

DSLOC REF No.	CHURCH REPORT NOTATION	PROBLEM IN DETAIL (FINDING)	REPORT RECOMMENDATIONS
C-009P	p. 20, 286, 343, 355, 359, 366	(U) Participation of medical personnel in interrogation support roles (non-care giving duties)	(U) DoD policy-level review is needed to ensure that this practice is performed with proper safeguards, as well as to clarify the status of medical personnel (such as behavioral scientists supporting interrogators) who do not participate in patient care.
	ES, p. 20	(U) Since neither the Geneva Conventions nor U.S. military medical doctrine address the issue of behavioral science personnel assisting interrogators in developing interrogation strategies, this practice has evolved in an <i>ad hoc</i> manner.	(U) DoD policy-level review is needed to ensure that this practice is performed with proper safeguards, as well as to clarify the status of medical personnel (such as behavioral scientists supporting interrogators) who do not participate in patient care.
	p. 286	(b)(1), (b)(5)	(U) <u>Inferred</u> : Examine role of medical personnel to monitor interrogations for health of detainee.
	p. 343	(U) Existing U.S. medical doctrine does not specifically address the participation of medical personnel in detainee interrogations. In particular, DoD policy does not prevent individuals with expertise in mental health or behavioral science from helping interrogators to develop and refine interrogation strategies	
	p. 343	(U) Silence of DoD policy on participation of medical personnel in detainee interrogations, and potential conflict between one military legal opinion (JTF-170-SJA of July 22, 2003, "Geneva Convention Status of JTF-170 Psychiatrist") and the non-legally binding UNGA Resolution 37/194, 18 Dec 82.	
	p. 355	AFG- (FOUO) Psychologists in operational positions (in both Afghanistan and Iraq) provide direct support to military operations. They do not function as mental health providers, and one of their core missions is to support interrogations.	(FOUO) 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.

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	p. 359	IRAQ- (FOUO) Our basic findings [regarding psychological support of interrogations] for Iraq are identical to those presented for Afghanistan	
	p. 366	(U) [Review] roles and responsibilities of behavioral science personnel working in direct support of detainee interrogators to refine interrogation techniques. This area requires further policy-level and legal review, as appropriate. Touches on important ethical issues not specifically addressed by the GC of 1949.	(U) We note that OSD is currently developing specific policies to address this issue: 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 most detainees.
C-010P	p. 20, 344, 366	Interrogator access to detainee medical information	(U) DoD policy-level review is necessary in order to balance properly competing concerns
	ES, p. 20	(U) Granting interrogators unfettered access to detainee medical records, however, raises the problem that detainee medical information could be inappropriately exploited during interrogations. Such access might also discourage detainees from being truthful with medical personnel, or from seeking help with medical issues, if detainees believe that their medical histories will be used against them during interrogation.	(U) DoD policy-level review is necessary in order to balance properly competing concerns
	p. 344	(U) Medical doctrine of the U.S. Armed Forces does not prohibit interrogator access to detainee medical information. Command level military policies generally recognize two acceptable bases for such access. As discussed later, the actual practice appears to be rare. 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 interrogations should be restricted on medical grounds.	

