



អង្គជំនុំជម្រះវិសាមញ្ញក្នុងតុលាការកម្ពុជា  
Extraordinary Chambers in the Courts of Cambodia  
Chambres Extraordinaires au sein des Tribunaux Cambodgiens

ព្រះរាជាណាចក្រកម្ពុជា  
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អង្គជំនុំជម្រះសាលាដំបូង  
Trial Chamber  
Chambre de première instance

TRANSCRIPT OF HEARING  
ON ACCUSED IENG THIRITH'S FITNESS TO STAND TRIAL

PUBLIC

Case File N° 002/19-09-2007-ECCC/TC

30 August 2012

**ឯកសារដើម**  
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I N D E X

EXPERTS: MR. John CAMPBELL; MR. Seena FAZEL, MR. HUOT Lina

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**List of Speakers:**

Language used unless specified otherwise in the transcript

<b>Speaker</b>	<b>Language</b>
MR. ABDULHAK	English
MR. CAMPBELL	English
JUDGE CARTWRIGHT	English
MS. CHAK THIDA	Khmer
MS. ELLIS	English
MR. FAZEL	English
MR. HUOT LINA	Khmer
THE PRESIDENT (Nil Nonn, Presiding)	Khmer
MR. PHAT POUV SEANG	Khmer
MR. PICH ANG	Khmer
MS. SIMONNEAU-FORT	French
MS. SONG CHORVOIN	Khmer

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1 P R O C E E D I N G S

2 (Court opens at 1034H)

3 MR. PRESIDENT:

4 Please be seated. The Court is now in session.

5 During today's hearing, and as the President and on behalf of my  
6 fellow Judges of the Trial Chamber, allow me to warmly welcome  
7 the Prosecution, the Co Lead Lawyers for the civil parties who  
8 are present today, and today the Chamber is conducting the  
9 hearing to look at the update of the medical report by the  
10 experts who have been assigned by the Chamber to reassess the  
11 fitness to stand trial of Ms. Ieng Thirith after the decision  
12 rendered by the Supreme – rather, the Supreme Chamber dated on  
13 the 13th December 2011.

14 [10.36.52]

15 Before we proceed to examine the reports by the experts, the  
16 Chamber wishes to remind parties the background of the procedures  
17 as follows.

18 On the -- on February the 21st of 2011, counsels for Ms. Ieng  
19 Thirith had submitted a motion before the Chamber, contesting  
20 that -- contesting that their client should be on trial  
21 concerning the - the trial on the fitness to stand trial be  
22 assessed. And that the Chamber has assigned doctor or Professor  
23 Campbell, John Campbell, to conduct the medical assessment on the  
24 fitness to stand trial of Ms. Ieng Thirith, and at the same time  
25 Professor John Campbell was asked by the Chamber to file a report

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1 concerning his assessment, in particular the relevant documents  
2 concerning the status of Ms. Ieng Thirith's fitness, so that the  
3 Chamber has the ground for assessing -- or deciding on her  
4 status.

5 [10.38.37]

6 In 2011 again, Professor John Campbell concluded that Ms. Ieng  
7 Thirith has suffered from her cognitive impairment that prevents  
8 her from exercising her fair trial rights. After this report, on  
9 the 23rd of August 2011 the Trial Chamber assigned four  
10 psychiatrists -- including: Dr. Huot Lina, psychiatrist; number  
11 2, Dr. Koeut Chhunly, also the psychiatrist; number 3, Dr. Seena  
12 Fazel, the forensic psychiatrist; and number 4, Dr. Calvin Soon  
13 Leng, also the psychiatrist -- to also conduct the assessment to  
14 support the conclusion by Professor John Campbell. The  
15 psychiatrists assessed the mental status of Ms. Ieng Thirith, and  
16 later on they submitted their report to the Chamber on -- or in  
17 2011.

18 [10.40.39]

19 The public hearing at later stage was conducted to examine the  
20 reports by the expert. On the 17th of November 2011, after  
21 assessing all the reports by these five doctors assigned by the  
22 Chamber, the Chamber ruled that Ms. Ieng Thirith has suffered  
23 from her cognitive impairment and indeed suffered from Alzheimer.  
24 For that reason, the Chamber ruled that the Accused person cannot  
25 stand trial.

1 The Trial Chamber, at -- in the ruling, ordered the immediate  
2 release.

3 Later on, the Prosecutors filed their appeal against the  
4 decision, the decision as referred to in document E138, and the  
5 Supreme Court Chamber has accordingly ruled that Ieng Thirith  
6 should be again reassessed to find out whether there is any  
7 possibility whether she can return or can be fit to stand trial.  
8 The experts who have been assigned to reassess her fitness to  
9 stand trial state, indicated that they would render some measures  
10 to ensure that Ms. Ieng Thirith would be -- or would recover from  
11 this and some medicine were observed or administered.

12 Occupational therapy was also part to be administered during this  
13 phase. This document concerning this can be referred to  
14 E138/1/7.4.

15 [10.44.04]

16 Occupational therapy was administered for a certain period of  
17 time, and the doctors reported that the medicine that had been  
18 administered had been reduced dramatically. And on the 30th of  
19 April, the medicine was stopped.

20 Ms. Ieng Thirith had been treated for 18 weeks by late of July  
21 2012. The occupational therapist who was trained also trained two  
22 nurses to administer the occupational therapy on Ms. Ieng Thirith  
23 that started on the 28th of May 2012. The session was  
24 administered for three months.

25 Therefore, the Trial Chamber shall reassess immediately the

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1 fitness to plea and stand trial of Ms. Ieng Thirith, following  
2 the completion of various measures in accordance with the Ruling  
3 of the Supreme Court Chamber.

4 In the examination report submitted to the Chamber, the Chamber  
5 has decided to appoint three experts, namely, Professor John  
6 Campbell, Dr. Huot Lina, and Dr. Seena Fazel in order to assist  
7 the experts as well as the Chamber. And in order to assist the  
8 Chamber in its decision, the Chamber invites the experts, and  
9 particularly the treating doctor, to provide the report before  
10 the Chamber. And we have already received the report in writing.

11 [10.47.17]

12 On the 29th of August 2012 -- that was yesterday -- the  
13 psychiatrist expert submitted a joint report in English, and this  
14 report was circulated to concerned parties on the same date. And  
15 today other parties also received the version of the report in  
16 Khmer and the Chamber requests the experts to provide their  
17 expert opinions so that we have the basis in order to decide  
18 whether or not there has been any improvement in the cognitive  
19 functions and ability of the Accused at question in order to  
20 comply with the decision of the Supreme Court Chamber.

21 And today's hearings will allow the parties to put questions to  
22 the expert concerning the conclusion drawn in the report by the  
23 expert on the reassessment of the fitness of Ms. Ieng Thirith to  
24 plea and stand trial.

25 I would like to now announce the hearing open.

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1 [10.48.46]

2 Ms. Se Kolvuthy is now instructed to report the attendance of the  
3 parties to the proceeding this morning.

4 THE GREFFIER:

5 Mr. President, all parties invited by the Chamber concerning the  
6 hearing on the cognitive abilities of Ms. Ieng Thirith are  
7 present, except Mr. Ieng Sary, who is present in the detention  
8 cell downstairs.

9 And as for -- the experts whom the Chamber has invited to provide  
10 their oral report to the Chamber are also present.

11 According to the report by the experts, according to their  
12 knowledge and the best of their ability, they do not have any  
13 relation with the accused Ieng Thirith, either by marriage or by  
14 blood, or with any civil parties recognized before this Chamber.  
15 The witnesses as well as the experts have already taken an oath.

16 [10.49.56]

17 QUESTIONING OF THE EXPERTS BY THE PRESIDENT:

18 Thank you.

19 Before we proceed to the examination of the experts' report, I  
20 would like to first put some questions to the experts.

21 Q. First, I would like to ask Dr. Seena Fazel, you are the senior  
22 research fellow of psychiatry and you are also a consultant,  
23 honorary consultant forensic psychiatrist at the University of  
24 Oxford in England; is that correct?

25 MR. FAZEL:



6

1 A. Yes, it is.

2 BY THE PRESIDENT:

3 Q. And you have also come to testify before this Chamber.

4 Actually, you testified last year in October, on the 19th of  
5 October 2011; is that correct?

6 MR. FAZEL:

7 A. Yes, it is.

8 BY THE PRESIDENT:

9 Q. Thank you.

10 About Professor Lina Huot, you are a psychiatrist and you  
11 graduated with a master's degree in psychiatry from Australia and  
12 you are now an assistant professor of psychiatry at International  
13 University in Phnom Penh; is that correct?

14 [10.52.09]

15 MR. HUOT LINA:

16 A. That is correct.

17 BY THE PRESIDENT:

18 Q. And on the 19th and 20th of October 2011, you were invited by  
19 the Chamber to provide expert testimony in conjunction with the  
20 report -- oral report by Dr. Seena Fazel; is that correct?

21 MR. HUOT LINA:

22 A. That is correct.

23 BY THE PRESIDENT:

24 Q. Thank you.

25 Professor John Campbell, you have your expertise in geriatric

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1 medicine and you are from University of Otago from New Zealand;

2 is that correct?

3 [10.53.13]

4 MR. CAMPBELL:

5 A. That is correct.

6 BY THE PRESIDENT:

7 Q. Thank you. Last year, before we handed in the expert  
8 appointment order dated the 23rd of June 2011, you submitted two  
9 reports afterward; was that correct?

10 MR. CAMPBELL:

11 A. That is correct.

12 BY THE PRESIDENT:

13 Q. Thank you. And in January 2012, you also prepared a  
14 supplementary report, in accordance with the request by the Trial  
15 Chamber following the decision of the Supreme Court Chamber,  
16 requesting that the Trial Chamber consulted the appropriate  
17 medical expertise in order to administer additional medical  
18 treatment in order to stimulate the cognitive function and  
19 ability of Ms. Ieng Thirith. Did you prepare this report?

20 MR. CAMPBELL:

21 A. Yes, I did.

22 [10.54.50]

23 BY THE PRESIDENT:

24 Q. Thank you. And earlier this week you conducted reassessment of  
25 the cognitive function as well as the physical ability of Ms.

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1 Ieng Thirith in conjunction with other two doctors, Dr. Seena  
2 Fazel and Dr. Lina Huot. Did you consult with the two experts and  
3 did you examine the report and consolidated your reports together  
4 after your reassessment?

5 MR. CAMPBELL:

6 A. Yes, it was a joint consultation.

7 MR. PRESIDENT:

8 Thank you.

9 QUESTIONING OF WITNESS CHAK THIDA BY THE PRESIDENT:

10 Now, the Chamber has a few questions concerning the background of  
11 Dr. Chak Thida.

12 Q. Doctor, can you tell us about your full name?

13 MS. CHAK THIDA:

14 A. Yes, Mr. President. My name is Chak Thida. I am a general  
15 psychiatrist.

16 Q. Doctor, can you tell the Court your date of birth?

17 A. Mr. President, I was born on the 23rd of November 1961.

18 [10.57.09]

19 Q. Where is your current residence?

20 A. I live in Tuol Tumpong One, Chamkar Mon district, Phnom Penh  
21 city.

22 Q. Can you tell the Court your current occupation?

23 A. I am a general psychiatrist and I am also the deputy director  
24 of the Khmer Soviet Hospital in charge of mental health affairs  
25 and I am also the deputy head of the department at the University

1 of Health in -- specializing in psychiatry.

2 Q. According to the report by the greffier of the Chamber just  
3 now, that to the best of your knowledge, you do not have any  
4 relationship with the Accused or the civil parties recognized in  
5 Case 002, either by marriage or by blood; is that correct?

6 A. That is correct, Mr. President. I am not related to any  
7 parties to these proceedings.

8 Q. And according to the same report, it indicates that you have  
9 already taken an oath; is that correct?

10 A. Yes, I have.

11 [10.59.18]

12 Q. Thank you.

13 Now, I wish to advise you on your duty and obligation as the  
14 experts. You are now the expert witness before the Chamber and  
15 you are duty bound to respond to the questions by parties or the  
16 Judges of the Bench, and you shall tell the Court only the truth,  
17 nothing but the truth, and you tell the Court what you have  
18 observed and seen or witnessed by yourself, and you should  
19 endeavour to respond to the questions by the parties or by Judges  
20 of the Bench.

21 [11.00.01]

22 Do you understand your obligations and duties before this  
23 Chamber?

24 A. Yes, I do, Mr. President. I am ready and prepared to respond  
25 to all the questions that may be put.

10

1 Q. Can you please tell the Chamber your educational background,  
2 in particular your expertise? You already talked or indicated  
3 your profession, but we would like to know your education in that  
4 particular expertise skill.

5 [11.00.57]

6 A. Mr. President, I attended the medical study session in 1980's  
7 and I also served at the Ministry of Health and health clinic or  
8 centre at Psar Daeum Ttkov Health Centre, I worked as the head of  
9 that centre. In 1997 in December, indeed, I also attended  
10 training session on psychiatry, the session that concluded in  
11 2011. And I also engaged in the Mental Health Service at the  
12 Ministry of Health, I worked there as the Deputy Head of the  
13 Department. I also - I am engaged in providing training to  
14 students who attend training courses on mental health. Back in  
15 2006, I continued my education in the occupational therapy and I  
16 also obtained two degrees from the United States. I continue to  
17 work at the Khmer-Soviet Friendship Hospital.

18 Thank you, Mr. President.

19 Q. I have another question: During the time you worked at the  
20 Khmer-Soviet Friendship Hospital, have you had an opportunity to  
21 treat Ms. Ieng Thirith?

22 A. Mr. President, I am engaged - or I have engaged in this since  
23 February 2012, engaged in treating Ms. Ieng Thirith, working in  
24 collaboration with Calmette Hospital. I was asked to engage in  
25 giving my assessment on her mental status. However, by 2011 due

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1 to the fact that the medication regime has been -- was switched  
2 from the supervision of the Calmette Hospital to the Khmer-Soviet  
3 Friendship Hospital, I was - or I had been more fully engaged in  
4 treating the patient.

