

SF-22 Special Interrogation Plan and Threats

(U) RECOMMENDATION

- (U) “That military interrogators threatened the subject of the second special interrogation and his family.”

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

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OPR: SOUTHCOM
OCR:

FIX/ACTION/CHANGE:

***Fix:* (U) Investigate allegation.**

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

SF-24 “Authorized Interrogation Techniques”

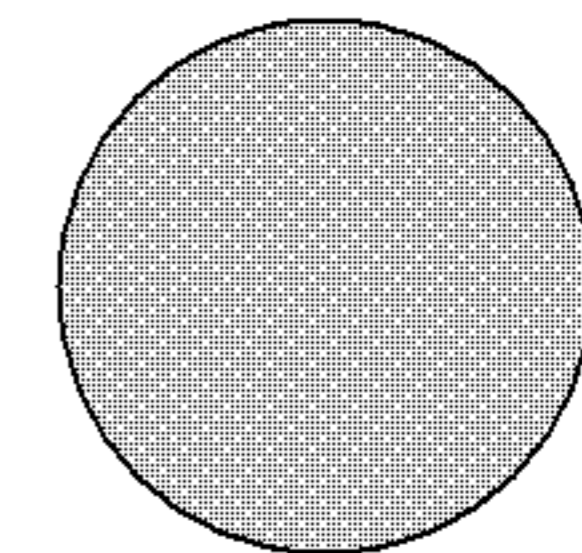
PROBLEM

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:

<p><u>FIX/ACTION/CHANGE:</u></p> <p><u>Fix:</u></p> <p><u>Action:</u></p> <p><u>Change:</u></p>



SF-26 "Role of MP"

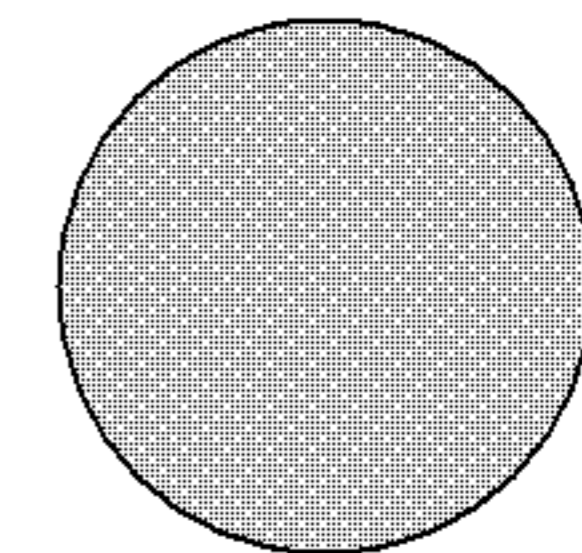
PROBLEM

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

<p><u>FIX/ACTION/CHANGE:</u></p> <p><u>Fix:</u></p> <p><u>Action:</u></p> <p><u>Change:</u></p>



SF-27 “Standards for Interrogation”

PROBLEM

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:

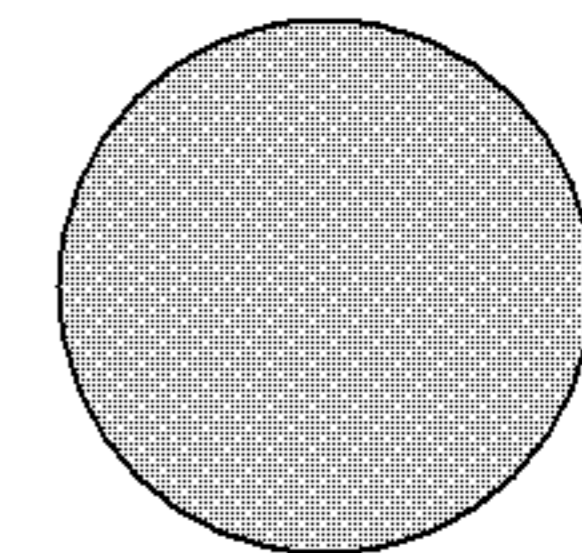
Inter-agency Action: DOJ

FIX/ACTION/CHANGE:

