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14 Pages totally denied: (b)(1)1.4a, c and g, (b)(2) and (b)(2)High apply.

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REPLY TO
ATTENTION OF

DEPARTMENT OF DEFENSE
HEADQUARTERS, COMBINED/JOINT TASK FORCE (CJTF)-101
BAGRAM AIRFIELD, AFGHANISTAN
APO AE 09354

CJTF-101-CG

31 JUL 2008

MEMORANDUM FOR RECORD

SUBJECT: Amendment to the CJTF-101 Detention Operations Policy Memorandum

1. The CJTF-101 Detention Operations Policy Memorandum paragraph 13.b.(2) is amended to: "TQ may be conducted by the following personnel: all mission commanders, Soldiers (SSG and above) who have been trained by CJTF-101 interrogators or U.S. Army Intelligence Center and School instructors, U.S. Military intelligence officers, counterintelligence agents, civilian contract screeners, civilian Law Enforcement Professional contractors and all source intelligence analysts. Any officer or NCO who commands a unit or leads a mission and needs timely information to conduct their current mission, may perform TQ, but may not delegate this authority."

2. POC for this memorandum is CJTF-101 PMO, LTC [redacted] (b)(3), (b)(6) at DSN [redacted] (b)(2) or SIPR E-mail: [redacted] (b)(3), (b)(6), (b)(2)

JEFFREY J. SCHLOESSER
Major General, USA
Commanding



Department of Defense

DIRECTIVE

NUMBER 2310.01E

September 5, 2006

USD(P)

SUBJECT: The Department of Defense Detainee Program

- References:
- (a) DoD Directive 2310.01, "DoD Program for Enemy Prisoners of War (EPOW) and Other Detainees," August 18, 1994 (hereby canceled)
 - (b) DoD Directive 5101.1, "DoD Executive Agent," September 3, 2002
 - (c) Secretary of Defense Memorandum, "Office of Detainee Affairs," July 16, 2004 (hereby superseded)
 - (d) DoD Directive 2311.01E, "DoD Law of War Program," May 9, 2006
 - (e) through (k), see Enclosure 1

1. REISSUANCE AND PURPOSE

This Directive:

1.1. Reissues Reference (a) to revise policy and responsibilities within the Department of Defense (DoD) for a Detainee Program to ensure compliance with the laws of the United States, the law of war, including the Geneva Conventions of 1949, and all applicable policies, directives, or other issuances, consistent with References (d) through (k).

1.2. Re-designates, according to Reference (b), the Secretary of the Army as the DoD Executive Agent for the Administration of Department of Defense Detainee Operations Policy.

1.3. Supersedes Reference (c) and establishes the responsibilities of the Under Secretary of Defense for Policy (USD(P)) as the lead proponent in developing, coordinating, and implementing policies and guidance pertaining to detainee operations.

2. APPLICABILITY

2.1. This Directive applies to:

2.1.1. The Office of the Secretary of Defense (OSD), the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all

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other organizational entities in the Department of Defense (hereafter collectively referred to as the "DoD Components").

2.1.2. DoD contractors assigned to or supporting the DoD Components engaged in, conducting, participating in, or supporting detainee operations.

2.1.3. Non-DoD personnel as a condition of permitting access to internment facilities or to detainees under DoD control.

2.1.4. All detainee operations conducted by DoD personnel (military and civilian), contractor employees under DoD cognizance, and DoD contractors supporting detainee operations.

2.2. This Directive applies during all armed conflicts, however such conflicts are characterized, and in all other military operations.

3. DEFINITIONS

Terms used in this Directive are defined, and are to be interpreted, in accordance with U.S. law and the law of war. Specific terms found in this directive are provided in Enclosure 2.

4. POLICY

It is DoD policy that:

4.1. All detainees shall be treated humanely and in accordance with U.S. law, the law of war, and applicable U.S. policy.

4.2. All persons subject to this Directive shall observe the requirements of the law of war, and shall apply, without regard to a detainee's legal status, at a minimum the standards articulated in Common Article 3 to the Geneva Conventions of 1949 (References (g) through (j), full text of which is found in Enclosure 3), as construed and applied by U.S. law, and those found in Enclosure 4, in the treatment of all detainees, until their final release, transfer out of DoD control, or repatriation. Note that certain categories of detainees, such as enemy prisoners of war, enjoy protections under the law of war in addition to the minimum standards prescribed in Common Article 3 to References (g) through (j).

4.3. Captured or detained persons will be removed as soon as practicable from the point of capture and transported to detainee collection points, holding areas, or other detention locations operated by the DoD Components.

4.4. Detainees and their property shall be accounted for and records maintained according to applicable law, regulation, policy, or other issuances.

4.4.1. Detainees shall be assigned an Internment Serial Number (ISN) as soon as possible after coming under DoD control, normally within 14 days of capture. DoD Components shall maintain full accountability for all detainees under DoD control.

4.4.2. Detainee records and reports shall be maintained, safeguarded, and provided to USD(P) and other DoD Components as appropriate.

4.5. No person subject to this Directive shall accept the transfer of a detainee from another U.S. Government Department or Agency, coalition forces, allied personnel, or other personnel not affiliated with the Department of Defense or the U.S. Government, except in accordance with applicable law, regulation, policy, and other issuances.

4.6. No detainee shall be released or transferred from the care, custody, or control of a DoD Component except in accordance with applicable law, regulation, policy, and other issuances.

4.7. Where doubt exists as to the status of a detainee, the detainee's status shall be determined by a competent authority.

4.8. Detainees under DoD control who do not enjoy prisoner of war protections under the law of war shall have the basis for their detention reviewed periodically by a competent authority.

4.9. All persons subject to this Directive shall:

4.9.1. Receive instruction and complete training, commensurate with their duties, in the laws, regulations, policies, and other issuances applicable to detainee operations, prevention of violations of same, and the requirement to report alleged or suspected violations thereof that arise in the context of detainee operations.

4.9.2. Receive instruction and complete training in advance of conducting, participating in, or supporting detainee operations, and annually thereafter. Training requirements and certifications of completion shall be documented according to applicable law and policy.

4.10. All persons subject to this Directive shall report possible, suspected, or alleged violations of the law of war, and/or detention operations laws, regulations, or policy, for which there is credible information, or conduct, during military operations other than war, that would constitute a violation of law or policy if it occurred during an armed conflict, in accordance with References (d) and (k).

4.11. The International Committee of the Red Cross (ICRC) shall be allowed to offer its services during an armed conflict, however characterized, to which the United States is a party.

5. RESPONSIBILITIES

5.1. The USD(P) shall:

5.1.1. Review, ensure coordination of, and approve all implementing policies or guidance to the DoD Detainee Program, including all detainee matters involving interaction between the Department of Defense and other U.S. Government Departments or Agencies.

5.1.2. Review, ensure coordination of, and approve all implementing policy or guidance developed pursuant to this Directive by DoD Components. DoD Components will forward copies of such documents to USD(P) for review prior to issuance.

5.1.3. Serve as the principal DoD interlocutor with the ICRC and develop policy and procedures to ensure the proper and timely reporting of ICRC communications to appropriate DoD and U.S. Government officials.

5.2. The Under Secretary of Defense for Personnel and Readiness (USD(P&R)) shall:

5.2.1. Develop and oversee policy to ensure education and training programs satisfy DoD Component requirements in the areas of language, culture, customs, and related matters and to assure that persons subject to this directive have been provided requisite training, knowledge, and skills, necessary to perform detainee operations duties.

5.2.2. Ensure the Assistant Secretary of Defense for Health Affairs develops policies, procedures, and standards for medical program activities and issues DoD instructions consistent with this Directive for medical program activities required by the DoD Detainee Program.

5.2.3. Ensure the Assistant Secretary of Defense for Reserve Affairs develops policies, procedures, and standards for Reserve Components and issues DoD Instructions consistent with this Directive for National Guard and Reserve activities required for the DoD Detainee Program.

5.3. The Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L)) shall:

5.3.1. Establish policies and procedures, in coordination with USD(P), the General Counsel, and the appropriate DoD Components, to ensure all DoD contracts pursuant to which contractor employees interact with detainees include a requirement that such contractor employees receive training regarding the international obligations and laws of the United States applicable to detention operations.

5.3.2. Ensure contractor employees accompanying DoD Components in conducting, participating in, or supporting detainee operations complete training and receive information on the law, regulations, and policies applicable to detention operations, and the requirements to report possible, suspected, or alleged violations that arise in the context of detention operations, in accordance with References (d) and (k).

5.4. The Under Secretary of Defense for Intelligence (USD(I)) shall:

5.4.1. Exercise primary responsibility for developing policy pertaining to DoD intelligence interrogations, detainee debriefings, and tactical questioning according to Reference (k).

5.4.2. Act as primary liaison between the Department of Defense and other agencies of the Intelligence Community on intelligence matters pertaining to detainees.

5.5. The General Counsel of the Department of Defense shall coordinate with the Department of Justice and other agencies regarding detainee-related litigation matters and on matters pertaining to detainees who may be U.S. citizens, dual-nationals with U.S. citizenship, or U.S. resident aliens, as appropriate.

5.6. The Heads of the DoD Components shall ensure that all personnel are properly trained and certified in detainee operations commensurate with their duties, maintaining records of such training and certification.

5.7. The Secretary of the Army is hereby designated as the Executive Agent for the Administration of Department of Defense Detainee Operations Policy and in that role shall:

5.7.1. Ensure all Executive Agent responsibilities and functions for the administration of DoD detainee operations policy are assigned and executed according to Reference (b) and this Directive.

5.7.2. Develop and promulgate guidance, regulations, and instructions necessary for the DoD-wide implementation of detainee operations policy in coordination with USD(P).

5.7.3. Communicate directly with the Heads of the DoD Components as necessary to carry out assigned functions. The Chairman of the Joint Chiefs of Staff shall be informed of communications to the Commanders of the Combatant Commands.

5.7.4. Designate a single point of contact within the Department of the Army for detainee operations policy, who shall also provide advice and assistance to USD(P).

5.7.5. Plan for and operate a national-level detainee reporting center and its elements (e.g., theater and lower levels) to account for detainees. Coordinate with USD(P) to provide reports on detainee operations to the Secretary of Defense and others as appropriate.

5.7.6. Recommend DoD-wide detainee operations-related planning and programming guidance to the USD(P), USD(AT&L), USD(I), USD(P&R), the Under Secretary of Defense (Comptroller), the Assistant Secretary of Defense for Networks and Information Integration, the Director of Program Analysis and Evaluation, and the Chairman of the Joint Chiefs of Staff. Provide information copies of such guidance to the Secretaries of the Military Departments.

5.7.7. Establish detainee operations training and certification standards, in coordination with the Secretaries of the Military Departments and the Joint Staff.

5.7.8. Develop programs to ensure all DoD detainee operations policy; doctrine; tactics, techniques, and procedures; and regulations or other issuances are subject to periodic review, evaluation, and inspection for effectiveness and compliance with this Directive.

5.8. The Chairman of the Joint Chiefs of Staff shall:

5.8.1. Provide appropriate oversight to the Commanders of the Combatant Commands to ensure their detainee operations policies and procedures are consistent with this Directive.

5.8.2. Designate a single point of contact within the Joint Staff for matters pertaining to the implementation of this Directive.

5.8.3. Ensure that operational exercises routinely test the capabilities of the DoD Components to conduct, participate in, and support detainee operations, consistent with this Directive.

5.9. The Commanders of the Combatant Commands shall:

5.9.1. Plan, execute, and oversee Combatant Command detainee operations in accordance with this Directive and implementing issuances.

5.9.2. Develop programs and issue appropriate guidance and orders implementing this Directive. All such programs and guidance shall be subjected to periodic review and evaluation for compliance and efficacy.

5.9.3. When detainee internment facilities, holding areas, collection points, or interrogation facilities are in their area of responsibility:

5.9.3.1. Ensure procedures are established for the treatment of detainees consistent with this Directive.

5.9.3.2. Ensure detainees are provided with information, in their own language, concerning the rights, duties, and obligations of their detention, which may include applicable provisions of the Geneva Conventions.

5.9.3.3. Ensure periodic unannounced and announced inspections of internment facilities, including temporary holding areas and collection points, are conducted to provide continued oversight of detainee operations.

6. EFFECTIVE DATE

This Directive is effective immediately.

A handwritten signature in black ink that reads "Gordon England". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Gordon England
Deputy Secretary of Defense

Enclosures – 4

- E1. References, continued
- E2. Definitions
- E3. Article 3 Common to the Geneva Conventions of 1949
- E4. Detainee Treatment Policy

E1. ENCLOSURE 1

REFERENCES, continued

- (e) Sections 2340 & 2340A of Title 18, U.S. Code
- (f) The Detainee Treatment Act of 2005, Pub. L. No. 109-163 (119 STAT. 3474-3480), Section 1401-1406, Title XIV
- (g) Geneva Convention Relative to the Treatment of Prisoners of War, August 12, 1949
- (h) Geneva Convention Relative to the Treatment of Civilian Persons in Time of War, August 12, 1949
- (i) Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, August 12, 1949
- (j) Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, August 12, 1949
- (k) DoD Directive 3115.09, "DoD Intelligence Interrogations, Detainee Debriefings, and Tactical Questioning," November 3, 2005

E2. ENCLOSURE 2

DEFINITIONS

E2.1. Detainee. Any person captured, detained, held, or otherwise under the control of DoD personnel (military, civilian, or contractor employee). It does not include persons being held primarily for law enforcement purposes, except where the United States is the occupying power. A detainee may also include the following categories:

E2.1.1. Enemy Combatant. In general, a person engaged in hostilities against the United States or its coalition partners during an armed conflict. The term “enemy combatant” includes both “lawful enemy combatants” and “unlawful enemy combatants.”

E2.1.1.1. Lawful Enemy Combatant. Lawful enemy combatants, who are entitled to protections under the Geneva Conventions, include members of the regular armed forces of a State party to the conflict; militia, volunteer corps, and organized resistance movements belonging to a State party to the conflict, which are under responsible command, wear a fixed distinctive sign recognizable at a distance, carry their arms openly, and abide by the laws of war; and members of regular armed forces who profess allegiance to a government or an authority not recognized by the detaining power.

E2.1.1.2. Unlawful Enemy Combatant. Unlawful enemy combatants are persons not entitled to combatant immunity, who engage in acts against the United States or its coalition partners in violation of the laws and customs of war during an armed conflict. For purposes of the war on terrorism, the term Unlawful Enemy Combatant is defined to include, but is not limited to, an individual who is or was part of or supporting Taliban or al Qaeda forces or associated forces that are engaged in hostilities against the United States or its coalition partners.

E2.1.2. Enemy Prisoner of War. Individuals under the custody and/or control of the Department of Defense according to Reference (g), Articles 4 and 5.

E2.1.3. Retained Person. Individuals under the custody and/or control of the Department of Defense according to Reference (g), Article 33.

E2.1.4. Civilian Internee. Individuals under the custody and/or control of the Department of Defense according to Reference (h), Article 4.

E2.2. Law of War. That part of international law that regulates the conduct of armed hostilities and occupation. It is often called the “law of armed conflict” and encompasses all international law applicable to the conduct of hostilities that is binding on the United States or its individual citizens, including treaties and international agreements to which the United States is a party (e.g., the Geneva Conventions of 1949), and applicable customary international law.

E3. ENCLOSURE 3

ARTICLE 3 COMMON TO THE GENEVA CONVENTIONS OF 1949

E3.1. The text of Common Article 3 to the Geneva Conventions of 1949 is as follows:

“In the case of armed conflict not of an international character occurring in the territory of one of the High Contracting Parties, each Party to the conflict shall be bound to apply, as a minimum, the following provisions:

“(1) Persons taking no active part in the hostilities, including members of armed forces who have laid down their arms and those placed *hors de combat* by sickness, wounds, detention, or any other cause, shall in all circumstances be treated humanely, without any adverse distinction founded on race, colour, religion or faith, sex, birth or wealth, or any other similar criteria.

“To this end, the following acts are and shall remain prohibited at any time and in any place whatsoever with respect to the above-mentioned persons:

“(a) violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture;

“(b) taking of hostages;

“(c) outrages upon personal dignity, in particular humiliating and degrading treatment;

“(d) the passing of sentences and the carrying out of executions without previous judgment pronounced by a regularly constituted court, affording all the judicial guarantees which are recognized as indispensable by civilized peoples.

“(2) The wounded and sick shall be collected and cared for.

“An impartial humanitarian body, such as the International Committee of the Red Cross, may offer its services to the Parties to the conflict.

“The Parties to the conflict should further endeavour to bring into force, by means of special agreements, all or part of the other provisions of the present Convention.

“The application of the preceding provisions shall not affect the legal status of the Parties to the conflict.”

E4. ENCLOSURE 4

DETAINEE TREATMENT POLICY

E4.1. In addition to the requirements in paragraph 4.2 and Enclosure 3, DoD policy relative to the minimum standards of treatment for all detainees in the control of DoD personnel (military, civilian, or contractor employee) is as follows:

E4.1.1. All persons captured, detained, interned, or otherwise in the control of DoD personnel during the course of military operations will be given humane care and treatment from the moment they fall into the hands of DoD personnel until release, transfer out of DoD control, or repatriation, including:

E4.1.1.1. Adequate food, drinking water, shelter, clothing, and medical treatment;

E4.1.1.2. Free exercise of religion, consistent with the requirements of detention;

E4.1.1.3. All detainees will be respected as human beings. They will be protected against threats or acts of violence including rape, forced prostitution, assault and theft, public curiosity, bodily injury, and reprisals. They will not be subjected to medical or scientific experiments. They will not be subjected to sensory deprivation. This list is not exclusive.

E4.1.2. All persons taken into the control of DoD personnel will be provided with the protections of Reference (g) until some other legal status is determined by competent authority.

E4.1.3. The punishment of detainees known to have, or suspected of having, committed serious offenses will be administered in accordance with due process of law and under legally constituted authority.

E4.1.4. The inhumane treatment of detainees is prohibited and is not justified by the stress of combat or deep provocation.

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Detainee Review Procedures at Bagram Theater Internment Facility (BTIF), Afghanistan (U)

Authority to Detain and Intern (U)

(U) U.S. Forces operating under Operation Enduring Freedom (OEF) authority are authorized to detain persons temporarily, consistent with the laws and customs of war (e.g., in self-defense or for force protection). Additionally, OEF forces are authorized to detain, and to intern at the Bagram Theater Internment Facility (BTIF), persons who meet the following criteria:

- (U) Persons who planned, authorized, committed, or aided the terrorist attacks that occurred on September 11, 2001, and persons who harbored those responsible for those attacks;
- (U) Persons who were part of, or substantially supported, Taliban or al-Qaida forces or associated forces that are engaged in hostilities against the United States or its coalition partners, including any person who has committed a belligerent act, or has directly supported hostilities, in aid of such enemy armed forces.

(U) Internment must be linked to a determination that the person detained meets the criteria detailed above and that internment is necessary to mitigate the threat the detainee poses, taking into account an assessment of the detainee's potential for rehabilitation, reconciliation, and eventual reintegration into society. If, at any point during the detainee review process, a person detained by OEF forces is determined not to meet the criteria detailed above or no longer to require internment to mitigate their threat, the person shall be released from DOD custody as soon as practicable. The fact that a detainee may have intelligence value, by itself, is not a basis for internment.

Capturing Unit Review (U)

(U) Commander, USCENTCOM, shall ensure that OEF detainee review procedures include a review by the capturing unit commander, with the advice of a judge advocate, to assess whether persons detained by the unit meet the criteria for detention. This review shall occur prior to requesting a detainee's transfer to the BTIF for internment, and normally within 72 hours of the detainee's capture.

Transfer Request (U)

(U) Commander, USCENTCOM, shall ensure that OEF detainee review procedures include a request, by the capturing unit commander, to transfer to the BTIF those detainees the capturing unit commander assesses may meet the criteria for internment. The capturing unit commander shall forward the transfer request to the BTIF commander for review.

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Review of Transfer Request (U)

(U) Commander, USCENTCOM, shall further ensure that OEF detainee review procedures include a review by the BTIF commander, with the advice of a judge advocate, to assess whether detainees whose transfer to the BTIF the capturing unit commander has requested meet the criteria for internment. This review shall occur prior to approving a request to transfer a detainee to the BTIF for internment, and normally within 14 days of the detainee's capture.

Initial Detainee Notification (U)

(U) Commander, USCENTCOM, shall ensure that detainees receive timely notice of the basis for their internment, including an unclassified summary of the specific facts that support the basis for their internment. Commander, USCENTCOM shall further ensure that detainees also receive a timely and adequate explanation of the detainee review procedures, including, at a minimum: the fact that the detainee will have an opportunity to present information and evidence to a board of officers convened to determine whether the detainee meets the criteria for internment; the projected dates of the detainee's initial and periodic review boards; and the fact that a personal representative will be appointed to assist the detainee before the review boards. Detainees shall receive such notice and explanation, in writing and orally in a language the detainee understands, within 14 days after the detainee's transfer to the BTIF whenever feasible.

Detainee Review Boards (U)

(U) Commander, USCENTCOM shall ensure that a board of officers reviews all reasonably available information to determine whether each person transferred to the BTIF meets the criteria for internment and, if so, whether the person's continued internment is necessary. These reviews shall occur within 60 days after the detainee's transfer to the BTIF and at least every six months thereafter.

(U) Commander, USCENTCOM shall designate a flag or general officer to serve as the convening authority for review boards.

(U) Review boards shall be composed of three field-grade officers authorized access to all reasonably available information (including classified information) relevant to the determinations of whether the detainee meets the criteria for internment and whether the detainee's continued internment is necessary. In order to ensure the neutrality of the review board, the convening authority shall ensure that none of its members was directly involved in the detainee's capture or transfer to the BTIF. The senior officer shall serve as the president of the review board. Another, non-voting officer shall serve as the recorder for the board proceedings.

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(U) The convening authority shall ensure that a judge advocate is available to advise the review board on legal and procedural matters.

(U) Review boards shall follow the procedures prescribed by AR 190-8, paragraph 1-6.e., as supplemented below:

- (U) The convening authority shall ensure that a personal representative, as described below, is appointed to assist each detainee before the review board.
- (U) Prior to each review board, appropriate U.S. military personnel shall conduct a reasonable investigation into any exculpatory information the detainee offers.
- (U) Review board proceedings shall follow a written procedural script in order to provide the detainee a meaningful opportunity to understand and participate in the proceedings (e.g., similar to the script used in Multi-National Force Review Committee proceedings in Iraq).
- (U) Members of the review board and the recorder shall be sworn. The recorder shall be sworn first by the president of the review board. The recorder will then administer the oath to all voting members of the review board, including the president.
- (U) A written record shall be made of the proceedings.
- (U) Proceedings shall be open except for deliberations and voting by the members and testimony or other matters that would compromise national or operational security if held in the open.
- (U) The detainee shall be advised of the purpose of the hearing, his or her opportunity to present information, and the consequences of the board's decision, at the beginning of the review board proceedings.
- (U) The detainee shall be allowed to attend all open sessions, subject to operational concerns, and will be provided with an interpreter if necessary.
- (U) The detainee shall be allowed to call witnesses if reasonably available and considered by the Board to have relevant testimony to offer, and to question those witnesses called by the review board, subject to any operational or national security concerns. Relevant witnesses serving with U.S. Forces shall not be considered reasonably available if, as determined by their commanders, their presence at the review board would affect combat or support operations. In these cases, written statements, preferably sworn, may be substituted and considered by the review board.

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The president of the review board shall determine whether witnesses not serving with U.S. Forces are reasonably available. At the discretion of the president of the review board, such relevant witnesses may testify by means of video teleconference, teleconference, or sworn written statement, if it would not be feasible for the witness to testify in person.

- (U) The detainee shall be allowed to testify or otherwise address the review board.
- (U) The detainee may not be compelled to testify before the review board.
- (U) The detainee shall be allowed to present reasonably available documentary information relevant to the determination of whether the detainee meets the criteria for internment and/or whether the detainee's continued internment is necessary.
- (U) Following the hearing of testimony and the review of documents and other information, the review board shall determine whether the detainee meets the criteria for internment, as defined above. The review board shall make this determination in closed session by majority vote. Preponderance of the evidence shall be the standard used in reaching the determination.
- (U) If the review board determines that the detainee does not meet the criteria for internment, the detainee shall be released from DoD custody as soon as practicable. If the review board determines that the detainee does meet the criteria for internment, the review board shall recommend an appropriate disposition to the convening authority. The review board shall make this recommendation in closed session by majority vote. Possible recommendations are as follows:
 - (U) Continued internment at the BTIF. Such a recommendation must include a determination not only that the detainee meets the criteria for internment, but also that continued internment is necessary to mitigate the threat the detainee poses.
 - (U) Transfer to Afghan authorities for criminal prosecution.
 - (U) Transfer to Afghan authorities for participation in a reconciliation program.
 - (U) Release without conditions.
 - (U) In the case of a non-Afghan and non-U.S. third-country national, possible recommendations may also include transfer to a third country for criminal prosecution, participation in a reconciliation program, or release.

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- (U) The review board's recommendations regarding disposition shall include an explanation of the board's assessment of the level of threat the detainee poses and the detainee's potential for rehabilitation, reconciliation, and eventual reintegration into society.
 - (U) In assessing threat, the review board shall further assess whether the detainee is an Enduring Security Threat, as defined in separate policy guidance regarding detainee threat assessment criteria and transfer and release authority at the BTIF. "Enduring Security Threat" is not a legal category, but rather an identification of the highest threat detainees for purposes of transfer and release determinations, as discussed below.
 - (U) In assessing potential for rehabilitation, reconciliation, and eventual reintegration into society, the review board shall consider, among other things, the detainee's behavior and participation in rehabilitation and reconciliation programs while detained by OEF forces. Information relevant to the assessment of potential for rehabilitation, reconciliation, and eventual reintegration into society may not be available for purposes of the detainee's initial review, but should be considered as it becomes available.
- (U) A written report of the review board determinations and recommendations shall be completed in each case.

(U) The recorder shall prepare the record of the review board within seven working days of the announcement of the board's decision. The record will then be forwarded to the first Staff Judge Advocate in the BTIF's chain of command.

(U) The record of every review board proceeding resulting in a determination that a detainee meets the criteria for internment shall be reviewed for legal sufficiency when the record is received by the office of the Staff Judge Advocate for the convening authority.

(U) Whenever possible, detainees shall receive notice of the results of their review boards, in writing and orally in a language the detainee understands, within 7 days after completion of the legal sufficiency review.

Personal Representative (U)

(U) The personal representative shall be a commissioned officer familiar with the detainee review procedures and authorized access to all reasonably available information (including classified information) relevant to the determination of whether the detainee meets the criteria for internment and whether the detainee's continued internment is necessary.

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(U) The personal representative shall be appointed not later than 30 days prior to the detainee's review board. The detainee may waive the appointment of a personal representative, unless the detainee is under 18 years of age, suffers from a known mental illness, or is determined by the convening authority to be otherwise incapable of understanding and participating meaningfully in the review process.

(U) The personal representative shall act in the best interests of the detainee. To that end, the personal representative shall assist the detainee in gathering and presenting the information reasonably available in the light most favorable to the detainee. The personal representative's good faith efforts on behalf of the detainee shall not adversely affect his or her status as a military officer (e.g., evaluations, promotions, future assignments).

Pages 8 through 9 redacted for the following reasons:

Two pages totally denied: (b)(1)1.4a and (b)(2) High apply.

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DEPARTMENT OF DEFENSE
HEADQUARTERS, COMBINED/JOINT TASK FORCE (CJTF)-101
TASK FORCE GUARDIAN
BAGRAM AIRFIELD, AFGHANISTAN
APO AE 09354

REPLY TO
ATTENTION OF

CJTF101-TFG

24 May 08

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Combined/Joint Task Force (CJTF)-101 Detainee Operations Standard Operating Policy and Procedures (SOP)

(b)(1)1.4a, (b)(1)1.4c, (b)(1)1.4g

CJTF-101-PM

SUBJECT: CJTF-101 Detainee Operations Standard Operating Policy and Procedures (SOP)

(b)(1)1.4a, (b)(1)1.4c, (b)(1)1.4g

a. (U) Daily Reports. Regional commands and component commands will report the status of all detainees under their control through a Field Detention Site Report (FDSR). The FDSR will include information on all detainees that are transported off of the objective regardless of length of detention. This report is due to the Commander, TF Guardian and the CJ2 NLT 0900Z

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CJTF-101-PM

SUBJECT: CJTF-101 Detainee Operations Standard Operating Policy and Procedures (SOP)

daily. The CJ2 will maintain a database of all individuals who have been detained throughout the CJOA regardless of length of detention. U.S. units will report detainees covered under U.S. and ISAF detention rules.

b. (U) Serious Incident Reports. Any suspected or alleged abuse of any detainee is deemed a serious incident and must be reported immediately to CJTF-101. Possible, suspected, or alleged abuse, violence and/or negligent behavior towards any detainee must be reported immediately to the chain of command and forwarded to the Commander TF Guardian and the Detention Operations Judge Advocate.

(b)(1)1.4a, (b)(1)1.4c, (b)(1)1.4g

Pages 4 through 6 redacted for the following reasons:

Three pages totally denied: (b)(1)1.4a, c and g apply.

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CJTF-101-PM

SUBJECT: CJTF-101 Detainee Operations Standard Operating Policy and Procedures (SOP)

(b)(1)1.4a, (b)(1)1.4c, (b)(1)1.4g

a. (U) Official requests for information made by DoD or other U.S. government officials will be routed to the CJ2 for appropriate action. The CJ2, with assistance from other staff sections, will prepare an appropriate response to the request taking into account the security classification of the information that is requested.

b. (U) FOIA requests received by CJTF-101 will be forwarded to the CJTF-101 FOIA Officer for appropriate action.

(b)(1)1.4a, (b)(1)1.4c, (b)(1)1.4g

CJTF-101-PM

SUBJECT: CJTF-101 Detainee Operations Standard Operating Policy and Procedures (SOP)

(b)(1)1.4a, (b)(1)1.4c, (b)(1)1.4g, (b)(3), (b)(6), (b)(2)High

(b)(3), (b)(6)

14 Encls

1. Annex A (Interrogation Policy and Procedures)
2. Annex B (Medical SOP)
3. Annex C (Detainee Abuse Reporting Procedures)
4. Annex D (Segregation Procedures)
5. Annex E (Unlawful Enemy Combatant Review Board)
6. Annex F (Transfers and Releases)
7. Annex G (Access and Information)
8. Annex H (Rules of Force/Engagement)
9. Annex I (Mobile Training Teams)
10. Annex J (Assessments and Inspections)
11. Annex K (Biometrics Automated Tool Set)
12. Annex L (Criteria for Opening and Closing Field Detention Sites)
13. Annex M (Family VTC Visitation)
14. Annex N (Detainee Confiscated Funds)

COL, MP
Chief, Detention Operations

DISTRIBUTION:

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COMMANDER, TF PALADIN

~~SECRET//NOFORN//MR~~

CJTF-101-PM

SUBJECT: CJTF-101 Detainee Operations Standard Operating Policy and Procedures (SOP)

COMMANDER, POTF-A

COMMANDER, CSTC-A

COMMANDER, TF ANZIO

~~SECRET//NOFORN//MR~~
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Appendix 1 (General Safeguards) to Annex A (Intelligence Interrogation Policy and Procedures) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

GENERAL SAFEGUARDS

(b)(2)High Applies.

Appendix 1 (General Safeguards) to Annex A (Intelligence Interrogation Policy and Procedures) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(b)(2)High applies.

Appendix 1 (General Safeguards) to Annex A (Intelligence Interrogation Policy and Procedures) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(b)(2)High applies.

Pages 13 through 15 redacted for the following reasons:

(b)(1)1.4c and g apply.

Two pages totally denied: (b)(1)1.4c and g apply.

