

*SF-13 "Loud Music"*

PROBLEM

**(U) FIRST SPECIAL INTERROGATION PLAN** "That DoD interrogators improperly played loud music and yelled at detainees."

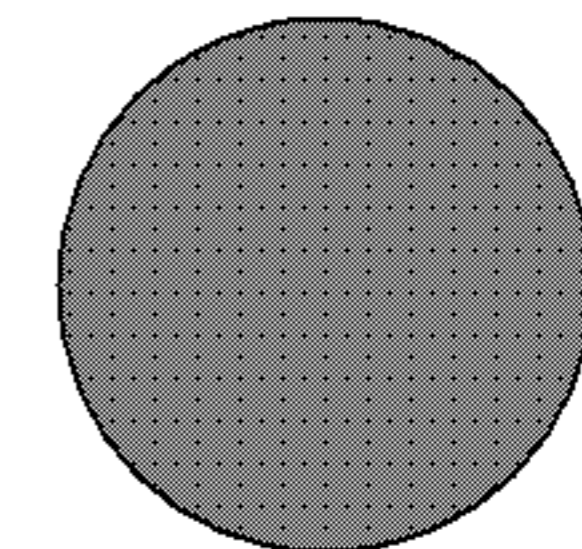
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RECOMMENDATION

(U) The allegation should be closed. Recommend JTF-GTMO develop specific guidance on the length of time that a detainee may be subjected to futility music. Placement of a detainee in the interrogation booth and subjecting him to loud music and strobe lights should be limited and conducted within clearly prescribed limits.

**OPR: SOUTHCOM**  
**OCR: USD**

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*SF-14 "Heat & Cold"*

PROBLEM

**(U) FIRST SPECIAL INTERROGATION PLAN**

That military interrogators improperly used extremes of heat and cold during their interrogation of detainees."

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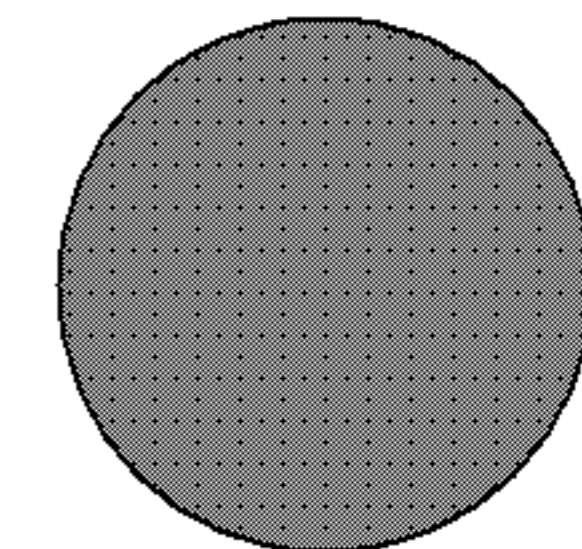
RECOMMENDATION

(U) The allegation should be closed.

OPR: SOUTHCOM

OCR:

<p><b><u>FIX/ACTION/CHANGE:</u></b></p> <p><i><u>Fix:</u></i></p> <p><i><u>Action:</u></i></p> <p><i><u>Change:</u></i></p>
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# SF-15 "Sleep Deprivation"

## PROBLEM

### (U) FIRST SPECIAL INTERROGATION PLAN

That military interrogators improperly used sleep deprivation against detainees."

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## RECOMMENDATION

(U) The allegation should be closed.  
Recommend USSOUTHCOM clarify policy on sleep deprivation.

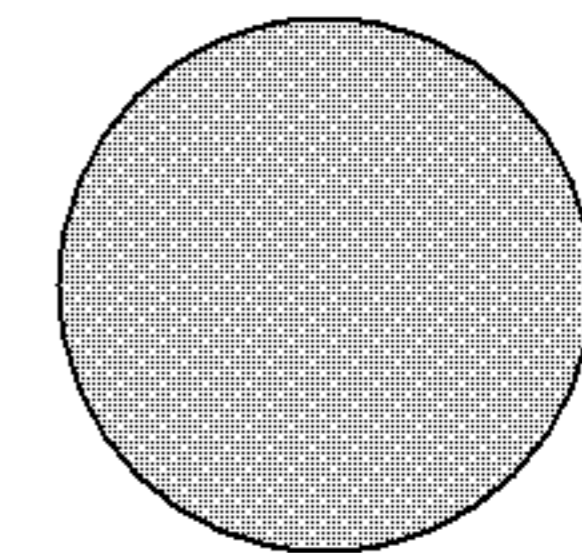
OPR: SOUTHCOM  
OCR: USD(I)

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## *SF-16 “Inappropriate Interrogation Techniques”*

### PROBLEM

#### **(U) FIRST SPECIAL INTERROGATION PLAN**

In addition to the FBI allegations addressed above, additional interrogation techniques (not all inclusive) were used in the interrogation of the subject of the first Special Interrogation Plan. Each act is documented in the interrogation MFR's maintained on the subject of the first Special Interrogation Plan.