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	p. 366	(U) [Review] standards for detainee medical records and who should have access to them. This area requires further policy-level and legal review, as appropriate. Touches on important ethical issues not specifically addressed by the Geneva Conventions of 1949	(U) We note that OSD is currently developing specific policies to address this issue: Although U.S. law provides no absolute confidentiality for any person, including detainees, DoD policy-level review is necessary to balance properly these reporting concerns.
C-011P	p. 33, 34, 44, 45, 46, 153, 232, 255-256, 290	(U) Lack of master, DoD-level interrogation doctrine	(U) <u>Inferred</u> : Develop master DoD-level detention/interrogation policy and doctrine, including approved interrogation techniques.
	p. 33, 34	(U) Interrogation: Doctrine – There is no master DOD interrogation doctrine. Army FM 34-52 serves as de facto basis for interrogations.	<u>Inferred</u> : Establish master DoD-level interrogation policy
	p. 44	(U) Doctrine does not address the variety of detainee classifications that have arisen in the course of the GWOT. [Some] terms are not always easily paired with the Geneva Convention categories.	<u>Inferred</u> : Introduce new terms to GC or another appropriate forum for establishing new <u>detainee classifications</u>
	p. 45, 46	(U) There is no DoD policy or doctrine that specifically addresses the establishment and operation of Joint, interagency, or coalition interrogation facilities. The limited existing doctrine pertaining to joint or interagency interrogation facilities is not specific or consistent, and makes implicit distinctions between categories of detainees that do not correspond to international law or DoD policy.	(U) The DoD is now developing doctrine for the establishment and manning of Joint, interagency, or coalition interrogation facilities.
	p. 46	(U) There are no standard DoD policies governing the interaction of the military services within interrogation facilities	

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	p. 153	(b)(1),(b)(5)	
*	p. 232		
	p. 255- 256		
	p. 290		

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C-012P	p. 46	(U) There are not enough interrogators and linguists to meet the demands of the GWOT	(U) Significant efforts are underway to address and rectify the shortfall.
C-013P	p. 21, 161, 162,- 163, 174,	(U) Difficulty of precisely defining the boundaries of humane treatment, particularly under extraordinary circumstances.	(b)(1),(b)(5)
	ES, p. 21	(U) Two specific interrogation plans approved for use at GTMO did highlight the difficulty of precisely defining the boundaries of humane treatment.	
	p. 162-	(b)(1),(b)(5)	
	p. 162		

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		(b)(1),(b)(5)	
	p. 163-		
	p. 162- 163		
	p. 161, 174		

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		(b)(1),(b)(5)	
C-014P	p. 160- 161, 174		
C-015P	p. 168		
C-016P	p. 171, 174		

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C-017P	p. 174	<p>(U) Sexual Acts or Mock Sexual Acts (GTMO): A female interrogator made inappropriate contact with a detainee by running her fingers through the detainee's hair, making sexually suggestive comments and body movements, including sitting on the detainees lap... [W]e used the Manual for Courts-Martial definition of sexual assault, referred therein as "Indecent Assault," to characterize any potential sexual assault case. Consequently, we did not consider this case to be a sexual assault because the interrogator did not perpetrate the act with the intent to gratify her own sexual desires.</p>	<p>(U) We refer the discussion of techniques employed that clearly violate any standard of "humane" treatment to JTF-GTMO for further investigation, as appropriate. The female interrogator was given a written admonishment for her actions. This incident was identified and summarized in the May 2004 Church Review [Highlighted by Sen. Feinstein 16 Feb 05 letter to SECDEF]</p>
C-018P	p. 280, 288	<p>(b)(1), (b)(5)</p>	
C-019P	p. 283		

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C-020P	p. 285	(b)(1),(b)(5)	
C-021P	p. 285		
C-022P	p. 287		

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C-023P	289	(b)(1),(b)(5)	
C-024P	p. 359	(FOUO) Suspected abuse reported by medical personnel (Iraq): Note from VADM Church Memo Enclosure, 17 March 2005: Unclear whether suspected abuse reported by medical personnel (four cases) was properly investigated.	(FOUO) Note from VADM Church Memo Enclosure, 17 March 2005: Recommend NCIS/CID conduct investigations as appropriate.
C-025P	p. 171, 209, 213, 222, 228,	(b)(1),(b)(5)	
	p. 209, 213, 222		

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	p. 228	(b)(1), (b)(5)	
C-026P	p. 236	(U) We were not able to determine why military personnel involved or potentially implicated in this investigation were reassigned to other units (e.g., Abu Ghraib) before the investigation was completed.	<u>Inferred</u> : Review service and COCOM assignment processes to ensure that military personnel under investigation but eligible for reassignment are held pending investigator's determination
C-027P	p. 238	(U) [N]o specific guidance was given to CENTCOM with regard to the practical effects of [the President's February 7, 2002] 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.	(U) We recommend that common guidance be provided to all of the military departments and DoD agencies