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Appendix 7 (Senior Leader Assessment Checklist) to Annex A (Intelligence Interrogations Policy and Procedures) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

LOCATION: DATE:	YES	NO	N/A	REMARKS
1. Has copies and is familiar with the applicable doctrinal manuals (FM 2-22.3), policies, and SOPs to conduct detainee intelligence interrogation operations.				<i>FM 2-22.3, DOD 3115.09, DOD 2310.E</i>
2. Understands how to treat detainees IAW the Detainee Treatment Act of 2005, DoD Directive 2310.01E (Sep 5, 2006), and other applicable law and policy.				
3. Knows which interrogation approach techniques HUMINT collectors are authorized to use in the intelligence interrogation of detainees.				<i>DTA 2005, FM 2-22.3 Ch 8</i>
4. Understands the approval authority and the oversight considerations for using the following interrogation approaches: <i>Mutt and Jeff</i> and <i>False Flag</i> .				<i>FM 2-22.3, para 8-65 to 8-70</i>
5. Understands the approval process and safeguards for using the restricted interrogation technique— <i>Separation</i> .				<i>FM 2-22.3, App M</i>
6. HUMINT collector writes/develops an interrogation plan which is reviewed and approved accordingly by senior interrogator prior to conducting interrogation of detainees.				<i>FM 2-22.3, para 10-15, p 10</i>
7. HUMINT collector knows how to determine if a contemplated approach or technique should be considered prohibited.				<i>FM 2-22.3, para 5-76</i>
8. HUMINT collector knows how to respond to orders he perceives to be unlawful.				<i>FM 2-22.3, para 5-80</i>
9. HUMINT collector understands what actions are prohibited during the conduct of intelligence interrogations as per FM 2-22.3 and SOPs.				<i>FM 2-22.3, para 5-75</i>
10. HUMINT collector understands the roles, responsibilities and relationship between Military Police (MP) and Military Intelligence (MI) personnel in detainee operations and detainee interrogation operations as per FM 2-22.3. SOP contains this information.				<i>FM 2-22.3, para 5-57 to para 5-66, Fig f-1 on p. 5-18</i>

Appendix 7 (Senior Leader Assessment Checklist) to Annex A (Intelligence Interrogations Policy and Procedures) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

LOCATION: DATE:	YES	NO	N/A	REMARKS
11. SOP contains the prohibition of the use of military working dogs in detainee interrogation operations.				<i>FM 2-22.3, para 5-59, 5-75, 8-2, App M para M-17</i>
12. Procedures are in place on the use of incentives in detainee interrogation operations. HUMINT collectors coordinate with MP/guards on the use of incentives.				<i>FM 2-22.3, para 5-60</i>
13. HUMINT collectors are debriefing MP/guards who observe and interact with detainees and are using the information collected in the interrogation operations.				<i>FM 2-22.3, para 5-42, 5-61</i>
14. HUMINT collectors briefs MP/guards on what he plans to do during the interrogation session prior to interrogation.				
15. Interrogations of detainees are under observation either directly, from a concealed location, or by video monitoring.				<i>FM 2-22.3, para 5-65</i>
16. Detainees are medically cleared prior to interrogation. Sick and wounded detainees are treated and released for interrogation by authorized medical personnel.				<i>FM 2-22.3, para 5-91</i>
17. HUMINT collector understands how to use a Behavioral Science Consultant (BSC) in interrogation operations and has utilized the BSC in detainee interrogation operations.				<i>FM 2-22.3, para 7-17</i>
18. Procedures are in place to authorize personnel from non-DoD organizations to conduct interrogations of detainees in DoD facilities/FDS.				<i>FM 2-22.3, para 5-55</i>
19. Procedures are in place for foreign government interrogators participating in the interrogation of detainees in DoD facilities/ FDS.				<i>FM 2-22.3, para 5-56</i>
20. Process is in place for reporting evidence of detainee abuse.				<i>FM 2-22.3, para 5-69 to 5-71</i>
21. Legal/JAG is used to help HUMINT collectors in the conduct of detainee interrogation operations.				
22. Contract interrogators who are used to conduct detainee intelligence interrogation operations are supervised by DoD MI personnel.				<i>FM 2-22.3, App K (para K-19)</i>

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Appendix 7 (Senior Leader Assessment Checklist) to Annex A (Intelligence Interrogations Policy and Procedures) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

LOCATION: DATE:	YES	NO	N/A	REMARKS
23. Contract Interrogators are trained and certified IAW HQDA G2 memo "Contract Interrogator Selection, Training, and Certification Requirements."				<i>FM 2-22.3, App K (para K-16)</i>
24. There are sufficient numbers of qualified CAT II interpreters who are used in the conduct of detainee interrogation operations.				
25. HUMINT collectors are able to access BATS. They know how to use BATS in support of their interrogation operations.				<i>FM 2-22.3, para 13-5</i>
26. HUMINT collectors have access to both secure and non-secure lines of communication (SIPRNET, NIPRNET, DSN, secure phone) in work places.				
27. HUMINT collectors have a secure area to store classified material (ie safe, cipher lock to entrance door of work area).				
28. Procedures are in place for HUMINT collectors to have access to the personal effects of the detainee.				
29. All associated CED and CEM are evacuated with the detainee when detainee is transferred.				
30. CJTF-101 Commander's Critical Information Requirements (CCIR) are posted in the work area.				
31. HUMINT collector understands the SECDEF criteria and the Unlawful Enemy Combatant Transfer Request (UECTR) procedures.				
32. HUMINT collector receives sufficient information from the capturing unit to properly conduct screenings and interrogations.				
33. MI personnel are involved in the review and the recommendation process concerned with the release or retention of detainees, and the Unlawful Enemy Combatant Review Board (UECRB) process.				
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Appendix 7 (Senior Leader Assessment Checklist) to Annex A (Intelligence Interrogations Policy and Procedures) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

LOCATION: DATE:	YES	NO	N/A	REMARKS
34. HUMINT collector have been trained in a DoD-certified interrogation course and have successfully completed the In-Theater Training and Certification program				
35. HUMINT collectors received Home Station/Mob Site training prior to deployment in preparation of Detainee Operations/Interrogation Operations of OEF detainees (Level B Law of War/ Cultural Awareness, treatment of detainees, etc.)				
36. HUMINT collector has attended a mobile training team or some form of refresher training				
37. HUMINT collector has sufficient time to prepare and conduct detainee interrogations.				
38. HUMINT collectors are used to collect intelligence vs building a criminal case when interrogating detainees.				<i>FM 2-22.3, para 4-58 bullet 2</i>
39. HUMINT collectors are adhering to relaxed grooming standards.				
40. There is command oversight and emphasis in the conduct of detainee interrogations and that detainee interrogation operations are compliant with applicable law, policy and procedures.				
41. Measures are in place to prevent HUMINT collectors from being stressed.				

ASSESSED BY:

Printed Name:

Signature:

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

1. (U) Purpose. To provide guidance regarding delivery of medical care for all detainees being held as Unlawful Enemy Combatants (ECs) in the Combined Joint Operations Area (CJOA) from their capture to release or transfer to other detainee facilities or authorities.
2. (U) References.
 - a. (U) CJTF-101 Detention Operations Policy Memorandum, (S//NF) May 2007.
 - b. (U) Army Regulation 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees, 1 October 1997.
 - c. (U) Army Regulation 40-66, Medical Records Administration and Health Care Documentation, 21 June 2006.
 - d. (U) Army Regulation 40-400, Patient Administration, 13 October 2006.
 - e. (U) Department of Defense Instruction Number 2310.08E, Medical Program Support for Detainee Operations, 6 June 2006.
 - f. (U) Department of Defense Directive Number 2310.01E, The Department of Defense Detainee Program, 5 September 2006.
 - g. (U) Special Text (ST) 4-02.46, Medical Support to Detainee Operations, 30 September 2005.
 - h. (U) World Health Organization (WHO), Tuberculosis Control In Prisons: A Manual for Programme Managers, 2000.
 - i. (U) U.S. Army Field Manual 2-23.3, Human Intelligence Collector Operations, (S//NF) 6 September 2006.
 - j. (U) Multi-National Force-Iraq Detainee Hunger Strike Standard Operating Procedure, 12 March 2007.
 - k. (U) CJTF-76 FRAGO 5 to OPOD 05-08, SIR Reporting, (S//NF) 140750ZAUG05
 - l. (U) Treatment of Tuberculosis, MMWR Recommendations and Reports; June 20, 2003/52(RR11);1-77.
3. Applicability. This Standing Operating Procedure applies to the provision of medical care for personnel detained in the Bagram Theater Internment Facility (BTIF) and in U.S. Field Detention Sites (FDS).

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

4. (U) Detainee Medical Guidance: Personnel will treat detainees humanely and in a manner consistent with the principles of the Geneva Conventions of 1949. Do not condone, actively or passively, the use of torture or other cruel, inhuman, or degrading treatment. Violence to life and person and outrages upon personal dignity, in particular, humiliating and degrading treatment are prohibited. Detainees will have the same access to primary and specialty care as US Forces in the CJTF101 area of operations. Soldiers and detainees will be treated based upon the principals of triage. Maintain only a professional relationship with Soldiers and detainees.

5. (U) Performed by Medic and Medical Officer

a. (U) An initial screening medical examination will be performed when a new detainee arrives to the facility by the medic on duty. Findings will be recorded on the *Medic Inprocessing Exam Form* (Appendix 1). The medic will ask that photographs be taken of significant injuries. The screening examination will not include body cavity exploration. All detainees will also undergo an initial mental health screening examination with findings recorded on the *Mental Health Initial Screening Form* (Appendix 2). A comprehensive medical examination will be performed by a medical officer (licensed health care provider) within 24 hours. Findings from this exam will be recorded on the *Detainee Health and Medical record inprocessing Examination Form* (Appendix 3). ALL detainees at the BTIF will undergo a chest x-ray examination during inprocessing.

b. (U) Tuberculosis (TB) Screening:

1) (U) All detainees will be screened for tuberculosis using the TB Screening Questionnaire on the *Medic Inprocessing Exam Form* (Appendix 1). All detainees receiving a score of 5 or greater on the questionnaire, who have received previous treatment for TB in the last 5 years, or who have a body mass index (BMI) less than 20 will be immediately put on TB precautions by placing a mask (surgical mask) over the detainees nose and mouth. National Institute for Occupational Safety and Health (NIOSH)-approved N95 masks may be used, but are not required in this instance. Detainees will then be placed in medical isolation cells with negative pressure, until cleared by a medical officer. They will always wear a mask when outside of the negative pressure room, until cleared by a medical officer. All personnel entering the cell of a detainee with suspected or proven TB will wear an N-95 mask (surgical mask NOT adequate in this instance) until detainee is determined to be no longer contagious as described below. If negative pressure cells are not available or are non-operative, detainees who pose a high risk for TB transmission (those with active cough and cavitory changes on chest x-ray) will be transferred to the Combat Support Hospital and confined to negative pressure rooms located on the Intermediate Care Ward, until TB disease is excluded.

2) (U) Detainees will remain in negative pressure medical isolation cells until it is determined that they do not have active TB lung disease based on a negative chest x-ray and/or a minimum of three sputum smears negative for

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

the organism *Mycobacterium tuberculosis*, commonly referred to as acid fast bacilli (AFB). Detainees who are started on tuberculosis treatment should remain in medical isolation with negative pressure according to the following guidelines:

- (a) Until detainee has received standard multi-drug anti-TB (directly observed) therapy for 3 weeks (if sputum AFB smears are negative, threshold for treatment is 7 days) AND
- (b) If symptomatic, has demonstrated clinical improvement in fever, cough, sputum production, night sweats or weight loss AND
- (c) If sputum AFB smear positive, must have had three consecutive negative AFB-smears.

3) (U) Detainees who have a WHO score of 5 or greater (chronic cough, fever, night sweats, weight loss, hemoptysis) AND a chest x-ray suggestive of TB (infiltrates with or without cavitation in the upper lobes or the superior segments of the lower lobes) will provide a minimum of three early morning sputum specimens on consecutive days for direct microscopy and culture (Appendix 4). A detainee with minimal symptoms, but with a chest x-ray suggestive of TB, should also be considered for sputum AFB examination. The collections will be directly observed to reduce the risk of detainees providing false specimens. If the detainee is not able to produce sputum spontaneously, cough may be induced with nebulized hypertonic saline (Appendix 4).

4) (U) Detainees with symptoms or signs of TB lung disease and a chest x-ray suggestive of TB or with positive AFB sputum smears will, after appropriate counseling is provided to the detainee, be started on a standard four-drug treatment regimen of Isoniazid, Rifampin, Ethambutol and Pyrazinamide (Appendix 5). Medications given for TB treatment will be directly observed (DOT) per standard pharmacy procedures for the BTIF. Available drug regimens for culture-positive pulmonary tuberculosis are listed in Appendix 6. The appropriate doses of anti-tuberculosis drugs are listed in Appendix 7. Guidelines for monitoring detainees who are on anti-tuberculosis treatment are included in Appendix 8. Recommendations for managing adverse effects commonly seen with anti-tuberculosis drugs are discussed in Appendix 9. Detainees who are started on anti-tuberculosis treatment, but whose sputum cultures are negative, should be managed according to the treatment algorithm in Appendix 10.

5) (U) ALL detainees with active TB disease should be tested for the Human Immunodeficiency Virus -1 (HIV-1) by screening ELISA serology or rapid oral diagnostic tests for HIV-1. Positive screening tests for HIV-1 will be confirmed with the Western Blot test. The treatment of TB disease in detainees with HIV infection is essentially the same as for patients without HIV infection. There are two important exceptions: 1) once weekly INH-rifapentine should not be used in the continuation phase; and 2) twice weekly INH/RIF or rifabutin should not be used for detainees with CD4+ lymphocyte counts less than 100/mm³.

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

6. (U) Immunizations: Detainees in the BTIF will be immunized with Tetanus-diphtheria-acellular pertussis vaccine (Tdap) and, measles/mumps/rubella vaccine (MMR). During the fall and winter months, influenza vaccine will be offered to those who have not yet received the updated vaccine preparation. Centers for Disease Control Vaccine Information Statements (42 U.S.C. §300aa-26), annually updated for both the inactivated Influenza vaccine and the live, attenuated vaccine, will be translated into the detainees' native language (e.g. Pashtu). For illiterate detainees, a brief simple explanation of the vaccines purpose and risks will be presented, followed by an opportunity to ask questions. Detainees over the age of 60 will receive Pneumovax. Immunizations provided to detainees will be voluntary. Detainees will be informed of the known health risk (if any) of the immunizations before proceeding. In the unusual circumstance of an epidemic of a vaccine preventable disease, detainees may be immunized against their wishes upon approval by the TF Guardian Surgeon with the concurrence of the BTIF Commander or his designee.

7. (U) General Healthcare Delivery: Detainee sick call for a medical and dental problem is scheduled daily, and is conducted similarly to Soldier sick call. Soldiers and detainees will not be seen in the same location at the same time. Detainees with diabetes will have their blood glucose monitored regularly, documented and reviewed by a medical officer. Pregnancy tests will be performed on all female detainees upon arrival and as clinically indicated. Detainees with mental health problems will be referred to a mental health professional in the BTIF. Detainees on psychiatric medications will be evaluated by the psychiatrist at least quarterly. Optometry appointments will be available and eye glasses will be furnished as needed. Each sick call encounter will be documented on an SF600 or in AHLTA, the Department of Defense electronic medical record. Detainees may refuse routine examinations or parts of physical examinations. All cases of refusal should be properly documented in the detainee health record. The Medical Treatment Facility responsible for providing care to the detainee may authorize examination or treatment if it is deemed necessary to preserve the life, limb, or eyesight of the detainee or to preserve the health or safety of other detainees or any other persons.

a. (U) A log of detainees requesting a sick call visit will be maintained by Detainee Operations. Medics will evaluate detainees who request a sick call visit and will treat any complaints within their scope of clinical practice. Minor ailments, such as headache or musculoskeletal pain, can be treated with over the counter (OTC) type medications without prescription. Medical problems that are clearly beyond the medic's scope of practice will be referred to the medical officer for evaluation and treatment.

b. (U) Any complaints outside designated Sick Call hours will be screened by the medic on duty. Any life-threatening, limb-threatening or eye-sight emergencies, or other situations requiring immediate care (e.g., heart attack, stroke, seizure, serious injury, and emergency dental) will be referred to the licensed healthcare provider on duty.

c. (U) Security of Detainees while in Health Care Setting: Escorts are guards who bring a detainee from one place to another. Movement is routed through Escort Control. Each detainee has a "baseball card" that is used for tracking purposes and to verify identity.

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

Detainees are escorted to the BTIF Clinic under “eyes and ears” restraints. Escorts remain with the detainee at all times while outside of the cell.

d. (U) Body Cavity Searches: In-take (screening) and routine medical examinations will not include body cavity exams or hernia exams. Body cavity *examinations* may be performed for valid medical reasons with verbal consent of the detainee. Body cavity *searches* may only be performed when there is a reasonable belief that the detainee is concealing an item that could present a security risk and must be authorized by the DCG(S). Body cavity examinations or searches will be conducted by trained personnel of the same gender and with the utmost respect for the detainee’s dignity and privacy.

e. (U) Experimental research will not be conducted on detainees.

8. (U) Medical Evacuation: Procedures and routine appointments at the Combat Support Hospital (CSH) will be scheduled through Detainee Operations. Emergency referrals to the CSH will be done using BTIF provider to CSH provider communication in coordination with Detainee Operations.

9. (U) Monthly Weigh-in and Evaluation: Detainees will be monitored monthly for their weight which will be recorded on DA Form 2664-R and general state of health, nutrition, cleanliness, and for communicable diseases, especially tuberculosis, venereal diseases and lice infestation (Appendix 11).

10. (U) Competent detainees may refuse any medical treatment to include immunizations, medications, blood tests, and physical examinations. Detainees will be informed that refusal may result in medical isolation when necessary to prevent spread of disease or for the safety of detainees or others. Involuntary treatments will be carried out under standards similar to those applied to US forces. In the event that involuntary treatment is necessary to prevent death or serious harm the provider must obtain approval from the BTIF Commander or his designee. Every instance of involuntary treatment will be discussed in the ethics portion of the providers’ weekly staff meeting.

11. (U) Repatriation, release, or transfer to another facility: A thorough exit physical examination will be performed by a licensed health care provider and documented using the form *Detainee Health and Medical Record Outprocessing Examination* form (Appendix 12), whenever a detainee is discharged from the BTIF. A brief narrative summary of the detainee’s medical and psychiatric care will be written, translated into the detainee’s language, and given to the detainee (Appendix 13). The medical record will also be copied and given to the detainee after provider information is redacted (all proper names have been removed). Detainees on chronic medications will be provided with a one month’s supply of their medications.

12. (U) Medical management of the mentally ill: Psychiatric isolation will be recommended for detainees who need clinical monitoring or treatment in a controlled environment. Recommendations by the provider to isolate a detainee are approved by Detainee Operations.

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

13. (U) Underage Detainees: Detainees who are suspected of being age 15 or less will have x-ray of wrists and teeth performed for age determination within 24 hours of in-processing. Underage detainees will be segregated from the general population.
14. (U) Detainee Pharmacy: Medications will be maintained in a secure cabinet. Stockage will be replenished through medical logistics channels.
15. (U) Use of Restraints: Physical restraints will be used on detainees to the minimum extent necessary and only for security or safety reasons.
16. (U) Medical supply and resupply: Medical logisticians assigned to the BTIF are responsible for daily assessment of needed supplies by personally checking shelves and making inquiries among their customers (medical staff) on the supply status. A list of needed supplies is prepared and entered on the Supply Request form, followed by prompt submission of request to the 583rd MEDLOG. They are responsible for retrieving ordered supplies and restocking shelves at the BTIF. Receipts for incoming supplies will be filed for accounting purposes.
17. (U) Both medical and mental health care providers will be on call 24 hours a day in the BTIF. If a provider is not in the building when needed, they will be summoned by cell phone or by runner.
18. (U) Hunger Strike Management: A hunger strike is defined as having missed nine (9) consecutive meals (72 hours) or not drinking fluids for twenty-four (24) hours. All detainees who have met either one of these criteria, will have baseline laboratory testing done to include a complete blood cell count (CBC), serum electrolytes (sodium, potassium, chloride), carbon dioxide, glucose, Blood Urea Nitrogen (BUN), serum creatinine, minerals (calcium and magnesium), serum albumin or pre-albumin, urinalysis, and an Electrocardiogram (EKG). Weekly blood tests will be done as long as the hunger strike is maintained. Testing may be ordered more frequently at the discretion of the medical officer. Detainees on hunger strikes are medically isolated and are evaluated daily by the medical officer. Mental health evaluation will be conducted to ensure that there is no underlying psychiatric condition for the hunger strike. Detainees will not be allowed to commit suicide or irreparably compromise their health with a hunger strike. Detainees will be provided involuntary hydration and nutrition to preserve their health only after approval by the BTIF commander or his designee. Involuntary hydration and/or feeding will be considered if there is evidence of organ dysfunction resulting from the hunger strike. This decision may be aided by the use of established critical laboratory values for blood chemistries (Appendix 14) and hematology results (Appendix 15). Involuntary enteral (by mouth, via orogastric or nasogastric tube) feeding should be considered after fourteen days of hunger strike, or if the detainee has experienced significant weight loss (greater than 15%) from previously recorded or inprocessing weight. Detainees who require enteral nutrition to preserve life will be admitted to the CSH to initiate the feedings. Detailed instructions on enteral feedings are found in Appendix 16. Only authorized medical personnel may administer involuntary hydration and/or feeding. This requires approval from the Task Force Guardian Commander.

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

19. (U) Medical Photographs: Significant wounds and injuries should be photographed during inprocessing. Photographs of genitals will never be taken unless necessary to document injury to the genitals themselves or when absolutely necessary for identification. Approval will be obtained from Detainee Operations prior to taking any photographs.

20. (U) Suicide Risks and Prevention: Every effort will be taken to minimize the risk of suicide. Detainees who are determined to be a suicide risk will be placed in segregation and monitored on a regular basis. Mental Health will be consulted for treatment recommendations and follow-up. A list of all detainees with prior suicidal ideation or attempts will be provided to Detainee Operations for closer monitoring by the Guard Force to ensure safety of the detainees. Training on Suicide Prevention will be provided to the Guard Force by the mental health officer.

21. (U) Release of Detainee Health Information:

a. (U) Detained personnel will have access to the same standard of medical care as US Forces in the CJTF-101 CJOA, to include respect for their dignity and privacy. In general, the security of detainees' medical records and confidentiality of medical information will be managed the same way as for US and coalition forces. During detainee operations, the Patient Administration Division (PAD), the Criminal Investigation Division (CID), the International Committee of the Red Cross (ICRC), and medical chain of command can have access to detainee medical records besides the treating medical personnel. At no time will the military police (MP) or other detention facility personnel have access to medical records, and at no time will a detainee's medical information be used during interrogation.

b. (U) Under U.S. and International law and applicable medical practice standards, there is no absolute confidentiality of medical information for any person. Detainee medical information may be released for permissible purposes. Anyone desiring access to detainee medical records other than the detainee medical staff and the ICRC must obtain approval from the medical treatment facility Commander is consultation with Detainee Operations Judge Advocate.

c. (U) The Brigade Surgeon or his/her designee, usually the PAD, determines what information is appropriate for release. Only that specific medical information required to satisfy the terms of a legitimate request will be authorized for disclosure.

d. (U) When medical information is disclosed for purposes other than treatment, health care personnel will record the details of such disclosure on DA Form 4254, including the specific information disclosed, the person to whom it was disclosed, the purpose of the disclosure, and the name of the Detainee Operations Judge Advocate approving the disclosure in accordance with AR 40-66.

e. (U) If a medical officer suspects that the medical information to be disclosed may be misused, he should seek a senior command determination that the use of the information is consistent with applicable standards.

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

f. (U) The information disclosed to a health care provider (HCP) during the course of the relationship between the HCP and patient is confidential to the greatest possible degree. The patient should feel free to make a full disclosure of information to the HCP in order that the HCP may most effectively provide needed services. The patient should be able to make this disclosure with the knowledge that the HCP will respect the confidential nature of the communication. The HCP should not reveal confidential communications or information without the express consent of the patient, unless required to do so by law or regulation. The obligation to safeguard patient confidences is subject to certain exceptions which are ethically and legally justified because of overriding social considerations. Where a patient threatens to inflict serious bodily harm to another person or to him or herself and there is a reasonable probability that the patient may carry out the threat, the HCP should take reasonable precautions for the protection of the intended victim, including notification of law enforcement authorities.

g. (U) Because the chain of command is ultimately responsible for the care and treatment of detainees, the internment facility chain of command requires some medical information. For example, detainees suspected of having infectious diseases such as tuberculosis (TB) should be isolated from other detainees. Guards and other personnel who come into contact with such patients should be informed about their health risks and how to mitigate those risks.

h. (U) Releasable medical information on detainees includes that which is necessary to supervise the general state of health, nutrition, and cleanliness of detainees, and to detect contagious diseases. Such information should be used to provide health care; to ensure health and safety of detainees, service members, employees, or others at the facility; to ensure law enforcement on the premises; and ensure the administration and maintenance of the safety, security, and good order of the facility.

22. (U) Detainee Records Management and Retirement.

a. (U) Detainees should be entitled to copies of their medical records upon release from detention. Copies of medical documentation provided to released detainees will have all US military unit designation, health care provider, and other medical support personnel information (for example, name or provider number) redacted. The discharge summary will not include any US military unit designation, health care provider, or other medical support personnel information.

b. (U) Detainee outpatient medical records will be given a final disposition upon release of the detainee from detention and retired to the Military Police Brigade to be integrated with the detainee release records. All retired detainee records will be maintained, safeguarded (at Prisoner Service Branch or PSB), and provided to Undersecretary of Defense (Policy) and other Department of Defense components as appropriate IAW DoD Directive 2310.01E, September 5, 2006..

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

23. (U) Interrogation.

a. (U) Medical personnel are prohibited from engaging in acts that are considered harmful to the enemy. Therefore, medical personnel providing direct patient care for detainees will not provide assistance to detainee interrogation teams. The medical officer on duty or the medics will evaluate detainees before and after each interrogation using the form at Appendix 17. If there are medical contraindications (e.g., a detainee has a medical condition which could deteriorate during interrogation) the detainee will not be permitted to undergo interrogation at that time. If released for interrogation, the detainee is re-evaluated following the interrogation process to identify any adverse sequelae.

b. (U) Both the Operations Office and Joint Interrogation Facility (JIF) will be informed immediately whenever a detainee is not released for interrogation because of physical or mental conditions. Medical staff will notify both the Detainee Operations and the JIF when the detainee is physically and mentally well enough to participate in the interrogation process.

c. (U) Health care professionals charged with any form of assistance with the interrogation process, to include interpretation of medical records and information will not be involved in any aspect of detainee health care. Health care providers charged with the care of detainees should not engage in any activities that would be inconsistent with the principles affording them protected status under the Geneva Conventions. Health care providers charged with the care of detainees should not be actively involved in interrogation, advise interrogators how to conduct interrogations, or interpret individual medical records/medical data for the purposes of interrogation or intelligence gathering. Health care providers who are asked to perform duties they feel are unethical should ask to be recused. Requests for recusal should first go to the health care provider's commander and chain of command. If the chain of command is unable to resolve the situation, providers should engage the technical chain by contacting the command surgeon. If these avenues are unfruitful, health care providers may contact their specialty consultants or the Inspector General (IG).

d. (U) A behavioral science consultation team (BSCT), (see Appendix 18) consisting of a psychologist, and/or other behavioral health specialist(s), may be assigned to detainee operations. The BSCT assists interrogators and the detention staff with interrogations and the management of detainees within the facility, and is not assigned a mission of patient care. The medical treatment team should not consult with the BSCT on issues of treatment. Behavioral science consultation team members will not have access to medical records or any information about a detainee's medical treatment except as needed to maintain safe, legal, and ethical interrogations. For example, it may be helpful to advise the BSCT that a detainee has diabetes, and should not be provided certain types of food during interrogation. The BSCT will not provide treatment, except in emergency, and will inform the medical treatment staff of any medical issues needing attention.

24. (U) Detainee Death Procedures: In the event of a detainee death, the following shall apply.

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

a. (U) The BTIF commander shall immediately report the death to the CJTF-101 Detainee Operations Commander, the CJTF-101 Detainee Operations Judge Advocate, and the Army Criminal Investigations Division (CID). The notification will be in SIR format and at a minimum include the following:

(1) (U) Full name.

(2) (U) ISN.

(3) (U) Date, place, and cause of death.

(4) (U) Statement that in his or her opinion death was, or was not, the result of the detainee's own misconduct.

(5) (U) When the cause of death is undetermined, the medical officer will make a statement to that effect.

(6) (U) When the cause of death is finally determined, a supplemental report will be made.

b. (U) COMCJTF-101 may appoint an AR 15-6 Investigation Officer to inquiry into the circumstances surrounding the detainee's death. At a minimum, the investigating officer will determine whether the death was caused by the guards, another detainee, any other person, or from unnatural or unknown causes.

c. (U) The detainee's remains will be placed in a clean body bag and secured awaiting instructions from CID or the appropriate investigating agency. The remains will not be washed and all items on or in the body will be left undisturbed except for weapons, ammunition, and other items that pose a security threat. The body will not be released from United States custody without written authorization from the Armed Forces Medical Examiner and CID

25. (U) Death Certificates: A death certificate will be completed by the attending medical officer and a copy will be provided to the CJTF-101 Surgeon's Office and the Office of the Staff Judge Advocate. A DA Form 2669-R is the only authorized form for detainee death certificates. For each detainee death, the attending medical officer and the responsible unit commander will complete the DA Form 2669-R. The BTIF commander is responsible for ensuring that a death certificate is completed.

26. (U) Autopsy: Upon notification of a detainee death, CID will contact the Office of the Armed Forces Medical Examiner (AFME) to determine if an autopsy is needed.

a. (U) AFME has primary jurisdiction and authority within DOD to determine the cause and manner of death of any detainee in the custody of the Armed Forces of the United States. It is

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

presumed that an autopsy shall be performed, unless an alternative determination is made by the AFME.

b. (U) Commanders who in their judgment believe that an autopsy of the detainee is unnecessary and would only serve to cause additional grief to the local community due to the community's strongly held religious and cultural beliefs may submit a written request to forgo the autopsy to CID and the Commander, Detainee Operations. This request will be forwarded to AFME for consideration.

27. (U) Disposition of remains: Commanders will be mindful of Islamic traditions concerning the care and disposition of remains and will attempt to honor religious and cultural tradition so long as it is not inconsistent with the requirements set forth in this guidance. For additional guidance concerning burial, record of internment, and cremation of detainee remains, commanders should consult AR 190-8.

28. (U) Preventive Medicine Operations and Support: Preventive medicine inspections will be performed weekly. Findings will be forwarded to the commander of the detainee facility and the CJTF-101 Chief of Force Health Protection. All deficiencies will be corrected within a 24-48 hour period whenever possible.

29. (U) Reporting Geneva Convention Violations: Medical personnel report abuse (physical, emotional or sexual) or torture to the Task Force Commander, Judge Advocate, Military Police and supporting Criminal Investigation Division through the Brigade Surgeon.

30. (U) Training: All healthcare personnel will receive training on applicable policies and procedures regarding care and treatment of detainees. Particular attention should focus on the following: 1) medical records, 2) treatment purposes, 3) medical information, 4) reporting possible violations, 5) scope of care, and 6) procedures for management of deceased detainees. Training should be done prior to deployment from CONUS. Personnel who have not received training to deployment will complete the training on site prior to providing care to detainees. Refresher training will be conducted at least every six months.

31. (U) RIP/TOA Procedures for the BTIF:

Day 1 - Arrive at Bagram Airfield, check in with BTIF personnel (person you will be replacing), acquire billeting, familiarization tour of base, to include dining and exercise facilities, post exchanges, latrines, showers, Sick Call, Combat Support Hospital, Moral Welfare and Recreation areas, Chapel, laundry drop-off)

Day 2 - Required "Day 2 Brief" at the main Chapel on Tuesday, Wednesday or Friday @ 0745 hrs. (for the Air Force this usually takes place on Thursday)

Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

- Day 3 - Begin inprocessing (BTIF badge, weapons card, ammunition, tour BTIF, meet medical staff, set up internet accounts for secure-SIPR and non-secure-NIPR communications)
- Day 4 - Continue inprocessing; familiarization with duty station and clinic procedures, specialty area policies and procedures, review BTIF Medical Infirmary Continuity Binder and Training Binder (Medical Highlights)
- Day 5 - Continue inprocessing; continue familiarization by shadowing counterpart
- Day 6 - Complete inprocessing; continue familiarization by shadowing counterpart
- Day 7 - Perform all duties and responsibilities pertinent to your position, under the supervision of your predecessor; opportunity for questions.
- Day 8 - Perform all duties and responsibilities pertinent to your position, under the supervision of your predecessor; opportunity for questions.
- Day 9 - Perform all duties and responsibilities pertinent to your position, under the supervision of your predecessor; opportunity for questions.
- Day 10 – Assume all duties and responsibilities

32. (U) POC for this memorandum is the TF Guardian Brigade Surgeon at DSN 318-431-2614 or 318-431-3115.

