From: Greer LtCol Christopher M
Sent: Friday, January 14, 2011 11:43 AM
To: Choike Col Daniel J; Oltman Col Robert G; Kauzlarich Col Mark M
Subject: RE: UN Manning Doc

Sir, Sent the following as a result of the meeting tot the Manning SJA and trial counsel. I think it also summarizes the main issues.

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Gentlemen,

Had a meeting this morning at the Brig with the staff and CAPT Hocter (forensic pych) and CAPT Moore (forensic psych).

Background: Dr Hoctor is Manning primary mental health provider. He is deploying next week. As part of the regular mental health care at the Brig, Dr Moore has also been involved with Manning's care. Hoctor was approached at one time to be a defense expert but he declined. Dr Moore has also been approached by the Defense as a potential expert. He declined. Manning has allowed access to his medical records to Defense. I found out this morning that the Brig has an ongoing incarceration residency program in agreement with Walter Reed. There are four residents (actually one intern, two residents and one fellow) how come o the Brig every Friday as part of a forensic psychiatry rotation/residency program. These residents treat all of the brig residents as well as Manning as there was no distinction between him and other detainees WRT mental health care. The new rotation of residents is on deck and had their first day today. Based on my discussion with CPT Haberland yesterday, we have told them NOT to be involved in Manning's treatment until the CA authorizes it due to potential clearance issues. Col Malone, from Walter Reed, is going to assume primary care for Manning. He was supposed to be there this morning but was not. He supervises the residency program but our expectation s that he will not treat the Brig population but will only treat Manning.

Issue 1: Request guidance from the CA (or you) regarding guidelines for the residents to be involved in Manning's ongoing mental health care. My understanding is that the residents would conduct/sit in on interview with Manning as part of his care plan. We frankly do not care what the decision is, we just want to know if you wish to restrict the number of people who have access to Manning as a legal issue (perspective witnesses) or for security reasons (clearances, disclosures, etc.) We DID NOT vet past residents in the program nor did we vet the current group regarding clearances. I do know that one of the residents (actually a fellow) will be on Manning's 706 so she stepped out during much of our discussion this morning. Obviously she does not participate in Manning's care.

Issue 2: Dr Moore requested guidance from the CA (or you) on how much information they should disclose to the DC. They have a great deal of experience working with DC's but he wanted to know if there were any areas of concern regarding disclosures. They have a waiver from Manning that protects them for HPPA purposes and ethical purposes but are looking for left and right lateral limits, if they exist.

Issue 3: Dr Hoctor expressed his concern about the POI status. He felt that POI was not justified from a medical viewpoint. The Brig OIC explained that the medical component was part of the overall classification assessment and that the process was continuously evaluated. Hoctor stated clearly that he did not support the POI status.

Issue 4: Suggest that you request from CA to MCB Cdr that he provide you with all classification and assignment documentation regarding Manning. You could simply state to

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build SA for the CA and to prepare for possible litigation, you request the classification documentation and that this request is ongoing. That way we have an official request we can respond to.

Issue 5: This is related to 3 and 4. Stand by for heavy rolls if the CA decides to request the Base commander to review and consider removing Manning's POI status. We are continuously reviewing that status. Unless you want to run our Brig, I think you undercut your own legal position if you actually recommend that the POI status be removed. We are the jailors, either you trust us or you don't. if you don't, then move him. The best thing would be to get this through the 706 process so we can have that additional info to consider in the status review. Again, the Brig makes a team decision on his status, it is based on experience, training, input form the personnel who interact with Manning, and the medical input. You all know that he is not is solitary, that all the detainees have their own cell, that no detainees may PT in their cells, etc. As I told John last night, unless someone wants to come down and accept responsibility for the daily safety and welfare of Manning, it is our job.

I need a fairly quick turn on 1 and 2 as this residency program was new info for me. Again, we DO NOT care who sees Manning. We leave the National Security concerns, clearances, etc, to you.

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LtCol Greer
SJA, MCB

-----Original Message-----
From: Choike Col Daniel J
Sent: Friday, January 14, 2011 11:26
To: Greer LtCol Christopher M; Oltman Col Robert G; Kauzlarich Col Mark M
Subject: RE: UN Manning Doc

Roger all, thanks. Need an update on the medical transition visit today.

Col Daniel J. Choike, USMC
Commander, Marine Corps Base
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Quantico, VA 22134-5001

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-----Original Message-----
From: Greer LtCol Christopher M
Sent: Friday, January 14, 2011 9:00
To: Choike Col Daniel J; Oltman Col Robert G; Kauzlarich Col Mark M
Subject: UN Manning Doc

Sir,

Rather than send up an e-mail string with a lot of lawyers mulling over implications and who is going to say what to whom, I have attached the actual diplomatic note from the UN to the

DoS. It focuses on the "solitary confinement" of Manning. As we all know, he is not being held in solitary confinement. The response is not ours although we will have input into the final product that is submitted to DoS. I will keep you apprised as that product is developed. I have been engaged with Gen Ary and his staff on this as well. The US has faced similar inquires WRT GITMO and has provided a somewhat "stock" response.

I also had a long talk last night with Manning SJA personnel IRT litigation schedule (still none but "closer" to the 706 kicking off), Col Malone (they concur no interns unless there is some medical necessity and Col Malone has the proper clearance and the SJA has already talked to Col Malone regarding his role as treating physician), the UN inquiry, and their position on Manning's status. I made it clear to them again that we have the day to day responsibility for Manning and if they are unhappy with Manning current status, then someone in the Army needs to take custody of him or relive us of the responsibility of his welfare. Until there is someone with an Army letterhead actually accepting responsibility for his welfare, then we will consider their input like any other Command, but the decision would rest with the Brig officer and SecBn. I reiterated our concern that if something goes wrong, there is not a single Army person that would be held responsible or found to be accountable as long as he stays with us.

v/r

CHRIS GREER
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