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### RECOMMENDATION

(U) The Commander JTF-GTMO should be held accountable for failing to supervise the interrogation of the subject of the first Special Interrogation Plan and should be admonished for that failure.

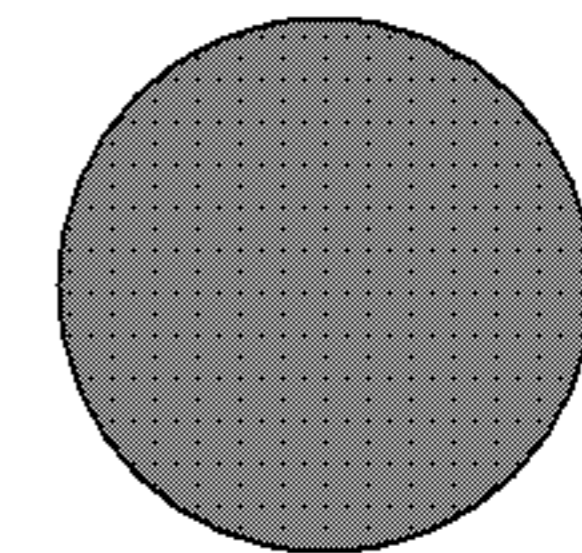
**OPR: SOUTHCOM**  
**OCR:**

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## SF-17 “Additional Allegations”

### PROBLEM

(U) In addition to the allegations above, the AR 15-6 also considered additional allegations raised specifically by the subject of the first Special Interrogation Plan.

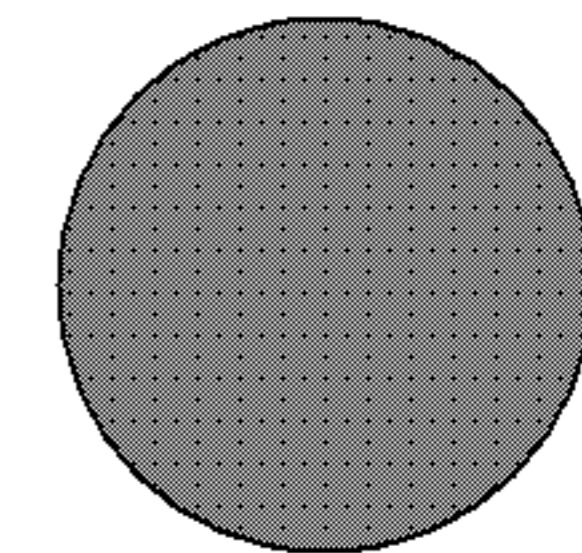
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### RECOMMENDATION

(U) The allegation should be closed.

**OPR: SOUTHCOM**  
**OCR:**

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*SF-18 "Subject to Torture"*

## PROBLEM

**(U) SECOND SPECIAL INTERROGATION PLAN**

In addition to the interrogation logs, the AR-16 also considered allegations of abuse raised by the subject of the second special interrogation, himself. Specifically, after months of cooperation with interrogators, on 11 Dec 04, the subject of the second special interrogation notified his interrogator that he had been "subject to torture" by past interrogators during the months of July to October 2003.

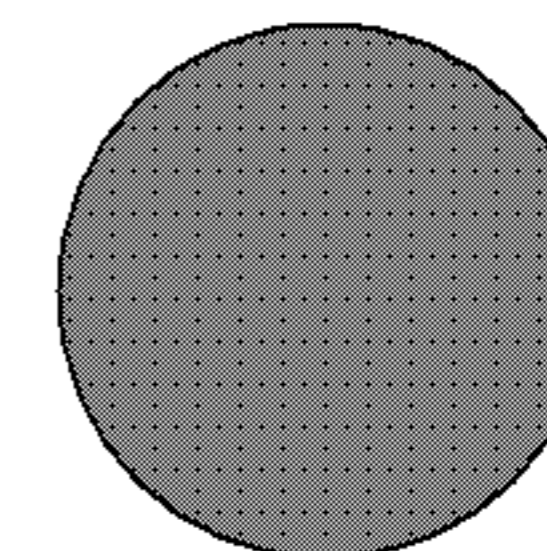
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## RECOMMENDATION

(U) The allegation should be closed.

**OPR: SOUTHCOM**

**OCR:**





## SF-19 “Removal of BDU Tops”

### PROBLEM

(U) The subject of the second special interrogation alleges that female military interrogators removed their BDU tops and rubbed themselves against the detainee, fondled his genitalia and made lewd sexual comments, noises, and gestures.

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### RECOMMENDATION

(U) The allegation should be closed.