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C-028P	P. 239, 304-305	(U) Though all personnel were aware that abuse must be reported, there were no standard procedures for identifying or reporting detainee abuse or for determining whether abuse allegations were legitimate.	(U) <u>Inferred</u> : Establish standard reporting and investigating procedures
	p. 304- 305	(U) Missed Opportunity: There were no standard procedures for identifying or reporting detainee 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... to whom they would report abuse... and who would determine whether abuse allegations were legitimate were highly varied.	

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C-029P	p. 275- 276, 277	(b)(1),(b)(5)	
C-030P	p. 10, 166, 168- 169, 192, 215, 303, 276-277		
	ES, p. 10	(U) In Iraq, we also found generally poor unit-level compliance with approved policy memoranda even when those units were aware of the relevant memoranda.	[Compliance]

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	p. 166	(b)(1), (b)(5)	[Compliance]
	p. 168- 169		[Compliance]
	p. 169		[Compliance]

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	p. 192	(b)(1),(b)(5)	[Compliance]
	p. 215	(U) Dissemination of the CJTF-7 policy in June 2004 was more effective (possibly because its shorter length ... permitted easier transmission over tactical satellite systems to FOBs that did not have secure email capability). ... There are, however, X marks with no brackets in techniques coded orange, indicating they were improperly used without CJTF-76 permission; again this was most likely due to interrogators' belief that those techniques fell within bounds of FM 34-52. An examination of the techniques always prohibited by law or policy ... reveals few incidences of their use, as will be described fully in the section that follows.	[Dissemination OK, but Compliance Not OK]
	p. 303	(U) [Major Finding in Iraq] Compliance with approved interrogation polices was incomplete, even when units were in possession of the latest guidance. Warrant 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	[Compliance]

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C-031P	p. 279	(b)(1),(b)(5)	
C-032P	p. 306	(U) [Dissemination and Applicability of US guidance to Coalition units:] [I]t 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.	(U) <u>Inferred</u> : Clarify applicability, coordination, dissemination, implementation of, and compliance with U.S. interrogation policy in multinational/coalition operations.
C-033P	p. 306	(b)(1),(b)(5)	
C-034P	p. 312, 313	(U) Lack of DoD Policy regarding Training for contractors supporting DoD interrogation & detention operations	(U) <u>Inferred</u> : Establish DoD policy detailing minimum training requirements and standards for contractors supporting DoD interrogation and detention operations. Training should include, e.g., basic theater-specific knowledge, GC, and Law of Armed Conflict.
	p. 312	(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.	

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	p. 313	(U) 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 is given only if specified by the governing contract... 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).	
C-035P	p. 314	(U) [Loophole #1]: The summary suggests two "loopholes" which, while not applicable to DoD contractors, warrant further review. 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 were committed within a DoD facility..	(U) [T]he existence of a contact relationship with the U.S. might argue for the extension of Military Extraterritorial Jurisdiction-like coverage to contractors supporting all U.S. government agencies abroad
C-036P	p. 314	(U) [Loophole #2]: The summary suggests two "loopholes" which, while not applicable to DoD contractors, warrant further review. 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.	(U) As a result of the Army's Abu Ghraib investigations, this question has been referred to the Department of Justice.