Fix:

Action:

Change:





LTG Kiley Report

K-01/ Medical Records-Detainee Abuse Reporting

(U) RECOMMENDATION/OBSERVATION

- 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 facility

- HQDA DODOIP Task: T7

(U) CURRENT ASSESSMENT: ●

OPR: Army

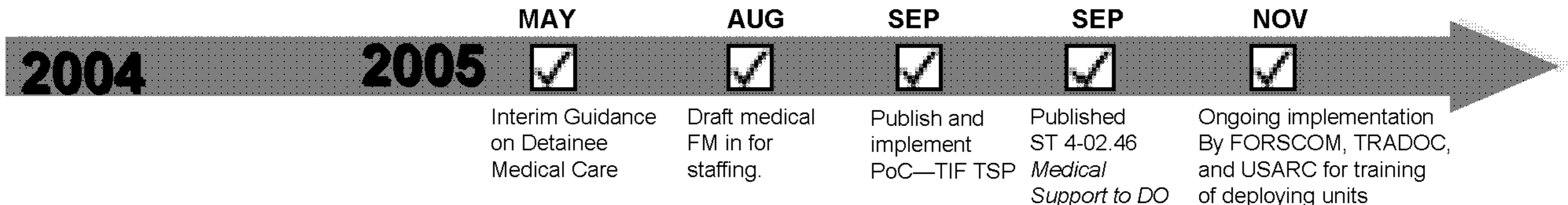
(U) FIX/ACTION/CHANGE:

Fix: Revise/standardize training on detainee healthcare records

Action: Use lessons learned to update medical training. Institutionally/ operationally implement new training standards

Change:

- Publish policy/doctrinal guidance
- Incorporate training into POIs
- Incorporate into Pre-deployment and mobilization training



K-02 / Training-TOE 70E & 91G Personnel

(U) RECOMMENDATION/OBSERVATION

- Establish a team under the direction of the AMEDDC&S comprised of clinicians and the 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 facility. The tasks and training content should be developed by this team. The AMEDDC&S should facilitate this process. The above team should analyze courses' POI and LPs to determine training gaps in the generation, storage and collection of detainee medical records for personnel in AC/RC TDA and TOE medical units. Medical assets assigned to AC/RC MP and maneuver units should receive this training package. Incorporate training that is focused on the generation, storage and collection of detainee medical records into the 70E and 91G courses. (Additional recommendations sited on 6-5 not recorded due to limited space available)
- HQDA DODOIP Task: T7

(U) CURRENT ASSESSMENT: ●

OPR: Army
OCR: OSD

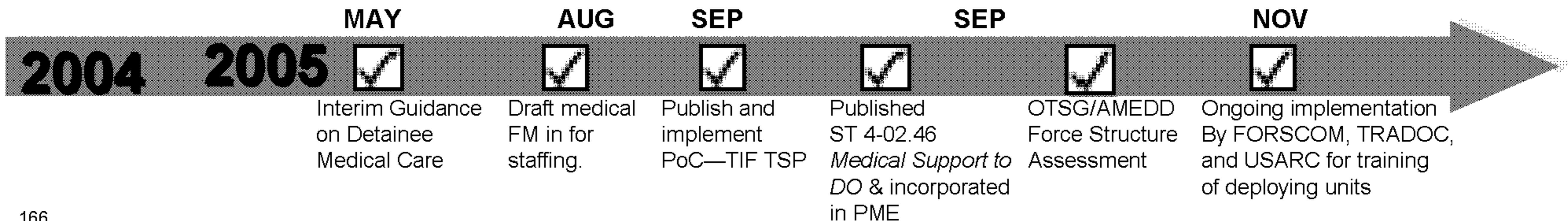
(U) FIX/ACTION/CHANGE:

Fix: Revise medical training for 70E and 91Gs

Action: Integrate additional training on generation, storage, maintenance, and disposition of detainee medical records