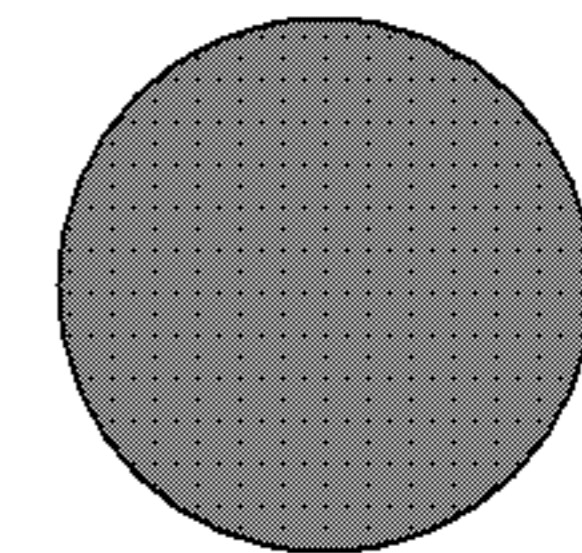
**OPR: SOUTHCOM**  
**OCR:**

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*SF-20 "Hit by Guards"*

PROBLEM

(U) The subject of the second Special Interrogation Plan alleges that in late summer of 2003 he was hit by guards and an interrogator "very hard" and "with all their strength" he was hit "all over."

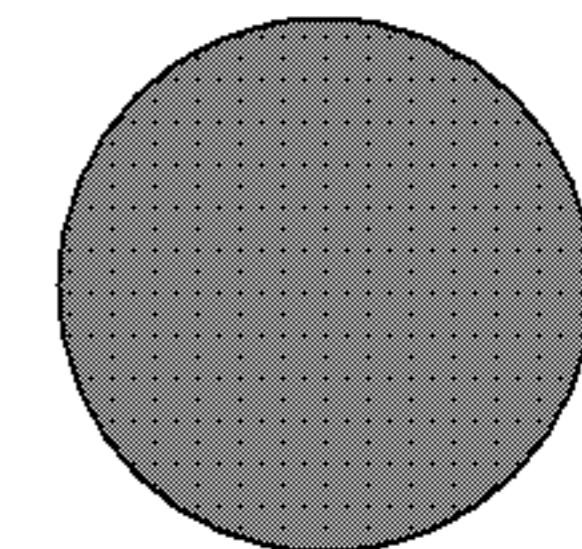
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RECOMMENDATION

(U) The allegation should be closed.

OPR: SOUTHCOM  
OCR:

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*SF-21 "Navy Captain"*

PROBLEM

(U) A DoD interrogator improperly impersonated a Navy Captain assigned to the White House.

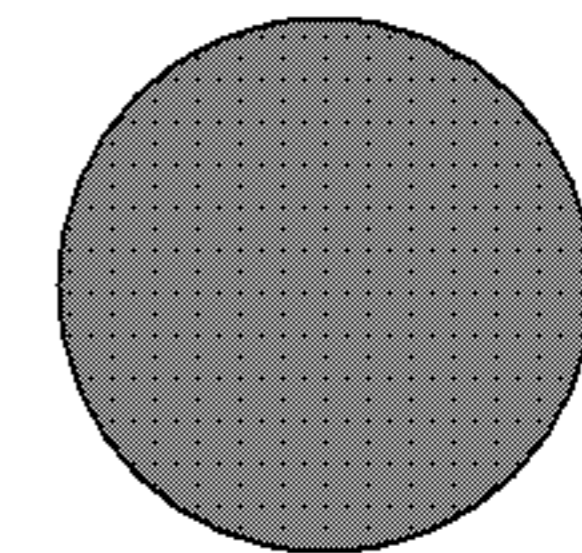
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RECOMMENDATION

(U) The allegation should be closed. No further action necessary.

OPR: SOUTHCOM  
OCR:

<p><b><u>FIX/ACTION/CHANGE:</u></b></p> <p><i><u>Fix:</u></i></p> <p><i><u>Action:</u></i></p> <p><i><u>Change:</u></i></p>
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## SF-22 “Threats to Detainee & Family”

### PROBLEM

(U) That Military Interrogators threatened the subject of the second special interrogation and his family.

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### RECOMMENDATION

(U) While the threats do not rise to the level of torture as defined under U.S. law, the facts support a conclusion that the Special Team Chief violated the UCMJ, Article 134, by communicating a threat. Recommend his current commander discipline the Special Team Chief.

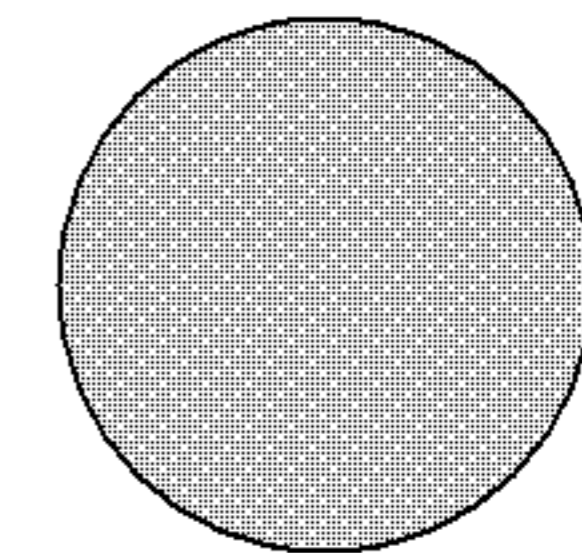
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**OCR:**

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# SF-23 “Treatment of All Detainees”

