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(U) Techniques Introduced by the May 18, 2004 CJTF-7 Interrogation Policy (Adopted by CFC-A in June 2004)

(SAVF) Mutt and Jeff

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(U) Mutt and Jeff (the employment of one hostile interrogator and one friendly interrogator) was specifically listed in each revision of FM 34-52 from 1973 to 1987, but was omitted from the 1992 edition of FM 34-52. However, it is a staple of interrogations, and although not specifically mentioned in the current revision of FM 34-52, it is

easy to arrive at this technique through the employment of Fear Up, Pride and Ego Down, and Fear Down in combination. Unlike GTMO, where employment of this technique currently requires permission of the combatant commander and prior notification to the Secretary of Defense, no particular cautions are prescribed for its use in Afghanistan. Interview data indicates that it was employed at least as early as February 2003, and although there is no specific interview data to confirm it, it is likely that this technique was used - in one form or another - from the beginning of interrogation operations in Afghanistan. (Our chart includes X marks under Multiple Interrogators as well as Mutt and Jeff to indicate its use.)



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(b) (i) (\mathcal{F}) (SAT)

(U) CJTF-78 reinforced the guidance provided by BG Jacoby in FRAGO 88 to OPORD 04-04, dated August 15, 2004. The FRAGO states that "Rectal searches are prohibited. Rectal and bernia exams are prohibited unless determined necessary by competent medical authority. Medical doctors (U) Physical Training: Face Slap / Stomach Slap are the only persons authorized to conduct these procedures. If either procedure is required, the individual must be informed of the reason in a language he or she understands, a witness must be present, and the reason for the exam must be documented."

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(U) Prohibited Techniques

(U) The final eight techniques on the chart represent techniques that are clearly unlawful or

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(U) In sum, the most plausible explanation for the existence of additional techniques in Afghanistan prior to the migration of the December 2002 GTMO interrogation policy was that interrogators, drawing on their training and experience, developed these techniques in the context of a broad reading of FM 34-52, as has been previously discussed.





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However, we found no evidence to suggest that senior personnel applied unusual pressure to operational units to obtain intelligence; nor did we find evidence suggesting that any units believed they were under pressure beyond that inherent in combat and stability operations. It seems likely that this is due to the fact that detainees believed to possess valuable intelligence have typically been transferred to GTMO for focused interrogation. According to LTG McNeill, 'I don't recall receiving any preasure or encouragement from anyone above me to produce intelligence from detainees...My priority was to get detainees moved to GTMO or released as fast as possible."

Detainee Abuse (U)

(U) According to CENTCOM, as of August 2004 U.S. forces had detained just over 2,000 people in Afghanistan since OEF began (excluding those who were detained for short periods - ranging from hours to a few days - for screening against Secretary of Defense detention criteria, and then released). Through September 30, 2004, there have been 27 cases of alleged abuse resulting in the initiation of official investigations, as described. 12 of these cases were determined to be unsubstantiated (e.g., U.S. forces were determined to be acting in legitimate self-defense; it was determined that detainee injuries predated capture by U.S. forces; or detainee deaths were determined to result from natural causes). Of the remaining 15 cases, 12 were still being investigated as of September 30, 2004, and three have been closed, substantiating the allegations of the wrongful death or abuse of detainees.

(U) In these last 15 cases, approximately 65 U.S. service members are implicated - for either action or inaction - in alleged or substantiated abuse against approximately 25-50 detainees (allowing for uncertainty in the number of people abused in the closed case described immediately below). Based on CENTCOM's figure of roughly 2,000 detainees held between October 2001 and August 2004, this means that abuse was alleged to have been perpetrated against less than three percent of all detainces in Afghanistan, by less than a quarter of one percent of the over 30,000 U.S. troops who have served in Afghanistan since the beginning of OEF. Thus, it is important to bear in mind through the subsequent discussion that the vast majority of detainees in Afghanistan appear to have been treated humanely, often receiving better food and medical care than they would in their everyday lives; and that the vast majority of U.S. troops are serving honorably in a dangerous environment.

(U) Interrogation-related Abuse

(U) Of the three closed, substantiated abuse cases in Afghanistan, one - an assault not resulting in death - is related to interrogation. The other two cases involve a shooting in August 2002 that resulted in a detainee's death at Fire Base Lwara and a January 2002 incident at a Temporary Holding Facility where detainees were

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Abuse (U)

taunted. The one closed, substantiated interrogation-related case occurred on March 18, 2004 and involved elements of a U.S. infantry battalion who conducted a cordon and search operation in the village of Miam Do, accompanied by an Army lieutenant colonel attached to the Defense Intelligence Agency. The operation was initially met with resistance, and between seven and 20 Afghans ware killed. The unit then detained the entire population of the village for four days while conducting intelligence screening operations. In the course of these operations, the LTC punched, kicked, grabbed and choked numerous villagers. (This

conduct is considered interrogation-related only because it was perpetrated in the course of screening operations. No specific interrogation techniques were employed.) An AR 15-6 investigation was initiated, and the LTC was given a General Officer Memorandum of Reprimand and suspended from any further operations involving detainees.

(U) In addition, four other cases warrant further discussion - not only for the severity of the alleged abuse they describe, but also for their potential relationship to interrogation. The first

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two cases concern the December 2002 detainee deaths at the Bagram Collection Point, the third concerns a detainee death following questioning by OGA contractor David Passaro, and the fourth concerns allegations of detainee abuse at the hands of SOF personnel at Gardez in March 2003 resulting in the death of an Afghan Army recruit. (The last two cases are open, as described below; and the two Bagram death cases were closed on October 8, 2004, after our data analysis had been completed.) Notwithstanding their association with interrogation, however, it will be evident that these cases of abuse do not correlate to any approved interrogation policy.

(U) December 2002 Deaths at the Bayram Collection Point

(U) On December 4, 2002, a PUC died in custody at the BCP. Six days later, on December 10, a second PUC died at the BCP. The patterns of detainee abuse in these two incidents share some similarities. In both cases, for example, the PUCs were handcuffed to fixed objects above their heads in order to keep them awaks. Additionally, interrogations in both incidents involved the use of physical violence, including kicking, beating and the use of "compliance blows" which involved striking the PUCs' legs with the MP's knee. In both cases, blunt force trauma to the legs was implicated in the deaths. In one case, a pulmonary embolism developed as a consequence of the blunt force trauma, and in the other case pre-existing coronary artery disease was complicated by the blunt force trauma.



(U) Criminal investigation into the BCP deaths was completed in early October 2004. The Army's Criminal Investigative Division (CID) has recommended charges against 28 soldiers in connection with the deaths: 15 in conjunction with

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the December 4 death (four MI and 11 MP), and 27 in conjunction with the December 10 death (seven MI and 20 MP). (Some of the same personnel are named in the detention and interrogation of both detainees.)

(U) We reviewed the Bagram Collection Point AR 15-6 investigation directed by LTG McNeill, the final CID Reports of Investigation, and approximately 200 interviews associated with the CID investigation. We also reviewed the medical practices at the BCP. We found the CID investigation to be thorough in addressing the practices and leadership problems that directly led to the deaths and consequently we believe that no further investigation into the criminal aspects of the deaths is required. However, we did find areas that were not addressed, and may require further investigation:

- (U) As discussed in more detail in the medical section of this report, it is unclear if medical personnel properly examined or documented the physical condition of the deceased.
- (U) Oversight of detainee operations at the BCP prior to the deaths was not examined in any depth. For example, the only direct oversight found in our review was by the local CJTF-180 Provost Marshal (an Armymajor). Although he identified questionable practices a month prior to the deaths, he did not ensure corrective action was taken.

• (U) Finally, we were not able to determine why military personnel involved or potentially implicated in this investigation were reassigned to other units (e.g., to Abu Ghraib) before the investigation was completed.

(U) The Passaro Case

(U) On June 21, 2003, a detainee died in U.S. custody at FOB Gereahk, a DoD facility. Though an OGA contractor, David Passaro, was questioning the detainee, Army personnel were responsible for guarding the detainee and providing him water. Based on a local *ad hoc* division of labor, Passaro was responsible for feeding and interrogating the detainee.

(U) Passaro is currently being tried for four counts of assault in the federal district court for the Eastern District of North Carolina (under the United States Special Maritime and Territorial Jurisdiction, as expanded by the Patriot Act of 2001.) Passaro is alleged to have struck the detainee with a flashlight and kicked him numerous times in the course of interrogation; safety positions and sleep deprivation were also allegedly employed. Following an interrogation assion, the detainee became distressed and asked one of the guards to shoot him. Later, the detainee freed one hand from his handcuffs and beat his head against a wall until he collapsed. No autopsy was conducted before the detainee's remains were released to

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investigation by the Army for their potential role and Abuse in facilitating his death by not stopping abusive practices when they saw them.

(U) This case highlights some of the challenges associated with the close interaction between DoD and OGA forces in war, which are described at greater length in this report's section discussing DoD support to OGA.

(U) Gardez



local nationals. Military personnel are also under (U) Conclusions: Interrogation Techniques

(U) In sum, our major findings regarding interrogation techniques employed, and interrogation-related abuses in Afghanistan are as follows:

(U) We concur with BG Jacoby that dissemination of approved interrogation policies in Afghanistan was poor until the adoption of CJTF-7s May 13, 2004 interrogation policy. Until that point, interrogators largely relied upon broad interpretation of FM 34-52.

(U) The Secretary of Defense issued specific guidance for the interrogation of al Qaeda and Taliban detainees at GTMO, but guidance for interrogation of al Qaeda and Taliban detainees in Afghanistan was developed within CJTF-180. CJTF-180 submitted to the Joint Staff a list of techniques being employed in Afghanistan in January 2003; and though the CJCS determined that the list was inconsistent with the techniques approved for GTMO, no response was provided. As a result, interrogation policies in Afghanistan - while they did not contribute to any detainee abuses remained less restrictive than those in GTMO until June 2004, when CJTF-7's policy was adopted.

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(U) The few substantiated interrogationrelated abuses in Afghanistan - which consisted of physical violence, were unrelated to any approved interrogation policies, which prohibited such behavior. In addition, the abuses at Bagram took place before any interrogation policy other than FM 34-52 was codified for Afghanistan.

(U) Missed Opportunities

(U) Our investigation suggested several

additional "missed opportunities" (besides those suggested by our findings above). None of these missed opportunities themselves contributed to or caused abuse; in addition, it is unlikely that they could have prevented the interrogation-related abuses that did occur, which were already prohibited by other existing policies, law, and doctrine. However, had they been pursued, U.S. forces might have been better prepared for detention and interrogation operations in Afghanistan.

> (U) Though the President's February 7. 2002 determination stated that al Qasda and Taliban members were not EPWs, no specific guidance was given to CENTCOM with regard to the practical effects of this determination, in particular with regard to interrogation techniques and the concept of "military necessity" as a justification for exceeding the guidelines of GPW. We found no evidence that the determination was employed to justify techniques beyond the boundaries of GPW: it was clearly not a driving factor in CJTF-180 interrogations in fact, LTG McNeill stated that he had no personal knowledge of the impact of the President's determination. Nevertheless. we recommend that common guidance be provided to all of the military departments and DoD agencies.

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• (U) There was no evidence that specific detention and interrogation lessons learned from previous conflicts were incorporated in planning for Operation ENDURING FREEDOM. • (U) Though all personnel were aware that abuse must be reported, there were no standard procedures for identifying or reporting detaince abuse or for determining whether abuse allegations were legitimate.

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Operation IRAQI FREEDOM (U)

(U) This section examines the evolution of interrogation techniques approved and employed in Operation IRAQI FREEDOM, and begins with a discussion of the background to interrogation operations in Iraq. The discussion below presumes a familiarity with the previous reports concerning detention and interrogation operations in Iraq, and particularly at Abu Ghraih, summarized earlier in this report (i.e., Miller, Ryder, Taguba, Army Inspector General [Mikolashek], Fay, Jones, and Independent Panel), but will re-emphasize key points - and, where appropriate, offer clarifications - in order to provide context for our analysis.

Background (U)

(U) Operation IRAQI FREEDOM began at approximately 10 p.m. Eastern Standard Time on March 19, 2003, with air and cruise missile strikes intended to kill Saddam Hussein and other key leaders of the Ba'athist regime. The main body of coalition ground forces crossed the border from Kuwait into Iraq on March 20, and three weeks later, on April 9, coalition forces had taken Baghdad. By early May, the Iraqi armed forces and the Ba'athist regime had been defeated, and coalition forces could begin the task of stabilizing and reconstructing Iraq in coordination with the new Coalition Provisional Authority (CPA) established on May 12, 2003. (The CPA superseded the Office for Reconstruction and Humanitarian Assistance. which had been in place since April.) Although full responsibility and authority for governing Irac was handed over to the fully sovereign and independent

Iraqi interim government on June 28, 2004, coalition forces continue to support Iraqi security and reconstruction.

(U) As in the early stages of Operation ENDURING FREEDOM, ground operations in IRAQI FREEDOM were marked by both rapid maneuver and the participation of SOF and OGA personnel. These factors would necessitate multiple, often far-flung detention facilities: the rapid and wide-ranging maneuver of conventional forces, combined with the dispersed nature of SOF and OGA operations, meant that Iraq was never a "linear" battlefield with clearly defined front lines, or rear areas in which to establish internment facilities. In addition, continuing insurgent and terrorist activity throughout the country required coalition units to maintain short-term detention facilities within their own areas of responsibility for the safeguarding of detainees before their transfer to theater internment facilities.

(U) While operations in Afghanistan and Iraq have both resulted in large numbers of civilian detainces, Operation IRAQI FREEDOM is distinct in that the initial stages of ground combat - from March 20 through early May of 2003 - produced significant numbers of enemy prisoners of war (EPWs) as well. The figure on the next page, an excerpt from the Center for Army Lessons Learned publication *On Point* (a history of Army operations in IRAQI FREEDOM through May 2003), describes the 3^d Infantry Division's early experi-

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ence with EPW operations during the battle to secure an air base and a bridge over the Euphrates River near the town of Tallil in southeastern Iraq. The narrative illustrates some of the challenges related to detention operations on a fluid battle-

field encompassing fast-moving forces and long lines of communication. In addition, it calls attention to the segue from EPW to civilian internee detention attending the transition from major combat to stability operations.

Handling the Enemy Prisoners of War (U)

(U) "The Battle of Tallil presented the 3rd ID with its first substantial numbers of EPWs. Handling the prisoners was a major task that the division and corps had been working for months. This would be the first test of that effort. At 0900 on 22 March...the 3rd MP Company commander led the advance party of Task Force EPW to [Assault Point] BARROW and established the first EPW collection point. Shortly thereafter, the main body arrived and received and processed the first three Iraqi EPWs.

(U) "While processing the prisoners at BARROW...[the] 3rd ID provost marshal received a message from 3rd BCT [Brigade Combat Team] asking for assistance with the prisoners taken at Tallil Air Base. [A] small advance party moved north...to take control of the prisoners, established a hasty collection point; and accepted 3rd BCT a prisoners. The following morning at 0900...the 3rd BCT cleared a building complex planned as the location of Division Central Collection Point HAMMER. Task Force EPW occupied the complex in the early afternoon.

(U) "By the morning of 24 March, ...,the 709th MP Battalion commander arrived at Tallil Air Base...[and] effected a relief-in-place with Task Force EPW. This freed Task Force EPW to continue movement north following the 3rd ID brigades. However, [the 709th MP Battalion commander] quickly realized that he did not have adequate combat power to relieve Task Force EPW and conduct his second mission of escenting critical logistics convoys to the fighting forces. The only available forces at his disposal were two platoons and the company headquarters of the 511th MP Company from Fort Drum, New York, all of which had arrived ahead of the unit equipment.

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(U) "[The battalion commander] decided to commit this force to conduct the EPW mission at Tallil. On 24 March, [the] commander of the 511th MP Company led 80 soldiers in six Black Hawk helicopters from Camp PENNSYIVANIA to Tallil Air Base, with mly their weapons, rucksacks, a picket pounder, and two days' supply of food and water. They immediately augmented the 709th MP Battalion and effectively relieved Task Force EPW. The 709th MPs renamed the collection point Corps Holding Area WARRIOR. With limited equipment and supplies, the 511th MP Company expanded the collection point and processed and safeguarded over 1,500 EPWs until the 744th MP Battalion (Internment/Resettlement) relieved them on 6 April 2003.

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(U) The holding area at Tallil Air Base ultimately became Camp WHITFORD, a trans-shipment point where all coalition ground forces brought EPWs pending movement by the 800th MP Brigade to the theater internment facility at Camp BUCCA [in the Iraqi Persian Gulf part city of Umm Qasr]. On 9 April, coalition forces had over 7,300 EPWs in custody. Most of these prisoners ultimately [were transferred] to the theater internment facility. However, coalition commanders released prisoners who they determined did not have ties to the Iraqi armed forces or the Ba'ath Party. As coalition forces transitioned to peace support operations, the internment and resettlement mission also transitioned. Shortly after 1 May 2003, when President Bush declared the end of major combat operations, the 800th MP Brigade began paroling approximately 300 EPWs a day. As the prisoners were released, criminals replaced them in the camps as coalition forces began to establish law and order throughout the country.