Appendixes:

- Appendix 1: Medic Inprocessing Form
- Appendix 2: Mental Health Initial Screening
- Appendix 3: Detainee Health and Medical Record Inprocessing Examination
- Appendix 4: Procedure for AFBS Sputum Specimen Collection
- Appendix 5: Basic Principles for Treatment for Tuberculosis
- Appendix 6: Drug Regimens for Culture-Positive Pulmonary Tuberculosis
- Appendix 7: Dose of Anti-Tuberculosis Drugs for Adults
- Appendix 8: Monitoring of Detainees on Anti-Tuberculosis Treatment
- Appendix 9: Management of Common Adverse Effects of Anti-Tuberculosis Drugs
- Appendix 10: Treatment Guidelines for Culture-Negative Pulmonary Tuberculosis and Inactive Tuberculosis
- Appendix 11: Monthly Evaluation
- Appendix 12: Detainee Health and Medical Record Screening Examination
- Appendix 13: Detainee Health and Medical Record Summary
- Appendix 14/15: Chemistry Critical Laboratory Results/Hematology Critical Laboratory Results

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Annex A (Medical SOP), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

Appendix 16: Hunger Strike

Appendix 17: Health Record

Appendix 18: Behavioral Science Consultation Team (BSCT))

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Appendix 1 (Medic Inprocessing Exam) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

RELATIONSHIP TO SPONSOR:	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION

Appendix 2 (Mental Health Initial Screening) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

ISN #: _____ Date: _____ Time: _____

Do you have a history of mental illness? Yes / No (If yes, please explain):

Are you currently taking any medications? Yes / No (If yes, please explain):

Are you now, or have you ever been, suicidal or homicidal? Yes / No (If yes, please explain):

Do you have any current mental health complaints? Yes / No (If yes, please explain):

Do you have a history of drug abuse? Yes / No (If yes, please explain):

General Observations

Yes	No	Behavior	Yes	No	Behavior
		Poor hygiene			Crying/Tearful
		Angry			Unusually confused
		Assaultive/Violent			Uncooperative
		Loud/Obnoxious			Memory/Concentration
		Bizarre behavior			Significantly scared
		Unusual suspiciousness			Incoherent
		Alcohol/Drug Withdrawal			Embarrassed/Shy
		Observable signs of depression			Significant marks/Scars
		Not understanding			Observable injuries
		Sleeping difficulty (history)			Obvious pain or bleeding
		Unusual paranoia			Other:

Disposition of detainee: Segregation Close Observation Other:

Print Name, rank and credentials

Signature

Reviewed by: Name, rank, and credentials

Signature

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**Appendix 2 (Mental Health Initial Screening) to Annex A (Medical SOP) to the CJTF-101
Detainee Operations Standard Operating Procedures (SOP)**

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Appendix 4 (Procedure for AFBS Sputum Specimen Collection) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

1. It is preferable that a health care provider coaches and directly supervises the collection of sputum.
2. The best time to collect sputum is in the early, after lung secretions have pooled overnight and should be done on consecutive days at least 8-24 hours apart. A minimum of three (3) sputum specimens provides the greatest opportunity to make the diagnosis of tuberculosis.
3. Give the patient confidence by explaining to him the reason for sputum collection.
4. Instruct the patient to rinse his mouth with water before producing the specimen. This will help remove food and any contaminating bacteria in the mouth.
5. Instruct the patient to take two breaths, holding the breath for a few seconds after each inhalation and then exhaling slowly. Ask him to breathe in a third time and then forcefully blow the air out. Ask him to breathe in again and then cough. This should produce a specimen from deep in the lungs. Ask the detainee to hold the sputum container close to the lips and to spit into it gently after a productive cough. The color may be a dull white or a dull light green. Bloody specimens will be red or brown. Thin, clear saliva or nasopharyngeal discharge is not sputum and is of little diagnostic value for tuberculosis.
6. The amount of sputum required for staining and culture is five (5) milliliters (1 teaspoon) or greater for each container. If the sputum amount is insufficient, encourage the patient to cough again until a satisfactory specimen is obtained. This may require several minutes for some detainees.
7. For detainees unable to cough up sputum, deep coughing may be induced by inhalation of an aerosol of warm, sterile, hypertonic saline (3%-15%). Because induced sputum is very watery and resembles saliva, it should be labeled "induced" to ensure that the laboratory staff workers do not discard it. This procedure should be done in an isolated room or outside if possible, because of the potentially large amount of infectious material that may be produced. The health care provider should wear an N-95 mask at all times while this process is taking place.
8. Specimen containers should be tightly closed and properly labeled with detainee's ISN #, and transported to the laboratory as soon as possible.

Appendix 5 (Basic Principles of Treatment for Tuberculosis) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

1. Detainees in whom tuberculosis is proven (positive AFB smears) or strongly suspected (cavitary changes on CXR), should have treatment initiated with Isoniazid (INH), Rifampin (RIF), Pyrazinamide (PZA) and Ethambutol (EMB) for the initial 2 months.
2. Repeat smear after 2 months of treatment:
 - a. If cavities were seen on initial CXR or sputum remains AFB smear positive, continue treatment with INH and RIF daily or twice weekly for 4 months to complete a total of 6 months of treatment.
 - b. If cavities were seen on initial CXR and the culture at 2 months is positive, treatment with INH and RIF should be continued for 7 months (total of 9 months of treatment).
 - c. If no cavities were seen on initial CXR and AFB smears are negative after 2 months of treatment, continue treatment with daily or twice weekly INH and RIF for 4 months (total of 6 months of treatment)
3. If there is drug resistance reported, add AT LEAST two new drugs to which the AFB isolate is susceptible. NEVER add a single drug to a failing regimen.

Appendix 6 (Drug Regimens for Culture-Positive Pulmonary Tuberculosis Caused by Drug Susceptible Organisms) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

Initial phase			Continuation phase		
Regimen	Drugs	Interval	Regimen	Drugs	Interval
1	INH RIF PZA EMB	Seven days per week for 56 doses (8 weeks) or 5 days per week for 40 doses (8 week)	1a	INH/RIF	Seven days per week for 126 doses (18 weeks) or 5 days per week for 90 doses (18 weeks)
			1b	INH/RIF	Twice weekly for 36 doses (18 wks)
2	INH RIF PZA EMB	Seven days per week for 14 doses (2 wk), then twice weekly for 12 doses (6 wk) or 5 days per week for 10 doses (2 wk), then twice weekly for 12 doses (6 wk)	2a	INH/RIF	Twice weekly for 36 doses (18 wk)
3	INH RIF PZA EMB	Three times weekly for 24 doses (8 wk)	3a	INH/RIF	Three times weekly for 54 doses (18 wk)

Appendix 7 (Doses of Anti-Tuberculosis Drugs for Adults) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

Drug	Formulation available	Daily dose	Twice weekly dose
Isoniazid	Tablets (300 mg)	5 mg/kg (300 mg)	15 mg/kg (900 mg)
Rifampin	Capsule (300 mg)	10 mg/kg (600 mg)	10 mg/kg (600 mg)
Pyrazinamide	Tablet (500 mg)	* See below	* See below
Ethambutol	Tablet (400 mg)	** See below	** See below
Amikacin	Aqueous solution (500 mg and 1 gram vials)		
Ciprofloxacin	Tablet (500 mg)	750 mg	N/A
Levofloxacin	Tablet (500 mg)	750 mg	N/A

N/A = Not Applicable

***Suggested Pyrazinamide doses, using whole tablets, for adults weighing 40-90 kg**

	Weight (kg)		
Frequency	40-55	56-75	76-90
Daily	1,000 mg	1,500 mg	2,000 mg
Three (3) times weekly	1,500 mg	2,500	3,000 mg
Twice weekly	2,000 mg	3,000	4,000 mg

****Suggested Ethambutol doses, using whole tablets, for adults weighing 40-90 kg**

	Weight (kg)		
Frequency	40-55	56-75	76-90
Daily	800 mg	1,200 mg	1,600 mg
Three (3) times weekly	1,200 mg	2,000 mg	2,400 mg
Twice weekly	2,000 mg	2,800 mg	4,000 mg

Appendix 8 (Monitoring of Detainees on Anti-Tuberculosis Treatment) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

Baseline Monitoring:

1. Serologic testing for hepatitis B and C (at high risk for infection).
2. Measurements of aminotransferases (i.e., AST, ALT), bilirubin, alkaline phosphatase, serum creatinine and platelet count.
3. Testing of visual acuity with the Snellen chart and color vision (Ishihara) should be performed when Ethambutol is to be used.
4. Measurement of serum uric acid if Pyrazinamide is to be used.
5. HIV serology.

Monitoring During Treatment:

1. Monthly clinical evaluations to identify possible adverse reactions to medications and to assess adherence.
2. Routine monitoring of liver, renal function or platelet count NOT necessary unless there were baseline abnormalities or clinical indications based on symptoms.
3. Monthly repeat testing of visual acuity and color vision is recommended for detainees receiving an Ethambutol dose exceeding 15-20 mg/kg (the recommended range) and for patients receiving the drug for more than 2 months.
4. Detainees should be educated regarding changes in vision and instructed to report it promptly.

**Appendix 9 (Management of Common Adverse Effects of Anti-Tuberculous Drugs)
to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard
Operating Procedures (SOP)**

Gastrointestinal upset: nausea, vomiting, poor appetite, abdominal pain

1. Check hepatic transaminases (serum AST, ALT) and bilirubin.
 - a. If results <three times the upper limit of normal, symptoms assumed not due to hepatic toxicity.
 - b. If results \geq three times the upper limit of normal \rightarrow hepatic toxicity.
2. Change the hour of drug administration to coincide with meals or at bedtime.

Rash

1. All TB drugs can cause a rash.
2. If minor (limited area with only itching), treat symptomatically with antihistamines and continue all medications.
3. A petechial rash suggests thrombocytopenia associated with Rifampin.
 - a. Check platelet count, if low \rightarrow Rifampin hypersensitivity.
 - b. Monitor platelet count; do not restart Rifampin.
 - c. If there is a generalized rash, especially if associated with fever and/or mucous membrane involvement, ALL drugs should be stopped IMMEDIATELY.
 - 1) If detainee has severe tuberculosis, start three new drugs (aminoglycoside and two oral agents).
 - 2) If drugs are temporarily withheld, when the rash has resolved, restart Rifampin first (least likely to cause rash and is the most important agent), then proceed with the other agents.

Drug fever

1. Suggested by the recurrence of fever after several weeks on therapy, while the individual looks and feels well, especially with microbiological and radiological improvement.
2. There is no specific pattern and eosinophilia may or may not be present.
3. First rule out worsening TB disease and any other potential causes for fever.

**Appendix 9 (Management of Common Adverse Effects of Anti-Tuberculous Drugs)
to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard
Operating Procedures (SOP)**

4. If no cause identified, all drugs should be stopped. Drug-related fever usually resolves within 24 hours.
5. Detainee should be given at least three new drugs in the interim.
6. Once the fever has resolved, follow same protocol for restarting drugs as recommended for drug rash.

Hepatitis

1. Most commonly seen with INH, RIF and PZA.
2. If the AST is <5 times the upper limit of normal, toxicity considered mild.
 - a. With no symptoms, continue drugs.
 - b. Increase frequency of clinical and laboratory monitoring.
3. If the AST is ≥ 5 times upper limit of normal:
 - a. With or without symptoms, STOP all hepatotoxic drugs immediately.
 - b. Evaluate patient for other causes of hepatitis to include viral hepatitis A, B and C, biliary tract disease, other hepatotoxic drugs.
4. Give at least three nonhepatotoxic anti-tuberculosis drugs until the specific cause of the hepatotoxicity can be determined.
5. Restart drugs after the AST has declined to <2 times upper limit of normal.
 - a. Restart RIF first (less likely to cause hepatitis and is most effective agent).
 - b. If AST has not increased after 1 week, then restart INH.
 - c. If AST has not increased after 1 week of restarting INH, restart PZA.
 - d. If AST increases after 1 week, assume PZA is the cause and discontinue it.

Appendix 10 (Treatment Guidelines for Culture-Negative Pulmonary Tuberculosis and Inactive Tuberculosis) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

1. If the clinical suspicion is high, multi-drug therapy should be initiated before acid-fast smear and culture results are known.
2. If initial cultures remain negative and treatment has consisted of multiple drugs for 2 months, there are two options:
 - a. If the detainee demonstrates symptomatic or radiographic improvement, without another apparent diagnosis, then a diagnosis of culture-negative tuberculosis can be inferred. Treatment should be continued with INH and RIF alone for an additional 2 months.
 - b. If the detainee demonstrates neither symptomatic nor radiographic improvement, then tuberculosis is unlikely and treatment is complete once treatment including at least two months of RIF and PZA has been administered.
3. In low-suspicion detainees not initially started on treatment, who remain asymptomatic with stable CXR and whose AFB sputum cultures remain negative, there are three treatment options:
 - a. INH for 9 months
 - b. RIF with or without INH for 4 months
 - c. RIF and PZA for 2 months

Appendix 11 (Monthly Evaluation) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

**BTIF BAGRAM AB, AFGHANISTAN
MEDIC MONTHLY EVALUATION**

DATE

1. General State of health (Please encircle)	EXCELLENT	GOOD	FAIR	POOR
2. Cleanliness (Please encircle)	EXCELLENT	GOOD	FAIR	POOR
3. Evidence of possible communicable disease?			YES	NO
4. Evidence of lice infestation?			YES	NO
5. Evidence of unexplained physical injuries?			YES	NO

If yes, ask the detainee about the cause (i.e. burns, fractures, severe sprains, bruises)

Performed by:

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:			
PATIENT'S NAME (Last, First, Middle initial)			SEX
RELATIONSHIP TO SPONSOR:	STATUS	RANK/GRADE	
SPONSOR'S NAME	ORGANIZATION		

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**Appendix 11 (Monthly Evaluation) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations
Standard Operating Procedures (SOP)**

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**Appendix 12 (Detainee Health and Medical Record Outprocessing Examination) to
Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating
Procedures (SOP)**

DETAINEE HEALTH AND MEDICAL RECORD OUTPROCESSING EXAMINATION					DATE:		
T _____	P _____	R _____	BP _____	Ht _____	Wt _____	BMI _____	
ISN #:	DOB:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female					
ALLERGIES:							
MEDICAL HISTORY: (Check all that apply)							
		COMMENTS				COMMENTS	
Asthma				STD or HIV/AIDS			
Cancer				Tuberculosis (TB)			
Diabetes				Alcohol or IV Drug use			
Epilepsy/Seizures				Tobacco products			
Hemophilia/Bleeding				Other:			
Heart Disease				Injuries if Any:			
Hypertension							
Surgeries							
Kidney Disease							
Mental problems							
Hepatitis (liver)				MEDICATIONS:			
Malaria							
CLINICAL EVALUATION: (Check each item in appropriate column; NE = Not Evaluated)							
	NL	ABN	NE	State of nutrition:	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>
GENERAL SURVEY				COMMENTS			
1. Head							
2. Eyes							
3. Ears							
4. Nose							
5. Mouth/Dental/Throat							
6. Neck							
7. Heart							
8. Lungs							
9. Abdomen							
10. Upper Extremities							
11. Lower Extremities							
12. Feet							
13. Neurological							
14. Skin							
16. Anus/Genital				<input type="checkbox"/> Declined			
17. Other							

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Appendix 13 (Detainee Health and Medical Record Summary) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

DATE:

NAME:

ISN #: US9AF-00xxxxDP

CURRENT HEIGHT/WEIGHT:

PAST MEDICAL HISTORY:

CURRENT (ONGOING) MEDICAL PROBLEMS:

CURRENT MEDICATIONS:

MEDICATION ALLERGIES:

LAST MONTHLY MEDICAL EVALUATION: *Date; Excellent/Good/Fair/Poor Health*

د نظارت لاندې کس دروغتیا اودرمل لنډیز

نښه:

نوم:

ISN

اوسنی قد اووزن

پخوانی د علاج اودرمل تاریخچه

اوسنی دروغتیا مستووزی

اوسنی دوا اودرمل

د د رمله ستره حساسیت

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Appendix 14 (Chemistry Critical Laboratory Results) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

Lab test	LESS THAN (<)	GREATER THAN (>)
Sodium (Na ⁺)	125	150 mmol/L
Potassium (K ⁺)	3.0	5.5 mmol/L
Chloride (Cl ⁻)	85	120 mmol/L
Carbon dioxide (CO ²)	16	35 mmol/L
Blood Urea Nitrogen (BUN)	N/A	60 mg/dL
Creatinine	N/A	1.5 mg/dL
Calcium (Ca ⁺⁺)	7.0	13 mg/dL
Magnesium (Mg ⁺⁺)	1.4	3.0 mg/dL

**Appendix 15 (Hematology Critical Laboratory Results) to Annex A(Medical SOP)
to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)**

Lab test	Adults	Pediatrics
White Blood Cell Count (WBC)	<3,000 or >25,000/mm ³	<5,000 or >30,000/mm ³
Hemoglobin (Hgb)	<7.0 or >19.0 grams	<7.0 or >15.0 grams
Hematocrit (Hct)	<24.0 or >58.0%	<21.0 or >45.0%
Platelets (Plt)	<50,000 or >750,000/mm ³	<75,000 or >1,000,000

Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

1. Purpose: This appendix outlines the procedures for responding to any detainee or group of detainees who report or indicate their intention to begin a hunger strike at detainee holding and internment facilities in Iraq.

2. REFERENCES:

a. DoDI 2310.08, Medical Program Support to Detainee Operations, 6 June 2006.

b. DOD Policy Letter, Standard Operating Procedures for Involuntary Feeding of Detainees on Hunger Strike at Guantanamo Bay, 16 October 2006.

3. GENERAL: The Chief of Detention Operations ensures the health and well-being of all detainees in theater internment facilities is monitored and appropriate medical care/intervention is provided.

4. APPLICABILITY: The procedures of this policy apply to all units assigned, attached or OPCON/TACON to Task Force Guardian.

5. RESPONSIBILITIES:

a. Detainee Medical Task Force: Provide health care monitoring and medical assistance as clinically indicated for detainees on a hunger strike and provide updates to the TF Guardian Commander as the clinical situation changes. Provide medical treatment. Monitor, preserve, and protect the health and welfare of hunger striking detainees. Counsel detainees on the risks of the hunger strike and attempt to persuade the detainee to resume eating. Intervene to provide non-voluntary life-sustaining measures with the approval of the TF Guardian Commander. Terminate hunger strike procedures, when directed.

b. Detainee Mental Health Team: Evaluate the mental health status of detainee(s) on a hunger strike. Build profiles of the detainee's behavior and consult with medical and custodial staff. Conduct behavioral interventions to persuade the detainee to resume eating.

c. BTIF Commander: Ensure the welfare, security, and custodial control of detainee(s). Monitor and record all activities (food/water intake, statements, and behavior) of detainee(s) in a hunger strike. Provide a daily SITREP through the chain of command to the TF Guardian Commander.

6. DEFINITIONS:

a. Hunger Striker. A hunger striker is a detainee who communicates either directly or indirectly (e.g. repeated meal refusals) the intent to refuse to take nourishment. This may be done as a form of protest or to demand attention. A detainee will be officially classified as a hunger striker when he refuses to eat for 72 hours or after missing nine consecutive meals.

Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

b. Meal. A meal is the combined or individual consumption of fluids and/or solid food required to maintain daily metabolic requirements. These requirements vary by individual. For the purpose of this document, any consumption of calories at or around 500Kcal is considered a regular meal.

7. PROCEDURES: Once it is determined that a hunger strike is in-progress / imminent, the following steps will be taken.

a. The Commander of the internment facility will immediately report the hunger strike through the chain of command to the TF Guardian Commander.

b. Notify medical and mental health staff. Medical and mental health staff will perform an initial evaluation.

(1) Examine the general physical condition of the detainee (Tab C). Measure and record vital signs, height and weight on the hunger strike matrix (Tab A).

(2) Perform urinalysis.

(3) Take a blood sample (complete chemistries, complete blood count) from the detainee; obtain an EKG, and record results on the hunger strike matrix (Tab A).

(4) If clinically indicated, perform radiographic and/or other laboratory studies.

(5) Conduct an initial mental health evaluation to determine if the detainee suffers from a mental disorder which renders him/her incapable of making a rational, reasonable decision concerning the hunger strike. If the mental health professional determines the detainee to be incompetent to make a rational decision about the hunger strike and/or be suffering from a mental disorder, the detainee will be referred to psychiatry for appropriate medical treatment of the disorder.

(6) During the mental health evaluation, attempt to determine the cause for the hunger strike. Inform the BTIF Commander of the findings.

(7) A medical provider will counsel the detainee who is on a hunger strike as to the medical hazards of a prolonged period without food and/or water. Tab B of this policy, *Refusal to Accept Food or Water/Fluids as Medical Treatment*, will be verbally translated at the initial assessment. The medical staff shall make a reasonable effort to persuade the detainee to resume eating and drinking. Medical risks faced by the detainee, if they do not eat and/or drink, will be explained. Tab B will be signed by the medical provider, witness and translator and placed in the detainee's outpatient medical record.

Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(8) Detainees refusing to participate in the initial and periodic medical examinations or treatments for a mental disorder may be forced to participate by order of the TF Guardian Commander.

c. Medical staff will conduct periodic evaluations of the detainee.

(1) Daily evaluations will include measuring and annotating the detainee's vital signs and weight on the hunger strike matrix (Tab A).

(2) Every three days, draw a blood sample (basic chemistries) from the detainee and annotate the results on the hunger strike matrix (Tab A).

(3) Every six days, draw a blood sample (complete chemistries) from the detainee and annotate the results on the hunger strike matrix (Tab A). Take a photograph of the detainee's stripped upper torso (front and side view). Include name, ISN, height, weight, date and time on the bottom of the photograph.

(4) Every month, draw a blood sample (Iron Panel) from the detainee, take a urine sample and conduct an electrocardiogram (12 lead ECG).

(5) These evaluations will be annotated in the detainee's medical records and reported through the chain of command to the TF Guardian Commander.

d. The mental health team will conduct regular examinations of the detainee and conduct appropriate interventions to induce the detainee to end the hunger strike. These interventions may include but are not limited to, offering to share tempting foods with detainee, including the detainee in small groups during meal times to create peer pressure to eat, and resolving the causes of the strike.

e. The commander of the BTIF will ensure the detainee is administratively segregated in a single occupancy cell. The cell should be equipped with the capability to turn-off the water ("Dry-Cell"). It should not be accessible by other detainees and should have good visibility for the guards and medical staff. The guards should search the cell and remove all food. Movement to other quarters, such as a medical facility, may be initiated at any time if medically indicated.

f. The guards will monitor the detainee's food and water intake and report this to the medical staff.

(1) The detainee will be given three meals per day, regardless of the detainee's refusal to eat. All meals will be pre-approved by the medical staff. Intake amounts will be carefully recorded after each meal and the remainder taken away.

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(2) The detainee will be provided an adequate supply of drinking water and other beverages authorized by medical staff. Record the amount of fluids consumed.

g. The hunger strike procedures will be terminated when the all of the following occur:

(1) The detainee eats a meal or a portion of a meal (excluding liquids).

(2) After examining the detainee, a medical officer or physician's assistant recommends that the hunger strike procedures be terminated.

(3) The TF Guardian Commander terminates the hunger strike procedures.

h. The medical and mental health staff will continue follow-up as long as deemed necessary.

8. MEDICAL INTERVENTION:

a. Prior to medical intervention being initiated against the detainee's will, both the facility medical staff and the mental health team will make reasonable efforts to convince the detainee to voluntarily accept treatment. They must inform the detainee of the medical risks involved in a hunger strike and fully and completely document their efforts.

b. When the treating physician determines that the detainee's situation is deteriorating and an injury may result, or a life threatening situation exists, the medical staff will immediately notify the TF Guardian Commander. When medically indicated, the treating physician will consider and may recommend forced medical treatment of the detainee. The approval authority for forced medical treatment is the TF Guardian Commander.

c. Involuntary medical treatment should be considered if any of the following clinical criteria are met:

(1) There is evidence of deleterious health effects reflective of end organ involvement or damage to include, but not limited to, seizures, syncope or pre-syncope, significant metabolic derangements, arrhythmias, muscle wasting, or weakness such that activities of daily living are significantly hampered;

(2) There is a pre-existing co-morbidity that might readily predispose to end organ damage (e.g. hypertension, coronary artery disease or any significant heart condition, renal insufficiency or failure, or endocrinopathy);

(3) There is a prolonged period of hunger strike (more than 21 days);

(4) The detainee is at a weight less than 85% of the calculated Ideal Body Weight (IBW);

Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(5) The detainee has experienced significant weight loss (greater than 15%) from previously recorded or in-processing weight.

d. Prior to medical treatment being administered, medical staff will make reasonable efforts to convince the detainee to voluntarily resume eating or accept treatment. Medical risks faced by the detainee if treatment is not accepted will be explained to the detainee. Involuntary medical treatment may include, but is not limited to, intravenous fluids, blood draws, weights, and/or administration of nutritional formulas or electrolyte solutions via an enteral feeding tube. When, after reasonable efforts, or in an emergency preventing such efforts, a medical necessity for treatment of a life or serious health-threatening situation exists, the Medical Officer may recommend that treatment be administered without the consent of the detainee. No direct action will be taken to involuntarily feed a detainee without the approval of the TF Guardian Commander, unless a medical emergency exists. Medical staff will fully and completely document all of their counseling efforts and treatments in the detainee's medical record. If involuntary enteral feeding is clinically indicated and authorized, Tab D, *Approval Authority for Initiation of Involuntary Enteral Feeding*, should be completed by the attending Medical Officer and placed in the detainee's inpatient medical record.

e. If a Medical Officer determines that the medical condition of a detainee on hunger strike dictates medical intervention to preserve life and health, the detainee will be admitted to the DH for resuscitation and, if needed, for involuntary enteral feeding. Clinical protocols for enteral feeding using a graduated continuous enteral feed infusion are found in Tab E, *Clinical Protocol for the Evaluation, Resuscitation, and Feeding of Detainees on Hunger Strike*. If a DH Medical Officer deems it medically safe (low risk of re-feeding syndrome) based on the duration of the detainee's fast or hunger strike, enteral feeding may be initiated with graduated intermittent feeds as opposed to a continuous infusion. Clinical protocols for enteral feeding using an intermittent infusion are found in Tab F, *Chair Restraint System Clinical Protocol for the Intermittent Enteral Feeding of Detainees on Hunger Strike*. *Medical Equations, Calculations And Definitions* (Tab G) may be used to calculate caloric goals/needs. *Management of Common Electrolyte Deficiencies* (Tab H) outlines means of correcting common electrolyte deficiencies seen in individuals on a hunger strike or prolonged fast.

f. If forced medical treatment is initiated, it will be continued until the detainee's life or permanent health is no longer threatened. Forced medical treatment normally consists of the following:

- (1) Nasogastric tube (Dobhoff) for feeding.
- (2) If a nasogastric tube is not medically appropriate or successful, then intravenous fluids and hyperalimentation intravenously may be necessary
- (3) As a last resort, gastrostomy and tube feeding through the stomach may be required.

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g. The following guidance will be used to remove a detainee from the hunger strike list:

(1) A detainee who has been declared a hunger striker, but has not required involuntary enteral feeding, will be removed from the hunger strike list when he has consumed a meal and a DH Medical Officer has declared his meal intake sufficiently adequate to be removed from the hunger strike list.

(2) A detainee who has been declared a hunger striker and who has been receiving enteral feeding will be removed from the hunger strike list when he has consumed a meal and a DH Medical Officer has declared his meal intake sufficiently adequate to be removed from the hunger strike list. He will continue to be closely monitored for a period of time as per Tab I. Detainees will be weighed monthly as per standard detention center protocols.

(3) *Medical Management of Enterally Fed Detainees Who Terminate Their Hunger Strike* (Tab I) outlines a proposed pathway to assist and monitor detainees in their transition from enteral feeding to a regular diet.

9. Each case will be evaluated on its own merits and individual circumstances. None of the above indicated procedures are meant to limit or override sound medical judgment by the physician responsible for the detainee's medical care.

Tab A (Hunger Strike Matrix) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

ISN											
Hunger Strike Day				4	5	6	7	8	9	10	
Meals Missed											
Weight (kg)											
Weight (lbs)											
% Body Weight Lost											
Blood Pressure											
Heart Rate											
Electrolytes				Sodium			Sodium				Sodium
				Potassium			Potassium				Potassium
				Chloride			Chloride				Chloride
				HCO3			HCO3				HCO3
				BUN			BUN				BUN
				Creatinine			Creatinine				Creatinine
				Glucose			Glucose				Glucose
				Calcium							Calcium
CBC				WBC			WBC				WBC
				Hemoglobin			Hemoglobin				Hemoglobin
				Hematocrit			Hematocrit				Hematocrit
				Platelets			Platelets				Platelets
Hepatic Enzymes				AST							AST
				ALT							ALT
				Alk Phos							Alk Phos
				Total protein							Total protein
				Albumin							Albumin
				T bili							T bili
Photos											
Behavioral Health											
12 Lead EKG											
Iron											

Tab B (Refusal to Accept Food or Water/Fluids as Medical Treatment) to Appendix 16 (Hunger Strike) to Annex B (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

Detainee Number _____ Age _____ Date _____

The above detainee has refused to accept food or water/fluids as medically recommended by the Medical Officer.

The grave risks of not following the medical advice directing him to eat life-sustaining food and to drink water/fluids have been explained to the detainee. He understands that as a direct result of his refusal to eat and/or drink, he may experience: hunger, nausea, tiredness, feeling ill, headaches, swelling of his extremities, muscle wasting, abdominal pain, chest pain, irregular heart rhythms, altered level of consciousness, organ failure and coma. He understands that his refusal to eat life-sustaining food or drink water/fluids and to follow medical advice may cause irreparable harm to himself or lead to his death. He understands that this is not a complete list of the risks involved with the refusal to follow medical advice.

He understands the alternatives available to him including oral food and fluid, oral rehydration solutions, oral nutritional supplements, and intravenous fluid hydration.

He fully understands the risks to his health, if he does not accept food and water as directed above.

Translator/ Witness

Signature _____

Medical Provider Signature _____

Tab C (Hunger Striker Medical Evaluation Sheet) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

Detainee Number: _____ Date of Evaluation: _____

Date of Onset: _____ Drinking Fluids: Yes No

Number of Meals Missed: _____

HPI: _____

MEDS: _____

ALLERGIES: NKDA or _____

PMH: _____

Reason for Hunger Strike? _____

Physical Assessment:

In processing Wt: _____ lbs Pre Hunger Strike Wt: _____ lbs/date: _____

Current Wt: _____ lbs _____ % IBW BMI: _____ % Wt Loss: _____

Heart Rate: _____ BP: _____/_____ RR: _____ T: _____

LOC: Yes No

Other Pertinent Physical Exam and Laboratory Findings:

Assessment: Hunger Striker

Plan:

1. Explained risks of inadequate intake of food and/or water to detainee. See *Refusal to Accept Food or Water/Fluids As Medical Treatment*, Tab B.
2. Continue follow-up as per Detainee Huger Strike Standard Operating Procedures (SOP).
3. Other:

Medical Provider: _____

Tab D (Chronological Record of Medical Care) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE
Date	Time	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION
		Detainee ISIN___has been on a hunger strike and is refusing to consume life sustaining nutrition and hydration. He meets the following clinical criteria for involuntary enteral feeding.
		_____There is evidence of deleterious health effects reflective of end organ involvement or damage to include but not limited to seizures, syncope or pre-syncope, significant metabolic derangements, arrhythmias, muscle wasting, or weakness such that activities of daily living are hampered.
		_____There is a pre-existing co-morbidity that might readily predispose to end organ damage (e.g. hypertension, coronary artery disease or any significant heart condition, renal insufficiency or failure, endocrinopathy,ect.).
		_____There is a prolonged period of hunger strike (more than 21 days).
		_____The detainee is at a weight that is less than 85% of the calculated Ideal Body Weight (IBW)
		_____The detainee has experienced significant weight loss (greater than 15%) from previously recorded or in-processing weight.
		Involuntary feeding is required to prevent risk of death or serious harm to health.
		Written approval to initiate involuntary enteral feeding has been obtained from the Joint Task Force Commander as required per Standard Operating Procedure 001.
		Medical Officer

STANDARD FORM 600 (rev. 9/05)

DETAINEE'S IDENTIFICATION NUMBER:

Tab E (Clinical Protocol for the Evaluation, Resuscitation, and Feeding of Detainees on Hunger Strike) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

Once a detainee on hunger strike meets the criteria for enteral feeding, the following protocol will be followed:

Phase I: Admit to the Detention Hospital for Intravenous Fluid Resuscitation

Hospital Day #1:

Vital signs should be checked at admission and every four hours for the first eight hours, at which time the frequency can be decreased to every eight hours (if clinically stable).

If not drawn in the past two days, a complete blood count (CBC), basic metabolic panel, calcium (Ca⁺⁺), magnesium (Mg⁺⁺), phosphorous (phos), and creatine kinase (CK) should be obtained. A blood glucose reading (finger stick) should be documented in the Medication Administration Record (MAR).

A 12 lead EKG will be performed upon admit.

The detainee's admission weight should be recorded, with weights being recorded daily, thereafter.

Fluid resuscitation should begin with a 1-2-liter bolus of normal saline. The amount of the IV bolus will be decided after reviewing the detainee's medical history for any co-morbid diseases (This may be deferred if fluids were previously received in the SHU).

This should be followed by a standard formulation, which consists of one liter of D₅ ½ normal saline with 20 meq KCL, one vial of (water soluble) MVI, 500 mg of magnesium sulfate, one vial of trace elements, and 1 mg of folic acid. This IV formulation should be run @ 100 ml/hr for 10 hours.

Once the formulation has infused, maintenance fluids in the form of D₅ ½ normal saline with 20 meq KCL @ 100 ml/hr should be started and continued until at least 48 hours after admission (Hospital Day #3)

PRN medications during Phase I:

- 1) Thiamine 100 mg IV one time (Give prior to giving any Dextrose or D₅. This may have already been administered in the Clinic).
- 2) Glucose, 50 grams (D₅₀, 1 amp) IV if blood sugar < 60 and detainee lethargic or unresponsive.
- 3) Tylenol 650mg PO Q 6 hrs PRN pain, headache.
- 4) Mylanta 15-30 ml PO Q 4 hrs PRN indigestion, heartburn.

Tab E (Clinical Protocol for the Evaluation, Resuscitation, and Feeding of Detainees on Hunger Strike) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

Phase II: Initiation of Enteral Nutrition

Hospital Days #2 and #3.

Place a 10 French or 12 French feeding tube into the patient's *stomach* per standard medical practice. Viscous lidocaine should be offered for the nostril and the throat. The tube should be well lubricated prior to insertion. A linguist shall be present to assist with instructions. Once the feeding tube has been inserted, the placement needs to be confirmed. This confirmation can be achieved either by a standard chest x-ray or by air insufflations followed by a 10cc test dose of water.

The patient's head of the bed should be elevated at least 30-45 degrees while recumbent.

A blood glucose level (via finger stick) should be documented every 12 hours X 3.

A basic metabolic panel, calcium, magnesium, phosphorus, ALT, total bilirubin, amylase, and albumin should be ordered for the morning of Hospital Day #3.

Vital signs can be changed to daily (if patient is clinically stable).

Enteral Nutrition:

1. Place 360 ml of **Glucerna Select** in enteral nutrition (EN) bag. Mix three Tablespoons of 10 % oral potassium chloride solution (2340 mg of potassium), one teaspoon (8 packets) of table salt (2300 mg of sodium) and liquid MVI, and infuse via feeding tube at 30 ml/hr, for 12 hours.