5 [11.04.11]

6 MR. PRESIDENT:

7 Thank you.

8 The Chamber would like to inform the parties that Dr. Chak Thida  
9 will be here before us as a witness when the testimonies of the  
10 experts will be examined.

11 The Chamber wishes to know from the parties whether they have any  
12 comment or any objection to these procedures.

13 Without any comments or objections, then the Chamber may proceed.

14 Counsel Diana Ellis, you may now proceed.

15 MS. ELLIS:

16 I simply wanted to indicate we do have no objection to this  
17 witness.

18 [11.05.28]

19 MR. PRESIDENT:

20 Thank you.

21 The Chamber would like now to ask the three experts whether Dr.  
22 Seena will be representing the three of you. Is that still the  
23 case, please?

24 MR. FAZEL:

25 Yes, I will take the questions initially, but I will ask my

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1 colleagues to comment on areas that they have specific expertise  
2 in.

3 MR. PRESIDENT:

4 Thank you.

5 The Chamber will honour the request and will facilitate  
6 accordingly.

7 The Chamber would like to invite Dr. Seena Fazel to present their  
8 finding on the assessment regarding the mental fitness of Ms.  
9 Ieng Thirith. You may now proceed.

10 Dr. Fazel, could you please hold on? Because Judge Sylvia  
11 Cartwright wishes to put a few questions.

12 Judge Cartwright, you may now proceed.

13 [11.07.21]

14 QUESTIONING OF THE EXPERTS BY JUDGE CARTWRIGHT:

15 Thank you, President.

16 I would like to thank all three experts for returning to Cambodia  
17 to discharge their functions. The Trial Chamber is very grateful  
18 to all of you.

19 I just want to outline the procedure I intend to take with  
20 relation to the examination of your report.

21 First, I am going to summarize very briefly your earlier reports  
22 which formed the basis for the Trial Chamber's unanimous decision  
23 in 2011 that the accused Ieng Thirith is unfit to stand trial. I  
24 will then move to summaries of your January report which was  
25 sought after the Supreme Court Chamber directed the Trial Chamber

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1 in consultation with you, to recommend additional forms of  
2 treatment which might lead to Ieng Thirith's eventual fitness to  
3 stand trial. And then we will go to your main report which I will  
4 take you through in some detail.

5 [11.08.43]

6 At a certain point, I will ask Dr. Chak Thida to speak to her  
7 reports because they are in sharp distinction to the conclusions  
8 that the three Court-appointed experts have come to. And when  
9 that process is indeed, the examination of the witness, Dr. Chak  
10 Thida, I will ask you if you have any comments, or through the  
11 President any questions that you wish to put to her. Then we'll  
12 go back to your report and go through it in considerable details  
13 so that the public and the parties are very clear about your  
14 conclusions, the conclusions that you have reached as a result of  
15 your assessments.

16 So, the President has gone through the preceding procedures in  
17 great detail, and I hope that you are now clear about where this  
18 examination will go.

19 Q. I'm going to start first -- because it is first in time --  
20 with your expert report of the 6th of October 2011, Professor  
21 Campbell. And I'll just summarize and, at the end of it, ask you  
22 if there's anything you wish to add or emphasize differently from  
23 my emphasis.

24 [11.10.16]

25 You concluded in October of 2011 that Ieng Thirith had a



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1 moderately severe dementing illness, most probably Alzheimer's  
2 disease. The effects of which may have been exacerbated by her  
3 past and current present circumstances. In your report you  
4 recommended that a gradual reduction be undertaken of her  
5 psychotropic medication, and you noted that any improvement in  
6 her cognitive function as a result of that reduction and  
7 medication should be evident within eight weeks. You went on to  
8 say however, that it is probable that the reduction in medication  
9 will not produce a significant improvement. You noted, however,  
10 that there is a definite possibility that the drug reduction will  
11 lead to an improvement in cognitive function, enabling Ieng  
12 Thirith to participate in her defence.

13 So, first of all, Professor Campbell, is that a fair summary of  
14 your findings? Is there anything you would wish to emphasize  
15 differently or to comment upon?

16 [11.11.41]

17 MR. CAMPBELL:

18 A. That's a fair summary, I think also in that initial report I  
19 indicated the use of donepezil as an agent, although indicated  
20 that the chances that that would improve the situation were  
21 slight.

22 BY JUDGE CARTWRIGHT:

23 Q. Thank you.

24 Now, on the 10th of October, following that assessment, the Trial  
25 Chamber appointed four psychiatrists and two of those four are

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1 with us today. And I just want to go through your report that you  
2 completed at that time in the same way as I have just done for  
3 Professor Campbell.

4 At that time, you said that from the scan data that you had  
5 available, that you found that Ieng Thirith's condition was  
6 consistent with dementia but as the changes observed may be  
7 age-related, the scan data could not confirm a diagnosis of  
8 dementia.

9 In your report you noted that in order to be confident of a  
10 diagnosis of dementia, other forms of dementia, in particular  
11 vascular dementia, must be considered. On balance in that  
12 psychiatric report, you stated that the clinical picture is one  
13 of gradual insidious decline which is more consistent with  
14 Alzheimer's disease than with vascular dementia. And you also  
15 noted that as you had insufficient historical data it was  
16 impossible to comment on the progression of the disease.

17 [11.13.32]

18 You went on to consider Dr. Campbell's proposal of a trial of  
19 donepezil, saying that you did not disagree with that but noting  
20 your limited experience in its use, and further noting that the  
21 evidence for cognitive improvement following treatment with a  
22 medication such as donepezil, suggested that the improvement is  
23 small in magnitude and limited to a minority of individuals who  
24 take it.

25 In short, is it fair to say that the examining psychiatrists were

16

1 sceptical of the potential of treatment with donepezil to  
2 maintain Ieng Thirith's then cognitive status or to improve her  
3 cognitive function? Is that a fair assumption that I take from  
4 your comments concerning that medication?

5 MR. FAZEL:

6 A. Yes, it is.

7 [11.14.47]

8 BY JUDGE CARTWRIGHT:

9 Q. Overall, in that report, your findings were that while certain  
10 assistance and possible options to improve her fitness might be  
11 helpful, they were unlikely to improve her cognitive ability to  
12 the extent that she would have a sufficient understanding of the  
13 course of legal proceedings. Is that a fair summary of your 2011  
14 findings and is there anything you would want to add or to  
15 emphasize?

16 MR. FAZEL:

17 A. It is a fair summary. The only thing I would emphasize is that  
18 our diagnosis of dementia was informed by a variety of different  
19 pieces of evidence including the scans, including informant  
20 histories, including an examination of Ieng Thirith using a  
21 variety of standardized tests. So we didn't take one piece of  
22 evidence in isolation, we put it together and we were also  
23 cognizant of Professor Campbell's report and also previous  
24 medical assessments. So what we tried to do was put all these  
25 pieces of evidence together and come up with the most reasonable

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1 diagnosis. And in our opinion, it was a clear diagnosis of  
2 dementia.

3 [11.16.17]

4 BY JUDGE CARTWRIGHT:

5 Q. Thank you very much.

6 Now, following the Supreme Court Judgement on Appeal, you were  
7 asked by the Trial Chamber to prepare -- to again assist Ieng  
8 Thirith and report on whether there was additional treatment that  
9 might improve her mental health to the extent that she might  
10 become fit to stand trial.

11 Now, in that report of the 6th of January of this year, you noted  
12 that the medication donepezil had been started on the 8th of  
13 November but was poorly tolerated by Ieng Thirith and led to her  
14 admission to hospital from the 12th to the 15th of November; is  
15 that correct?

16 MR. FAZEL:

17 I'm going to ask Professor Campbell to comment on that.

18 MR. CAMPBELL:

19 A. Yes, that is correct. The donepezil, we advised to start at a  
20 dose of 5 milligrams; unfortunately, it was started at 10  
21 milligrams, and that led to the recognized complications of  
22 nausea and vomiting of donepezil.

23 [11.17.44]

24 BY JUDGE CARTWRIGHT:

25 Q. Thank you. Well, during that same assessment, you undertook

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1 further clinical assessment and the standardized testing that you  
2 have referred to briefly, Dr. Fazel, and you reached in that  
3 report the following conclusion:

4 "Ieng Thirith has moderate to severe cognitive impairment  
5 secondary to a dementing illness most probably Alzheimer's  
6 disease, with a likelihood also of a vascular component. Her  
7 cognitive functioning was worse on this assessment than in her  
8 earlier assessments. The history given by those staff seeing her  
9 regularly is consistent with a progression of her dementia rather  
10 than that she was feigning deterioration."

11 The report went on to say that "Ieng Thirith has a progressive  
12 dementia and it is unlikely that the recommendations given below  
13 will lead to an improvement sufficient for her to participate in  
14 her own defence". But in compliance with the directions given by  
15 the Trial Chamber, you recommended a trial of an alternative  
16 medication to donepezil -- a medication called rivastigmine --  
17 and also recommended a further assessment after three to four  
18 months; is that correct?

19 [11.19.29]

20 MR. FAZEL:

21 A. Yes, it is.

22 BY JUDGE CARTWRIGHT:

23 Q. Thank you. You also commented in that report that "no  
24 rehabilitation or structured cognitive stimulation program is  
25 currently available in Cambodia". But you very helpfully outlined

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1 a means - a very limited means by which a Singapore occupational  
2 therapy program might be provided. And that was to be done by  
3 training of Cambodian health professionals and supervision of  
4 them by a fully trained Singapore based occupational therapist.  
5 You emphasized in your report, however, that "such a program  
6 should be considered as an adjunct or additional to the two  
7 recommendations" -- that was the reduction -- continuing  
8 reduction in psychotropic medication and the start of  
9 rivastigmine -- so it was an adjunct to that -- and you did not  
10 expect it to improve her cognitive status; the best that it could  
11 achieve was an arrest of the speed of her deterioration.  
12 Now, that is a very blunt summary of an extensive report, but  
13 it's -- I have done this so that the parties and the public are  
14 very clear about what previous assessments have been done and the  
15 findings so that we can lead on to the current situation.

16 [11.21.13]

17 So, is that summary from 6th of January report accurate? Is there  
18 anything any of you would wish to add or to emphasize?

19 MR. FAZEL:

20 A. That is accurate.

21 The only additional thing to emphasize was that it was our view  
22 that any effect of these treatments, these two new additional  
23 treatments, would be seen within three months, and we felt that a  
24 period of three months was necessary before re-assessment would  
25 be done.

20

1 BY JUDGE CARTWRIGHT:

2 Q. Well, while we're on that point, I noted that in the Judgement  
3 on Appeal from the Supreme Court Chamber that the Chamber noted,  
4 obviously, that it is ill-equipped to make medical findings on  
5 its own initiative, but it also noted that the medical literature  
6 recommended a six-month trial of donepezil. So, I just want your  
7 comments on that.

8 [11.22.25]

9 The Supreme Court Chamber cited in support of that a study  
10 reported in the Lancet, 2006, at 367, by Bengt Winblad et al:

11 "Donepezil in patients with severe Alzheimer's disease,  
12 double-blind, parallel-group, placebo-controlled study."

13 Now, I know they were talking about donepezil there, but you've  
14 made this comment about a three-month trial. Just so we're very  
15 clear that you are -- do not consider a longer trial of -- the  
16 other medication that I have considerable difficulty pronouncing  
17 -- rivastigmine, you don't consider that warranted?

18 MR. FAZEL:

19 I will ask Professor Campbell to respond to that.

20 MR. CAMPBELL:

21 A. No, that is correct. If the -- if there is going to be seen  
22 any improvement, that will be evident at three months, and at six  
23 months there may still be evidence of improvement, but it will  
24 not be greater than that seen at six (sic) months.

25 BY JUDGE CARTWRIGHT:

21

1 Q. Thank you.

2 Now, that brings us to the most recent assessment that you have  
3 undertaken, and as I indicated at the outset what I will do is to  
4 ask you for the summary only of your findings and any  
5 recommendations, and then later I will go back through the report  
6 in detail with you.

7 [11.24.12]

8 But after you have given your summary of your findings and  
9 recommendations, I'm going to ask some questions of Professor  
10 Chak Thida because, as I've already indicated, her assessment  
11 differs sharply from your assessment, and we need to be clear  
12 that every stone has been unturned and every detail assessed.  
13 So, first of all, you assessed Ieng Thirith on this occasion over  
14 the course of three days; is that correct?

15 MR. FAZEL:

16 A. It was over the course of two days.

17 BY JUDGE CARTWRIGHT:

18 Q. Thank you. And you had the assistance of an interpreter.

19 And did all three of you participate either jointly or  
20 individually during the two days of assessments?

21 MR. FAZEL:

22 A. It was a joint assessment by all three of us.

23 [11.25.27]

24 BY JUDGE CARTWRIGHT:

25 Q. Now, I want to turn to paragraphs 58 to 63 of your current



22

1 report dated the 29th of August where you set out your  
2 recommendations and conclusions.

3 And I would ask you -- presumably you, Dr. Fazel -- to summarize  
4 those without going into any details because we'll go back to  
5 that later, and to indicate if there are any -- if there's any  
6 lack of unanimity among you as to these conclusions or any part  
7 of them? Thank you.

8 MR. FAZEL:

9 A. We felt there was no evidence of any improvement after the  
10 introduction of rivastigmine or the cognitive stimulation  
11 programme. We felt, actually, there was a deterioration in  
12 cognitive function over the period of this time, but definitely  
13 no improvement. In some ways the deterioration was seen quite  
14 clearly in terms of decreasing scores in standardized tests, in  
15 various other behavioural symptoms such as her relationship with  
16 staff, and other areas of her self-care and functioning.

17 [11.26.55]

18 The other recommendation we came to was that we did not think  
19 there were any other treatments available that would improve the  
20 cognitive function of Ieng Thirith and we, therefore, had no  
21 other medical recommendations to make.

