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**FAX COVER SHEET**  
Central Intelligence Agency



Washington, DC 20505

30 December 2004

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Number of pages (including cover sheet): 20

Comments: (S//NF) Dan, A generic description of the process. Thank you.

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Background Paper on CIA's Combined Use of Interrogation  
Techniques

Note: This paper provides further background information and details on High-Value Detainee (HVD) interrogation techniques to support documents CIA has previously provided the Department of Justice.

This paper focuses strictly on the topic of combined use of interrogation techniques.

The purpose of interrogation is to persuade High-Value Detainees (HVD) to provide threat information and terrorist intelligence in a timely manner, to allow the US Government to identify and disrupt terrorist plots  
and to collect critical intelligence on al-Qa'ida

In support of information previously sent to the Department of Justice, this paper provides additional background on how interrogation techniques are used, in combination and separately, to achieve interrogation objectives. Effective interrogation is based on the concept of using both physical and psychological pressures in a comprehensive, systematic, and cumulative manner to influence HVD behavior, to overcome a detainee's resistance posture. The goal of interrogation is to create a state of learned helplessness and dependence conducive to the collection of intelligence in a predictable, reliable, and sustainable manner. For the purpose of this paper, the interrogation process can be broken into three separate phases: Initial Conditions; Transition to Interrogation; and Interrogation.

A. Initial Conditions. Capture, contribute to the physical and psychological condition of the HVD prior to the start of interrogation. Of these, "capture shock" and detainee reactions are factors that may vary significantly between detainees

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Regardless of their previous environment and experiences, once an HVD is turned over to CIA a predictable set of events occur:

1) Rendition.

a. The HVD is flown to a Black Site

A medical examination is conducted prior to the flight. During the flight, the detainee is securely shackled and is deprived of sight and sound through the use of blindfolds, earmuffs, and hoods.

There is no interaction with the HVD during this rendition movement except for periodic, discreet assessments by the on-board medical officer.

b. Upon arrival at the destination airfield, the HVD is moved to the Black Site under the same conditions and using appropriate security procedures.

2) Reception at Black Site. The HVD is subjected to administrative procedures and medical assessment upon arrival at the Black Site.

the HVD finds himself in the complete control of Americans;

the procedures he is subjected to are precise, quiet, and almost clinical; and no one is mistreating him. While each HVD is different, the rendition and reception process generally creates significant apprehension in the HVD because of the enormity and suddenness of the change in environment, the uncertainty about what will happen next, and the potential dread an HVD might have of US custody. Reception procedures include:

a. The HVD's head and face are shaved.



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b. A series of photographs are taken of the HVD while nude to document the physical condition of the HVD upon arrival.

c. A Medical Officer interviews the HVD and a medical evaluation is conducted to assess the physical condition of the HVD. The medical officer also determines if there are any contraindications to the use of interrogation techniques.

d. A Psychologist interviews the HVD to assess his mental state. The psychologist also determines if there are any contraindications to the use of interrogation techniques.

Transitioning to Interrogation - The Initial Interview.

Interrogators use the Initial Interview to assess the initial resistance posture of the HVD and to determine--in a relatively benign environment--if the HVD intends to willingly participate with CIA interrogators. The standard on participation is set: very high during the Initial Interview. The HVD would have to willingly provide information on actionable threats and location information on High-Value Targets at large--not lower level information--for interrogators to continue with the neutral approach.

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to HQS. Once approved, the interrogation process begins provided the required medical and psychological assessments contain no contraindications to interrogation

C. Interrogation.

For descriptive purposes, these techniques can be separated into three categories: Conditioning Techniques; Corrective Techniques; and Coercive Techniques. To more completely describe the three categories of techniques and their effects, we begin with a summary of the detention conditions that are used in all CIA HVD facilities and that may be a factor in interrogations.

1) Existing detention conditions. Detention conditions are not interrogation techniques, but they have an impact on the detainee undergoing interrogation. Specifically, the HVD will be exposed to white noise/loud sounds (not to exceed 79 decibels) and constant light during portions of the interrogation process. These conditions provide additional operational security: white noise/loud sounds mask conversations of staff members and deny the HVD any auditory clues about his surroundings and deter and disrupt the HVD's potential efforts to communicate with other detainees. Constant light provides an improved environment for Black Site security, medical, psychological, and interrogator staff to monitor the HVD.

2) Conditioning Techniques. The HVD is typically reduced to a baseline, dependent state using the three interrogation techniques discussed below in combination. Establishing this baseline state is important to demonstrate to the HVD that he has no control over basic human needs. The baseline state also creates in the detainee a mindset in which he learns to perceive and value his personal welfare, comfort, and immediate needs more than the information he is protecting. The use of these

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conditioning techniques do not generally bring immediate results; rather, it is the cumulative effect of these techniques, used over time and in combination with other interrogation techniques and intelligence exploitation methods, which achieve interrogation objectives. These conditioning techniques require little to no physical interaction between the detainee and the interrogator. The specific conditioning interrogation techniques are:

a. Nudity. The HVD's clothes are taken and he remains nude until the interrogators provide clothes to him.

b. Sleep Deprivation. The HVD is placed in the vertical shackling position to begin sleep deprivation. Other shackling procedures may be used during interrogations. The detainee is diapered for sanitary purposes, although the diaper is not used at all times.

c. Dietary manipulation. The HVD is fed Ensure Plus or other food at regular intervals. The HVD receives a target of 1500 calories per day per OMS guidelines.

3) Corrective Techniques. Techniques that require physical interaction between the interrogator and detainee are used principally to correct, startle, or to achieve another enabling objective with the detainee. These techniques—the insult slap, abdominal slap, facial hold, and attention grasp—are not used simultaneously but are often used interchangeably during an individual interrogation session. These techniques generally are used while the detainee is subjected to the conditioning techniques outlined above (nudity, sleep deprivation, and dietary manipulation). Examples of application include:

a. Insult Slap. The insult slap often is the first physical technique used with an HVD once an interrogation begins. As noted, the HVD may already be nude, in sleep deprivation, and subject to dietary manipulation, even though the detainee will likely feel little effect from these techniques early in the interrogation. The insult slap is used sparingly but periodically throughout the interrogation process when the interrogator needs to immediately correct the

detainee or provide a consequence to a detainee's response or non-response. The interrogator will continually assess the effectiveness of the insult slap and continue to employ it so long as it has the desired effect on the detainee. Because of the physical dynamics of the various techniques, the insult slap can be used in combination with water dousing or kneeling stress positions. Other combinations are possible but may not be practical.

b. Abdominal Slap. The abdominal slap is similar to the insult slap in application and desired result. It provides the variation necessary to keep a high level of unpredictability in the interrogation process. The abdominal slap will be used sparingly and periodically throughout the interrogation process when the interrogator wants to immediately correct the detainee

, and the interrogator will continually assess its effectiveness. Because of the physical dynamics of the various techniques, the abdominal slap can be used in combination with water dousing, stress positions, and wall standing. Other combinations are possible but may not be practical.

c. Facial Hold. The facial hold is a corrective technique and is used sparingly throughout interrogation. The facial hold is not painful and is used to correct the detainee in a way that demonstrates the interrogator's control over the HVD.

Because of the physical dynamics of the various techniques, the facial hold can be used in combination with water dousing, stress positions, and wall standing. Other combinations are possible but may not be practical.

d. Attention Grasp.

It may be used several times in the same interrogation. This technique is usually applied

grasp the HVD and pull him

into close proximity of the interrogator (face to face). Because of the physical dynamics of the various techniques, the attention grasp can be used in combination with water dousing or kneeling stress positions. Other combinations are possible but may not be practical.

4) Coercive Techniques. Certain interrogation techniques place the detainee in more physical and psychological stress and, therefore, are considered more effective tools in persuading a resistant HVD to participate with CIA interrogators. These techniques-- walling, water dousing, stress positions, wall standing, and cramped confinement--are typically not used in combination, although some combined use is possible. For example, an HVD in stress positions or wall standing can be water doused at the same time. Other combinations of these techniques may be used while the detainee is being subjected to the conditioning techniques discussed above (nudity, sleep deprivation, and dietary manipulation). Examples of coercive techniques include:

a. Walling. Walling is one of the most effective interrogation techniques because it wears down the HVD physically, heightens uncertainty in the detainee about what the interrogator may do to him, and creates a sense of dread when the HVD knows he is about to be walled again.

interrogator

An HVD may be walled one time (one impact with the wall) to make a point or twenty to thirty times consecutively when the interrogator requires a more significant response to a question. During an interrogation session that is designed to be intense, an HVD will be walled multiple times in the session. Because of the physical dynamics of walling, it is impractical to use it simultaneously with other corrective or coercive techniques.

b. Water Dousing. The frequency and duration of water dousing applications are based on water temperature and other safety considerations as

established by OMS guidelines. It is an effective interrogation technique and may be used frequently within those guidelines. The physical dynamics of water dousing are such that it can be used in combination with other corrective and coercive techniques. As noted above, an HVD in stress positions or wall standing can be water doused. Likewise, it is possible to use the insult slap or abdominal slap with an HVD during water dousing.

c. Stress Positions. The frequency and duration of use of the stress positions are based on the interrogator's assessment of their continued effectiveness during interrogation. These techniques are usually self-limiting in that temporary muscle fatigue usually leads to the HVD being unable to maintain the stress position after a period of time. Stress positions requiring the HVD to be in contact with the wall can be used in combination with water dousing and abdominal slap. Stress positions requiring the HVD to kneel can be used in combination with water dousing, insult slap, abdominal slap, facial hold, and attention grasp.

d. Wall Standing. The frequency and duration of wall standing are based on the interrogator's assessment of its continued effectiveness during interrogation. Wall standing is usually self-limiting in that temporary muscle fatigue usually leads to the HVD being unable to maintain the position after a period of time. Because of the physical dynamics of the various techniques, wall standing can be used in combination with water dousing and abdominal slap. While other combinations are possible, they may not be practical.

e. Cramped Confinement. Current OMS guidance on the duration of cramped confinement limits confinement in the large box to no more than 8 hours at a time for no more than 18 hours a day, and confinement in the small box to 2 hours.

Because of the unique aspects of cramped confinement, it cannot be used in

combination with other corrective or coercive techniques.

D. Interrogation - A day-to-day look. This section provides a look at a prototypical interrogation with an emphasis on the application of interrogation techniques, in combination and separately.

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2) Session One.

a. The HVD is brought into the interrogation room, and under the direction of the interrogators, stripped of his clothes, and placed into shackles



b. The HVD is placed standing with his back to the walling wall. The HVD remains hooded.

c. Interrogators approach the HVD, place the walling collar over his head and around his neck, and stand in front of the HVD.

d. The interrogators remove the HVD's hood and

explain the HVD's situation to him, tell him that the interrogators will do what it takes to get important information, and that he can improve his conditions immediately by participating with the interrogators. The insult slap is normally used as soon as the HVD does or says anything inconsistent with the interrogators' instructions.

e.