(U) Evolution of Command Structures and Detention Facilities

(U) Combat Operations

(U) As with operations in Afghanistan, overall combatant command of operations in Iraq resided with the Commander, U.S. Central

Command (CENTCOM): General Tommy Franks, USA until July 7, 2003, and then his successor, General John Abizaid, USA. During the early combat operations, CENTCOM's Combined Forces Land Component Commander (CFLCC) - Third U.S. Army Commanding General, Lieutenant General David McKiernan, who by then had relieved LTG Mikolashek - directed conventional

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force ground operations, while the Combined began in early 2004. Force Special **Operations** Component Commander (CFSOCC) directed SOF operations. In addition, a Joint Interagency Coordinating Group (JIACG) was established as part of the CENTCOM staff to assist in coordinating the activities of non-DoD agencies operating in Iraq.

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(U) Major conventional forces under the CFLCC's command included the U.S. Army V Corps, then commanded by LTG William S. Wallace, USA, and the 1st Marine Expeditionary Force (I MEF) - with attached British forces under LtGen James T. Conway, USMC. Major units assigned to V Corps included 3^d ID, 4th ID, and the 82d Airborne and 101st Air Assault Divisions. In addition, CENTCOM placed the 173d Airborne Brigade under the CFSOCC's command as part of Joint Special Operations Task Force North (JSOTF-N). In the early days of Operation IRAQI FREEDOM, the 3^d ID spearheaded V Corps' drive to Baghdad through southwestern Iraq; the 173d Airborne Brigade and 101st Air Assault Division secured northern Iraq; and I MEF, together with British forces, secured the oil fields of southern Iraq and drove to Baghdad from the southeast. Later, these units would be joined by the 4th ID and by then-Major General Ricardo S. Sanchez's 1st Armored Division, arriving via Kuwait; subsequent troop rotations (not described in detail in this report)

(U) As On Point relates, planning for detention and related intelligence operations and the attendant challenges - began well before March 2003. CFLCC planners anticipated that EPW numbers could range from approximately 16,000, in the event of an early collapse of the Iraqi regime, to a high of approximately 57,000 if Iraqi forces put up a lengthy defense. MPs would also be required to stabilize liberated territories in addition to conducting standard missions including detainee operations, protection of highvalue assets and personnel, and regulation of supply routes, among others.

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(U) As early as December 2001, while tailoring forces in support of CENTCOM's Operation Plan (OPLAN) 1003V in the event of hostilities with Iraq, V Corps' 18th MP Brigade began planning for EPWs captured in combat. The Brigade's initial plan was to have two battalion headquarters and eight to ten MP companies available if and when hostilities began. However, as Operation IRAQI FREEDOM approached, the CFLCC made a decision to place these MP units toward the "tail" of the forces flowing into theater, giving preference for early arrival to combat This decision would result in arms units. increased responsibility for early-arriving MP units. From On Point:

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(U) "[This decision] had the greatest effect on the division provest marshals [i.e., senior MP officers], who were responsible for coordinating MP support to the divisions with only half of the required police forces...To manage the problem, [the 3^d ID provest marshal] formed Task Force EPW. In addition to the division's MP company, the task force received the 546th Area Support Hospital, the 274th Medical Detachment (Field Surgical Team), a tactical human intelligence (HUMINT) team, a mobile interrogation team, a criminal investigation division (CID) division support element, and an adviser from the Staff Judge Advocate. With the 3d MP Company, the task force had the resources necessary to receive, process, and safeguard prisoners."

(U) Besides handling detainees during combat operations, the CFLCC would require a theater EPW internment capability. In a March 14, 2003 OPORD, the CFLCC assigned this task to MG David E. Kratzer's 377th Theater Support Command (TSC), a unit assigned to the CFLCC that included the Army Reserve 800th MP Brigade (Internment/Resettlement). The 800th MP Brigade (then commanded by Army Reserve BG Paul H. Hill) was primarily composed of six MP battalions, four of which specialized in EPW processing and counterintelligence, and

two of which were trained for the I/R mission. (The Brigade's 320th MP Battalion, a non-I/R unit composed of reservists trained for guard duty that included the 372d MP Company. would later assume responsibility for the prison at Abu Ghraib.) In addition, the CFLCC delegated to the 800th MP Brigade its authority to conduct GPW Article 5 tribunals to ascertain appropriate categories for detainees whose Geneva Convention status was unclear. An organization chart depicting the overall command structure relevant to detainee operations is provided in the figure on the following page.

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(U) Prior to the war, V Corps also began preparing for detained related intelligence operations by rotating Tactical HUMINT Teams (foursoldier teams including interrogators and linguists) into the CENTCOM theater in order to hone language skills and conduct mission-specific training. (U) Initial Development of Detention Facilities

(U) With the inception of ground combat operations on March 20, 2003, coalition ground forces throughout Iraq had to develop facilities for the temporary detention and tactical interrogation of EPWs, civilian internees (CI) and other detainees (OD) prior to turning them over to the

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Iraq Detention-Related Command Structure - March 2003 (U)

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18th MP Brigade or channeling them directly to a theater internment facility. Throughout the war, various collecting points were established and disestablished at the brigade level and below as circumstances dictated. As noted previously in our discussion of detention doctrine, the lowest-echelon detention facility described in MP doctrine is the division collecting point (CP); however, the realities of combat operations in Afghanistan and Iraq have often dictated the establishment of temporary detention facilities at lower levels; e.g., by maneuver brigades, or by SOF operating independently.



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(U) Theater-level Facilities

(U) Among the detention sites established in the course of Operation IRAQI FREEDOM, four have emerged as major theater-level facilities for the detention of EFWs and civilians. The 800th MP Brigade operated all of these facilities until relieved by the 16th MP Brigade (Airborne) in early 2004. As of July 2004, the Multinational Forces-Iraq Deputy Commanding General for Detainee Operations assumed responsibility for all detention and interrogation operations in Iraq.

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• (U) Abu Ghraib. (Baghdad Central Confinement Facility, BCCF, or Baghdad Central Collecting Point, BCCP). In late summer 2003 CPA Administrator Bramer selected the former Iraqi prison at Abu Ghraib to be the central civilian correctional facility for Iraq. According to the Jones report, though aware of the prison's poor condition - exacerbated by looting - and history of torture under the Ba'ath regime, after extensive consideration LTG Sanchez judged that there were no other suitable, existing structures in Iraq in which to centrally house detainees captured by U.S. forces, and designated Abu Ghraib

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CJTF-7's internment facility. The use of this site would also preclude the need for hazardous convoy operations to move detainees captured in the vicinity of Baghdad to more distant facilities such as Camp Bucca.

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(U) At the time of the detainee abuses perpetrated by members of the 320th MP Battalion, the BCCF complex included Camps Ganci and Vigilant, which housed the general detainee population, and a "Hard Site" within the permanent prison structure for the isolation of "MI hold" detainees. As detailed in previous reports, a Joint Interrogation and Debriefing

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Center (JIDC) was established at Abu Ghraib, (U) Camp Bucca. Originally a British-run EPW camp known as "Camp Freddy," this internment facility - located near the Arabian Gulf port city of Umm Qasr - was turned over to the 800th MP Brigade in April 2003. (E)J (U) Camp Ashraf. This camp, in eastern Iraq near the Iranian border, houses roughly 3,800 members of the Mujahedin-E Khalq (an (3) anti-Iranian paramilitary group - designated as a foreign terrorist orgranization by the Secretary of State - supported by the Ba'ath regime) who surrendered en masse to coalition forces in April 2003. (U) The Shift to Stability Operations (S) (S) 249 -SECRET/NOFORN - Irag OFFICE OF THE SECRETARY OF DEFENSE

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(U) The Jones report notes that when major combat operations were declared over, U.S. forces held much fewer than the tens of thousands of EPWs predicted during pre-war planning. Though planners had initially envisioned a need for up to 12 major detention facilities, the smaller number of detainees actually held resulted in the de-mobilization of reserve MP units in the U.S. that had been identified for duty in Iraq. By the summer of 2003, however, the number of civilian detainces had risen dramatically as a result of coalition counter-insurgency operations, and a central detention facility was required. The civilian prison population at Abu Ghraib alone - criminals, security detainees, and detainees with potential intelligence value - grew to an estimated 4,000-5,000 by the fall of 2003, and as of early September 2004 included roughly 3,000 detainees (though the number continues to drop). The history of events at Abu Ghraib has been extensively described by previous reports.

(U) The Iraq Survey Group



(U) MG Keith Dayton, USA commanded the ISG from its inception until his relief by BGen Joseph McMenamin, USMC in July 2004. In addition to its military leadership, the ISG receives guidance from a CIA appointee (nominally a special adviser to the Commander, CENTCOM). Dr. David Kay, former chief nuclear weapons inspector for the United Nations Special Commission (UNSCOM) on Iraqi weapons of mass destruction, filled this position from the ISG's inception until December 2003; subsequently, in February 2004, former UNSCOM deputy director Charles Duelfer assumed this duty.

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(U) Toward a Focus on Detainee Operations

(U) As noted in several previous reports on detainee operations, the V Corps staff was not administratively configured, or initially provided the resources, to function as a JTF - to act, in essence, as a unified combatant commander. As LTG Jones stated in his report, "V Corps was never adequately resourced as a CJTF. The challenge of transitioning from V Corps HQs to CJTF-7 without adequate personnel, equipment, and intelligence

architecture, severely degraded the commander and staff during transition. Personnel shortages documented in the [joint manning document] continued to preclude operational capabilities." This problem has since been at least partially addressed by the May 15, 2004 establishment of the joint Multinational Force-Iraq (MNF-I) under LTG Sanchez (relieved by four-star General George Casey, USA on July 1, 2004), though personnel shortages continued to be a problem. A three-ster subordinate command, the Multinational Corps-Iraq (MNC-I), focuses on counter-insurgency combat operations, allowing MNFI to concentrate on strategic issues within the Iraq theater. In the interim period before the inception of MNF-I, LTG Sanchez initiated numerous measures to improve V Corps' capability to act as a CJTF, such as the assignment of general officers in key staff positions: for example, military intelligence MG Barbara Fast, USA was assigned as the CJTFs senior intelligence officer (a position normally filled by a colonel at the corps level). These efforts have been described in previous reports, but their impetus bears repeating here: in view of the unexpected intensity of the Iraqi insurgency, LTG Sanches was forced to seek out and pursue aggressively additional resources to augment V Corps' capability from the very beginning of his tenure in command. We agree with LTG Jones' conclusion that the CJTF-7 Commander and staff performed above expectations, in the over-all scheme of OIF [Operation IRAQI FREEDOM]."

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(U) In light of concerns raised by the abuses at Abu Ghraib, Task Force 134 was established within MNF-I in July 2004 under the command of MG Geoffrey Miller, USA (former commanding general of JTF GTMO), who was assigned as Deputy Commanding General for Detainee Operations and charged with the oversight and coordination of MP and MI units conducting detention and interrogation operations in Iraq. Like JTF GTMO, Task Force 134 provides unity of command and control for all detainee operations in the theater. The figure below illustrates the current command structure.

(U) We now turn to detention and Interrogation operations. Unlike our previous section covering Afghanistan, we do not here provide a separate discussion of the evolution of guidance regarding detainee treatment, because in Iraq these operations were (in theory) completely doc-



Iraq Detention-Related Command Structure - July 2004 (U)

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trinal. Instead, pertinent details are included where appropriate in the following sections.

(U) Detainee Flow From Point of Capture Through Detention

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(U) Detainee flow from point of capture to detention in Iraq has been well described in MG Fay's report, and we generally concur with his findings regarding the conduct of detention operations in general prior to the assignment of MG Miller as Deputy Commanding General for Detainee Operations. The following paragraphs summarize MG Fay's findings and introduce the detainee classification system used in Iraq.



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Excerpt from FRAGO 749 - Detainee Classification Definitions (U)

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1.C. (U//REL TO USA and MCFI) DEFINITIONS.

1.C.1. (U) CIVILIAN INTERNEE (CI): A PERSON WHO IS INTERNED DURING ARMED CONFLICT OR OCCUPATION IF HE/SHE IS CONSIDERED A SECURITY RISK, NEEDS FRO-TECTION OR HAS COMMITTED AN OFFENSE (INSURGENT OR CRIMINAL) AGAINST-THE DETAINING POWER. A CIVILIAN INTERNEE IS PROTECTED ACCORDING TO GENEVA CON-VENTION IV (PROTECTION OF CIVILIAN PERSONS IN TIME OF WAR).

1.C.2. (U) CRIMINAL DETAINER (CD): A PERSON DETAINED BECAUSE HE/SHE IS REASONABLY SUSPECTED OF HAVING COMMITTED & CRIME AGAINST IRAQI NATIONALS OR IRAQI PROPERTY OR A CRIME NOT RELATED TO THE COALITION FORCE MISSION.

1.C.3. (U) BECURITY INTERNEE (SI): A CIVILIAN INTERNED DURING CONFLICT OR OCCUPATION FOR THEIR OWN PROTECTION OR BECAUSE THEY POSE & THREAT TO THE SECURITY OF COALITION FORCES, ITS MISSION, OR ARE OF INTELLIGENCE VALUE. THIS INCLUDES PERSONS DETAINED FOR COMMITTING OFFENSES (INCLUDING ATTEMPTS) AGAINST COALITION FORCES (OR PREVIOUS COALITION FORCES) MEMBERS OF THE PRO-VISIONAL GOVERNMENT, NGOS, STATE INFRASTRUCTURE OR ANY PERSON ACCUSED OF COMMITTING WAR CRIMES OR CRIMES AGAINST HUMANITY. CERTAIN SECURITY INTERNEES NAY ALSO BE CLASSIFIED AS & HIGH VALUE DETAINEE (HVD). SECURITY INTERNEES ARE & SUBSET OF CIVILIAN INTERNEES.

1.C.4. (U) EVDS: HVDS ARE SECURITY INTERNEES OF SIGNIFICANT INTELLIGENCE OR POLITICAL VALUE. UNITS WILL BE INFORMED BY C2 CJTF-7 OF THE IDENTITY OF SUCH INDIVIDUALS.

1.C.5. (U) ENTERT PRISONER OF WAR (IFW) : A MEMBER OF ARMED OR UNIFORMED SECURITY FORCES THAT CONFORM TO THE REQUIREMENTS OF ARTICLE 4, GENEVA CON-VENTION RELATING TO TREATMENT OF PRISONERS OF WAR.

1.C.6. (U)-CRIMINAL INVESTIGATION DIVISION (CID) HOLD: A DIRECTIVE TO HOLD AND NOT RELEASE A DETAINEE/INTERNEE IN THE CUSTODY OF COALITION FORCES, ISSUED BY A MEMBER OR AGENT OF THE U.S. ARMY CRIMINAL INVESTIGATION DIVI-SION.

1.C.7: (U) MILITARY INTELLIGENCE (MI) ROLD: A DIRECTIVE TO HOLD AND NOT RELEASE & DETAINEE/INTERNEE IN THE CUSTODY OF COALITION FORCES, ISSUED BY A MEMBER OR AGENT OF & U.S. MILITARY INTELLIGENCE ORGANIZATION.

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(U) MI-MP Relationship

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(U) In Iraq, as in Afghanistan, the working relationship between MI and MP personnel was dictated by doctrine, albeit with all of the uncertainties regarding implementation of interrogation techniques described in our earlier section on the doctrinal relationship between MI and MP. Over and over, our interviewees - from the top of the chain of command to the bottom, MP and interregator alike - stated, "MPs do not interrogate." However, decisions as to whether MPs participated in the implementation of techniques such as Sleep Adjustment or MRE-Only Diet, or were present in the interrogation room, devolved to the unit level due to the doctrinal vagaries we have discussed previously. The lines delineating MI and MP responsibilities appeared to be completely lost at Abu Ghraib due to the well-documented failure of leadership and supervision. As MG Taguba stated in his report, "Coordination occurred at the lowest possible levels with little oversight by commanders."

(U) MG Taguba suggested that the assignment of the 205th MI Brigade commander, COL Pappas, as the overall commander of the base at Abu Ghrab from November 19, 2003 through

February 6, 2004, with the 372nd MP Company assigned the subordinate role was "not doctrinally sound due to the different missions and agendas assigned to each of these respective specialties." We disagree. First, there is nothing "non-doctrinal" about assigning the senior officer present at the base authority as well as responsibility for its defense. In addition, our review of MI and MP doctrine did not indicate that such a command relationship between MI and MP units would have any effect on working relationships between individual MI and MP personnel, with the possible exception of a perception (not deriving from any military doctrine) that MI personnel might have positional authority over MPs. In any event, at a minimum. LTG Sanchez's rationale for the assignment deserves consideration: "I was very aware of what Tom Pappas' capacities were: I knew what other missions he had in support of the task force. I knew from previous orders we had issued that he had a good part of his capacity at Abu Ghraib and that he personally was focused on Abu Ghraib. Being the senior man on the ground, that is inherently what our profession is all about - he had to be able to defend his position against the enemy. Therefore, all I thought I was doing was officially establishing that responsibility and making sure that everybody on that compound understood without a doubt who was going to direct the defense, who was going to be responsible for defending Abu Ghraib from enemy attack" (from LTG Sanchez's statement to LTG Jones). In his statement to us, LTG Sanchez added, "The asser-

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Iraq Counter Resistance Policy Development (U)



tion made in the Taguba report that this relationship was non-doctrinal is contentious and one that I totally disagree with, especially given the operational environment and circumstances that existed in Iraq düring this period." Again, our review of interrogation and detention doctrine supports LING Sanchez's position.