2. After 12 hrs:

If tolerating EN, mix 360 ml of **Glucerna Select** with 240 ml water. Mix three Tablespoons of 10% oral potassium chloride solution and one teaspoon of table salt, and infuse via feeding tube at a rate of 50 ml/hr (*720 kcal/day + 480 kcal from IV fluids = 1200 kcal/day*).

3. After 24 hrs (start of Hospital Day #3):

If tolerating EN, mix 600ml of **Glucerna Select** with 400 ml water. Mix three Tablespoons of 10% of oral Potassium Chloride solution, one teaspoon of table salt and liquid MVI, and infuse at 60 ml/hr (*1296 kcal/day*). ***Kcals per day does not reflect any kcals from IV if IV is not d/c.*** Discontinue IV fluids and IV if fluid resuscitation is complete.

PRN medications during Phase II:

1) Tylenol 650 mg PO/enteral feeding tube Q 6 hrs PRN pain, headache.

2) Mylanta 15-30 ml PO/enteral feeding tube Q 4 hr PRN indigestion, heartburn.

Tab E (Clinical Protocol for the Evaluation, Resuscitation, and Feeding of Detainees on Hunger Strike) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

- 3) Benadryl 25-50 mg PO/enteral feeding tube Q 6 hrs PRN rhinorhea, post-nasal drip, sneezing, itchy rash, watery eyes.
- 4) Saline Nasal Spray 2-3 puffs each nostril Q 4-6 hr PRN post-nasal drip or congestion.
- 5) Phenergan 12.5 – 25 mg PO/enteral feeding tube/PR/IM/IV Q 4-6 hrs PRN nausea.
- 6) Motrin (Ibuprofen) 600 mg PO/enteral feeding tube TID PRN pain (ONLY if nutrition is being tolerated at 20 cc/hr or more; avoid in any patient with concern for renal insufficiency).
- 7) Reglan 10 mg PO/enteral feeding tube Q 3 hr X 3 doses if nauseated or bloating after tube insertion.

Phase III: Achieving and Maintaining Goal Enteral Nutrition

Hospital Day #4-6:

1. After 48 hrs of EN: Discontinue **Glucerna Select**. Mix 750 ml of **Ensure Plus** with 250 ml water. Mix three Tablespoons of 10% of oral Potassium Chloride solution and one teaspoon of table salt and infuse via feeding tub at 60 ml/hr (*1620 kcal/day*).
2. After 72 hrs of EN: Increase above nutritional mixture to 80 ml/hr (*2160 kcal/day*).
3. After 96 hrs of EN: Increase above nutritional mixture to 100 ml/hr (*2700 kcal/day*) and discontinue table salt.

Phase IV: Intermittent Enteral Nutrition

If patient is clinically stable, nutritional supplementation can be given via intermittent feedings rather than continuous infusion.

This is usually accomplished using a BID or TID schedule, with approximately ½ or 1/3 of the daily calories being delivered at each feeding, respectively.

To enhance gastric motility, the following medication administration may be useful when using intermittent feeds.

- 1) Metoclopramide (Reglan) 10 mg via enteral feeding tube (place in feeding bag before nutritional supplement).
- 2) 30 ml magnesium citrate mixed in 500 ml water via enteral feeding tube.

Tab E (Clinical Protocol for the Evaluation, Resuscitation, and Feeding of Detainees on Hunger Strike) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

The *Minimum* recommended requirements to transition a patient to intermittent feeding are as follows:

- 1) 1500 total kcal/day.
- 2) Four cans of Ensure Plus or Boost Plus (or equivalent nutritional supplement). *If patient is not receiving at least 1000ml enteral formula per day, liquid Centrum (or equivalent) should be added daily until vitamin and mineral minimums can be achieved.*
- 3) Labs as needed to validate normal electrolyte status.
- 4) Stable clinical condition.

Phase V: Management of Enterally Fed Detainees Who Terminate Their Hunger Strike

When a hunger-striking detainee resumes eating, the Detention Hospital medical staff will medically manage these individuals to avoid complications associated with the resumption of oral nutrition. This medical management will consist of three phases as outlined in Tab I. The first phase will consist of slowly advancing the diet. The second phase will involve the transfer of the detainee to the Special Housing Unit for further monitoring. And the third phase will consist of the return of the detainee to the mainstream detention camp environment.

Warning: This Protocol is intended for guidance only. Changes in clinical course may necessitate variation from this protocol.

Tab F (Chair Restraint System Clinical Protocol for the Intermittent Enteral Feeding of Detainees on Hunger Strike) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

Once the enteral feeding phases I through V as outlined in TAB E are completed, at the discretion of the attending Medical Officer, intermittent enteral feedings will be instituted on the feeding block. Detainees on the feeding block are evaluated daily by a medical provider. Intermittent enteral feedings are usually done two to three times a day. Medical restraints (e.g. chair restraint system) should be used for the safety of the detainee, medical staff, and guard force. The following describes the chair restraint system and feeding procedures used for intermittent enteral feeding.

1. Medical provider reviews missed meals logged from guards and medical staff to verify the detainee is still refusing regularly offered (breakfast, lunch, and dinner) meals.
2. Medical staff advises the detainee that hunger striking is detrimental to his health. He is offered a meal and given the chance to eat. If the detainee refuses to voluntarily eat a meal, the enteral feeds are initiated.
3. Medical provider signs medical restraint order to enterally feed the detainee the prescribed diet.
4. Guard force offers detainee restroom privileges (and encourages use of the restroom) before shackles are placed on detainee.
5. Guard force shackles detainee and a mask is placed over the detainee's mouth to safeguard staff from spitting and biting.
6. Detainee is escorted to the scale for daily weight.
7. Detainee is escorted to the chair restraint system and is appropriately restrained by the guard force in keeping with restraint use procedures and guidelines.
8. When the guard force advises it is safe, medical personnel initiate the medical restraint monitoring procedures; obtain vital signs, and document pulses and restraint placement. Using the restraint observation sheet, medical personnel will document circulation checks and detainee's condition every 15 minutes.
9. A feeding tube is placed in the stomach as follows:
 - a. Topical anesthesia (e.g. viscous lidocaine) will be applied to the appropriate nostril (unless detainee refuses) and the feeding tube OR.
 - b. Sterile surgical lubricant (may be substituted with viscous lidocaine, if desired by the detainee) is applied to the feeding tube.

Tab F (Chair Restraint System Clinical Protocol for the Intermittent Enteral Feeding of Detainees on Hunger Strike) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

- c. The feeding tube is passed via the nasal passage into the stomach. Placement of the feeding tube in the stomach is confirmed using air insufflations with auscultation and a 10cc test dose of water.
 - d. The tube is secured to the nose with tape. The enteral nutrition and water that has been ordered is started and flow rate is adjusted according to detainee's condition and tolerance.
 - e. Typically, the feeding can be completed comfortably over 20 to 30 minutes.
 - f. After the feeding is completed, the medical staff removes the feeding tube.
10. Upon completion of the nutrient infusion and removal of the feeding tube, the detainee is removed from the restraint chair and placed in a "dry cell". The guard force will observe the detainee for 45-60 minutes for any indications of vomiting or attempts to induce vomiting.
11. If the detainee vomits or attempts to induce vomiting in the "dry cell" his participation in the dry cell protocol will be revoked and he will remain in the restraint chair for the entire observation time period during subsequent feedings to ensure nutrients infusion is not purged. This requirement to comply will be communicated to the detainee prior to each feeding.
12. Steps 10 and 11 are contingent upon adequate facility and staffing resources for the detainee census. The detainee will remain in the restraint chair for the feeding and observation periods if either resource is inadequate.
13. The total time the detainee is in the chair restraint system (to include the feeding process and the post-feeding observation) should not exceed 2 hours.
14. The "dry cell" may be the detainee's original housing cell with the water source turned off temporarily and only for the duration of the observation period. Documentation to include a feeding tube insertion note, restraint observation forms, and nursing notes are completed per restraint protocols.

Tab G (Medical Equations, Calculations and Definitions) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

Determination of Energy Requirements:

TOTAL CALORIES PER KILOGRAM METHOD

Classification	Kcal/kg
Morbid obesity	20
Starvation, Ventilated, Intensive Care Unit	25
Ambulatory Maintenance	25-35
Malnutrition/Moderate Stress	30-35
Severe Injuries/Stress	35-45

HARRIS-BENEDICT EQUATION

Men (kcal/day) = [66.47 + (13.75 x weight (kg)) + (5 x height (cm)) – (6.76 x age)] x

Activity factor x stress factor

Women (kcal/day) = [655.1 + (9.56 x weight (kg)) + (1.85 x height (cm)) – (4.68 x age)]

x activity factor x stress factor

Activity Description	Factor	Stress Description	Factor
Chair or bed bound	1.2xBEE	Elective surgery	1-1.1xBEE
Seated work with little movement	1.4-1.5xBEE	Multiple trauma	1.4xBEE
Seated work with little strenuous leisure activity	1.6-1.7xBEE	Severe infection	1.2-1.6xBEE
Standing work	1.8-1.9xBEE	Peritonitis	1.05-1.25xBEE
Strenuous work or highly active leisure activity	2-2.4xBEE	Multiple/long bone fractures	1.1-1.3xBEE
30-60 minutes strenuous leisure activity 4-5 times/week	2.3-2.7xBEE	Infection with trauma	1.3-1.55xBEE
		Sepsis	1.2-1.4xBEE
		Closed head injury	1.3xBEE
		Cancer	1.1-1.45xBEE
		Burns	1.5-2.1xBEE
		Fever	1.2xBEE(per1C>37C)

Determination of Protein Requirements:

Condition	Grams/kg/day
Renal Failure/Dysfunction	0.6-0.8(40 grams min)
Dialysis Patients(moderate stress)	1-1.2
Dialysis Patients(high stress)	
Sepsis	
Liver Failure/Cirrhosis	1.2-1.5
Re-feeding Syndrome	
Multiple trauma	1.3-1.7
Catabolism	1.2-2
Post-op	1-1.5

Tab G (Medical Equations, Calculations and Definitions) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

Method 1-Body Weight	Free Water Requirement	Determination of Fluid Requirement:
1st 10kg	100mL/kg	
2nd 10kg	50mL/kg	
Each kg>20kg	20mL/kg(< 50 years) 15mL/kg(>50 years)	
Method 2-Age		
Young Athletic Adult	40mL/kg	
Most Adults	35mL/kg	
Elderly Adults	30mL/kg	
Method 3-Energy Expenditure		
1mL/kcal energy expenditure		

Definitions:

- a. Usual Body Weight (UBW) = The greater of the following:
 - i. The weight of the detainee at in-processing physical exam.
 - ii. The weight of the detainee before the hunger strike.
- b. Ideal Body Weight (IBW) = [(Height in inches-60)x2.3+50]x2.2
- c. % Ideal Body Weight (%IBW) = [Current Weight (pounds)/Ideal Body Weight (pounds)] x 100
- d. % Weight Loss (%WL) = [Usual Body Weight (pounds)- Current Weight (pounds) / Usual Body Weight (pounds)] x 100
- e. Body Mass Index (BMI) = [Current Weight (pounds) x 703 / Height² (inches²)]

Tab H (Management of Common Electrolyte Deficiencies) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

Hypokalemia – Replace potassium with KCL ELIXIR/TABLETS, 10 milliequivalents for every 0.1 meq/L below the normal value of 4.0 in the detainee’s serum. For example, if a detainee has a serum potassium of 3.4 meq/L, 60 milliequivalents of KCL elixir/tablets should be ordered.

Hypomagnesemia – Replace with magnesium oxide. Crush four 400 mg tablets (approximately 960 mg of bioavailable magnesium) and mix in water before adding to enteral solution. Continue daily until normal serum Mg⁺⁺ level is confirmed by lab draw. Oral magnesium may cause diarrhea. Alternatively for severe hypomagnesemia, 1-2 grams of magnesium sulfate may be infused intravenously over 30 minutes.

Hypophosphatemia – Replace with 4 packets of Neutra-phos daily (total of 1000 mg of phosphorus, 1112 mg of potassium, and 656 mg of sodium daily) until normal serum phosphorus level is confirmed by lab draw. Oral Neutra-phos may cause diarrhea. Alternatively, for severe hypophosphatemia, 15 mmol of sodium phosphate mixed in 250 ml of ½ NS may be given over 4-6 hours. Usually, this is repeated for a total of 4-8 runs.

Tab I (Medical Management of Enterally Fed Detainees Who Terminate Their Hunger Strike) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

When a hunger-striking detainee resumes eating, the Detention Hospital medical staff will medically manage these individuals to avoid complications associated with the resumption of oral nutrition in long-term hunger striking. This medical management will consist of three phases. The first phase will consist of slowly advancing the diet. The second phase will involve the transfer of the detainee to the Special Housing Unit for further monitoring. And the third phase will consist of the return of the detainee to the mainstream detention camp environment.

1. RETURN TO ORAL NUTRITION

- a. During this phase of graduated oral intake, the medical staff will monitor the detainee for evidence of refeeding syndrome that is often characterized by decreased serum phosphorus, magnesium, and potassium levels, as well as peripheral edema.
- b. When a hunger-striking detainee chooses to eat, he will first be offered a Bland diet. A Soft diet consists of soft, easily digestible, low fiber foods such as bread, fruit juice, rice, eggs, and can be supplemented with yogurt (if available) and liquid nutritional supplements such as Ensure Plus, and Enlive. The detainee should be encouraged to eat three consecutive soft meals before advancing to the next stage in the diet, which is a soft mechanical diet.
- c. A mechanical soft diet consists of foods that are easy to chew or have been altered (blended, chopped or ground) to make them easier to chew and have increased calories, but still low in fiber. A mechanical soft diet typically consists of approximately 750 kilocalories per meal. All meals will be supplemented with yogurt (if available) and liquid nutritional supplements, as with the Bland diet. After consuming three mechanical soft diets, the detainee will be advanced to regular camp diet.
- d. The detainees do not have menu choices for their regular diet. A regular diet consists of approximately 900 kilocalories per meal. Initially, all detainees coming off a hunger strike will be offered additional liquid nutritional supplementation.
- e. After the detainee demonstrates a consistent behavior pattern of eating (approximately nine consecutive meals) the medical staff will perform a complete medical evaluation to include vital signs, weight, physical exam, and serum blood chemistries to include a basic metabolic panel, complete blood count, liver function tests, and serum magnesium, phosphorus, and calcium.
- f. A representative from mental health will evaluate the detainee.

2. TRANSFER OF DETAINEE TO THE SPECIAL HOUSING UNIT

- a. The detainee will be removed from the Hunger Strike list when he is transferred to the Special Housing Unit. The Special Housing Unit will serve as place for the former hunger-

Tab I (Medical Management of Enterally Fed Detainees Who Terminate Their Hunger Strike) to Appendix 16 (Hunger Strike) to Annex A (Medical SOP) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

striking detainee to begin to be re-assimilated back into the general population. He will be closely monitored for compliance with consumption of all of his meals.

b. The Medic assigned to the Special Housing Unit will visit the detainees daily to pass medications, assist in obtaining weights, conduct sick call, and to dispense supplemental liquid nutrition. The detainee can have up to two cans of vanilla flavored Ensure® two to three times a day. The Guard Force will facilitate the dispensing of the Ensure® using Styrofoam cups.

c. A Medical Officer will visit the detainee daily or as clinically indicated to monitor the former hunger striker.

d. The assigned Guard Force at the Special Housing Unit will take accurate daily weights on each former hunger striker and put this information in the Detainee Reporting System.

e. After a sufficient period of observation that satisfies the Medical Staff that the former hunger striker is tolerating a regular diet, the detainee will be transferred back into the main population.

f. Prior to transfer off the Special Housing Unit, a Medical Officer will perform a medical evaluation to include vital signs, weight, physical exam, and (if indicated) serum blood chemistries to include basic metabolic panel, complete blood count, liver function test, and serum magnesium, phosphorus, and calcium.

g. Prior to transfer, a member of the medical staff will counsel the detainee that a return to hunger striking would be extremely detrimental to his health.

3. RETURN OF DETAINEE TO THE MAINSTREAM DETENTION ENVIRONMENT

a. The hunger-striking detainee shall be placed into the mainstream detention environment. The detainee will now be given the same meals that all other detainees in the detention facility are given.

b. The guard-force members assigned to that post should be aware of the detainees previous medical condition and be observant of meal consumption. If guard-force member notices a hunger-strike may re-occur, that guard-force member should notify the Guard Force Commander and the medical section should be immediately notified.

Appendix 18, Annex B (Behavioral Science Consultation Team (BSCT)), to the CJTF-101 Standard Operating Procedures (SOP)

(b)(1)1.4g applies.

2. (U) References.

- a. (U) The Geneva Conventions of 1949.
- b. (U) DoD Directive (DoDD) 2310.01E, Department of Defense Detainee Program, 5 September 2006.
- c. (U) DoDD 2311.01E, Department of Defense Law of War Program, 9 May 2006.
- d. (U) DoDD 3115.09, DoD Intelligence Interrogations, Detainee Debriefings, and Tactical Questioning, 9 October 2008.
- e. (U) Health Affairs Policy 05-006, Medical Program Principles and Procedures for the Protection and Treatment of Detainees in the Custody of the Armed Forces of the United States, 3 June 2005.
- f. (U) AR 190-8, OPNAVIST 3461.6, AFJI 31-304, MCO 3461.1, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees, 1 October 1997.
- g. (U) CJCSI 3290.01A, Program for Enemy Prisoners of War, Retained Personnel, Civilian Internees, and Other Detained Personnel (EPW/Detainee Policy), 15 October 2000.
- h. (U) FM 3-19.40, Internment and Resettlement Operations, September 2007.
- i. (U) FM 2-22-3, Human Intelligence Collector Operations, September 2006.
- j. (U) FM 3-19.13, Law Enforcement Investigations, January 2005.
- k. (U) Ethical Principles of Psychologists and Code of Conduct, American Psychological Association, 2002 edition.
- l. (U) Report of the American Psychological Association Presidential Task Force on Psychological Ethics and National Security, June 2005.
- m. (U) Reaffirmation of the American Psychological Association Position Against Torture and Other Inhuman, or Degrading Treatment or Punishment and Its Application to Individuals Defined by the United States Code as Enemy Combatants, August 2007.

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- n. (U) DoDI 2310.08E, Medical Program Support for Detainee Operations, 6 June 2006.
- o. (U) AR 190-45, Law Enforcement Reporting, 6 June 2005.
- p. (U) AR 190-40, Serious Incident Report, 15 June 2005.
- q. (U) CJTF-Detention Operations Policy Memo, October 2007.

r. (U) CJTF-101 Detainee Operations Standard Operating Procedures, 23 Sep 07.

s. (U) OTSG/MEDCOM Policy Memo 06-029, US Army Behavioral Science Consultation to Detainee Operations, Intelligence Interrogations, Detainee Debriefing, and Tactical Questioning, 20 October 2006.

3. (U) Scope. This SOP applies to all personnel assigned to the BSCT.

4. (U) Mission. Provide psychological expertise and consultation in order to assist the command in conducting safe, legal, ethical, and effective detention operations, intelligence interrogations, and detainee debriefing operations for the CJTF-101.

5. (U) Objectives.

a. (U) To provide psychological expertise in monitoring, consultation and feedback regarding the whole of the detention environment in order to assist the CJTF-101 in ensuring the humane treatment of detainees, prevention of abuse, and safety of U.S. personnel.

b. (U) To provide psychological expertise to assess the individual detainee and his environment and to provide recommendations to improve the effectiveness of intelligence interrogations and detainee debriefing operations.

6. (U) Background. The BSCT provides consultation in the areas of detainee behavior and interrogation approach techniques in order to increase intelligence production. The BSCT does not conduct interrogations. The BSCT is designed to help obtain accurate and timely intelligence in a manner consistent with applicable laws.

7. (U) BSCT Personnel.

a. (U) Per U.S. policy, the BSCT functions as Special Staff to the Commander in charge of both detention and interrogation operations. Hence, at the Bagram Theater Internment Facility (BTIF), the BSCT is under Tactical Control of the CJTF-101 Chief of Detainee Operations (CDR, TF Guardian).

Appendix 18, Annex B (Behavioral Science Consultation Team (BSCT)), to the CJTF-101 Standard Operating Procedures (SOP)

b. (U) The BSCT is comprised of two behavioral science consultants (BSCs, who are licensed clinical psychologists (USAF 42P3 or USA 73B) and two behavioral science technicians (BSTs, who are mental health service specialists, USAF 4C071 or USA 91X, performing under BSC supervision). The senior psychologist serves as the Team OIC. Technicians work under the direct supervision of the assigned psychologists and are should not be seen or perceived as independent practitioners.

c. (U) Where Air Force and Army policies conflict, the BSCT will actively pursue clarification with applicable leadership (TF Guardian, 755 AEG, Service BSCT Consultants) and implement accordingly.

8. (U) Mission Essential Tasks.

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(b)(1)1.4g applies.

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(b) (U) BSCT personnel **do not interrogate.**

(b)(1)1.4g applies.

b. (U) Monitors interrogations and other staff-detainee interactions; provides consultation on policies and strategies for ensuring the safety of detainees and BTIF personnel; provides direct feedback to command on issues involving psychological risk factors affecting detainee operations.

(b)(1)1.4g applies.

(2) (U) Provides feedback through the chain of command in verbal or written form, as appropriate, regarding potential risks to detainees and BTIF personnel.

c. (U) Environmental Setting Consultation. BSCs act as consultants to advise detention facility guards, military police, interrogators, military intelligence personnel and the command on aspects of the environment that will assist in all interrogation and detention operations. The detention environment includes physical aspects of the facilities as well as social and behavioral aspects of the detained population. BSCs can provide insight into the likely effects of this environment and how changes may affect detainees. This includes the social and behavioral aspects of the environment such as recreational and social activities, educational incentive programs, disciplinary plans and procedures and strategies for increasing positive behavior and compliance with facility rules. The goal is to ensure that the environment maximizes effective detention and interrogation/debriefing operations, while maintaining the safety of all personnel, to include detainees. BSCs can assist in ensuring that everything that a detainee sees, hears, and experiences is a part of the overall interrogation plan. The purpose of this consultation is to optimize the conditions and maximize the interventions that elicit accurate and reliable information.

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d. BSCs are obligated to report any actual, suspected, or possible violations of applicable laws, regulations, and policies, to include allegations of abuse or inhumane treatment in accordance with DoDD 2311.01E, DoDD 3115.09, DoDD 2310.08E, AR 190-8, AR 190-45 and professional psychology ethical standards. BSCs shall report those circumstances to the chain of command. BSCs who believe that such a report has not been acted upon properly should also report the circumstances to the technical chain, including the Military Department Specialty Chain. As always, other reporting mechanisms, such as the Inspector General, criminal investigation organizations, or Judge Advocates, can also be used. BSCs shall make a written record of all reports of suspected or alleged violations in a reported incident log.

e. (U) Consults with BTIF Commander on detainee issues, personnel issues, and facility dynamics, and provides recommendations on ways to improve operations. The BSCT chief has full and direct access to the BTIF and TF Guardian commanders, if necessary, to consult on all aspects of the mission.

f. (U) Provides selected JIF, DAB, and BTIF personnel with training on behavioral, psychological, and cultural issues related to the detainee population. Periodic training sessions reiterate standards and reinforce awareness of the subject matter, as well as foster a culture conducive to behavioral correction, peer monitoring, and self-assessment. The concomitant healthy training environment can prevent “behavioral drift” that, in the long term, would be detrimental to the mission. “Behavioral drift” is the continual reestablishment of new, often unstated and unofficial standards in an unintended direction. In addition, BSCs provide training to other personnel regarding the cultural aspects of behavior that impact on interrogations.

g. BSCs also function as consultants to the Commander to ensure the guards and interrogators are regularly conducting training on SOPs. BSCs should identify and recommend to the chain of command areas of training that have either been neglected or are in need of review.

(b)(1)1.4g applies.

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(b)(1)1.4g applies.

(b) (U) Provides input into the development of strategies for increasing positive behavior, such as implementation of incentive programs, reinforcement programs for positive behavior, and increasing access to recreational and/or social activities.

(b)(1)1.4g applies.

Appendix 18, Annex B (Behavioral Science Consultation Team (BSCT)), to the CJTF-101 Standard Operating Procedures (SOP)

(b)(1)1.4g applies.

m. (U) In the event that the BTIF detains juvenile personnel (any person below the age of 16), a BSCT member will be more actively involved in the consultation role in order to help ensure proper care for the juvenile.

9. (U) Mental Health Services. BSCT personnel shall not conduct clinical evaluations or provide mental health treatment to detainees or guard force personnel. BSCT personnel will take all reasonable steps to ensure that they are not perceived as healthcare providers.

a. (U) The health status of detainees, including mental health evaluation and treatment, is solely the responsibility of BTIF medical personnel. The BTIF Medical Clinic is responsible for advising JIF personnel (i.e., BSCT or TCA Operations) if there are any known physical, psychological, or medical conditions; limitations to functioning; or restrictions to usual activities that one is required to consider in order to ensure the safety of the detainee and staff personnel.

b. (U) In order to maintain the separation between medical care and intelligence-collection, neither BSCT personnel nor interrogation teams have access to the medical records of detainees.

c. (U) BSCT personnel may function as the Medical Liaison Officers for the intelligence unit based on procedures established in conjunction with the JIF OIC and MI Company Commander. When concerns about health status or medical condition of detainees are raised through observation by BSCT personnel, inquiries raised by interrogators or other reporting mechanisms, BSCT may convey these concerns to appropriate medical personnel for evaluation, treatment, and disposition. The kind of information shared will generally fall into two categories. The first is that of physical or medical conditions, or functional limitations, that one is required to consider in order to ensure the safety of the detainee and BTIF personnel (e.g., diabetes, heart condition, special diet, psychological instability, contagious conditions, etc.) The second kind of information shared is whether medical personnel were aware of the condition, if it had been evaluated and treated, or if an appointment is pending to address the concern.

d. (U) The BSCT will meet with appropriate personnel in the BTIF medical clinic and the Combat Stress Clinic (CSC) as needed in order to discuss and coordinate any issues related to policies and procedures.

10. (U) Other Operational Procedures.

a. (U) BSCT personnel will complete the JIF certification during in-processing.

b. (U) OPSEC. All operations of the BSCT must conform to guidance set forth in CJTF-101 and DoD policy.

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(1) (U) Ensure that classified materials (files, papers, photos) are properly secured when not in use.

(2) (U) Do not discuss detainee operations or classified information over unclassified phone lines or over unclassified email.

(b)(2)High applies.

(4) (FOUO) Use a courier bag when transporting classified or sensitive documents. Do not use courier bags for transportation of unclassified or prohibited materials.

(5) (U) Do not discuss detainee operations in areas where individuals without appropriate clearance or need to know could overhear information.

(6) (U) Do not discuss operations, current events, or personal information in the presence of detainees.

(7) (U) All members of the BSCT must maintain a security clearance of Secret or higher.

c. (U) Uniforms. BSCT personnel will wear uniforms in accordance with CJTF-101 and USCENTCOM policies. The BSCT will not display recognizable patches or other designations on uniforms identifying them as healthcare providers or medical personnel while directly supporting interrogation and detention operations in order to avoid any misperception as being healthcare providers. Furthermore, sanitized uniforms shall be worn when in direct view of detainees (no name visible).

11. (U) Ethical and Legal Responsibilities. In addition to the other duties and qualifications noted in this document, it is the responsibility of all BSCT personnel to familiarize themselves with and adhere to the UCMJ, Geneva Conventions, applicable rules of engagement, local policies, as well as ethical standards and guidelines of psychological practice. All BSCT personnel will be expected to:

a. (U) Read and adhere to CJTF-101 Standard Operating Procedures for Detainee Operations, policy memoranda, and regulations.

b. (U) Immediately report any suspicions of abuse of detainees or misconduct by U.S. personnel (see 8.b.1).

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Appendix 18, Annex B (Behavioral Science Consultation Team (BSCT)), to the CJTF-101 Standard Operating Procedures (SOP)

c. (U) Consult with colleagues and the chain of command regarding any conflicts that may arise between professional requirements and duty performance. The BSCT may consult, at any time, with their specialty consultant designated by the Surgeon General. This includes consultation concerning the roles and responsibilities of the BSCT and procedures for reporting instances of suspected noncompliance with standards applicable to detention operations, as well as any other matters of concern.

12. (U) Battle Rhythm. Successful execution of day-to-day mission requirements requires BSCT personnel to be flexible, self-disciplined, and to have the ability to prioritize and multi-task. Assessments typically require a series of observations in different settings and hours of research. Many day-to-day activities are determined by response to requests for consultation and observation; often, rapid response is required. Every attempt is made to ensure the presence of BSCT personnel in the JIF during periods when interrogations take place.

a. (U) Committee Membership. BSCT personnel participate in the following committees, working groups, and meetings. Note: Some meetings may occur more frequently, but may not be attended every time by BSCT personnel.

(1) (FOUO) Detainee Process Action Team (DPAT) Meeting: bi-weekly.

(b)(2)High applies.

13. (U) Point of Contact. The point of contact for this SOP is the BSCT OIC at DSN:

Annex B (Detainee Abuse Reporting and Procedures), to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

1. References.

- a. (U) Manual for Courts-Martial United States (2005 Edition).
- b. (U) Army Regulation 190-40, Serious Incident Report, 09 February 2006.
- c. (U) CID Regulation 195-1, 13 March 06.
- d. (U) Department of Defense Directive 3115.09, Change 1, DoD Intelligence Interrogations, Detainee Debriefings and Tactical Questioning, 10 May 2006.
- e. (U) DoDD 2310.01E, The Department of Defense Detainee Program, 05 September 2006.
- f. (U) AR 15-6, Procedures for Investigating Officers and Boards of Officers, 02 October 2006.

(b)(1)1.4c

(b)(2)High

(b)(1)1.4c

2. (U) Purpose and Scope. This Annex establishes policy and procedures for reporting and investigating all possible, suspected, or alleged detainee abuse committed by or brought to the attention of CJTF-101 forces. CJTF-101 forces include all units and personnel assigned, attached, OPCON, or TACON to CJTF-101.

3. (U) Commander's Intent. All CJTF-101 personnel who witness, suspect, or become aware of any possible, suspected, or alleged act of detainee abuse, whether by US, Coalition, or ANSF personnel, shall take any and all necessary steps to immediately report the allegation through their chain of command to the Commander, TF Guardian. All allegations of detainee abuse or mishandling of the Koran will be investigated.

4. Definitions.

a. (U) Detainee. Any person captured, detained, held, or otherwise under the custody or control of DoD (including military, civilian and contractors) or ANSF forces. It does not include US or Coalition personnel being held for law enforcement purposes.

b. (U) Detainee abuse. Violence against a detainee, neglect of a detainee's welfare, or other behavior that falls short of the standard of care outlined in the CJTF-101 Detention Operations

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Annex B (Detainee Abuse Reporting and Procedures), to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

Policy Memorandum committed by or occurring as a result of actions taken by US, Coalition, or ANSF personnel. For purposes of this Annex, detainee abuse includes mishandling of the Koran.

c. (U) Mishandling of the Koran. Handling of the Koran that falls short of the standards outlined in the CJTF-101 Detention Operations Policy Memorandum.

5. (U) Reporting requirements. All personnel that witness or become aware of possible, suspected, or alleged detainee abuse will immediately report the allegation to their chain of command. Commanders at all levels will forward the report to Commander, TF Guardian.

a. (U) Brigade-level commands.

(1) (U) Forward reports of alleged detainee abuse or Koran mishandling to Commander, TF Guardian within 24-hours of receipt. Reports should be in SIR format.

(2) (U) Conduct a commander's inquiry IAW ref. (a) into all allegations of detainee abuse. Forward reports of this inquiry to Commander, TF Guardian; through the Detention Operations Judge Advocate.

(a) (U) Authority to appoint AR 15-6 investigating officers and to approve 15-6 investigation findings is withheld to Commander, CJTF-101. Based upon the initial inquiry, Commander, CJTF-101 will direct an informal AR 15-6 investigation when appropriate.

(b) (U) If at any time an AR 15-6 investigating officer, commander, or supporting Staff Judge Advocate suspects that a felony crime has been committed, the inquiry or investigation should be suspended and CID notified. Commanders will provide CID all information gathered and CID will decide whether or not it will assume investigative responsibility.

b. (U) TF Guardian.

(1) (U) In consultation with CJTF-101 Detention Operations Judge Advocate (CJTF-101 DETOPS JA), generate and submit a SIR in accordance with ref. (c) for all allegations of detainee abuse for which there is some credible evidence based on the initial commander's inquiry. SIRs will indicate which command has conducted an initial commander's inquiry.

(2) (U) Forward results of commander's inquiries and completed AR 15-6 investigations to CID for review and possible further investigation.

c. (U) CJTF-101 CHOPS. Upon receipt of the SIR from Commander, TF Guardian and approved by CG, CJTF-101, publish the final SIR to the following:

(1) COMCFLCC Arifjan Kuwait KU // C3P/CJ3/CJ6/CJ5;

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Annex B (Detainee Abuse Reporting and Procedures), to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

- (2) INFO USCENTCOM Macdill AFB FL //CCJ3/CCJ3-P/CCJ3-PP//CCJ4;
- (3) COMCFLCC FT McPherson GA//CG/AFRD-DT/WATCH//;
- (4) AOC CAT OPSWATCH G3 DAMO AOC(mc)//;
- (5) COMFORSCOM Fort McPherson GA//AFPM//;
- (6) COMUSACIDC Fort Belvoir VA//CIOP-ZA//;
- (7) COMUSARCENT-CDRUSATHIRD Fort McPherson GA//WATCH//.

d. (U) CJTF-101 DETOPS JA.