22 This view of ours was unanimous and we found consistent evidence  
23 using a variety of sources to support this view.

24 JUDGE CARTWRIGHT:

25 Thank you.

1 Now, in -- Professor Chak Thida has prepared several reports as  
2 the treating physician, and I'll just pause before asking her any  
3 questions.

4 (Judges deliberate)

5 [11.28.01]

6 QUESTIONING OF WITNESS CHAK THIDA BY JUDGE CARTWRIGHT:

7 Yes, well, Professor Chak Thida, thank you also for answering to  
8 the summons to come here today to give your assessment of Ieng  
9 Thirith and -- as her treating physician. The Court is very  
10 grateful to you for taking time to do that.

11 [11.28.28]

12 Q. Now, is it correct, Professor Chak Thida, that you have  
13 prepared several assessments, psychiatric assessments, of Ieng  
14 Thirith beginning on the 16 of February last year and then one  
15 from October 2011 to April 2012, one on the 14 of August this  
16 year, and a final -- sorry, that was the final one -- one  
17 immediately prior to that on the 12 of July 2012; is that  
18 correct?

19 MS. CHAK THIDA:

20 A. Yes, it is, Your Honour.

21 Q. Professor Chak, there's a -- it seems to be another report  
22 which has not reached me, but is commented on in the experts'  
23 most recent report, and that is a report dated the 9 of December  
24 of last year. Have you also prepared a report on that date?

25 A. Yes, I have.

1 [11.29.56]

2 Q. Thank you.

3 Now, in -- I think it would be fair to say that in none of your  
4 reports have you found that Ieng Thirith suffers from a  
5 deterioration in her mental health that would lead to a  
6 conclusion that she is unfit to stand trial. In summary, you  
7 believe that she is mentally able and not at a stage of dementia.  
8 Is that a fair summary of your various reports?

9 A. Through the treatment and assessments, indeed she has been  
10 assessed on several occasions, in particular concerning her  
11 cognitive impairment, and we classified the assessment into two,  
12 the Alzheimer's stage and cognitive impairment. And we  
13 administered some tests, and also I administered some of my own  
14 tests. We observed that I have not found any sign of mental  
15 illness in Ms. Ieng Thirith, although she has experienced some  
16 loss in memory.

17 [11.31.48]

18 Q. Well, if we could just go through some of the details of these  
19 reports. In February of 2011, you found -- you summarized that  
20 although Ieng Thirith was concerned about her physical health  
21 condition, she showed no symptoms of irregularity in her  
22 psychological status. Did you administer any standardized tests  
23 to come to that conclusion?

24 A. Before I respond to the question whether or not I administered  
25 any standardized tests, I would like to inform Your Honours about

25

1 my approach. I -- in my capacity as the psychiatrist, and I am a  
2 female psychiatrist, I established relationship with her. So that  
3 was the -- my first report when I first encountered with her. I  
4 met with her on the first occasion; I established a relationship  
5 with her. I discussed with her in a very friendly manner and we  
6 had to take some time in order to establish good relationship  
7 with her, and then she was free to share with us all the things  
8 that I had reported in my written report, and then after that I  
9 conducted my assessment on her cognitive function.

10 [11.33.30]

11 Then by ways of comparison from my first encounters to the latter  
12 encounterings with her, the situation -- the first time I met her  
13 was better. But later on it was degenerative and I requested that  
14 I be allowed to meet her on two or three further occasions, then  
15 I came up with that report.

16 Q. So, you considered it important to establish a good  
17 relationship with Ieng Thirith so she would be relaxed and  
18 respond as well as she could to your examination of her mental  
19 status; is that right?

20 A. Yes, that is correct, Your Honour. Because, mentally, people  
21 need to earn the trust of others and they have to have good  
22 relationship before we can actually approach her and if we are  
23 someone who is unfamiliar to her, we might not be able to get all  
24 the answers she wants to give.

25 And in addition to asking her questions and talking to her, I

26

1 also consulted with people who attended to her on a daily basis  
2 as well.

3 [11.35.06]

4 Q. Thank you.

5 So, returning to my original question, did you administer any  
6 standardized tests before you completed your report of the 16th  
7 of February 2011?

8 A. On the 16th of February 2011, it was my first meeting with Ms.  
9 Ieng Thirith. On that day I did not administer any tests in that  
10 first meeting. My purpose was merely to establish a relationship  
11 with her. I just wanted her to get to know me and I wanted to  
12 find out about her background, about her personal background. At  
13 that time, I obtained a lot of information that I also  
14 incorporated into my report and I draw a conclusion, a  
15 preliminary conclusion that apparently she did not have any  
16 symptoms of dementia.

17 [11.36.18]

18 Q. So, in summary, in that report you considered that she was  
19 appropriately dressed, answered questions well, that she -- her  
20 dysphoric mood had appropriate effect, she suffered from no  
21 hallucinations, her speech was normal, meaningful, and coherent,  
22 she showed no delusions, no intention to harm herself, she  
23 recognized people who are close to her, such as the female  
24 guards, and she knew -- she was well oriented to time and place.  
25 You considered her memory good but that her concentration and

1 attention are a bit poor, and that led you to the overall summary  
2 that she showed no symptom of irregularity in her psychological  
3 status.

4 [11.37.23]

5 Is that a fair summary of that first report, Professor Chak?

6 A. Yes, that is correct, Your Honour.

7 Q. Thank you very much.

8 Now, you prepared a second report which covered the period from  
9 October 2011 to April 2012, and in that report, you stated that  
10 Ieng Thirith does not have any symptoms of mental illness, that  
11 she can remember well, does not get lost or confused but she is  
12 sometimes forgetful. And you noted that her social skills were  
13 still appropriate for a woman of her stage. So, is that a fair  
14 summary of your conclusions on that occasion?

15 A. Your Honour, I am sorry, I did not hear the translation of  
16 your summary. Would you mind repeating?

17 Q. I'll try again now, Professor Chak Thida. Can you hear me now?

18 A. Yes, I can hear you well, Your Honour.

19 Q. Thank you.

20 [11.39.35]

21 Well, in the report covering the period October 2011 to April of  
22 2012, you come to the overall conclusion that Ieng Thirith does  
23 not have any symptoms of mental illness. Is that a correct  
24 summary of your conclusions on that occasion?

25 A. Yes, it is, Your Honour.

28

1 Q. You expanded in the body of your report. You mention that she  
2 is polite and friendly but that she speaks loudly to the staff  
3 and frequently slams the metal door with the crutch when she  
4 wants to get outside, that that behaviour occurs once or twice a  
5 day; is that correct?

6 A. Yes, that is correct. That is the information we obtained from  
7 the staff attending to her at the detention facility.

8 [11.40.57]

9 Q. You mentioned that in part of your report dealing with Ieng  
10 Thirith's judgement and insight, saying that she has good  
11 judgement and insight. But when she speaks loudly to the staff  
12 and hits the door with her crutch, do you consider that to be  
13 good judgement and insight on Ieng Thirith's part?

14 A. Your Honour, I'm sorry, I do not really understand your  
15 summary. Would you mind clarifying it?

16 Q. When you mentioned, Professor Chak, that Ieng Thirith speaks  
17 loudly to the staff and strikes the door of her cell with the  
18 crutch when she wants to get outside, do you consider that to  
19 fit, to be -- to fit with your assessment that she had good  
20 judgement and insight at that stage?

21 A. Yes, that is correct. But I would like to explain here.

22 [11.42.29]

23 When she used the cane stick to hit the door, actually it  
24 happened once in a while and it was not a habitual practice.  
25 These activities, these kinds of behaviour started to happen when

29

1 she learned that she was about to be released, and I also  
2 observed that from the staff who attended to her as well at the  
3 detention facility, and she wanted to get out of this detention  
4 facility. And when I met her one day she dressed properly and she  
5 told me that she would be taken away by 2 o'clock on that day,  
6 and I asked her where she got the new clothes and watch, where  
7 did she get the clothes and watch from, and she said that she was  
8 given these new clothes and watch and she wanted to go to the  
9 market in order to get new clothes and other items.

10 Q. Yes, thank you. You commented that this behaviour of speaking  
11 loudly and hitting the door with her crutch was not habitual. But  
12 in your report you noted that it occurs once or twice a day.  
13 Which is the correct assessment, Professor Chak?

14 [11.44.12]

15 A. That is correct, Your Honour, but later on we did not observe  
16 these kinds of behaviour.

17 Q. Now, apparently, you have completed another report which was  
18 dated the 9th of December, and in that report you mentioned that  
19 Ieng Thirith had told you that she had bought clothes outside in  
20 anticipation of leaving the facility. You stated in that report  
21 that you did not gather informant history – that is, information  
22 from people close to her -- as part of your assessments, and you  
23 concluded that she had no symptoms of mental illness. So, in  
24 December of 2011, it was still your diagnosis that Ieng Thirith  
25 had no signs of mental illness; is that right?



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1 A. That is correct, Your Honour, and I have this conclusion based  
2 on the actual situation. She has been in the detention facility  
3 for a long time and she is anticipating that she would be  
4 released, that's why she got rather excited and she also  
5 anticipated that she would go and get new clothes for herself.

6 [11.46.03]

7 Q. Now, in preparing that report or the earlier one from October  
8 2011 to April 2012, did you conduct any standardized tests of  
9 Ieng Thirith?

10 A. At the time, I administered the tests in order to assess her  
11 level of understanding as well as her memory or attention  
12 capacity. At that time, I administered the test in order to  
13 derive at the outcome of the assessment.

14 Q. So, do you have a record of the results of those tests that  
15 you could share with us today?

16 [11.47.10]

17 A. In the report of the tests, we identified the tests I  
18 administered and I also administered another memory test but we  
19 -- I did not test it using that tool directly, and the reason why  
20 I did not introduce the test directly because I was -- I had the  
21 reservation that she would be reluctant to cooperate when she  
22 learned that the test would be administered, so that we may not  
23 -- if we continued to do it we would not get any proper result.

24 Q. Well, I'll move to the final two reports that we have from  
25 you, Professor ChakThida. The first is the 12th of July 2012, and

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1 it's clear from that report that you followed your usual practice  
2 of beginning the assessment with a friendly conversation, but  
3 that you also administered the mental status examination test,  
4 and as a consequence of that you reached a total score of 24. The  
5 correct name of that test is the mini-mental state examination.

6 And you reached a score of 24; is that correct?

7 [11.49.11]

8 A. That is correct, Your Honour.

9 Q. And on the basis of that reporting and your other  
10 examinations, including talking to her nurses and the physician  
11 who examines her on a daily basis, you reach this conclusion:  
12 that "the patient is in a state of physical recovery. She has no  
13 symptoms of dementia, but she may forget a bit which corresponds  
14 to her age, and she may be in a pre-dementia state, but not in a  
15 state of severity".

16 Is that a fair summary of that July report, Professor Chak Thida?

17 A. Yes, that is -- that is correct, Your Honour.

18 Q. In the report that the Court-appointed experts completed  
19 yesterday, they made some comments on your two latest reports,  
20 one of which we've looked at, and the experts said that the score  
21 of 24 out of 30 for the mini-mental state examination is not  
22 consistent with eight other recorded examinations over 2011 and  
23 2012, none of which have scored above 18. Were you aware that  
24 your test results were quite different from these other eight  
25 examinations?

1 [11.51.30]

2 A. I was not aware of the previous tests administered to her, but  
3 that was the result of the test I administered to her. And I  
4 observed that her physical recovery can be observed. Before, she  
5 suffered from blood pressure as well as some urinary problems.  
6 But then, due to the medical care provided to her, the condition  
7 has improved. And as a result, the overall score has increased to  
8 24.

9 So that was depending on the actual answer to the question,  
10 because each question carries certain weight and we have to give  
11 some weight to each question. It is the outcome of our  
12 assessment.

13 Q. Now, you have told us today that you consider it very  
14 important to establish a good friendly relationship with patients  
15 such as Ieng Thirith and of course being a woman and speaking the  
16 same language, I have inferred that you consider that your  
17 assessment is more accurate than those assessments undertaken in  
18 a testing situation instead of a clinical examination. Is that a  
19 fair summary of what you've told us today, Professor Chak Thida?

20 [11.53.33]

21 A. Are you asking me the question? I thought you were asking your  
22 Members on the Bench. Are you asking that question to me? Could  
23 you please repeat the question?

24 Q. I was asking you, Professor Chak.

25 You have emphasized today that you consider it very important to

1 have a good friendly relationship with a patient in Ieng  
2 Thirith's situation, and that as a woman and speaking the same  
3 language, you expect that she will be more relaxed with you and,  
4 therefore, your assessments of her might be more accurate than  
5 those administered in a test as opposed to a clinical situation.

6 Is that a fair summary of your approach, Professor Chak Thida?

7 A. Yes, it is -- exactly, it is, Your Honour. Not only with the  
8 patient who is being in the detention facility but even the  
9 people outside, patients outside. Before we administer certain  
10 tests or try to get any result, then we have to establish  
11 relationship with them.

12 [11.54.56]

13 Q. Well, you've already indicated that you weren't aware of the  
14 results of the eight other tests, but three of those were  
15 conducted by health care staff as a normal part of their care of  
16 Ieng Thirith and not as a part of an assessment to stand trial.  
17 So would you accept that at least three of the tests were  
18 administered in quite relaxed circumstances?

19 A. I did not receive the report and I did not review it myself  
20 either.

21 Q. Well, I have to tell you that in their report of the 29th of  
22 August, the Court-appointed experts say this in relation to the  
23 mini-mental state - status examination administered in July of  
24 this year that you; "do not appear to have administered the test  
25 correctly, and a number of questions have been substituted that

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1 were less demanding. When we re-scored the tests", the experts  
2 said, "using the standardized version of the test, Ms. Ieng  
3 Thirith would have scored 15."

4 Is there any comment that you would wish to make on the statement  
5 that you have not administered the test correctly and less  
6 demanding questions were put to Ieng Thirith?