(U) Evolution of Approved Techniques

(U) The overall development of interrogation policy in Iraq is depicted in the figure above. For six months after the beginning of combat operations in March 2003, interrogators were guided by FM 34-52. In September and October 2003, the initial CJTF-7 "counter-resistance" interrogation

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policy was promulgated and then revised respectively; and in May 2004, the current policy was issued. We now turn to a discussion of this policy evolution.

(U) The evolution of approved interrogation techniques in Iraq was heavily influenced by the fact that most initial planning focused on defeating the Iraqi military forces, rather than on the subsequent occupation. LTG Sanchez, in his statement to LTG Jones, outlined the problem: "Remember the war had ended and we did not envision having to conduct detention operations of this scope and for this length of time. It was go to the FM [Field Manual] and figure out how you are going to do it based on the FM. We did not envision continuing to conduct operations and increase the numbers of detainces at the levels that we wound up having to do. The same thing happened with interrogations. Let's go to the FM and you do it according to the FM. It clearly was not sufficient."

(U) OPORD 1003V and Major Combat Operations

(U) CENTCOM's war plan for the invasion of Iraq, OPORD 1003V, gave no specific interrogation guidance, and little guidance on detainees beyond that which could be found in governing doctrine. Appendix 1 to Annex E to CENTCOM OPLAN 1003V, "Enemy Prisoners of War (EPW), Retained Persons, Civilian Internees, and Other Detainees," echoes the familiar distinctions

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between EPW, RP and CI found in GPW and GC, as codified for the military through AR 190-8 and CENTCOM Regulation 27-13. The Appendix provides no specific guidance with relation to interrogation policy. Dated September 25, 2002, the Appendix runs only nine pages, and appears to be drawn directly from AR 190-8; nowhere in the annex do the words "Iraq" or "Iraqi" appear. It is virtually indistinguishable from the same annex to the Operation ENDURING FREEDOM war plan.

(U) In light of the absence of specific guidance governing interrogations in the OPORD, as LTG Sanchez indicated, interrogators initially relied on the techniques outlined in FM 34-52. There is little record of interrogation operations during the major combat phase of the war; indeed, given the coalition forces' speed of advance and overwhelming air supremacy it seems likely that coalition forces may have had a more complete operational picture of friendly and hostile force disposition than most captured Iraqis, minimizing the importance of interrogations of EPWs.

(U) The Iraq Survey Group



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(U) Although the ISG did not report to CJTF-7 (with the exception of at least one brief period as the command structure evolved), but to CENTCOM, and thus was not bound by CJTF-7 interrogation guidance, we found that the guidance promulgated by MG Dayton was more explicit (and conservative) than any put forth by CJTF-7 at this early stage of the operation. MG Dayton confirmed to us his doctrinal foundation: "The ISG did not use any interrogation/debriefing techniques beyond those in FM 34-52. Debriefing techniques primarily consisted of direct questions and incentives (cigarettes, coffee, and so forth)."

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(U) April-September 2003

(U) The defeat of Saddam's regime and disbanding of the Iraqi army left a vacuum in the provision of Iraqi government services. Free from the ubiquitous presence of Saddam's security forces and secret police for the first time in over 30 years, criminal elements of Iraqi society began wide-

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spread looting and crime. (This was compounded by Saddam's release of tens of thousands of criminals from Iraqi prisons shortly before the war.) At the same time, other elements began an insurgency campaign against coalition forces, attacking supply lines, sabotaging public infrastructure such as electric power generation and distribution facilities, and assassinating Iraqi citizens who cooperated with coalition forces. Coalition forces found themselves in the unaccustomed position of performing basic police and detention duties at the same time they were engaged in combat operations against a growing insurgency.

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(U) MG Fay's report has provided a comprehensive description of the evolution of interrogation policy in Iraq. In the paragraphs that follow, we review the key points of that evolution, adding our observations and data from our interviews where appropriate.

(U) Development of the September 2003 CJTF-7 Interrogation Policy



(U) As planning for Operation VICTORY BOUNTY continued, CJTF-7 began to shut down the Camp Cropper corps holding area, transferring first hundreds, then thousands of detainees to Abu Ghrafb. The A/519 Company Commander requested that the 519th MI Battalion transfer Captain Carolyn Wood, USA, who had served as Officer-in-Charge of the battalion's interrogation operations in Bagram, Afghanistan, from battalion headquarters to Abu Ghraib to head the growing interrogation mission there. CPT Wood arrived at Abu Ghraib in early August 2003 to assume responsibility for what was coalescing into the Saddam Fedayeen Interrogation Facility (SFIF).

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(U) Shortly thereafter, from August 31 to September 9, 2003, the JTF GTMO commander, MG Geoffrey Miller, led a team to assess interrogation and detention operations in Iraq. (MG Miller's visit was the result of an August 18, 2003 message from the Joint Staff's Director for Operations (J-3), requesting that the SOUTHCOM commander provide a team of experts in detention and interrogation operations to provide advice on relevant facilities and operations in Iraq. The need for such assistance in light of the growing insurgency had originally been expressed by CJTF-7 and CENTCOM, and the Joint Staff tasking message was generated following discussion with both CENTCOM and SOUTHCOM.) A key observation by the team was that CJTF-7 had "no guidance specifically addressing interrogation policies and authorities disseminated to units" under its command. This observation was closely related to the assessment team's central finding that CJTF-7 "did not have authorities and procedures in place to effect a unified strategy to detain, interrogate and report information from detainees/internees in Iraq."



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(U) As in GTMO and Afghanistan, the interviews covered the entire spectrum of personnel involved in detainee and interrogation operations, from flag and general officers to junior enlisted interrogators and personnel who participated in the capture of detainces. We took interviews or written statements from general officers including GEN Abizaid and LTG Sanchez, as well as other key personnel including CJTF-7/MNF-I senior intelligence officer MG Barbara Fast, MG Geoffrey Miller, and the debriefing and interrogation commanders at the ISG and Abu Ghraib, respectively. In addition, our team in Washington conducted an extensive review of the documentary evidence gleaned from responses to our data requests to commands and agencies throughout DoD, as well as data collected during previous investigations, particularly the reports of LTG Jones, MG Fay, MG Taguba, and the Independent Panel.

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(U) In order to avoid duplication of previous efforts by other investigations that focused on Abu Ghraib, and because of constraints related to ongoing criminal proceedings concerning the abuses there, we relied primarily on the Taguba, Jones, and Fay reports for data regarding the Abu Ghraib events of October through December 2003. However, the analysis presented here is our own; in addition, our team's visit and interviews at Abu Ghraib provided a anapshot of current interrogation and detention conditions there.

(U) Comparison of Interrogation Techniques Approved and Employed



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(U) In addition, before beginning our analysis of the chart, a further clarifying note is necessary: in the third column, representing the period between October 12, 2003, and May 12, 2004, the chart includes several X markings depicting the abuses at Abu Ghraib detailed in MG Taguba's report - in particular, Removal of Clothing; Presence of Military Working Dogs (which attacked detainees, rather than simply being present); Beating; Mock Electric Shock; Photographing under Humiliating Circumstances; and Sexual Acts / Mock Sexual Acts. By including the Abu Ghraib abuses on the chart, we do not imply that those specific acts are in fact considered to be interrogation techniques, that they were the result of any policy, or that they occurred during the course of interrogations (except as noted in previous reports). Rather, they are included in order to contrast the nature of those abuses with the interrogation policy that LTG Sanchez had mandated for all security internees held by CJTF-7, including those at Abu Ghraib. Clearly each of these abuses was prohibited by the October 12, 2003 CJTF-7 interrogation policy, and LTG Jones found that the Abu Ghraib abuses primarily resulted from individual criminal misconduct; misinterpretation or ignorance of law, policy, doctrine, and approved interrogation techniques; and lack of proper organization, training, and supervision of the MI and MP forces at the prison. We found no evidence of any policy or directive that might be interpreted as ordering or permitting the Abu Ghraib abuse, and agree with LTG Sanchez, who stated to us that:

(U) "The cause of these abuses and deaths were the training, leadership and discipline failures inside of the units. The institutional guidance and the policies were all in place. The advice, the procedures, everything that was necessary for a commander to be successful I think had been done. The resourcing was progressing at a very slow pace, but it was in concert with the overall situation of the task force and the environment that we were in...And I think in the end, it was just plain and simple failures in those three areas at the lowest levels of leadership."

(U) As in the GTMO and Afghanistan sections, the chart depicts the use of many techniques coded white or orange, indicating techniques employed without specific approval that nonetheless are not necessarily problematic. To reiterate, these two colors indicate that the applicable policy memoranda did not specifically discuss the techniques in question; therefore, it is by no means certain that interrogators would categorize the techniques' application as distinct from other, approved techniques. For example, though the current (1992) edition of FM 34-52 does not specifically authorize Mutt and Jeff (see first column), nothing in the FM, the Geneva Conventions, or other policies or doctrine inherently prohibits it. Similarly, interrogators in Iraq often opined that Yelling was inherent to Fear Up Harsh, which is a doctrinal technique, and that Deception was inherent to many, if not most of the

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doctrinal techniques. In these instances, X marks in orange blocks may not be a matter for concern, since neither interrogators nor the drafters of the policies might presume the technique to be outside the bounds of doctrine. (We will of course discuss exceptions below. In particular, when examining a line on the chart corresponding to a technique, if the color code changes from yellow to orange under subsequent policies, it can be understood that LTG Sanchez retracted the technique, but could allow it on a case-by-case basis following an official request and legal review.)



(U) A final qualification regarding the chart bears repeating: as in the previous sections, the absence of an "X" does not mean conclusively that a technique was never employed; rather, that we found no evidence of its employment. Nevertheless, based on our interviews we are confident that the chart presents an accurate picture of the techniques employed in Iraq, and that any abuse incidents or improper employment of techniques unknown to us would have been isolated events.

(U) Overall Compliance with Approved Techniques

(U) Before beginning our discussion of compliance with approved techniques, we must note one key observation regarding Abu Ghraib: the vast majority of abuses at Abu Ghraib (e.g., the "human pyramid") are completely unrelated to any doctrinal or otherwise approved interrogation techniques or policies, and did not occur during actual interrogations. Because the abuses there indicated a complete disregard for approved policies, they should not be considered representative of other issues pertaining to compliance with approved policies in Iraq (which are discussed below).

(U) A broad look at the chart illustrates a key finding regarding interrogation techniques employed in Iraq: the X marks in orange, yellow and red areas corresponding to techniques 1

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through 50 indicate that dissemination of approved interrogation policies was ineffective, resulting in widespread lack of awareness of which techniques were currently authorized. Though our interviews of senior leaders in Iraq uniformly demonstrated that they were aware of the latest guidance, the breakdown of dissemination was pervasive at the unit level - for example, many personnel interviewed in June and July were unaware of the May 13, 2004 CJTF-7 interrogation policy - and, we believe, stemmed in large part from a reliance on SIPRNET (DoD's classified internet system) to disseminate the CJTF-7 policy memos to the field.

(U) When asked how command interrogation policy was provided to individual units, the former CJTF-7 C-2X (i.e., the staff officer responsible for HUMINT and counterintelligence) stated, These were posted on the CJTF-7 [SIPRNET] web page." At the other end of the distribution chain, a brigade S-2 (intelligence officer), a major, told us that a "guy has to look on the web each day" for guidance relevant to detention and interrogation, Unlike standard DoD messaging systems, this reliance on web-based dissemination requires units in the field - many of which may have limited access to SIPRNET - to "pull" guidance from higher headquarters. In addition, the CJTF-7 policy memos - unlike many OPORDs and FRAGOs issued during the course of IRAQI FREEDOM - do not include a requirement for units to acknowledge receipt; therefore, the CJTF-7 staff had no way of knowing whether dissemination had been effective.

(U) In short, effective dissemination of CJTF-7 interrogation policies appeared to rely largely on timely posting of the memoranda to SIPRNET web sites; reliable SIPRNET connectivity of widely dispersed forces under often-hostile conditions in the field; and initiative on the part of units in the field to access SIPRNET to download interrogation guidance. Although this may have been backed up by distribution of hardcopy memoranda through normal command channels, our interviews revealed that the chain frequently broke down. For example, on June 27, an Army captain commanding a Tactical HUMINT Platoon stated that he was aware of the May 13, 2004 CJTF-7 policy, but had not received it from his superior officer; rather, he had found the memo on his own. The last policy he had received from his chain of command was the October 12, 2003, memo. In addition, as of September 18, 2004, we discovered that the October 2003 CJTF-7 policy was still posted next to the current, May 2004 policy on the MNC-I C-2X SIPRNET web site with no amplifying information, adding to the potential for confusion.



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(U) We now turn to a discussion of specific interrogation techniques employed in the course of Operation IRAQI FREEDOM. Our GTMO and Afghanistan sections have described legal and humanitarian concerns surrounding the use of certain techniques, such as stress positions; with some exceptions, we have not reiterated those concerns in this section, which simply techniques derived from FM 34-52 follow. describes the techniques employed. Nevertheless, the aforementioned concerns should be borne in mind.

(U) Our discussion is divided into four parts: first, doctrinal techniques contained in FM 34-52; second, techniques introduced by the September 2003 CJTF-7 interrogation policy; third, techniques not specifically mentioned by any policy; and fourth, techniques prohibited by law or policy.

(U) FM 34-52 Techniques

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(U) Several observations regarding specific



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(U) Continued Use of Some Retracted and Prohibited Techniques

(GMF) Illustrating our previous finding regarding the breakdown of dissemination, the chart demonstrates that the use of some of the techniques approved in the September 2003 memorandum continued even until July 2004, despite the fact that many were retracted by the October 2003 memorandum, and some were subsequently prohibited by the May 2004 memorandum. However, the use of the retracted and prohibited techniques was by no means universal. Some units we interviewed, such as the 312th MI

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Battalion (assigned to the 1st Cavalry Division), appeared to have received and strictly implemented the May 13, 2004 policy. Nevertheless, the relatively widespread use of these techniques supports our finding that the policy documents were not always received or thoroughly understood.

(U) Doctrinal Techniques



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(U) In sum, we found that migration of interrogation techniques into Iraq was largely through official processes, including through the staffing of the September 2003 CJTF-7 interrogation policy (which included legal reviews by both CJTF-7 and CENTCOM); and that unofficial migration likely occurred when interrogators believed that techniques they had learned elsewhere were permissible under the Geneva Conventions and FM 34-52. We found no evidence that interrogators consciously imported techniques that they believed to exceed the laws and policies applicable in Iraq. Finally, we found no evidence that copies of the Detainee Interrogation Working Group report on interrogation techniques were ever circulated in Iraq.

(U) Pressure for Intelligence

(U) There has been much speculation regarding the notion that pressure for actionable intelligence contributed to the abuses at Abu Ghraib, and it is true that "pressure" was applied through the chain of command: as LTG Sanchez

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stated to LTG Jones, "You bet there was intense pressure. Because my soldiers were fighting and dying every day and I needed to know what the enemy was doing in order to defeat him. I mean, that's a fundamental responsibility and a requirement of any commander on the battlefield. Everything that we do as war-fighters is Intelbased. It's threat-based. And if I had not been applying intense pressure on the intelligence community to know my enemy I would have been a commanding general."

(U) In the case of Abu Ghraib, this pressure was manifested within the 205th MI Brigade in shortcuts circumventing doctrinal procedures for: the prioritization, reporting, and dissemination of intelligence, as MG Fay described in his report. In some cases, it appears that personnel from CENT-COM, DIA, and OSD may have sent requests for information directly to Abu Ghraib, rather than through normal intelligence channels. However, as MG Fay stated. This pressure should have been expected in such a critical situation, but was not managed by the leadership and was a contributing factor to the environment that resulted in abuses." To this we would add that, in the face of understandable and appropriate pressure from the warfighting commander for actionable intelligence, at Abu Ghraib there appeared to be a unit-level failure to either enforce existing standard operating procedures, or to develop and seek appropriate authorization for new, more effective ones.

(U) Another reported source of pressure to conduct aggressive interrogations was an August 14, 2003 e-mail from a member of the CJTF-7 C-2X staff to field MI leadership personnel in Iraq stating, "The gloves are coming off gentleman [sic] regarding these detainees, [assistant CJTF-7 C2] has made it clear that we want these individuals broken." The language of this e-mail, if taken out of context, could be construed as creating a permissive atmosphere for interrogationrelated abuses, and the possibility that it inadvertantly did so cannot be ruled out (though we found no evidence to support such a conclusion). However, it is important to note that the purpose of the e-mail was to solicit "interrogation techniques 'wish list" from MI leaders in the field, and did not grant permission for any non-doctrinal techniques - in fact, it asked field units to report techniques...they feel would be effective ... that [the CJTF-7] SIA could review." Responses to this e-mail were factored into the development of the September 2003 CJTF-7 policy, which was reviewed by the SJA, as previously described.



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(U) Finally, we found no evidence to support the notion that the Office of the Secretary of Defense, National Security Council Staff, CENT-COM, or any other agency or command applied direct pressure for intelligence, or gave "back-channel" permission for more aggressive techniques than those authorized by FM 34-52 or CJTF-7 policy, to forces in the field in Iraq. We interviewed and took statements from a number of senior officials from the Office of the Secretary of Defense, all of whom stated that no such pressure had been applied. In addition, we posed questions to Ms. Fran Townsend of the National Security Staff Council, who visited Abu Ghraib in November 2003. Although the declined to respond to the questions, we were told that she stood by her previous statement that she visited Abu Ghraib in order to learn about the insurgency, and to investigate how better to integrate intelligence collection efforts, but did not pressure or give any guidance to personnel there. Finally, our interviews with commanders in the field did not evidence any pressure of this nature.