(1) (U) Maintain a historical file of all allegations of detainee abuse, including reports of commander's inquiries and AR 15-6 investigations.

(2) (U) Submit weekly reports to Commander, TF Guardian on number of detainee abuse allegations and number of substantiated allegations.

(3) (U) Maintain a database of all abuse allegations, including allegations of abuse committed by ANSF and turned over to GIROA for investigation. This database will include:

(a) (U) Date the allegation(s) was/were received;

(b) (U) The source of the allegations(s);

(c) (U) The alleged victim detainee's name and ISN (when more than one detainee is alleged to have been abused, break each name and ISN out separately)

(d) (U) The alleged perpetrators name(s), unit(s), or agency;

(e) (U) The date(s) of the alleged abuse;

(f) (U) Whether a SIR was published by CJTF-101;

(h) (U) Whether the investigation is complete or pending;

(i) (U) The date the investigation was completed;

(j) (U) The findings and recommendations of the investigation officer; and

Annex B (Detainee Abuse Reporting and Procedures), to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)

(k) (U) Whether the alleged abuse occurred at the point of capture, a temporary holding facility, or a theatre internment facility.

6. (U) Time limits.

a. (U) Brigade-level commands will complete the commander's inquiry within 3 days of being notified of the allegation and will forward the results to Commander, TF Guardian.

b. (U) AR 15-6 investigations conducted at the direction of Commander, CJTF-101 will be completed within 30 days of appointment. If not completed within 30 days, the brigade-level commander must submit a status report on the investigation, in memorandum for record format, to Commander, CJTF-101.

7. (U) Allegations of Detainee Abuse Committed by ANSF.

a. (U) Scope of Investigation. Investigations into allegations of detainee abuse committed by ANSF forces that occurs in the presence of US or Coalition forces, or that US or Coalition forces become aware of, will be limited to determining the following:

(1) (U) The extent to which Coalition personnel were involved in the events surrounding the alleged abuse.

(2) (U) Whether coalition personnel reported the alleged abuse IAW appropriate regulations.

(3) (U) Any information that will help identify the ANSF unit, location and/or time of the incident.

b. (U) Reporting Allegations of Detainee Abuse by ANSF.

(1) (U) CJTF-101 Detention Operations Judge Advocate will coordinate with the CJTF-101 FDO to sanitize published SIRs on allegations of detainee abuse committed by ANSF.

(2) (U) CJTF-101 DETOPS JA will forward these sanitized reports to the CSTC-A Office of Detainee Affairs.

(3) (U) IAW reference (i), CSTC-A will forward allegations of abuse by ANSF to the GIROA Office of the National Security Council for investigation.

Annex D (Segregation Policy and Procedures) to the JTF 435 Detainee Operations Standard Operating Procedure (SOP)

1. (U) Purpose and Applicability. This annex reiterates the policy and procedures under which detainees may be placed in single occupancy segregation cells within the Detention Facility in Parwan (DFIP). Segregation of detainees is used for in-processing, administrative, or disciplinary purposes and serves a distinctly different purpose from the restricted interrogation technique separation. Separation allows for the removal of detainees from the general population in order to enhance intelligence gathering efforts.

2. (U) References.

a. (U) AR 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees, 1 October 1997.

b. (U) AR 190-47, The Army Corrections System, 5 April 2004

c. (U) DoDI 2310.08E, Medical Program Support for Detainee Operations, 6 June, 2006.

d. (U) DoDD 2310.01E, The Department of Defense Detainee Program, 5 September, 2006.

e. (U) FM 2-22.3, Human Intelligence Collector Operations, September 2006.

3. (U) Initial Segregation. In order to ensure the health and safety of the detainee population, newly arrived detainees will be segregated from other detainees while they undergo in-processing. The DFIP commander, in coordination with the Joint Interrogation Debriefing Center Officer in Charge (OIC), will ensure that in-processing is complete as soon as practical. Initial segregation will not normally last more than 10 days. Extensions of initial segregation must be approved by the DFIP commander.

4. (U) Administrative Segregation. Detainees in administrative segregation will be provided with full rations, medical care, and normal privileges, including recreation, so far as the health, welfare, control, and physical facilities permit. Detainees in administrative segregation other than initial segregation will, at a minimum, receive the outdoor recreation time afforded to medium security detainees. Exceptions will be recorded and justified in writing.

a. (U) The following detainees may be placed in administrative segregation:

(1) (U) Those requiring segregation for medical reasons, protective custody, or prevention of injury to the detainee;

(2) (U) Those who demonstrate aggressive behavior; those with psychological disorders who do not adjust to living with other detainees; and those who otherwise cannot be controlled;

(3) (U) Those whose emotional state, adjustment to confinement, or mental or physical characteristics warrants such action;

Annex D (Segregation Policy and Procedures) to the JTF 435 Detainee Operations Standard Operating Procedure (SOP)

(4) (U) Those who request to be placed in or remain in administrative segregation. The DFIP commander or appointed designee will review and consider requests for administrative segregation. Detainees who request administrative segregation will be placed back into the general population when they withdraw that request; and

(5) (U) Those who are determined to be fifteen years or younger will be placed in administrative segregation until they are released or they reach the age of sixteen, whichever comes first. In accordance with SECDEF guidance for detainee screening and processing, detainees in Afghanistan are considered a juvenile if under the age of 16.

(a) (U) Any detainee brought to the DFIP who is suspected of being fifteen years of age or less is required to have x-rays of wrists and teeth to determine his age.

(b) (U) Those 15 years and younger are eligible for the Afghan reconciliation program called Program Takhim e'Sol (PTS). PTS requires educational and reintegration training as part of the reconciliation process.

b. (U) Procedural Safeguards for the Implementation of Administrative Segregation.

(1) (U) A review will be conducted concerning the need for continued administrative segregation of the detainee within 72 hours following its imposition. The review shall be conducted by a member of the facility staff appointed by the DFIP commander to review and make recommendations to the commander. The DFIP commander or appointed designee will verbally advise the detainee of any decision to continue administrative segregation beyond the initial 72-hour period. This notification will include the reasons the measure is necessary.

(2) (U) Medical personnel will screen the detainee within 24 hours to ensure the detainee is medically able to remain in segregation and will make recommendation to the DFIP commander. This recommendation will be in writing and include the results of the physical and mental health examination. Detainees held in segregation more than 30 days will receive another medical and mental health evaluation. The results of this examination will be documented and forwarded to the DFIP commander. Medical and mental health exams must be conducted every three months thereafter.

(3) (U) The DFIP Commander or his appointed designee will conduct a review of the status of detainees in administrative segregation and protective custody every seven days for the first 2 months and at least every 30 days thereafter. At stated intervals, administrative segregation must be reauthorized by the approving authority.

(4) (U) Administrative segregation will end as soon as the reason for segregation ceases to exist.

Annex D (Segregation Policy and Procedures) to the JTF 435 Detainee Operations Standard Operating Procedure (SOP)

c. (U) Approval Authorities. The DFIP Commander has the authority to approve administrative segregation for up to 30 days. Administrative segregation beyond 30 days will occur only in extreme circumstances and requires the JTF 435 commander's approval.

5. (U) Disciplinary Segregation. Disciplinary segregation is the removal of detainees from the general population as punishment for violations of DFIP rules. Detainees may be placed in disciplinary segregation only in accordance with the approved disciplinary matrix. The use of disciplinary segregation for long periods is undesirable and will be avoided.

a. (U) Procedural safeguards for the implementation of disciplinary segregation:

(1) (U) Disciplinary segregation will be terminated as a disciplinary measure if a medical officer, physician assistant, or nurse clinician certifies that a deterioration of the detainee's health is anticipated as a result of continued segregation. Medical personnel will screen the detainee within 24 hours to ensure the detainee is medically able to remain in segregation and will make a written recommendation to the DFIP commander. This recommendation will include the results of examination.

(2) (U) Disciplinary segregation will not exceed 20 days without the approval of the Commander, JTF 435 or his designee.

b. (U) A detainee will be placed in disciplinary segregation only after they have committed an offense listed under the approved disciplinary matrix. The length of segregation will be in accordance the disciplinary matrix and will not exceed the length of time authorized therein.

c. (U) The Detention Operations Judge Advocate (DOJA) must review any segregation request that requests placing a detainee in disciplinary segregation for more than ten days. The DOJA will forward the segregation request and legal review to the appropriate approval authority.

d. (U) The approval authorities for disciplinary segregation are listed in the approved disciplinary matrix.

6. (U) General Safeguards:

a. (U) A DD Form 509 (Inspection Record of Detainee in Segregation):

(1) (U) Will be prepared for each detainee in disciplinary segregation and/or each detainee that is considered a suicide or escape risk;

(2) (U) Will be signed each day by the DFIP commander or designated representative; medical officer, nurse clinician or physician assistant; and duty officer when they inspect the detainee;

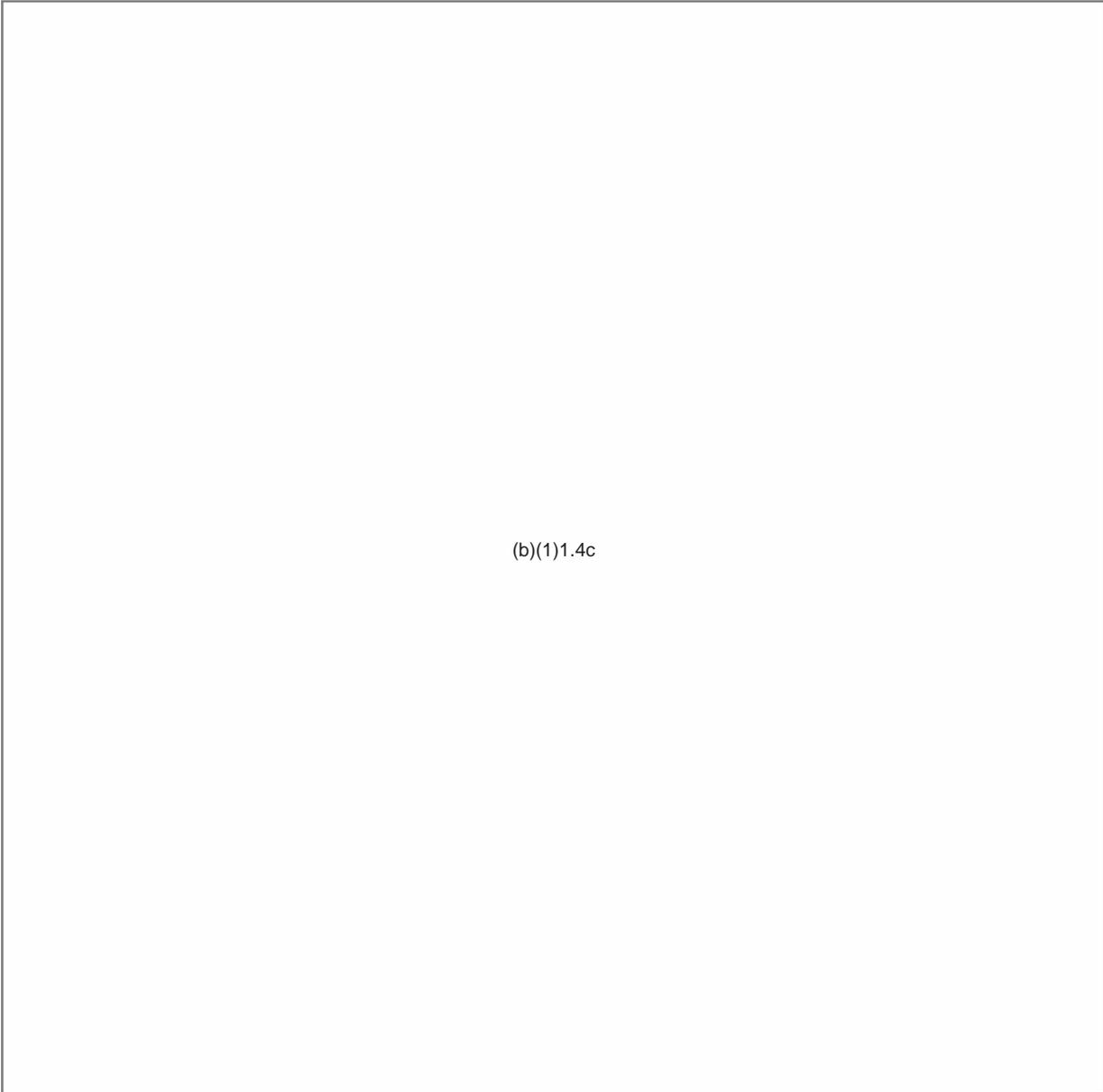
Annex D (Segregation Policy and Procedures) to the JTF 435 Detainee Operations Standard Operating Procedure (SOP)

- (3) (U) Special instructions will be entered based upon the detainee's behavior;
 - (4) (U) Part II (Hourly Inspection Record) will be initialed at least every 30 minutes by guard force personnel; and
 - (5) (U) Upon completion, will be maintained in the detainee's personnel file.
- b. (U) Detainees in segregation must be kept under close supervision. A noncommissioned officer (NCO), experienced in correctional supervision, will be in charge of the segregation areas at all times. Detainees considered a suicide risk will be observed at least every 15 minutes. Detainees in disciplinary segregation or considered an escape risk will be observed at random intervals no more than 30 minutes apart. A record of such visits and observations will be maintained and posted on DD Form 509.
- c. (U) Medical staff will assess each detainee's medical history within 24 hours of the detainee's retention in segregation. Medical staff representatives will visit each detainee at least once daily to observe the detainee's health and the sanitary conditions of the area. Such visits will be recorded in the facility blotter and DD Form 509 as applicable. The DFIP commander will be informed immediately of all unhealthy or unsanitary conditions.
- d. (U) Detainees will be verbally informed as to the reason(s) for being placed in segregation, and that they will be released when the segregation has served its intended purpose.
7. (U) Interrogation of detainees in segregation. Detainees will be interrogated in accordance with Annex A (Tactical Questioning and Interrogation Policy and Procedures) to the JTF 435 Detainee Operations Standard Operating Procedure (SOP).
8. (U) International Committee of Red Cross (ICRC) visits. ICRC visits to detainees in segregation will be in accordance with Appendix 1, Annex G (International Committee of Red Cross SOP) to the JTF 435 Detainee Operations Standard Operating Procedure (SOP).
9. (U) The POC for ICRC visits and this SOP is the Detention Operations Judge Advocate at DSN (b)(2)

Appendixes

- Appendix 1: Approval Authority for Segregation
- Appendix 2: Categories of Offenses

Appendix 1 (Segregation Approval Authority), Annex D (Segregation Policy and Procedures), to the JTF 435 Detainee Operations Standard Operating Procedure (SOP)



(b)(1)1.4c

Tab 1 (LLEC Concurrence/Non-concurrence Memorandum) to Annex D (Process Results from an Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)



REPLY TO
ATTENTION OF:

**DEPARTMENT OF DEFENSE
HEADQUARTERS, TASK FORCE GUARDIAN
COMBINED JOINT TASK FORCE 101
BAGRAM AIRFIELD, AFGHANISTAN
APO AE 09354**

CJTF-101-TFG

DATE

MEMORANDUM FOR RECORD

SUBJECT: TF XXXX Concurrence/Non-concurrence on Detainee Release Recommendations

1. Purpose: To obtain TF XXXX concurrence/non-concurrence with the release of detainee US9AF-00####DP, First Name ((LAST NAME)) from the BTIF.
2. The [insert date] UECRB recommended the following individual captured by TF XXXX (or preceding units) for release. The Board recommended detainee US9AF-00####DP for release based off the following information:
3. Review the information attached for the following individual, indicate concur/non-concur, and provide additional documentation supporting your units non-concurrence.

ISN: US9AF-00XXXXDP Name: Detainee ((NAME))

Recommended for: (LLEC/PTS) Release Concur Non-Concur

Comments:

Signature _____

Name/Rank/Title _____

Bagram Centcom 145

CJTF-101-TFG

SUBJECT: TF XXXX Concurrence/Non-concurrence on Detainee Release Recommendations

(b)(2) S NCO, TF Guardian, DSN: (b)(2) or (b)(2)
(b)(2) NLT 48 hours after initial r

XXXXXXXXXXXX
COL, MP
Commanding

Bagram Centcom 146

TAB 2 (NLEC Concurrence/Non-concurrence Memorandum) to Annex D (Process Results from an Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures (SOP)



**DEPARTMENT OF DEFENSE
HEADQUARTERS, TASK FORCE GUARDIAN
COMBINED JOINT TASK FORCE 101
BAGRAM AIRFIELD, AFGHANISTAN
APO AE 09354**

CJTF-101-TFG

DATE

MEMORANDUM FOR RECORD

SUBJECT: TF XXXXX Concurrence/Non-concurrence on Detainee Release Recommendation

1. Purpose: To obtain TF XXXXX concurrence/non-concurrence with the release of detainee US9AF-00####DP, First Name ((LAST NAME)) from the BTIF.

2. The [insert date] UECRB recommended the following individual, captured by TF XXXXX (or preceding units), for release. The Board recommended detainee US9AF-00####DP for release based off the following information:

3. Review the information attached for the following individual, indicate concur/non-concur, and provide any additional documentation supporting your units non-concurrence.

ISN: US9AF-00XXXXDP Name: XXXXXXXXXX
Recommended for: NLEC Release Concur / Non-Concur

Comments:

4. The most common method used to release detainees is to release them directly to the International Committee of the Red Cross. In order to exploit IO to the fullest extent, the preferred method of release is to have the capturing unit deliver the individual to the point of capture. Provide information regarding your unit's ability to support releasing the detainee.

Does the capturing unit want to transport the individual from the BTIF to release at the point of capture? Yes No

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CJTF-101-TFG

SUBJECT: TF XXXXX Concurrence/Non-concurrence on Detainee Release Recommendation

Comments:

Signature_____

Name/Rank/Title_____

(b)(2)

NCO, TF Guardian, DSN:
NLT 48 hours after initial r

(b)(2)

XXXXXXXXXX
COL, MP
Commanding

Bagram Centcom 148

Appendix 1 (Detainee Assessment Branch), Annex D(Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(b)(1)1.4c

2. (U) Purpose: To provide guidance for the procedures carried out by members of the DAB relating to Afghan persons detained by United States and Coalition Forces in the Combined Joint Operations Area (CJOA) from the time of their capture to the release or transfer to the GIRoA.

3. (U) Applicability: This policy applies to all CJTF-101 personnel as well as all commands which desire to transfer detainees to a CJTF-101 controlled Field Detention Site (FDS) or Theatre Internment Facility.

4. (U) Commander's Intent:

a. (U) While fulfilling this obligation strengthens our partnership with the GIRoA and the Afghan people, failure to properly manage investigative procedures could result in lack of Afghan support and ultimate failure of future criminal prosecution cases by the GIRoA. To ensure DAB investigations posture the GIRoA for success, it is absolutely essential our personnel conduct themselves in a highly professional manner and always act responsibly regarding the procedures set forth in this SOP.

b. (U) Commanders and other persons responsible for detainee operations shall follow the below principles:

(1) (U) Exercise due caution and diligence when collecting and preserving evidence as well as completing appropriate evidence custody documentation.

(2) (U) Collect at least two local national witness statements, if possible, during any situations where enemy combatants are taken into custody.

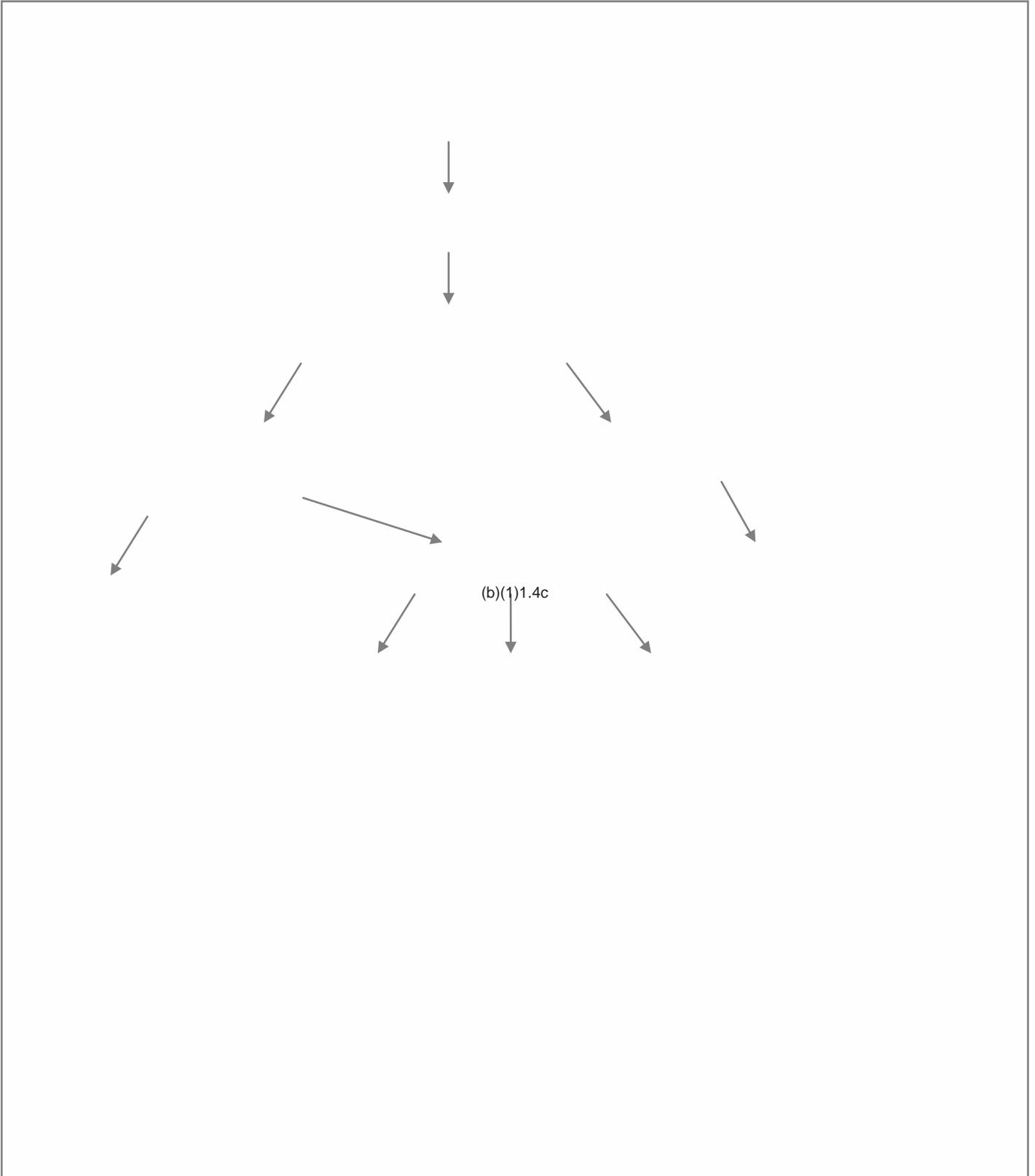
(3) (U) Ensure all Unlawful Enemy Combatant Transfer Requests (UECTR) are completed with all appropriate details, paying particular attention to witness statements (e.g., names, province(s), district(s) and village(s)), diagrams, photographs etc.)

Appendix 1 (Detainee Assessment Branch), to Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(4) (U) Provide all Essential Elements of Information (EEI's) to the DAB in a timely manner in order to ensure the most accurate and current data is collected for inclusion in the investigative file.

(b)(1)1.4c

Appendix 1 (Detainee Assessment Branch), to Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)



Pages 99 through 102 redacted for the following reasons:

Four pages totally denied: (b)(1)1.4c applies.

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Appendix 2 (Process Results from an Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

1. (U) Reference. CJTF-101 Detention Operations Policy Memorandum, (S//NF) MAY 2008.

(b)(1)1.4c

Appendix 2 (Process Results from an Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4c

f. (U) Replies to the notification letters will be maintained by the Detainee Operations OIC, TF Guardian S-3.

(b)(1)1.4c

h. (U) TF Guardian S-3 will maintain electronic and paper copies of processed UECRB results.

Appendixes:

- Tab 1: LLEC/PTS Concur/Non-Concur Memo
- Tab 2: NLEC Concur/Non-Concur Memo

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

1. (U) Purpose. This annex outlines procedures for the Unlawful Enemy Combatant Review Board (UECRB).

2. (U) References.

(b)(1)1.4c, (b)(1)1.4g

f. (U) DoDD 2310.01E, the Department of Defense Detainee Program, 05 September 2006.

(b)(1)1.4c, (b)(1)1.4g

a. (U) CJTF-101 carefully screens all detainees before and after transfer to the Bagram Theater Internment Facility (BTIF) to ensure only Unlawful Enemy Combatants (UEC) remain in US detention to prevent them, pursuant to the laws of war, from returning to the battlefield. Once at the BTIF, all detainees receive regular, comprehensive reviews of the basis for their detention. Only confirmed UECs are detained at the BTIF.

b. (U) An initial determination that a detainee is a UEC is made at the point of capture by the unit commander. The capturing unit shall submit an "Unlawful Enemy Combatant Transfer Request" (UECTR) to CJTF-101 for those detainees believed to meet established criteria as UECs and who require continued detention at the BTIF. CJTF-101 shall review the initial UEC determination of the unit commander, the UECTR, and the request for continued detention at the BTIF. If the capturing unit presents sufficient evidence that the detainee is a UEC, CJTF-101 may admit the detainee to the BTIF.

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

c. (U) Once at the BTIF, all detainees' basis for detention (UEC status) is reviewed by an UECRB conducted once within the first 75 days of in-processing to the BTIF and again every 6 months after the initial UECRB.

4. (U) Purpose. The purpose of the UECRB is to make recommendations regarding a detainee's status as an unlawful enemy combatant to the CJTF Deputy Commander, the UECRB approving authority. Additionally, the UECRB (the "Board") makes recommendations regarding what level UEC a detainee represents (high-level or low-level), and recommends whether the detainee should be nominated for participation in the Program Takhim e'Sol (PTS) or recommended for release. The Board will recommend release when the Board finds that a detainee does not qualify, or no longer qualifies, as a UEC. The Board is administrative in nature and does not create any rights, benefits, or privileges.

5. (U) Legal Framework.

a. (U) Persons detained at the BTIF are held on the basis that they are UECs in the on-going conflict between the United States and the Taliban, al Qaida and its associated forces. UECs are persons not entitled to combatant immunity who have engaged in acts against the United States or its coalition partners in violation of the laws and custom of war during an armed conflict. Detention is therefore legally justified under the laws and customs of war.

b. (U) For purposes of Operation Enduring Freedom, the term Unlawful Enemy Combatant is defined to include, but is not limited to, an individual who is or was part of or supporting Taliban or al Qaida forces, or associated forces that are engaged in hostilities against the United States or its coalition partners.

c. (U) Intelligence value alone is not a lawful basis for detention.

(b)(1)1.4c

(1) (U) Is or was part of or supporting Taliban or al Qaida forces, or associated forces that are engaged in hostilities against the United States or its coalition partners. (See ref. (g) for a complete list.); or

(2) (U) Have committed a hostile act against US or coalition forces by engaging or attempting to engage US or coalition forces in violation of the laws and customs of war; or

(3) (U) Have displayed an intent to commit hostile acts against US or coalition forces in violation of the laws and customs of war.

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

d. (U) The initial determination that an individual is a UEC must be reviewed periodically. For both initial reviews and subsequent reviews, UECRB procedures include:

(1) (U) Notice to the detainee of the convening of a board, in a language he understands, including notification of the basis for detention;

(2) (U) An opportunity for the detainee to provide a written statement or other readily available evidence for review by the Board;

(3) (U) All determinations and recommendations by a preponderance of the evidence standard;

(4) (U) Detainees will not be compelled to present evidence to the Board;

(5) (U) Detainees will have the opportunity to personally appear before the board;

(6) (U) A written record will be made of the proceedings (a verbatim transcript is not required); and

(7) (U) The Board's final recommendations will be made in closed session by majority vote.

(b)(1)1.4c

a. (U) The determination that an individual is an UEC must be based on a preponderance of the evidence. During Operation Enduring Freedom, UECs are those persons who:

(1) (U) Are or were part of or supporting Taliban or al Qaida forces, or associated forces that are engaged in hostilities against the United States or its coalition partners. (See ref. (g) for a complete list.); or

(2) (U) Have committed a hostile act against US or coalition forces by engaging or attempting to engage US or coalition forces in violation of the laws and customs of war; or

(3) (U) Have displayed an intent to commit hostile acts against US or coalition forces in violation of the laws and customs of war.

b. (U) Intelligence value alone is not a lawful basis for continued detention.

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

c. (U) Prior to the initial review, military police investigators will interview the detainee and record the results of that interview on the Detainee Notification Worksheet (DNW) located at Appendix 1. This review will take place within two weeks of in-processing unless a delay is requested by MI personnel. During this initial interview, the detainee will be told the reason for detention and given a summary of the evidence against him, be notified that his case will be reviewed by an administrative board, and be afforded the opportunity to make a written statement as well as personally appearing at the Board. Any such statement will be read to the Board at the initial review, unless the detainee wishes to present the information himself.

(1) (U) This statement will be written by the detainee if possible. If the detainee is unable to write, the interviewer may write the statement and will validate to the Board that the statement is an accurate record of the detainee's statement.

(2) (U) If the detainee does not wish to make a statement, this fact will be recorded on the DNW.

d. (U) Prior to the initial review, MI or MPI personnel will make a reasonable investigation into any alibi or other exculpatory evidence the detainee offers.

(b)(1)1.4c

7. (U) Six month status review. The status of each detainee will be reviewed at least every six months following the initial review. During this review, the Board shall consider all relevant and reasonably available information, including any new information that has been identified since the initial status determination.

a. (U) For both initial and periodic reviews, the Board will shall make the following findings and recommendations:

(1) (U) Whether the detainee continues to be a UEC; or

(2) (U) If the Board determines that a detainee is a UEC, the Board will then determine whether the detainee is or remains a High Level Enemy Combatant (HLEC) or a Low Level Enemy Combatant (LLEC), and provide a recommendation on continued detention;

(3) (U) For detainees that are LLECs, the Board will make a recommendation as to whether the detainee should remain in detention, is a candidate for the PTS program, or should be released.

(4) (U) If the Board determines that a detainee is not a UEC or in No Longer an Enemy Combatant (NLEC) the Board shall recommend expedited release.

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4c

c. (U) Prior to the six month status review, the detainee will be notified of the review and afforded the opportunity to make a written statement. This notification will be recorded on a DNW. Any such statement will be read to the Board.

(1) (U) This statement will be written by the detainee if possible. If the detainee is unable to write, the interviewer may write the statement and will validate to the Board that the statement is an accurate record of the detainee's statement.

(2) (U) If the detainee does not wish to make a statement, that fact will be recorded on the DNW.

(b)(1)1.4c

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4c

d. (U) NLEC Determination Criteria. IAW para. 6, when there is insufficient evidence to classify a detainee as a UEC, the detainee must be recommended for classification as an NLEC and released. The Board may also recommend NLEC classification when a detainee is exhausted of intelligence value, is considered to be a minimal threat to US or coalition forces, and the detainee is not otherwise of custodial interest to the United States.

(b)(1)1.4c

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

10. (U) Board Composition. The Board consists of three commissioned officers, one of whom must be a field grade officer:

- a. (U) Board President: Provost Marshal, CJTF-101 (or his/her representative)
- b. (U) CJ2 (or his/her representative)
- c. (U) BTIF Facility Commander (or his/her representative).

11. (U) Board Recorder. The Detainee Assessment Branch (DAB) OIC shall serve as the recorder for the Board. In coordination with the TF Guardian S-3, the recorder will prepare the record of the Board within three workdays of the announcement of the Board's recommendations. The record will then be forwarded to the CJTF-101 Detention Operations Judge Advocate for a legal sufficiency review before presentation to the approving authority.

12. (U) Presentation to the Approving Authority.

a. (U) The recommendations of the Board will be reviewed for legal sufficiency by the CJTF OSJA. The UECRB recorder will forward the Board's recommendations, including all information and statements submitted by the detainee, to the approving authority within one week of the Board's recommendation.

b. (U) The approving authority will act on the recommendations of the Board in writing.

13. (U) Pre-Board Preparation. CJTF-101 personnel meet with every detainee within two-weeks of in-processing to the BTIF to explain the reason for the detainee's detention and to provide a summary of the unclassified information against the detainee. This meeting occurs unless a delay is requested by Military Intelligence (MI) personnel or is not operationally feasible. BTIF personnel explain to the detainee that the detention will be reviewed by an administrative board, the UECRB, within 75 days of in-processing to the BTIF and every six months thereafter. Each detainee is informed that he will be afforded an opportunity to provide a written statement or other readily available information to each UECRB, and that any such statements will be provided to, and considered, by the Board.

a. (U) If possible, the statement provided by the detainee will be written by the detainee. If the detainee is unable to write, the interviewer may write the statement and will validate to the Board that the statement is an accurate record of the detainee's statement.

b. (U) If the detainee does not wish to make a statement, this fact will be recorded. However, prior to the Board considering the cases of particular detainees, those detainees will be provided another opportunity to make additional statements or provide other readily available information.

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

c. (U) Prior to each UECRB, MI or military police investigators (MPI) will review the available intelligence and information regarding detainees being considered by the particular Board and provide the results to the Board, including any exculpatory information.