If appropriate, an insult slap or abdominal slap will follow.

f. The interrogators will likely use walling once it becomes clear that the HVD is lying, withholding information, or using other resistance techniques.

g. The sequence may continue for several more iterations as the interrogators continue to measure the HVD's resistance posture and apply a negative consequence to the HVD's resistance efforts.

h. The interrogators, assisted by security officers (for security purposes) will place the HVD in the center of the interrogation room in the vertical shackling position and diaper the HVD to begin sleep deprivation. The HVD will be provided with Ensure Plus (liquid dietary supplement) to begin dietary manipulation. The HVD remains nude. White noise (not to exceed 79db) is used in the interrogation.



room. The first interrogation session terminates at this point.

i.

j. This first interrogation session may last from 30 minutes to several hours based on the interrogators' assessment of the HVD's resistance posture.

The three Conditioning Techniques were used to bring the HVD to a baseline, dependent state conducive to meeting interrogation objectives in a timely manner.

-----  
3) Session Two.

a. The time period between Session One and Session Two could be as brief as one hour or more than 24 hours

In addition, the medical and psychological personnel observing the interrogations must advise there are no contraindications to another interrogation session.

b.

c. Like the first session, interrogators approach the HVD, place the walling collar over his head and around his neck, and stand in front of the HVD.

d.

Should the HVD not respond appropriately to the first questions, the interrogators will respond with an insult slap or abdominal slap to set the stage for further questioning.

e.

The interrogators will likely use walling once interrogators determine the HVD is intent on maintaining his resistance posture.

f. The sequence may continue for multiple iterations as the interrogators continue to measure the HVD's resistance posture.

g. To increase the pressure on the HVD,

water douse the HVD for several minutes.

h. The interrogators, assisted by security officers, will place the HVD back into the vertical shackling position to resume sleep deprivation. Dietary manipulation also continues, and the HVD remains nude. White noise (not to exceed 79db) is used in the interrogation room. The interrogation session terminates at this point.

i. As noted above, the duration of this session may last from 30 minutes to several hours based on the interrogators' assessment of the HVD's resistance posture. In this example of the second session, the following techniques were used: sleep deprivation, nudity, dietary manipulation, walling, water dousing, attention grasp, insult slap, and abdominal slap. The three Conditioning Techniques were used to keep the HVD at a baseline, dependent state and to weaken his resolve and will to resist. In combination with these three techniques, other Corrective and Coercive Techniques were used throughout the interrogation session based on interrogation objectives and the interrogators' assessment of the HVD's resistance posture.

## 4) Session Three.

a.

In addition, the medical and psychological personnel observing the interrogations must find no contraindications to continued interrogation.

b. The HVD remains in sleep deprivation, dietary manipulation and is nude.

c. Like the earlier sessions, the HVD begins the session standing against the walling wall with the walling collar around his neck.

d. If the HVD is still maintaining a resistance posture, interrogators will continue to use walling and water dousing. All of the Corrective Techniques (insult slap, abdominal slap, facial hold, attention grasp) may be used several times during this session based on the responses and actions of the HVD. Stress positions and wall standing will be integrated into interrogations

Intense questioning and walling would be repeated multiple times.

Interrogators will often use one technique to support another. As an example, interrogators would tell an HVD in a stress position that he (HVD) is going back to the walling wall (for walling) if he fails to hold the stress position until told otherwise by the HVD. This places additional stress on the HVD who typically will try to hold the stress position for as long as possible to avoid the walling wall.

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interrogators will remind the HVD that he is responsible for this treatment and can stop it at any time by cooperating with the interrogators.

e. The interrogators, assisted by security officers, will place the HVD back into the vertical shackling position to resume sleep deprivation. Dietary manipulation also continues, and the HVD remains nude. White noise (not to exceed 79db) is used in the interrogation room. The interrogation session terminates at this point. In this example of the third session, the following techniques were used: sleep deprivation, nudity, dietary manipulation, walling, water dousing, attention grasp, insult slap, abdominal slap, stress positions, and wall standing.

5) Continuing Sessions.

Interrogation techniques assessed as being the most effective will be emphasized while techniques with little assessed effectiveness will be minimized.

a.

b. The use of cramped confinement may be introduced if interrogators assess that it will have the appropriate effect on the HVD.

c.

d. Sleep deprivation may continue to the 70 to 120 hour range, or possibly beyond for the hardest resisters, but in no case exceed the 180-hour time limit. Sleep deprivation will end sooner if the medical or psychologist observer finds

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H.

contraindications to continued sleep deprivation.

e.

f.

g. The interrogators' objective is to transition the HVD to a point where he is participating in a predictable, reliable, and sustainable manner. Interrogation techniques may still be applied as required, but become less frequent.

. This transition period lasts from several days to several weeks based on the HVDs responses and actions.

h. The entire interrogation process outlined above, including transition, may last for thirty days

On average, the actual use of interrogation technique can vary upwards to fifteen days based on the resilience of the HVD.

If the interrogation team anticipates the potential need to use interrogation techniques beyond the 30-day approval period, it will submit a new interrogation plan to HQS for evaluation and approval.

2. Summary.

- Since the start of this program, interrogation techniques have been used in combination and separately to achieve critical intelligence collection objectives.
- The use of interrogation techniques in combination is essential to the creation of an interrogation environment conducive to intelligence collection. HVDs are well-trained, often battle-hardened terrorist operatives, and highly committed to jihad. They are intelligent and resourceful leaders and able to resist standard interrogation approaches.
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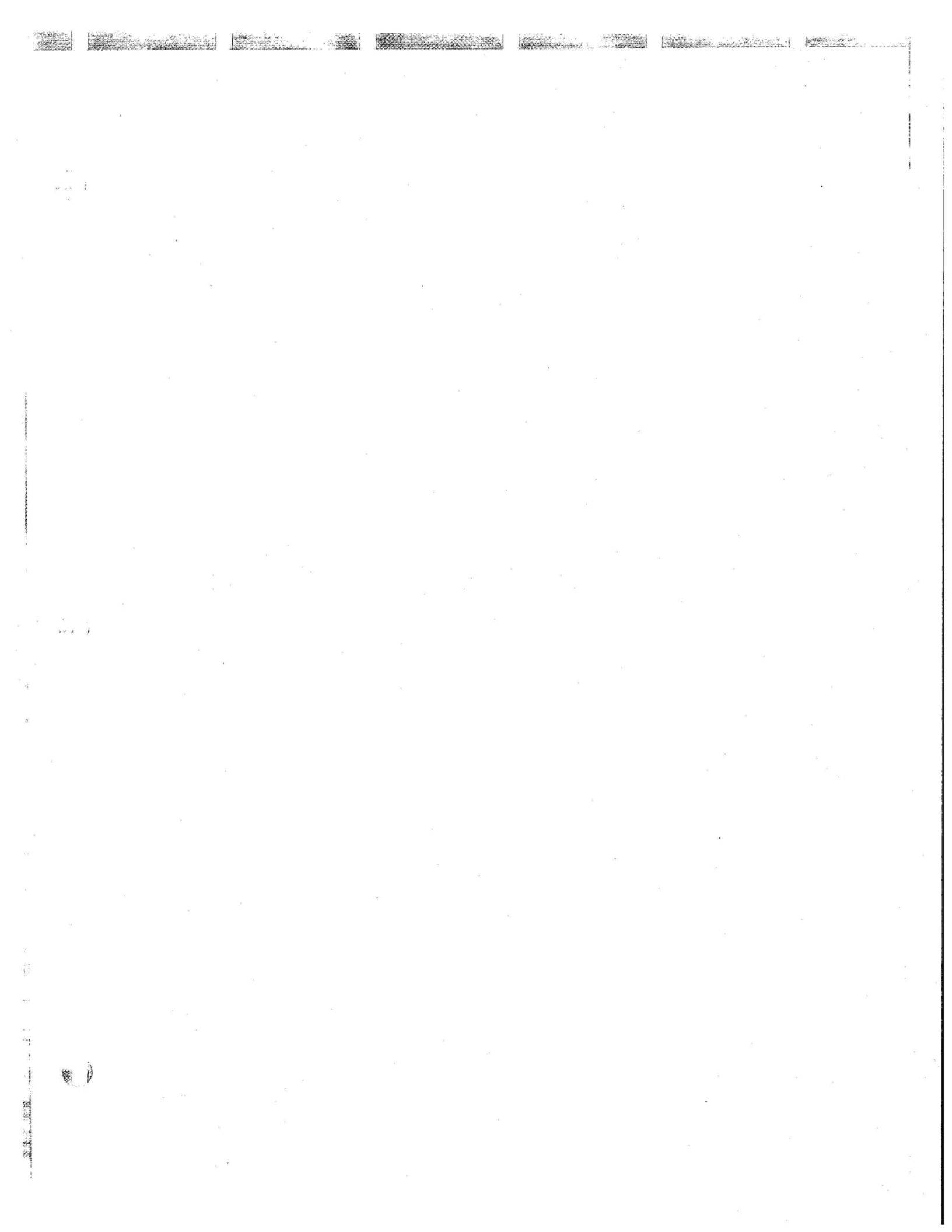
However, there is no template or script that states with certainty when and how these techniques will be used in combination during interrogation. However, the exemplar above is a fair representation of how these techniques are actually employed.

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- All CIA interrogations are conducted on the basis of the "least coercive measure" principle. Interrogators employ interrogation techniques in an escalating manner consistent with the HVD's responses and actions. Intelligence production is more sustainable over the long term if the actual use of interrogation techniques diminishes steadily and the interrogation environment improves in accordance with the HVD's demonstrated consistent participation with the interrogators.

