

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.

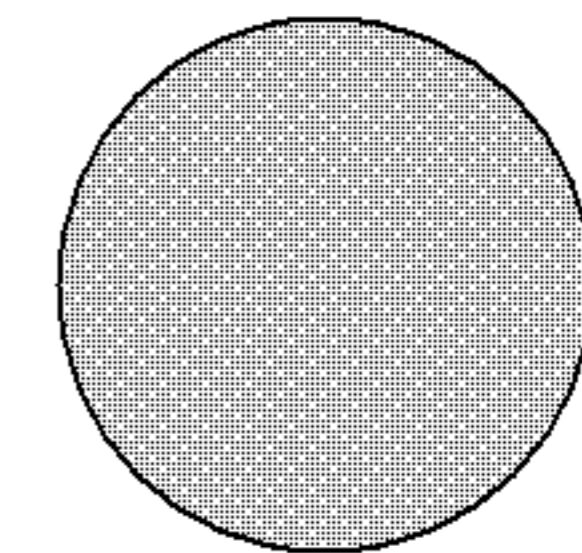
OPR: OSD
OCR: Army

FIX/ACTION/CHANGE:

Fix:

Action:

Change:



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.

OPR: OSD

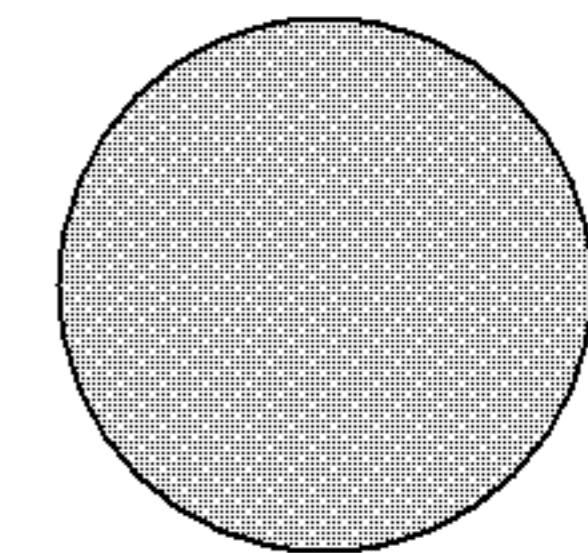
OCR: CENTCOM

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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.

OPR: OSD

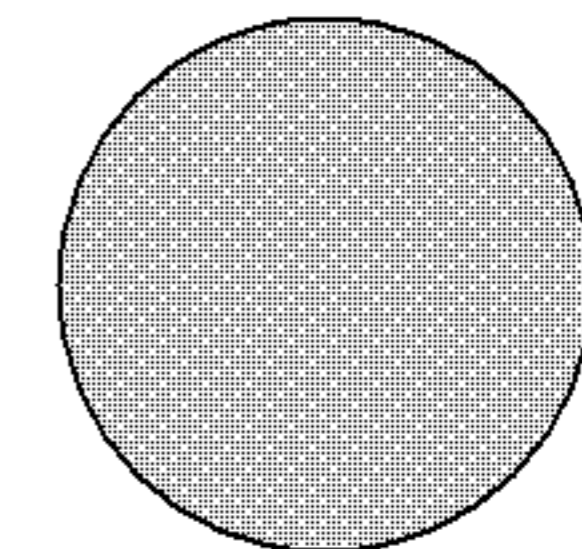
OCR: CENTCOM / Army

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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.

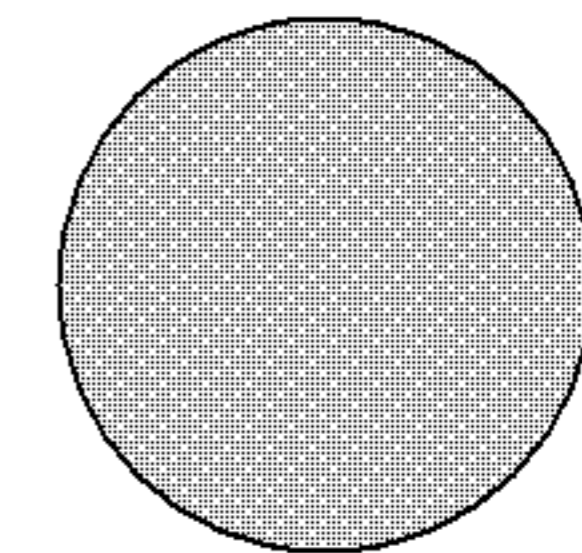
OPR: OSD
OCR: Army

FIX/ACTION/CHANGE:

Fix:

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K-14 “Restrains”

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.