(b)(1)1.4c

14. (U) Board Procedures. Each detainee held at the BTIF will receive an initial Board within the first 75 days of in-processing to the BTIF and every six months thereafter. If new information warranting a reassessment is received, the Board may review a detainee's status (conduct an UECRB) on an as needed basis. The Board shall consider all relevant and reasonably available information. During the UECRBs conducted every six months, the Board will also consider any new information that has been identified since the preceding UECRB.

a. (U) At each Board, MI Branch analysts and MP investigators will introduce each detainee's case, present all available evidence and information (including statements made or evidence offered by the detainee), and make a recommendation as to the detainee's status. The Board members will consider all relevant information acquired from the capturing unit when making their recommendation.

(b)(1)1.4c

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4c

c. (U) Board members will ask any questions necessary to make an informed decision based on a preponderance of the evidence.

d. (U) After the detainee's information has been presented, the board will vote by secret ballot. The Board's recommendation is based on the majority vote. If a board member or members believe additional information is required to make an informed determination, the President of the Board has the authority to delay that specific detainee's board until the next scheduled UECRB (usually conducted weekly).

(b)(1)1.4c

15. (U) The Board's recommendations will be forwarded to the appropriate approval authority. Approval authorities are as follows.

(b)(1)1.4c

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

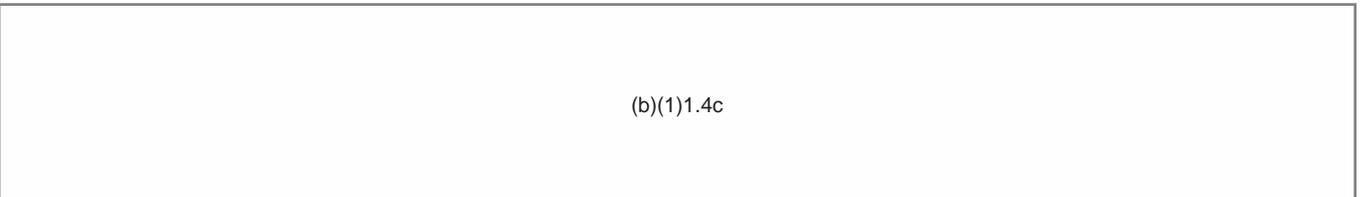


17. (U) Coordinating Instructions.

a. (U) The UECRB will be held weekly in a location cleared for **SECRET** and designated by the President of the Board.



d. (U) The Board president may convene additional meetings as necessary.



18. (U) Definitions.

a. (U) Coalition Forces. For purposes of this SOP, an attack by an enemy combatant on the following entities/individuals is considered an attack on the Coalition.

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

(1) (U) All units and personnel of US forces or other countries participating in Enduring Freedom operations and all NATO units and personnel present in Afghanistan supporting ISAF operations;

(2) (U) ANSF when the intent of the attack is to disrupt or undermine the Coalition's mission, or to destabilize the government of the GIRA;

(3) (U) Local and Third Country National (TCN) personnel contracted with or employed by the Coalition when the intent of the attack is to disrupt or undermine the Coalition.

b. (U) Detainee. Any person captured, detained, held or otherwise under the control of DoD personnel (military or civilian). It does not include persons being held primarily for law enforcement purposes. A detainee may also include the following categories:

(b)(1)1.4c

(2) (U) Low Level Enemy Combatant (LLEC). Those individuals who are not a threat beyond the immediate battlefield or that do not have high operational or strategic intelligence or law enforcement value.

(3) (U) No Longer Enemy Combatant (NLEC). A NLEC is a detainee who is determined not to be, or no longer to be, an enemy combatant or who is devoid of intelligence value, assessed to be a minimal threat to US or coalition forces, and in whom the United States no longer has a custodial interest. NLECs will be released within 15 days of release approval.

c. (U) Enemy Combatant. In general, a person engaged in hostilities against the United States or is coalition partners during an armed conflict. The term "enemy combatant" includes both "lawful enemy combatants" and "unlawful enemy combatants".

d. (U) Unlawful Enemy Combatant (UEC). Unlawful enemy combatants are persons not entitled to combatant immunity, who engage in acts against the United States or its coalition partners in violation of the laws and customs of war during an armed conflict. For purposes of Operation Enduring Freedom, the term Unlawful Enemy Combatant is defined to include, but is not limited to, an individual who is or was part of or supporting Taliban or al Qaeda forces, or associated forces that are engaged in hostilities against the United States or its coalition partners.

19. (U) Point of contact is the CJTF-101 Detention Operations Judge Advocate at DSN (b)(2)

(b)(2)

Annex E (Unlawful Enemy Combatant Review Board (UECRB), to the CJTF-101 Detainee Operations Standard Operating Procedures

Appendixes

Appendix 1: Detainee Assessment Branch

Appendix 2: Processing UECRB Results

Tab 1: LLEC/PTS Concur/Non-Concur Memo

Tab 2: NLEC Concur/Non-Concur Memo

Pages 117 through 118 redacted for the following reasons:

Two pages totally denied: (b)(1)1.4c applies.

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Appendix 2 (LLEC PTS Release) to Annex E (Transfers and Releases), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

1. (U) The purpose of this document is to provide operational guidance on conducting Program Tahkim-e-Sohl (PTS) releases from the Theater Internment Facility. The following is a step by step procedure for the release of Afghan Low Level Enemy Combatants under PTS.

a. (U) Once a detainee is voted by the UECRB for LLEC PTS Release the DAB must prepare a Report of Investigation (ROI) with both English and Pashto translations attached that can be sent to CSTC-A if the detainee has not yet been accepted into PTS by the GIROA delegation. At a minimum, the GIROA must be given the detainee's last name, first name, middle name, date of capture, location of capture and known relatives (son of).

b. (U) CSTC-A sends the ROI to the GIROA's Office of National Security Council (ONSC) and requests that they forward the information to the Ministry of Interior (MOI) for the purpose of conducting background checks for acceptance into PTS.

c. (U) CSTC-A meets with MOI's detainee team to discuss which individuals the MOI is willing to accept into PTS. CSTC-A then notifies TF Guardian of any detainees that GIROA is willing to accept into PTS.

d. (U) TF Guardian will draft and staff a release memo for CG, CJTF-101 to approve the release of those detainees GIROA will accept into PTS.

e. (U) TF Guardian drafts and staffs the TF Guardian release FRAGO to the BTIF operations directing the release of the agreed upon individuals.

f. (U) Coordinate and confirm date and time for release at Bagram. Coordination is with GIROA MOI (through CSTC-A), ICRC and CJTF-101. Notify PAO of the DTG for the release. CJTF-101 will have an escort waiting at the ECP to escort the GIROA delegation.

g. (U) Actions on the Day of Release

(b)(1)1.4c

(a) (U) Release Kit – Each released detainee will be provided a release kit. This kit contains (when items are available): 1 sports bag, 1 set of clothes, 1 prayer blanket, 3 Halal meals, 3 bottles of water, 1 hygiene/sundry kit, the detainee's release letter, a summary of any medical treatment received, and IO products.

(b)(1)1.4c

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Appendix 2 (LLEC PTS Release) to Annex E (Transfers and Releases), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(c) (U) Detainee Re-Integration Program – This is a video that is shown to all detainees that are released from the Theater Internment Facility. The purpose of this video is to encourage support of the current Government of the Islamic Republic of Afghanistan and re-integrate the released individuals back into Afghan society.

(d) (U) Biometric Automated Toolset (BAT) identity verification – This task must be completed on all detainees prior to release. BTIF must notify CJTF-101 CJ3 Biometrics office of all detainees being released so that CJ3 Biometrics can verify quality of biometrics records. All detainees will have iris scan completed to verify identity prior to release.

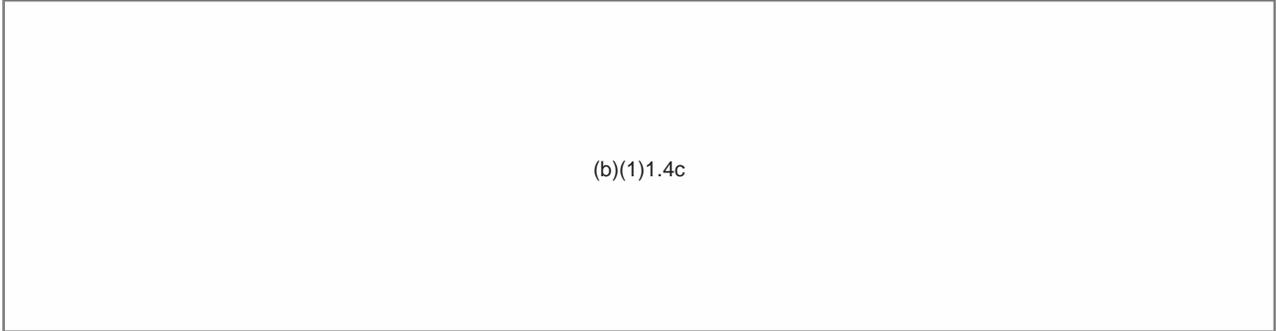
(e) (U) Paperwork Preparation – The following forms have to be prepared prior to the detainee(s) being released:

(i) (U) Three DD 2718s (Inmate's Release Order) – One copy for the BTIF records, one copy for the security unit picking up the detainee, and one copy for the GIRoA delegation.

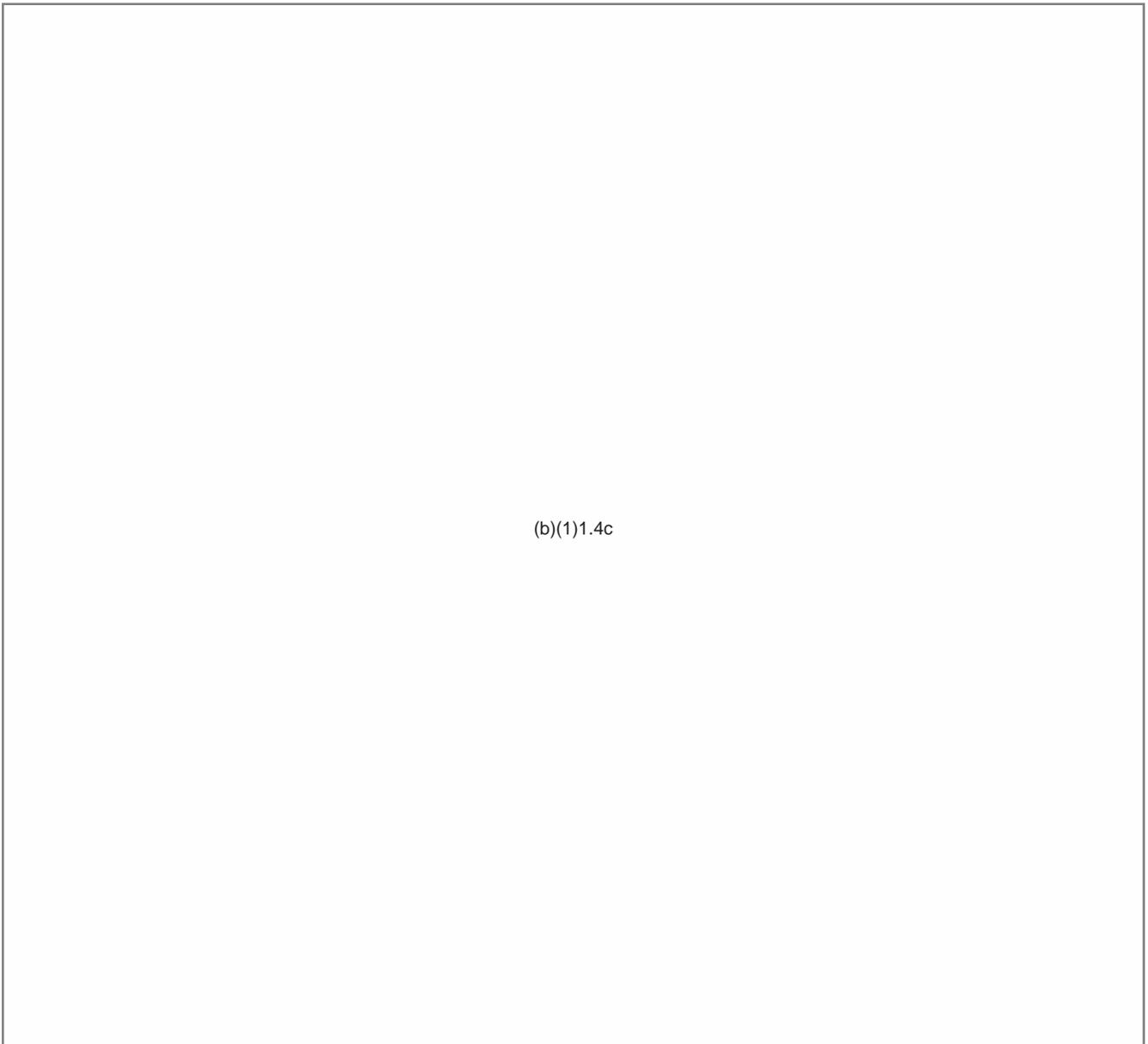
(ii) (U) Three DD 2708s (Receipt for Inmate or Detained Person) – One copy for the BTIF records, one copy for the security unit picking up the detainee, and one copy for the GIRoA delegation. All parties involved need to have a receipt for each transfer of custody of the detainee.

(b)(1)1.4c

Appendix 3 (Direct LLEC Release) to Annex E (Transfers and Releases), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)



a. (U) PHASE I – PREPARATION:



Appendix 3 (Direct LLEC Release) to Annex E (Transfers and Releases), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(b)(1)1.4c

(a) (U) Release Kit – Each released detainee will be provided a release kit. This kit contains (when items are available): 1 sports bag, 1 set of clothes, 1 prayer blanket, 3 Halal meals, 3 bottles of water, 1 hygiene/sundry kit, the detainee’s release letter, a summary of any medical treatment received, and IO products.

(b)(1)1.4c

(c) (U) DRIP Brief – This is read to each detainee that is being released. It can be read by the Detention Operations JA or any commissioned officer.

(d) (U) Paperwork Preparation – The following forms have to be prepared prior to the detainee(s) being released:

(i) (U) 2 – DD 2718s (Inmates Release Order) – One copy for the BTIF records and one copy for the security unit picking up the detainee.

(ii) (U) Four DD 2708s (Receipt for Inmate or Detained Person) – These are for the security unit and releasing unit. Two will be used for the transfer from security unit to releasing unit. Two will be used for the transfer from releasing unit to village elder or local official. All parties involved need to have a receipt for each transfer of custody of the detainee.

(b)(1)1.4c

**Appendix 3 (Direct LLEC Release) to Annex E (Transfers and Releases), to the
CJTF-101 Detainee Operations Standard Operating Procedure (SOP)**

(b)(1)1.4c

Pages 124 through 127 redacted for the following reasons:

(b)(1)1.4c applies.

Three pages totally denied: (b)(1)1.4c applies.

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Appendix 5 (Transfer to ANDF) to Annex E (Transfers and Releases), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(b)(1)1.4c

(1) (U) Paperwork Preparation – The following forms have to be prepared prior to the detainee(s) being released:

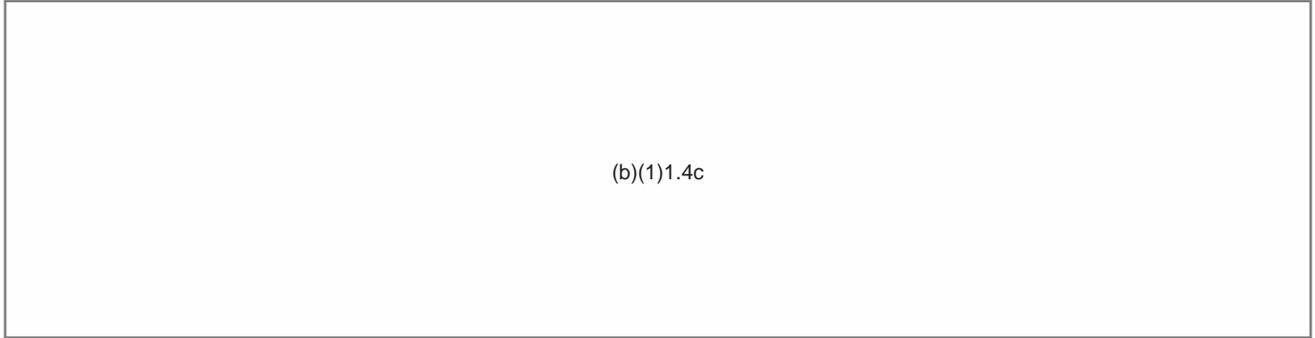
(a) (U) Two – DD 2718s (Inmates Release Order) – One copy for the BTIF records and one copy for the GIRoA officials that will sign for the detainees at the ANDF.

(b) (U) Two DD 2708s (Receipt for Inmate or Detained Person) – These are for the transfer team OIC and GIRoA officials. All parties involved need to have a receipt for each transfer of custody of the detainee.

b. (U) Biometric Automated Toolset (BAT) identity verification – This task must be completed on all detainees prior to transfer. BTIF must notify CJTF-101 CJ3 Biometrics office of all detainees being transferred so that CJ3 Biometrics can verify quality of biometric records. All detainees will have iris scan completed to verify identity prior to release.

(b)(1)1.4c

**Appendix 1 (NLEC Release) to Annex E (Transfers and Releases), to the CJTF-101
Detainee Operations Standard Operating Procedure (SOP)**



a. (U) PHASE I – PREPARATION:



Appendix 1 (NLEC Release) to Annex E (Transfers and Releases), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(b)(1)1.4c

(a) (U) Release Kit – Each released detainee will be provided a release kit. This kit contains (when items are available): 1 sports bag, 1 set of clothes, 1 prayer blanket, 3 Halal meals, 3 bottles of water, 1 hygiene/sundry kit, Koran, the detainee’s release letter, a summary of any medical treatment received, and IO products.

(b)(1)1.4c

(c) (U) Detainee Re-Integration Program (DRIP) Brief – This is read to each detainee that is being released. It can be read by the Detention Operations JA or any commissioned officer.

(d) (U) Paperwork Preparation – The following forms have to be prepared prior to the detainee(s) being released:

(i) (U) 2 – DD 2718’s (Inmates Release Order) – One copy for the BTIF records and one copy for the security unit picking up the detainee.

(ii) (U) Four DD 2708’s (Receipt for Inmate or Detained Person) – These are for the security unit and releasing unit. Two will be used for the transfer from security unit to releasing unit. Two will be used for the transfer from releasing unit to village elder or local official. All parties involved need to have a receipt for each transfer of custody of the detainee.

(b)(1)1.4c

**Appendix 1 (NLEC Release) to Annex E (Transfers and Releases), to the CJTF-101
Detainee Operations Standard Operating Procedure (SOP)**

(b)(1)1.4c

Annex F (Physical Access and Access to Information Regarding Detainees, Detention Operations, and Detention Facilities), to the CJTF-101 Detainee Operations Standard Operating Procedures

1. (U) References.

a. (U) CENTCOM Message, Policy Guidance on International Committee of the Red Cross (ICRC) Access to DoD Detention Facilities, (S) R 312154ZJAN05.

b. (U) DoDD 3115.09E, Change 1, DoD Intelligence Interrogations, Detainee Debriefings, and Tactical Questioning, 10 May 2006.

c. (U//FOUO) Under Secretary of Defense Memorandum, Clarification of Intelligence Policy – Monitoring of Non-DoD Interrogations, Debriefings, and Questioning of Detainees, 4 April 2007.

d. (U) DEPSECDEF Memorandum, Foreign Government Access to Theater Internment Facilities (TIFs) in Afghanistan, (S) 20 May 2006.

(b)(1)1.4g

f. (U) CENTCOM FRAGO 07-434 Mod 1, Foreign Government Access to Detainees in Afghanistan, (S//REL USA, GCTF) 151930MAR07.

2. (U) Purpose. This Annex establishes policies and procedures concerning access to detention facilities, detainees, and information regarding detainees under the custody and control of CJTF-101.

3. (U) Foreign Government Access to Detainees.

(b)(1)1.4c

Annex F (Physical Access and Access to Information Regarding Detainees, Detention Operations, and Detention Facilities), to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4c

(b)(2)High

(b)(1)1.4g

Annex F (Physical Access and Access to Information Regarding Detainees, Detention Operations, and Detention Facilities), to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4g

b. (U) Other Foreign Government Access to Detainee Information. Requests for information regarding non-Afghan or non-Pakistani detainees should be referred to the Department of State. Information on these detainees will normally be released through diplomatic channels.

c. (U) Other US Government Agencies' Access to Detainee Information. The CJTF-101 CJ2 will respond to requests from other non-CJTF-101 US governmental agencies. In responding to these requests, the CJ2 will take into account the security classification of the information requested.

d. (U) ICRC Access to Detainees and Detainee Information. See Appendix 1.

Appendixes

Appendix 1: International Committee of Red Cross SOP

Appendix 2: Access by Non-CJTF-101 Intelligence Collection Personnel to Facilities as well as detainees Controlled by CJTF-101 forces

Appendix 1 (International Committee of Red Cross SOP) to Annex F (Physical Access and Access to Information Requiring Detainees, Detention Operations, and Detention Facilities) to the CJTF-101 Detainee Operations Standard Operating Procedures

1. (U) Purpose. The purpose of this Annex is to establish policies and procedures governing communications and visitations to the BTIF and Field Detention Sites by the International Committee of the Red Cross (ICRC).

2. References.

a. (U) SECDEF Memorandum, Handling Reports of the International Committee of the Red Cross, 14 July 2004.

b. (U) CFC FRAGO 09-617, Amplifying Instructions for Handling ICRC Issues, 181919ZJUL04.

c. (U) CFC FRAGO 09-707, Detainee Operations Responsibilities, (S) 210528ZJAN05.

(b)(1)1.4c, (b)(1)1.4g

4. Communications.

a. (U) IAW references (a) and (b), any communication with ICRC, that is not a routine administrative matter, will be forwarded electronically to the Under Secretary of Defense for Policy within 24-hours of receipt. This includes all reports, letters, emails, phone calls, and other material that represent a concern with U.S. operations. However, correspondence concerning routine administrative matters such as scheduling does not have to be reported.

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Appendix 1 (International Committee of Red Cross SOP) to Annex F (Physical Access and Access to Information Requiring Detainees, Detention Operations, and Detention Facilities) to the CJTF-101 Detainee Operations Standard Operating Procedures

b. (U) Oral reports delivered by the ICRC will be summarized in an After-Action Report and processed immediately. After-Action Reports will include:

(1) (U) Description of the ICRC visit or meeting; location, when and if corrective action has been initiated if warranted;

(2) (U) Identification of the specific detainee reported upon (if applicable);

(3) (U) Name of ICRC Representatives;

(4) (U) Identification of the U.S. Official who received the report;

(5) (U) Identity of the U.S. Official submitting the report.

c. (U) All ICRC Communications shall be marked with the following statement: “ICRC communications are provided to DOD as confidential, restricted-use documents. As such they will be safeguarded the same as secret NODIS information using classified information channels. Dissemination of ICRC communications outside of DOD is not authorized without the approval of the Secretary or Deputy Secretary of Defense.”

5. (U) Regularly scheduled ICRC visits.

a. (U) The ICRC Liaison and the ICRC Delegate will coordinate for mutually convenient times for visits as operational requirements dictate. The visits typically last six days, starting on Sunday ending Friday afternoon. The frequency and duration of the visits are agreed upon by the ICRC Liaison and the ICRC Delegate. Factors that may impact this decision are the total number of detainees, the number of new detainees, availability of ICRC interpreters and operational requirements at the facility.

b. (U) ICRC staying on base. The ICRC may stay on base on a space available basis depending on troop movement and mission requirements. If they do stay on base they will have escorts assigned to them at all times and will be segregated by gender.

6. (U) Security procedures.

a. (U) ICRC personnel will be escorted at all times while on DoD installations and in the BTIF and FDS.

b. (U) When visiting a detention facility, members of the ICRC delegation do not have to fill out nondisclosure forms, but they are subject to appropriate searches.

c. (U) ICRC personnel will have their bags inspected for prohibited items only. Upon entering the facility, each member of the delegation will sign the visitor log, turn in their ICRC

Appendix 1 (International Committee of Red Cross SOP) to Annex F (Physical Access and Access to Information Requiring Detainees, Detention Operations, and Detention Facilities) to the CJTF-101 Detainee Operations Standard Operating Procedures

credentials and be issued a temporary BTIF visitors badge. Only those individuals possessing ICRC credentials will be given access to a detention facility. They will wear their BTIF visitor badges at all times while in the BTIF.

d. (U) The ICRC delegation will have access to the entire BTIF with the exception of the work areas of the MI and MP personnel. The ICRC is allowed access to the JIF.

e. (U) ICRC personnel are not authorized cameras, radios, telephones, or recording devices within a detention facility.

7. (U) Support to the delegations. During visits to the BTIF, the delegation will be provided with suitable workspace in order to conduct administrative work and interviews. The JIF will avoid scheduling detainee interrogations for those detainees requested by a delegation 24 hours prior to the requested interview.

8. (U) Personnel involved with a visit to the BTIF or FDS.

a. (U) When the ICRC visits the BTIF, the following CJTF-101 personnel will assist with the visit:

- (1) (U) An ICRC Liaison Officer (Judge Advocate) or his representative;
- (2) (U) BTIF Facility Commander or his representative (E-5 or above);
- (3) (U) Doctor/Physician's Assistant (as needed).

b. (U) When the ICRC visits the FDS, the following CJTF-101 personnel will assist with the visit:

- (1) (U) An ICRC Liaison Officer (Judge Advocate) or his representative;
- (2) (U) An OIC and NCOIC of the FDS;
- (3) (U) A TF Guardian MP representative.

c. The following ICRC personnel are authorized access to a detention facility:

- (1) (U) Official ICRC delegates;
- (2) (U) Interpreters;
- (3) (U) Physician;

Appendix 1 (International Committee of Red Cross SOP) to Annex F (Physical Access and Access to Information Requiring Detainees, Detention Operations, and Detention Facilities) to the CJTF-101 Detainee Operations Standard Operating Procedures

(4) (U) Other persons employed by the ICRC as requested and approved by the Facility Commander.

9. (U) Initial meeting. The Detention Facility Commander and ICRC Liaison will hold an initial meeting with the ICRC delegation on the first day of the monthly ICRC visit. The general agenda during this meeting is as follows:

a. (U) Any new major issues that arose during interim period.

b. (U) Status of issues raised from the last meeting.

c. (U) During this meeting, the ICRC Liaison provides the ICRC delegate with the Information Sheet. This Information Sheet provides basic information on detainees in the facility and those that have been transferred or released since the last ICRC visit. Information on the sheet includes: number of detainees currently at the facility, names and ISNs of detainees released within the last month, names and ISNs of detainees in-processed during the last month, names and ISNs of detainees transferred within the last month, and place to which detainees were transferred. Sheet may also include detainees date of birth and date of in-processing into the BTIF. The ICRC will also be given a by-cell roster of detainees currently within the facility. This roster is classified and will be returned to BTIF personnel at the end of each day.

10. (U) Facility inspection – Initial Walk-through.

a. (U) Following the initial meeting, the ICRC may conduct a facility walk-through. During this walk-through, the ICRC Liaison and MP Liaison will escort the Delegation through the facility. The Delegation has access to the entire facility with the following exceptions:

(1) (U) ICRC is not allowed access to the work areas of the MI and MP personnel.

(2) (U) ICRC is not authorized to go into a general population cell that has detainees inside due to safety reasons.

b. (U) During the initial walk-through, the ICRC will normally prepare a list of detainees that they wish to interview. Upon receiving the interview list, BTIF operations will coordinate with JIF and MP personnel to assess which detainees cannot be interviewed in the same room and which detainees pose an identifiable security risk.

(b)(1)1.4g, (b)(1)1.4c

d. (U) ICRC personnel will not distribute any items to detainees without prior approval from the MP Liaison or ICRC Liaison.

Appendix 1 (International Committee of Red Cross SOP) to Annex F (Physical Access and Access to Information Requiring Detainees, Detention Operations, and Detention Facilities) to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4g

Appendix 1 (International Committee of Red Cross SOP) to Annex F (Physical Access and Access to Information Requiring Detainees, Detention Operations, and Detention Facilities) to the CJTF-101 Detainee Operations Standard Operating Procedures

a. (U) General. Detainees are authorized to receive and send RCMs through the ICRC. At the beginning of each visit the ICRC will provide the Liaison with incoming RCMs that need to be processed. The ICRC Liaison will, in turn, provide the ICRC with all incoming and outgoing RCMs processed from the last ICRC visit.

b. (U) CJTF-101 Policy.

(1) (U) All RCMs, to the extent possible, will be processed, screened, and ready for distribution to the ICRC within 30 days of receipt by the ICRC Liaison. Incoming messages are given priority during the screening. In order to complete as many as possible prior to the first day of the next visit.

(2) (U) ICRC are normally the only personnel authorized to distribute RCMs to the detainees. Exceptions to this must be verified through ICRC Liaison and ICRC delegate.

(3) (U) Once distributed, an RCM will not be taken away from a detainee.

(4) (U) CJTF-101 personnel will not threaten a detainee with the possibility that his Red Cross Message Service entitlement will be taken away.

(b)(1)1.4c

14. (U) Addressing issues of concern to the ICRC. The ICRC will address specific issues of concern to the ICRC Liaison during the course of each visit and during the final outbrief. The ICRC Liaison will record every issue of concern to the ICRC and will coordinate these issues with the commander of the TIF and any other appropriate office (i.e. JIF, Medical, CJ2, SJA). ICRC requests will be balanced with MP and MI operations, taking into account personnel

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Appendix 1 (International Committee of Red Cross SOP) to Annex F (Physical Access and Access to Information Requiring Detainees, Detention Operations, and Detention Facilities) to the CJTF-101 Detainee Operations Standard Operating Procedures

safety, escort availability, and security of the facility. Certain requests will not be able to be resolved during the course of the visit and will be resolved as soon as practicable. Some issues will not be resolved to the satisfaction of the ICRC, and the ICRC Liaison will explain the efforts made and the reason for the decision to the ICRC Delegate.

15. (U) Final Outbrief. At the end of each visit, the TF Guardian Commander, SJA, Detention Facility Commander, ICRC Liaison, and ICRC Delegation meet to discuss the visit and the status of any unresolved issues raised by the ICRC during the current visit or any previous visit.

16. (U) After Action Reports (AARs). ICRC AAR. The ICRC Liaison is responsible for drafting the visit AAR and forwarding the report in accordance with Para.4. The AAR covers all major topics of discussion throughout the visit.

17. (U) Interim meetings/sessions.

a. (U) There are occasions when the ICRC will visit the TIF between regularly scheduled visits. Examples of such occasions include: detainee deaths, transfers, repatriations, holidays (to deliver food), meetings with the SJA or CG, or actions as an intermediaries with the Office of the United Nations High Commissioner for Refugees (UNHCR).

b. (U) There are occasions when the ICRC Liaison will visit the ICRC outside of Bagram. Examples of such occasions include: delivery of remains to families (outlying provinces), ICRC Mine Action Center, Kabul; ICRC Prosthetic Clinic, Kabul; delivery of RCMs.

c. (U) All visits and contacts with the ICRC will be recorded and reported IAW para. 4.

18. (U) Correspondence from the ICRC. The ICRC occasionally sends letters to CJTF-101 concerning detention operations issues. The CJTF-101 ICRC Liaison is responsible for ensuring an appropriate response is sent to the ICRC and reported in accordance with Para 4.

19. ((b)(2)) ICRC visits and this SOP is the Detention Operations Judge Advocate at DSN

Appendix 2 (Access by Non-CJTF-101 Intelligence Collections Personnel to Facilities as well as Detainees Controlled by CJTF-101 forces) to Annex F (Physical Access and Access to Information Regarding Detainees, Detention Operations, and Detention Facilities), to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4c

f. (U) In all instances questioning of detainees will be observed by qualified MP/MI personnel. Non-CJTF-101 government agents are obliged to observe the same standards of conduct in questioning and treatment of detainees as do CJTF-101 personnel. The observing MP/MI personnel will immediately cease the interview if CJTF-101 standards are breached.

3. (U) Persons conducting detainee interviews primarily for law enforcement purposes will be observed by CJTF-101 personnel but do not need to complete the above certification. Interviews conducted for law enforcement purposes are limited to Law Enforcement related interview approaches only (not MI interrogation approaches).

(b)(1)1.4c

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Appendix 2 (Access by Non-CJTF-101 Intelligence Collections Personnel to Facilities as well as Detainees Controlled by CJTF-101 forces) to Annex F (Physical Access and Access to Information Regarding Detainees, Detention Operations, and Detention Facilities), to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4c

Annex G (Rules for the Use of Force), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

1. (U) References.

- a. (U) CJCS Instruction 3121.01B, Standing Rules of Engagement, (S//NF) 5 July 2005.
- b. (U) CENTCOM Message, USCENTCOM Consolidated Serial One Rules of Engagement for Operation Enduring Freedom, Mod 002, (S//NF) R 152307ZDEC06.
- c. (U) RC East FRAGO to OPORD 06-06, Directs Implementation of Revised Escalation of Force (EOF) Procedures, Reporting, Training, and Equipment Fielding in the RC East AO, (S//REL GCTF) 010800ZMAR07.

2. (U) Purpose and Scope. This Annex outlines policies and procedures for the use of force in conjunction with detention operations. It applies to all forces assigned, attached, OPCON, or TACON to CJTF-101 (CJTF-101 forces). This Annex is intended as a supplement to and does not replace or supersede the policies and procedures outlined in refs. (a) – (c). All use of force will be consistent with the current Rules of Engagement for CJTF-101 and Operation Enduring Freedom.