Change:

- Publish policy/doctrinal guidance
- Incorporate training into POIs
- Incorporate into Pre-deployment and mobilization training



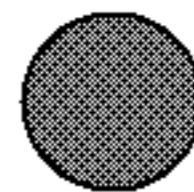
K-03 / Medical Reporting – Detainee Abuse

(U) RECOMMENDATION/OBSERVATION

- 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. AMEDDC&S, as the proponent for training of medical personnel in detainee healthcare across the entire healthcare spectrum in theater, from point of capture and collection point to a detention facility should: (see 6-14). 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).
- HQDA DODOIP Task: T7

(U) CURRENT ASSESSMENT:

OPR: Army
OCR: None



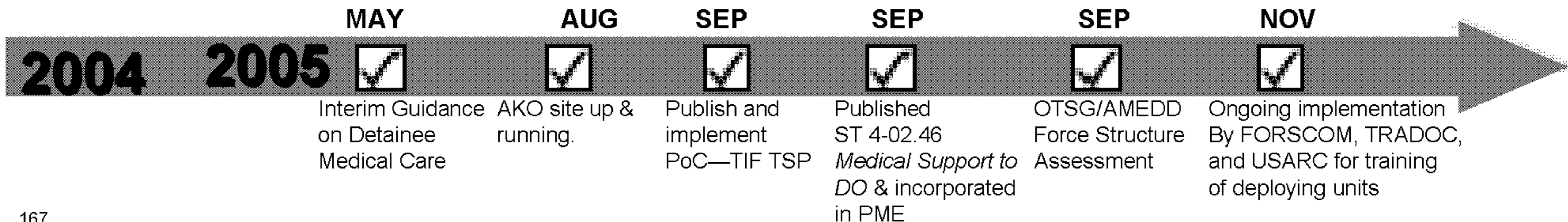
(U) FIX/ACTION/CHANGE:

Fix: Training

Action: Develop additional doctrine, training/ training aides for medical personnel on recognizing abuse and detainee healthcare from point of capture to the detention facility

Change:

- Publish policy/doctrinal guidance
- Incorporate training into POIs
- Incorporate into Pre-deployment and mobilization training



K-04 Detainee Medical Operations

(U) RECOMMENDATION/OBSERVATION

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

(U) CURRENT ASSESSMENT:

- HA engaged in final coordination of DoDI 2310 on medical practices.
- Recommend closure upon signature.

(U) FIX/ACTION/CHANGE:

**OPR: OUSD(P)
OCR: OUSD(P)**

K-05 Detainee Medical Operations (Interrogation)

(U) RECOMMENDATION/OBSERVATION

Guidance regarding criteria for pre and post-interrogation medical screen is inconsistent.

● (U) CURRENT ASSESSMENT:

- HA engaged in final coordination of DoDI 2310 on medical practices.
- Recommend closure upon signature.

(U) FIX/ACTION/CHANGE:

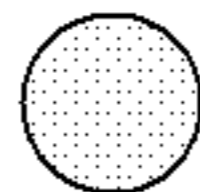
**OPR: OUSD(P)
OCR: OUSD(P)**

K-06 / Maintaining Medical Records

(U) RECOMMENDATION/OBSERVATION

- 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 provisions 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.
- HQDA DODOIP Task: T7/D9

(U) CURRENT ASSESSMENT:



OPR: Army

OCR: None

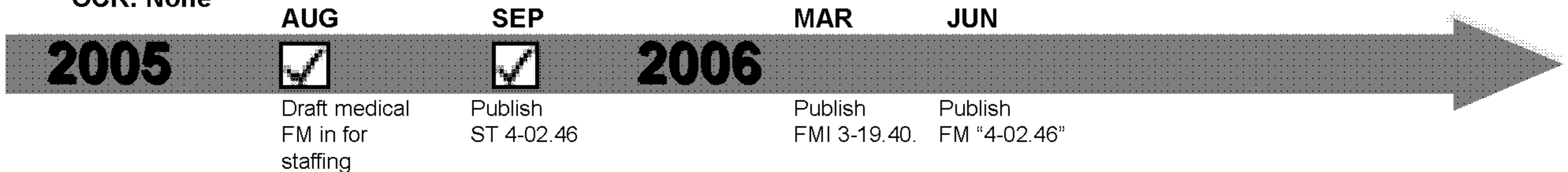
(U) FIX/ACTION/CHANGE.