## PROBLEM

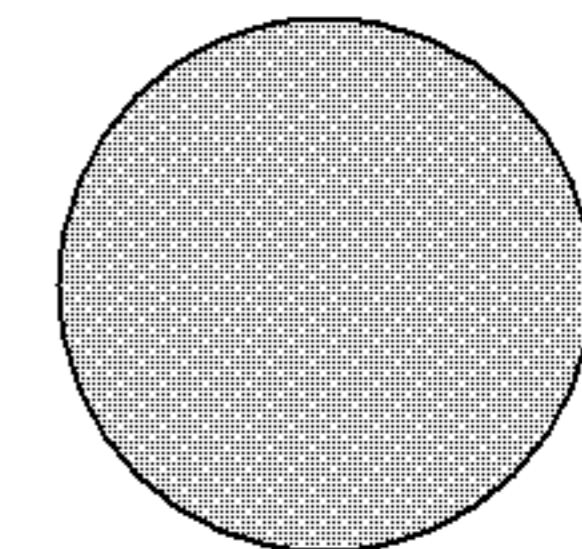
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## RECOMMENDATION

(U) Recommend a policy-level review and determination of the status and treatment of all detainees, when not classified as EPWs. This review needs to particularly focus on the definition of humane treatment, military necessity, and proper employment of interrogation techniques. (e.g. boundaries or extremes)

**OPR: DASD-DA**  
**OCR:**

<p><b><u>FIX/ACTION/CHANGE:</u></b></p> <p><i><u>Fix:</u></i></p> <p><i><u>Action:</u></i></p> <p><i><u>Change:</u></i></p>
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# SF-24 “Authorized Interrogation Techniques”

## PROBLEM

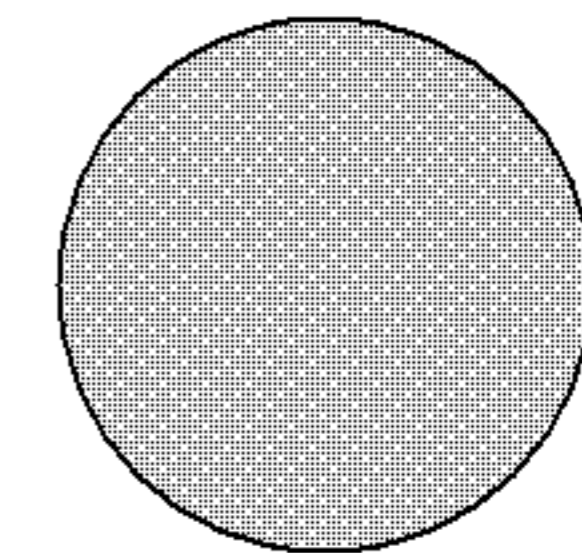
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## RECOMMENDATION

- (U) Recommend study of the DoD authorized interrogation techniques to establish a framework for evaluating their cumulative impact in relation to the obligation to treat detainees humanely.

OPR: USD(I)  
OCR:

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# SF-25 “Interrogation Training”

## PROBLEM

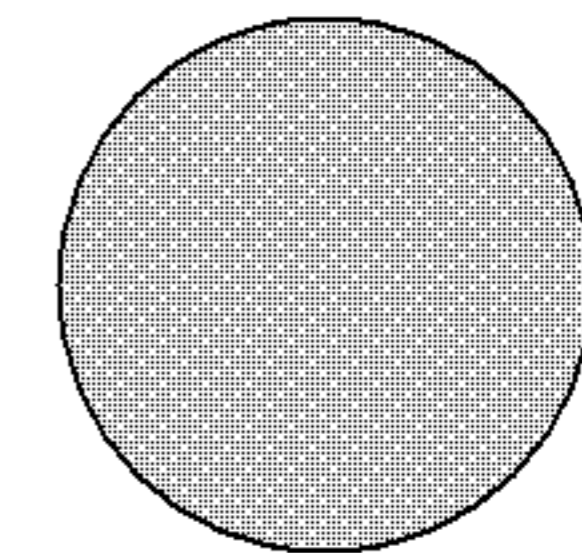
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## RECOMMENDATION

(U) Recommend a reevaluation of the DoD and Inter-agency interrogation training consistent with the new realities of the requirements of the global war on terror.

OPR: USD(I)  
OCR:

<p><b><u>FIX/ACTION/CHANGE:</u></b></p> <p><b><u>Fix:</u></b></p> <p><b><u>Action:</u></b></p> <p><b><u>Change:</u></b></p>
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## SF-26 "Role of MP"

### PROBLEM

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### RECOMMENDATION

- (U) Recommend a policy-level determination on role of Military Police in "setting the conditions" for intelligence gathering and interrogation of detainees at both the tactical level and strategic level facilities.

