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.

RECOMMENDATION

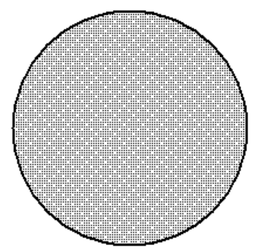
(U) A DA definition of detainee abuse should be adopted (a DoD definition is preferable). (U) At all levels of professional training medical personnel should receive instruction on the definition of detainee abuse and the requirement to document and report actual or suspected detainee abuse. (U) Pocket 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.

FIX/ACTION/CHANGE:

Fix:

Action:

Change:



OPR: OSD
OCR: Army

K-08 "Documenting Detainee Abuse"

PROBLEM

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

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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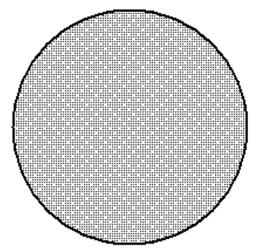

OPR: OSD
OCR: USA

327

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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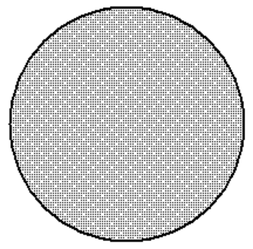

OPR: OSD

328 **OCR: Army**

K-10 "Policy - Reporting Detainee Abuse"

PROBLEM

(U) The Team did not discover a theater level policy specifically requiring medical personnel to report detainee abuse.

RECOMMENDATION

(U) Clearly written standardized policies for documenting and reporting actual or suspected detainee abuse should exist at all levels of command. These policies must then receive command emphasis on a continuing basis. (U) Medical planners at all levels should ensure clearly written standardized guidance is provided to medical personnel. This guidance should list possible indicators of abuse and contain concise instruction on how, and to whom medical personnel should document and report actual or suspected abuse. (U) Develop DA level guidance on the procedures for processing allegations of abuse not supported by medical evidence. This guidance should contain clear instructions on how medical personnel should properly document allegations of abuse that are not further reported based on lack of medical evidence.

FIX/ACTION/CHANGE:

Fix:

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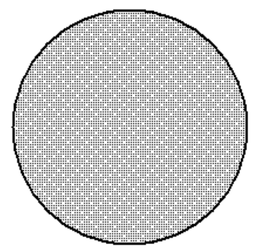

OPR: OSD
OCR: Army

K-11 "Use of Translators"

PROBLEM

(U) Site Visits to OEF, GTMO and OIF - Translators used during medical intakes and other clinic visits were also used by MI staff during interrogations.

RECOMMENDATION

(U) CFLCC guidance, regulations, and standards in relation to detainee healthcare, to OEF and OIF theaters, should be standard across the AOR, consistent with DoD guidance, and disseminated to the lowest levels. (U) Prior to the onset of operations, combat or humanitarian, dedicated translators must be embedded within level III healthcare units, for use by medical assets only. (U) OIF medical commanders should ensure medical assets are in place, and have a viable system to replenish them when necessary, at level I or II facilities that have significant detainee contact. (U) To ensure that medical information is protected, translators assisting medical personnel with detainee care should not assist interrogators who question the same detainees.

FIX/ACTION/CHANGE:

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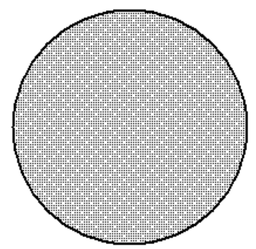

OPR: OSD
OCR: CENTCOM

K-12 "Available Assets - EPW Medical Care"

PROBLEM

(U) OIF Theater Preparation for Detainee Medical Care - There were limited assets allocated to provide support for detainee/EPW medical care.

RECOMMENDATION

(U) The AMEDD should establish an experienced SME team to: 1) comprehensively define the personnel, equipment and supply needs for detainee operations, 2) develop a method to ensure a flexible delivery system for these special resources to the appropriate levels of care and for the entire timeline of future military operations. (U) Military planners need to assume that there is a high likelihood for detainee operations in all future conflicts and must allocate resources for detainee medical care in the planning process.

FIX/ACTION/CHANGE:

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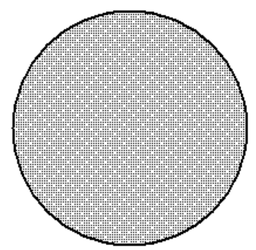

OPR: OSD
OCR: CENTCOM / Army

K-13 "Standardized Guidance – Med Screening"

PROBLEM

(U) Medical Screening and Sick Call at the DIF's and Prisons lacks standardized guidance.