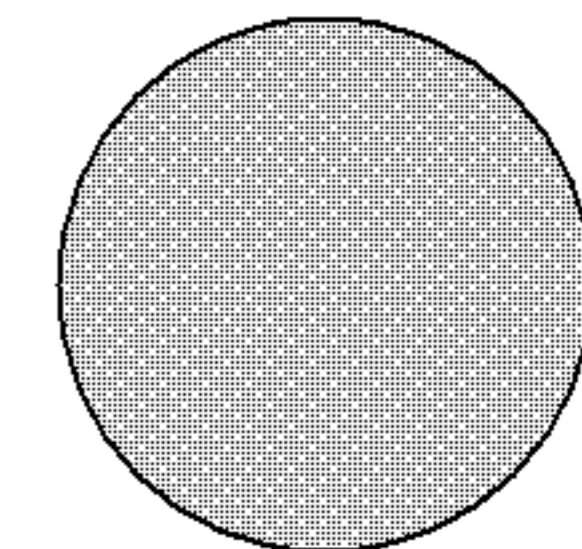
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OCR: Army

FIX/ACTION/CHANGE:

Fix:

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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.

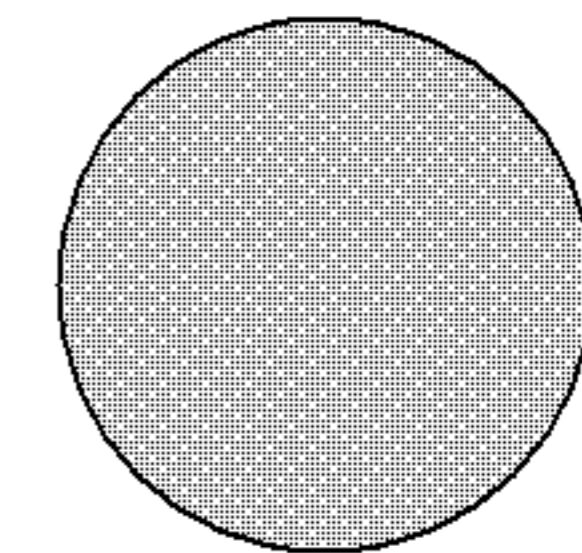
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OCR: Army

FIX/ACTION/CHANGE:

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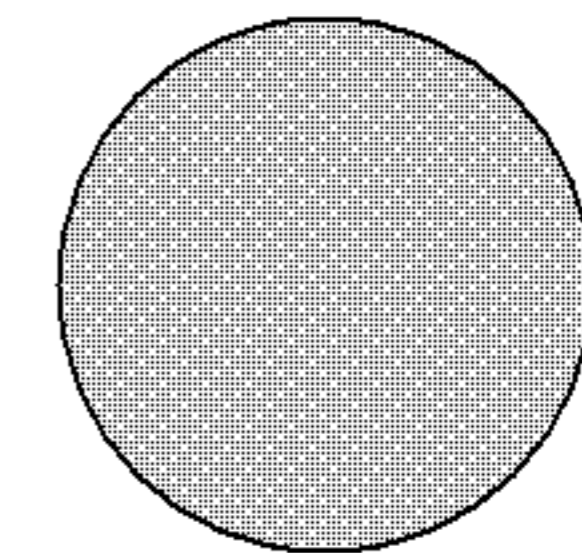


*K-16 “Use of BSCT”***PROBLEM**

(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:**Fix:****Action:****Change:****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