Fix: Detainee medical records processing at all levels of operations

Action: Draft doctrine to clearly describe appropriate detainee records generation, management, and disposition

Change:

- Publish policy/doctrinal guidance (FMs “4-02.46” & 3-19.40)
- Incorporate training into POIs
- Incorporate into Pre-deployment and mobilization training



K-07 Detainee Medical Operations (Treatment)

(U) RECOMMENDATION/OBSERVATION

Medical personnel are often in a position to observe physical evidence of actual or suspected abuse.... Specific guidance is required defining detainee abuse.

● (U) CURRENT ASSESSMENT:

- HA engaged in final coordination of DoDI 2310 on medical practices.
- Draft DoDD 2310 has definitions and policy requirements.
- Recommend closure upon signature of both policies.

OPR: OUSD(P)

OCR: OUSD(P)

(U) FIX/ACTION/CHANGE:

K-08 Detainee Medical Operations (Reporting)

(U) RECOMMENDATION/OBSERVATION

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

● (U) CURRENT ASSESSMENT:

- HA engaged in final coordination of DoDI 2310 on medical practices.
- Draft DoDI 2310 has definitions and policy requirements for reporting.
- Recommend closure upon signature of DoDD 2310, DoDI 2310, and DoDD 5100.77. policies.

(U) FIX/ACTION/CHANGE:

**OPR: OUSD(P)
OCR: OUSD(P)**

K-09 – Detainee Medical Reporting

(U) RECOMMENDATION/OBSERVATION

Medical personnel interview failed to properly actual or suspected detainee abuse which had not otherwise been conveyed to an appropriate authority.

● (U) CURRENT ASSESSMENT:

- HA engaged in final coordination of DoDI 2310 on medical practices.
- Draft DoDI 2310 has definitions and policy requirements for reporting.
- Recommend closure upon signature of DoDD 2310, DoDI 2310, and DoDD 5100.77. policies.

(U) FIX/ACTION/CHANGE:

**OPR: OUSD(P)
OCR: OUSD(P)**

“K-10 Medical Personnel Requirement to Report Detainee Abuse”

(U) RECOMMENDATION:

- Clearly written standardized policies for documenting and reporting actual or suspected detainee abuse should exist for all personnel, especially for medical planners at all levels.

(U) CURRENT ASSESSMENT:

● CENTCOM policies established.
Recommend closure.

OPR: CENTCOM and SOUTHCOM
OCR: ARMY

FIX/ACTION/CHANGE:

Fix: (U) Develop guidance that standardizes policies for reporting detainee abuse.

Action: (U) CENTCOM theater wide policy in place. Detainee abuse allegations are a DCDR USCENTCOM required SIR.

Change: (U) Policies in place that provide clear guidance as to how personnel are to report detainee abuses.

2004

2005

Dec

Policy Guidance
Established.

K-11 Detainee Medical Operations (Linguists)

(U) RECOMMENDATION/OBSERVATION

Site visits to OEF, GTMO, and OIF translators used during medical intakes and other clinic visits were also used by MI staff during interrogations.

● (U) CURRENT ASSESSMENT:

- HA engaged in final coordination of DoDI 2310 on medical practices.
- To the extent that linguists are used in dual roles – likely to be a consequence of a shortage of linguists overall – not necessarily a problem/policy issue.
- Recommend closure.

(U) FIX/ACTION/CHANGE:

**OPR: OUSD(P)
OCR: OUSD(P)**

“K-12 OIF Theater Preparation for Detainee Medical Care”

(U) RECOMMENDATION:

- 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) CURRENT ASSESSMENT:

- Recommend OPR change to ARMY (AMEDD or OTSG).