(U) Again, as with the e-mail described previously, it is not impossible that visits by senior personnel led individual interrogators to perceive that they were receiving pressure for intelligence; however, effective leadership and enforcement of approved policies should have prevented any such misunderstandings. In any event, our interviews gave no evidence that such misunderstandings actually took place.

(U) We now turn to a discussion of interrogation-related abuse cases in Iraq.

Detainee Abuse (U)

(U) As we have seen earlier, there have been substantially more alleged abuse cases in Iraq than in GTMO or Afghanistan. Without minimizing the impact or importance of the abuses that have occurred in Iraq, it should be kept in mind throughout this discussion that over 50,000 detainees have been held in Iraq since Operation IRAQI FREEDOM began. Therefore, the abuses we describe below, as well as those at Abu Ghraib, represent a tiny proportion of detainee operations in Iraq, most of which, we believe, have been conducted honorably under challenging circumstances.

(U) As of September 30, 2004, 274 investigations of alleged detainee abuse in Iraq had

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Iraq Detainee Abuse CASES DEATHS ABUSES TOTAL OPEN 15 2 0. N/A CLOSED 160 60 13 TOTAL 218 56 274 60 Army Related Cases 1 May Related Cases All data as of 30 Sep 2004. USMC Related Cases [1] Other Related Cases UNCLASSIFIED

A detailed overview of the 60 substantiated abuse cases is provided in the chart below.

been initiated. The chart above depicts the status of those investigations: 160 investigations have been closed, of which 60 substantiated abuse. Five of the substantiated abuse cases resulted in a detainee's death.

(U) Interrogation-related Abuse

(U) Each closed, substantiated investigation was reviewed to determine whether the abuse was interrogation-related (*i.e.*, whether the abuse arose from the questioning of detainees). In categorizing abuse as "interrogation-related," we took an expansive approach: for example, if a soldier slapped a detainee for failing to answer a question at the point of capture, we treated that misconduct as interrogation-related abuse. Therefore, these abuses are not all related to official interrogations, as the descriptions below will demonstrate. In reviewing these cases, we found no evidence whatsoever that approved interrogation policies contributed to abuse; furthermore, as of September, 30, 2004, there were no closed, substantiated cases of

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death resulting from interrogation-related abuse.

(U) As of September 30, 2004, there were 16 substantiated interrogation-related abuse cases. (Investigators substantiated that the five deaths and 39 other abuse cases were not related to interrogations.) The interrogation-related abuses are categorized by type, location, and service and component of the perpetrator on the following pages.

(U) Brief descriptions of the 16 interrogation-related abuse cases are presented next.

(U) Cases Involving Trained Interrogators

1. (U) On September 24, 2003, at Forward Operating Base Iron Horse, an interrogator

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Closed Bubstantialed Cases by Service Component of Personnel Involved INTERROGATION RELATED ONLY IRAQ Total = 18

(a specialist assigned to the 104th Military Intelligence Battalion) hit a detained's back, buttocks, and the bottom of his feet with a Military Police baton. Another SPC, an interpreter, was present during this interrogation. The detainee complained of discomfort to his back and buttocks for two days. An Article 15-6 investigation was conducted, and both SPCs received non-judicial punishment and were relieved of interrogation duties. The specific punishment awarded was not included in the reports we reviewed.

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2. (U) On October 7, 2003, three military intel-

ligence personnel assigned to the 519th Military Intelligence Battalion (one sergeant and two specialists, one of whom was an interrogator) sexually assaulted a female detainee in a cell at Abu Ghraib. The SGT and SPCs moved the detainee from her cell to a more isolated cell where one soldier acted as lookout, another held her arms, and the third kissed her. The detainee was then taken to another section of the prison and shown a naked male detainee. She was told that if she did not cooperate, she would look the same way. The detainee was then taken back to the abandoned cell where a soldier removed her blouse. When

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she started to cry, the soldiers gave her blouse back and told her that they would be back each night. During the investigation, she claimed that she smelled alcohol on the breath of one interrogator. On January 3, 2004, COL Thomas M. Pappas, Commander, 205th Military Intelligence Brigade, awarded non-judicial punishment to the three soldiers for failing to get authorization to interrogate the female detainee. The SGT was reduced in rank and required to forfeit \$500 pay; one SPC was reduced in rank and required to forfeit \$500 pay; and the other SPC received a suspended reduction in rank and was required to forfeit \$750.00 pay. Both of the SPCs had previously served in Afghanistan, and assault, dereliction of duty and maltreatment charges have been recommended against both by the Army CID investigations into the December 2002 PUC deaths at the Bagram **Collection Point**

3. (U) On December 10, 2003, a detainee suffered a fractured lower jaw at the 2d Brigade Holding Facility. Investigators believed that this injury resulted from abuse. An AR 15-5 investigation and medical examination could not determine if the fracture occurred as a result of a blow to the face, or after the detainee fell face-first onto the floor following extensive calisthenics, presumably used as a means to wear down detainces during interrogations. A General Officer Memorandum of Reprimand was issued to the Warrant Officer in charge of the facility for failing to provide adequate supervision to interrogators.

- 4. (U) In January 2004 at a holding facility, an interrogator assigned to a SOF unit told two detainees that they would be sterilized, then poured the contents of a Chemlight onto one of those detainee's genitals. (The investigation did not reveal whether the detainee was clothed at the time of this incident.) A unit investigation also revealed that another soldier, a guard, struck a detainee. The interrogator was orally reprimanded and reassigned, and the guard received non-judicial punishment.
- 5. (U) On April 1, 2004, several interrogators assigned to a SOF unit slapped a detainee during an interrogation. The summary of the unit investigation into this misconduct did not identify the location of this abuse, and the detainee was evidently not seriously harmed. Each interrogator received a Letter of Admonishment.
- (U) On April 19, 2004, Task Force 82d Airborne apprehended a detainee who was suspected of killing a TF 82d soldier using an improvised explosive device (IED). A

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contract interpreter employed by Titan Corporation reportedly became enraged during the questioning of the detainee and forced the detainee into a stress position (making the detainee lie on his stomach with arms and legs extended off the ground). An officer and another soldier told the interpreter to cease interrogating the detainee and simply translate. The interpreter disregarded them and continued his interrogation in Arabic without translating the questions or answers. During the interrogation, which lasted several hours, the interpreter hit the detainee on the back of the head with an open hand when the detainee did not answer questions. The soldiers told the interpreter that his conduct was illegal, and he responded that his conduct would have been worse had the soldiers not been present during the interrogation. The officer was issued a General Officer Memorandum of Reprinand for failing to control the situation, and the civilian interpreter was fired

(U) Cases Not Involving Trained Interrogators

(U) In defining interrogation-related abuse cases, we considered any case where the abuse arose from any type of questioning of a detainee. The cases described elow involve the questioning of detainees by personnel other than trained interrogators.

7. (U) On June 21, 2003, a Quick Reaction

Force assigned to the 4th Battalion. 1st Field Artillery, 1st Armor Division responded to reports of sniper fire from the Irac Museum of Military History in Baghdad. An Iraqi civilian was taken into custody as a suspect, and several weapons were confiscated. A private first class approached the detainee, asked: "You been shooting at us?" and then struck the detainee in the face, making his nose bleed. The PFC also placed an inoperable pistol from the museum against the detainee's head and said "bang." Later, a staff sergeant allegedly pointed his M-16 at the detainee's head and then charged it. This occurred while the detainee was sitting cross-legged on the ground with his hands interlaced behind his head. Some witnesses stated that the SSG coaxed the detainee to pick up the inoperable pistol, but the detaines refused to take the gun. It was later determined that the detainee, who was subsequently released, had been hired by the U.S. Army to guard the museum. The PFC admitted to hitting the detainee and received non-judicial punishment (reduction in rank to E-1). The SSG denied any involvement, and was acquitted at a summary court-martial for assault and dereliction of duty.

8. (U) On June 30, 2003, in the vicinity of Abu. Ghraib, a U.S. military convoy of the 1st Battalion, 9th Field Artillery Regiment came under attack by rocket-propelled

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grenades (RPG) that destroyed one of the convoy vehicles. When the convoy stopped, two Iraqis were discovered in a nearby field; they surrendered and offered no resistance. While being questioned, six to eight soldiers (including one SSG who was not a trained interrogator) allegedly kicked and punched the detainces. One detainee claimed that a soldier placed the barrel of a rifle in his mouth and pointed it at his chest. When the detainees were delivered to a local brigade holding facility, they had multiple non-life threatening injuries. A medic was summoned to treat the injuries. The resulting AR 15-6 investigation did not identify all of the assailants and recommended further investigation to determine their identities. We were unable to find results of the subsequent investigation, and any administrative or disciplinary actions taken are unknown.

9. (U) On August 2, 2003, at the Taza Police Station, two Iraqis were brought in to be questioned about RPG attacks. While interrogating one of the detainees, a SSG assigned to the 4th Infantry Division punched one of the detainees several times in the stomach and head, and a sergeant present also hit the detainee. The detainee was cut over his right eye, requiring stitches, and had a broken nose. This incident occurred the same day that the sergeants' unit lost a soldier in an RPG attack. On October 9, 2003, the SSG was charged with four violations of UCMJ Article 128 (assault). The SSG submitted a request for an administrative discharge in lieu of courtmartial, which was approved. He also received non-judicial punishment (exact punishment unknown) for his misconduct.

10. (U) On August 20, 2003, at Forward Operating Base Gunner in Taji, Iraq, a detainee was questioned concerning his participation in a plot to assassinate U.S. servics members. During the questioning, five soldiers from the 2nd Battalion, 20th Field Artillery Regiment, and a civilian interpreter punched and kicked the detaines. The interpreter told the detainee, "If you don't talk, they will kill you." After approximately 30 minutes of questioning, an officer - LTC Allen B. West - entered the room, chambered a round in his pistol, and placed the weapon on his lap with the barrel pointing at the detaince. Shortly thereafter, the detaince's shirt was pulled over his head and he was punched many times in the chest. With his vision obstructed, the detainee was unable to determine how many Soldiers hit him, but later stated that LTC West never struck him. After still refusing to provide information, LTC West pulled him by the neck to a weapons clearing barrel, pushed his head inside the barrel, placed his weapon approximately one foot away from

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the detainee's head, and fired one round, causing the detainee to react hysterically. LTC West was awarded non-judicial punishment (forfeiture of \$2,500.00 for two months) and was relieved of command. Each of the five soldiers was awarded nonjudicial punishment (reductions in rank and forfeitures of pay) for their misconduct.

11. (U) On August 31, 2003, a specialist from the 1st Battalion, 36th Infantry Regiment threatened two Iraqi detainees during questioning in a building near Baghdad. The SPC, who was an intelligence analyst (not an interrogator), was seeking the name of an individual conducting grenade attacks. In separate interrogations, the SPC handed one detainee a bullet and told him that the round would kill him if he did not talk, and placed the bullet in the detainee's mouth and then removed it. Within hearing distance of the detainee but out of his field of vision, the SPC simulated charging an empty weapon to lead the detainee to believe the weapon was loaded. During these interrogations, the detainees were handcuffed and posed no threat. At the time of this incident, the SPC had been in Iraq for 3¼ months and had received training on proper treatment of detainees. He received non-judicial punishment (exact punishment unknown) for this abuse.

12. (U) On September 1, 2003, three detainees were seized near a mosque in Baghdad, their hands were sip-cuffed behind their backs, and they were taken to a nearby Ammunition Collection Point (ACP) operated by the 2nd Battalion, 6th Infantry Regiment. They matched the description of individuals who were seen earlier in the vicinity of the ACP perimeter with weapons. The detainees were brought to a Sergeant First Class who questioned each one separately, asking if they were al Qaeda or Fedayeen. The SFC asked one detainee if he was there to bomb the base or shoot soldiers, and slapped a detainee during questioning for not telling the truth. As instructed by the SFC, three SSGs alternated in kicking, tripping, and shoving the detainees. One detainee was also dragged and thrown into a HESCO barrier (a collapsible wire mesh container approximately 4-6' in height with a heavy plastic liner). The detainees claimed they were security guards for the local mosque and were eventually released to a cleric from the mosque. The SFC was convicted at a summary courtmartial; one staff sergeant was convicted at a special court-martial, and the remaining staff sergeants were convicted at summary courts-martial. The punishments were not included in the reports reviewed.

13. (U) On October 1, 2003, near the perimeter

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of the Baghdad International Airport (BIAP), soldiers assigned to A Battery, 1st Battalion, 4th Air Defense Artillery apprehended nine detainees suspected of trespassing through a hole in BIAP's southern wall and stealing metal pipe. A captain interrogated the zip-tied detainees at gunpoint and fired his pistol approximately six times to deflate the tires of the tractor the detainees had been riding when caught. The captain was trained in rules of engagement and the proper treatment of detainees, and at the time of this incident had been in theater for six months. He received non-judicial punishment (exact punishment unknown) and relieved of his duties.

14. (U) On October 14, 2003, at a temporary holding facility in Al Ademiya, a detainee was questioned about his knowledge of plans to attack a U.S. convoy. The detainee, who had served as an informant, was in a convoy when it was attacked by an IED, but was uninjured. Intelligence revealed that the detainee might have known about the planned attack and possibly steered the convoy into the attack. After the attack, two SGTs from the 32d Military Police Company (who had been in the convoy) took the detainees to the Al Ademiya police station. The first SGT held a pistol to the detainee's head and threatened him during questioning. The second SGT was accused of physically assaulting the detainee by grabbing him by his shirt. Following an AR 15-6 investigation, the first SGT received nonjudicial punishment (reduction in rank and forfeiture of \$945 pay for two months), and an assault charge against the second SGT was dismissed at the non-judicial punishment hearing.

- 15. (U) On December 31, 2003, Near Kalsu, a patrol from the 300th Military Police Company apprehended four males lragis in a farmhouse while searching for a mortar. While guarding the detainees in a nearby field, a PFC repeatedly asked "weapon?" in Arabic, and jabbed one detainee in the head with his rifle every time the detainee answered "no." After at least 10 jabs, the PFC butt-stroked the detainee in the groin. He also butt-stroked another detaince between his shoulder blades and in his face. Finally, the PFC threatened a detainee by placing his rifle into the detainee's mouth and pulling the trigger without a round chambered, and then firing a round into the ground next to the detainee. As of September 30, 2004, disciplinary action is still pending in this case.
- (U) On February 5, 2004, a SPC (a counterintelligence agent, but not a trained interrogator) assigned to 310th Military Polics

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Battalion questioned three detainees at Camp Bucca who were suspected of attacking a convoy During one interrogation, the detainee eluded questions and the Specialist bent down to speak to him. The flexi-cuffed detainee attempted to strike the SPC, who reacted by striking the detainee in the left eye with a closed fist. There were no U.S. witnesses; however, an interpreter was present. The battalion commander appointed an officer to conduct an AR 15-6 investigation; ultimately, the SPC received non-judicial punishment (a letter of reprimand, reduction in rate, and forfeiture of \$700.00 pay for one month) and was suspended from all contact with detainees.

(U) Interropation-related Abuse: Observations

(U) There is no discernable pattern in these interrogation-related abuse investigations. However, by far the most common method of abuse was punching and kicking, which is simple assault and clearly unrelated to any interrogation policy. Only two of these incidents reflect the possible use of counter-resistance techniques: the contract interpreter who placed a detainee in a stress position and slapped the back of his head each time he refused to answer a question, and the possible use of physical training (calisthenics) resulting in a detainee breaking his jaw. In these cases, however, the evidence suggests that these techniques were employed on the perpetrators' own initiative rather than as a result of any policy or other direction. In the first incident, there is also no evidence suggesting that the interpreter was knowledgeable of interrogation policy.

(U) Abuses Described in Other Investivations

(U) LTG Jones, MG Fay and MG Taguba investigated the detainee abuses at Abu Gharib Prison. MG Taguba's investigation primarily examined the conduct of the 800th Military Police Brigade, while MG Fay's inquiry focused on the 205th Military Intelligence Brigade, and LTG Jones examined organizations and senior military leaders above those two brigades. In his report, MG Taguba did not detail each incident of abuse, but summarized various forms of abusive behavior. MG Fay, on the other hand, identified 44 specific incidents of abuse. In comparing the two reports, MG Fay noted that "The incidents identified in this investigation include some of the same abuses identified in the MG Taguba investigation; however, this investigation adds several previously unreported events. A direct comparison cannot be made of the abuses cited in the MG Taguba report and this one.*

(U) Our approach to examining detained abuses was different from both previous investigations. We did not investigate specific allegations of misconduct; rather, we reviewed detained abuse investigations conducted by CID, NCIS, and individual military units. Due to our concern regard-

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ing the reliability of information in ongoing investigations, we limited our review primarily to closed investigations. In making that determination, we recognized that many of the ongoing investigations would probably be closed as unsubstantiated (current substantiation rate for Iraq abuse investigations is approximately 40%) and acknowledged that additional information could be uncovered that would change the character of open investigations. By focusing on closed investigations, we sought to remove uncertainty and increase the reliability of our findings.