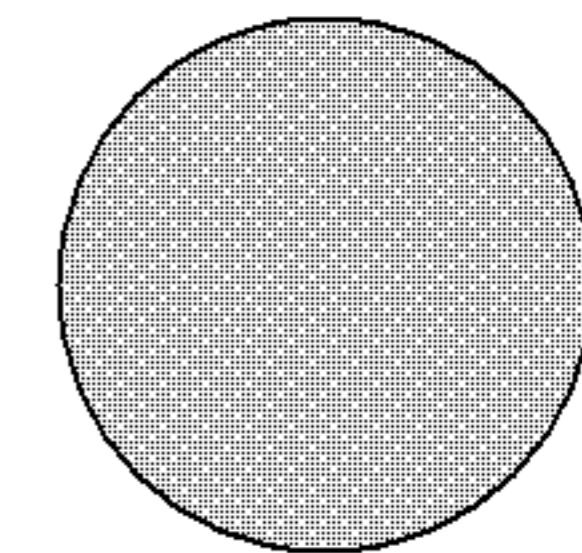
**OPR: USD(I)**  
**OCR: USA**

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## *SF-27 “Standards for Interrogation”*

### PROBLEM

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### RECOMMENDATION

(U) Recommend an Inter-Agency policy review to establish "standards" for interrogations when multiple agencies and interrogation objectives are involved. Particular emphasis should be placed on setting policy for who has priority as the lead agency, the specific boundaries for the authorized techniques in cases with multiple agencies involved, a central "data-base" for all intelligence gathered at a detention facility, and procedures for record keeping to include historical, litigation support, lessons learned, and successful/unsuccessful intelligence gathering techniques.

**OPR: USD(I)**

**OCR:**

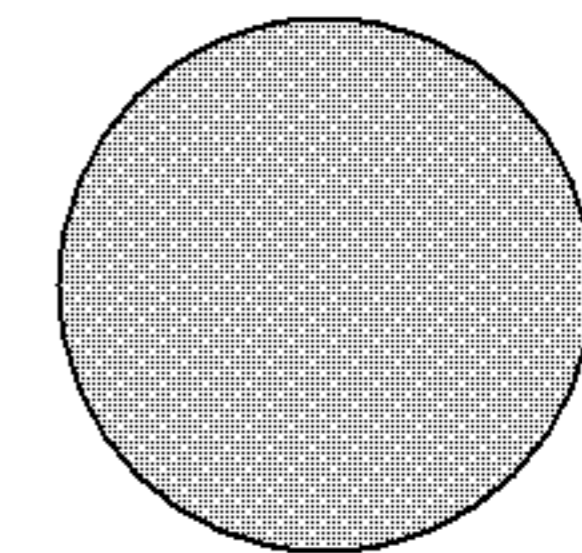
**Inter-agency Action: DOJ**

### FIX/ACTION/CHANGE:

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# **LTG Kiley Report**

## **23 Findings**

**(Provisional Recommendations)**

## *K-01 “Medical Records –Detainee Abuse Reporting”*

### **PROBLEM**

(U) A significant number of medical personnel surveyed from the AC/RC that have served or are serving in OEF, GTMO and OIF report they did not receive any school training on detainee medical records or training on detainee abuse reporting.

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### **RECOMMENDATION**

(U) AMEDDC&S should ensure standardization of training of detainees healthcare documentation and disposition of retired detainee records across the entire healthcare spectrum in all theaters, from the point of capture and collection point to the detention facilities.

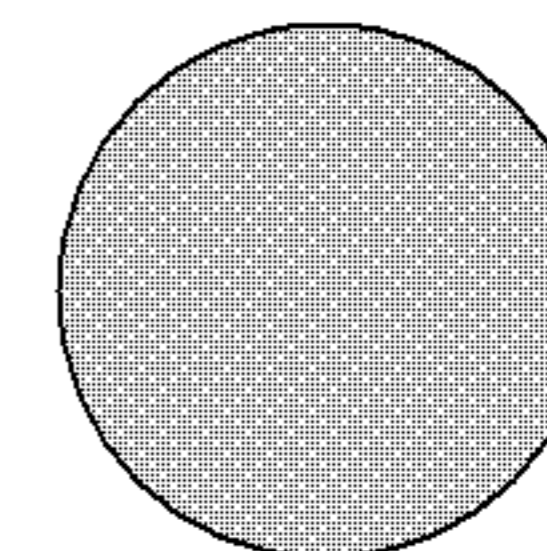
**OPR: Army**  
**OCR: OSD**

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## *K-02 “Training-TOE 70E & 91G Personnel”*

### PROBLEM

(U) PAD officers expressed concerns about maintaining proficiency for TOE 70E and 91G personnel. Skills training and sustainment have not been a unit priority.

### RECOMMENDATION

(U) Establish a team under the direction of the AMEDDC&S comprised of clinicians and PAD expertise with exceptional knowledge of the generation, storage, maintenance and collection of detainee medical records from the point of capture, collection point to the detention facilities. The tasks and training content should be developed by this team. The AMEDDC&S should facilitate this process. The above team should analyze courses' POIs and LPs to determine training gaps in the generation, storage and collection of detainee medical records. (U) Create and deploy an exportable training package specific to the generation, storage and collection of detainee medical records for medical personnel in AC/RC TDA and TOE medical units. Medical assets assigned to AC/RC MP and maneuver units should receive the training package. (U) Incorporate training that is focused on the generation, storage and collection of detainee medical records into the 70E and 91G courses. (Additional recommendations cited on 6-5 not recorded due to limited space available).

