying down 23 hours in a tent, probably 115, 120 degrees. So, you know, I mean, they hurt. And then, these guys, a whole bunch of them just get beat up.

Q: Not like guards?

[REDACTED] No, by the guys who were totally psychotic. The Brits, whoever (inaudible) these people (inaudible) not here. The Brits -- my impression -- in both wars, tend to beat the crap out of prisoners.

Q: You said your impression -- oh, Desert Storm one and two.

[REDACTED] Yeah, the same thing there. The Brits beat the crap out of them. And this group of people that I'm seeing, their British prisoners, and so --

Q: OK.

[REDACTED] But even before that, though, if I saw somebody that's beat up, I'd always ask because I'm doing this informal study. You know, I'd always ask the interpreter, I'd say, you know, who did it, Americans or Brits? And almost always it was the Brits. We'd see guys who had handcuffs on for four days.

Q: And what does that do to a person?

[REDACTED] Well, you get temporary paralysis.

Q: OK.

[REDACTED] It just shuts off the circulation during everything else. Most of them would recover, but oh, geez, I mean, blood and open wounds, you know, from the swords. I mean, you've got prisoners that have got handcuffs on, you're going to rub off the skin. Yeah, so things -- and this one prisoner showed me -- it's probably the saddest thing I ever saw. This guy showed me a picture of his wife, a beautiful Iraqi young woman that he would look at, two little kids, and they were all three dead, killed by American bombs. Just stuff like that. And a lot of these prisoners, you know, truly innocent. Truly innocent. They're just people -- and they'd come through streets and you know, pick up everybody in the street, and these guys were just in the street at the wrong time.

Q: Some of them had weapons, but weapons here --

[REDACTED] Some of them didn't have weapons. And also, I believe everybody's innocent when they're caught.

Q: That's true too.

[REDACTED] A lot of innocent people. I always say, if you're going to go to war, don't go to war (inaudible) United States. If you have to lose, lose to the United States. That's one of my theories.

Q: Now if you were -- when you leave this unit and another -- or if you leave this unit, you might stay on, the next battalion surgeon -- what are three pieces of advice that you're going to give him?

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[REDACTED] I have a saying, it's nice to be important. It's more important to be nice.

Q: OK.

[REDACTED] And I think people need to be nice. I see people short-tempered, people who don't get along, who take up fits. You're an authority over these prisoners, and everything else. It's easy, be nice. And then the saying that I tell them is that you'll never bring more comfort but you'll never be comfortable yourself. And it is a comfortable (inaudible). The (inaudible) leaves and the wind and the dust seem to have dropped way down. There were really bad storms. But now the heat. (inaudible).

Q: Now is the heat going to get worse, and what's being done to combat that, as far as --

[REDACTED] Nothing. You know, we've got these air conditioned camps here, but I don't work in them. So it doesn't do me much good.

Q: What about the soldiers, are they going to get air conditioning?

[REDACTED] I don't think so. I think they'll close this place down in a month.

Q: That quick.

[REDACTED] Yes. They'll start. That's my prediction, about a month.

Q: In the meantime, everyone's--

[REDACTED] You could die, you're just going to flat out -- because it'll get hotter. This is the hottest time frame (inaudible). You know, I think it will be up another four or five degrees. What's funny is to take a water bottle to wash your hands with it, and it's hot water. That's the shock, is to wash your hands with that, you think, you know, I wouldn't turn on the water in the bathroom any hotter than this, and then that's what you have to drink. You have no ice. So.

Q: I've done that. When I pick up my camera, it is literally burning hot sometimes. I'm waiting for it to go out.

[REDACTED] Well, what I get a kick out of is all of our medicines says store at under 87 degrees. And we carry these things in these brown, metal boxes, and I leave them back in the Humvee. When I go to take them out, that is so hot you can't touch it. It's like an iron. On top of that box, it has to be -- it's got to be 140 degrees. Maybe it's 150 degrees, and I'm thinking, that's like 60 degrees than that medicine's supposed to be, and I wonder, does that work? What does that really mean, to store it under 87 degrees? The capsules, they get glued together. The gel caps.

Q: Yes, sir, OK.

[REDACTED] They're just fluid.

Q: Now let me ask -- I kind of asked about field expediences earlier, like, you know, these are nice stretchers that you have.

[REDACTED] They're very good. (inaudible).

Q: So I'm just curious, like -- once I saw an episode of MASH. Very cheesy, but -- someone needed -- someone's throat had been damaged, so they got a pen and put it through their -- so what field expediences have you had to use, I mean, nothing so dramatic as that, but --

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[REDACTED] Just working in the dirt. You're sitting there sticking a knife plate in somebody in the dirt.

Q: How do you try to beat that? I mean, that could lead to infection, so what do you do --

[REDACTED] Antibiotics, they either went home or they got better. It just kind of blew my mind that this stuff -- what we did seemed to work. It was just kind of a shock. You know, but we see them every day -- normally, in the outside world, you wouldn't see somebody that often. Here, we made a point to -- we didn't allow them to go every other day, which in the States you could have done. We were quite aggressive.