OPR: CENTCOM

OCR: ARMY (AMEDD or OTSG)

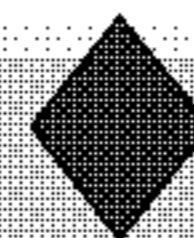
FIX/ACTION/CHANGE:

Fix: (U) AMEDD establish experienced SME team.

Action: (U) N/A

Change: (U) Provide better medical care for detainees.

2004



K-13 Detainee Medical Operations (Screening)

(U) RECOMMENDATION/OBSERVATION

Medical Screening and Sick Call at the DIF's and Prisons – Lack standardize guidance.

(U) CURRENT ASSESSMENT:

- HA engaged in final coordination of DoDI 2310 on medical practices.
- Policy will address with ASD/HA further, but believe DoDI 2310.kk addresses.
- Recommend closure on issuance of instruction.

(U) FIX/ACTION/CHANGE:

**OPR: OUSD(P)
OCR: OUSD(P)**

K-14 Detainee Medical Operations (Restraints)

(U) RECOMMENDATION/OBSERVATION

The use of physical restraints for detainees lacks specific guidance.

● (U) CURRENT ASSESSMENT:

- HA engaged in final coordination of DoDI 2310 on medical practices – addresses policy conditions for involuntary treatment.
- Policy will address with ASD/HA further, but believe DoDI 2310.kk addresses.
- Recommend closure on issuance of instruction.

(U) FIX/ACTION/CHANGE:

**OPR: OUSD(P)
OCR: OUSD(P)**

K-15 / Photographing Detainees

(U) RECOMMENDATION/OBSERVATION

- DA guidance (DoD level is preferable) should: 1) Authorize photographing detainee patients for the exclusive purpose of including these photos in the medical records, and not require informed consent for photographs used in this manner, 2) Mandate photographs 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. Guidance for the above should be included in AR 190-8, currently under revision.

- HQDA DODOIP Task: T5.3/T7

(U) CURRENT ASSESSMENT: ●

OPR: Army
OCR: OSD

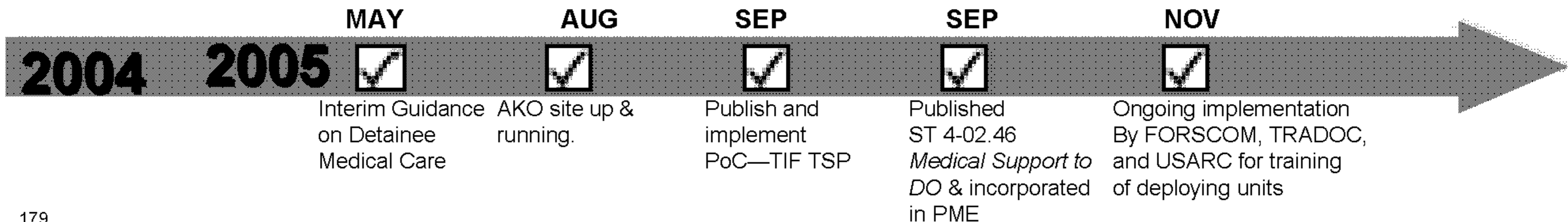
(U) FIX/ACTION/CHANGE:

Fix: Guidance on photographing detainees

Action: Draft doctrine to describe prohibitions and proper procedures for photographing detainees.
Provide guidance for disposition of photos

Change:

- Publish policy/doctrinal guidance
- Incorporate training into POIs
- Incorporate into Pre-deployment and mobilization training



K-16 Detainee Medical Operations (BSCT)

(U) RECOMMENDATION/OBSERVATION

Use of BSCT in the interrogation process – Conflicts surfaced involving the lack of Sop's, policy and guidance on how to function in the BSCT role.