7 [11.57.13]

8 A. Your Honour, I recognize it, as I mentioned earlier. And if we  
9 administered the direct test to the patient, we may not get the  
10 accurate result. Now, for example, we asked her about the living  
11 conditions of her children in Pailin province. Then, we had to  
12 establish a relation with her in order to get the answer to that;  
13 otherwise, we would not get it. We had to tell them, for example,  
14 Pailin was in -- with one of the provinces in Cambodia.

15 I know that Professor Campbell administered a test to her some  
16 six months ago. At that time, I also took part in that  
17 assessment. At that time, Professor Campbell handed Ms. Thirith a  
18 pen and asking her whether or not she recognized it as a pen or  
19 if she could use the pen to write anything. At that time, she  
20 said she did not know it, she did not know how to use it either.  
21 And when the question was asked concerning her working  
22 relationship, she refused to respond to the question.

23 [11.58.32]

24 Five minutes later, since I was sitting nearby Ms. Ieng Thirith,  
25 I held the same pen and I handed this same pen to her. I told her

1 that: "Before, I saw you use the pen to write good French  
2 language. I did not know whether or not you spoke or wrote  
3 English language." And then she took the pen from me, and then  
4 she wrote it down that: "I go to school." That's what she write  
5 on the piece of paper.

6 And then, after that, Professor Campbell asked her to draw a  
7 picture which was part of the MMSE, and then she protested. She  
8 said she did not know how to draw anything.

9 And then, after that, I tried to chit-chat with her, and then,  
10 afterwards, I asked her to draw a picture, and she told me that  
11 she could not draw a good picture because she did not have a  
12 ruler with her. Without a ruler, she could not make a straight  
13 line.

14 So that was because of the relationship I established with her.

15 Q. Well, before we break for lunch -- there is one final report  
16 that you have prepared, Professor Chak Thida, dated the 14th of  
17 August of this year. So it's a very recent report. In it, you  
18 seem to have administered the mini-mental status examination, but  
19 you have not set out the scores from that. And I wonder if you  
20 could help me with that first please. Did you, in fact,  
21 administer the mini-mental status examination on the 14th of  
22 August this year?

23 [12.00.28]

24 A. On the 14th of August, I met her late in the afternoon because  
25 I had to meet with the International Red Cross, and after that I

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1 met with her and I did not administer the MMSE because I had  
2 already administered the test previously.

3 Q. Well, this report of 14 August is almost identical to the one  
4 completed in July with precisely the same conclusion, that Ieng  
5 Thirith is in a state of physical recovery; she had no symptoms  
6 of dementia; she may forget a bit, which corresponds to her age;  
7 and may be in a pre-dementia state but not in the state of  
8 severity.

9 [12.01.28]

10 So, you considered that her mental health was almost exactly the  
11 same after your testing in July; is that correct?

12 A. The current assessment was incorporated with the previous  
13 assessment. Some same questions were administered to test her  
14 memory. I did conclude like that based on her physical fitness as  
15 well.

16 JUDGE CARTWRIGHT:

17 Thank you.

18 Well, I think the President is suggesting that we take the lunch  
19 adjournment now. So, after lunch, Professor Chak Thida, I would  
20 have a few more questions for you and then we'll return to the  
21 experts and have their comments on this witness examination.

22 Thank you.

23 MR. PRESIDENT:

24 Thank you, Judge Cartwright.

25 Indeed, it is an appropriate moment for the lunch adjournment.

1 The Chamber will adjourn for lunch and the next session will be  
2 resumed by 1.30 p.m.

3 Court officer is now instructed to ensure that the experts and  
4 Dr. Chak Thida are well assisted during the break, and have them  
5 return to the courtroom by 1.30.

6 The Court is adjourned.

7 (Court recesses from 1203H to 1330H)

8 MR. PRESIDENT:

9 Please be seated. The Court is now back in session.

10 We would like to hand over to Judge Cartwright to proceed with  
11 some further questions to the experts and the -- Dr. Chak Thida.

12 You may proceed.

13 BY JUDGE CARTWRIGHT:

14 Thank you, President.

15 Q. Professor Chak Thida, we have been through several of the  
16 reports that you have made on Ieng Thirith. Can I ask you, were  
17 these reports required as part of your treatment of her for the  
18 purposes of the records of her treatment, or was there some other  
19 purpose in making these reports?

20 MS. CHAK THIDA:

21 A. The reports were filed as part of the practice when we treat  
22 people who may have experience with mental problem and we had to  
23 be prepared and, indeed, in our report assess the clinical  
24 assessment.

25 [13.32.41]



1 Q. Thank you.

2 Now, in -- I will just take your last report where you say that  
3 her attitude to you was good, the -- her - she had an appropriate  
4 mood affect, her speech was normal and you found no symptoms of  
5 hallucination.

6 Can I ask you, first, about the conclusion that you saw no  
7 symptoms of hallucination?

8 In their most recent report, the three Court-appointed experts,  
9 when they were talking to you, were told by you that Ieng Thirith  
10 believed that someone was sleeping above her in her mosquito net  
11 but that because you thought it was probably a spider, you  
12 concluded that this was not delusional thinking on Ieng Thirith's  
13 part. Can you just comment on that for me, please?

14 A. Thank you, Your Honour. Concerning this point, I used to hear  
15 her say so. On one occasion, she said that a kind of object was  
16 seen moving on her mosquito, and she was pointing to the corner  
17 of the wall. And I asked her what she saw. She said she saw a  
18 spider. Then I looked straight into the direction she pointed to,  
19 and I saw the spider.

20 [13.34.32]

21 Q. How often did you examine Ieng Thirith, Professor Chak? Was it  
22 on the occasions on which you have given reports, about six or  
23 eight times since the beginning of last year?

24 A. We have reported on 11 occasions -- or 11 reports, but the  
25 treatment was more frequent than the number of reports. And we

1 also talked to the guards, who reported that she did not sleep  
2 very well and she became very angry and shouted, and we, along  
3 with other treating doctors, would then come to assist and  
4 examine her condition immediately.

5 Q. And in your most recent report of the 14th of August of this  
6 year, you mention that when you spoke to Ieng Thirith's nurses,  
7 they said that she was still ranting, but not as extremely as  
8 before; is that right?

9 A. In general, we assessed her health condition through the  
10 nurses who were on duty and through the treating doctors who  
11 examine her condition every day, and I obtained this additional  
12 information from them. This means that I do not see her on a  
13 daily basis.

14 Q. Have you ever been present when Ieng Thirith has been ranting  
15 or shouting at the staff, or hitting the door of her cell with  
16 her crutch?

17 [13.37.35]

18 A. From February 2011 to date and also during each occasion that  
19 I examined her, I never saw her or experienced her shouting like  
20 that. We had good communications with her; we could see her every  
21 time she felt relaxed, indeed, seeing us.

22 On one occasion, I remember that we were there when she was  
23 having a bath and we were asked to wait until she had the bath.  
24 So I had to wait for half an hour or one hour, and then I met  
25 her.

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1 And I never experienced such ranting situation or shouting at us  
2 from her.

3 Q. On each of the occasions when you examined her, how long would  
4 you spend assessing Ieng Thirith's health?

5 A. Normally, we conducted the assessment once a month or, if  
6 necessary, twice a month. However, the ordinary or regular  
7 examination was conducted monthly.

8 Q. How long did you spend with Ieng Thirith each time you  
9 examined her?

10 A. Normally, it took us one hour, or one and a half hour, or two  
11 hours, depending on the certain circumstance.

12 [13.39.40]

13 Q. Now, consistently, through your reports, you have indicated  
14 that you can see no signs of dementia and you have also said  
15 consistently, "no symptoms of delusion, no hallucinations", and  
16 that she does not appear to be at any risk of hurting herself; is  
17 that correct - throughout the whole time you have been assessing  
18 her?

19 A. Yes, it is, Your Honour.

20 Q. Thank you.

21 Now, we have looked at the report of the 12th of July, when you  
22 administered the mini-mental status examination and reached a  
23 total score of 24. Did you administer that test on any other  
24 occasion when you have examined Ieng Thirith?

25 A. Your Honour, as I already stated previously, the test was

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1 administered but we administered indirect tests, because if we  
2 resorted to using the original test, we would never receive the  
3 result as expected because of lack of cooperation from her.  
4 That's why we applied the so-called indirect test.

5 Q. So, just so I've got it clear -- on the 12th of July, did you  
6 administer the mini-mental state -- status examination? Or did  
7 you modify or test her indirectly on that occasion?

8 A. On the 12th of August, I administered MSE -- MMSE.

9 [13.42.20]

10 Q. Was that the only time you administered the full test?

11 A. Yes, it was. The test was complete and full.

12 Q. Now, in the course of your ordinary duties as a psychiatrist,  
13 do you usually administer the MMSE test on other patients?

14 A. Yes, I do, Your Honour. The test is administered on the  
15 impacted patient. However, as Your Honour may be familiar already  
16 -- that Cambodian people have low educational background, and if  
17 we used the English test, as stated in the book, we would find it  
18 difficult.

19 [13.43.38]

20 So we had to be flexible and modify the test a little bit, but we  
21 remain faithful to the original test.

22 Q. So, you follow the MMSE test, but you modify it or change it  
23 because you think that it does not suit the educational standards  
24 of many Cambodians today; is that right?

25 A. Yes, it is, Your Honour. But that does not apply to every

1 patient, because some patients have higher background in  
2 education, and for that we do not need to modify the test a lot.  
3 But for the people with low background of education, then we had  
4 to modify greatly to make sure that it can be administered.

5 Q. Well, I'm just a little bit confused, and I'd like you to  
6 clarify for me. Ieng Thirith is a highly educated person, is she  
7 not? And so did you consider it necessary because of her  
8 intelligence level or her level of education to administer a  
9 simpler test to her? Or what was your reason for using a modified  
10 test for Ieng Thirith?

11 A. I share your opinion on this. However, I feel that the test,  
12 to be administered on highly educated person, would be  
13 administered differently from patients who have -- who are highly  
14 educated but not relevant to the Court proceedings.

15 Q. Well, can you just take me through what you actually did in  
16 your use of the test in July of this year?

17 [13.46.14]

18 First of all, orientation: Did you follow precisely the MMSE test  
19 guidelines in deciding -- in scoring her on orientation?

20 A. With regard to her time orientation, I indeed administered  
21 this genuine test. However, as indicated in the report, she did  
22 not remember the exact date, although she pointed that it was a  
23 rainy season.

24 Q. Well, the next matter is called registration, in your report,  
25 and you scored her three points on that. And it seems to be a

1 test where you asked her to name objects in her room; is that  
2 correct?

3 A. Yes, it is. I administered the test by asking her to repeat  
4 after me.

5 [13.47.38]

6 For example, a glass, fruit, and socks. And if she could respond  
7 to all the questions, then she received one point for that. So I  
8 administered this test, indeed.

9 Q. The next part of the test related to attention and  
10 calculation. Can you explain to us how you assessed her on this  
11 part of the test?

12 A. Your Honour, that test was the original test. The patient was  
13 asked to subtract seven from 100. At that time, she had a watch,  
14 so I asked her to point to the watch, and asked her to subtract  
15 five minutes from that watch, and she scored four points on that.

16 Q. In their report, dated yesterday, the experts understood you  
17 to say that Ieng Thirith could correctly read the time on her  
18 watch, and they noted that this is not indicative of orientation  
19 in time, which should be examined by asking specific questions  
20 about day, date, month, season, and year, and without any  
21 external assistance. Do you believe you've followed those  
22 guidelines?

23 A. Your Honour, can you please repeat that question?

24 [13.49.40]

25 Q. Yes. The experts, in their report, said that you reported that

1 Ieng Thirith could correctly read the time on her watch, and they  
2 said "this is not indicative of orientation in time, which should  
3 be examined by asking specific questions about day, date, month,  
4 season, and year, and without any external assistance".

5 Do you believe that you've followed those guidelines when you  
6 assist her for attention and calculation?

7 A. With regard to calculation, we did not only ask her to look at  
8 her watch and tell us the time. We asked her to subtract five  
9 minutes from each -- from the watch, and she kept responding very  
10 well to this question.

11 Q. Under the part of the test called "recall", it seems that you  
12 asked her to mention which items -- you tested her to see if she  
13 could remember which items she had pointed to earlier in the  
14 test, and that was the water glass and fruit.

15 [13.51.33]

16 Did you find that her recall -- her short-term memory, I suppose  
17 -- was good in this part of the test?

18 A. In this test, in point number 2, we asked her to recall these  
19 items. We did not ask her to point to the items. We asked her to  
20 tell us, but she could only recollect two items, missing the  
21 socks.

22 Q. And the final part of the test was language, and she was asked  
23 to name certain items, draw some figure, and respond to  
24 directions such as close your eyes. She was also asked to write  
25 the name of the physician and conduct a simple physical test

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1 involving a piece of paper. And I think you found she scored very  
2 well on that particular part of the test. Is that right?

3 A. Yes, it is. When I -- when we asked her to close her eyes, she  
4 could do that. When we asked her to write the physician's name,  
5 she could do well. She wrote my name. And she also could draw  
6 very well, given the fact that there was no ruler available.

7 Q. Now, I just want to return briefly to the variable way in  
8 which you administer the MMSE tests. And you agreed with me, a  
9 short time ago, that Ieng Thirith is highly educated and  
10 intelligent, but you did refer to the fact that she's a suspect  
11 here at the ECCC.

12 [13.54.02]

13 Does that influence the way in which you would administer the  
14 test at all?

15 A. Yes, partly.

16 Q. Can you explain in what the way the test is varied to allow  
17 for her detention?

18 A. I believe that if she knew that the test was for her  
19 assessment of her memory, then she would not cooperate with us to  
20 the best of her capacity.

21 Q. So, how did you explain the test to her?

22 A. I did not explain to her before the test was administered.

23 Indeed, in our practice, some patients needed some excellent --  
24 some explanation before, but some do not. Here, I had to stop the  
25 conversation briefly with her before we proceeded to the test.