(U) Of the 44 incidents identified in MG Fay's report, 26 incidents are covered by seven CID investigations. Four of those CID investigations are closed and two substantiate abuse (the sexual assault of a female detainee at Abu Ghraib, described above, and a case involving the use of military working dogs to humiliate detainees); the other CID investigations of the Abu Ghraib abuses remain open as of September 30, 2004.

(U) Finally, 18 of the incidents in MG Fay's report are not addressed by CID investigations. These incidents, many of which involve detainee nudity, isolation and humiliation, have been deemed outside the purview of CID's investigative responsibilities, and are considered sufficiently covered in MG Fay's report for administrative and disciplinary purposes.

(U) Conclusions: Interrogation Techniques and Abuse

(U) In sum, our major findings regarding interrogation techniques employed, and interrogation-related abuses in Iraq are as follows:

 (U) Dissemination of approved interrogation policies was ineffective, often resulting in interrogators lack of awareness of which techniques were currently authorized. This was largely due to reliance on SIPRNET as the medium for disseminating guidance.

(U) Compliance with approved interrogation policies was often incomplete, even when units were in possession of the latest guidance. Warrant officer or senior enlisted interrogators had to orally convey finely nuanced policies to junior enlisted and contract interrogators without the benefit of firsthand knowledge of the legal considerations that had guided policy development.



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- (U) There was no evidence of explicit pressure for intelligence other than that legitimately conveyed from CJTF-7 (and subsequently MNF-I) headquarters to interrogators via the chain of command.
- (U) Interrogation-related abuse, and the non-interrogation abuses at Abu Ghraib, appear unrelated to any approved interrogation policies. In particular, the promulgation of the September and October 2003 CJTF-7 interrogation policies did not appear to play any role in the abuses at Abu Ghraib or any of the closed, substantiated abuse cases in Iraq: in fact, had the policies been adhered to, some of the abuses might have been prevented.

(U) Missed Opportunities

(U) Our investigation suggested several additional "missed opportunities" (besides those suggested by our findings above). None of these missed opportunities themselves contributed to or caused abuse; in addition, it is unlikely that they could have prevented the interrogation-related abuses that did occur, which were already prohibited by other existing policies, law, and doctrine. However, had they been pursued, U.S. forces might have been better prepared for detantion and interrogation operations in Iraq.

- (U) There was no evidence that specific detention and interrogation lessons learned from previous conflicts in the Balkans, Afghanistan, and elsewhere were incorporated in planning for Operation IRAQI FREEDOM.
- (U) There were no standard procedures for identifying or reporting detained abuse or for determining whether abuse allegations were legitimate. U.S. service members, DoD civilians, and contractors uniformly reported that they had an obligation to report any abuse that they observed; however, their descriptions of what constituted abuse

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(which ranged from "beating" to "verbal abuse"), to whom they would report abuse (ranging from their immediate superior in command to the unit inspector general), and who would determine whether abuse allegations were legitimate (often the senior enlisted or warrant officer, and sometimes the interrogator him or herself) were highly varied.



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(U) Other Issues

(U) Finally, we offer some observations on detention and interrogation issues concerning coalition and Iraqi National Guard forces.

(U) Coalition Forces

(U) Though coalition forces in Iraq fall under the command of MNF-I (and previously CJTF-7), we did not visit any non-U.S.-run detention facilities or conduct any interviews with non-U.S. personnel. The British and Australian

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personnel attached to the Iraq Survey Group are (U) The Iraqi National Guard presumably required to abide by ISG policies; however, it is not clear whether the CJTF-7 interrogation policy memoranda were distributed to coalition units, or indeed whether U.S. policy explicitly requires coalition units to adhere to interrogation policies promulgated by a commander without multinational coordination. In addition, the aforementioned reliance on SIPRNET to disseminate interrogation guidance undoubtedly hindered dissemination to coalition units, which do not have access to the U.S.-only secure network. These are areas that should be explored and clarified during DoD's ongoing revision of departmentwide interrogation policies.



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The Role of Contractors in Department of Defense Interrogation Operations (U)

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(U) GENERAL ALLEGATIONS: ...On June 19, 2003, and June 20, 2003, [Central Intelligence Agency contractor] Defendant David A. Passaro interrogated Abdul Wali about the rochet attacks. During these interrogations, Defendant David A. Passaro beat Abdul Wali, using his hands and feet, and a large flashlight. Abdul Wali died in a cell on Asadabad Base [Afghanistan] on June 21, 2003.

- from United States of America v. David A. Passaro, filed June 17, 2004

Contractor Policy and Doctrine (U)

(U) Allegations of contractor-perpetrated detainee abuse in Afghanistan and Iraq (in particular, at Abu Ghraib) have cast a spotlight on the U.S. Government's use of contract personnel to conduct intelligence interrogations. Though it concerns a CIA contractor, the example cited above illustrates two key points that are also true for DoD contract interrogators:

- 1. (U) A comprehensive body of federal law permits the prosecution of U.S. nationals whether contractor, government civilian, or military - who are found responsible for the inhumane treatment of detainees, or who otherwise violate U.S. and international law:
- 2. (U) Contractors supporting the U.S. Government in the Global War on Terror are often found in areas exposed to hostile

action, where they may be contractually assigned to take on functions of a traditionally military nature such as interrogation of detainees. (This does not relieve military commanders of their duty to ensure humane treatment of detainees, however, no matter which functions are performed by contractors.)

The second point highlights the importance of DoD policies regarding contractors that perform operational, rather than purely logistical functions. The following paragraphs provide an overview of the laws and policies pertinent to the employment and accountability of DoD contract interrogators and associated support personnel (e.g., linguists and analysts).

DoD Polley (U)

(U) The Department of Defense employs contract services under two circumstances. First,

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Determining Whether Activities are "Inherently Governmental" (U)

(U) In order to ensure that the U.S. Government acquires needed goods and services in the most economical and efficient manner, Executive Order 12615 (November 19, 1987), *Performance of Commercial Activities*, specifies that "commercial activities" - *i.e.*, recurring services that could be performed by the private sector - shall be provided by private industry, except where statute or national security requires government performance. In implementing this Executive Order, Office of Management and Budget Circular Number A-76 requires that all federal agencies identify all activities performed by their personnel as either commercial or inherently governmental. In general, inherently governmental activities are those that "are so intimately related to the public interest as to mandate performance by government personnel" - *e.g.*, positions requiring an individual to make policy decisions, or the command of military forces - whereas commercial activities "may be provided by contract support...where the contractor does not have the authority to decide on the course of action, but is tasked to develop options or implement a course of action, with agency oversight."

when there is an established private sector capability to perform certain functions, it may be more cost effective for DoD to "hire" those functions rather than perform them with government assets. Second (and more directly related to contract interrogation), doctrine states that contract support can "augment existing capabilities, provide expanded sources of supplies and services, and bridge gaps in the deployed force structure" (Joint Publication 4-0, *Doctrine for Logistic Support of Joint Operations*). In no circumstance, however, may DoD contract services that are "inherently governmental" in nature (see figure above).

(U) The fact that military intelligence

interrogation services have been acquired via contract implies that DoD does not consider interrogation to be an inherently governmental function. We did not consider the question of whether interrogation should or should not be so categorized: the Federal Acquisition Regulation - described below - specifies that the direction and control of intelligence and counter-intelligence operations is an inherently governmental function; however, our discussion proceeds from the assumption that interrogation does not constitute such "direction and control." (This issue may warrant further high-level review, particularly in light of a December 26, 2000 memorandum by the Assistant Secretary of the Army for Manpower and Reserve

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Affairs that found tactical and strategic intelligence functions to be ineligible for private performance on the grounds of inherently governmental nature and risk to national security respectively. The memo does provide for exceptions when a required intelligence capability is not resident in the Department of the Army, and further specifies - as noted during Acting Army Secretary Brownlee's and LTG Mikolashek's July 22, 2004 testimony before the Senate Armed Service Committee - that the memo does not apply to Army forces under the operational control of ather DoD components, including combatant commanders [emphasis added].)

(U) Acquisition of contract interrogation services is therefore guided by DoD policies governing commercial activities (see figure below). In any event, the Army Inspector General Report, among others, makes it clear that contract interrogators supporting Operations ENDURING FREEDOM and IRAQI FREEDOM are "bridging gaps in force structure" - critical gaps, given the importance of HUMINT - in addition to simply providing services in the most economical fashion.

(U) The nature of the military intelligence force structure has the potential to exacerbate certain management challenges inherent to the use of

DoD Policies Regarding Contract Services (U)

(U) Sources: DoD Directive 4100.15 (March 10, 1989), Commercial Activities Program, and DoD Instruction 3020.37 (as amended January 26, 1996), Continuation of Essential DoD Contractor Services During Crises.

 (U) Rely on the most effective mix of the Total Force, cost and other factors con sidered, including active, reserve, civilian, host-nation and contract resources in order to fulfill assigned peacetime and wartime missions.

(U) Achieve economy and quality through competition.

• (U) Retain governmental functions in-house.

 (U) Rely on the commercial sector to provide commercial products and services, except when [otherwise] required for national defense.

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contract services. Specifically, contract interrogators, like military interrogators, fill positions that are characterized as "combat support." rather than the logistically-oriented "combat service support" positions traditionally occupied by contractors (see figure below). This operational - versus logistical - use of contract services, which may find contract and active-duty military interrogators working side-by-side, is complicated by the fact that DoD's control of contract interrogators is exercised through the terms of their contracts, rather than through a military chain of command. Though the terms of a contract could specify a similar degree of direct mili- . tary control over a contractor, this control would no guarantee that this will be the case for every be specific to that contract, rather than universal. Further, this type of contractual clause is not mandated by any DoD regulation.

Command and Control of Contract Interrogators (U)

(U) As noted above, contract interrogators work side-by-side with their military counterparts. who must obey the lawful orders of their superiors in the chain of command. The contractors, by contrast, are bound by the terms and conditions of the contract between their parent companies and the U.S. Government, which cannot be modified except by an officially designated DoD contracting officer. A contract may be written to offer military supervisors significant direct authority over contractors' actions in a combat support role; however, there is such contract.

(U) Title 41 of the U.S. Code. *Public

Combat Support vs. Combat Service Support (U)

(U) Sources: Joint Publication 1-02, DoD Dictionary of Military and Associated Terms; Department of the Army Pamphlet 10-1, Organization of the United States Army.

(U) Combat support is the provision of fire support and other operational assistance to combat arms units such as infantry and armor. Military intelligence interrogation is a combat support function. Combat service support, on the other hand, provides for the sustainment of operating forces, and includes supply, transportation, medical, legal, and other related services.

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Contracts," requires the Secretary of Defense to "establish clear lines of authority, accountability, and responsibility for procurement decisionmaking' within DoD. The Federal Acquisition Regulation (jointly administered by DoD, the General Services Administration and NASA), in turn, specifies that only designated contracting officers may enter into contracts - or modify them - on behalf of the Government. Therefore, since the contracting officer responsible for the procurement of interrogation services may or may not be readily accessible to the military intelligence leadership in the field, it is important that the terms and conditions of such contracts are sufficiently specific to ensure contractor compliance with military commanders' expectations, yet sufficiently flexible to permit the inherently dynamic employment of contractors in operational, combat support roles. For example, a contract could specify that contract interrogators must follow FM 34-52 techniques in general, but also comply with any additional interrogation guidance provided by the military intelligence commander.

(U) Even with a well-written contract, however, the relationship between a contract interrogator and military intelligence leadership is not a direct one. If there is any disagreement regarding quality of work or interpretation of the contract's terms, the dispute must be mediated by the contracting officer (or his or her officially designated on-site representative) and the senior contractor employee present, in order to ensure that federal acquisition laws and the directives contained in the Federal Acquisition Regulation are not violated in

the process. (See figure below for pertinent, representative Army policy regarding command and control of contractors in the field). This does not, however, prevent military commanders from fulfilling their obligation to protect detainees in their custody from abuse or mistreatment. Such behavior by a contractor is a clear violation of law that is not protected by contract terms. If a contractor physically attacked or sexually harassed DoD personnel, contractual procedures would certainly not be cited as an impediment to disciplining or removing the contractor. The actions involved here are no less serious, and commanders should immediately remove any contractor involved in such behavior, immediately document the behavior, and then coordinate with the contracting officer.

(U) Under the Geneva Conventions, contractors accompanying an armed force in the field are entitled to prisoner of war privileges if captured, so long as they have received authorization from that force. Theater commanders may revoke that authorization in response to contractors' violation of orders and instructions, particularly when those violations jeopardize mission accomplishment or force protection, and may direct the contracting officer to demand that the contractor replace the offending individual (see, for example, AR 715-9). However, the fact remains that commanders' freedom of action in directing the actions of contract interrogators - short of wholesale removal - is limited by the terms and scope of the contract, and by the administrative nature of the Government-contractor relationship.

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Excerpts from Army Regulation 715-9, Contractors Accompanying the Force (U)

- (U) Command and control of commercial support service personnel will be ... defined by the terms and conditions of the contract. The cognizant contracting officer or his/her designated representative(s) will monitor contractor performance and maintain day-to-day liaison activities...[and] communicate the Army's requirements and prioritize the contractor's activities within the terms and conditions of the contract.
- (U) The commercial firm(s) providing the battlefield support services will perform the necessary supervisory and management functions of their employees. Contractor employees are not under the direct supervision of military personnel in the chain of command...[and] will not command, supervise, administer or control Army personnel.

(J) Finally, it is worth reiterating that the Federal Acquisition Regulation specifically designates "leadership of military personnel" and "direction and control of intelligence and counter-intelligence operations" as inherently governmental functions. Therefore, contract interrogators cannot be assigned in supervisory positions over DoD military or civilian personnel. Together with the restrictions on contractor control and discipline described above, this point illustrates that contractors may parallel, but not be part of, the military chain of command that they support.

Interrogation-Related Training Requirements (U)

(U) There is no DoD policy mandating specific training requirements for contract interrogators, linguists, or analysts. Rather, it is up to contracting officers to specify in writing the functions to be performed by the contractors, including any necessary qualifications. (Note, however, that a contract may specify that contract personnel must be individually approved by the government.) A representative Army policy is illustrative:

(U) "The statement of work to be performed is established in the government contract with an employer. The...contractor is responsible for hiring qualified personnel to satisfy the identified contract/task assignment." (From Department

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of the Army Pamphlet 716-16, Contractor Deployment Guide.) For example, a typical contract might require that the contracting company provide interrogators with Army Military Occupational Specialty 97E (Interrogator) or equivalent U.S. Government training acquired during previous military or government service.

(U) In addition, the Army has created Individual Deployment Sites (IDS) and Continental US Replacement Centers (CRC) to provide basic, theater-specific knowledge to contract employees. Pre-deployment training at these facilities is given only if specified by the governing contract, and covers topics ranging from local customs and courtesies to the Geneva Conventions. Alternatively, the contracting company may provide equivalent training to its employees if so specified in the contract. None of this training is mandatory, though Army doctrine indicates that it "should" be provided (Army Pamphlet 716-16).

Legal Accountability of Contractors (U)

(U) As discussed previously, military commanders, do not have non-judicial disciplinary authority over contract personnel short of removal of the offending individual (effected via the contracting officer). However, federal law does provide for the prosecution of contract personnel who have committed crimes while attached to forces in the field. Several bodies of law apply, depending on the circumstances of the conflict and the status of the contract employee:

1. (U) In time of congressionally declared war, all persons serving with or accompanying an armed force in the field are subject to the Uniform Code of Military Justice (UCMJ). At other times, the UCMJ may apply in some cases (e.g., contract personnel who are retired service members drawing pay are subject to the UCMJ at all times).

 (U) In all other cases, individuals employed by or accompanying the armed forces outside the U.S. are subject to U.S. jurisdiction under one of three legal regimes specified by U.S. Code:

- a. (U) War Crimes (18 U.S.C. §2441): Whether inside or outside the United States, U.S. nationals who commit "grave breaches" of the Geneva Conventions or acts prohibited by certain articles of the Hague Convention may be prosecuted for war crimes. (This statute simply codifies individual accountability deriving from U.S. obligations under these conventions.)
- b. (U) Special Maritime and Territorial Jurisdiction (18 U.S.C. §7): Any U.S. national who commits a federal offense while on the premises of U.S.

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military facilities (among other places) in foreign states may be prosecuted. (Foreign nationals committing crimes against U.S. nationals within overseas U.S. military facilities may also be prosecuted.) This is the statute under which CIA contractor David Passaro is being prosecuted, as the alleged assault took place at a U.S. military base in Afghanistan.

c. (U) Military Extraterritorial Jurisdiction (18 US.C. §3261-3267): Anyone (including a foreign national) who commits a federal offense that would be punishable by imprisonment for over one year if it had occurred within the special maritime and territorial jurisdiction of the US. - e.g., assault - while providing contract services to US armed forces anywhere outside the US. may be prosecuted.

(U) As this summary of pertinent jurisdiction demonstrates, DoD contract personnel are accountable for any criminal acts that might be committed during interrogation sessions. However, the summary suggests two "loopholes" which, while not applicable to DoD contractors, warrant further review. (U) First, foreign contractors (e.g., local interpreters) employed by non-DoD agencies do not appear to fall under U.S. jurisdiction under any of these statutes even if an alleged crime wars committed within a DoD facility. While it is logical that "foreign-on-foreign" crimes should fall under local rather than U.S. jurisdiction in the absence of a U.S. Government presence, the existence of a contract relationship with the U.S. might argue for the extension of Military Extraterritorial Jurisdictionlike coverage to contractors supporting all U.S. Government agencies abroad.