OPR: Army

OCR: OSD

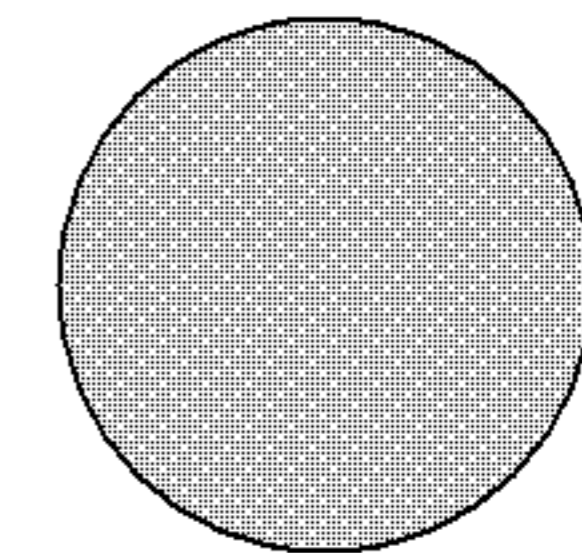
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#### FIX/ACTION/CHANGE:

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## *K-03 “Medical Reporting-Detainee Abuse”*

### PROBLEM

(U) Less than half of all students surveyed reported that training included a process of medical reporting for suspected detainee abuse.

### RECOMMENDATION

(U) Tools should be introduced to assist students in recalling their training; for example, a reference pocket training aid. The tool should display a decision algorithm to assist them in distinguishing actual or suspected abuse from injuries as a result of lawful combat operations. (U) AMEDDC&S, as the proponent for training of medical personnel in detainee healthcare across the entire healthcare spectrum in theater, from the point of capture and collection point to a detention facility should: (see 6-14). (U) MEDCOM should provide all medical senior leaders (AC/RC) detention care policies, regulations and references which could be accessed through the Army Knowledge Online (AKO) site. MEDCOM should continually update AKO so that evolving guidance, tools and references are current (see 6-14).

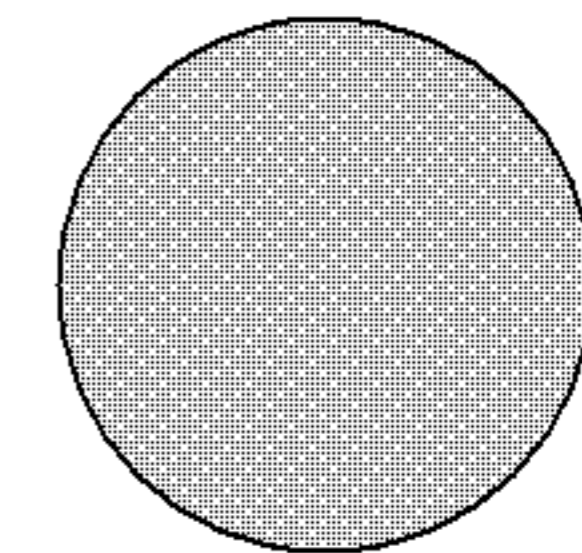
OPR: Army  
OCR:

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# K-04 "Standard of Care"

## PROBLEM

(U) Present DA and DoD guidance regarding the standard of care for detainees has gaps, at times is ambiguous, and is not specific enough.

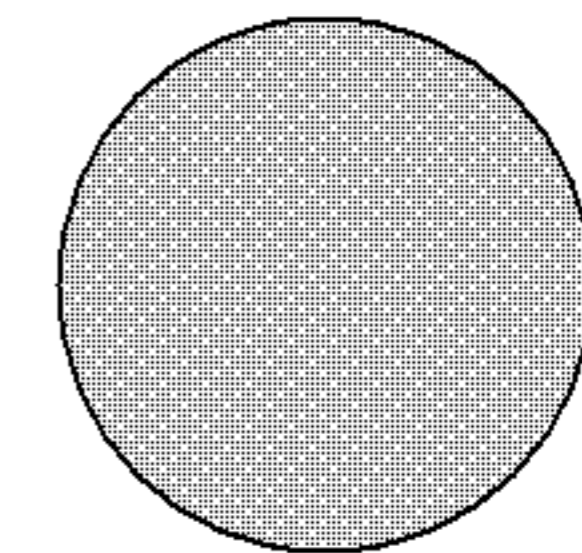
## RECOMMENDATION

Although not required by law, DA guidance (DOD level is preferable) should standardize detainee medical operations for all theaters, should clearly establish that all detained individuals are treated to the same care standards as U.S. patients in the theater of operation, and require that all medical personnel are trained on this policy and evaluated for competency. Specific areas of guidance should include: 1) initial and continual screening assessments, 2) medical care equal to standards for U.S. Soldiers in the theater of operations, 3) informed consent, 4) protection of detainee medical information, 5) documentation in and handling of medical records, 6) recognition, documentation, and reporting of suspected abuses, 7) planning factors for medical resources required for detainee care. (U) All medical personnel must be trained on this guidance, with follow-up assessment of competency. (Recommendation continues - see 7-6)

**OPR: OSD**

**OCR: Army**

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## *K-05 “Medical Screening”*

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### **PROBLEM**

(U) Guidance regarding criteria for pre and post-interrogation medical screening is inconsistent.