1 Q. Now, I just want to go back to your qualifications and  
2 experience, if I may, Professor Chak Thida.

3 [13.55.57]

4 You explained that you studied medicine at the faculty of  
5 medicine here in Phnom Penh in the 1980s; is that right?

6 A. Yes, it is right, Your Honour.

7 Q. Can you tell me a little bit more about your schooling before  
8 you studied medicine here in Phnom Penh?

9 A. After the fall of the Khmer Rouge, I left my place and  
10 attended -- indeed, I was at the secondary school. I started that  
11 education in 1979 until 1980, and I was a good student, so I was  
12 allowed to skip a grade. I was at grade 10 back then, but it's  
13 now grade 12 in this current Cambodian educational system. And I  
14 was the first student in the class -- first-class student -- and  
15 I then was allowed to study medicine from 1981 until 1983 as the  
16 best student.

17 Q. Can I just ask you about the period when the Khmer Rouge were  
18 in control of the country. For about four years during that  
19 period, did you have any education in a school or any other form  
20 of education at all?

21 A. Your Honour, I may wish not to respond to this question, and  
22 perhaps Your Honour may have -- or may be familiar already that,  
23 during that period of time, students would never go to school.

24 Q. Yes.

25 [13.58.37]

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1 I just wanted to make sure that you did not have any conventional  
2 schooling during that time. I certainly don't want to recall  
3 difficult or painful memories for you. So, if you can just  
4 clarify whether or not you had any formal schooling during that  
5 period from April of 1975 to January of 1979?

6 A. No. I was not educated or influenced by any educational system  
7 back then during that period.

8 Q. And before the Khmer Rouge came into power in 1975, through  
9 the whole country, did you have any formal schooling before that  
10 time?

11 A. Before that time, I was a student in grade 3 back then, but I  
12 did not sit for the exam at that time.

13 Q. Now, I understand in answer to the questions that the  
14 President put to you, that you have taken a post-graduate course  
15 in the United States.

16 [14.00.13]

17 Can you tell me a little bit more about that course? What was its  
18 focus? How long did it take? Were there examinations, and is it  
19 relevant to your practice now of psychiatry?

20 A. I did not study in the United States, but I obtained a degree  
21 from the United State -- from -- actually, from Minnesota State,  
22 and I am a member of the National Committee for Mental Health.  
23 And I am also the deputy chair of this committee as well. So they  
24 actually came to Cambodia to conduct a training course. There  
25 were lecturers and resource persons from Australia and the United

1 States to conduct the so-called "Speaking 12" program, or  
2 psychotherapy training.

3 And so, when we attended such training from 2007 to 2009, then we  
4 were conferred upon with the certificate of complete of the  
5 training course.

6 Q. So, if I can summarize, you studied for your general medical  
7 degree at the faculty of medicine here in Phnom Penh. How long  
8 did that training take?

9 A. The medical course at that time was different from the course  
10 at the present day, because at that time it lasted for six years,  
11 but now it -- we have to go through an eight-year course to get  
12 the medical doctor degree.

13 Q. So, did you study for six years during that period?

14 A. Yes, that's correct.

15 [14.02.42]

16 Q. And then the psychotherapy course which was taught here in  
17 Phnom Penh, it lasted for a period of two years. Did you study  
18 full-time during that period?

19 A. Actually, it lasted for three years, not two years, but we did  
20 not study full-time. We only studied two weeks of a month, but  
21 this course last for three years. And in the course there were  
22 visiting lecturers who intervened in the course, in addition to  
23 the resident foreign lecturers and speakers in the course.

24 Q. Forgive me if I confuse the specialties, but my understanding  
25 is that a qualification in psychiatry is different from a

1 qualification in psychotherapy; is that the case?

2 A. I am sorry, Your Honour. I do not catch your question.

3 [14.04.27]

4 Q. Well, obviously I'm not a medical person, but I just want to

5 clarify one thing. I understand that a qualification as a

6 psychotherapist is not the same as a qualification for a

7 psychiatrist. Am I right in that understanding?

8 A. The qualification for the mental health involves the study of

9 psychiatry and psychotherapy.

10 Q. So, did you actually study psychiatry over that three-year

11 part-time course?

12 A. Yes. Yes, I did study in that part-time course.

13 Q. Thank you.

14 Have you any particular experience -- or have you studied in

15 particular -- the field of dementia or Alzheimer's disease? And

16 by that I mean academic study.

17 A. There was a subject on that in the study program in that

18 mental health training course.

19 Q. And other than Ieng Thirith, have you ever treated any other

20 person who you believe suffers from dementia or Alzheimer's

21 disease?

22 [14.06.55]

23 A. I have had experience in that, and I have provided counselling

24 and treatment almost on a daily basis, because at the

25 Khmer-Soviet hospital, there were many patients, so we meet

1 patient almost virtually every day.

2 Q. Yes, I understand that your workload is extremely busy and  
3 that you see dozens -- if not hundreds -- of patients every week;  
4 is that correct?

5 A. Yes, once a week we may meet up to 10 people. But on average  
6 we would meet around four or five patients.

7 Q. Can you refer me to any scientific literature that you have  
8 studied recently on dementing illnesses or Alzheimer's, in  
9 particular?

10 A. We studied from a lot of publications and journals, and we  
11 studied -- and we studied neurology as well.

12 [14.08.45]

13 Q. More recently, though, have you reviewed any of the more  
14 current scientific literature on dementing illnesses or  
15 Alzheimer's disease?

16 A. Yes. I have read scientific literatures, but we do not do it  
17 on a daily basis. And in addition, we -- I am also in charge of  
18 teaching psychology as well. So I have reviewed literature on --  
19 almost every day as well.

20 Q. In their report, the Court-appointed experts referred the  
21 Trial Chamber to the diagnostic guidelines of the international  
22 classification of disease, the 10th Edition, which is a World  
23 Health Organization standardized diagnostic guidelines used  
24 internationally. Are you familiar with that -- with those  
25 guidelines?

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1 A. Ever since I started studying psychology, in 1998 we always  
2 refer to ID -- ICD10 as well as DSM4. These were the two basic  
3 and fundamental guidelines we look up to.

4 JUDGE CARTWRIGHT:

5 Thank you, Professor Chak Thida. I have no further questions for  
6 you. And it's the -- the President will resume from this point.

7 [14.10.48]

8 Thank you, President, and thank you very much, Professor Chak  
9 Thida. I am grateful to you for taking time to come today and  
10 answer as well as you've been able to, my very many complicated  
11 questions. Thank you very much.

12 MR. PRESIDENT:

13 Thank you Judge.

14 I now turn to my fellow Judges on the Bench, if you have any  
15 further questions to the witness.

16 Then I would like to proceed with the presentation by Dr. Seena  
17 Fazel on the -- his expert report on Ms. Ieng Thirith.

18 (Judges deliberate)

19 [14.12.55]

20 Now, let us finish the first portion of the proceeding.

21 Since parties have not been granted the opportunity to put  
22 questions to the witness before us, witness Chak Thida, so I  
23 would like to now turn to parties if you have any questions to  
24 put to her particularly concerning her assessment of the mental  
25 health status of Ms. Ieng Thirith.

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1 I would like to now hand over the floor to the Prosecution if you  
2 have any questions. You may proceed.

3 MR. ABDULHAK:

4 Your Honours, our understanding of -- of the scheduling for these  
5 proceedings as has indeed been the case in the past is that the  
6 Defence will take the floor first, so we would -- we would  
7 propose in looking at my friend that that is the appropriate way  
8 forward, particularly as this is essentially a Defence  
9 application.

10 (Judges deliberate)

11 [14.14.51]

12 MR. PRESIDENT:

13 It is -- it is not an issue anyway because this -- the  
14 proceedings now is not the same as the usual proceeding we have  
15 with other witness, so I would like to turn then to the Defence  
16 team for Ms. Ieng Thirith, if you have any questions to put to  
17 Dr. Chak Thida, you may proceed.

18 QUESTIONING OF WITNESS CHAK THIDA BY MR. PHAT POUV SEANG:

19 Good afternoon, Your Honours. My name is Phat Pouv Seang. I am  
20 the defence counsel for Ms. Ieng Thirith. I have a few questions  
21 to Ms. Chak Thida in relation to her subsequent reports. I will  
22 base my questions on her reports as well as her testimony this  
23 morning.

24 [14.16.14]

25 Q. If my understanding is correct, she bases her report on three

1 factors, one of which being a good relationship establishment,  
2 the third factor was the fact that she is a female -- the second  
3 was the fact that she is a female medical doctor, and the third  
4 factor was that she speaks Cambodian language, or Khmer that's  
5 why she could communicate very well. So I would like to ask her  
6 to enlighten the Court how she could establish that good relation  
7 and what was considered good relationship, that is my first  
8 question.

9 And the second part of my question, according to her report, she  
10 noted that Ms. Thirith used her walking stick to bang on the door  
11 often, but then she argued that that was not -- that did not  
12 amount to the seriousness of the dementia or any other disease.  
13 So I would to ask her to enlighten the Court on that, and if she  
14 said she had good relationship with Ms. Ieng Thirith, what was  
15 considered to be good relationship and where did she get the  
16 information from? Because there were many peoples who were  
17 involved in the detention facility, over there -- there is a  
18 chief of detention facility, the female security guards who were  
19 on duty with Ms. Ieng Thirith.

20 [14.17.57]

21 So my question mainly involves the sources of information upon  
22 which she relied to write her report.

23 MS. CHAK THIDA:

24 A. Thank you, Counsel. I will elaborate how I establish a  
25 relationship with Ms. Ieng Thirith.



1 First, when I got into the facility, first and foremost, I told  
2 her the purpose of coming to meet her and I said hello to her,  
3 ask her how she was and what was going on, and whether she had  
4 any breakfast or so. And then she would invite me to chat and we  
5 chatted with each other and I continued to ask her about her  
6 personal wellbeing and I noted that sometimes she complained that  
7 she had the pain in her knees as well as the swollen legs, and  
8 she even show her leg to me as well and I also went to examine  
9 her in her cell.

10 [14.19.25]

11 I did not ask her to come out to the nurse room, and I went to  
12 her cell and then I asked her and chat with her about her  
13 wellbeing about her health status, and her everyday life in the  
14 facility. For example, whether or not she had any difficulty  
15 sleeping or so, so before -- every time before I started asking  
16 any question I always sit beside her and I ask her about her  
17 wellbeing, for example, if her parent -- her children ever came  
18 to visit her.

19 And, in addition, on a separate point, concerning the banging of  
20 the door using the walking stick, I actually got the information  
21 from the nurses who were on duty, and in addition we also ask for  
22 information from the treating doctors. I asked the doctor whether  
23 or not the nurse attending to her reported regularly on the  
24 incidence of banging the doors, and every time when the nurse  
25 went to see her what was the overall conditions of her over

1 there.

2 [14.20.54]

3 So I did approach the nurse as well as the treating doctors in  
4 order to get this information.

5 Q. You said that you met Madam Ieng Thirith. How often did you go  
6 to see her and how many times so far have you visited Ms. Ieng  
7 Thirith?

8 A. I met Ms. Ieng Thirith and there was no regular schedule for  
9 my visit to her. Whenever she had problems I would come more  
10 often, for example, once every week or once every two weeks. And  
11 if she did not have any concerns then I would visit her normally  
12 once a month.

13 Q. From 2010 to date, did you ever notice that there was any  
14 point in time when she did not want to see anybody, including  
15 you, yourself?

16 A. I actually started to -- treated her -- treat her from  
17 February 2011, not 2010. I actually never had any problems  
18 communicating with her, or she never refused. Instead if I have  
19 not been visit -- I have not visited her for some time then she  
20 would ask why I was not around.

21 [14.23.06]

22 Q. So, you are saying that you started treating her, or examining  
23 her since February 2011. And then you also state that you have  
24 met her and she has never refused to meet you.

25 So, my question to you was that, did you notice any difference in

1 terms of the states of health or behaviour of Ms. Ieng Thirith  
2 from the beginning of your examination until the recent encounter  
3 with her?

4 A. Her health status from the beginning of 2011 to the -- towards  
5 the end of 2011, there were reports of her yelling at staff  
6 members at the detention facilities. But recently, she -- there  
7 was a signs of physical recovery because the -- the yelling as  
8 well as scolding the other -- staff over there has reduced  
9 substantially.

10 Q. There is one question; I don't know whether or not this  
11 question is appropriate to put to you, but did you notice that  
12 her room stinks because she lost her urinary -- urinary attention  
13 and she urined on her bed?

14 A. From the time I started examining her, I have never received  
15 any reports that she had that problems. But recently I noted in  
16 the report and I heard from people over there that this incident  
17 just happened when our expert -- our foreign expert came to the  
18 facility.

19 Q. So did you receive this report of the urinary incontinence in  
20 her -- when you visited her rooms or you actually only read this  
21 report on paper?

22 A. No. I did not see that myself, because every time I came to  
23 examine her, such incident did not take place. And in addition,  
24 there has never been any other report of the same similar -- of  
25 similar incidence either.

1 [14.26.29]

2 And this incidence actually just happened recently.

3 Q. So, recently, have you visited her in her cell?

4 A. The last time I met her was the 14th of August. And from that  
5 day onwards, I haven't met her because the last day I met her was  
6 on the 14th of August 2012.

7 Q. On the 14 of August, when you visited her, did you go to see  
8 her in the cell, in her detention cell, or you met her in the  
9 meeting room?

10 A. Counsel, normally, I met her in her cell, in her own cell. I  
11 did not meet her in the meeting room.

12 Q. So, when you were visiting her in her cell, did you notice the  
13 stink coming out of her room?

14 [14.27.50]

15 I apologize I know that it may not be appropriate but I would  
16 like to ask you whether or not when you were visiting her, she  
17 was sitting on her bed or she was sitting somewhere else?