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15 January 2005

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Number of pages (including cover sheet): 35

Comments: ~~(S//NF)~~ Dan, Latest OMS Guidelines (came out while I was out of the office. I haven't studied to see what changed from the last version I sent you. [REDACTED])

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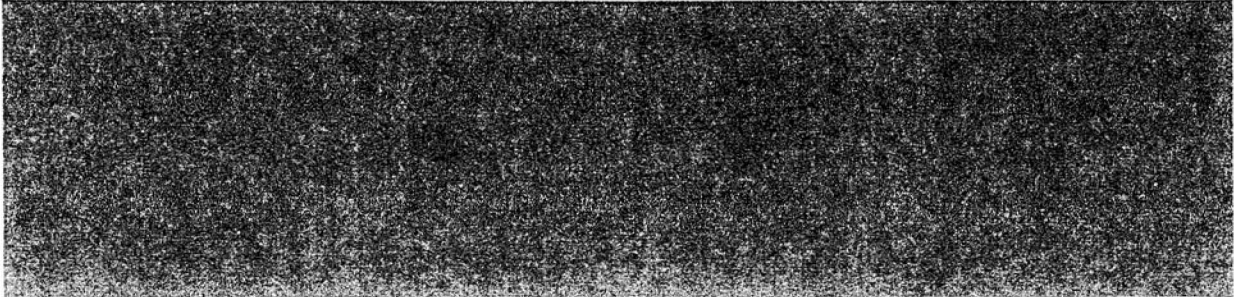
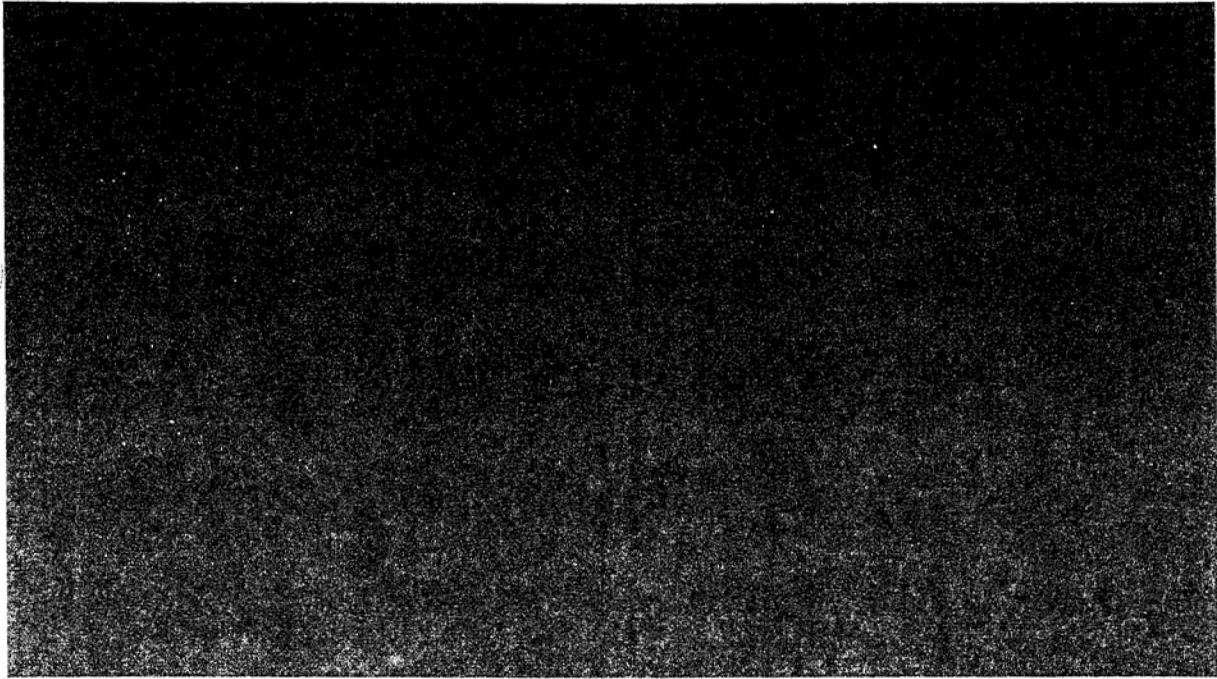
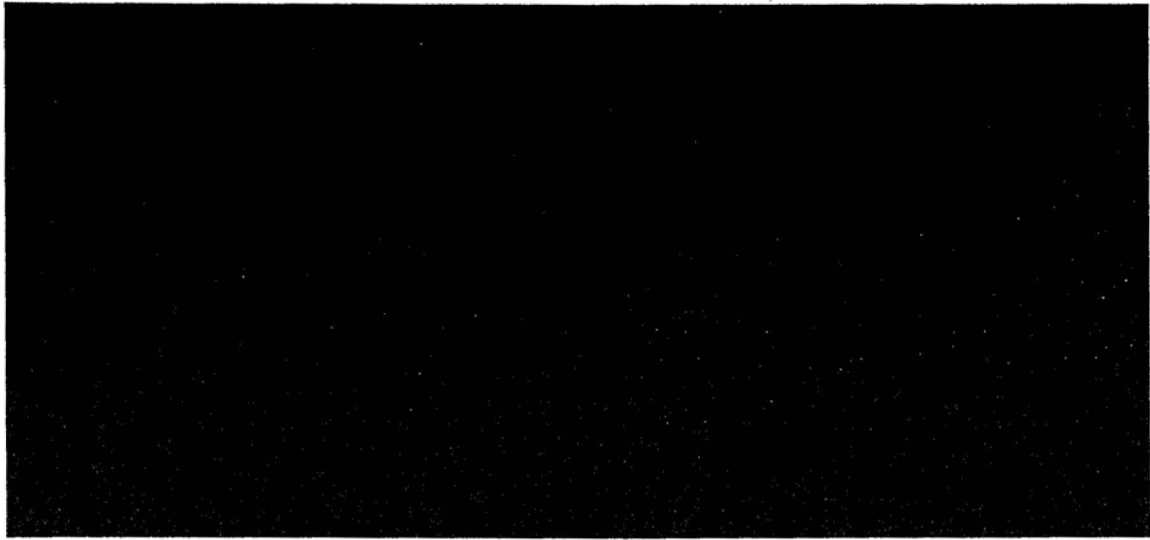
OMS GUIDELINES ON MEDICAL AND PSYCHOLOGICAL SUPPORT TO  
DETAINEE RENDITION, INTERROGATION, AND DETENTION  
December 2004

The following guidelines offer general references for medical officers supporting the rendition and detention of terrorists captured and turned over to the Central Intelligence Agency for interrogation and debriefing. There are three different contexts in which these guidelines may be applied: (1) during the period of rendition and initial interrogation, (2) during the more sustained period of debriefing at an interrogation site, and (3) [REDACTED]