● (U) CURRENT ASSESSMENT:

- HA engaged in final coordination of DoDI 2310 on medical practices – addresses policy conditions for involuntary treatment.
- Policy will address with ASD/HA further, but believe DoDI 2310.kk addresses.
- Recommend closure on issuance of instruction.

(U) FIX/ACTION/CHANGE:

**OPR: OUSD(P)
OCR: OUSD(P)**

K-17 Detainee Medical Operations (BSCT)

(U) RECOMMENDATION/OBSERVATION

On rare occasions, medical personnel participated in interrogations occurring in OIF at unites providing level I or II care.

● (U) CURRENT ASSESSMENT:

- HA engaged in final coordination of DoDI 2310 on medical practices – addresses policy conditions for involuntary treatment.
- Policy will address with ASD/HA further, but believe DoDI 2310.kk addresses.
- Recommend closure on issuance of instruction.

(U) FIX/ACTION/CHANGE:

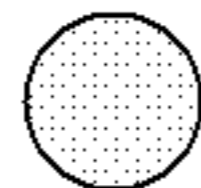
**OPR: OUSD(P)
OCR: OUSD(P)**

K-18 / Stress on Medical Personnel

(U) RECOMMENDATION/OBSERVATION

- 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, 4) refine leadership competencies to assess, monitor and identify coping strategies of medical personnel in a warfare environment. 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. MEDCOM should assure post deployment mental health assessment of medical personnel and provide follow-up care.
- HQDA DODOIP Task: Po4.1/T7

(U) CURRENT ASSESSMENT:



OPR: Army
OCR: None

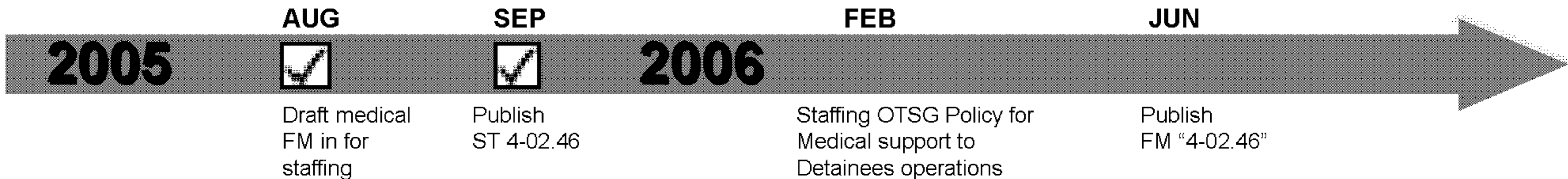
(U) FIX/ACTION/CHANGE:

Fix: Pre and post-deployment detainee operations training

Action: Revise medical detainee operations training and stress screening tools for pre and post deployment

Change:

- Publish formal policy/doctrine
- Formally incorporate combat stress control detachments into DO personnel template



K-19 / JRTC – Quality of Training

(U) RECOMMENDATION/OBSERVATION

- 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 a detention facility. The above team should assess the current training, specifically the scenarios to determine training deficiencies and the best practices in improving the quality of training as it relates to detainee medical care. Since AMEDD personnel must be prepared to provide care across the entire spectrum in theater, from point of capture and collection point to the detention 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 SME 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)