18 A. Normally, I sat her on her mattress; once in a while I sit on  
19 a chair.

20 Q. When you were sitting on her mattress, did you feel the urine  
21 odour?

22 A. No, I never smelled anything, or smell of urine when I was  
23 there.

24 Q. According to your reports, you mention that Ms. Ieng Thirith  
25 knows you very well, and she also address you by your name as

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1 well, as Dr. Chak Thida; is that correct?

2 A. Yes, it is correct.

3 Q. When you saw her, did you introduce her -- you to her by  
4 telling her your name, for example?

5 A. At the beginning, I had to introduce myself to her, but on  
6 other occasions since she already familiar with me, I didn't do  
7 that again.

8 Q. I still have a question on this; I don't know why that  
9 happened, because she does not even recognize her husband.

10 [14.20.08]

11 I meet her often, sometimes she did not want to see me and did  
12 not recognize me, she did not remember even her husband name, not  
13 -- let alone my name. But she remembers your name, so it's really  
14 strange.

15 MR. PRESIDENT:

16 Counsel, could you please hold on?

17 The International Co-Prosecutor, you may now proceed.

18 MR. ABDULHAK:

19 Your Honours, it might have been a translation issue, but I got  
20 the impression that my learned friend was effectively testifying  
21 from his personal experience. If I heard correct, then I would  
22 object to that question.

23 [14.31.01]

24 MR. PRESIDENT:

25 Counsel, you may continue.

1    However, this floor is not for you to testify but for putting  
2    questions to the witness instead.

3    You may proceed.

4    BY MR. PHAT POUV SEANG:

5    My apologies to you, Your Honour.

6    Q. My next question to the witness is that. Dr. Chak Thida, you  
7    say that you modified the tests; you made some adjustment to the  
8    way the MMSE would be administered, and you did so based on your  
9    knowledge that some Cambodian people had lower educational  
10   background, or you did that to view the needs of different  
11   patients. And at the same time, you said that Ms. Ieng Thirith  
12   was highly educated and that the test had to be modified to  
13   ensure the expected result. To that effect, when you modified the  
14   tests, did you inform Ms. Ieng Thirith the purpose of such  
15   modification?

16   A. Counsel, I think the question is rather repetitive; I once  
17   already stated. Here, I indicated that when the test was  
18   administered on her, I did not tell her that the test would be  
19   administered.

20   [14.33.17]

21   We -- or I examined her and, looking at the situation that time,  
22   I believe that the test were appropriate to be administered on  
23   her. I asked her to count three items and I told her that a few  
24   minutes later I would ask her to recall the items. But I didn't  
25   tell her that the test was being administered.

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1 Q. After you prepared your first, second and third report -- or  
2 fourth report, if I don't -- as I remember correctly, in  
3 preparing your report -- in the course of preparing your report,  
4 did you ever see the reports filed by the experts appointed by  
5 the Court?

6 A. I actually filed 11 reports, once in every three month, one  
7 would be filed. I never obtained any reports from any experts  
8 because such reports were not intended to be informed to us.

9 Q. Did you ever receive information from the experts that -- or  
10 doctors that sometimes Ieng Thirith herself refused to see her  
11 Counsel and that a few minutes later, for example, she had to go  
12 back to bed, and let the Counsels to remain seated there.

13 [14.35.09]

14 Have you ever heard such things from the nurses?

15 A. Counsel, I received this piece of information from the nurse  
16 and during the last time when I did the assessment, I received  
17 telephone from them that Ieng Thirith would not want to allow  
18 them to see the group. So I had been asked to help to ensure that  
19 she could allow the group to meet, or to see her. I think it was  
20 not the case that she would not want to meet us; it was the case  
21 that she would like us to wait until she had a bath, for example.  
22 So, on two occasions she did that to me, and I had to wait and  
23 then she met me.

24 MR. PHAT POUV SEANG:

25 Thank you very much, Dr. Thida. I have no more questions.

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1 QUESTIONING OF WITNESS CHAK THIDA BY MS. ELLIS:

2 May it please you, Mr. President, Your Honours, I do have a few  
3 more questions.

4 Q. Professor, could you please clarify when you first started  
5 full-time study of psychiatry?

6 MS. CHAK THIDA:

7 A. I could divide it into two stages. First, in 1997; I attended  
8 the study session when I was the head of Phsar Daeum Thkov Health  
9 Centre. I worked there and attended two week training session and  
10 I worked at the centre that is called the Rehabilitation Centre.

11 [14.37.36]

12 I continue working there until 2000 - 1998, and then I also  
13 attended a three-year course on that subject, the full three-year  
14 course.

15 Q. In the course of your evidence so far, you've referred to  
16 psychiatry, psychotherapy, and also that you teach psychology,  
17 unless that was a translation error. Could you please clarify  
18 whether you engage in all those separate disciplines?

19 A. Indeed, I have been fully engaged in these three disciplines.

20 Q. Did you work as a doctor at the Calmette Hospital at any time  
21 at all? Or did you just go to that hospital in order to undertake  
22 your responsibilities towards Ieng Thirith?

23 [14.39.08]

24 A. No, I never worked at Calmette Hospital. However, at that  
25 time, there was a need of psychiatrists; there was request from



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1 the President of the hospital for me to help engage in the  
2 assessment of the mental status of Ms. Ieng Thirith.

3 Q. So that when you took Ieng Thirith on as a patient in February  
4 2011, you were in fact working, were you, at the Khmer-Soviet  
5 Friendship Hospital?

6 A. Yes, it is correct.

7 Q. The Trial Chamber knows that, as long ago as March of 2009,  
8 there were concerns about the behaviour of Ieng Thirith when she  
9 was in the detention facility. A letter was written to inform the  
10 Judges of the position. Were you ever made aware of that letter?

11 A. No, I wasn't. I just started dealing with the case in February  
12 2011.

13 MR. PRESIDENT:

14 Counsel, thank you.

15 Because now it is appropriate moment for the adjournment, the  
16 Chamber will adjourn for 20 minutes. The next session will be  
17 resumed by 3 p.m.

18 Court officer is now instructed to assist witness and the experts  
19 during the adjournment and have them returned to the courtroom by  
20 3 p.m.

21 (Court recesses from 1441H to 1501H)

22 MR. PRESIDENT:

23 Please be seated. The Court is now back in session.

24 And before we hand over to counsel for Ms. Ieng Thirith, the  
25 Chamber wishes to also inform the parties to the proceeding that

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1 we have just provided the report by -- medical report of Ms. Ieng  
2 Thirith to Madam Chak Thida, the report dated on the 29 of August  
3 2012.

4 Now, Counsel for Ms. Ieng Thirith, you may proceed putting more  
5 questions to Dr. Chak Thida.

6 But, at the same time, could you please be reminded that you  
7 should also be brief on this? Because we need to also hear the  
8 three experts and we only have today and tomorrow for the whole  
9 hearing for this.

10 So you may now proceed.

11 [15.03.06]

12 BY MS. ELLIS:

13 Thank you, Mr. President.

14 Q. Professor Chak, by the time Ieng Thirith became your patient  
15 in February 2011, had you had sight of the report prepared by  
16 Professor Ka and Professor Brinded, dated the 22nd of November of  
17 2009?

18 MS. CHAK THIDA:

19 A. Counsel, I have never seen these documents before.

20 Q. What did you understand to be the reason why you were asked to  
21 take Ieng Thirith on as a patient in February of last year?

22 A. At that time, there was a request made from the Calmette  
23 Hospital as I already emphasized earlier on. The government  
24 hospital had no one who was specialized -- or who specialized in  
25 psychiatry and they would like a group of people who specialized

1 in psychiatry and physical therapy.

2 [15.04.45]

3 I also wished to be engaged in the group and, for that reason, I  
4 voluntarily decided to join the group to treat her.

5 Q. Were you told by any of the doctors at the Calmette Hospital  
6 that Professor Ka and Brinded had diagnosed mild cognitive  
7 impairment and some paranoid thinking back in 2009?

8 A. No, I have not been informed or acquired any information  
9 concerning this. I was told by the head of the hospital that Ieng  
10 Thirith, at the beginning, was administered or examined  
11 individually or by an individual doctor, but now she was examined  
12 by a group of doctors and we were told to treat her that way.

13 [15.06.10]

14 Q. But did you know you were treating somebody who was thought to  
15 have cognitive impairment?

16 A. I have experienced treating patients and although I -- I had  
17 to spend like 50 percent of my time treating patients on a daily  
18 basis.

19 Q. I asked you specifically, please, whether, at the time you  
20 first had Ieng Thirith as a patient, you understood that she had  
21 been diagnosed as having mild cognitive impairment.

22 A. No. At that time, I was not informed, but I was told to assess  
23 her behavior because I was told that she behaved strangely.

24 Q. During a number of years, there have been CT scans performed  
25 on Ieng Thirith both before and after your involvement with her.

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1 Have you ever seen any of those scans?

2 A. The doctors at the Khmer-Soviet Hospital have to meet once  
3 every two weeks and, at first, we received information from  
4 Calmette Hospital and this has -- this was discussed among the  
5 group of four doctors and we discussed each case. And also, we  
6 came across the CT scans on Madam Ieng Thirith that -- the scans  
7 that were performed on her.

8 Q. So that by the time you became the treating doctor last year,  
9 you did know that there were signs of brain atrophy; did you?

10 A. I was familiar with this, but, indeed, the assessment was of a  
11 mild state.

12 [15.09.47]

13 Q. Is it correct that in August of last year, on the 25th, you  
14 were present with Professor Campbell during a meeting with Ieng  
15 Thirith?

16 A. At that time, we were with Professor Campbell and we remained  
17 engaged, all along, until we jointly had the final assessment.

18 Q. And the purpose of you being present on the 25th of August was  
19 so that Professor Campbell could remain in the background, and  
20 there could be testing of Ieng Thirith's memory by a doctor who  
21 was familiar with her. That was the reasoning, was it not?

22 A. Could you please repeat that question?

23 [15.11.08]

24 Q. Was the reason why you were present so that Professor Campbell  
25 could stay in the background whilst a memory test was undertaken

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1 by yourself being more familiar with Ieng Thirith?

2 A. At that time, I took part in the assessment, and the ECCC  
3 asked us to work together on an agreed timetable. During the  
4 first assessment, Professor Campbell invited Mr. -- Ms. Ieng  
5 Thirith and his group to work with them in a meeting room, and  
6 then we used a table where Ms. Ieng Thirith would be sitting face  
7 to face with Professor Campbell and I was sitting at the  
8 background.

9 At that time, she did not respond to questions by Professor  
10 Campbell. She just refused or deny having knowledge of how to use  
11 a pen. And, at that time, Professor Campbell also proceeded to  
12 ask her to draw something and she, again, said she couldn't do  
13 that. And a few minutes later, as I indicated this morning,  
14 because I was present and I was engaged and asked her to help  
15 draw some pictures or draw something, then she could do that. And  
16 I already stated in my testimony.

17 After that, we went to the treating doctors in my group and we  
18 discussed, for some time, and then I was asked to administer the  
19 test when Professor Campbell and other people would be sitting in  
20 the background. The result -- the test was administered and,  
21 finally, the result was compiled.

22 Q. Prior to that occasion, you had participated, I think, in a  
23 teleconference meeting with Professor Campbell and a number of  
24 other doctors. Could you just confirm that please?

25 A. Yes, I did attend such a meeting.

1 [15.14.23]

2 Q. And the purpose of that meeting was to discuss the reduction  
3 in the anti-psychotic medication that Ieng Thirith had been  
4 prescribed over a number of years including before she came into  
5 detention; wasn't it?

6 A. Yes, it was.

7 Q. And in the course of that discussion, it was made plain by  
8 Professor Campbell that he considered that the underlying  
9 cognitive impairment was possibly being exacerbated by the  
10 anti-psychotic drugs; is that right?

11 A. Yes, it is.

12 Q. And can you please also confirm that you were anxious to  
13 ensure that, should there be any symptoms as a result of the  
14 reduction, there could be prescription of some suitable  
15 medication?

16 A. Yes.

17 [15.16.14]

18 Q. If it was the case that you did not consider Ieng Thirith to  
19 be mentally ill, can you assist as to why you were concerned that  
20 she should maintain medication prescribed to deal with psychotic  
21 symptoms?

22 A. At that time, we had a discussion on the medication regime she  
23 took, and we also had some discussion before at Calmette  
24 Hospital, and we were convinced that the dose administered to her  
25 was at a lower level and that if we could continue this dose,

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1 then we should do. But after some discussion, we came to an  
2 agreement that we would like to test having the medication  
3 observed and to see whether she tolerated or not, and then we  
4 would readjust it.

5 Q. Professor, my question is: Why, if you say there was nothing  
6 wrong mentally with Ieng Thirith, did you consider it necessary  
7 to prescribe these powerful anti-psychotic drugs?

8 A. Ms. Ieng Thirith had been on medication; the medication that  
9 had been offered to her by doctors – by doctors in Bangkok in  
10 Thailand. And Ms. Ieng Thirith has been affected mentally because  
11 she is in the detention facility. She could be under stress or be  
12 anxious. And the reason we administered this medication just to  
13 see that she has not experience -- experiencing any kind of  
14 mental illness.

15 [15.19.01]

16 Q. As a result of the investigations by Professor Campbell, last  
17 year, he provided two reports and you have heard -- and so I  
18 won't go over it -- the summary of his findings. Essentially,  
19 Ieng Thirith was deemed to be suffering from some dementing  
20 illness, likely Alzheimer's, with a degree of cognitive  
21 impairment of some significance.

22 The four experts appointed by the Trial Chamber, who reported in  
23 October last year, included two doctors from your hospital, Dr.  
24 Lina Huot, who's in Court, and Dr. Koeut Chhunly. Those same  
25 experts all have provided another report in January the 26th of

1 this year and the conclusion of all the experts is that Ieng  
2 Thirith suffers from cognitive impairment dementia.

3 [15.20.33]

4 Did you ever discuss with your colleagues, in your hospital, how  
5 it was they had come to such a wrong diagnosis in your opinion?