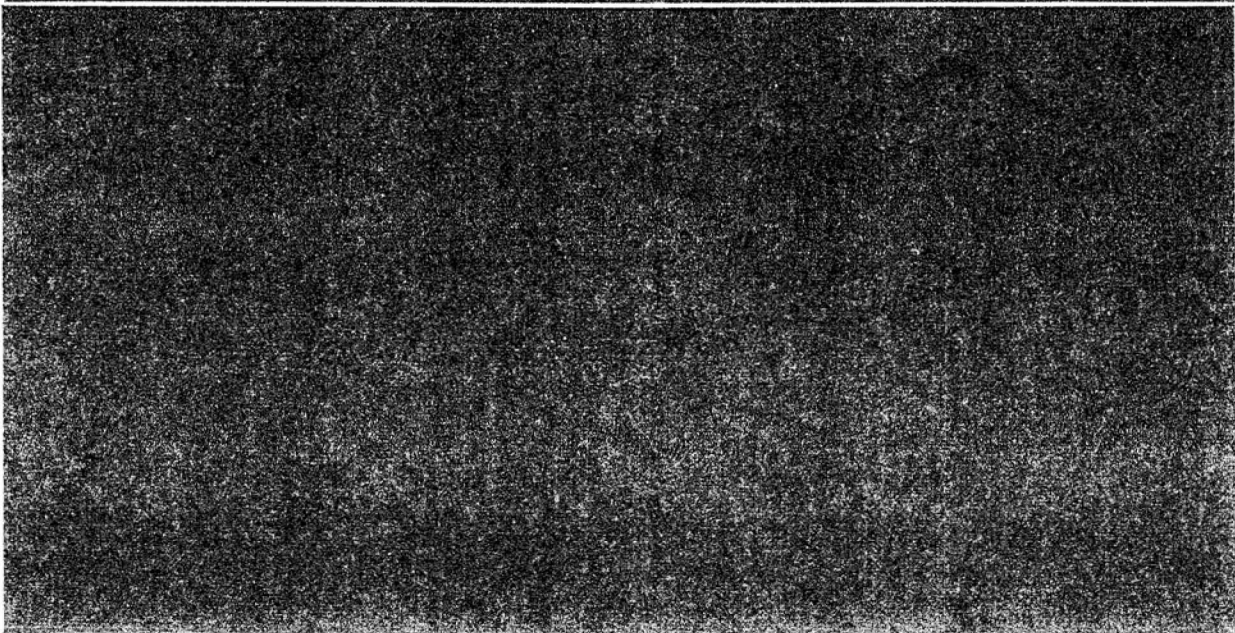
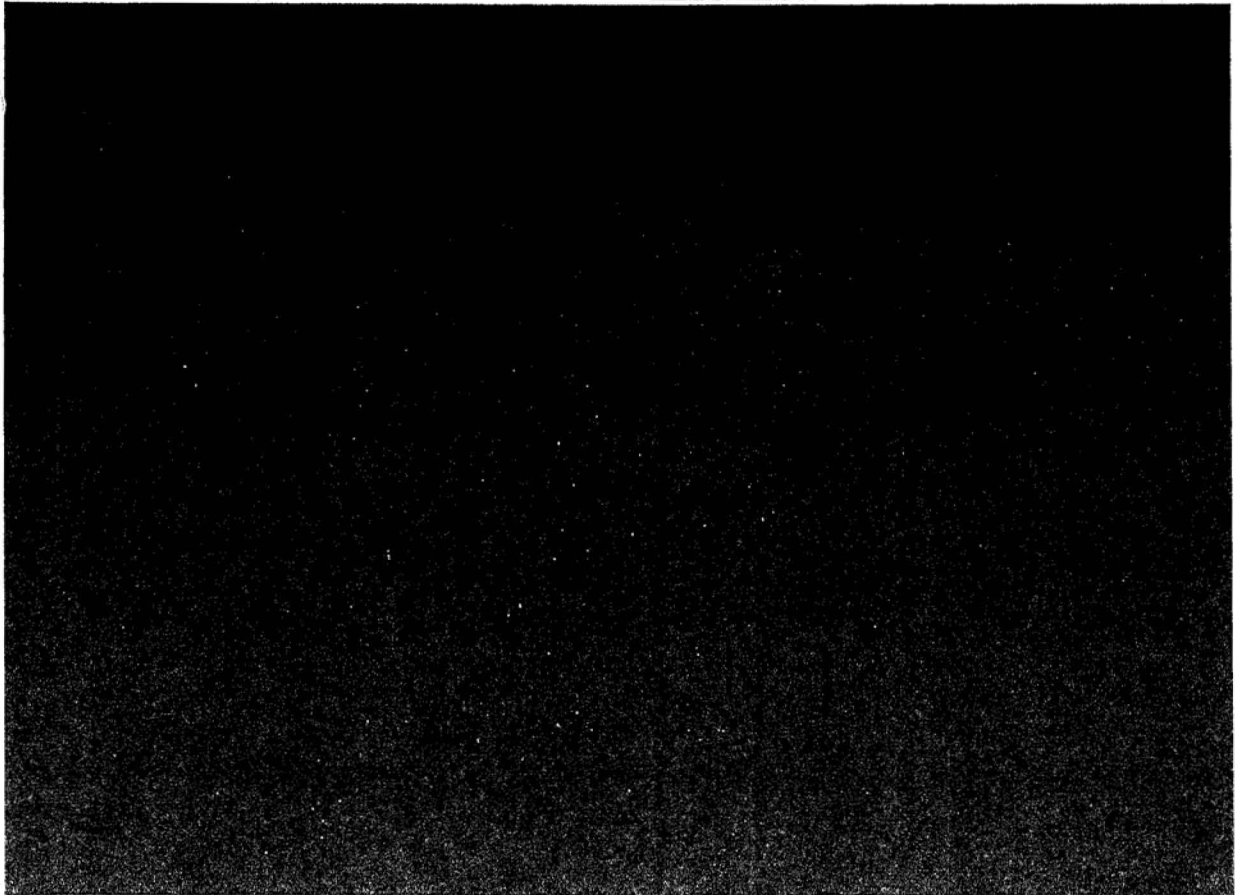
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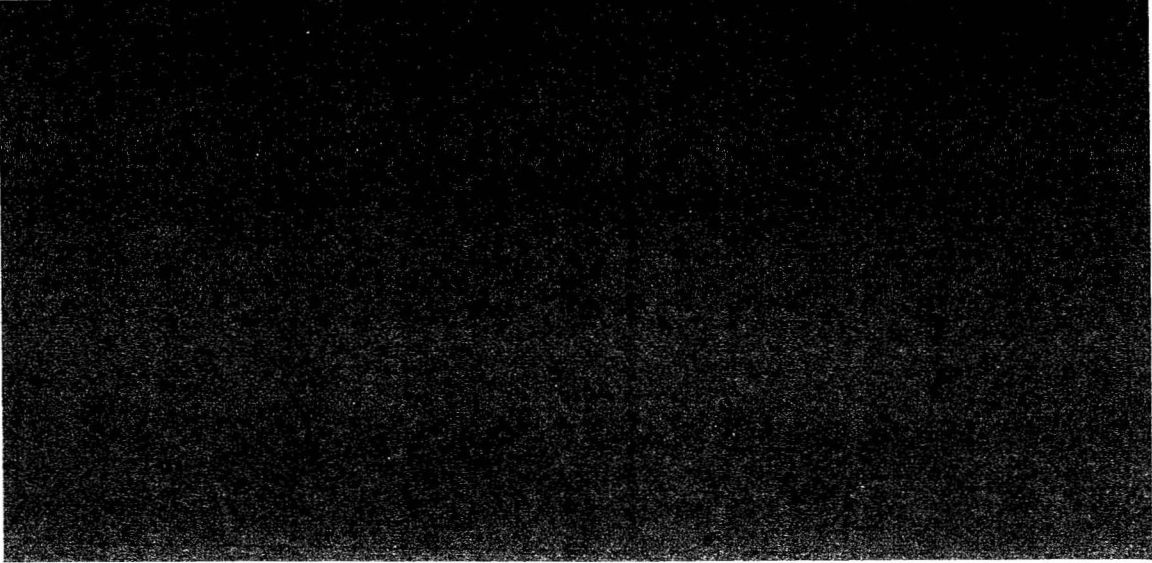
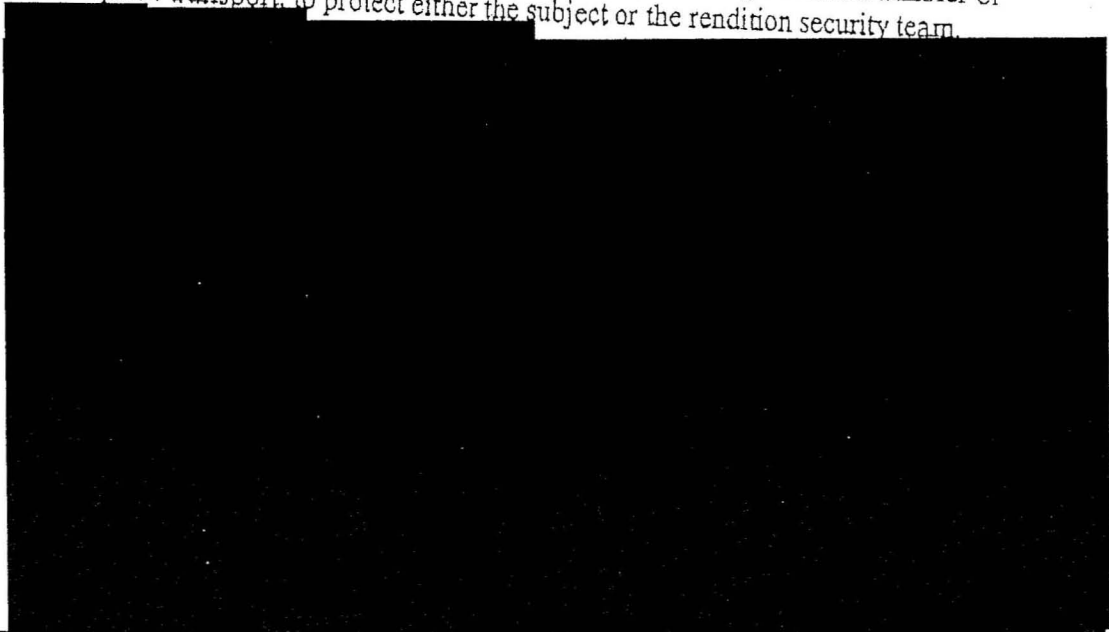


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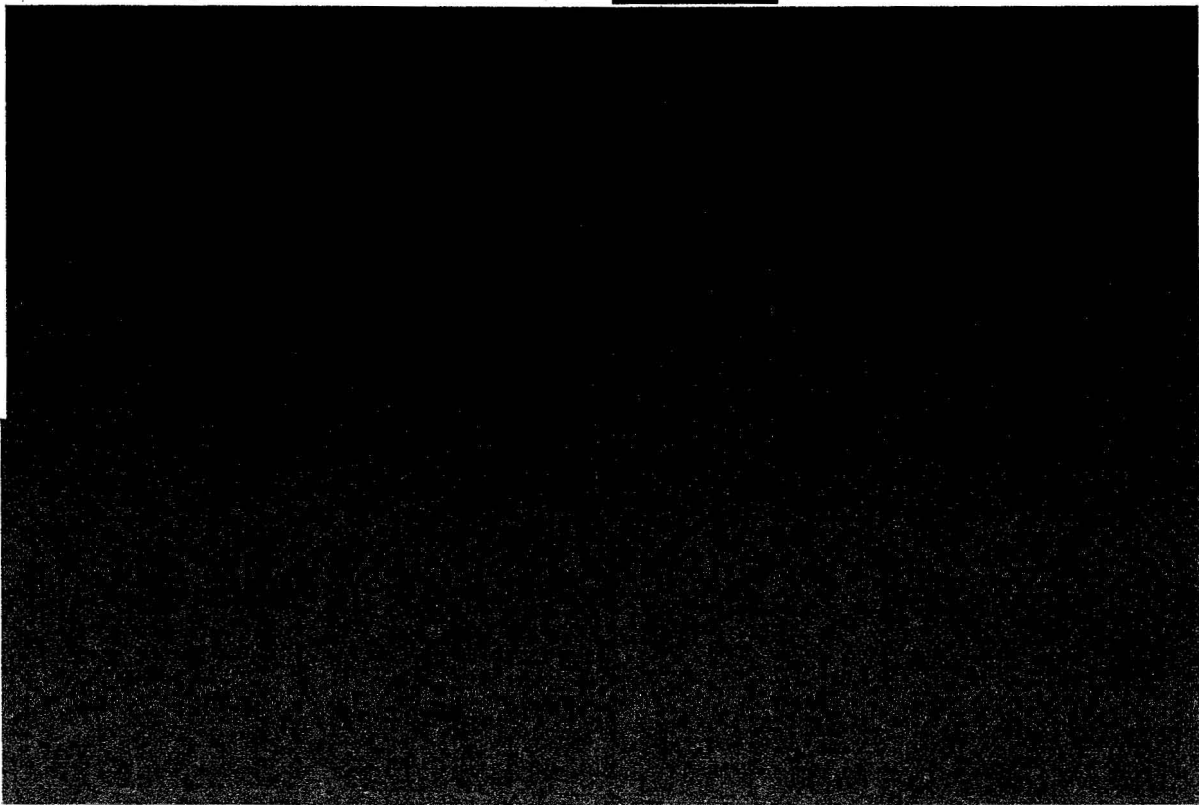
Guidelines for the use of sedatives.

At times it may be necessary to sedate a subject during the initial transfer or subsequent transport, to protect either the subject or the rendition security team.



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### DETENTION AND INTERROGATION

#### General intake evaluation

New detainees are to have a thorough initial medical assessment upon arrival at the first Agency detention facility, with a complete, documented history and physical addressing in depth any chronic or previous medical problems. This assessment should especially attend to cardio-vascular, pulmonary, neurological and musculoskeletal findings.

Vital signs and weight should be recorded, and blood work drawn

[REDACTED]

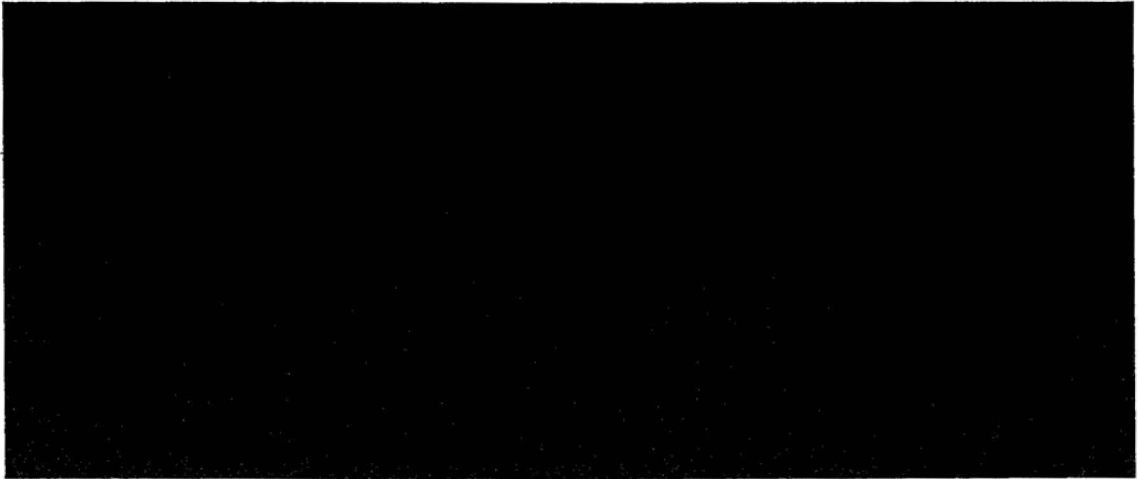
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~~TOP SECRET~~ [REDACTED]Interrogation.