RECOMMENDATION

(U) DA guidance (DoD) level is preferable) should: 1) require initial medical screening examinations upon in processing to a detention facility, daily access to medical care for all detainees, and appropriate training, 2) daily access to medical care for all detainees. (U) All military personnel must be trained on the above policy and demonstrate competency.

OPR: OSD
OCR: Army

FIX/ACTION/CHANGE:

Fix:

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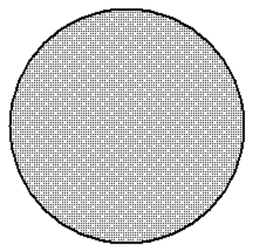

K-14 "Restraints"

PROBLEM

(U) Restraints/Security - The use of physical restraints for detainees lacks specific guidance.

RECOMMENDATION

(U) DA guidance (DoD) level is preferable) should standardize the use of restraints for detainees in units delivering medical care. The guidance should contain clear rules for security-based restraint versus medically-based restraint. Medical personnel must be trained on this guidance, with follow-up competency evaluations. (U) Use of restraints on any patient should be appropriately documented in the medical record. (U) All facilities providing level II of III care should be appropriately supplemented with MPs dedicated to provide detainee security.

FIX/ACTION/CHANGE:

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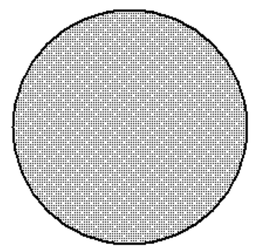

OPR: OSD
OCR: Army

K-15 "Photographing Detainees"

PROBLEM

(U) Medical Personnel Photographing Detainees - There are inconsistencies among AR's, individual unit guidance, and usual medical practices regarding photographing detainees.

RECOMMENDATION

(U) DA guidance (DoD level is preferable) should: 1) authorize photographing detainee patients for the exclusive purpose of including these photos in medical records, and not require informed consent for photographs used in this manner, 2) Mandate that photographers of detainees taken by medical personnel for other reasons, including future personal education material, research, or unit logs, must first have informed consent from the detainee. (U) Guidance for the above should be included in AR 190-8, which is currently under revision.

FIX/ACTION/CHANGE:

Fix:

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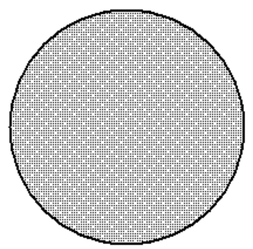

OPR: OSD
OCR: Army

K-16 "Use of BSCT"

PROBLEM

(U) Use of Behavioral Science Consultation Teams (BSCT) in the Interrogation Process - Conflicts surfaced involving the lack of SOPs, policy and guidance on how to function in the BSCT role.

RECOMMENDATION

(U) DoD develop well-defined doctrine and policy for the use of BSCT members. (U) DA policy should permit only BSCT personnel to participate in interrogation planning. (U) Psychiatrists/physicians should not be used in a BSCT role. (U) All psychologists and behavioral health technicians serving in BSCT positions should receive structured training on the roles and responsibilities while functioning in this capacity. (U) MI personnel should clearly understand the defined roles, responsibilities and limitations of behavioral health personnel serving in a BSCT position. (U) All psychologists utilized as BSCT members should be senior, experienced personnel.

FIX/ACTION/CHANGE:

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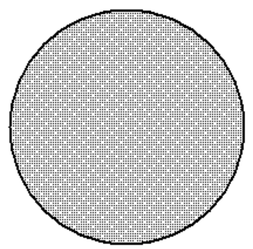


OPR: OSD
OCR: Army / USD(I)

K-17 "Participation in Interrogation"

PROBLEM

(U) Medical Personnel Interactions with Interrogators - On rare occasions, medical personnel participated in interrogations occurring in OIF at units providing level I or II care.

RECOMMENDATION

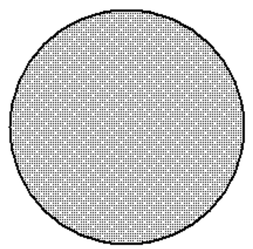
(U) DA guidance (DoD level is preferable) should: 1) prohibit all medical personnel from participating in interrogations. This includes medical personnel with specialized language skills serving as translators, 2) empower medical personnel to halt interrogations when any examinations or treatment is required. (U) All military personnel should be trained on the above recommendations. (U) Scenario training is highly recommended. (U) Follow-on competency evaluations should be incorporated into all training guidance and plans.