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C-037P	p. 315	(U) There were some, but not many instances of abuse involving contractors. Such behavior is a clear violation of law that is not protected by contract terms. ... DoD's control of contract interrogators is exercised through the terms of their contracts, rather than through a military chain of command. A contractual clause specifying a similar degree of direct military control over a contractor would be specific to that contract, rather than universal, and is not mandated by any DoD regulation.	(U) <u>Inferred</u> : DoD-directed development of an appropriate standard clause (or set of clauses) for detention related contracts. Address need for widespread understanding of exactly how DoD must exercise control through contract terms rather than military chain of command
C-038P	p. 318	(b)(1), (b)(5)	
C-039P	p. 319-324		
	p. 319		

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	p. 320, 321	(b)(1), (b)(5)	
	p. 323, 324		
C-040P	p. 236, 345, 366, 367,	(U) [I]t is unclear if medical personnel properly examined or documented the physical condition of the deceased.	(U) SECDEF Memorandum, "Procedures for Investigation into Deaths of Detainees in the Custody of the Armed Forces of the United States, 09 Jun 04, formalizes requirements to immediately report the death of any detainee, ... establishes the OAFME as having primary jurisdiction within DoD for determining cause and manner of death, ... and explicitly presumes that autopsies will be performed unless otherwise determined by the Armed Forces Medical Examiner.

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	p. 345	(U) 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) ... in October 2003 directed its Criminal Investigative Division (CID) personnel to ensure that all detainee deaths are referred for autopsy. The situation improved, but some subsequent cases still involved release of remains before notifying CID.	(U) SECDEF Memorandum, " <i>Procedures for Investigation into Deaths of Detainees in the Custody of the Armed Forces of the United States</i> , 09 Jun 04, formalizes requirements to immediately report the death of any detainee, ... establishes the OAFME as having primary jurisdiction within DoD for determining cause and manner of death, ... and explicitly presumes that autopsies will be performed unless otherwise determined by the Armed Forces Medical Examiner.
	P. 366	(U) A third important policy area, involving requirements for reporting detainee death, performing autopsies, and determining causes of death, was addressed by updated DoD policy guidance in June 2004	(U) SECDEF Memorandum, " <i>Procedures for Investigation into Deaths of Detainees in the Custody of the Armed Forces of the United States</i> , 09 Jun 04
	p. 367	(U) OAFME and the Army Provost Marshall General have collaborated progressively for some time to develop field guidance to ensure OAFME autopsies in cases of detainee death	(U) We anticipate that those efforts will culminate in expanded and clarified medical doctrine regarding procedures in such cases. We have no additional recommendations with regard to detainee cause of death determinations.
C-041P	p. 354	(FOUO) AFG- [Medical personnel] 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.	(FOUO) <u>Inferred</u> : Review and modify medical support planning for detention operations [Logistics, possibly training, issue]

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C-042P	p. 354, 358	(FOUO) AFG- 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 also used for other purposes. This practice makes it impossible to control or even monitor access to detainee medical information.	(FOUO) <u>Inferred</u> : Develop and implement a standardized and rigorous documentation system for detainee medical care. [Records maintenance and standardization. See also p. 358]
	p. 358	(FOUO) IRAQ- Interviewees described widely varied procedures for maintaining detainee medical records. At some places, especially in Baghdad, individual detainee 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. Overall ... procedures were not standardized.	[Records maintenance and standardization. See also p. 354]
C-043P	p. 355-356, 362, 366,	(FOUO) Concerns that medical personnel may have misrepresented detainee injuries	(FOUO) The appropriateness of medical documentation in these cases deserves further review, separate from the issue of abuse by guards, as does the possibility that medical personnel may have acted to misrepresent circumstances.
	p. 355-356	(FOUO) AFG- Two similar detainee deaths at Bagram (12/04/02 and 12/10/02) raise concerns that medical personnel may have misrepresented detainee injuries likely to have been apparent at the time of death. ... 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.	(FOUO) These two cases deserve further investigation into the <u>appropriateness of medical documentation</u> . The appropriateness of medical documentation in these cases deserves further review, separate from the issue of abuse by guards.