Captured terrorists turned over to the C.I.A. for interrogation may be subjected to a wide range of legally sanctioned techniques, all of which are also used on U.S. military personnel in SERE training programs. These are designed to psychologically "dislocate" the detainee, maximize his feeling of vulnerability and helplessness, and reduce or eliminate his will to resist our efforts to obtain critical intelligence.

Sanctioned interrogation techniques must be specifically approved in advance by the Director, CTC in the case of each individual case. They include, in approximately ascending degree of intensity:

- Shaving
- Stripping
- Hooding
- Isolation
- White noise or loud music (at a decibel level that will not damage hearing)
- Continuous light or darkness
- Uncomfortably cool environment
- Dietary manipulation (sufficient to maintain general health)
- Shackling in upright, sitting, or horizontal position
- Sleep deprivation (up to 48 hours)
  
- Attention grasp
- Facial hold
- Insult (facial) slap
- Abdominal slap
- Sleep deprivation (over 48 hours)
- Water Dousing and tossing
- Stress positions
  - on knees, body slanted forward or backward
  - leaning with forehead on wall
  - leaning on fingertips against wall
- Walling
- Cramped confinement (Confinement boxes)
- Waterboard

In all instances the general goal of these techniques is a psychological impact, and not some physical effect, with a specific goal of "dislocat[ing] his expectations regarding

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the treatment he believes he will receive...." The more physical techniques are delivered in a manner carefully limited to avoid serious physical harm. The slaps, for example, are designed "to induce shock, surprise, and/or humiliation" and "not to inflict physical pain that is severe or lasting." To this end they must be delivered in a specifically prescribed manner, e.g. with fingers spread. Walling is performed only against a springboard designed to be loud and bouncy (and cushion the blow). All walling and most attention grasps are delivered only with the subject's head solidly supported with a towel to avoid extension-flexion injury.

OMS is responsible for assessing and monitoring the health of all Agency detainees subject to "enhanced" interrogation techniques, and for determining that the authorized administration of these techniques would not be expected to cause serious or permanent harm.<sup>1</sup> "DCI Guidelines" have been issued formalizing these responsibilities, and these should be read directly.

Advance Headquarters approval is required to use any physical pressures; technique-specific advanced approval is required for all "enhanced" measures and is conditional on on-site medical and psychological personnel<sup>2</sup> confirming from direct detainee examination that the enhanced technique(s) is not expected to produce "severe physical or mental pain or suffering." As a practical matter, the detainee's physical condition must be such that these interventions will not have lasting effect, and his psychological state strong enough that no severe psychological harm will result.

The medical implications of the DCI guidelines are discussed below. [REDACTED]

<sup>1</sup> The standard used by the Justice Department for "mental" harm is "prolonged mental harm," i.e., "mental harm of some lasting duration, e.g., mental harm lasting months or years." "In the absence of prolonged mental harm, no severe mental pain or suffering would have been inflicted." Memorandum of August 1, 2002, p. 15.

<sup>2</sup> [REDACTED]  
Unless the waterboard is being used, the medical officer can be a physician or a PA; use of the waterboard requires the presence of a physician.

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~~TOP SECRET~~ [REDACTED]Medical treatment

Adequate medical care shall be provided to detainees, even those undergoing enhanced interrogation. Those requiring chronic medications should receive them, acute medical problems should be treated, and adequate fluids and nutrition provided.

[REDACTED]

[REDACTED]

The basic diet during the period of enhanced interrogation need not be palatable, but should include adequate fluids and nutrition. Actual consumption should be monitored and recorded. Liquid Ensure (or equivalent) is a good way to assure that there is adequate nutrition. Individuals refusing adequate liquids during this stage should have fluids administered at the earliest signs of dehydration.

[REDACTED]

If there is any question about adequacy of fluid intake, urine output also should be monitored and recorded.

All medical officers remain under the professional obligation to do no harm. [REDACTED]

[REDACTED]

Medical officers must remain cognizant at all times of their obligation to prevent "severe physical or mental pain or suffering."

Uncomfortably cool environments

Detainees can safely be placed in uncomfortably cool environments for varying lengths of time, ranging from hours to days.

[REDACTED]

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[REDACTED]

Core body temperature falls after more than 2 hours at an ambient temperature of 10°C/50°F. At this temperature increased metabolic rate cannot compensate for heat loss. The WHO recommended minimum indoor temperature is 18°C/64°F. The "thermoneutral zone" where minimal compensatory activity is required to maintain core temperature is 20°C/68°F to 30°C/86°F. Within the thermoneutral zone, 26°C/78°F is considered optimally comfortable for lightly clothed individuals and 30°C/86°F for naked individuals.

[REDACTED]

If there is any possibility that ambient temperatures are below the thermoneutral range, they should be monitored and the actual temperatures documented.

[REDACTED]

At ambient temperatures below 18°C/64°F, detainees should be monitored for the development of hypothermia.

[REDACTED]

#### Dietary manipulation during interrogation

During the interrogation phase, detainee diets may be modified to enhance compliance with interrogators and facilitate movement to the debriefing phase. Detainees health should not be jeopardized by such restrictions, however, so medical officers should attend to adequate fluid and nutrition intake. In general, daily fluid and nutritional requirements may be estimated using the following formulae:

Fluid requirement: 35 ml / kg / day. Will alter with ambient temperature, body temperature, level of activity, intercurrent illness. Monitoring of fluid intake and of urine output and specific gravity may be necessary when the medical officer suspects the detainee is becoming dehydrated.

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Energy requirement (male):  $900 + 10 \times$  weight in kilograms for basal Kcal requirement; multiply by 1.2 for sedentary activity level, 1.4 for moderate activity level.

Widely available commercial weight loss programs in the US employ diets of 1000 Kcal / day for sustained periods of weeks or longer without required medical supervision in persons voluntarily seeking to lose weight; these diets have proven safe and effective in inducing short term weight loss. Franchised medically supervised programs may employ diets with even lower daily calorie provision (as low as 500 Kcal / day), but do entail some risk because of alterations in serum electrolytes.

Should the interrogation team choose to limit the detainee's food intake, OMS recommends a minimum intake of 1500 Kcalories / day, recognizing that intakes of 1,000 Kcal are safe and sustainable for weeks at a time. The nutrients may be presented as either a balanced liquid supplement, such as Ensure Plus (360 Kcal / can), or a reduction in the detainee's normal solid food intake. If enhanced interrogation methods are contemplated, a liquid diet is appropriate to minimize risk to the detainee of aspiration; a liquid diet is mandatory if use of the waterboard is being contemplated.

Water dousing

[REDACTED] Medical officers should refer to CTC guidelines for a discussion of water dousing techniques, which allow for water to be applied using either a hose connected to tap water, or a bottle or similar container as the water source. Care must be taken to keep water away from the face to avoid risk of accidental ingestion or aspiration.

OMS guidelines for exposure to water are:

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- For water temperature of 41 F / 5 C - total duration of exposure not to exceed 20 minutes without drying and rewarming.
- For water temperature of 50 F / 10 C - total duration of exposure not to exceed 40 minutes without drying and rewarming.
- For water temperature of 59 F / 15 C - total duration of exposure not to exceed 60 minutes without drying and rewarming.

These standards are derived from submersion studies, and represent 2/3 of the time at which hypothermia is likely to develop in healthy individuals submerged in water, wearing light clothing. In our opinion, a partial dousing, with concomitant less total exposure and potential heat loss, would therefore be safe to undertake within these parameters. The total dousing time includes both the actual dousing and time in wet clothing.

[REDACTED]

[REDACTED]

#### White noise or loud music

As a practical guide, there is no permanent hearing risk for continuous, 24-hours-a-day exposures to sound at 82 dB or lower; at 84 dB for up to 18 hours a day; 90 dB for up to 8 hours, 95 dB for 4 hours, and 100 dB for 2 hours. If necessary, instruments can be provided to measure these ambient sound levels.

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Shackling and prolonged standing

Shackling in non-stressful positions requires only monitoring for the development of pressure sores with appropriate treatment and adjustment of the shackles as required.

[REDACTED]

If the detainee is to be shackled standing with hands at or above the head (as part of a sleep deprivation protocol), the medical assessment should include a pre-check for anatomic factors that might influence how long the arms could be elevated.

[REDACTED]

Assuming no medical contraindications are found, extended periods (up to 48 hours) in a standing position can be approved if the hands are no higher than head level and weight is borne fully by the lower extremities.

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

Sleep deprivation

[REDACTED]

The standard approval for sleep deprivation, per se (without regard to shackling position) is 48 hours.

[REDACTED]

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[REDACTED]

The maximum time frame permitted under CTC policy for continued sleep deprivation is 180 hours.

[REDACTED]

[REDACTED]

*NOTE: Examinations performed during periods of sleep deprivation should include the recording of current number of hours without sleep; and, if only a brief rest preceded this period, the specifics of the previous deprivation also should be recorded.*

Cramped confinement (Confinement boxes)

Detainees can be placed in awkward boxes, specifically constructed for this purpose.

[REDACTED] These have not proved particularly effective, as they may become a safehaven offering a respite from interrogation. [REDACTED] confinement in the [REDACTED]

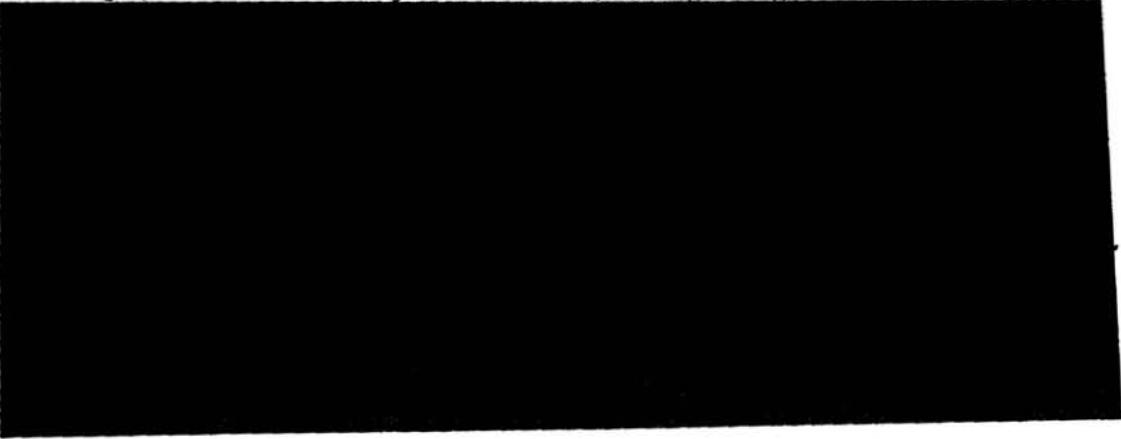
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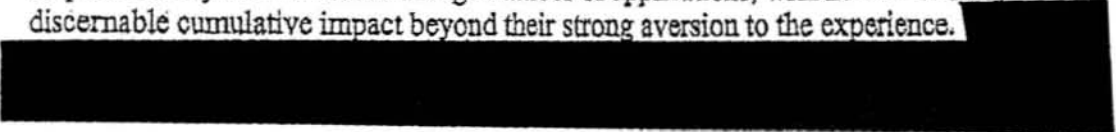
small box is allowable up to 2 hours. Confinement in the large box is limited to 8 consecutive hours, up to a total of 18 hours a day.