3. (U) General. Nothing in these rules limits a commander's inherent authority and obligation to use all necessary means available and to take all appropriate action in self-defense of the commander's unit or other US forces in the vicinity. Individuals are authorized and expected to use force in self-defense consistent with the Standing Rules of Engagement and command guidance.

a. (U) All use of force will be proportional in that it should be reasonable in intensity, duration, and magnitude based upon all the facts known at the time.

b. (U) Personnel charged with guarding or otherwise maintaining custody or control of detainees will use the minimum amount of force necessary to maintain such custody, to maintain security, and to enforce detention facility rules. Force will never be used to retaliate against detainees. Discipline within detention facilities will be enforced in accordance with established and approved discipline matrices.

c. (U) US forces have an obligation to prevent harm to detainees. This includes preventing harm from other detainees.

(b)(1)1.4c

**Annex G (Rules for the Use of Force), to the CJTF-101 Detainee Operations Standard
Operating Procedure (SOP)**

(b)(1)1.4c

6. (U) Tasers. Tasers are not authorized to enforce discipline or compliance with orders. They may only be used in accordance with detention facility SOP.

(b)(1)1.4c

**Annex G (Rules for the Use of Force), to the CJTF-101 Detainee Operations Standard
Operating Procedure (SOP)**

(b)(1)1.4c

Annex H(Mobile Training Teams), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

1. (U) Purpose and Applicability. This Annex establishes the policy and procedures for conducting Mobile Training Teams (MTT) throughout the CJOA.
2. (U) References.
 - a. (U) CENTCOM FRAGO 09-707, Detainee Operations Responsibilities, (S) 200528ZJAN05.
 - b. (U) CJTF-101 Detention Operations Policy Memorandum, (S//NF) May 08.
3. (U) Policy. Units responsible for the command and control of a field detention site (FDS) will receive a Detainee Operations MTT no later than 30 days after their RIP/TOA or upon request.
4. (U) Detention Operations Mobile Training Teams:
 - a. (U) Background. The TF Guardian Commander has directed that TF Guardian will provide MTTs when requested by Regional Commanders or within 30 days of a Transfer of Authority.
 - b. (U) Purpose. The MTT will provide training to FDS personnel on proper handling of enemy combatants in accordance with CJTF-101 policy and this SOP.
 - c. (U) Composition. The team will include the following individuals:
 - (1) (U) Detention Operations Instructor (31E30)
 - (2) (U) Detainee Operations Assistant Instructor (31E20)
 - (3) (U) Interrogation / Tactical Questioning: JIF NCOIC (97E20)
 - (4) (U) Detainee Assessment Branch NCOIC
 - (5) (U) SJA Representative
 - (6) (U) NCOIC BTIF Clinic
 - (7) (U) Chaplain Assistant
 - (8) (U) CJTF-101 PMO Ops NCOIC (cover ISAF rules)
 - d. (U) Concept. The MTT will travel to the FDS location to conduct a three day block of instruction for, at a minimum, the FDS OIC/NCOIC, medical personnel, Legal

Annex H(Mobile Training Teams), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

personnel, Interrogators, and guard force at the FDS. The MTT will utilize the training support packages (TSP) found in the Appendices of this annex. Upon completion of the training, the MTT will return to their home station. The MTT is responsible for submitting a training roster, after action review, and close out report to the TF Guardian S3 NLT 3 days after completion of the MTT.

e. (U) Section NCOIC's are responsible for development and maintenance of their subject matter Training Support Packages. Additionally they are responsible to conduct the training at the MTT site, or train alternate instructors as needed based off of mission requirements. All section NCOIC's and alternate instructors will be certified by the Brigade S-3 SGM prior to conducting any training during MTT's.

5. (U) The POC for this SOP is the TF Guardian S3 at

(b)(2)

(b)(3), (b)(6)

Appendixes:

Appendix 1: MTT TSP 1 – General

Appendix 2: MTT TSP 2 – Field Detention site

~~—SECRET//NOFORN—~~

Appendix 1 (TSP 1) to Annex H (Mobile Training Teams), to the CJTF-82
Detainee Operations Standard Operating Procedure (SOP)

1. (U) Contact TF Guardian Operations at (b)(2) for most current version of TSP 1.

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Appendix 2 (TSP 2) to Annex H (Mobile Training Teams), to the CJTF-82
Detainee Operations Standard Operating Procedure (SOP)

1. (U) Contact TF Guardian Operations at (b)(2) for most current version of TSP 2.

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~~—SECRET//NOFORN—~~

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Annex I (Assessments and Inspections), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

1. (U) Purpose and Applicability. This Annex establishes the policy and procedures under which assessments and inspections teams are conducted throughout the CJOA.
2. (U) References.
 - a. CJTF-101 Detainee Operations Policy Memorandum, (SECRET//NOFORN) 24 May 2008.
3. (U) Policy.
 - a. (U) All FDSs under the command and control of CJTF-101 will receive, at a minimum, a SLA every 180 days.
 - b. (U) All field detention sites under the command and control of CJTF-101 will receive a NNSLA at the order of the DCG-S, CJTF-101.
 - c. (U) All field detention sites under the command and control of CJTF-101 will be inspected weekly by a disinterested officer in the rank of O-4 and above.
 - d. (U) The TF Guardian S3 is responsible for directing weekly inspections of the Bagram Theater Internment Facility.
4. (U) Senior Leader Assessments:
 - a. (U) Background. The CJTF-101 DCG-S has directed that a SLA to be conducted at all FDSs located within the CJOA every 180 days.
 - b. (U) Purpose. The SLA provides staff oversight of each FDS and assists the facility commander in correcting deficiencies identified during the assessment.
 - c. (U) Composition. The SLA will be conducted by:
 - (1) (U) Team Leader (O3 31A or above)
 - (2) (U) Detainee Operations Senior I/R Specialist SME (31E3O or above)
 - (3) (U) Staff Judge Advocate (O3 – O5 27A)
 - (4) (U) Brigade Chaplain (O3 – 56A)
 - (5) (U) Chief Interrogation Operations (O3 – O5 35 series)
 - (6) (U) Brigade Surgeon

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Annex I (Assessments and Inspections), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(7) (U) CJTF-101 Operations NCOIC (ISAF FDS)

d. (U) Any exceptions, additions, or deletions of the team must be approved by the TF Guardian commander.

e. (U) Concept. All personnel participating in the inspection will familiarize themselves with the CJTF-101 Detention Operations Policy Memorandum and this SOP prior to conducting the inspection. The SLA team will utilize the checklists found in the Appendixes of this annex during the SLA. All section observations will be submitted to the SLA Team Leader 48 hours after the SLA. The Team Leader will prepare a completed FDS checklist and a memorandum detailing the assessment results NLT 4 days after the SLA. The original will be submitted to TF Guardian, approved and then a copy of the results will be sent to the CJTF-101 DCG-S and the commander responsible for the field detention site NLT 7 days after the SLA. The original copy will be maintained at TF Guardian.

5. (U) No-Notice Senior Leader Assessments:

a. (U) Background. The CJTF-101 CG has directed NNSLAs to be conducted at all FDS IAW this SOP.

b. (U) Purpose. The NNSLA enhances the normal SLA program and provides the CJTF-101 Commander with a tool to assess randomly selected FDS locations in order to limit predictability, enhance quality assurance (QA), enforce standards, and provide further staff officer assistance with respect to detention operations.

c. (U) Composition. The inspection team will include some or all of the following individuals / staff functions:

- (1) (U) Inspector General QA Rep (O5 branch immaterial)
- (2) (U) Detainee Operations QA Rep (O4 or O5 31A)
- (3) (U) Detainee Operations I/R Specialist SME (31E30 or above)
- (4) (U) Legal QA Rep (O3 – O5 27A)
- (5) (U) Spiritual QA Rep (O3 – O5 56A)
- (6) (U) Interrogations SME (O3 – O5 35 series)
- (7) (U) Brigade Surgeon.

Annex I (Assessments and Inspections), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

d. (U) Concept. NNSLA are directed by the CJTF-101 CG. As such, trigger points for the launch of a No-Notice SLA are:

- (1) (U) Increase in abuse reports
- (2) (U) Increase in detention population
- (3) (U) Change in policies
- (4) (U) Assessment of an FDS posture prior to major combat operations
- (5) (U) No SLA conducted in previous quarter or in last 90 days

e. (U) All personnel participating in the inspection will familiarize themselves with CJTF-101 Policy Memorandum Detainee Operations and this CJTF-101 Detainee Operations SOP prior to conducting the inspection. The NNSLA team will utilize the checklist found in Appendix 1 of this annex during the NNSLA. All observations will be submitted to the Detainee Operations I/R Specialist SME NLT 24 hours after the SLA. The Detainee Operations SME will prepare a completed NNSLA FDS checklist and a memorandum detailing the assessment results within 24 hours after the SLA is completed. A copy of the results will be sent to DCG-S, CJTF-101, and the commander responsible for the field detention site. The original copy will be maintained at TF Guardian.

6. (U) Leader Inspections:

a. (U) Background. The CJTF-101 DCG-S has directed that senior leader inspections be conducted at all FDSs located within the CJOA.

b. (U) Purpose. These inspections provide a method that regional commanders and units responsible for the command and control of field detention sites can utilize to establish command emphasis and oversight of detention operations.

c. (U) Concept. All units overseeing detention operations will develop and manage a weekly Leader Inspection checklist and log. Personnel in the ranks of SFC-MSG and 2LT-MAJ shall be eligible for this duty. Weekly checks of sites and facilities will occur between 1500z and 2400z. Upon completion of the inspection, the senior leader will notify the Joint Operations Center – TF Guardian LNO telephonically at VOSIP 318-431-7058 or via Adobe Breeze with the following information:

- (1) (U) Line 1: DTG of inspection.
- (2) (U) Line 2: Number of detainees at site.

Annex I (Assessments and Inspections), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(3) (U) Line 3: Unit guarding the detainees.

(4) (U) Line 4: Condition of the detainees.

(5) (U) Line 5: Condition of the FDS/Readiness to accept detainees.

d. Additionally, when visited by personnel in the ranks of E9 and O6 and above, OICs/NCOICs will record the visit as well as any comments/suggestions made by the visiting personnel.

7. (U) Bagram Theater Internment Facility (BTIF) Weekly Inspections:

a. (U) Background. The TF Guardian Commander has directed that the TF Guardian staff will conduct weekly inspections of the BTIF.

b. (U) Purpose. The weekly inspections provide a method that the CJTF-101 Commander and the TF Guardian Commander can utilize to establish command emphasis and oversight of detention operations at the BTIF.

c. (U) Concept. The TF Guardian S3 will publish a DA6 directing individuals assigned to TF Guardian to conduct BTIF inspections on a given day. Individuals in the ranks of E7 – E8 and O1 – O4 shall be eligible for this duty. The individual will conduct the inspection during the appointed time using the checklist found in Appendix 2 of this annex. Upon completion of the inspection, the individual will provide the BTIF S3 and the TF Guardian S3 Detainee Operations, NCOIC a copy of the inspection checklist. The TF Guardian S3 Detainee Operations, NCOIC will maintain a record of the inspection for two years after the inspection.

e TF Guardian S3 Detainee Operations, NCOIC at

(b)(2)

Appendixes:

Appendix 1: Senior Leader Assessment Checklist

Appendix 2: Senior Leader Assessment Medical Checklist

Appendix 3: Senior Leader Assessment Interrogation Checklist

Appendix 4: BTIF Physical Security Checklist

Annex I (Assessments and Inspections), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

1. (U) Purpose and Applicability. This Annex establishes the policy and procedures under which assessments and inspections teams are conducted throughout the CJOA.
2. (U) References.
 - a. TF Guardian Policy # 107, Senior Leader Assessments, 13 May 2007.
 - b. CJTF-76 FRAGO 116 to OPORD 06-01, Directs CJTF-76 to conduct No-Notice Senior Leader Assessments (NNSLA) to Field Detention Sites (FDS), (S//REL AUS, NATO, ISAF) 23 April 2006.
3. (U) Policy.
 - a. (U) All FDSs under the command and control of CJTF-101 will receive, at a minimum, a SLA every 120 days.
 - b. (U) All field detention sites under the command and control of CJTF-101 will receive a NNSLA at the order of the DCG-S, CJTF-101.
 - c. (U) All field detention sites under the command and control of CJTF-101 will be inspected weekly by a disinterested officer in the rank of O-4 and above.
 - d. (U) The TF Guardian S3 is responsible for directing weekly inspections of the Bagram Theater Internment Facility.
4. (U) Senior Leader Assessments:
 - a. (U) Background. The CJTF-101 DCG-S has directed that a SLA to be conducted at all FDSs located within the CJOA every 120 days.
 - b. (U) Purpose. The SLA provides staff oversight of each FDS and assists the facility commander in correcting deficiencies identified during the assessment.
 - c. (U) Composition. The SLA will be conducted by:
 - (1) (U) Team Leader (O4 or O5 31A)
 - (2) (U) Detainee Operations Senior I/R Specialist SME (31E3O or above)
 - (3) (U) Staff Judge Advocate (O3 – O5 27A)
 - (4) (U) Brigade Chaplain (O3 – 56A)

Annex I (Assessments and Inspections), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(5) (U) Chief Interrogation Operations (O3 – O5 35 series)

(6) (U) Brigade Surgeon

(7) (U) Safety Representative

(8) (U) CJTF-101 Operations NCOIC (ISAF FDS)

d. (U) Any exceptions, additions, or deletions of the team must be approved by the TF Guardian commander.

e. (U) Concept. All personnel participating in the inspection will familiarize themselves with the CJTF-101 Detention Operations Policy Memorandum and this SOP prior to conducting the inspection. The SLA team will utilize the checklists found in the Appendixes of this annex during the SLA. All section observations will be submitted to the SLA Team Leader 48 hours after the SLA. The Team Leader will prepare a completed FDS checklist and a memorandum detailing the assessment results NLT 4 days after the SLA. The original will be submitted to TF Guardian, approved and then a copy of the results will be sent to the CJTF-101 DCG-S and the commander responsible for the field detention site NLT 7 days after the SLA. The original copy will be maintained at TF Guardian.

5. (U) No-Notice Senior Leader Assessments:

a. (U) Background. The CJTF-101 CG has directed NNSLAs to be conducted at all FDS IAW this SOP.

b. (U) Purpose. The NNSLA enhances the normal SLA program and provides the CJTF-101 Commander with a tool to assess randomly selected FDS locations in order to limit predictability, enhance quality assurance (QA), enforce standards, and provide further staff officer assistance with respect to detention operations.

c. (U) Composition. The inspection team will include some or all of the following individuals / staff functions:

(1) (U) Inspector General QA Rep (O5 branch immaterial)

(2) (U) Detainee Operations QA Rep (O4 or O5 31A)

(3) (U) Detainee Operations I/R Specialist SME (31E30 or above)

(4) (U) Legal QA Rep (O3 – O5 27A)

Annex I (Assessments and Inspections), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

- (5) (U) Spiritual QA Rep (O3 – O5 56A)
- (6) (U) Interrogations SME (O3 – O5 35 series)
- (7) (U) Brigade Surgeon.

d. (U) Concept. NNSLA are directed by the CJTF-101 CG. As such, trigger points for the launch of a No-Notice SLA are:

- (1) (U) Increase in abuse reports
- (2) (U) Increase in detention population
- (3) (U) Change in policies
- (4) (U) Assessment of an FDS posture prior to major combat operations
- (5) (U) No SLA conducted in previous quarter or in last 90 days

e. (U) All personnel participating in the inspection will familiarize themselves with CJTF-101 Policy Memorandum Detainee Operations and this CJTF-101 Detainee Operations SOP prior to conducting the inspection. The NNSLA team will utilize the checklist found in Appendix 1 of this annex during the NNSLA. All observations will be submitted to the Detainee Operations I/R Specialist SME NLT 24 hours after the SLA. The Detainee Operations SME will prepare a completed NNSLA FDS checklist and a memorandum detailing the assessment results within 24 hours after the SLA is completed. A copy of the results will be sent to DCG-S, CJTF-101, and the commander responsible for the field detention site. The original copy will be maintained at TF Guardian.

6. (U) Senior Leader Inspections:

a. (U) Background. The CJTF-101 DCG-S has directed that senior leader inspections be conducted at all FDSs located within the CJOA.

b. (U) Purpose. These inspections provide a method that regional commanders and units responsible for the command and control of field detention sites can utilize to establish command emphasis and oversight of detention operations.

c. (U) Concept. All units overseeing detention operations will develop and manage a weekly Senior Leader Inspection checklist and log. Personnel in the rank of O-4 and above will conduct on-site inspections of the site or facility. If no field grade officers are located on the FOB, the ranking officer will conduct these inspections. Weekly checks of

Annex I (Assessments and Inspections), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

sites and facilities will occur between 1500z and 2400z. Upon completion of the inspection, the senior leader will notify the Joint Operations Center – TF Guardian LNO telephonically at VOSIP 318-431-7058 or via Adobe Breeze with the following information:

- (1) (U) Line 1: DTG of inspection.
- (2) (U) Line 2: Number of detainees at site.
- (3) (U) Line 3: Unit guarding the detainees.
- (4) (U) Line 4: Condition of the detainees.
- (5) (U) Line 5: Condition of the FDS/Readiness to accept detainees.

d. Additionally, when visited by personnel in the ranks of E9 and O6 and above, OICs/NCOICs will record the visit as well as any comments/suggestions made by the visiting personnel.

7. (U) Bagram Theater Internment Facility (BTIF) Weekly Inspections:

a. (U) Background. The TF Guardian Commander has directed that the TF Guardian staff will conduct weekly inspections of the BTIF.

b. (U) Purpose. The weekly inspections provide a method that the CJTF-101 Commander and the TF Guardian Commander can utilize to establish command emphasis and oversight of detention operations at the BTIF.

c. (U) Concept. The TF Guardian S3 will publish a DA6 directing individuals assigned to TF Guardian to conduct BTIF inspections on a given day. Individuals in the ranks of E7 – E8 and O1 – O4 shall be eligible for this duty. The individual will conduct the inspection during the appointed time using the checklist found in Appendix 2 of this annex. Upon completion of the inspection, the individual will provide the BTIF S3 and the TF Guardian S3 Detainee Operations, NCOIC a copy of the inspection checklist. The TF Guardian S3 Detainee Operations, NCOIC will maintain a record of the inspection for two years after the inspection.

8. (U) The POC for this SOP is the TF Guardian S3 Detainee Operations, NCOIC at DSN (b)(2)

Appendixes:

Appendix 1: Senior Leader Assessment Checklist

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**Annex I (Assessments and Inspections), to the CJTF-101 Detainee Operations
Standard Operating Procedure (SOP)**

- Appendix 2: Senior Leader Assessment Medical Checklist
- Appendix 3: Senior Leader Assessment Interrogation Checklist
- Appendix 4: BTIF Physical Security Checklist

Appendix 1 (SJA Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

Date:

Location:

FDS OIC:

FDS NCOIC:

Assessment Team:

BRIEF SUMMARY

GENERAL PROTECTION

1. Are Detainees being provided with humane care without regard to race, nationality, religion, political opinion, or sex? (YES NO)
2. Are Detainees being protected against all acts of violence to include rape, forced prostitution, assault, theft, insults, public curiosity, bodily injury and reprisals of any kind as well as medical or scientific experiments? (YES NO)
3. Detainees are NOT being photographed, filmed or videotaped for purposes other than facility administration, medical, or intelligence/counter intelligence purposes? (YES NO)
4. Does the Detainee have latitude to exercise his religious practice? (YES NO)
5. Are Korans and Prayer Rugs provided to each Muslim detainee? (YES NO)
6. Are restraints applied in such a way that circulation is not cut off? (YES NO)
7. Are eye and ear cover used for security reasons only? (YES NO)
8. Is there a system in place to properly conduct the call to prayer? (YES NO)
9. Is the direction of Mecca properly posted? (YES NO)

Comments:

HOLDING FACILITY

1. Is the Field Detention Site located in an area affording proper health and hygiene standards? (YES NO)
2. Are Detainees provided a suitable barrier material to protect them from the floor or ground? (YES NO)

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Appendix 1 (SJA Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

3. Are Detainees provided overhead cover from the elements? (YES NO)
4. Are Detainees provided sufficient lighting (both natural and man made) and does sufficient air circulate? (YES NO)
5. Are Detainees provided blankets and clothing? (YES NO)
6. Are Detainees provided food in sufficient quantity to maintain health, prevent loss of weight or development of nutritional deficiencies? (YES NO)
7. After 96 hours are Detainees provided one hot culturally sensitive meal per day? (YES NO)
8. Account is taken for the habitual diet of Detainees? (YES NO)
9. Is there sufficient drinking water supplied to Detainees? (YES NO)
10. Is an adequate area provided for messing? (YES NO)
11. Are Detainees provided protection from direct and/or indirect fires? (YES NO)
12. Are Detainees segregated by sex, language, and status? (YES NO)
13. Is sufficient fire fighting equipment available and staged? (YES NO)
14. Is the cell greater than or equal to 35 Square Feet? (YES NO)
15. After 96 and every 72 hours thereafter do Detainees have the opportunity for a shower? (YES NO)
16. After 96 hours do Detainees receive 30 minutes of access to natural light and outdoor recreation every day. (YES NO)

Comments:

ADMINISTRATION

1. Does each Detainee have a file? (YES NO)
2. Does each Detainee have a DD Form 2745 (complete)? (YES NO)
3. Does each Detainee have a DA Form 4137 (if necessary)? (YES NO)
4. Does each Detainee have a DA Form 2708? (YES NO)
5. Does each Detainee have a DA Form 2823 documenting the circumstances of capture? (YES NO)
6. Does each Detainee have a medical screening form indicating existing injuries/scars? (YES NO)
7. Does each Detainee have photographs taken for identification purposes included in the file? (YES NO)
8. Does each Detainee have a tracking number issued for identification purposes? (YES NO)

Appendix 1 (SJA Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

9. Does each Detainee have a Detention Apprehension Form? (YES NO)
10. Does each Detainee have a Detainee Search Form? (YES NO)

Comments:

FACILITY OPERATIONS

1. Establish and maintain complete and accurate accountability information regarding the Detainees location, physical, and legal status? (YES NO)
2. Are the Field Detention Site OIC and NCOIC appointed on orders? (YES NO)
3. Is an area provided for intelligence collection that provides the guards adequate provisions to monitor interrogations? (YES NO)
4. Are the Field Detention Site rules posted in English, Pashtu and Dari? (YES NO)
5. Are Detainees informed, in a language detainees can understand, of the Field Detention Site rules and punishments? (YES NO)
6. Are there signs posted, in a language detainees can understand, covering Common Article 3 of the Geneva Convention? (YES NO)
7. Are there signs posted, in a language detainees can understand, covering complaint procedures? (YES NO)
8. Are the Field Detention Site's orders, regulations, and policies on-hand? (YES NO)
9. Is the CJTF-101 Consolidated Detainee Operations SOP accessible? (YES NO)
10. Are required publications on hand? (YES NO)
11. Are the Rules for the Use of Force on-hand? (YES NO)
12. Are the Levels of Force on-hand? (YES NO)
13. Does each Detainee understand the English word "HALT"? (YES NO)
14. Has a safety inspection been conducted in the last six months? (YES NO)
15. CENTCOM policy on photographing and filming detainees is on-hand? (YES NO)

Comments:

FACILITY SOP

1. Does the FACSOP contain the following information or procedures?
- a. In-processing and property accountability procedures? (YES NO)
 - b. Reporting procedures and timelines for processing? (YES NO)
 - c. Force Protection/Facility Defense? (YES NO)
 - d. Duty Positions and responsibilities? (YES NO)

Appendix 1 (SJA Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

- | | |
|---|----------|
| e. Supply Procedures? | (YES NO) |
| f. Water and Rations issue procedures? | (YES NO) |
| g. Medical screening and general health care? | (YES NO) |
| h. Transfer procedures? | (YES NO) |
| i. MI screening/interrogation procedures? (<i>Interrogation Policy, dated 14 Aug 07</i>)? | (YES NO) |
| j. Standards of Conduct? | (YES NO) |
| k. Use of Interpreters? | (YES NO) |
| l. Observation/Discipline Reports? | (YES NO) |
| m. Administration of Punishments? | (YES NO) |
| n. Head count procedures? | (YES NO) |
| o. Emergency Action Plans? | (YES NO) |
| p. Escort Procedures? | (YES NO) |
| q. Waste Removal? | (N/A) |
| r. Concerning criminal acts or war crimes committed by or against a Detainee? | (YES NO) |
| s. Religious Practices? | (YES NO) |
-
- | | |
|--|----------|
| 2. Are Soldiers performing duties in the facility required to sign a non-disclosure statement? | (YES NO) |
| 3. Are Soldiers performing duties in the facility required to sign a Use of Force statement? | (YES NO) |
| 4. Are Soldiers performing duties in the facility required to sign a Standards of Conduct statement? | (YES NO) |
| 5. Are Soldiers performing duties in the facility given cultural awareness training? | (YES NO) |

Comments:

DISCIPLINE

- | | |
|--|----------|
| 1. Are Observation/Disciplinary Infraction Reports used to document incidents? | (YES NO) |
| 2. Is the Detainee given the precise information regarding the offense of which he is accused? | (YES NO) |
| 3. Are procedures established to prevent hoarding of food? | (YES NO) |
| 4. Suitable measures are taken to prevent detainee escape and ensure their safety? | (YES NO) |

Comments:

*Requires re-assessment within 30 days. (YES NO)

Overall comments:

Issue:

Recommendation:

First Name MI Last Name
Rank, Branch
Assessment OIC

Date

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Appendix 2 (Medical Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

Intake Physicals	YES	NO	COMMENTS
1. P/E forms that are used are adequate and filled out? Who does exam?			
2. Weights/Vitals have been done?			
3. Skin Exam is complete and thorough to include tattoos, moles, scars, injuries, etc.?			
4. Any allegations of abuse are thoroughly documented?			
5. P/E findings consistent with abuse are documented? Photos being taken?			
6. Concise statement of clearance for interrogation?			
7. Concise statement of clearance for confinement?			
8. PMH of TB/Screened for risk factors for TB?			

9. TB precautions being implemented?			
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CELLS/LATRINES	YES	NO	COMMENTS
1. Cells are clean?			
2. Cells are well ventilated?			
3. Cell size is adequate? Overpopulation?			
4. Latrines are clean?			

OTHER ISSUES	YES	NO	COMMENTS
1. Medical section SOP on site and is adequate?			
2. F/U care for continuing medical problems is adequate?			
3. F/U care for continuing medical issues is being documented?			
4. Documentation of food/water intake being done?			
5. Protocols for hunger strikes in place?			
6. Any preventative medicine issues?			

Appendix 3 (Interrogation Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

LOCATION: DATE:	YES	NO	N/A	REMARKS
1. Has copies and is familiar with the applicable doctrinal manuals (FM 2-22.3), policies, and SOPs to conduct detainee intelligence interrogation operations.				<i>FM 2-22.3, DOD 3115.09, DOD 2310.E</i>
2. Understands how to treat detainees IAW the Detainee Treatment Act of 2005 and DoD Directive 2310.1E (Sep 5, 2006).				
3. Knows which interrogation approach techniques HUMINT collectors are authorized to use in the intelligence interrogation of detainees.				<i>DTA 2005, FM 2-22.3 Ch 8</i>
4. Understands the approval authority and the oversight considerations for using the following interrogation approaches: <i>Mutt and Jeff</i> and <i>False Flag</i>				<i>FM 2-22.3, para 8-65 to 8-70</i>
5. Understands the approval process and safeguards for using the restricted interrogation technique— <i>Separation</i> .				<i>FM 2-22.3, App M</i>
6. HUMINT collector writes/develops an interrogation plan which is reviewed and approved accordingly by senior interrogator prior to conducting interrogation of detainees.				<i>FM 2-22.3, para 10-15, p 10</i>
7. HUMINT collector knows how to determine if a contemplated approach or technique should be considered prohibited.				<i>FM 2-22.3, para 5-76</i>
8. HUMINT collector knows how to respond to orders he perceives to be unlawful.				<i>FM 2-22.3, para 5-80</i>
9. HUMINT collector understands what actions are prohibited during the conduct of intelligence interrogations as per FM 2-22.3 and SOPs.				<i>FM 2-22.3, para 5-75</i>
10. HUMINT collector understands the roles, responsibilities and relationship between Military Police (MP) and Military Intelligence (MI) personnel in detainee operations and detainee interrogation operations as per FM 2-22.3. SOP contains this information.				<i>FM 2-22.3, para 5-57 to para 5-66, Fig f-1 on p. 5-18</i>
LOCATION:	YES	NO	N/A	REMARKS

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Appendix 3 (Interrogation Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

DATE:				
11. SOP contains the prohibition of the use of military working dogs in detainee interrogation operations.				<i>FM 2-22.3, para 5-59, 5-75, 8-2, App M para M-17</i>
12. Procedures are in place on the use of incentives in detainee interrogation operations. HUMINT collectors coordinate with MP/guards on the use of incentives.				<i>FM 2-22.3, para 5-60</i>
13. HUMINT collectors are debriefing MP/guards who observe and interact with detainees and are using the information collected in the interrogation operations.				<i>FM 2-22.3, para 5-42, 5-61</i>
14. HUMINT collectors briefs MP/guards on what he plans to do during the interrogation session prior to interrogation.				
15. Interrogations of detainees are under observation either directly, from a concealed location, or by video monitoring.				<i>FM 2-22.3, para 5-65</i>
16. Detainees are medically cleared prior to interrogation. Sick and wounded detainees are treated and released for interrogation by authorized medical personnel.				<i>FM 2-22.3, para 5-91</i>
17. HUMINT collector understands how to use a Behavioral Science Consultant (BSC) in interrogation operations and has utilized the BSC in detainee interrogation operations.				<i>FM 2-22.3, para 7-17</i>
18. Procedures are in place to authorize personnel from non-DoD organizations to conduct interrogations of detainees in DoD facilities/FDS.				<i>FM 2-22.3, para 5-55</i>
19. Procedures are in place for foreign government interrogators participating in the interrogation of detainees in DoD facilities/ FDS.				<i>FM 2-22.3, para 5-56</i>
20. Process is in place for reporting evidence of detainee abuse.				<i>FM 2-22.3, para 5-69 to 5-71</i>
21. Legal/JAG is used to help HUMINT collectors in the conduct of detainee interrogation operations.				
22. Contract interrogators who are used to conduct detainee intelligence interrogation operations are supervised by DoD MI personnel.				<i>FM 2-22.3, App K (para K-19)</i>
LOCATION:	YES	NO	N/A	REMARKS

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Appendix 3 (Interrogation Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

DATE:				
23. Contract Interrogators are trained and certified IAW HQDA G2 memo "Contract Interrogator Selection, Training, and Certification Requirements."				<i>FM 2-22.3, App K (para K-16)</i>
24. There are sufficient numbers of qualified CAT II interpreters who are used in the conduct of detainee interrogation operations.				
25. HUMINT collectors are able to access BATS. They know how to use BATS in support of their interrogation operations.				<i>FM 2-22.3, para 13-5</i>
26. HUMINT collectors have access to both secure and non-secure lines of communication (SIPRNET, NIPRNET, DSN, secure phone) in work places.				
27. HUMINT collectors have a secure area to store classified material (ie safe, cipher lock to entrance door of work area).				
28. Procedures are in place for HUMINT collectors to have access to the personal effects of the detainee.				
29. All associated CED and CEM are evacuated with the detainee when detainee is transferred.				
30. CJTF-101 Commander's Critical Information Requirements (CCIR) are posted in the work area.				
31. HUMINT collector understands the SECDEF criteria and the Enemy Combatant Determination Request (ECCR) procedures.				
32. HUMINT collector receives sufficient information from the capturing unit to properly conduct screenings and interrogations.				
33. MI personnel are involved in the review and the recommendation process concerned with the release or retention of detainees, and the Enemy Combatant Review Board (ECRB) process.				
LOCATION: DATE:	YES	NO	N/A	REMARKS

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Appendix 3 (Interrogation Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

34. HUMINT collector have been trained in a DoD-certified interrogation course and have successfully completed the In-Theater Training and Certification program				
35. HUMINT collectors received Home Station/Mob Site training prior to deployment in preparation of Detainee Operations/Interrogation Operations of OEF detainees (Level B Law of War/ Cultural Awareness, treatment of detainees, etc.)				
36. HUMINT collector has attended a mobile training team or some form of refresher training				
37. HUMINT collector has sufficient time to prepare and conduct detainee interrogations.				
38. HUMINT collectors are used to collect intelligence vs building a criminal case when interrogating detainees.				<i>FM 2-22.3, para 4-58 bullet 2</i>
39. HUMINT collectors are adhering to relaxed grooming standards.				
40. There is command oversight and emphasis in the conduct of detainee interrogations and that detainee interrogation operations are compliant with applicable law, policy and procedures.				
41. Measures are in place to prevent HUMINT collectors from being stressed.				

ASSESSED BY:

Printed Name:

Signature:

Appendix 4 (BTIF Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

Date of inspection: _____

Time Conducted: _____ to _____

1. **Purpose:** The Inspecting Officer/NCO will check the following physical security measures.
 - a. Place all comments on back page of this form.
 - b. The inspector will conduct an out-brief with the TF Bulldog S3, Operations OIC or NCOIC.
 - c. Personnel assigned to conduct the inspection will complete this form and return to the TF Guardian S-3 NLT 0600Z the day following the inspection.