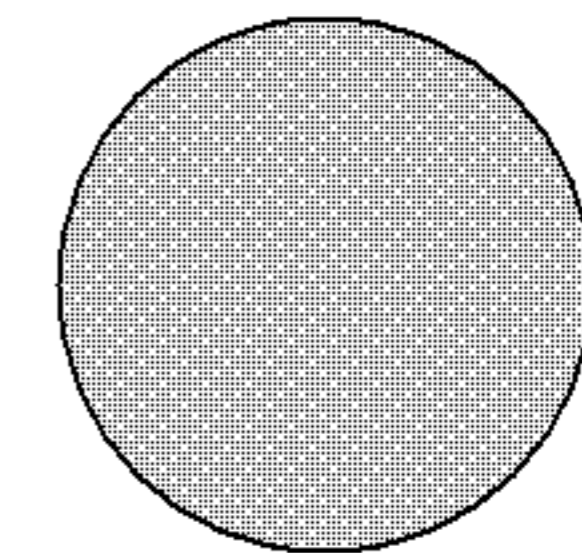
(U) DA guidance (DoD level is preferable) should: 1) prohibit all medical personnel from participating in interrogations. This includes medical personnel with specialized language skills serving as translators, 2) empower medical personnel to halt interrogations when any examinations or treatment is 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

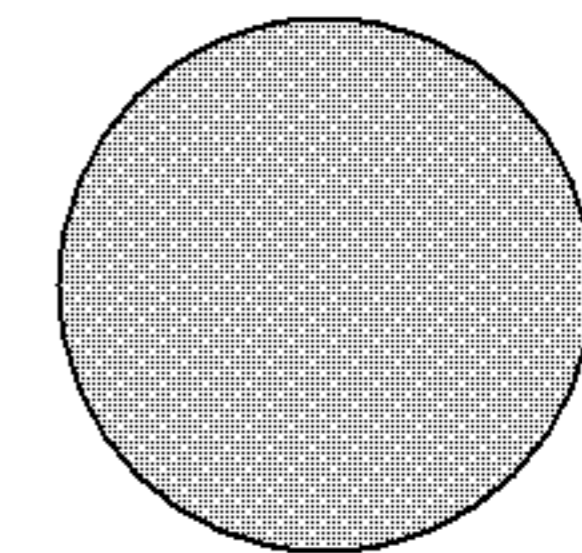
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FIX/ACTION/CHANGE:

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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

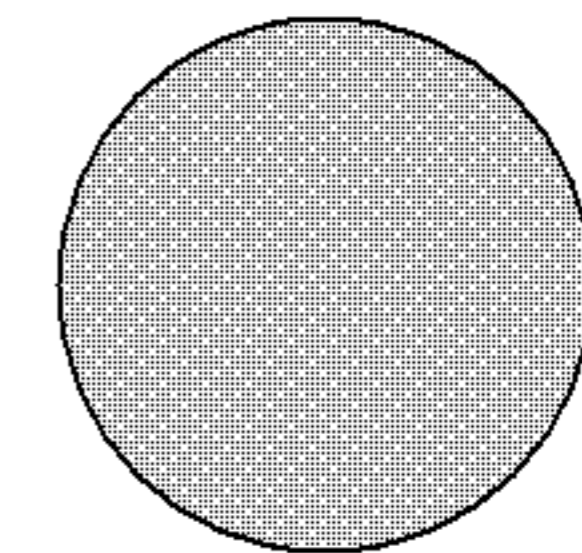
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FIX/ACTION/CHANGE:

Fix:

Action:

Change:



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.

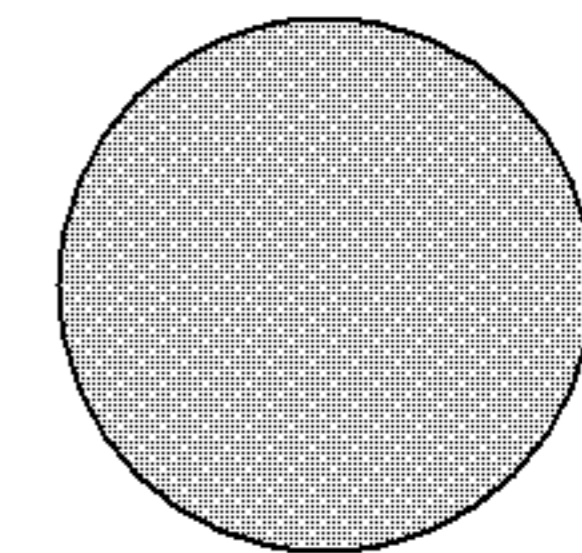
OPR: Army
OCR:

FIX/ACTION/CHANGE:

Fix:

Action:

Change:



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

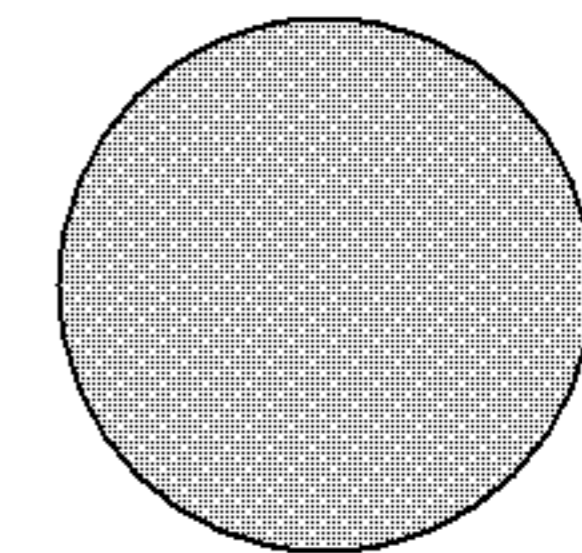
(U) PPPs need to ensure medical personnel deploying are able to use their time at the training site to prepare for their upcoming mission. They should not be tasked with non-training missions unless a quantifiable training effect can be assessed from such medical care. (U) PPP's need to make their training "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:

Action:

Change:



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

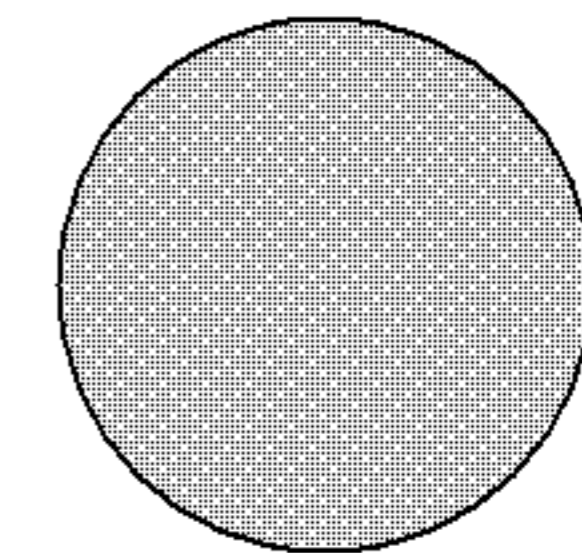
(U) CRCs need to look at opportunities to expand current detainee operations training to include more comprehensive teachings on reporting suspected or actual detainee abuse. (U) Geneva Convention/Law of War training needs to be improved upon by reflecting current rules of engagement and ethical challenges 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:

Fix:

Action:

Change:



OPR: Army
OCR:

K-23 “EAIT Training”

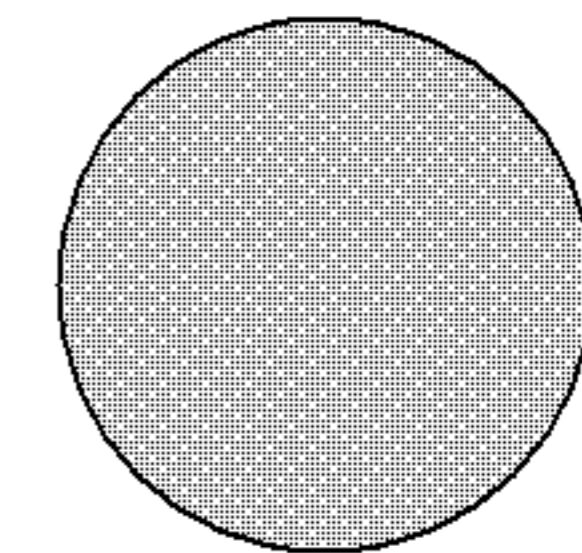
PROBLEM

(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



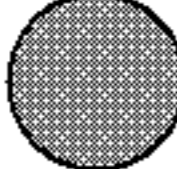
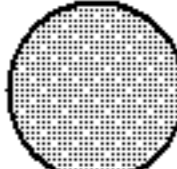
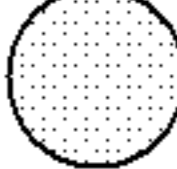
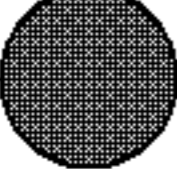
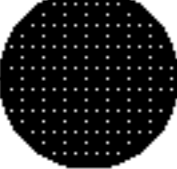