### Waterboard

This is by far the most traumatic of the enhanced interrogation techniques. The historical context here was limited knowledge of the use of the waterboard in SERE training (several hundred trainees experience it every year or two). In the SERE model the subject is immobilized on his back, and his forehead and eyes covered with a cloth. A stream of water is directed at the upper lip. Resistant subjects then have the cloth lowered to cover the nose and mouth, as the water continues to be applied, fully saturating the cloth, and precluding the passage of air. Relatively little water enters the mouth. The occlusion (which may be partial) lasts no more than 20 seconds. On removal of the cloth, the subject is immediately able to breathe, but continues to have water directed at the upper lip to prolong the effect. This process can continue for several minutes, and involve up to 15 canteen cups of water. Ostensibly the primary desired effect derives from the sense of suffocation resulting from the wet cloth temporarily occluding the nose and mouth, and psychological impact of the continued application of water after the cloth is removed. SERE trainees usually have only a single exposure to this technique, and never more than two; SERE trainers consider it their most effective technique, and deem it virtually irresistible in the training setting.

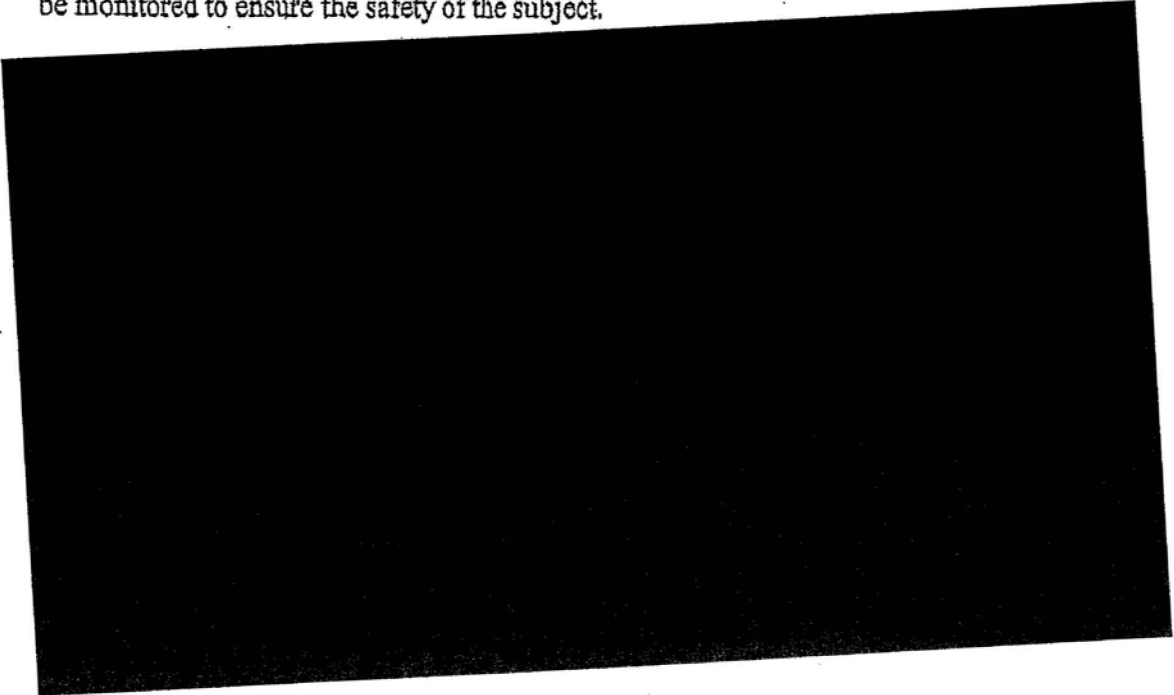


While SERE trainers believe that trainees are unable to maintain psychological resistance to the waterboard, our experience was otherwise. Some subjects unquestionably can withstand a large number of applications, with no immediately discernable cumulative impact beyond their strong aversion to the experience.

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The SERE training program has applied the waterboard technique (single exposure) to trainees for years, and reportedly there have been thousands of applications without significant or lasting medical complications. The procedure nonetheless carries some potential risks, particularly when repeated a large number of times or when applied to an individual less fit than a typical SERE trainee. Several medical dimensions need to be monitored to ensure the safety of the subject.



In our limited experience, extensive sustained use of the waterboard can introduce new risks. Most seriously, for reasons of physical fatigue or psychological resignation, the subject may simply give up, allowing excessive filling of the airways and loss of consciousness. An unresponsive subject should be righted immediately, and the interrogator should deliver a sub-xiphoid thrust to expel the water. If this fails to restore normal breathing, aggressive medical intervention is required. Any subject who has reached this degree of compromise is not considered an appropriate candidate for the waterboard, and the physician on the scene can not concur in further use of the waterboard without specific C/OMS consultation and approval.

A rigid guide to medically approved use of the waterboard in essentially healthy individuals is not possible, as safety will depend on how the water is applied and the specific response each time it is used. The following general medical guidelines are based on very limited knowledge, drawn from very few subjects whose experience and response was quite varied. These represent only the medical guidelines; legal guidelines also are operative and may be more restrictive.

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A series (within a "session") of several relatively rapid waterboard applications is medically acceptable in all healthy subjects, so long as there is no indication of some emerging vulnerability [REDACTED]

[REDACTED] Several such sessions per 24 hours have been employed without apparent medical complication. The exact number of sessions cannot be medically prescribed, and will depend on the response to each; however, all medical officers must be aware of the Agency policy on waterboard exposure. As of December 2004, CTC guidelines limit such sessions as follows:

"a. Approvals for use of the waterboard last for only 30 days. During that 30-day period, the waterboard may not be used on more than 5 days during that 30-day period.

b. The number of waterboard sessions during any given 24-hour period may not exceed two.

c. A waterboard "session" is the period of time in which a subject is strapped to the waterboard before being removed. It may involve multiple applications of water. A waterboard session may not last longer than two hours.

d. An "application" during a waterboard session is the time period in which water is poured on the cloth being held on the subject's face. Under the DCI interrogation guidelines, the time of total contact of water with the face will not exceed 40 seconds. The vast majority of applications are less than 40 seconds, many for fewer than 10 seconds. Individual applications lasting 10 seconds or longer will be limited to no more than six applications during any one waterboard session. The Agency will limit the aggregate of applications to no more than 12 minutes in any one 24-hour period."

By days 3-5 of an aggressive program, cumulative effects become a potential concern. Without any hard data to quantify either this risk or the advantages of this technique, we believe that beyond this point continued intense waterboard applications may not be medically appropriate. Continued aggressive use of the waterboard beyond this point should be reviewed by the HVT team in consultation with Headquarters prior to any further aggressive use. [REDACTED]

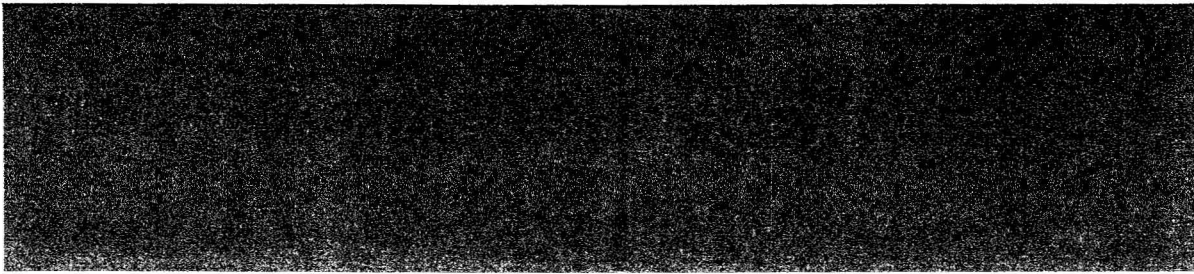
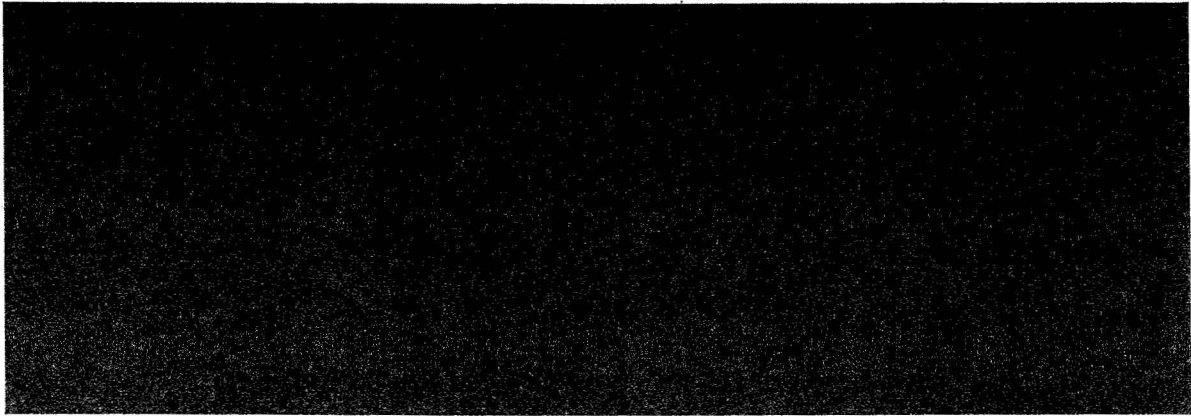
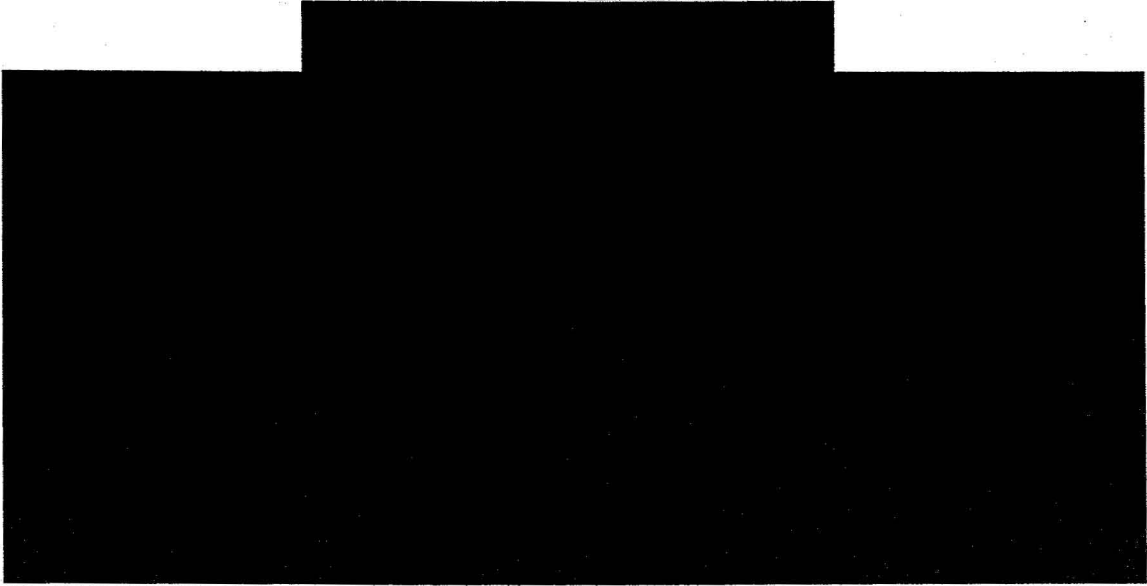
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*NOTE: In order to best inform future medical judgments and recommendations, it is important that every application of the waterboard be thoroughly documented: how long each application (and the entire procedure) lasted, how much water was used in the process (realizing that much splashes off), how exactly the water was applied, if a seal was achieved, if the naso- or oropharynx was filled, what sort of volume was expelled, how long was the break between applications, and how the subject looked between each treatment.*