- HQDA DODOIP Task: T2.1/T6.3/T7

(U) CURRENT ASSESSMENT: ●

OPR: Army

OCR: None

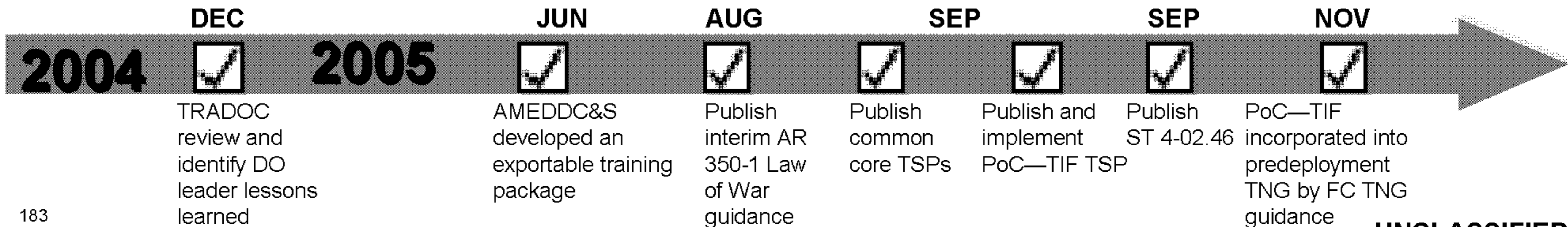
(U) FIX/ACTION/CHANGE:

Fix: Pre-deployment detainee operations training

Action: Revise GC/Law of War and detainee operations training across Army training venues

Change:

- Focus on CTC & predeployment TNG
- AR 350-1 Interim Guidance
- Publish TSPs/STs, etc
- Incorporate into training



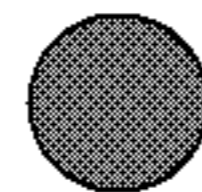
K-20 / NTC – Update on Medical Training

(U) RECOMMENDATION/OBSERVATION

- Add a detainee medical operations specific task to the Expert Field Medical Badge task list. Add detainee medical operations into combat lifesaver training – the true first interface between the fighting force medical provider and the detainee. Commanders need to incorporate detainee medical operations into the METL.
- HQDA DODOIP Task: T7/T12

(U) CURRENT ASSESSMENT:

OPR: Army
OCR: None



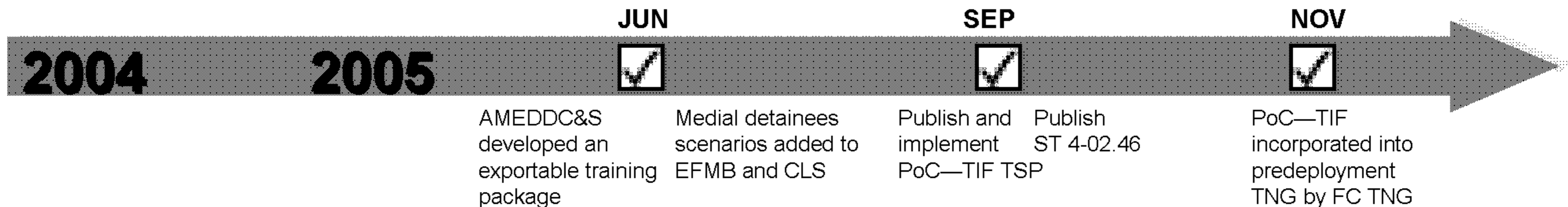
(U) FIX/ACTION/CHANGE:

Fix: EFMB and CLS Training

Action: Integrate additional medical detainee specific tasks/scenarios to EFMB and CLS

Change:

- Focus on CTC & predeployment TNG
- AR 350-1 Interim Guidance
- Publish TSPs/STs, etc
- Incorporate into training
- Add detainee medical support scenarios to EFMB and CLS testing



K-21 / PPPs – Lack of Sufficient Training

(U) RECOMMENDATION/OBSERVATION

- 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. PPPs need to make their training “theater-specific” to ensure Soldiers processing through are adequately informed of any theater unique challenges or dangers. Geneva Conventions/Law of War training need to be improved upon by reflecting current rules of engagement and ethical challenges facing Soldiers. Units should still bear the responsibility of training Soldiers on detainee medical records.