Q: Let me ask you something. We talked about prisoners with depression. Have there been any U.S. soldiers with depression?

[REDACTED] Yeah, I've seen one, and there's one who was severe -- that I'm aware of. They called me, and one of our companies underneath us. This was a guy who had been cheating on his wife, and on Mother's Day, this girl contacted his wife. And so when he called home on Mother's Day -- I don't know if it was the same day, but when he called home to talk to his wife and wish her a happy Mother's Day, she had a few words to say to him about the fact that he's been having an affair. And I don't know if that was the only affair. And so, yes. He pulled a gun out, and went out on (inaudible). So, I mean, they got him out of here on the spot. (inaudible). I mean, he could have killed himself.

Q: Or someone else.

[REDACTED] Mainly himself. Mainly himself. So it's interesting -- I'm seeing, in my unit, probably two (inaudible) males -- soldiers that are hitting it off with each other.

Q: Oh. Oh. Wait a minute.

[REDACTED] (inaudible) and they're both very, you know. There's things you see that you shouldn't see, and then you see somebody good. So it's kind of a unique experience, to have people living together, you know, in close contact nonstop. you know, on and on. So you see a lot. And to me, it's interesting, this experience of seeing how the Army ran. And I sit it on four meetings a day, at the battalion and the brigade level. I've seen people report on and on. I've never seen that. I'm like the guys in MASH. I just kick back and it just happens. Now I know how it happens. It happens because people do a lot of hard work. So I've been impressed.

Q: Let's see. That's a pretty good way to end this interview. Is there anything you'd like to elaborate, or something I've totally missed, let me -- you've listed some of your big accomplishments, you've listed challenges.

[REDACTED] No, I'm pleased that I and our medical group and this unit -- that we had a purpose, a need that I feel a lot like we met. And I feel sorry for people that (inaudible) on setting their -- and I hated it in Fort Lotte (sp?). I was sitting there day after day, just taking a check. So it was nice to have a mission that was there and very legitimate, and to have pulled it off. And I feel that (inaudible). I was glad to be a part of that.

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Q: All right, last question. What's the first thing you're going to do when you get home?

[REDACTED] When I went home for Desert Storm, my wife -- I didn't go home. She met me and she already had a hotel reservation for three days, so I didn't go home for three days. She just figured if I went home -- we have six kids -- we'd just -- and all the neighbors and people at church and everything else. But you're talking about when I first go home, I'll probably go straight to Hotel (inaudible). So getting past that scene, I believe I was talking about how we walked around (inaudible) trees and I will probably get to my house and (inaudible). And I'll probably -- I don't know. The shock will be the (inaudible). That is the -- because as a (inaudible), I could be in a tent by myself. Or I could share half a tent with whoever I like, whatever. But I choose to be in a tent with four medics and a PA. And we get along very good. They tease me nonstop and I tease them nonstop. My favorite quote is -- I write in my diary here every day, in my journal, and I was always saying, dear journal, I'm surrounded by idiots. That is the relationship that we have. It's very fun. I don't want to be by myself, so it's been nice to have good people.

Q: That's usually one of the best things that comes out of something like this.

[REDACTED] Yes. Sometimes you're not with good people, and with people who don't get along. I mean, this is my passion, my job. I'm sitting there -- I've got people who do not get along, and I'm sitting there, like, hey. Put the (inaudible) all down so they point in the same direction. So, OK.

Q: All right. The time now is 21:58, sir. Thank you for taking time out to do this.

[REDACTED] You're welcome. I've got to go back. Every day I write my wife.

Q: And do you want me to turn this off?

[REDACTED] Yeah, go ahead and turn it off.

Q: This is Sergeant [REDACTED] I'm here with Lieutenant [REDACTED] He's going to go ahead -- he found his journal, and he's going to read off what he wrote for the first day.

[REDACTED] OK. April 18, 2002. This is just an entry in my journal. It says, after a five plus-hour ride, we made it to Camp Buka (sp?) in Iraq. This place is as close to hell as I want to be. It is unbelievably dusty. There are around [REDACTED] prisoners here, and they are scary. The guards shot and killed one prisoner today, and wounded another one. We saw over 50 prisoners this afternoon, most with bullet and shrapnel wounds. It is 10:30 and I am exhausted and have caught a cold. We have no lights in our tent and probably three inches of powdery dust on the floor. I can't wait for the winds to start. And they started the next day. We didn't have to wait long.

Q: And then you wanted the winds to stop.

[REDACTED] Right. Right. These tents -- have you been in one when the wind blows?

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b6-2 Q: Yes, sir.

[REDACTED]: They rattle just -- and with the dust. You walk on the floor and you go, (inaudible). OK, you can turn it off.

Q: OK.

END OF TAPE

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