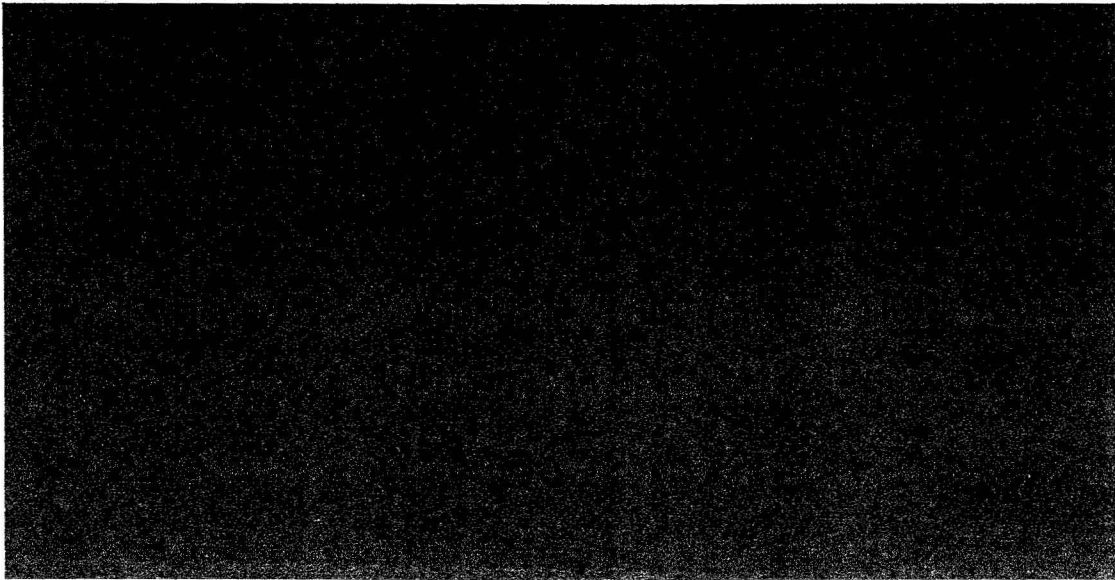
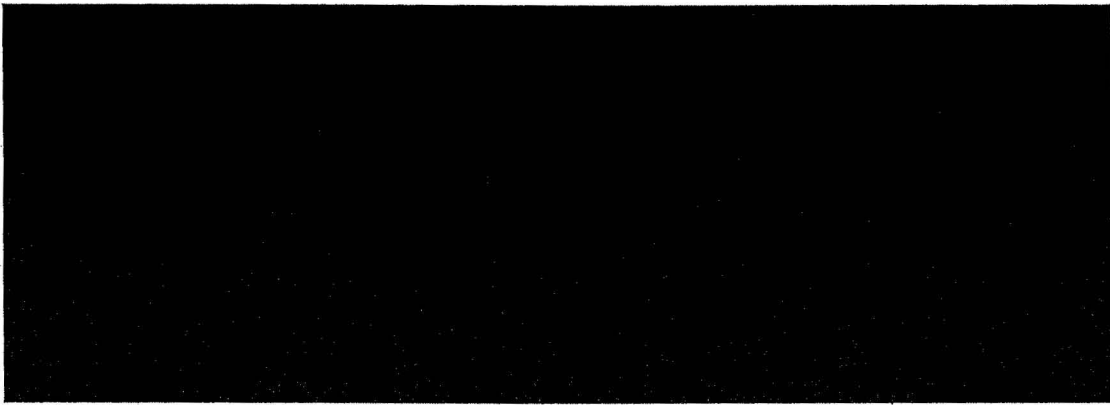
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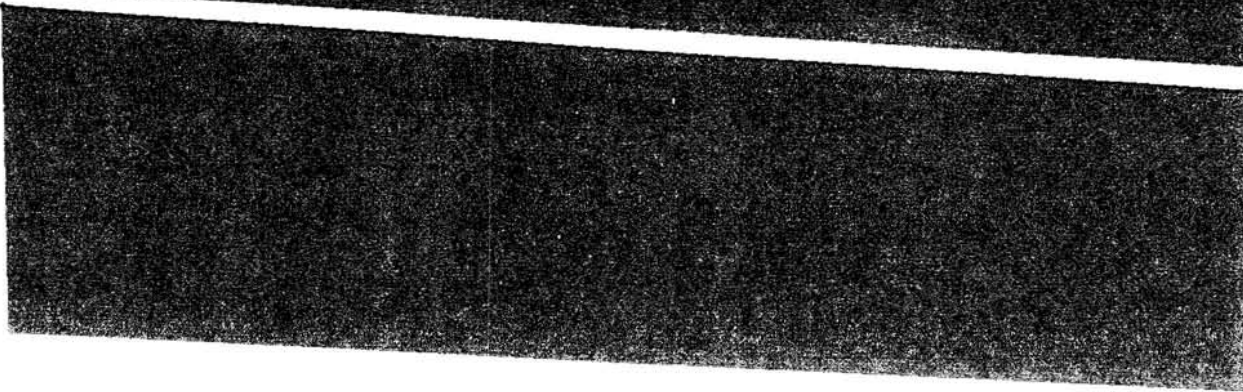
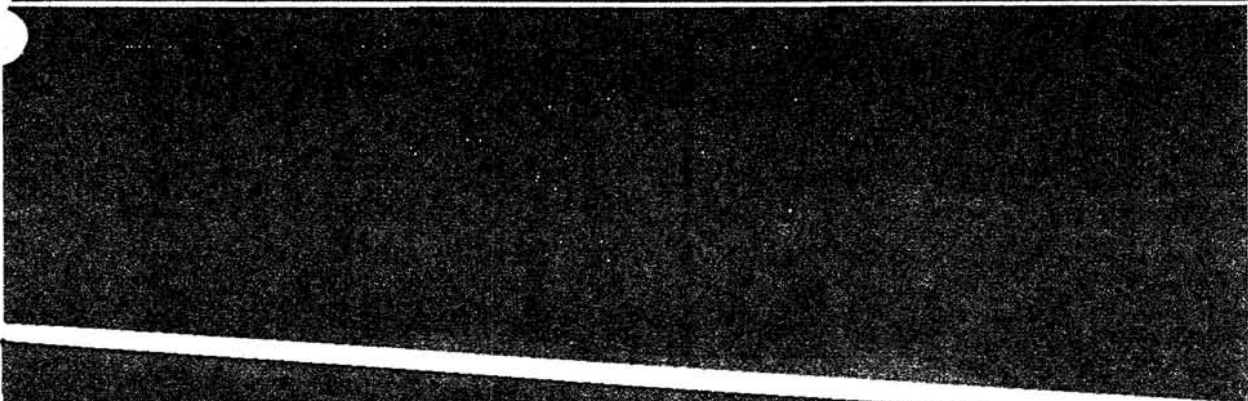
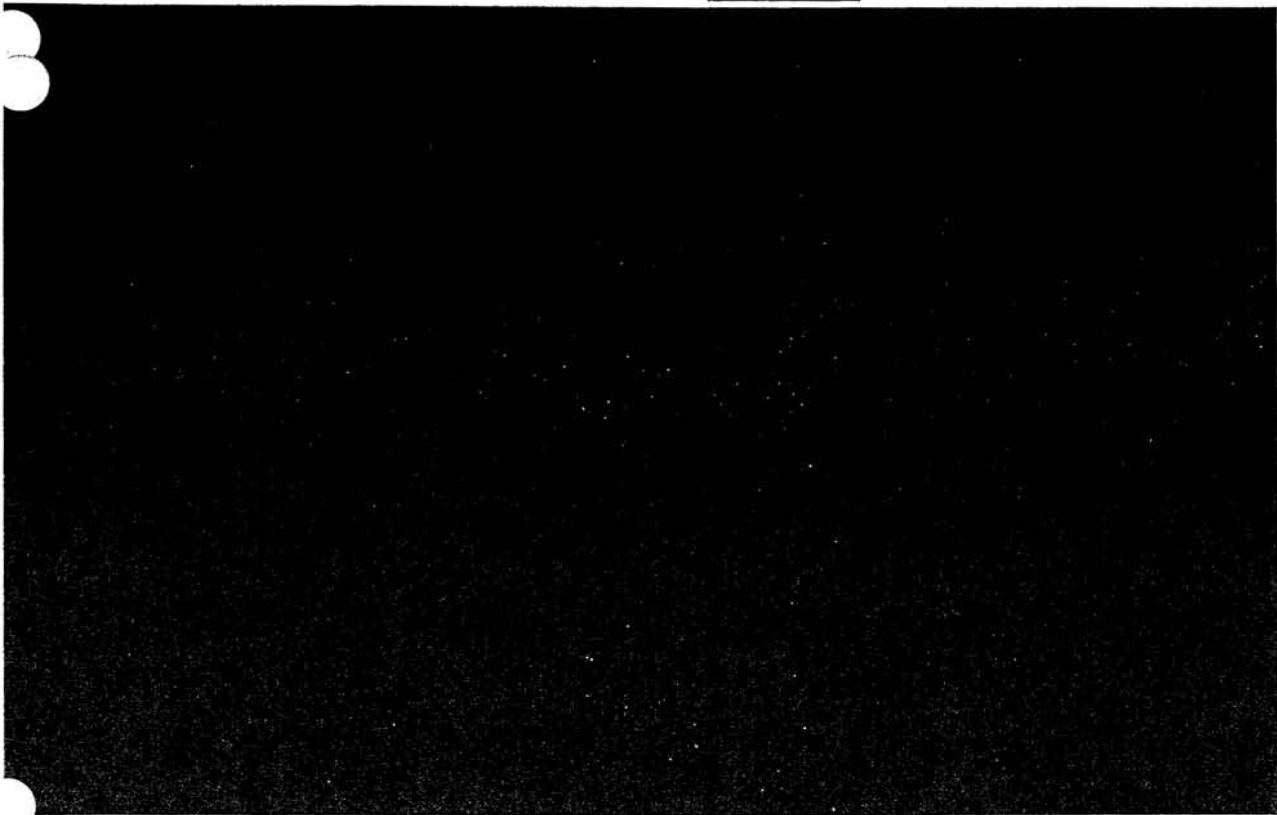
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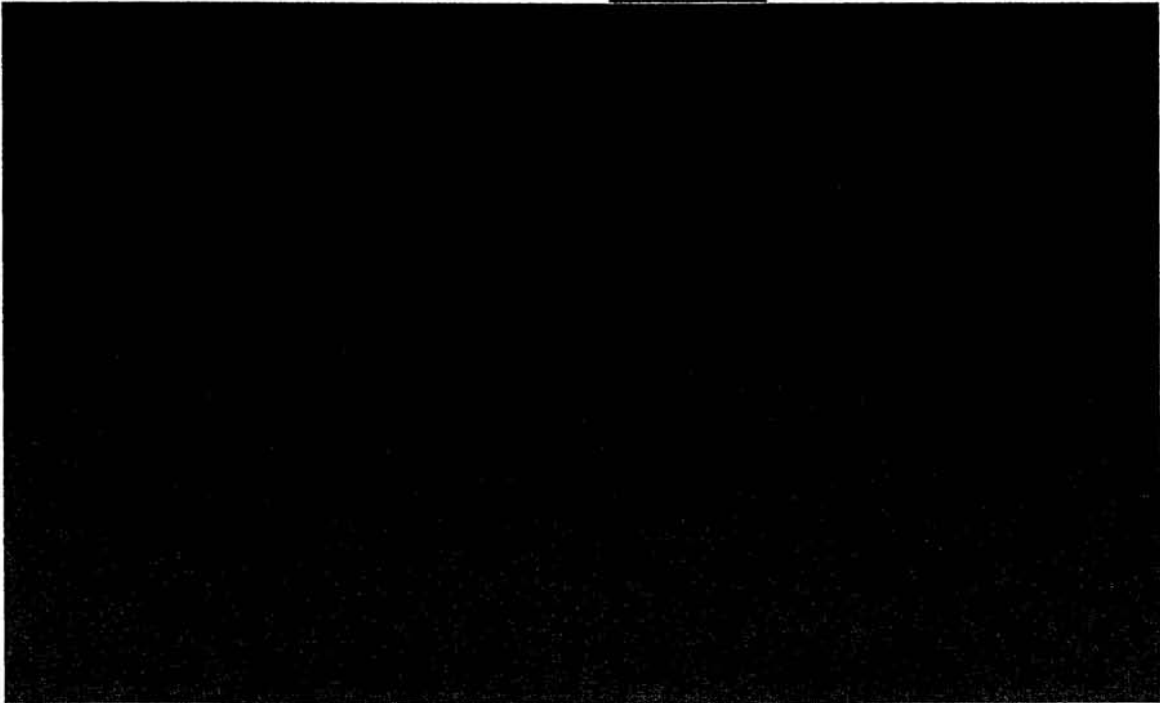
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General references: In addition to standard medical works, medical officers should refer to the Department of Justice Bureau of Prisons website at [www.bop.gov](http://www.bop.gov), accessing "Central Office", then "Health Services" to view their clinical practice guidelines. These guidelines and policies are useful references for procedures in novel situations.