- HQDA DODOIP Task: T5.3/T7/T12

(U) CURRENT ASSESSMENT: ●

OPR: Army

OCR: None

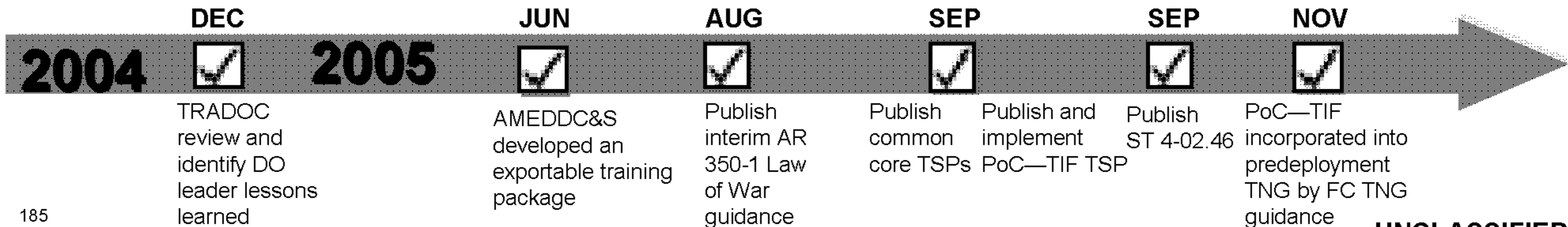
(U) FIX/ACTION/CHANGE:

Fix: Pre-deployment detainee operations training

Action: Revise GC/Law of War and detainee operations training across Army training venues

Change:

- Focus on CTC & predeployment TNG
- AR 350-1 Interim Guidance
- Publish TSPs/STs, etc
- Incorporate into training at CTC, PD-Sites, and home-stations



K-22 / CRCs – Insufficient Training

(U) RECOMMENDATION/OBSERVATION

- CRCs need to look at opportunities to expand current detainee operations training to include more comprehensive teachings on reporting suspected or actual detainee abuse. Geneva Conventions/Law of War training need to be improved upon by reflecting current rules of engagement and ethical challenges facing Soldiers and use scenario based component to enhance learning modalities. It needs to emphasize reporting suspected or actual abuse. Units should still bear the responsibility of training Soldiers on detainee medical records.
- HQDA DODOIP Task: T5.3/T7/T12

(U) CURRENT ASSESSMENT: ●

OPR: Army

OCR: None

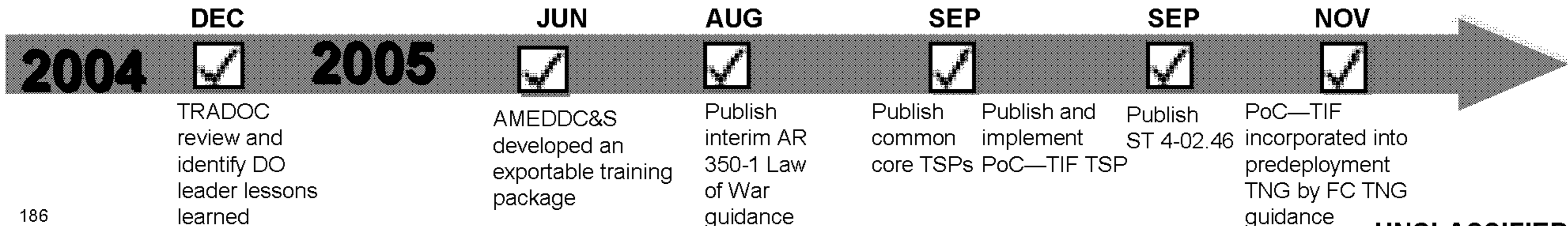
(U) FIX/ACTION/CHANGE:

Fix: Pre-deployment detainee operations training

Action: Revise GC/Law of War training across Army training venues

Change:

- Develop TNG guidance/support packages for predeployment TNG
- Incorporate TSPs & ST
- Implement FC predeployment TNG guidance



K-23 Detainee Medical Operations (MI Training)

(U) RECOMMENDATION/OBSERVATION

Exercise oversight in the revision of current interrogation training doctrine...

(U) CURRENT ASSESSMENT:

- DoDD 3115 requires all implementing instructions be reviewed by the USD(I)'s offices – including doctrinal development.
- Recommend closure.

(U) FIX/ACTION/CHANGE:

**OPR: OUSD(P)
OCR: OUSD(P)**