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### **RECOMMENDATION**

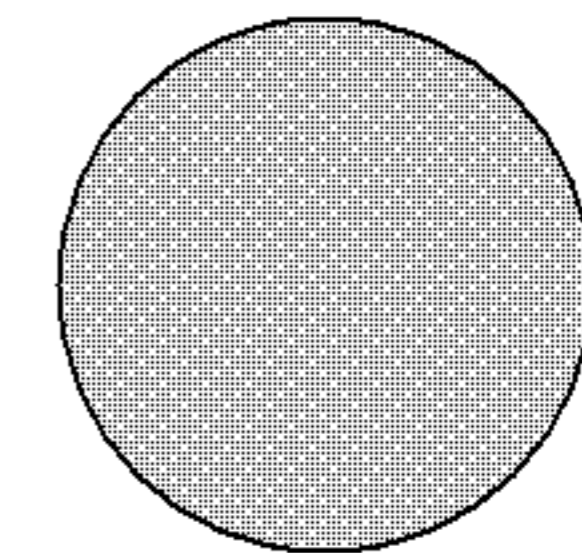
(U) DA guidance (DoD level is preferable) should: a) authorize medical personnel to halt any interrogation or interrogation technique if the detainee's health or welfare is endangered; b) require interrogations to stop immediately if a detainee requires any medical treatment during the interrogation; c) authorize medical personnel to perform pre- and post-interrogation med evals at their discretion; d) require pre-, during, and post-interrogation medical care delivered to be documented and included in the detainee medical records; e) require all pre, during and post-interrogation medical evaluations be performed and included in the detainee medical records; f) describe the process for documenting medical care during or due to an interrogation; g) describe the process to report and document in the medical record suspected abuse; h) require medical personnel to be trained on the above recommendations, with follow-up assessment of competency to measure the effectiveness of training.

#### **FIX/ACTION/CHANGE:**

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**OPR: OSD**

**OCR: USD(I)**

## *K- 06 “Maintaining Medical Records”*

### PROBLEM

(U) Detention facilities that kept medical records - Interviewees from units providing level I and II medical care reported extreme variability in method of documentation, circumstances influencing the creation of documentation, and the maintenance and final disposition of detainee medical records.

### RECOMMENDATION

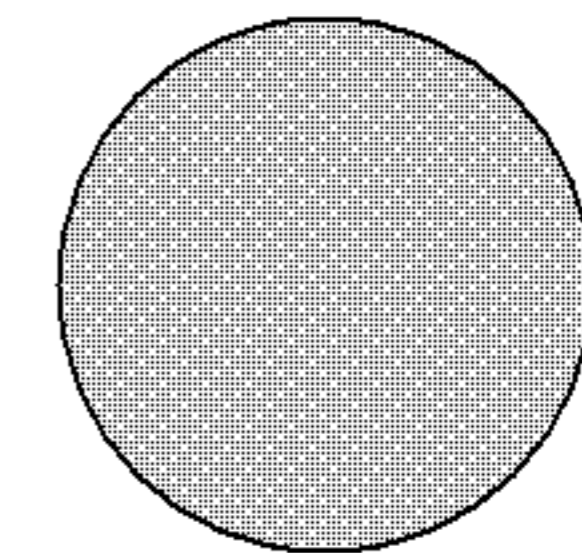
(U) Require that detainee medical records at facilities that deliver level III and higher care be generated in the same manner as records of U.S. patients in theater. Address the appropriate location and duration of maintenance as well as the final disposition of detainee medical records at facilities that deliver level III or higher care. Define appropriate generation, maintenance, storage, and final disposition of detainee medical records at units that deliver level I and II care. Address the need for uniform documentation, to include accurate identification of all individuals entering information into all detainee medical records. Clearly outline the rules for access to detainee medical records and provision of medical information to non-health care providers. The guidance should only permit release of detainee medical information to interrogators when needed to ensure the health and welfare of the detainee.

#### FIX/ACTION/CHANGE:

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## *K-07 “Defining Detainee Abuse”*

### **PROBLEM**

(U) Medical personnel are often in a position to observe the physical evidence of actual or suspected abuse. Alleged abuse can also be revealed when obtaining a detainee's medical history. Specific guidance is required defining detainee abuse.

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### **RECOMMENDATION**

(U) A DA definition of detainee abuse should be adopted (a DoD definition is preferable). (U) At all levels of professional training medical personnel should receive instruction on the definition of detainee abuse and the requirement to document and report actual or suspected detainee abuse. (U) Pocket cards should be developed and distributed to all deploying medical personnel with "Medical Rules of Engagement" on the front and a training aid on detainee abuse on the back.