... (U) Second, as noted in MG Fay's investigation of contract personnel at the Abu Ghraib detention facility, DoD contractors acquired through other agencies of the U.S. Government (such as the CACI, Inc. contractors at Abu Ghraib, whose contract was part of a "blanket purchase agreement" maintained by the Interior Department) may not be subject to Military Extraterritorial Jurisdiction, based on a strict interpretation of the term "Department of Defense contractor." In many cases, however, such contractors could be prosecuted under Special Maritime and Territorial Jurisdiction or the war crimes statute. In any event, as a result of the Army's Abu Ghraib investigations, this question has been referred to the Department of Justice.

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(U) Contractor Accountability: Summary

(U) The preceding discussion addressed several administrative and operational concerns regarding the employment of contractors in support of military interrogation activities. However, DoD policies and regulations for interrogation are founded on respect for humane treatment and international and domestic law: any crimes committed by DoD contract interrogators may be prosecuted, and problems of lesser severity may be dealt with by dismissal of the offending contractor.

Specific Findings Regarding Contractors (U)

(U) It is clear that contract interrogators and related support personnel are "bridging gaps" in the DoD force structure in Guantanamo Bay, Afghanistan and Iraq. As a senior intelligence officer at the U.S. Central Command (CENTCOM) stated, "Simply put, interrogation operations in Afghanistan, Iraq and Guantanamo can not be reasonably accomplished without contractor support." As a result of these shortfalls in critical interrogation-related skills, however, numerous contracts have been awarded by the services and various DoD agencies without central coordination; and in some cases, in an ad hoc fashion (as demonstrated by the highly publicized use of a "Blanket Purchase Agreement" administered by the Department of Interior to obtain interrogation services from

CACI, Inc.). We found, nevertheless, that contractor compliance with DoD policies, government command and control of contractors, and the level of contractor experience were generally good, thanks in large part to the diligence of contracting officers and local commanders.

(U) We also found that contractors made a significant contribution to U.S. intelligence efforts. The U.S. Southern Command's (SOUTHCOM) contracting officer opined that contract interrogator performance had been "superb," an observation that our interviews with senior leaders at GTMO supported. Contract interrogators were typically former military intelligence or law enforcement personnel, and were on average older and more experienced than military interrogators; many anecdotal reports indicated that this brought additional credibility in the eyes of the detainees being interrogated, thus promoting successful interrogations. In addition, contract personnel often served longer tours than DoD personnel, creating continuity and enhancing corporate knowledge at their commands.

(U) Finally, as was described at greater length in our discussion of interrogation-related abuse, there were some, but not many instances of abuse involving contractors.

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Department of Defense Support to Other Government Agencies (U)

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 (U) Working alongside non-military organizations/agencies to jointly execute missions for our nation, proved to be complex and demanding on military units at the tactical level.
LITG Anthony Jones, AR 15-6 Investigation of the Abu Ghraib Prison and the 205th Military Intelligence Brigade

(U) As I understand this issue, the conditions were set for "ghost detainees" based on a verbal agreement between CJTF-7 staff officers and OGA to allow the agency the use of a number of cells at Abu Ghraib for their exclusive use. There was no requirement for them to in-process the prisoner when they used those cells. This cell arrangement was concluded as part of the overall intelligence cooperation effort in the country with no directive or agreement being formally consummated.

- LTG Ricardo Sanchez, Commander, CJTF-7, July 2004

Introduction (U)

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(U) As part of our report, we were tasked to assess Department of Defense (DoD) support to or participation in the interrogation activities of non-DoD entities. For purposes of our discussion, these entities, also known as Other Government Agencies or OGAs, are federal agencies external to DoD with specific interrogation and/or detentionrelated missions in the Global War on Terror. OGAs involved with such missions include the Central Intelligence Agency (CIA), the Federal Bureau of Investigation (FBD), Drug Enforcement Administration (DEA), U.S. Customs and Border Protection, and the Secret Service.

(U) There were clear limitations to our investigation of DoD support to OGAs. We did not investigate the existence, location or purpose of any dedicated or OGA-run facilities. Similarly, it was beyond the scope of our investigation to pursue the activities, legal authorities, or policies governing OGA operations at those locations. Simply stated, we considered only those situations where DoD provided interrogation or detention-related support for another federal agency.

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(U) Discussion in this section of the report will focus on two areas of consideration. First, we will address agreements and guidance that governed the relationships between DoD and OGAs in Guantanamo Bay (GTMO), Afghanistan and Iraq. The second area of discussion will explain exactly how DoD supported OGAs. In some instances, DoD assisted OGA interrogations by holding detainees for OGAs without registering or accounting for them. Our discussion will address, to the extent that our information and interviews can support, the nature and scope of this practice of holding detainees without record, known locally at Abu Ghraib prison in Iraq as "ghost detainees." The section will also address DoD's role in supporting OGA logistical requirements to include: facilities for interrogation, interpreters, security, military escort for detainees and, on occasion, personnel shelter and food services. Additionally, while the level and type of support differed in each country, DoD support uniformly involved sharing information on the capture, location and interrogation of detainces as well as the intelligence gained from those interrogations. Finally, this section will address DoD's oversight of other agency interrogations held in DoD facilities.

Methodology (U)



Interagency Coordination Guidance (U)



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(U) In conclusion, the lack of clearly promulgated formal guidance or any implementing guidance is obvious. Without this guidance, DoD personnel were unsure of exactly what was authorized and expected. The importance of a shared mission to support the Global War on Terror, however, remained the same. In light of that mission, DoD and OGA personnel worked to identify and fulfill their respective requirements. This interagency working relationship was characterized by a CIA official in Baghdad in a November 2003 cable to CIA Headquarters: "But it also appears that all levels within the military understand CIA's priorities and provide us the necessary support." DoD's support to OGA is addressed below.

DoD Support to OGA (U)

(U) DoD has provided a wide number of services to OGAs in support of interrogation and detention operations since detention operations began in Afghanistan in December 2001. Services provided to OGAs in GTMO, Afghanistan and Iraq differed based on the existing infrastructure and specific mission requirements of the various agencies in those countries. This section will address the four major areas of support that we identified: (1) Transfer and custody of detained personnel to include keeping detainees without formal record or processing, also known as "ghost detainees"; (2) Logistical support; (3) Intelligence sharing; and (4) DoD oversight of OGA interrogations.

(U) Transfer and Custody of Detained. Personnel

(U) One area of DoD support for OGAs that we identified involved the transfer of detainees to or from OGAs. Detainee transfers occurred for a variety of reasons. For example, in Iraq, as previously discussed, OGAs relied on DoD to maintain custody and control of detainees with limited exceptions. We are not able to quantify the frequency of this transfer process within the security

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classification of this report; however, we can say that the guidance to combatant commanders that governed the transfer process was very specific. In February 2002, just months after the start of OEF, CENTCOM provided transfer of custody guidance that required advanced Coalition Force Commander (CFC) coordination and SECDEF approval for the transfer of custody to or from other U.S. governmental agencies or to foreign governments. Similarly, an April 2003 CJCS EXORD provided that, 'Upon direction from SECDEF or his designee, other combatant commanders may transfer control of designated detainees ... to a U.S. Federal Agency, or to a DoD agent who will accept control of detainees. SECDEF notification is required 72 hours prior to all inter-theater move-

ment of detainees and all transfer of control to and from federal agencies."



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Medical Issues Relevant to Interrogation and Detention Operations (U)

Background (U)

(U) The primary task of the Interrogation Special Focus Team was to identify and report on interrogation techniques in Guantanamo Bay, Afghanistan, and Iraq; consequently, our investigative process was not specifically designed or intended to exhaustively study all medical aspects of detention operations. However, our investigation still led to important insights into detainee medical care and the roles of medical personnel. In this section of our report, we summarize those insights and our relevant findings.

(U) Military medical personnel serve vital, and diverse roles in supporting the operational readiness and combat effectiveness of U.S. Armed Forces. They promote force readiness through comprehensive individual healthcare. They maintain the effectiveness of deployed farces through preventive efforts that cut the risks of confegious disease and non-battle injury. They save lives on the battlefield through state-of-the-art combat casualty care and medical-avacitation. Military medical personnel also share as ambassadors of American good will through civic and humanitarian activities worldwide. In addition, their scientific research advantes medical knowledge and public health both-at home and abroad.

(U) On numerous levels, the emotional bonds between military medicine and American comhat forces are strong. Medics and corpsmen

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are cited often for valor and sacrifice alongside fighting men and woman of all services. Many have died, and many more go in harm's way to render lifesaving care. This report is not intended to alter such proud heritage.

Medical Boctrine (U)

(U) Medical doctring of the U.S. Armed Forces is rooted in the Geneva Conventions of 1949, which are regestedly cited or quoted in DoD Directives, service regulations, and implementing orders. DoD guidance applies the standard of himane-madical care to all detainee categories; regaining that forces receive training adequate to ensure knowledge of their obligations under the Geneva Conventions and DoD policy; and requires that all military personnel (not just medical personnel) report suspected violations to their chains of command.

(U) Summarized below are important sources of U.S. military medical doctrine as it pertains to detaines operations and interrogation.

(U) Detaince Screening and Medical Treatment

(U) Recent DoD Policy Guidance

(U) On April 10, 2002 the Assistant Secretary of Defense for Health Affairs (ASD(HA)) issued HA Policy 02-005, "DoD Policy on Medical

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Care for Energy Persons Under U.S. Control Detained in Conjunction with Operation ENDUR-ING FREEDOM." This brief document primarily directs that detainees from Afghanistan be provided medical care "to the extent appropriate and consistent with military necessity" in accordance with the 1997 multi-service regulation, "Energy Prisoners of War, Retained Personnel, Civilian Internees and other Detainees" (described below). Unlike many other documents, HA Policy 02-005 makes no distinction between different categories of detainees. It also states the following:

(U) In any case in which there is uncertainty about the need, scope, or duration of medical care for a detaines under U.S. control, medical fees, sonnel shall be guided by their professional judgments and standards *similar to those that would be* used to evaluate medical issues for U.S. parsonnel, consistent with security, public health management, and other mission requirements (emphasis added).

(U) DoD Enemy POW Detaines Program

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(U) "HoD Program for Enemy Prisoners of War (EPOW) and Other Detainces" (DoD Directive 2310.1) was issued August 18, 1994. It confirms as DoD policy that U.S. Military Services ahall comply with the principles, spirit, and intent of the international law of war, both customary and codified, to include the Geneva Conventions (Section 3.1). It also requires that U.S. forces receive training to

ensure knowledge of their obligations under the Geneva Conventions and the DoD Law of War Program (discussed below) before assignment to a foreign area where capture or defaution of enemy personnel is possible (Section 8.2).

(U) Multi-Service Regulation Tarify Regulation

(U) "Enemy Prisoners of War, Retained Personnel, <u>Civilian</u> Internees and Other Detainees" is a multi-service regulation coordinated by the LIS. Army and issued jointly by the Army (AR 198-8), Navy (OPNAVINST 3461.6), Air Force (AFJI-91-304), and Marine Corps (MCO 3461.1). This regulation is hereinsfler cited AR 190-8.

(U) AR 190-8 contains detailed guidance on numerous issues pertaining to the administration and treatment of enemy prisoners of war (EPW), retained personnel (RP), civilian internees (CD), and other detainees (OD) in the custody of US. Armed Forces. Its stated purpose is to implement international law, both customary and codified, and the four 1949 Geneva Conventions are specifically listed as the principal relevant treaties. AR 190-8 also states "In the event of conflicts or discrepancies between this regulation and the Geneva Conventions, the provisions of the Geneva Conventions take precedence."

(U) Specific provisions for "hygiene and medical care" call for sanitary quarters, personal

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hygiene items, and access to medical care. Required medical records must include documentation of initial medical examinations, monthly medical inspections, and monthly weight recordings. Separate requirements for healthy food rations and adequate water supply appear elsewhere.

(U) Throughout AR 190-8, distinctions are made between different categories of persons in custody, and careful reading is necessary to determine exactly which provisions apply to whom. Provisions for hygiene and medical care, along with those for food rations and water supply, appear identically in one section addressing EPW/RP and another section addressing <u>CE</u>. There is no analogous section addressing ODs, who are specifically mentioned in few places.

(U) AR 190-8 emphasizes that all detainees are entitled generically to "humanitarian care and treatment." While HA Policy 02-005 (described above) extends provisions pertaining to medical care and its documentation to all enemy persons detained in conjunction with Operation ENDUR-ING FREEDOM (Afghanistan), it does not extend any other provisions of AR 190-8 to ODs.

(U) Third Genevi Convention

(U) The Third Geneva Convention Relative to the Treatment of Prisoners of War of August 12, 1949 (GPW) is an international treaty ratified by

the United States. GPW establishes criteria for defining status as an enemy prisoner of war (EPW). These criteria do not encompass all catogories of detainces. It is important to note that no detainces from Operation ENDURING FREEDOM (Afghanistan) and relatively few detainces from Operation IRAGI FREEDOM (Iraq) are assessed by the United States to meet criteria for EPW status. In any case, several key provisions of the Convention form the foundation of U.S. military medical doctrine as it relates to EPWs. Those provisions are summarized below.

with those for food rations and water supply, (I) Articles 9-11 (in Part I, General appear identically in one section addressing. Provisional propose roles for impartial humanitar-EPW/RP and another section addressing CE inforganizations, such as the ICRC, which is men-There is no analogous section addressing ODs, who it joned by name but not specifically mandated.

> (U) <u>Article 13</u> (in Part II, General Protection of Prisoners of War) mandates humans treatment of POWs and their protection from violence or intimidation, and Article 15 (also in Part II) requires the Detaining Power to provide EPWs with free medical care as required by their state of health. Part III of the Convention addresses captivity.

> (U) <u>Articles 29-31</u> (in Chapter III [Hygiene and Medical Attention] of Section II [Internment of Prisoners of War] of Part III [Captivity]) collectively establish requirements for clean and healthful camps, personal hygiene accommodations, local access to medical care, and monthly medical

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inspections. Prisoners must be admitted to any military or civilian medical unit able to provide necessary special treatment.

(U) Articles 120-121 (in Section III [Death of Prisoners of War] of Part III [Captivity]) call for documentation of POW deaths along with their cause and circumstances, medical examination of bodies, and official inquiries when EPW deaths may have been caused by sentries or other persons, or when their cause of death is unknown.

(U) Fourth Geneva Convention

(U) The Fourth Geneva Convention. Relative to the Protection of Civilian Persons In-Time of War of August 12, 1949 (GC) is a separate international treaty, also ratified by the United States. While the two documents differ in many respects, those GPW provisions cited above are all extended in GC (most are copied verbation) to also cover civilian internees (CI), who constitute the large majority of detainees under U.S. control in Iraq.

(U) International Committee of the Red Cross

(U) The ICRC is a humanitarian organization that works to protect and assist victims of war and violence. They utilize structured site visits and personal interviews in order to assess the psychological and material conditions of detention. Findings and recommendations are reported to the detaining authority, either verbally or in writing, and are not normally made public. Similarly, the ICRC does not normally request written responses to their recommendations, but instead seeks to build working relationships with detaining authorities and to promote compliance with their recommendations during periodic site re-visits. Recommendations of the ICRC are not legally binding. One of their positions, for example, is that prisoners on hunger at like should not be force fed, even at the risk of death - an issue not addressed in Generge Conventions.

(U) Until recently, medical doctrine of the U.S. Armed Forces provided little specific guidance op interactions with the ICRC. AR 190-8 menfiones the ICRC as one example of a "neutral state or an international humanitarian organization" that may be designated by the U.S. Government to monitor whether "protected persons" (EPW, CI, and PR) were receiving humane treatment as required by the Geneva Conventions. It does not specifically require ICRC coordination, despite its mention by name in several places that discuss interface with outside observers.

(U) Medical Involvement in Interrogation

(U) U.S. armed forces doctrine envisions medical involvement adequate to ensure that detainees are interrogated in safety and only when

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medically fit. For example, Army Field Manual [FM] 34-52, Intelligence Interrogation, requires medical coordination when establishing an interrogation site (Chapter 5) and medical release of the sick or wounded before interrogation. Another field manual requires that Division Surgeons establish procedures for detainee casualty treatment and disposition, and that medical personnel advise commanders of violations of the Geneva Conventions, including interrogations of enemy wounded or sick who are medically unfit, or the killing, torture, mistreatment, or harming of a wounded or sick enemy soldier (FM 8-10-5, The Brigade and Division Surgeon's Handbooks Chapter 5).

(U) Beyond this, existing US, medical doctrine does not specifically addresses the participation of medical personnel in detainse interrogations. In particular, Dol) policy does not prevent individuals with expertise in mental health or behavioral science from helping interrogators to develop and refine interrogation strategies.

(U) Military Legal-Review

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(FOUO) In July 2002, the Staff Judge Advocate of Joint Task Force (JTF) 170 at Guantanamo Bay provided the only military opin-



(U) General Assembly Resolution 37/184

(U) The United Nations General Assembly on December 18, 1982 issued Resolution 37/194, "Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment." Though not legally binding, this resolution states, in part, "It is a contravention of medical ethics for health personnel,

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particularly physicians, to apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect the physical or mental health or condition of such prisoners or detainees...."

