

SWORN STATEMENT

Location: GREEN ZONE, BAHQAQJIAQ

Date: 21 June 2004

Time: 0830

Name (Last, First, MI): [REDACTED] B6

Social Security Number: [REDACTED]

Organization or Address: NSW

I [REDACTED] B6, want to make the following statement under oath:

My name is [REDACTED] B6 I got here in April. I see the detainee as soon as we get them and I do a [REDACTED] I've done roughly ten detainees' screenings. When we first go on target, if the detainee has any serious life threatening injuries we'll treat them right there and take them straight to the hospital. We haven't had any serious life threatening injuries yet. [REDACTED] I'll get the [REDACTED] before we wash them. [REDACTED] Then we get the interpreter. On [REDACTED] If they were [REDACTED] HPI stands for "History Present Illness," and this is subjective. You [REDACTED] their [REDACTED] We ask them if they're taking any [REDACTED] I'll check their [REDACTED] There is a [REDACTED] and a place [REDACTED] Any interventions I do for them are recorded, for instance, an IV would be recorded on the form. If I give them [REDACTED] and any other [REDACTED] I'll put on the form as well. After the medical screening my role with detainees is that I'll [REDACTED] If the [REDACTED] A typical detainee is here I think [REDACTED] I've [REDACTED] The detainees are all pretty malnourished when they get here, never worse. I [REDACTED] detainees are given food, but [REDACTED] If they're [REDACTED] I have not known of [REDACTED] I have [REDACTED] the result of [REDACTED]

(1)(b)  
1.4(a)

B2

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Initials of person making statement: [REDACTED] B6

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Statement of [REDACTED] <sup>B6</sup> continued

END OF STATEMENT

I [REDACTED] <sup>B6</sup> HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THIS STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED] <sup>B2</sup>  
Signature of person making statement

Witnesses:

[REDACTED] <sup>B6</sup>  
Organization or Address

[REDACTED]  
Organization or Address

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 8 day of JULY, 2004, at Interim Zone NSWC.

[REDACTED] <sup>B6</sup>  
Signature of Person Administering Oath

[REDACTED] <sup>B6</sup>  
Typed Name of Person Administering Oath

D-4 EXECUTIVE OFFICER  
Authority of Person to Administer Oath

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Initials of person making statement: MC

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