OSD & Detainee Affairs Task Updates

**For DLSOC scheduled
April 28, 2005**



Status Definitions

-  Green: Recommend Closure
-  Amber: Approved Action
-  Plan/Work In Progress
-  Red: No Action/No Progress/Pending RFI
-  Blue: Intent met – additional tracking required.
-  No Fill/White: Recommend Reassignment of Lead

NOTE: Black Titles - Briefing for the first time
Blue Titles - Status change



*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)

**OPR: OSD
OCR: OSD - DOJ**

(U) FIX / ACTION / CHANGE:

Fix: Identify prisons and correctional facilities.

Action: ID proper facility and authority.

Change: Ends uncertainty.



*Issue Title (Hiring Corrections Experts):
R-002 Ryder Near-term, Item 1b, pg 14*

(U) RECOMMENDATION / OBSERVATION:

Emphasis should be placed upon hiring the corrections experts who will assist in the development and transition of the Iraqi Correctional System. Allowing the CPA Prisons Department Staff to direct recruit or contracting with a corrections management company rather than relying on DOJ may be a more expeditious answer, at least for the training staff.

(U) CURRENT ASSESSMENT:

● Being done but not as MG Ryder described. DoJ/State using USG assets and personnel are working with Iraqi MOJ/MOI.

OPR: OSD

OCR: OSD – DoJ/State

(U) FIX / ACTION / CHANGE:

Fix: Hire corrections experts.

Action: DoJ is hiring corrections experts viz. their “grand strategy” and development operations.

Change: Currently 107 DoJ personnel are working at six facilities in Iraq and growing.



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:

● DoJ implementing solution to a similar finding as part of its “grand strategy” in developing justice sector assets in Iraq. Recommend closure.

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.



*Issue Title (Operations and Budget Policy based on National Plan):
R-004 Ryder Near-term, Item 1d, pg 14*

(U) RECOMMENDATION / OBSERVATION:

Policy both operational and budget should be based on a national plan, which is centrally developed and managed, but locally administered to fit the needs of the region where it is being employed.

(U) CURRENT ASSESSMENT:

● DoJ/State implementing national plan to address justice sector issues. Budgeting for development of Iraqi assets (by region) is part of that plan. Justice is addressing issues and OSD is satisfied. Recommend closure or "blue" status.

OPR: OSD

OCR: OSD – DoJ/State

(U) FIX / ACTION / CHANGE:

Fix: Need national plan.

Action: Develop a comprehensive plan.

Change: National plan to address varying needs of regions.



*Issue Title (Ensure Adequate Force Requirements):
R-007 Ryder Mid-term, Item 2a, pg 14*

(U) RECOMMENDATION / OBSERVATION:

Once full staffing is achieved at the CPA MOJ Prisons Department, or even when the next thirty-four priority hires are complete, determine if military staff augmentation is necessary. By conducting an actual staffing requirements analysis, force requirements can be anticipated and a time line created for transition from military to civilian control that corresponds with the rotation plans of outgoing and incoming units.

(U) CURRENT ASSESSMENT:

● No longer applicable. Request closure. Justice is addressing staffing and training requirements for correctional facilities.

(U) FIX / ACTION / CHANGE:

Fix: Manage civilian staffing requirements in light of military assets.

Action: Hire staff as needed and train properly.

Change: Military not primarily responsible for MOJ-related activity.

OPR: OSD

OCR: OSD – DoJ/State



Issue Title (Develop Standard for Training to Ensure for Safe and Secure Operations): R-008 Ryder Mid-term, Item 2b, pg 14

(U) RECOMMENDATION / OBSERVATION:

Develop a standard issue for safe and secure operations of prison facilities. Take into account that the current threat environment may necessitate a more robust arsenal that may not be required once the country stabilizes. Training on all weapons and tactics to be used must be a substantial block of instruction at the corrections academy. Training records for employees should be developed with copies sent to the facility where a cadre is assigned and one maintained in a central personnel repository.