(U) Interrogator Access to Medical Information

(U) Medical doctrine of the U.S. Armed Forces does not prohibit interrogator access to detainee medical information. As discussed later, the actual practice appears to be rare. Commandlevel military policies generally recognize two acceptable bases for such access. The first basis involves situations where interrogators might need insight into active medical issues to ensure that interrogations are safely limited. A second basis arises when detainees claim that interpositions should be restricted on medical grounds. In this instance, interrogators might wish to know if real medical issues deserve special consideration or, conversely if the detainee is making false claims.

(U) Preventing and Reporting Suspected Abuse

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(U) Under U.S. military doctrine, responsibilities for preventing and reporting detainee abuse are not limited to medical personnel. DoD directives, such as the DoD Enemy POW Detainee Program (discussed above), require all military personnel to know their obligations under interna-

tional law. Others, such as the DoD Law of War Program (discussed below) establish strict requirements for reporting suspected violations.

(U) DoD Law of War Proprand

(U) DoD Law of War Program (DoD Directive 5100.77) was insteed Dicember 9, 1998. It emphasizes that *law of war* encompasses "all international law for the conduct of hostilities binding on the United States or its individual citizens, including treaties and international agreements to which the United States is a party, and applicable customacy international law." The directive specifically references all four Geneva Conventions of 1949, and it goes on to establish DoD policy that all spessible, suspected, or alleged violations of the law of war be reported through chains of command, and then thoroughly investigated.

(U) Other Sources of Guidance

(U) A number of professional organizations have issued ethical statements or proposed standards for professional behavior. Although useful as ethical guidelines, none are legally controlling. One often-cited example is the World Medical Association's 1975 Declaration of Tokyo, "Guidelines for Medical Doctors Concerning Torture and Othar Cruel, Inhuman, or Degrading Treatment or Punishment in Relation to Detention and Imprisonment," which forbids physician participation, observation, or counte-

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nance of torture or cruel and inhuman punishment.

(U) Cause of Death Determinations

(U) Military guidance on detainee autopsy has evolved since 2001. Although autopay is the rule for any death of a prison inmate in the American civilian sector, medical doctrine of the U.S. Armed Forces did not specifically address the issue until recently.

(U) AR 190-8

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(U) AR 190-8 only briefly mentions "Death and burial" in identical sections that - Detainees in the Custody of the Armed Forces of apply respectively to EPW/RP and to CI, but not-, the United States," signed June 9, 2004, formalto ODs. These provisions call for investigative. reports of suicides, deaths or serious injury caused by guards or others, and deaths requiling from unnatural or unknown causes. Autoosies are not addressed, and much of the focus is on disposition of remains. That theme is also reflected in an attached Gertificate of Death format (DA Form 2669-Rt, May 62), which only allows one-third of and ling for indicating Cause of Death and does not sak whether an autopsy has been performed.

(U) Interim Efforts

(FOUO) Upon recognizing that some detainee death cases were not being referred for

autopsy, the Office of the Armed Forces Medical Examiner (OAFME) coordinated with the U.S. Army Office of the Provost Marshall General (OPMG), which in October 2003 directed its Criminal Investigative Division (CID) personnel to ensure that all detaines deaths are referred for autopay. The situation improved, but some subsequent cases still involved release of remains before notifying CID.

(U) Recent DoD Policy Guidance

(D) Secretary of Defense Memorandum Procedures for Investigation into Deaths of izes requirements to immediately report the death of any detaines in the custody of U.S. Armed Forces (including EPW, RP, CL, and OD) to a U.S. Armed Forces service investigative agency. The memorandum establishes the OAFME as having primary jurisdiction within DoD for determining the cause and manner of death in such cases, and explicitly presumes that autopsies will be performed unless otherwise determined by the Armed Forces Medical Examiner (AFME) specifically. It goes on to summarize, "Determination of the cause and manner of death in these cases will be the sole responsibility of the AFME or another physician designated by the AFME."

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Medical Findings (U)

(U) Our findings relevant to medical issues are organized below into four sections. The first section is an overview of detainee deaths and the processes in place to determine causes of death. Three site-specific sections then follow, addressing Guantanamo Bay, Afghanistan, and Iraq, respectively. The site-specific sections include reviews of individual detainee deaths, along with other impressions from local site visits and interviews of medical personnel. In this regard, our discussion of Guantanamo Bay is more extensive and detailed than those of Afghanistan and Iraq. Although unintended, this is no accident. The concentration. of facilities and stable environment at Guantanamo Bay allowed us, in a very brief period. to aggressively tour detention and medical facilities, review medical records, and interview medical personnel. This was not possible in Afghanistan and Iraq.

(U) Our findings in relation to detainee deaths are based primarily on our own review of investigative animality reports by CID as of September 36, 2004. We sugmented these reviews with discussion of overall processes and selected individual cases during a visit to the OAFME in Rockville, Maryland.

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(U) We elected to study detaines deaths for präematic reasons. Datainse deaths are sentinel events more likely to trigger attention, reporting, and independent CID investigation. In many cases, forensic autopsies add objective corroboration of other findings. The overall result is a reasonable body of documentation on a manageable number of cases. Meanwhile, our medical interest in reviewing summary reports on detainee deaths differed from the focus of CID investigators. Even though we sometimes applied our own label of "Suspicious for Abuse" in categorizing detainee deaths, we did not attempt to definitively assess detainee abuse. Instead, we looked for references to healthcare or medical personnel, and for insights on how their roles related to those of nonmedical processes and individuals. Our sases ments in this regard are necessarily subjective.

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- Individual Detainee Deaths Cited in DoD investigations in Guantanamo Bay, Afghanistan and Iraq (March 2003 - September 2004) (U)

Location Guantanamo Bay Afghanistan Iraq Total	Falsa Report 0 1	Köhed by Enamy Attack 0 0 27 27	Kited in Ricting 0 13 13	Detaines Other Deaths 0 5 49		•
several levels of hes daily sick call held in	each callbl	The first ock. Sick			NCLASSIFIED	(5)(2)

receive several levels of healthcars. The first involves daily sick call held in each callblock. Sick call teams are based in a fixed-facility clinic within the Camp Delta compound, where detainees sometimes receive other outpatient care. The inpatient Detention Hospital is a separate and modern facility within Camp Delta with its own physician staff -are maintained for each detainee. and capabilities equivalent to a field surgical-hosoital.

FOUD) Health Records Health records

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2) 2)

OFFICE OF THE SECRETARY OF DEFENSE CORNE NERGERARD (FOUO) Detainee Nutrition. Medical personnel attempt to weigh all detainees monthly, but 10 percent of detainees refuse this. Detainees are categorized by Body Mass Index (BMI) and tracked over time. (d) (d) (U) Medical Involvement in Interrogation Mental Health Care. (FOUO) Recent Involvement. Detainee Hospital personnel coordinate extensively with 344 FOR OFFICIAL USE ONLY - Modical · OFFICE OF THE SECRETARY OF DEFENSE COPY NUMBER ONE









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(b)(2)

(U) Afghanistan

(U) Interviews of Medical Personnel

-(FOUO)-Our larger process of structured interviews included seven medical personnel in June 2004 at Kandahar, Afghanistan, including a physician, a physician assistant, and five enlisted medics. The enlisted medics were all assigned to a Military Police company. These interviews forgedion the same themes we have used to organize other parts of our report on medical issues. In contrast to our discussions of Guantanamo Bay, we group these themes closely together here as interview findings only, because our processes in Afghanistan and Iraq did not allow us to corroborate interview findings with medical facility tours and files review as had been possible at Guantanamo Bay. While our sample size of interviewed medical personnel in Afghanistan was small, our findings closely match those reported on July 21, 2004 in Department of the Army Inspector General **Report on Detainee Operations.**

(POUC) Detainee Screening and Medical <u>Treatment</u>. All interviewees described the goal of offering detainees a standard of medical care similar to that available to U.S. soldiers. One medic thought the detainees got more responsive care than U.S. soldiers. Each interviewee described ini-

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tial medical evaluations of every detainee. Several described visual rectal and genital examinations that had been performed to look for weapons or bruising that might indicate abuse. As noted elsewhere, Brigadier General Jacoby issued guidance prohibiting further rectal or genital examinations of detainees at about this same time.

(FOUO) Specific training with regard to detainee medical care was limited to informal sessions after deployment to help them distinguish between real and "pseudo" complaints by detainees. Responses to a question about governing directives for detainee medical care were vague, and none mentioned the Geneva Conventions. At the sametime, each individual seemed strongly aware of a general responsibility to treat detainees humanely and with respect.

(FOUO) Detainee sick call-is held on a daily basis, but processes are sometimes informal - medics talk to detainees and guards to see who needs care. There is no infirmacy at the detention facility, although medics are available at all times if summoned by a guard. Detainees are taken to a nearby military medical unit as needed for medical care, although detainee complaints are usually routine and transport is seldom necessary.

(FOUO) The medical personnel we interviewed all seemed committed to providing humane medical care for detainees in Afghanistan. The general circumstances they described, however, make it clear they were not equipped to fully comply with all doctrinal requirements for detainee medical care. For example, there was no mention of monthly medical assessments or weight recordings, as required by AR 190-8, and it seems unlikely these would be feasible under the broader conditions described.

(FOUC) - Medical Involvement in Interrogation. None of the medical personnel described any medical participation in interrogation processes except the need to medically clear detainees for interrogation and the responsibility to inform interrogators when medical problems might warrant special accommodations.

(FOUC) Interrogator Access to Medical Information. Documentation of medical care is not standardized or rigorous, although clearly some care is recorded. Separate detainee medical records are not maintained. Instead, medical records that do exist were kept in Person Under Control (PUC) files used also for other purposes. This practice makes it impossible to control or even monitor access to detainee medical information. No interviewee had ever been asked to alter medical documentation.

(FOUO) Preventing and Reporting Suspected Abuse. None of interviewed medical personnel had seen or suspected detainee abuse.

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Each indicated they would report abuse to their chain of command if they suspected it.

(U)_Psychology Support of Interrogations

-(FOUO) Analogous to the BSCT in Guantanamo Bay, the Army has a number of paychologists in operational positions (in both Afghanistan and Iraq), mostly within Special Operations, where they provide direct support to military operations. They do not function as mental health providers, and one of their core missions is to support interrogations. According to the Director, Psychological Applications Directorate (U.S. Army Special Operations Command), the onlyreason for sharing any medical information would be to ensure that detainees are treated in accordence with their medical requirements. He personally knew of no cases where medical records were used to plan an interrogation. A manual is currently being developed to function both as a training document and a set of guidelines (standards of practice) for psychologists who perform in this role.

(U) Detainee Deaths jir Afegenistan

- COUCE As shown in the table on the next page, we reviewed CID summary investigative reports on five detainee deaths occurring in Afghanistan between August 28, 2002 and November 6, 2003. No other detainee death investigations have been initiated in Afghanistan as of September 30, 2004. Also presented below are brief synopses of these five cases. Two similar detainee deaths at Bagram raise concerns that medical personnel may have misrepresented detainee injuries likely to have been apparent at the time of death. These two cases deserve further investigation into the appropriateness of medical documentation. The three other reports describe individual deaths with little or no mention of medical involvement. The table below shows our own categorization of reported detainee deaths, which differ from that used internally by CID. The differences reflect our separate focus on medical perspectives and not any disagreement with the investigative interpretation of case findings. "Point of Capture" deaths represenf-individuals killed by U.S. forces at about the time of apprehension under diverse circumstances that are difficult to assess. "Suspicious for Abuse" is our own subjective label for four deaths individually described further below.

(Suspicious for Abuse) - Two separate cases, five days apart, suggest very similar circumstances. Both involve disruptive detainees who were restrained in their cells in standing positions; then apparently beaten; still later found collapsed in their cells; and ultimately rushed to a nearby medical facility. The first case is described only as dead on arrival. Notes on the second case indicate that cardio-pulmonary resuscitation (CPR) was begun at the scene and continued during transport, but

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with death declared shortly thereafter. In both cases, separate physicians are cited as finding no evidence of bruising or injury. Also in both cases, however, autopsies within days subsequently revealed massive blunt force injuries to the legs, with muscle injury so severe that bilateral leg amputations would have been necessary if the detainee had survived. CID investigations into possible detainee abuse by guards, completed in October 2004, have led to criminal charges against several individuals. Review of these cases with OAFME support our concern that local physicians may have misrepresented, either consciously or due to incomplete examinations, the condition of these detainees at death. The appropriateness of medical documentation in these cases deserves further review, separate from the issue of abuse by -of severe muscle injury. Investigation of this case guards. We do not know whether medical person-

nel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuses.

- (FOUO) 11/6/03 at Gereshk (Suspicious for Abuse) - Detainee arrived with extensive bruising noted by U.S. medical personnel after interrogation elsewhere by Afghani military forces. He remained under Afghani-guard within a U.S. compound. Two days later, he was found dead in his cell. Exact circumstances of treatment and interrogation are unclear. A local U.S. military surgeon attempted a preliminary autopsy but could not determine a cause of death, and so he appropriately referred the case for forensic autopsy by OAFME. Subsequent laboratory tests at that autopsy revealed evidence remains open. We do not know whether medical

Individual Detainee Deaths Cited in DoD Investigations in Afghanistan (March 2003 - September 2004) (U)

	Cause of De Point of Cepture									
Number of Individuals Mentioned	1	4	5							
Status	Status of Associated Investigations									
Investigations Still Open	0.	4	4							
Investigations Closed	1	0	1							

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personnel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuse.

(FOUO) 2/1/03 at Gardez (Suspicious for Abuse) - Seven Afghanis reported they had been held for three months at an isolated location along with another eighth person. They claim to have been abused during this period, and that the eighth fellow detainee had been killed. Local Afghani officials were interviewed and doubted the story. No body was ever produced. The report of death was originally thought by CID investigators to be false, but recent information has led them to suspect detainee abuse and to re-open their investigation. At this point, the circumstances are unclear. Investigative summary report makes no mention of medical involvement.

(FOUO) 8/28/02 at Lwara (Point of Capture) - Detainee was shot and died shortly after capture by U.S. forces. Summary investigative report makes no mention of medical care or medical personnel.

(U) Iraq

(U) Interviews of Medical Personnel in Iraq

(FOUO) We interviewed 38 medical personnel in Iraq during June 2004, including two headquarters-level physicians, 20 other physicians, four other medical department officers, and 12 enlisted medics and corpsmen. Most were directly involved

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in detainee medical care. They represented at least a dozen different units at various locations. Feedback did not differ in any obvious way between these groups of interviewees. Our interviews focused on the same themes we have used to organize other parts of our report on medical issues. In contrast, to our discussions of Guantanamo Bay, we group these themes closely together here as interview findings only, because our processes in Afghanistan and Iraq did not allow us to corroborate interview findings with medical facility tours and files review as had been possible at Guantanamo Bay.

COUCH Detainee Screening and Medical **Treatment**. None of the interviewed medical perisoanel described pre-deployment training related to detainee medical care or Geneva Convention responsibilities, although one physician described such training previously in medical school. When asked about directives governing their duties relative to providing medical care for detainees, only a handful mentioned the Geneva Conventions at all. Most made vague reference to unspecified Army regulations. Training received in theater related mostly to specific medical issues or approaches to unruly detainees.

-(FOUO)-Detainees appear to always receive initial medical examinations and must be medically cleared before interrogation. The examinations vary widely in comprehensiveness and are sometimes cursory. No interviewee mentioned detainee rectal examinations, but several described strip-

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ping detainees naked for exams.

-(FOUO) Some detention facilities have detainee clinics or infirmaries, while others do not. All locations appear to conduct routine detainee sick call operations, but actual procedures for detainee access vary. Most locations conduct some form of daily sick call. A few do so twice daily.

-(FOUO) Responses to an interview question about routine medical examinations varied widely. Only a couple interviewees confirmed monthly medical examinations with recorded detainee weights. A few others mentioned month--One officer ly examinations more vaguely. described monthly weights tracked on a spread - accommodations. None indicated they had ever sheet but no routine medical inspections. Several enlisted medics responded that routine examinations were conducted daily or even twice daily, apparently confusing the distinction between sick call operations and periodic routine examinations.

(FOUO) With one exception, all interviewees denied that appropriate medical care had ever been consciously denied. That exception involved one medic interviewed in Baghdad who described how detained access to optometry services for glasses was managed by interrogators and as a reward for cooperation.

-(FOUO) Impressions of proper procedures following detainee deeth varied. Most personnel indicated a requirement to notify their chain of

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command. Two thought that remains should be released to families or other civilians. One interviewee thought he should first notify the ICRC upon death of a detainee.

(FOUO) Medical = Involvement in Interrogation. All interviewees indicated they had no involvement in detainee interrogations and that interrogators respected the need for medical clearance before detainees were interrogated.

- (FOUN) Interrogator Access to Medical Information - No interviewee indicated they should provide any medical information to interrogators except when medical conditions warranted special been asked for medical information about detainees except in this context. All denied ever being asked by interrogators to alter medical documents.