6 A. I was not engaged in that conclusion and, to put it simply, I  
7 did not participate in that final conclusion. We only met at the  
8 early stage, but when it comes to the conclusion, I did not  
9 engage.

10 Q. Dr. Chamroeun, from the Calmette Hospital, had seen Ieng  
11 Thirith weekly, and his colleague had seen her often daily as is  
12 set out in paragraph 17 of the expert report of the 9th of  
13 October. He found her memory to have worsened over last year as  
14 did the head of the detention facility. Did you discuss with  
15 these people, their experience which you say was so different  
16 from yours?

17 A. At that time, our conclusion was done in a group and he --  
18 they could have different opinion before we joined the common  
19 working group. But when we joined this common group, normally,  
20 the result was jointly discussed and compiled.

21 [15.22.49]

22 Q. But you, according to your evidence, are the only doctor who  
23 finds Ieng Thirith to be suffering from no mental illness or  
24 dementia. I wondered if you could explain that in the light of  
25 your discussions with your colleagues who have found her



1 situation so different.

2 A. The assessment on her status was not done only based on my  
3 information, but the information was supported by the data we  
4 collected from the treating doctors and people who provide care  
5 for her and also from the common meetings. We would meet every  
6 now and then.

7 Q. You hint at the idea that, perhaps, you have found Ieng  
8 Thirith more responsive because she is talking to a woman as  
9 opposed to a male doctor. Did you know that her female guards  
10 have experienced a number of difficulties over the years with her  
11 behaviour?

12 A. I said that she felt more comfortable meeting a female doctor.  
13 In that regard, I was referring to that -- not only to male;  
14 indeed, sometimes there were doctors -- male doctors who would  
15 like to see her. And, on some occasions, you know, when male  
16 doctors went there, when she was having a bath then if she knew  
17 that male doctors would be waiting outside, she would not allow  
18 such access. But if she knew that there would be female doctor,  
19 then she would allow -- ask us to wait.

20 [15.26.01]

21 Q. When you were asked, earlier today, about the report that Ieng  
22 Thirith speaks sometimes loudly to staff and strikes the door of  
23 the cell with a crutch, your response was that it was not  
24 habitual behaviour, but it started when she learnt she was about  
25 to be released. Could you please tell us when you understand she

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1 learnt she was about to be released?

2 A. With regard to the incidence when she used her crutch to bang  
3 the door, she never did that before. She used to shout or curse  
4 other people, but then when she was expecting to leave the  
5 detention facility -- and it could -- we could tell from seeing  
6 her dressing neatly -- and from then on, the behaviour was like  
7 that, but it was not long; just briefly, then it never happened  
8 again.

9 [15.27.33]

10 Q. So what you're saying is that, in her perception, she was  
11 about to leave the place she was staying in the facility; is that  
12 what you meant? Because there was no order of the Court that she  
13 was about to be released that I know of.

14 A. This is what we heard from her. She told us that she would be  
15 released. Indeed, there was no order rendered on that, at that  
16 time, but the Court was considering whether she would be released  
17 or continue to be detained.

18 And during that course of time, I received information from the  
19 guards or people who work at the detention facility that she  
20 would like to go out.

21 Q. Did you ever hear that she was constantly wrapping up all her  
22 clothing and saying she wanted to go to the market and places  
23 like that?

24 A. Yes, on one occasion I heard about this, and I already stated  
25 in my report when she wrapped or packed her luggage, and she

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1 would like to go out. I saw her dressing neatly and I asked her  
2 why she dressed neatly today. She said that she was waiting for  
3 someone who would pick her up and get out together.

4 [15.29.35]

5 Q. Can you tell us when you say this occurred?

6 A. This occurred during a moment when I came to examine her.

7 Although I did not remember the time when she used her crutch to  
8 bang the door, I collected the latter information or pieces of  
9 information from the staff member of the detention facility.

10 Q. And did it ever occur to you that -- that that kind of  
11 behaviour and the comments she was making were perhaps indicative  
12 of a lack of understanding of her surroundings and her current  
13 situation?

14 A. I'm afraid I cannot follow your question. Please, put it  
15 again.

16 [15.31.00]

17 Q. My question was whether it ever occurred to you that when Ieng  
18 Thirith spoke about going to the market and was packing her bags  
19 and talking about leaving, it suggested a degree of lack of  
20 understanding of her situation.

21 A. Well, the situation in which she was in could be described  
22 that she had some intensifying stress. I did not know where she  
23 learned the information about her release; however, what I can  
24 note that, for any human being, when they learn the news that  
25 they would be released and they would enjoy their freedom, then

1 they would be excited.

2 Q. Just want to move on to the question of hallucinations,  
3 please. I'd like to understand why it is that if Ieng Thirith  
4 said she thought someone was sleeping above her in the mosquito  
5 net, you thought it must be a spider. A spider cannot be  
6 described as someone.

7 A. I encounter two instances of this kind. On that day, she  
8 mentioned that there was somebody disturbing her from above her  
9 bed. And, another instant, when I met her, she said there were  
10 kids disturbing her and they were making noise, as well, and I  
11 ask her, at that time, whether she heard any noise. She replied  
12 she heard -- she heard of it and they were making a lot of noise  
13 and it -- she was being disturbed. And then I -- she pointed to  
14 the window outside and I tried to follow her and actually I saw  
15 the ladies -- the ladies, who was the nurse, who took care of her  
16 over there, were talking to each other outside of the room.

17 [15.33.58]

18 Q. You've told us, in the course of one of the tests you  
19 administered Ieng Thirith drew a figure for you and wrote a name  
20 down. Where is that piece of paper?

21 A. I failed to maintain that paper. At that time, she sketched  
22 the figure and she wrote down something. And at that -- the first  
23 time it was with Professor Campbell, and that paper belonged to  
24 Professor Campbell too. And the second time she could sketch the  
25 figure, but I failed to keep it in my report. At that time, all I

1 wanted to know was whether or not she could hold the pen and  
2 recognize it as a pen.

3 [15.35.09]

4 Q. The mini-mental state examination that was used is a test that  
5 is recognized internationally and it is standardized to make it  
6 possible to accurately assess levels of cognitive understanding.  
7 Were you, in some way, trained to modify a test of that nature?

8 A. Concerning the standardized test, I have studied,  
9 particularly, the details of the test from one stage to another,  
10 but concerning the studying of the test per se, there was no  
11 formal training for us. We apply it in our professional practice.  
12 For example, the patients, who were admitted to hospital, did not  
13 understand the instruction of the test, so we had to modify the  
14 test slightly in order to make sure that they understand the  
15 instruction. However, we have to maintain the content of the  
16 test.

17 [15.36.45]

18 Q. Just, finally, this please. In view of the fact that a large  
19 number of experts with considerable expertise between them, as  
20 well as doctors, nurses, and administrators who've observed Ieng  
21 Thirith, have all come to the conclusion that there is a  
22 significant degree of disturbed behaviour and impairment. In the  
23 light of that, do you feel that, perhaps, you should reassess the  
24 views that you've taken?

25 A. The assessment conducted by either nurses or doctors, I have

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1 never received any report from them that Ms. Ieng Thirith is  
2 suffering from dementia.

3 MS. ELLIS:

4 Thank you, Mr. President. I have no other questions.

5 MR. PRESIDENT:

6 Thank you.

7 I now hand over to the Prosecution to put the questions to the  
8 witness.

9 QUESTIONING OF WITNESS CHAK THIDA BY MS. SONG CHORVOIN:

10 My name is Song Chorvoin. I am the representative of the national  
11 prosecutor. I know that you have responded to some of the  
12 complicated questions by parties, as well as by the Judge of the  
13 Chamber, and I would like to now continue on with other  
14 questions.

15 [15.38.56]

16 Q. You mentioned, in your testimony earlier, that you were one of  
17 the outstanding student in your batch and, at that time, you also  
18 sat for the most outstanding student in Cambodia as well. And can  
19 you specify the exact date or year when you actually sat for that  
20 exam and what specialization or what field of study -- what field  
21 of study did you sit for that outstanding students' examination?

22 MS. CHAK THIDA:

23 A. Thank you. Concerning my educational background, I considered  
24 myself smart and outstanding in mathematics or calculation in  
25 general. I am -- I was rather conversant with computing. I was

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1 rather bright and outstanding when I was in high school.

2 Q. You said that when you sat for the high school exit exams, you  
3 said you were the number one student. In other words, you were  
4 the most outstanding student.

5 [15.40.31]

6 A. At that time, my batch was the second batch after the  
7 liberation. At that time, there were not many students like  
8 today. Students who sat for the exit -- high school exit  
9 examination at Doun Penh High School and there were only three  
10 classes, and each class contain some 100 students or so. And  
11 there were not -- there were no students from the provinces like  
12 today.

13 Q. Is my understanding correct that you rank number one out of  
14 the 300 students or so at the time?

15 A. Yes, that is correct.

16 Q. Thank you.

17 Now, I would like to move on to your profession and experience in  
18 practicing your profession. You told the Court this morning and  
19 this afternoon, as well, that it was "necessary to establish  
20 close relationship with the patient and we have to know the  
21 native language of the patient, as well".

22 So, can you specify the detail aspects of establishing a  
23 relationship and the importance of speaking native language of  
24 the patient?

25 A. In response to that question, we actually -- if we want to

1 establish good relation, we have to actually study her behaviour  
2 from the very beginning in our contact. And establishing a  
3 relationship was a subject of study, as well, as part of a  
4 psychiatry class. And if we did that, then we tend to receive a  
5 proper result.

6 Once we establish trust with the patient, the patient will  
7 believe in us and then they will try to tell us what they want to  
8 tell. That is in accordance with the theory, as well.

9 [15.43.02]

10 Q. So, in practice, the good relationship you established with  
11 the patient, as you have just described, do you have -- how many  
12 years of experience have you practiced this with the patients?

13 A. I have practiced this profession since 1998, when we started  
14 studying this course. At that time, I had to learn by doing -- I  
15 have to learn on the job, as well, and even now, I am teaching  
16 students at university in the department of psychology and I also  
17 teach the subject when I ask the student to establish a relation  
18 with patient before they examine them.

19 [15.43.59]

20 Q. I would like to stay on this topic a bit further. You were  
21 trying to establish a relationship with Ms. Ieng Thirith, but can  
22 you tell us what were the details of the things that you  
23 discussed with Ms. Ieng Thirith, in order to establish such  
24 relationship?

25 A. We applied both the theories and practice. First of all, we



1 have to introduce ourselves very warmly to the patient and, we  
2 have to introduce ourselves where we are from and why we are here  
3 to meet her. And we have to tell the patient, politely, where we  
4 are from and what our specialization is and why we are meeting  
5 with her.

6 So, by doing so, we will earn their trust and after this greeting  
7 periods or the introduction period, then we move on to the next  
8 phase; that is to indulge with her, the welfare the patient is  
9 encountering. So, we have to actually determine the different  
10 phases of her -- of our contacts with her and, and for example,  
11 in the course of the conversation, if there is any point that is  
12 not clear, then we can ask her for clarification very friendly.  
13 And, then after the completion of the conversation, we have to  
14 summarize what we have discussed to her.

15 [15.45.52]

16 Q. Thank you very much for your clarification. In establishing  
17 relationship with your patient, based on your personal experience  
18 working with other patients, do you think that it is really  
19 effective to establish prior relationship to the patient,  
20 particularly, the elderly and advancing age patient, taking into  
21 account, for example, the case of Ms. Ieng Sary (sic) fact in the  
22 detention facility?

23 A. I believe that it is very effective. It is effective because  
24 once the patient trusts us, then they can provide information to  
25 us and they also look for us, as well, when we are not around.

1 For example, if my memory serves me well, one day she asked the  
2 medical personnel to -- about me, and actually, I learned about  
3 that and then it was on Saturday or so, at that time, I came to  
4 see her in the hospital and when she met me, she was very  
5 friendly and polite and she chat with me a lot, as well.

6 [15.47.17]

7 Q. In the first part of your conversation, you said you  
8 introduced your specialization, your name, the purpose of coming  
9 to meet the patient. Can you tell the Court whether or not you  
10 have to repeat this process every time you meet the patient?

11 A. For the introduction part and in the technical practice, as  
12 well, and it was the customary practice in Cambodia, as well that  
13 we had to introduce each other at the beginning of the  
14 conversation; we have to introduce as to where we are from, who  
15 we are.

16 And, we have to -- we have to be polite to each other and at that  
17 time, I note that she was very polite and very welcome.

18 Q. Do you recall whether or not when she -- whenever she met with  
19 you, she could recall your name and your role?

20 A. Yes, she did. She called me Thida. She never addressed me by  
21 my surname, but one day she took my card here, my ID card, and  
22 then she read it and she actually could pronounce my name, in  
23 full.

24 Q. Based on your experience in establishing a relationship with  
25 the patient, in your capacity as the psychiatrist, female

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1 psychiatrist, and if you established a relation with, for  
2 example, a male patient, how do -- what is your impression of the  
3 differences between meeting with the female patient and male  
4 patient?

5 [15.49.59]

6 A. Generally, so long as we establish a relationship, it is more  
7 effective to establish a relation with a female patient if we are  
8 a female doctor, but there were instances when male psychiatrists  
9 could actually have -- establish good relationship with a female  
10 patient, as well.

11 MR. PRESIDENT:

12 Prosecutor, please be reminded that the time allocated to you as  
13 well as the Lead Co-Lawyer for the civil party for the witness  
14 before us has to be concluded today, and tomorrow we will proceed  
15 to the experts concerning their re-assessment report of the  
16 fitness to stand trial by Ms. Ieng Thirith, so you have to be  
17 mindful of the time allocated to you and the Chamber is very  
18 mindful of the facts that our experts have a very tight schedule  
19 and, tomorrow will be the only day that they can testify before  
20 the Chamber.