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	p. 362	(FOUO) IRAQ- [Regarding the 11/4/03 at Abu Ghraib in Baghdad] case.	(FOUO) Aside from the issue of possible detainee abuse during interrogation, the <u>appropriateness of medical documentation</u> in this [the 11/4/03] case deserves further review, as does the possibility that medical personnel may have acted to misrepresent circumstances.
	p. 366	(U) We did identify three individual cases of detainee death that warrant additional focused review of whether medical personnel may have attempted to misrepresent the circumstances of death. [Two cases from Bagram and one case (IV line after death) from Abu Ghraib]	
C-044P	Memo 17 Mar 05	"In addition, though we have not specifically tracked the punishments of individuals charged with abuses, I have noted that in some cases the punishments appear (at least on the surface) to be very light..."	(U) Therefore, I recommend that the Military Department OGCs and JAGs be engaged to examine and provide feedback on the punishments for detainee abuses to date. Though sentencing and non-judicial punishment are the prerogative of the appropriate judicial and command authorities, such a review would enable DoD to more effectively respond to inquiries related to the release of investigative records pursuant to FOIA Requests." [Joint UCMJ WG]

(3RD) CHURCH REPORT - POSITIVE POINTS

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Positive	ES, p. 11	(U) No evidence that interrogators in Iraq believed that any pressure for intelligence subverted their obligation to treat detainees humanely IAW Geneva Conventions, or otherwise led them to apply prohibited or abusive interrogation techniques.	Positive
Positive	ES, p. 11	(U) No evidence of senior level "back-channel" permission for more aggressive techniques other than those authorized.	Positive
Positive	ES, p. 13 and p. 15	(U) No link between approved interrogation techniques and detainee abuse. None of the approved policies – no matter which version the interrogators followed – would have permitted the types of abuse that occurred.	Positive
Positive	ES, p. 17	(U) With limited exceptions, contractor compliance with DoD policies, government command and control of contractors, and the level of contractor experience were satisfactory, thanks in large part to the diligence of contracting officers and local commanders. Contractors made a significant contribution, were more experienced, and provided needed continuity. We found very few instances of abuse involving contractors.	Positive
Positive	p. 92	(U) We found no direct (or even indirect) link between interrogation policy and detainee abuse.	Positive
Positive	p. 92	(U) There is no evidence of a policy of abuse promulgated by senior officials or military authorities.	Positive
Positive	p. 94	(U) Relatively few abuses have occurred at GTMO. We believe that this is attributable to, among other things, effective leadership, aggressive oversight, and a highly structured environment.	Positive

		CHURCH REPORT - POSITIVE POINTS	
Positive	p. 97	(U) We found no evidence that detainee abuse was related to any interrogation policies.	Positive
Positive	p. 142	(U) <i>One</i> : The push for interrogation techniques beyond those found in FM 34-52 came from GTMO itself, not from the Office of the Secretary of Defense or the Joint Chiefs of Staff. The GTMO leadership and interrogators on the ground felt that they needed counter resistance techniques in order to obtain intelligence from high value detainees who had been trained to resist standard interrogations. Moreover, based on their experience with the counter resistance techniques – especially Kahtani's interrogation – the GTMO leadership felt that such techniques were essential to mission success.	Positive
Positive	p. 142-143	(U) <i>Two</i> : When formulating GTMO interrogation policy, OSD received meaningful input from military service lawyers. [T]heir specific concerns (or at least, the spirit of their concerns) ultimately carried the day when the Secretary dramatically cut back on the Working Group's recommendations and accepted only 24 interrogation techniques for GTMO on April 16, 2003.	Positive
Positive	p. 143	(U) <i>Three</i> : When considering requests for additional interrogation techniques beyond those in FM 34-52, OSD was a moderating force that cut back on the number and types of techniques under consideration.	Positive
Positive	p. 143	(U) <i>Four</i> : The April 16, 2003 interrogation policy for GTMO (which is still in effect) was a conservative policy that was closely tied to FM 34-52 and contained none of the techniques ... that previous investigations have identified as possibly leading to detainee abuse.	Positive