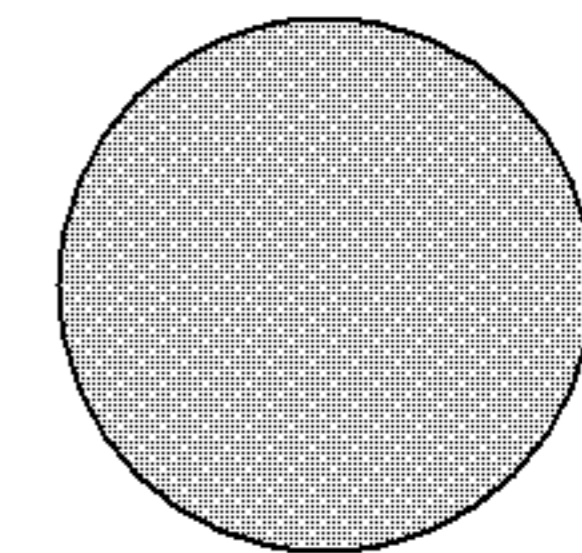
**OPR: OSD**  
**OCR: Army**

### **FIX/ACTION/CHANGE:**

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## *K-08 “Documenting Detainee Abuse”*

### PROBLEM

(U) Medical personnel did not consistently nor uniformly document detainee abuse on the medical record.

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### RECOMMENDATION

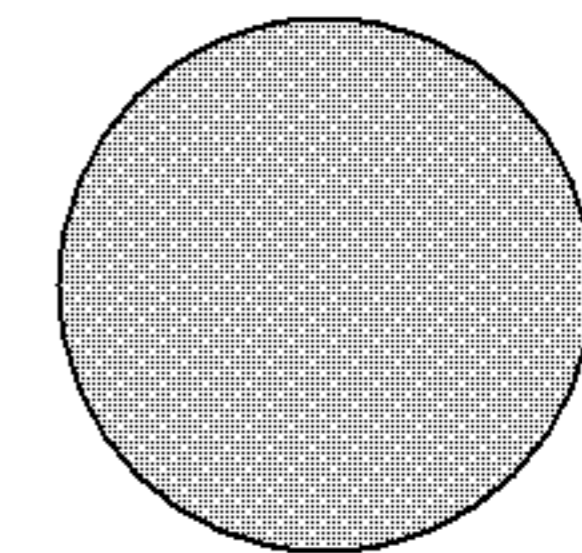
(U) A DA definition of detainee abuse should be adopted (a DoD definition is preferable). DA standard requiring actual, alleged or suspected abuse be documented in a detainee's medical record. The standard should require: 1) Documentation of actual, alleged or suspected abuse in the detainee's medical record, 2) the medical provider's opinion if the medical evidence supports actual, alleged or suspected abuse. (U) If the medical evidence fails to support the alleged abuse this fact should be noted in the detainee's medical record. (U) If the medical evidence is consistent with abuse, or is inconclusive, medical personnel must report the alleged or suspected abuse to the hospital/MTF commander. (U) A notation in the detainee's medical record that a report was made, when and to whom. (U) A DA standard detainee medical screening form should be developed and fielded.

#### FIX/ACTION/CHANGE:

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OPR: OSD  
OCR: USA



## *K-09 “Reporting Actual or Suspected Detainee Abuse”*

### PROBLEM

(U) Medical personnel interviewed failed to properly report actual or suspected detainee abuse which had not otherwise been conveyed to an appropriate authority.

### RECOMMENDATION

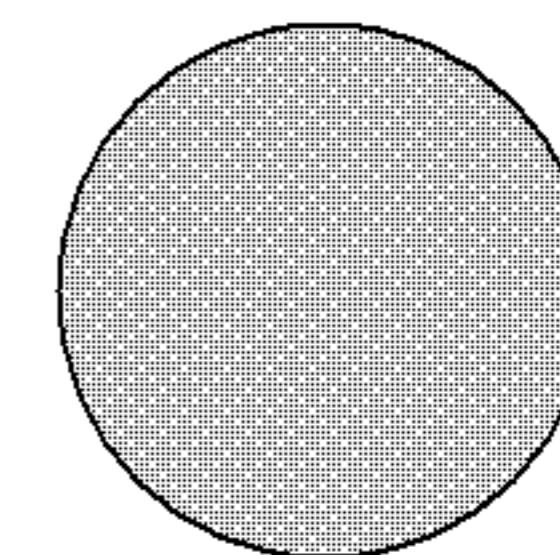
(U) At all levels of professional training, medical personnel should receive instruction on the requirement to document and report actual or suspected detainee abuse. This training should include the definition and signs of actual or suspected detainee abuse. (U) Scenario-based training on detecting abuse should be developed and fielded at all PPPs, MUICs, and reserve medical training sites. All deploying medical personnel should receive this training prior to arrival in theater. All deploying medical personnel, prior to arrival in theater, should receive refresher training on the requirements and procedures to document and report actual or suspected detainee abuse. (U) All individual and collective training for medical personnel should include reinforcing training on recognizing and reporting actual or suspected detainee abuse. (U) Follow-on competency evaluations should be incorporated into all training guidance and plans.

### FIX/ACTION/CHANGE:

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OPR: OSD

OCR: Army