FIX/ACTION/CHANGE:

Fix:

Action:

Change:



OPR: OSD
OCR: Army

K-18 "Stress on Medical Personnel"

PROBLEM

(U) Stress on Medical Personnel Providing Detainee Medical Care - Medical personnel must be prepared for the psychological aspects of providing detainee care.

RECOMMENDATION

MEDCOM should establish an experienced SME Team comprised of a psychiatrist, a psychologist, clinical representation from all levels of care, and include representation from a Chaplain. The team should: 1) comprehensively define the training requirements for medical personnel for inclusion into their pre-deployment preparation, 2) consider revising CSC doctrine to effectively deliver support to medical personnel in theater. 3) develop an effective system to regularly monitor post deployment stress, 3) refine leadership competencies to assess, monitor and identify coping strategies of medical personnel in a warfare environment. (U) AMEDDC&S should develop the training content defined by the above team. The above team should approve the content. The training should include ethical dilemmas medical personnel face and the emotional aspects in providing care to insurgents and detainees. (U) MEDCOM should assure post deployment mental health assessment of medical personnel and provide follow-up care.

OPR: Army

OCR:

FIX/ACTION/CHANGE:

Fix:

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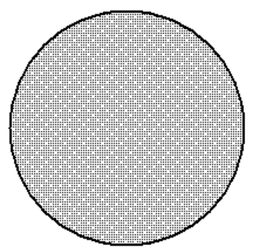

337

K-19 "JRTC – Quality of Training"

PROBLEM

(U) Joint Readiness Training Center (JRTC) - JRTC observer controllers expressed concerns that there were no selection criteria to serve as an OC and it impacts on the quality of training.

RECOMMENDATION

(U) Establish a SME team comprised of expertise from clinicians to develop the tasks and framework to formalize the training program. The framework should encompass all levels of care, from point of capture to care in the detention facility. (U) The above team should assess the current training, specifically the scenarios to determine training deficiencies and determine the best practices in improving the quality of training as it relates to detainee medical care. (U) Since AMEDD personnel must be prepared to provide care across the entire healthcare spectrum in theater, from the point of capture and collection point to the prison facilities, the training content should be developed by medical personnel with exceptional knowledge of detainee care. Additionally, the team should be comprised of representation from JAG, a medical ethicist, and subject matter experts serving in the prison healthcare system. The team members should develop the content and the JRTC medical OCs should facilitate. (Recommendation continues- see 19-2)

OPR: Army

OCR:

FIX/ACTION/CHANGE:

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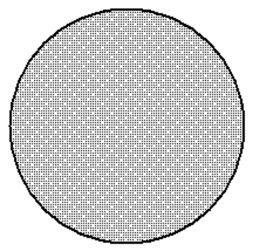

K-20 "NTC-Update Med Training"

PROBLEM

(U) National Training Center (NTC) - NTC has evolved to mirror the ITO in battlefield causing the need to update medical training.

RECOMMENDATION

(U) Add a detainee medical operations specific task to the Expert Field Medical Badge task list. (U) Add detainee medical operations into combat lifesaver training - the true first interface between the fighting force medical provider and the detainee. (U) Commanders need to incorporate detainee medical operations into the METL.

FIX/ACTION/CHANGE:

Fix:

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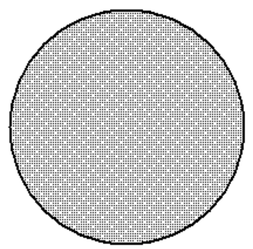

OPR: Army
OCR:

K-21 "PPPs – Lack of Sufficient Training"

PROBLEM

(U) Power Projection Platforms (PPP) - PPPs lack sufficient training to educate medical personnel deploying to a detainee healthcare mission in theater.

RECOMMENDATION

(U) PPPs need to ensure medical personnel deploying are able to use their time at the training site to prepare for their upcoming mission. They should not be tasked with non-training missions unless a quantifiable training effect can be assessed from such medical care. (U) PPP's need to make their training "theater-specific to ensure Soldiers processing through are adequately informed of any unique theater challenges or dangers. (U) Geneva Conventions/Law of War training needs to be improved upon by reflecting current rules of engagement and ethical challenges facing Soldiers. (U) Units should still bear the responsibility of training Soldiers on detainee medical records.