-(FOUO) Interviewees described widely varied procedures for maintaining detainee medical records. At some places, especially in Baghdad, individual detaince medical records were managed and kept secure by medical personnel. At least one unit also backed up detainee medical records on a computerized data system. A medic in Baghdad even described how ICRC representatives were denied access to detainee medical records out of privacy concerns. Overall, however, procedures were not standardized. At one location, the Persons Under Control (PUC) manager kept copies

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of detainee medical records. At another, military interrogators held the detainee medical records. Several interviewees indicated they did not maintain individual detainee medical records, and instead kept occasional medical notes in other detainee record files. One unit kept medical information on individual detainees in a common medical logbook.

(FOUO) Preventing and Reporting Suspected Abuse. Virtually all interviewees recognized the need to report suspected detainee abuse, and most indicated they would notify their chain of command. Of the 38 medical personnel interviewed, four said they had seen or suspected. episodes of detainee abuse, apparently without detainee abuse. In one case, an enlisted Navy corpsman serving with the Marines noted broken ribs and temporary unconsciousness occurring after detention - he reported this to the commanding officer of the Military Police company. In a second case, another enlisted Navy corpsinian noted suspicious bruises at initial screening of a detainee - he reported this to the sergeant of the guard. The third case involved a physician working at the Baghdad airport in June 2003 when a detainee died under unklear circumstances. He had not initially suspected detainee abuse; but came to this belief later and reported his concerns to investigators. Finally, a mental health physician at the 28th Combat Support Hospital in Baghdad (supports Abu Ghraib) had observed medical personnel handling detainees unnecessarily roughly during transportation. He reported this to medical super-

visors and the behavior was stopped. We attempted to validate the nature of any corrective actions taken in each of these cases, but we were unable to cross-reference the brief comments with our other records.

-(FOUO) As with our own processes, Major General Fay's recent investigation at Abu Ghraib was not designed to focus specifically on medical aspects of detainee operations. However, some of his findings add to our own with regard to the roles of medical personnel in preventing and reporting suspected detainee abuse. Specifically, he found that enlisted medics had witnessed obvious reporting them to superiors. One episode involved a detainee whose wounded leg was intentionally hit. Two others involved detainees handcuffed uncomfortably to beds for prolonged periods, such that one eventually suffered a dislocated shoulder and another experienced pain when eventually forced to stand. A further episode involved a medic who saw pictures of naked detainees in a pyramid.

(U) Psychology Support of Interrogations

-(FOUO)-Our basic findings for Iraq are identical to those presented for Afghanistan. The Army has a number of psychologists in operational positions (in both Afghanistan and Iraq), mostly within Special Operations, where they provide direct support to military operations. They do not function as mental health providers, and one of

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their core missions is to support interrogations. In Iraq, we interviewed two military personnel and one civilian serving in this capacity. All three emphasized their separation from detainee medical care. Only one believed he had observed or suspected detainee abuse. No details were offered, except that, when this occurred, he recommended the interrogation not proceed and brought in medical personnel to evaluate the detainee.

(U) Detainee Deaths in Iraq

(FOUO) We reviewed CID summary investigative reports on 63 reported detainee deaths in Iraq. As of September 30, 2004, 21 of these reported deaths remain the subject of open investigations. Not reflected in these summary investigative reports are an additional 27 detainees known to have been killed by enemy mortar attacks on the Abu Ghraib prison in Baghded, Iraq. Five detainees died in such mattack on August 16, 2003, and 22 detainees died in such an attack on April 20, 2004.

(FOUO) The table on the next page shows our own categorization of the 90 total reported detained deaths in Iraq as of September 30, 2004. Our categorization scheme here differs from that used internally by CID. The differences reflect our separate focus on medical perspectives and not any disagreement with the investigative interpretation of case findings. We labeled as "Non-Trauma" those natural deaths from underlying medical disease, along with cases where environmental conditions may have contributed. "Killed in Rioting" deaths represent detainees killed by U.S. forces while rioting or attempting escape." "Point of Capture" deaths represent individuals killed by U.S. forces at about the three of apprehension under diverse circumstances that are difficult to assess. "Suspicious for Abuse" is our own subjective label for eight deaths individually described further below. "Battlefield Injury" deaths are those due to complications directly related to major battle wounds, despite adequate medical care.

FOUO). In 38 of their 63 reported detainee deaths in Iraq, CID summary investigative reports. indicate that medical personnel either rendered care before death, attempted resuscitation about the time of death, or (one case only) rushed to the scene but determined that resuscitation would be futile. These cases with references to medical care include six of the eight "Suspicious for Abuse" detainee deaths (see below), and six of the seven "Non-Trauma" detainee deaths clustered in August 2003 (see further below). We cannot tell from investigative reports if medical personnel were involved or not in other reported detainee deaths, although our own interviews suggest one such case where an Army physician reported his suspicions of detainee abuse to his chain of command and was interviewed by investigators. None of the summary investigative reports suggest that medical personnel either contributed to detainee abuse or misrepresented findings. As noted below, however,

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unconfirmed subsequent reports do raise concerns about misrepresentation of physical circumstances in one reported case of detainee death at Abu Ghraib, in Baghdad.

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-(FOUO) Our processes did not allow us to assess the frequency with which medical personnel reported suspicions of detainee abuse or adverse conditions. Evidence from investigative reports, however, suggests that medical personnel often have exposure to the circumstances of detainee treatment. In this regard, summary reports on two different "Point of Capture" detainee deaths suggest that medical personnel (an Army medic and a Navy corpsman, respectively) caused investigations to be initiated, separate from any issues of medical care.

(FOUO) Presented below are brief synopses of the eight reported detaines deaths in Iraq that we found to be "Suspicious for Abuse" upon after reviewing CID Investigative summary notes and available autopsy results. We subsequently present overview observations regarding "Non-Trauina" detainee deaths in Iraq, along with case synopses of the seven such deaths occurring in August 2003.

Individual Detainee_Deaths Cited in DoD Investigations in Iraq (March-2003 - September 2004) (U)

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		Task Force Categorization of Death Cause								•	
	Site	Enemy Attacks:	Travilye	Killed in Rioting	Point of Capture	Suspicious for Abuss	Batticfield Injury	No Information	Report	Total	
	Abu Ghraib	27	15	10		1	0	1	0	54	
	Other Sites	10 2	تروي الم	3	10	7	4,	2	1	36	
	Total	- 27-	÷ 24	13	10	8	4	3	1	90	
	Status of Associated Investigations										
	Investigations Still Open	- n/a	5	3	4	7	0	2	0	21	
	Investigations ; Closed	n/a	18	10	8	. 1	. 4	1 :	• 1	42	
	Mantion in CID Investilagitive Summary Notes of Medical Involvement										
	Madical Mentioned	ñ/a	¹⁹ 19		ວ່	8	3.	1	0	33	
î	No Medical Mention	îva -	5	9	10	2.	1	2	- 1	30	
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(U) "Suspicious for Abuse" Detainee Deaths in Iraq

-(FOUO) 11/4/03 at Aby Ghraib in Baghdad (Suspicious for Abuse) - Detainee was initially reported to have slumped over during interrogation and then to have died despite attempted medical resuscitation. Autopsy by OAFME revealed broken ribs and compromised respiration. Sources outside of the CID investigative summary report have subsequently suggested that respiration may have been compromised by hooding, and that medical personnel may have placed an IV line after death to falsely suggest that resuscitation had been a attempted. The CID investigation of this case is still open. Aside from the issue of possible detainee abuse during interrogation, the appropriateness of medical documentation in this case deserves further review as does the possibility that medical personnel may have acted to misrepresent circumstances. We do not know whether medical personnel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuse.

(FOUC) 6/6/03 at Al Nasirivah (Suspicious for Abuse) - Detainee died of strangulation, with broken ribs and neck bone found at autopsy. Investigation suggests he was beaten and then dragged by the neck by a guard. He had earlier heen screened by medical personnel; medics were called to the scene at the time of his death. The CID investigation of this case is still open. We do

not know whether medical personnel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuse.

(FOUC) 11/26/02 at Forward Operating Base (FOB) Tiger . Suspicious for Abuse) -Investigation and autopsy suggest this detainee died of asphyria caused by smothering and chest compression during an interrogation. Medics were called to scene and attempted resuscitation, but were unsuccessful. The CID investigation of this case remains open. We do not know whether medical personnel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuse.

(FOUO) 1/9/04 at Al Asad (Suspicious for Abuse) - Detainee was found slumped, shortly after being gagged and shackled to a doorframe. Medics were summoned but determined that attempted resuscitation would be futile. Autopsy by OAFME found that death was due to asphyxia, with bruising, and multiple broken ribs. The CID investigation of this case is still open. We do not know whether medical personnel reported suspicions of detainee abuse in this case, but the circumstances should probably have led them to consider detainee abuse.

(FOUO) 12/1/03 at Balad (Suspicious for Abuse) - Detainee died of blunt head injury shortly

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after being taken to the 21st Combat Support Hospital (CSH). The circumstances of injury are unclear. The CID investigation of this case is still open. Concerns of medical personnel are suggested in a Memorandum for the Record, dated May 11, 2004 from personnel of 21st CSH. We do not know whether medical personnel reported suspicions of abuse at the time of death.

(FOUO) 6/13/03 at Bashdad Airport (Suspicious for Abuse) - Circumstances of death are not well known. Autopsy by OAFME revealed that death was caused by closed head injury. Investigative summary report makes no mention of medical involvement, but our own interviews revealed that an Army physician suspected detaines abuse and reported this to investigators within a month or so of the death. The CID-investigation of this case is still open.

FOUO) 4/2/04 at Mosul Suspicious for Abuse) - Detainee was allowed to sleep after interrogation, and later was found unresponsive. He died despite emergency medical resuscitation efforts at 67th CSH lasting about one hour. An Army physician at the time suspected cardiac arrest, but the exact cause of death remains uncertain even after an autopsy by OAFME. Meanwhile, subsequent other testimony suggests detainee abuse. The CID investigation of this case

is still open.

(FOUO)-9/11/03 at Tikrit (Suspicious for Abuse) - Detainee was reportedly shot by a U.S. guard without apparent justification. Investigative summary report makes insightion of medical involvement. The CID investigation is closed, and charges have been initiated.

(U) "Non-Traums" Detainee Deaths in Iraq

(FOUC) The chart on the next page shows the monthly distribution of 24 total "Non-Trauma" detainee deaths in Iraq. One observation is the reasonably similar pattern of "Non-Trauma" deaths occurring at Abu Ghraib and elsewhere; another is the higher number of deaths in August 2003, when the local climate was very hot.

-(FOUO) Summary notes mention a possible role of environmental heat in two of the nontrauma deaths, both occurring in August 2003. One detainee had intentionally restricted his own diet, and an autopsy by OAFME revealed coronary artery disease - comments about extreme heat are made by the investigator. In a second case, the OAFME officially labeled the death as heat related. An unusual incidence of non-trauma detainee deaths in August 2003 suggests, but does not prove, that extreme heat may have been a factor in other deaths, as well. The available data, however, makes it unclear whether environmental factors

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influenced non-trauma detainee deaths at other times. The seven "Non Trauma" detainee deaths occurring in Iraq in August 2003 are summarized below. In each of these seven cases, CID investigations of detainee death are now closed.

(FOUO) 8/3/03 at Camp. Cropper in Bashdad (Non-Trauma) Data is incomplete. Detainee was observed by other detainees to be extremely ill before death. They ultimately brought him to the aid station, where medical lifesaving neasures were unsuccessful. Medical photos support a military physician's impression of no external injuries. No autopsy was performed.

(FOUO) 8/7/03 at Diwania (Non-Trauma)

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- Detainee became short of breath and suffered low blood pressure during a transport by bus. He briefly improved after medics administered a fluid bolus, but later worsened and died. Autopsy by OAFME showed no evidence of trauma, although a precise cause of death could not be determined.

-(FOUO)-8/8/03 at Abu Ghraih in Bashdad (Non-Trauma) - Detainee with known diabetes had been on a hunger strike for two days. Other detainees saw him suffer chest pain and eventually collapse. Medics were summoned and they began cardiopulmonary resuscitation, which was not successful. Autopsy by OAFME cited atherosclerotic heart disease complicated by diabetes.

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(Non-Trauma) - Detainee had been treated for shortness of breath during medical in-processing, but he later refused to accept an inhaler. He was later found unconscious. Medics were summoned and began cardiopulmonary resuscitation, which was not successful. Autopsy by OAFME cited atherosclerotic heart disease.

-(FOUO) 8/13/03 at Ahu Ghraih in Bashdad (Non-Trauma) - Detainee was found by other detainees to have no breathing or pulse. They carried him to prison gate area. Autopsy by OAFME found atherosclerotic heart disease. Investigative summary report mentions a suspicion the detainee, suffered a heart attack due to the combined effects, of extreme heat and self-induced dietary restriction. No mention is made of medical involvement except for the autopsy.

(POUO)-8/20/03 at Abu (Ihraib in Bashdad (Non-Trauma) - Other detainees told guards of this detainee's apparent distress from illness. Medical staff arrived within ten ininutes and found the detainee to have fig pillse. They began cardiopulmonary resuccitation and advanced cardiac life support, without success. Autopsy by OAFME found atherosclerofic heart disease.

-(FOUO) 8/22/03 at Camp Satha in Bashdad (Non-Trauma) - Detainee was found on the ground with shallow breathing, decreased perspiration, and a high temperature. Aggressive administration of intravenous fluids by medical personnel failed to prevent his rapid subsequent death. Autopsy by OAFME cited the death as heat-related.

(FOUO) We do not know whether medical personnel reported concerns about climate impacts on detainee health in August 2003 or at other times. Sources outside our process suggest that at least some medical personnel did report concerns about detainee welfare during such hot periods. Overall circumstances would probably have led a number of medical personnel to have such concerns.

Conclusions (U)

(U) Medical doctrine of the U.S. Armed Forces is ultimately rooted in the Geneva Conventions of 1949, and applies the standard of humane medical care to all categories of detainees. This doctrine has been in place throughout operations in GTMO, Afghanistan and Iraq. In addition, we note that the Office of the Secretary of Defense is currently developing specific policies to address the issues raised below.

(U) The medical personnel that we interviewed appeared to understand, in general terms, their responsibility for providing humane medical care to detainees, but few had received training specifically relevant to detainee screening and medical treatment. In Afghanistan and Iraq, however, we found inconsistent field-level implementation of specific requirements, such as monthly medical inspections and weight recordings. One

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obvious need is for a clear and concise training curriculum in a standardized format amenable to use in diverse settings. DoD policy guidance in June 2004, as previously discussed.

(U) Two specific areas deserve further policy-level and legal review, as appropriate. Both touch on important ethical issues not specifically addressed by the Geneva Conventions of 1949. The first involves the roles and responsibilities of behavioral science personnel working in direct non-medical support of detainee interrogators to refine interrogation techniques. The status of medical personnel assigned to these non-medical duties deserves clarification, even though much of their work actually focused on encouraging less coercive interrogation techniques for must detainees. The second area deserving further policy-level review involves standards for defkince medical records and who should have access to them. We found substantial variation in field level practices for maintaining and securing detainee medical records. In some situations, interrogators had easy access to detainee medical information. even though we separately found little interest by interrogators for that information and no instances where defines medical information had been used coercively during interrogations. Although U.S. Jaw provides no absolute confidentiality of medical information for any person, including detainees. DoD policy-level review is necessary in order to balance properly these reporting concerns. Meanwhile, a third important policy area, involving requirements for reporting detaines death, performing autopsies, and determining causes of death, was addressed by undated

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(U) While it is clear to us that medical personnel had frequent opportunities to observe the circumstances of detainee confinement, it was not possible for us to comprehensively saless when or whether medical personnel reported suspicions of detainee abuse. We were able, however, to obtain useful insights from a systematic review of investigative notes and suppey results from detainee death cased. We found no cases of detaines death where we suspected direct involvement of medical personnel in detainee abuse. We did identify three individual cases of detainee death that warrant additional focused review of whether medical personisel may have attempted to misrepresent the circumstances of death. Specifically, in two similar cases from Bagram, Afghanistan, military physicians are said to have reported no evidence of trauma, when subsequent subopsies found severe soft tissue injuries to both legs. The third case involves a detainee death during interrogation at Abu Ghraib, in Baghdad, Iraq. Some reports suggest that medical personnel may have attempted to place an IV line after death to create a false appearance that life-saving efforts had been attempted. Finally, we identified several cases where medical personnel witnessed behavior or circumstances that should probably have led them to suspect detainee abuse. We do not know whether they reported those suspicions. In one instance from Iraq, military physicians documented concerns about possible detainee abuse in a Memorandum for the Record dated May 11, 2004 six months after the detainee's death. Although

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existing dockrine of the U.S. Armed Forces requires that all military personnel report suspicions of detainee abuse to their chain of command, our insights, taken together, suggest the need to clarify and reinforce the special responsibilities of medical personnel in preventing and reporting suspected detainee abuse. Further, ongoing CID investigations should address this additional aspect of detainee abuse or detainee death cases.

(U) We were reassured by the credible practices of the Office of the Armed Forces Medical Examiner (OAFME) in determining causes of detainee death, and in the unbiased summary reports from investigators of Army's Criminal Investigative Division (CID). In addition, OAFME and the Army Provest Martial General have collaborated progressively for some time to develop field guidance to ensure OAFME autopsies in cases of detained death. We anticipate that those efforts will cultainate in expanded and clarified madical doctrine regarding procedures in such cases. We have no additional recommendations with regard to detainee cause of death determinations.

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