Other standard references which medical officers may find useful include "Standards for Health Services in Prisons", a regular publication of the National Commission on Correctional Health Care, last revised in 2003. *Clinical Practice in Correctional Medicine*, Michael Puisis, ed. Mosby Publishing, 1998, is a useful compendium of care for chronic and infectious health issues in the prison setting.

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Appendix A. Medical rationales for limitations on physical pressures

Measure	Medical Limitation	Rationale for Limitation	References
Shaving	None	Standard hygiene measure in other custodial settings; risk of skin infections	None
Stripping	Ambient air temperature at minimum 64 F/ 18 C	Below this temperature hypothermia may develop	WHO guidelines
Diapering	Evidence of loss of skin integrity due to contact with human waste materials	Diapering commonly employed in hospital and other care settings where incontinence is an issue.	None
Hooding	None; [REDACTED]	Methodology used in SERE training	[REDACTED]
Isolation	None	Methodology used in SERE, prison settings	[REDACTED]
White noise	79 dB max	Prevention of permanent hearing damage	OSHA guidelines for continuous noise exposure
Continuous light or darkness	Related to sleep deprivation	Used in other settings	[REDACTED]
Uncomfortably cool environment	<3 hours below 60 F / 16 C, with monitoring for development of hypothermia; use of water will further limit exposure time	Requires monitoring for development of hypothermia; risk is patient-specific	WHO guidelines; "Wilderness Medicine" 4 <sup>th</sup> Ed., Ch 6 - Accidental Hypothermia; Ch 9 Immersion into cold water
Restricted diet	Loss of 10% of	10% loss indicates	BOP guidelines

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<p>Shacking in upright sitting or horizontal position Water dousing</p>	<p>body weight; or evidence of dehydration 48 hours standard; longer periods require medical monitoring Cessation upon evidence of hypothermia; ambient temperature minimum of 64 F / 18 C; potable water source</p>	<p>significant malnutrition and requires corrective action Prolonged standing likely to induce dependent edema, increase risk for DVT, cellulitis. Increased heat loss promoted by contact with water below 35 C; death can result from prolonged (i.e. 6 hour) exposure to 15 C water, 2 hrs at 10 C, 1 hr at 5 C; hypothermia can be induced in 30 minutes with 5 C / 41 F water, 45 minutes with 10 C / 54 F water, and 60 minutes with 15 C / 59 F water immersion. Immersion at temperatures below 25 C / 77 F will eventually be fatal over time. Periods of sleep deprivation of 90+ hours have been shown to be safe and without long term sequellae in large groups, and 200+ hours in individuals; required recuperative period undefined. Note 0.5 C drop in body temperature, which may impact use of water. Sleep deprivation does degrade cognitive performance, may induce visual disturbances, may reduce immune competence acutely.</p>	<p>CTC guidelines; experience with 20+ detainees "Wilderness Medicine" 4<sup>th</sup> Ed., Ch 6 - Accidental Hypothermia; Ch 9 Immersion into cold water; Transport Canada, "Survival in Cold Waters", PREAL Operating Instructions</p>
<p>Sleep deprivation</p>	<p>48 hours for standard, [REDACTED]</p>	<p>CTC Guidelines; Home, J. Why We Sleep NINDS/NIH web site</p>	

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Attention grasp	Correct technique; no preexisting injury likely to be aggravated	[REDACTED]	[REDACTED]
Facial hold	Correct technique; no preexisting injury likely to be aggravated	[REDACTED]	[REDACTED]
Insult slap	Correct technique; no preexisting injury likely to be aggravated	[REDACTED]	[REDACTED]
Abdominal slap	Correct technique; no preexisting injury likely to be aggravated	[REDACTED]	[REDACTED]
Stress positions	Correct technique; no preexisting injury likely to be aggravated	[REDACTED]	PREAL Operating Instructions
Walling	Correct technique; no preexisting injury likely to be aggravated	Risk of whiplash type injury, [REDACTED]	[REDACTED]
Cramped confinement	Correct technique; no preexisting injury likely to be aggravated	Attention to risks of immobilization, including DVT, and claustrophobia; ensure adequate air flow, ambient temperature	PREAL Operating Instructions
Waterboard	Correct technique; no preexisting injury likely to be aggravated;	Risks include drowning or near drowning; hypothermia from water exposure; aspiration pneumonia, laryngospasm.	OMS Guidelines;
	[REDACTED] resuscitation capability immediately at hand; potable water source		

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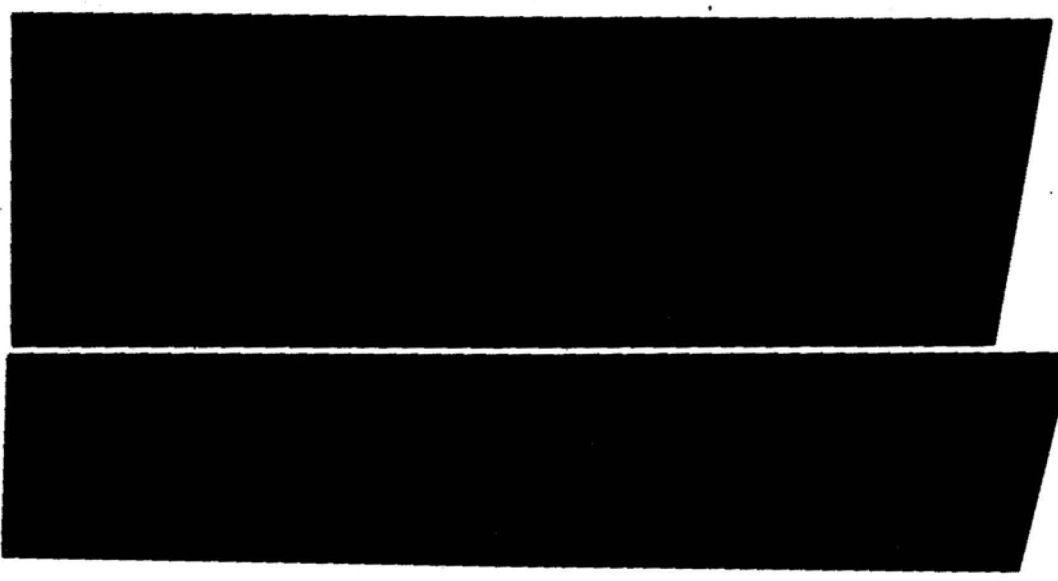
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