FIX/ACTION/CHANGE:

Fix:

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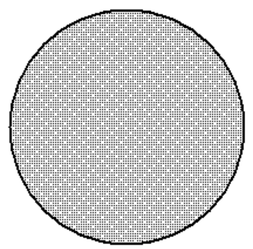

OPR: Army
OCR:

K-22 "CRCs – Insufficient Training"

PROBLEM

(U) CONUS Replacement Centers (CRC) - CRCs do not provide classes on the generation, collection and storage of detainee medical records or on reporting detainee abuse.

RECOMMENDATION

(U) CRCs need to look at opportunities to expand current detainee operations training to include more comprehensive teachings on reporting suspected or actual detainee abuse. (U) Geneva Convention/Law of War training needs to be improved upon by reflecting current rules of engagement and ethical challenges facing Soldiers and use a scenario based component to enhance learning modalities. It needs to emphasize reporting suspected or actual abuse. (U) Units should still bear the responsibility of training soldiers on detainee medical records.

FIX/ACTION/CHANGE:

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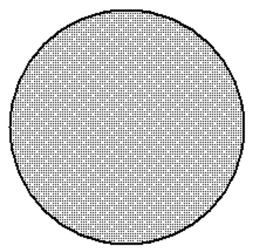


OPR: Army
OCR:

K-23 "EAIT Training"

PROBLEM

(U) Military Intelligence Training - The Enhanced Analysis and Interrogation Training (EAIT) course was established as an advanced course for Human Intelligence Collectors and Intelligence Analysts who would be working at the GTMO detention facility. The curriculum for the EAIT course is very dynamic, and rather than being driven by doctrine, as is the 97 E training, it appears to be driven by the leadership needs at GTMO for their ever-changing personnel staffing need/desires.

FIX/ACTION/CHANGE:

Fix:

Action:

Change:

RECOMMENDATION

(U) DA, or preferably DoD, should exercise oversight in the revision of current interrogation training doctrine to ensure compatibility with the Geneva Conventions, the Law of War, and all policies that apply to medical personnel.

OPR: OSD
OCR: Army

~~SECRET~~

15 February 2002

INFORMATION PAPER

Subject: Detainee Review and Screening Team (DRST) Operations in Kandahar ~~(S)~~

(b)(1)

2. (U) Key Points.

- (b)(1)
-
-
-

~~SECRET~~

Classified By: BG Jacoby
Reason: 1.5 (a) (d)
Declassify On: 14 Feb 2012

- (b)(1)

3. (U) Recommendations:

- (b)(1)
-

Prepared by: (b)(6)