(U) CURRENT ASSESSMENT:

● Justice disagrees with keeping a "personnel registry," but is working with Iraqi MOI (Corrections) to address "records" issue and other administrative matters associated with operating facilities. Force training is being handled by Army and the COCOM.

(U) FIX / ACTION / CHANGE:

Fix: Develop standards.

Action: Assess threat and develop appropriate force to mitigate. Training records for employees should be monitored.

Change: Justice is developing program for monitoring employee training.



*Issue Title (Monitoring Pay Issues and Contracts):
R-009 Ryder Mid-term, Item 2c, pg 15*

(U) RECOMMENDATION / OBSERVATION:

Within the budget cycle, each of the ministries should submit a validated budget to MOF who would then fund the appropriate portions of the individual Ministry budgets. The funding should go to the specific ministry to be managed by that ministry and sent to the regional MOJ areas to achieve the objectives of the ministries national plan. In this way pay issues can be avoided and contracts can be monitored and paid in such a way as to provide contractor accountability to the MOJ.

(U) CURRENT ASSESSMENT:

● Emb. Baghdad addressing the issue; Justice believes that corruption is endemic to Iraq Gov't. Justice reviews contracts in Washington, D.C.; action item for PC/DC level for solution.

OPR: OSD

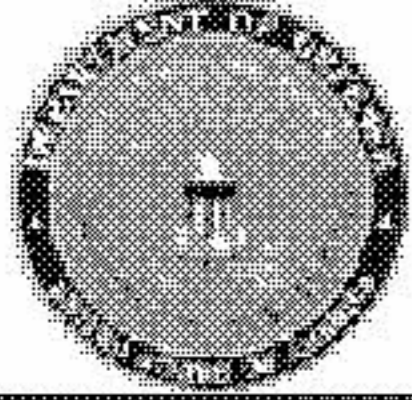
OCR: OSD-DoJ/State

(U) FIX / ACTION / CHANGE:

Fix: Improve accountability.

Action: Better accountability mechanisms to ensure money allocated to ministries are properly appropriated.

Change: Being addressed by the DC/PC level.

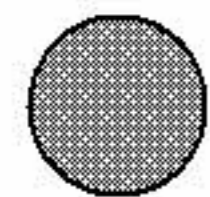


*Issue Title (Location of Correction Officials):
R-011 Ryder Mid-term, Item 2e, pg 15*

(U) RECOMMENDATION / OBSERVATION:

Recruit and place civilian correctional administrators at each of the Iraqi Detention Operations to providing mentoring/oversight and hire sufficient personnel or contract to operate Iraqi Correctional Officer Training Academies.

(U) CURRENT ASSESSMENT:



Justice assets in Iraq are directly addressing similar activity by providing expert training and mentoring. Activity is ongoing.

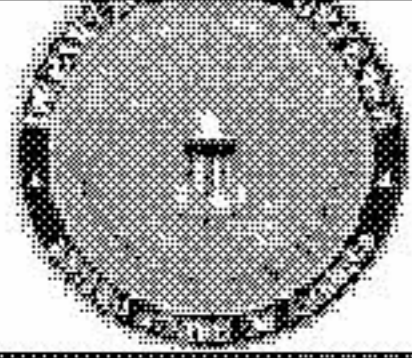
~~(S)~~ FIX / ACTION / CHANGE:

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



OPR: OSD

OCR: OSD – DoJ



*Issue Title (Unified Facility):
R-012 Ryder Long-term, Item 3a, pg 15*

(U) RECOMMENDATION / OBSERVATION:

Abu Ghraib Prison complex (i.e., Baghdad Central Correctional Facility) should be the center piece of both the military mission and the eventual transfer of facilities to Iraqi control for their criminal justice system, until the new US \$100 Million facility is built to International Standards at a new location. Abu Ghraib should continue in operation to help meet anticipated future bed space requirements.

~~(S)~~ CURRENT ASSESSMENT:

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

~~(S)~~ FIX / ACTION / CHANGE:

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

OPR: OSD

OCR: OSD