21 [15.51.26]

22 So, in light of this, the Chamber will grant you 15 more minutes  
23 to put the questions to the witness so that we can leave some  
24 time to the Lead Co-Lawyer for the civil parties to ask questions  
25 to this witness.

1 MS. SONG CHORVOIN:

2 Thank you, Mr. President. Actually, we have prepared a lot of  
3 questions to put to the witness, but we understand that we are  
4 running out of time, and I – well, if possible, then, at the  
5 conclusion of our questions, we may need to ask for an extra time  
6 by the Chamber for the opportunity to put the questions.

7 BY MS. SONG CHORVOIN:

8 Q. So, Witness, in your last report you mentioned the score that  
9 you -- of the test you administered and the score was 24 out of  
10 30. Do you still maintain that the score of that test you  
11 administered remain valid?

12 MS. CHAK THIDA:

13 A. I stand by this test and also the result. So, I would like to  
14 maintain this result.

15 [15.52.52]

16 Q. Thank you. Concerning the behaviour of Ms. Ieng Thirith when  
17 she yelled at staff over there, as well as using the crutch to  
18 bang on the door, looking at this circumstance, do you think that  
19 that was the result of being an old age person or it was the  
20 result of a certain illness?

21 A. There were two possibilities; one, it could have been caused  
22 by the stress. She has been in a detention facility for a long  
23 time, and the second possibility was that she wanted -- she  
24 wanted to get out of the premise, the detention facility, that's  
25 why she banged on the door. But anyway, she did not hit

1 televisions inside the facility.

2 Q. Now, I would like to find out about the manner she dressed  
3 herself and did she manage to dress herself properly? For  
4 example, comb her hair neatly, over there in the facility?

5 A. Concerning the dressing, I note that she was a very neat lady.  
6 For example, she has never got her blouse buttons incorrectly.  
7 And, when she met me, she wanted to comb her hair and she asked  
8 me whether or not I brought a comb with me, because she need to  
9 comb her hair neatly.

10 So, what I observed was that she was a neat lady. She dressed  
11 herself properly and she maintained a proper dress behaviour and  
12 sense.

13 [15.55.30]

14 Q. You also mentioned in your testimony today that you met her in  
15 her own cell in the detention facility and that you did not smell  
16 the bad odour from her cell. And you also know that she is also  
17 suffering from urinary problems, as well, so at this age she  
18 might have had a problem, as well going to the toilet properly  
19 and to maintain a proper toilet etiquette. So, did you encounter  
20 this problem when you visited her in her cell?

21 A. With regard to the aspect, I never experienced it because  
22 every time I met her, she already had a shower and the place  
23 where I would sit next to her; I never smelled anything like  
24 that. Although she is of an advanced age, she is a neat woman.

25 [15.57.02]

1 Q. Looking at the report of the 12 of August 2012, and another  
2 report you already emphasized in the same year, you indicated  
3 concerning the memory; there is no significant change in these  
4 two reports -- in these two reports.

5 My question is: According to your interaction with her, what did  
6 she tell you about her past?

7 A. On the 14th of August, because of time constraints, I indeed  
8 met the International Red Cross before that, and when I met her  
9 it was rather late and I rushed to meet her without asking her a  
10 lot about her background. I only started asking some  
11 straightforward questions.

12 MR. PRESIDENT:

13 Co-Prosecutor, could you please refrain from repetitive  
14 questions? Because the Chamber notes that if you put a lot of  
15 repetitive questions, then you would not be allowed to ask for  
16 additional time; because time lost for the repetitive questions.

17 BY MS. SONG CHORVOIN:

18 Thank you.

19 [15.59.06]

20 Q. Witness -- or Dr. Chak Thida, could you recall, for example,  
21 what kind of questions you put to her to make sure she still  
22 remembered things in the past?

23 MS. CHAK THIDA:

24 A. Normally, I would ask her how many children she had, how --  
25 the names of the children. In general, she could recall only two

1 names; she could not recollect another name. And also she talked  
2 to me about her grandchildren who came to visit her. And on one  
3 occasion, she talked to me, at that time she was visited by her  
4 grandchildren. I asked her whether that grandson -- that person  
5 was her son. She said that "no, he was her grandson" and I asked  
6 him to leave because -- she asked him to leave because she said  
7 that a doctor would be seeing her.

8 Q. I would like to ask some questions concerning the general  
9 information. Did you ever obtain any pieces of information from  
10 the guards whether Ieng Thirith has ever read any newspaper in  
11 her cell and what kind of newspapers did she read, if so?

12 [16.00.41]

13 A. I have not asked her about this, but on one occasion, as  
14 stated in my report when I saw her, she was preparing her purse  
15 and I asked her what was she doing? She said that she was  
16 preparing some documents and she would -- and she read it to me  
17 in French, indeed I can read French and her French was accurate.

18 Q. You said that she read French text to you. What kind of text  
19 was that?

20 A. I am afraid that I did not pay great attention to the topic of  
21 the text, but it was more in a form of news. And I noted that she  
22 folded several pages of written text and placed it in her purse,  
23 so I would like -- I just paid attention to her accuracy in  
24 reading the French text; that's all.

25 Q. Apart from reading newspapers or other texts, did you ever ask

1 her or obtain any information from people who care for her,  
2 whether Ms. Ieng Thirith ever watched news on T.V.? If so, what  
3 kind of news did she watch?

4 A. No, I have not focussed my attention on how or whether she  
5 watched news on T.V. or what kind of programs she watched. But I  
6 knew that she did watch T.V. and read newspapers.

7 [16.02.55]

8 Q. There is a new topic on the MMSE test. You already indicated  
9 that you had to modify the substance of the tests, but at the  
10 same time you confirmed that the faithfulness of the test was  
11 maintained; do you confirm this?

12 A. Indeed, we respect the principles of giving scores to each  
13 given question. For example, when we put question concerning the  
14 dates, the season - the dates or time, I would maintain the  
15 original tests and when it comes to season, I also maintain the  
16 same test. And with regard to point number 1, that I indicated  
17 she remember one point, and then when it comes to places, she  
18 also could respond to it well and she got one point.

19 [16.04.16]

20 However, when it comes to her children in Pailin, she said that  
21 her children were in Pailin and for that I gave her one point.  
22 And concerning the three items, the person who administered the  
23 test had to select the items and that the items had to be  
24 separate. For example, we cannot really put a question concerning  
25 a table and then a chair at the same time; the objects have to be



1 from different groups of items.

2 Q. You already testified before the Chamber that your  
3 communication with patients is very important because that helps  
4 you build good cooperation from the patient or patients.

5 Now, my question is: What happened if you failed to establish  
6 such cooperation or communication before you administered any  
7 tests?

8 A. As already stated above, the book states clearly and in real  
9 practice, we also receive good results by way of convincing a  
10 person to have some faith in us. Otherwise, he or she would just  
11 respond very briefly or not respond to us at all.

12 [16.06.03]

13 And we received this result because we followed the book and  
14 that's a good result.

15 MS. SONG CHORVOIN:

16 Thank you very much, Dr. Chak Thida, I have no further questions.

17 MR. PRESIDENT:

18 Mr. International Co-Prosecutor, you have five minutes. You may  
19 proceed.

20 MR. ABDULHAK:

21 Thank you, Mr. President. You'll be glad to know I'll take less  
22 than that. In fact, I'm not going to ask any questions. I think  
23 the issues have been explored in some detail.

24 I just wanted to make a request to the Chamber; we've heard that  
25 Professor Thida has not seen any of the various expert reports

1 starting with the report by Professor Ka and Dr. Brinded from  
2 2009 onwards.

3 We would respectfully request that all of those reports be given  
4 to her as the treating psychiatrist, and also, perhaps, with a  
5 view to seeking further comment from her, if that becomes  
6 appropriate, as the proceedings unfold. Thank you.

7 (Judges deliberate)

8 [16.07.54]

9 MR. PRESIDENT:

10 We would like now to hand over to the Lead Co-Lawyers for the  
11 civil parties to put some questions to Professor Chak Thida, if  
12 they would wish to do so.

13 QUESTIONING OF WITNESS CHAK THIDA BY MR. PICH ANG:

14 Good afternoon, Mr. President, Your Honours. Good afternoon to  
15 everyone, and very good afternoon to Ms. Chak Thida.

16 [16.08.30]

17 Q. I have a few questions to pose to you to seek some  
18 clarifications concerning your approach, in particular, in  
19 relation to the tests you administered.

20 You said that you had to modify some questions in the test. Did  
21 you consult with other doctors before such modification took  
22 place?

23 MS. CHAK THIDA:

24 A. Good afternoon to you, indeed.

25 With regard to the modification, it is not a change, indeed.

1 Modification is just some adjustment to the test to make sure it  
2 was flexible enough to suit the circumstance. And we had to  
3 administer the test with consultation with other doctors. For  
4 example, when we discussed on a case, the discussion had to be  
5 conducted both -- either in the training sessions or with our  
6 colleagues and with foreign doctors. We discussed about this once  
7 every month. In particular, not just the case of Ms. Ieng  
8 Thirith, we also had discussion concerning other cases before us,  
9 as well.

10 Q. With your -- with regard to the consultation you had with the  
11 Cambodian colleagues of yours, what was their opinion concerning  
12 your approach to modify the questions in the test? Did they agree  
13 that such modification would be effective?

14 [16.10.52]

15 A. With regard to the flexibility of how we put questions to the  
16 patient and the discussion, I would like to elaborate as follows:  
17 First, we raise the concern with regard to the knowledge of our  
18 people and the practice. And, at that time, our approach to  
19 modify the test was substantiated by foreign doctors who said  
20 that such flexibility would also be acceptable and practicable as  
21 long as it maintained the faithfulness of the tests.  
22 And everyone agreed that we could never be able to just use the  
23 whole original questions as in the tests without modifying them  
24 because the result was not promising.

25 Q. In the test - MMSE, as it is called -- you have applied or

1 administered the test on other patients, Cambodian patients.

2 Could you tell the Chamber how effective were those tests before?

3 A. According to the experiences, the result -- the results were  
4 very good.

5 [16.12.50]

6 Q. I believe that there could have been some kind of confusion in  
7 my line of questioning that I did not get my answer. With regard  
8 to the MMSE forms, have you ever administered them on any other  
9 Cambodian patients and, if so, what was the result of this? Were  
10 they effective, successful?

11 A. The tests we used here, at some point, we could also maintain  
12 the original tests and questions and sometimes we had to make  
13 some adjustment because we also refer to the book called  
14 "Clinical Psychiatry, Second Edition". We also apply the tests on  
15 highly educated patients, good communications; so these tests  
16 were administered on those patients, as well.

17 Q. I think this is going to be my last question to you, doctor.

18 You said that the results you obtained from the tests you  
19 administered on Ms. Ieng Thirith, and you indicated two points in  
20 your testimony.

21 [16.14.46]

22 Could you tell the Court how you could communicate these results  
23 of the test to other doctors or experts?

24 A. With regard to the results of the tests, normally after we  
25 obtained any result, we would discuss among ourselves and see,

1 for example, if any other doctor in our group who would see her  
2 again, would ask her the same or similar question; whether the  
3 same result would be achieved. This part of the discussion was  
4 going on.

5 MR. PICH ANG:

6 Thank you very much, Dr. Chak Thida.

7 Mr. President and Your Honours, I have no further questions.

8 MS. SIMONNEAU-FORT:

9 Thank you, Mr. President. As far as I'm concerned, I have only a  
10 few brief questions -- I, on behalf of the international - as  
11 International Co-Lead Lawyer, refrain from posing any further  
12 questions. Thank you.

13 (Judges deliberate)

14 [16.18.10]

15 MR. PRESIDENT:

16 Thank you very much.

17 Now, the Co-Prosecutor asked the Chamber to provide or to give  
18 the summary reports of the experts to Dr. Chak Thida. The  
19 Chamber, indeed, will rule on this in due course - sorry,  
20 tomorrow. And the Chamber has already informed the parties to the  
21 proceedings that the report dated on the 29th of August 2012 was  
22 already handed over to Dr. Chak Thida.

23 The hearing today comes to a moment that we should now adjourn.

24 The Chamber will adjourn and the next session will be resumed  
25 tomorrow commencing from 9 a.m.

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1 During tomorrow's sessions, the Chamber continues to hear the  
2 report and the testimonies of the three experts before us.

3 [16.19.51]

4 And at the same time the Chamber also wishes to thank Professor  
5 Chak Thida for her time coming to give her testimony before the  
6 Chamber. Although the session -- or the summon was given to her  
7 on short notice, she has been very kind to be here and she has  
8 done her best already to respond to all the necessary questions  
9 posed to her. Dr. Chak Thida's testimony will be considered as  
10 the contribution to the effort for the ascertaining of the truth  
11 with regard to the fitness to stand trial hearing on -- of Ms.  
12 Ieng Thirith.

13 Since your testimony is already complete, the Chamber would not  
14 wish you to come back tomorrow. You are now excused.

15 As for Dr. Seena Fazel and Professor John Campbell and Professor  
16 Lina Huot, the Chamber has not completed hearing your testimonies  
17 yet, so we would like you to return to the courtroom tomorrow by  
18 9 a.m., again.

19 And court officer is now instructed to assist with the WESU unit  
20 to assist the experts during the break and then have them  
21 returned to the courtroom by 9 a.m.

22 Counsel Diana Ellis, you may now proceed.

23 [16.22.00]

24 MS. ELLIS:

25 I just wanted to thank you very much, Your Honours, for agreeing

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1 to sit slightly later this morning, particularly in view of the  
2 difficult strict schedule we've got.

3 And I apologize that I wasn't here at the very commencement;  
4 there were technical difficulties with the aircraft. Thank you  
5 very much.

6 MR. PRESIDENT:

7 It is fine.

8 And court officers – rather, the security personnel are now  
9 instructed to bring Mr. Ieng Sary and Ms. Ieng Thirith back to  
10 the detention facility and have them returned to their respective  
11 holding cell tomorrow.

12 (Court adjourns at 1622H)

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