Detainee Senior Leadership Oversight Council Meeting

BG Robert L. Caslen
J-5 Deputy Director for the War on Terrorism

08 December 2005

Agenda

0800 - Opening Remarks

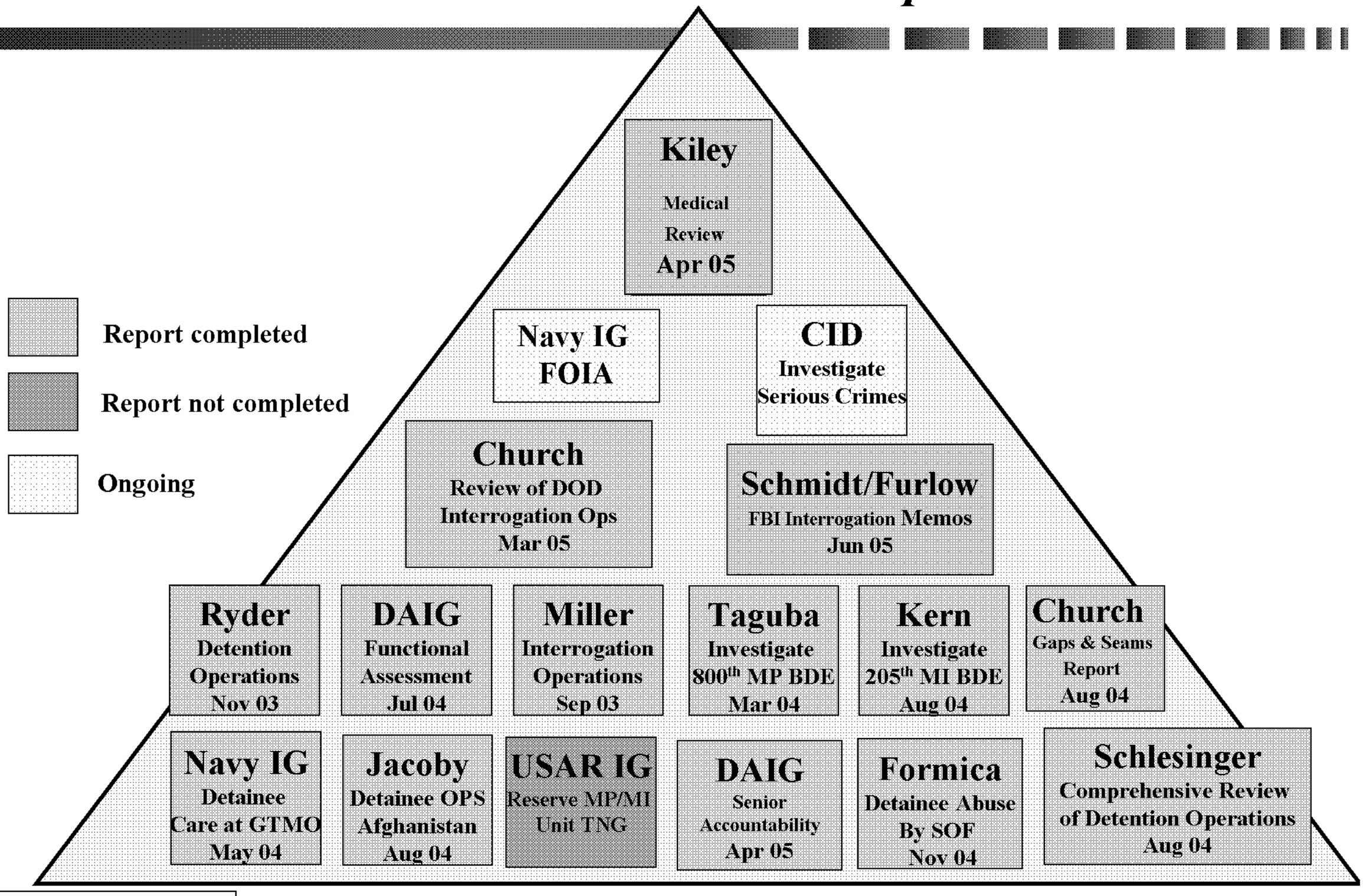
0815 - Review Open Recommendations

1200 - Lunch

1245 - Review Open Recommendations (Cont)

1630 - Way Ahead

Comprehensive Reviews



Updated: 01 Dec 2005

Recommendations Status by Report

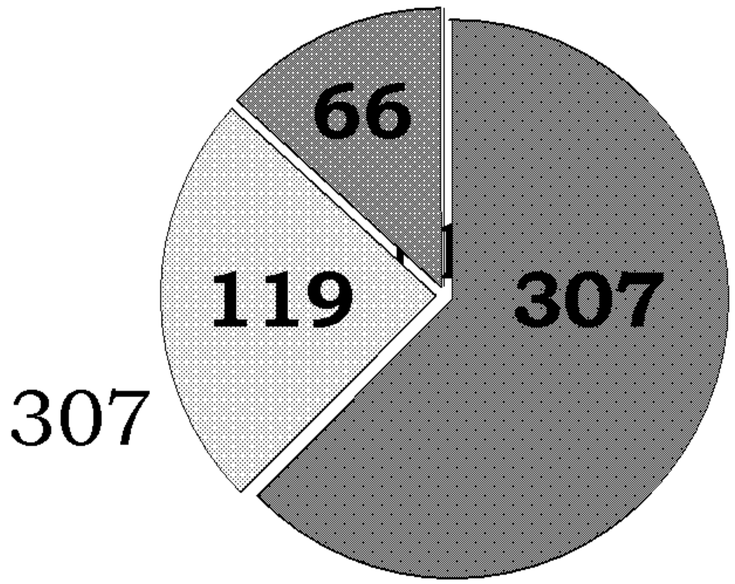
Source Report	*Recommendations*	*Closed Items*	*Open Items (Amber)*	*Open Items (Blue)*
RYDER	**160**	**117**	**5**	**38**
MILLER	**21**	**17**	**3**	**1**
TAGUBA	**35**	**32**	**3**	**0**
DAIG	**52**	**34**	**14**	**4**
FAY	**28**	**15**	**11**	**2**
JONES	**19**	**9**	**6**	**4**
SCHLESINGER	**14**	**2**	**8**	**4**
JACOBY	**32**	**24**	**5**	**3**
FORMICA	**8**	**6**	**0**	**2**
CHURCH G&S	**17**	**9**	**3**	**5**
CHURCH DO & DIT	**44**	**18**	**24**	**2**
CHURCH GTMO/CHAR	**12**	**9**	**2**	**1**
SCHMIDT & FURLOW	**27**	**15**	**12**	**0**
KILEY	**23**	**0**	**23**	**0**
Total	492	307	119	66

GREEN: Recommendation Closed
AMBER: Approved Action Plan
BLUE: Intent of initial recommendation met

01 Dec 05

Recommendations Status by Organization

Organization	*Recommendations*	*Closed Items*	*Open Items (Amber)*	*Open Items (Blue)*
CENTCOM	**175**	**162**	**10**	**3**
OSD	**126**	**34**	**44**	**48**
Army	**106**	**64**	**37**	**5**
SOUTHCOM	**30**	**21**	**9**	**0**
Policy Working Group	**20**	**9**	**4**	**7**
Joint Staff	**16**	**6**	**8**	**2**
JFCOM	**10**	**5**	**5**	**0**
Navy	**4**	**3**	**0**	**1**
Army/Navy	**2**	**2**	**0**	**0**
CENTCOM/ SOUTHCOM	**1**	**0**	**1**	**0**
Army/CENTCOM	**1**	**0**	**1**	**0**
UCMJ Working Group	**1**	**1**	**0**	**0**
Total	492	307	119	66



Total = 492

- **GREEN**: Recommendation Closed
- **AMBER**: Approved Action Plan
- **BLUE**: Intent of initial recommendation met

As of 01Dec 05

Definitions & ROE

Color Definitions

- GREEN: Recommendation Closed
- AMBER: Approved Action Plan
- RED: Action Required
- BLUE: Intent of initial recommendation met

Rules of Engagement

- Recommendation GREEN: No slide required. OPR maintains documentation.
- Recommendation AMBER and no progress: Council may change to RED.
- Recommendation BLUE: Designed for additional tracking.

Way Ahead

- JS continues to maintain database
- OPRs will continue to maintain documentation supporting findings' resolution
- Updates to DSLOC:
  -Significant changes as they occur
- Proposed next DSLOC meeting: **09 Mar 06**
- Provide status to CJCS and SECDEF

DSLOC

Open Recommendations Review

08 December 05

Overall Classification of this Briefing is:

~~SECRET/NOFORN~~

Classified By: RADM W.D. Sullivan, USN, VDJ-5
Reason 1.4(a), (c), and (e)
Declassify On: 08 Dec 2015
8

MG Ryder

Report

Issue Title (Prison Responsibility): R-001 Ryder Near-term, Item 1a, pg 13

(U) RECOMMENDATION / OBSERVATION:

CPA MOJ Prisons Department identify clearly which facilities are or will be a part of the MOJ vice the MOI Include in this plan staffing instructions specifically identifying levels of authority, duties and pay scales for all confinement personnel. Establish memorandums of agreement between MOI and MOJ delineating each ministry's ability to utilize the other's facilities and which clearly identifies each other's responsibilities.

~~(S//NF)~~ CURRENT ASSESSMENT:

(b)(1),(b)(5)

(U) FIX / ACTION / CHANGE:

Fix: Identify prisons and correctional facilities.

Action: ID proper facility and authority.

Change: Ends uncertainty.

OPR: OSD
OCR: OSD - DOJ

Issue Title (Location of the Iraqi Correctional System HQ and the CPA Prisons Department): R-003 Ryder Near-term, Item 1c, pg 14

(U) RECOMMENDATION / OBSERVATION:

The Iraqi Correctional System HQ and the CPA Prisons Department need to be co-located or together more than periodically to facilitate training of the Iraqi leadership as much as possible, involving them in the restoration process. Sending the highly recruited Iraqi Correctional System Director to training in management, ethics, accounting and strategic planning will assist in the transition process, increase the perceived importance and make the position more desirable.

(U) CURRENT ASSESSMENT:

- Initial intent met. OSD continues to work with Justice on greater rule of law and judicial sector development/reforms.

OPR: OSD
OCR: OSD-DOJ/STATE

(U) FIX / ACTION / CHANGE:

Fix: Co-locate correctional HQ and Prisons Department.

Action: Justice incorporated a similar finding as part of grand strategy – DOJ working with MOJ in Iraq.

Change: Recruitment ongoing.