(Place an X in the applicable box for each question)

<u>BTIF</u>	YES	NO	N/A	EXPLANATION ON BACK PAGE
(1) Was there an armed guard posted in the ECP (at the entrance to the facility)?				
(2) Notified BTIF Operations of presence in facility and received current count of detainees held within.				
(3) How many detainees assigned / present? Location of any detainees not present?	Assigned _____ / Present _____ Location _____			
a. Check SOG Log for scheduled headcounts for the last 24 hours. (1 at shift change, 2 other counts during shift) ***Minimum of 6 required***	# Of counts conducted last 24 hours _____			
b. Were all detainees accounted for?				
c. Were counts conducted IAW BTIF SOP?				
(4) Was SOG able to give accurate report/status of cadre and detainee movement within/outside of the facility (MI interviews/Medical Movements)?				
(5) Were all duty positions manned by appropriate personnel (obtain manning roster from Ops)?				Soldiers are currently on shift? _____
(6) Could Soldiers report status and # of assigned detainees within their Area of Responsibility?				
(7) Ensure over watch positions are properly manned with 2 guards. (One used for escort/shower when needed)	Main Floor _____ / K-SPAN _____ SEG Areas _____			

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Appendix 4 (BTIF Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

(8) Private cell guards have correct count of detainees, conduct checks of detainees every 30 minutes and annotate checks on DD Form 509. Ensure DD Form 509's are filled out completely and accurately.				
(9) Interrogation Room Guards present during interviews, conducted pre-interview room inspection and have proper accountability of detainees.				
(10) Checked status of break room and if soldiers are on break roster.				
(11) Infirmary guard force was present and able to account for detainees and sensitive items located in the Infirmary (knives, narcotics, etc).				
(12) Check for any physical security deficiencies of the exterior/interior of the facility and annotate them.				
(13) Conduct a physical security inspection of the outside perimeter and noted deficiencies (storage containers locked, interior of vehicles, fences and status of concertina around facility perimeter fence line).				
(14) Roving patrol was present and performing perimeter checks. (Night Shift Only)				
(15) Did OIC/NCOIC, Sally Port Guard and Sergeant of the Guard have proper accountability and control of facility keys?				
(16) Are Operations being conducted in accordance with Facility SOP? i.e. cages properly locked, positions manned, soldiers not sleeping on duty, etc.				

d. Comments are required based on deficiencies, record name of person informed of any deficiencies.

Appendix 4 (BTIF Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

COMMENTS:

e. Detainee Cell Count Spot Check: Spot checks will be done on **seven (7)** cells from each area.

MAIN BUILDING				K-SPAN			
Cell #	ASSIGNED	PRESENT	LOCATION	Cell #	ASSIGNED	PRESENT	LOCATION

f. Segregation Cells Spot Check: Inspections will be done on **ALL OCCUPIED** segregation cells (to include DD Form 509).

Cell #	ASSIGNED	PRESENT	LOCATION	Cell #	ASSIGNED	PRESENT	LOCATION
SEG #1				SEG #4			
SEG #2				SEG #5			
SEG #3				IHA & PSB			

Appendix 4 (BTIF Checklist) to Annex I (Assessments and Inspections), to the Combined/Joint Task Force (CJTF-101) Detainee Operations Standard Operating Procedure (SOP)

g. Inspectors Name and Signature:

h. TF Bulldog Operations OIC/NCOIC Name and Signature:

5. POC for this memorandum is the TF Guardian Detainee Operations NCOIC at 431-3011 or 481-7512.

First Name MI Last Name

???, ??

????????????

Annex J Biographical and Biometric Data), to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

1. (U) References.

a. CENTCOM Concept of Operation and Policy for the Use of Biometric Technologies in Identity Dominance Operations, 14 SEPT 05 (CENTCOM BAT CONOP)

b. Memorandum for RC-East Commanders, Subject: Employment of the Hand-held Interagency Identity Detection Equipment (HIIDE), 1 March 2007.

c. RC-East FRAGO 41 to OPORD 07-03, Biometrics Employment, 18 MAR 07

d. USCENTCOM FRAGO 09-1192, Biometrics Use and Effectiveness Throughout the CENTCOM AOR, 23 MAR 07.

2. (U) Background. Insurgents, terrorists, and criminals exploit lack of US and Coalition Forces information as to their true identity and past activities as a means to avoid close inspection, detainment, and prosecution by US forces, Coalition Forces, and the IROA. They do so by assuming different identities (e.g. changing names), relocating within the AOR, and engaging in other deceptive measures that exploit the routine rotation of US and Coalition Forces and information disconnects inherent in military operations. Collection of biographic and biometric data of those detained by US and Coalition Forces is a key component of denying these enemies the anonymity they require to operate successfully within the AOR. As such, CJTF-101 forces will collect biographic and biometric data of detainees at every opportunity in accordance with applicable law, policy, and regulations.

3. (U) Purpose. This SOP prescribes the collection, transmission, storage and use of biometric data collected from all persons lawfully placed in the custody of CJTF-101 units as a result of military operations; which in due course could be categorized as enemy combatants. This SOP consolidates applicable guidance in a single source document for CJTF-101 staff and subordinates.

4. (U) Applicability. This SOP applies to all CJTF-101 staff and subordinates that collect, store, transfer or use biometric data from detainees. This instruction does not apply to biometric data taken from persons not lawfully in the custody of CJTF-101 forces.

5. (U) Mandatory Biometric Collection Processes and Responsibilities.

a. (U) All individuals detained by CJTF-101 subordinates for any reason for any length of time will have the following biographical and biometric data collected using the Biometric Automated Toolset (BAT) system: Name, physical descriptive data, related family members, 10 finger prints, facial and body profile photos, left and right eye iris scans, and Deoxyribonucleic Acid (DNA). There are no exceptions to this policy.

Annex J (Biographical and Biometric Data) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

b. (U) Commanders will ensure this biographical and biometric data collection occurs prior to the release or transfer of the detainee, to include those temporarily detained and later released or transferred.

c. (U) Data collected through the employment of the Hand-held Interagency Identity Detection Equipment (HIIDE) from a detainee shall be uploaded to one of the BAT servers within the Combined Joint Operations Area (CJOA), Afghanistan. This will be accomplished by uploading the data to the BAT, in accordance with the HIIDE and the CENTCOM BAT CONOP established procedures. Where detainees are briefly held and subsequently released, the BAT dossier shall be transferred by the most expeditious means available for uploading to the BAT server. All such detainee data shall be uploaded to a BAT server within seven (7) days of the detainee was initially detained.

6. (U) Biographical and Basic Physical Descriptive Data. The following biographical data and physical descriptive data shall be recorded within BAT:

- | | |
|--|--|
| <input type="checkbox"/> full name | <input type="checkbox"/> names of parents and brothers |
| <input type="checkbox"/> tribal name | <input type="checkbox"/> alert (always yes) |
| <input type="checkbox"/> alternative names/aliases | <input type="checkbox"/> description of the alleged offense/anti coalition activity |
| <input type="checkbox"/> gender | <input type="checkbox"/> ID numbers (capture and facility) |
| <input type="checkbox"/> date of birth (use 01 Jan when date is unknown) | <input type="checkbox"/> capture DTG |
| <input type="checkbox"/> race | <input type="checkbox"/> capturing unit |
| <input type="checkbox"/> ethnicity | <input type="checkbox"/> place of capture |
| <input type="checkbox"/> hair color | <input type="checkbox"/> documents in possession of the detained individual |
| <input type="checkbox"/> eye color | <input type="checkbox"/> circumstances of capture |
| <input type="checkbox"/> physical build | <input type="checkbox"/> weapons and equipment recovered and linked to the detained individual |
| <input type="checkbox"/> height, | <input type="checkbox"/> other individuals detained with the individual at the time of capture |
| <input type="checkbox"/> weight | <input type="checkbox"/> Forward Operating Base (FOB) where enrollment occurs. |
| <input type="checkbox"/> markings and tattoos | |
| <input type="checkbox"/> place of birth | |
| <input type="checkbox"/> religion | |
| <input type="checkbox"/> marital status | |

7. (U) Fingerprint Data Collection: Attention to detail in collecting high-quality fingerprint data is essential to documenting the detainee and *effectively* comparing the detainee's fingerprints with fingerprint data at remote data repositories (e.g., the FBI's Integrated Automated Fingerprint Identification System (IAFIS)) to obtain matches and related background information on the detainee developed by US and Coalition forces.

Annex J (Biographical and Biometric Data) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

a. (U) Transaction type shall be Ten Print Rap Sheet (TPRS).

b. (U) All ten (10) digits shall be collected (thumbs and fingers). Where fingers are missing or damaged the proper annotation shall be made for the digit. Where more than five digits exist on one hand, the thumb and four fingers closest to the thumb shall be collected.

c. (U) Fingers shall be cleaned and moisturized to ensure the highest quality print possible.

d. (U) Required image quality is 500 pixels per inch (PPI) resolution at nominal 15:1 Wavelet-packet Scalar Quantization (WSQ) compression.

e. (U) Images shall be 256 grayscale levels.

f. (U) Theater Internment Facility (TIF). The only accepted method for collecting fingerprints at a TIF is an electronic, or “live scan,” method employing ‘slap’ or ‘roll’ device (e.g., Smiths Heimann LS1, Crossmatch ID 442) that collects both individual digit prints and a single image of all four fingers per hand.

(1) (U) Flat (‘stab’) fingerprint devices (e.g., Crossmatch 300) are not authorized at a TIF. The ‘slap’/‘roll’ devices enable faster and more accurate comparisons of the detainee’s fingerprints within IAFIS.

(2) (U) 14-image fingerprint collection shall be collected (10 rolled images, separate images of each thumb, and two four-finger ‘slap’ prints).

g. (U) Temporary Detainment. Individuals detained in the field and released prior to entering a TIF shall, at a minimum, have all ten (10) fingerprints collected using an electronic, or ‘live scan,’ device as the preferred method. Where electronic equipment is not available or ill-suited due to the operating environment, pen-and-ink fingerprint card method is acceptable.

(1) (U) Attention to detail will ensure proper sequencing of fingerprints to avoid mis-ordering errors.

(2) (U) The paper-and-ink method has long been used in the U.S. and other countries. Review Army Regulation 190-8 on the paper-and-ink method prior to departing on the operational mission where it is anticipated this method shall be employed.

h. (U) The paper-and-ink method will N [redacted] IFs. Exemptions to this policy shall be addressed by the TF Guardian S3 at DSN [redacted] or SIPRNET email:

[redacted] (b)(3), (b)(6)

Annex J (Biographical and Biometric Data) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

8. (U) Facial (mugshots) and Profile Image Collection. Proper collection of facial and body profile images are essential to subsequent identification of the detainee and use of facial comparison (recognition) software (see: ANSI/INCITS 385-2004, “Face Recognition Format for Data Interchange”).

a. (U) At a minimum, five facial photos shall be taken of the detainee.

b. (U) The photo angles for detainees shall be frontal view, 90 degree left side, 45 degree left side, 90 degree right side and 45 degree right side.

c. (U) The camera lens orientation shall be pointed to the front of the person photographed, aligned approximately in the center of the face, from a distance of approximately 5 feet.

d. (U) Image format requirements

(1) (U) All photographs in 24-bit color.

(2) (U) The image shall be stored using a Joint Photographic Experts Group (JPEG) of JPEG 2000 file format. The minimum acceptable resolution is 640 pixels (vertical) by 480 pixels (horizontal).

(3) (U) The width – height aspect ratio of the captured image shall be 1:1.25. Digital cameras and scanners used to capture facial images will use square pixels with a pixel aspect ratio of 1:1.

(4) (U) The detainees captured facial image will always be in focus from the nose to ears.

(5) (U) The detainee will not wear any glasses, sunglasses, headgear, headdress, or other item that obscures his appearance.

(6) (U) A placard or similar mechanism containing, at a minimum, the detainees Internment Serial Number (ISN) and full name (first, middle, last, tribal/grandfather’s name) shall be positioned at least 6 inches away from the detainees face preferably at the top or bottom of the photograph. Whenever possible, require the detainee to handwrite his own name on placard.

e. (U) The facial image being captured (full face pose) shall be positioned to satisfy all of the following conditions:

(1) (U) The detainee’s head shall be aligned as square as possible, both vertically and horizontal, to the camera.

Annex J (Biographical and Biometric Data) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(2) (U) The width and length of the detainee's head should occupy no less than 50% of the camera's field of view.

(3) (U) The saved image should be no less than 120 kilobytes. This is essential to reducing the false positive response of facial comparison programs.

(4) (U) Desired image taking illumination shall be achieved using a minimum of three balanced lighting sources, where conditions and resources permit.

(5) (U) Appropriate diffusion techniques will also be employed to minimize shadows and eliminate hot spots on the facial image. These hot spots usually appear on reflective areas such as cheeks and foreheads.

(6) (U) Flash techniques such as use (or nonuse) of flash fill to reduce red eye, shadows around the nose and mouth shall be employed when appropriate; however, such techniques should not be employed at the expense of overall image quality.

9. (U) Iris Scans. Iris scans are emerging as the preferred biometric for a variety of functions, and therefore, considered as essential as fingerprints and facial photos for documenting detainees.

a. (U) The left and right irises of each detainee shall be collected using a device designed to collect iris images.

b. (U) If the medical condition of the detainee precludes collection of one or both irises, this shall be noted in the record.

c. (U) Natural or artificial light (e.g., a flashlight) shall be employed to minimize pupil size, and therefore collect the greatest amount of iris data possible.

d. (U) The detainee's eye shall be open to the greatest extent possible, with no less than 70% of the iris observable in the collected image.

e. (U) The detainee shall remove any eyeglasses and contact lenses to optimize the enrollment quality.

f. (U) The detainee's eye shall be aligned as square as possible, both vertically and horizontal, to the iris image capture device.

g. (U) Transmission requirements are as follows:

Annex J (Biographical and Biometric Data) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(1) (U) Each captured iris image shall be formatted and stored into an ANSI/NIST-ITL 1-2000 Type-7 logical record

(2) (U) Transmissions of iris data to the DoD ABIS shall include a “note” field in an ANSI/NIST-ITL 1-2000 Type-2 logical record indicating that iris data is included in the submittal. The text of the note field shall indicate information about the iris data in the following manner: Left iris=Type 7, <filename1>.jpg, Right iris=Type 7, <filename 2>.jpg. Filenames of the iris image files included in the submittal shall be provided for the <filename1> and <filename2> parameters in the note field.

10. (U) Deoxyribonucleic Acid (DNA). Two intra-oral cheek swabs from each detainee shall be collected.

a. (U) Collect one swab from the inside of each cheek (right and left) using a sterile cotton-tipped applicator designed for the buccal (cheek) swabs.

(1) (U) Briskly rub the inside of the detainee’s inner cheek up and down 10 times with the buccal swab, concentrating on scraping cells from the oral mucosa (inner cheek) not just collecting saliva.

(2) (U) The detainee must not have consumed food or drink; chewed gum; or used a tobacco product for at least 15 minutes prior to the DNA sample being collected.

b. (U) The two swabs should be air dried for at least thirty minutes when possible prior to repackaging and transport. Personnel will place the dried oral swabs in a properly labeled paper envelope, or paper box, never plastic, and seal with evidence tape. Gloves should be worn when packaging the swabs.

c. (U) Label the sealed container using an indelible ink marker. The label will include:

- Detainees name
- Internment Serial Number (ISN);
- Date of DNA collections
- Location where DNA acquired
- Name of the person who collected the DNA
- Unit collecting DNA
- Contact phone number

d. (U) Transfer to Laboratory.

(1) (U) A chain of custody document (DA Form 4137) will be established and maintained for each pair of swabs.

Annex J (Biographical and Biometric Data) to the CJTF-101 Detainee Operations Standard Operating Procedure (SOP)

(2) (U) The evidence along with the chain of custody document will then be transferred to the BTIF for subsequent transfer to the designated FBI representative at Bagram Airfield.

10. (U) Personnel inputting data into BATS will ensure that all personal information on the detainee matches information already collected in other databases, such as National Detainee Reporting System (NDRS) and vice versa. Pay particular attention to spellings of names and places. Spellings of places in Afghanistan will be those used on official CJTF-101 maps. The following common abbreviations will be used when a name is unknown: FNU (First Name Unknown), MNU (Middle Name Unknown), and LNU (Last Name Unknown). The following common abbreviations will be used when a detainee does not have a portion of a name: NFN (No First Name), NMN (No Middle Name), and NLN (No Last Name).

Annex K (Criteria for Opening and Closing Field Detention Sites), to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4c

3. (U) The facility guidelines to open an FDS include but are not limited to:

(b)(1)1.4c

Annex K (Criteria for Opening and Closing Field Detention Sites), to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4c

Annex K (Criteria for Opening and Closing Field Detention Sites), to the CJTF-101 Detainee Operations Standard Operating Procedures

(b)(1)1.4c

r. (U) Paperwork from the SLA and training rosters from the MTT will be forwarded with the request memorandum to the DCG-S for final approval.

(b)(1)1.4c

(1) (U) Collect and safeguard any detainee administrative and medical records, video or audio tapes. Forward them to CJ-2, CJTF-101 once the facility is closed.

(b)(1)1.4c

Annex L (Detainee Visitation) - Bagram Theater Internment Facility SOP (VTC)

1. (U) **PURPOSE:** This Annex serves to provide policy, procedures, and responsibilities for the Video Teleconference (VTC) room located at the BTIF. The visitation center will act as a means for authorized participants to interact with detainees. This Annex outlines the duties and guidelines of the guard force working at the VTC room.

2. (U) **APPLICABILITY:** This Annex applies to all personnel assigned, attached, OPCON, or TACON to CJTF-101.

3. (U) **MISSION:** To implement and run a detainee video-teleconferencing program that meets existing US policy in a manner consistent with legitimate operational and security constraints.

4. (U) **VISITATION STAFF:** The VTC will be staffed with seven guard force personnel, one S6 representative, and three CAT 2 Interpreters.

5. (U) **DUTY POSITIONS:** Duty positions and the assigned responsibilities described in this SOP are necessary for the effective operation of the VTC.

a. (U) **Translation:** One (1) interpreter per detainee will work with the guard force personnel to ensure no prohibited communication occurs. Interpreters are responsible for ensuring detainees understand the rules and monitoring communications to ensure detainee compliance. They will recommend termination of a visit when rules are violated. More interpreters may be required if multiple languages are spoken.

b. (U) **Guard Responsibilities:** Six (6) guard force personnel consisting of two (2) teams of three (3) personnel each will provide movement security from cells and then to the VTC.

(1) (U) Move detainees from cells to the VTC Room IAW BTIF SOP Annex E-7

(2) (U) Remain as guards inside VTC Room during the VTC.

(3) (U) Reverse movement procedures when the VTC is complete.

(4) (U) Guards will search the detainee prior to entering and exiting the VTC room.

(5) (U) Guards will ensure they are not in the view of the VTC camera.

(6) (U) Guards will secure high risk and maximum security detainees to the floor with a second set of leg restraints. Minimum and medium security detainees will have hand restraints removed. Leg restraints will remain attached on the detainee.

(7) (U) Ensure the detainee stays in the booth if the VTC is terminated early.

(8) (U) Take all direction from the NCOIC.

(9) (U) Eyes and Ears will be taken off and put back on in the VTC Room.

Annex L (Detainee Visitation) - Bagram Theater Internment Facility SOP (VTC)

c. (U) NCOIC Responsibilities: The NCOIC will stay inside the VTC room at all times.

- (1) (U) Ensure that detainees are searched prior to entering the room.
- (2) (U) Sanitize all booths prior to the detainee being secured in the booth.
- (3) (U) Ensure that detainees adhere to all VTC rules.
- (4) (U) Log all detainees in and out on DA Form 1594.
- (5) (U) Terminate calls if misconduct continues after one (1) warning.
- (6) (U) Warn detainees when two (2) minutes remain of the 20 minute VTC.
- (7) (U) Ensure all detainees are properly escorted and secured.

d. (U) S6 Responsibilities

(1) (U) NLT 0300Z Monday-Thursday (depending on the number of remaining visitors) all equipment will be set-up and a communication check conducted with ICRC.

(2) (U) Ensure calls are being recorded during each visitation.

(3) (U) Terminate calls when directed by NCOIC.

(4) (U) Assist the NCOIC by ensuring timelines are adhered to and that calls are terminated when 20 minutes is complete. Provide NCOIC with a two (2) minute countdown prior to termination of the visit.

6. (U) **ELIGIBILITY:** Participation in the VTC program is a privilege not an entitlement. All detainees who have been processed into general population are eligible to participate in the family visit program. Detainees in administrative segregation will be allowed to participate in a VTC. However, detainees in disciplinary segregation will not be removed from their cells and allowed to participate in a VTC without the approval of the TF Guardian Commander. Detainees will be allowed to participate in VTC visits once every 60 days.

7. (U) OPERATING HOURS:

The VTC will be operated from 0330Z to 0730Z and from 0930Z to 1130Z every Monday, for a total of 6 hours /day. Each visit will be 20 minutes in duration. If there are more visitors than allowed time the VTC will be set up again the following day. Additional VTCs will be conducted Tuesday-Thursday depending on the number of families that are waiting. ICRC will receive and register families on Sunday. Only families who have registered on Sunday will be permitted to participate that week.

Annex L (Detainee Visitation) - Bagram Theater Internment Facility SOP (VTC)

8. (U) ACTIVITIES OF DETAINEES RECEIVING A VISIT

a. (U) Detainee Rules: Detainees are not allowed to stand, touch the VTC, perform sexual acts, tamper with restraints, make obscene or volatile gestures, or act in a disruptive manner. If a detainee causes a disruption he will be warned one (1) time to stop the behavior. If the disruption continues his VTC will be terminated. The detainee will stay in his booth until the 20 minute time limit has elapsed. If the disruption is to the extent that it is causing issues with other booths then all VTCs for that iteration will be terminated.

b. (U) Prohibited Communication: Detainees will not be allowed to discuss operating procedures such as IR, BTIF layout, schedule of calls, other detainees in the facility, location of BTIF, or guard force TTPs within the BTIF during the VTC. Should the detainee discuss any of the items the rules in 8 (a) above apply.

9. (U) PROCEDURES FOR VISITORS

a. (U) ICRC will ensure visitors are informed on all rules and procedures for visitation.

b. (U) Visitor Rules: Visitors are not allowed to perform sexual acts or make obscene or volatile gestures. Termination rules in 8 (a) above apply.

10. (U) EMERGENCY ACTION PLAN

IAW BTIF SOP Annex C

11. (U) REGISTRATION AND REQUEST FOR EXEMPTION PROCESS

a. (U) ICRC will provide the ICRC liaison with a list of those detainees who have visitors NLT 1130Z on the Sunday before the visit.

b. (U) The ICRC liaison will forward the list to BTIF operations who will notify the ICRC liaison if any requested detainee is in disciplinary segregation. For all other detainees, the BTIF operations section will begin planning for the VTC visit.

c. (U) The ICRC liaison will provide the ICRC with a list of detainees that will not be available for a VTC visit due to disciplinary segregation as soon as possible after notification by BTIF operations.

d. (U) The ICRC may request an exception to policy that a particular detainee in disciplinary segregation be allowed to participate in a VTC. The ICRC will make such requests NLT than 1400Z on Sunday evening.

e. (U) The ICRC liaison will forward such requests to the BTIF Commander and Commander, TF Guardian. Approval authority for an exception to policy is Commander, TF Guardian.

Annex L (Detainee Visitation) - Bagram Theater Internment Facility SOP (VTC)

f. (U) The ICRC liaison will relay the Commander's decision to the ICRC and notify BTIF Operations of any detainees in disciplinary segregation that will be allowed a VTC visit.

g. (U) BTIF operations will create a schedule of what time each detainee will conduct the visit. The schedule will be sent to the ICRC for proper coordination.

Annex M (Confiscated funds) to CJTF-101 Detention Operations Standard Operating Procedures

1. References:

- a. Army Regulation (AR) 37-1, DFAS-IN, dated September 2000
- b. Army Regulation (AR) 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and other Detainees, dated 1 October 1997
- c. CENTCOM Memorandum, Disbursing Standing Operating Procedure #3 – Captured Enemy Currency, dated 14 October 2007

2. Purpose: To establish policy and procedures on how to account for and dispose of currency from detainees detained at the Bagram Theater Internment Facility (BTIF).

3. Policy and Procedures.

a. Policy.

(1) The BTIF Commander will impound all currency and negotiable instruments found on detainees while in U.S. custody.

(2) The BTIF Commander or his designee will report the capture of detainees who possess large sums of Allied/U.S. currency or negotiable instruments to appropriate intelligence authorities. The Commander, TF Guardian will appoint an investigating officer to determine if the detainee has a legal claim to currency in excess of \$10,000. The Detention Operations Judge Advocate will be the legal advisor to the Investigating Officer.

(3) The BTIF Commander, or his designee will store all negotiable instruments for safekeeping in accordance with AR 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and other Detainees. The BTIF Commander will mark, identify, and securely bound or package all captured currency and it will be stored in a secure area.

b. Procedures:

[Redacted] currency in a
If the
g with other
valuables belonging to the detainee. To convert the currency, the unit commander completes a DD Form 1131 including the following:

- (a) Receiving office voucher number;
- (b) Receiving unit or theater internment facility or assignment;
- (c) Printed name, rank, title, and signature of receiving officer;
- (d) Name, and Internment Serial Number of each detainee by country of origin;

Annex M (Confiscated funds) to CJTF-101 Detention Operations Standard Operating Procedures

- (e) Listing of currency units impounded; and
- (f) Amount of U.S. dollar equivalency.

(2) Once the investigation is complete, the BTIF Commander will forward to the Operating Locations (OPLOC) or Finance and Accounting Offices (FAO) a copy of the completed

(b)(2)High

(3) The BTIF Commander will release captured currency determined to be obtained via legal means to the detainee's immediate family as soon as practicable. The BTIF Commander must receive written acknowledgement from the detainee and the detainee's family accepting the transfer.

(4) When detainees are transferred, the TIF Commander, or his designee, will complete the Statement of Credit Balance and will transfer the applicable balance Deposit Fund Account 21X6015 to the gaining facility's servicing OPLOC/FAO.

(5) The BTIF Commander, or his designee, will make final settlement for all amounts due detainees upon transfer to another country, repatriation, death, or escape. Provide the individual a written explanation explaining why the detainee's country is responsible for amounts due per Article 66 of the 1949 Geneva Convention. Return detainees articles and moneys taken from them that were being held for safekeeping.

4. POC for this memorandum is the Detention Operations Judge Advocate at DSN (b)(2)



DEPARTMENT OF DEFENSE
HQ, TASK FORCE DIAMOND, 28 FMCO
COMBINED JOINT TASK FORCE (CJTF)-101ST
BAGRAM AIRFIELD, AFGHANISTAN
APO AE 09354

REPLY TO:

CJTF-101-JLC-28FMCO

28 April 2008

MEMORANDUM FOR COL (b)(3), (b)(6) Commander, TF Bulldog, Bagram
Airfield Afghanistan, APO AE 09354

SUBJECT: Temporary Storage of Detainee Currencies

1. Background. LTC (b)(3), (b)(6) inquired if I had ability to temporarily store
detainee currency in my vault.

2. Discussion. I don't have enough room for my own funds in my vault. I have currency
on top of my safes. The 28th FMCO Bagram Office manages currency for subordinate
Army Finance Offices in the CJOA. I also can't co-mingle multiple currencies. The
Account Holder for (b)(2)High, (b)(3), (b)(6) from DFAS – Indianapolis, IN,
authorizes the 28th FMCO to use U.S. and Afghani currency only.

3. Conclusion. The 28th FMCO is unable to provide temporary storage of detainee
currency.

4. The point of contact for this action is the undersigned at DSN (b)(2) or
(b)(3), (b)(6)

(b)(3), (b)(6)

MAJ, FC
Commanding

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Geneva Convention Relative to the Treatment of Prisoners of War August 12, 1949

Website – Navy History

http://www.history.navy.mil/library/special/geneva_appE.htm#c5

Part II. General Protection of Prisoners of War

Article 12 [Responsibility for the Treatment of Prisoners of War]

Prisoners of war are in the hands of the enemy Power, but not of the individuals or military units who have captured them. Irrespective of the individual responsibilities that may exist, the Detaining Power is responsible for the treatment given them.

Prisoners of war may only be transferred by the Detaining Power to a Power which is a party to the Convention and after the Detaining Power has satisfied itself of the willingness and ability of such transferee Power to apply the Convention. When prisoners of war are transferred under such circumstances, responsibility for the application of the Convention rests on the Power accepting them while they are in its custody.

Nevertheless, if that Power fails to carry out the provisions of the Convention in any important respect, the Power by whom the prisoners of war were transferred shall, upon being notified by the Protecting Power, take effective measures to correct the situation or shall request the return of the prisoners of war. Such requests must be compiled with.

Article 13 [Humane Treatment of Prisoners]

Prisoners of war must at all times be humanely treated. Any unlawful act or omission by the Detaining Power causing death or seriously endangering the health of a prisoner of war in its custody is prohibited, and will be regarded as a serious breach of the present Convention. In particular, no prisoner of war may be subjected to physical mutilation or to medical or scientific experiments of any kind which are not justified by the medical, dental or hospital treatment of the prisoner concerned and carried out in his interest.

Likewise, prisoners of war must at all times be protected, particularly against acts of violence or intimidation and against insults and public curiosity.

Measures of reprisal against prisoners of war are prohibited.

Article 14 [Respect for the Person of Prisoners]

Prisoners of war are entitled in all circumstances to respect for their persons and their honour.

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Women shall be treated with all the regard due to their sex and shall in all cases benefit by treatment as favourable as that granted to men.

Prisoners of war shall retain the full civil capacity, which they enjoyed at the time of their capture. The Detaining Power may not restrict the exercise, either within or without its own territory, of the rights such capacity confers except in so far as the captivity requires.

Article 15 [Maintenance of Prisoners]

The Power detaining prisoners of war shall be bound to provide free of charge for their maintenance and for the medical attention required by their state of health.

Article 16 [Equality of Treatment]

Taking into consideration the provisions of the present Convention relating to rank and sex, and subject to any privileged treatment which may be accorded to them by reason of their state of health, age or professional qualifications, all prisoners of war shall be treated alike by the Detaining Power, without any adverse distinction based on race, nationality, religious belief or political opinions, or any other distinction founded on similar criteria.

Part III. Captivity

Section I. Beginning of Captivity

Article 17 [Questioning of Prisoners]

Every prisoner of war, when questioned on the subject, is bound to give only his surname, first names and rank, date of birth, and army, regimental, personal or serial number, or failing this, equivalent information.

If he wilfully infringes this rule, he may render himself liable to a restriction of the privileges accorded to his rank or status.

Each Party to a conflict is required to furnish the persons under its jurisdiction who are liable to become prisoners of war, with an identity card showing the owner's surname, first names, rank, army, regimental, personal or serial number or equivalent information, and date of birth. The identity card may, furthermore, bear the signature or the fingerprints, or both, of the owner, and may bear, as well, any other information the Party to the conflict may wish to add concerning persons belonging to its armed forces. As far as possible the card shall measure 6.5 X 10 cm. and shall be issued in duplicate. The identity card shall be shown by the prisoner of war upon demand, but may in no case be taken away from him.

No physical or mental torture, nor any other form of coercion, may be inflicted on prisoners of war to secure from them information of any kind whatever. Prisoners of war

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who refuse to answer may not be threatened, insulted, or exposed to unpleasant or disadvantageous treatment of any kind.

Prisoners of war who, owing to their physical or mental condition, are unable to state their identity, shall be handed over to the medical service. The identity of such prisoners shall be established by all possible means, subject to the provisions of the preceding paragraph.

The questioning of prisoners of war shall be carried out in a language which they understand.

Chapter V. Religious, Intellectual and Physical Activities

Article 34 [Religious Duties]

Prisoners of war shall enjoy complete latitude in the exercise of their religious duties, including attendance at the service of their faith, on condition that they comply with the disciplinary routine prescribed by the military authorities.

Adequate premises shall be provided where religious services may be held.

Article 35 [Retained Chaplains]

Chaplains who fall into the hands of the enemy Power and who remain or are retained with a view to assisting prisoners of war, shall be allowed to minister to them and to exercise freely their ministry amongst prisoners of war of the same religion, in accordance with their religious conscience. They shall be allocated among the various camps and labour detachments containing prisoners of war belonging to the same forces, speaking the same language or practising the same religion. They shall enjoy the necessary facilities, including the means of transport provided for in Article 33, for visiting the prisoners of war outside their camp. They shall be free to correspond, subject to censorship, on matters concerning their religious duties with the ecclesiastical authorities in the country of detention and with international religious organizations. Letters and cards which they may send for this purpose shall be in addition to the quota provided for in Article 71.

Article 36 [Prisoners Who are Ministers of Religion]

Prisoners of war who are ministers of religion, without having officiated as chaplains to their own forces, shall be at liberty, whatever their denomination, to minister freely to the members of their community. For this purpose, they shall receive the same treatment as the chaplains retained by the Detaining Power. They shall not be obliged to do any other work.

Article 37 [Prisoners Without a Minister of Their Religion]

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When prisoners of war have not the assistance of a retained chaplain or of a prisoner of war minister of their faith, a minister belonging to the prisoners' or a similar denomination, or in his absence a qualified layman, if such a course is feasible from a confessional point of view, shall be appointed, at the request of the prisoners concerned, to fill this office. This appointment, subject to the approval of the Detaining Power, shall take place with the agreement of the community of prisoners concerned and, wherever necessary, with the approval of the local religious authorities of the same faith. The person thus appointed shall comply with all regulations established by the Detaining Power in the interests of discipline and military security.

Statement by the Press Secretary on the Geneva Convention

The James S. Brady Briefing Room

1:40 P.M. EST

MR. FLEISCHER: I have an announcement to make. Today President Bush affirms our enduring commitment to the important principles of the Geneva Convention. Consistent with American values and the principles of the Geneva Convention, the United States has treated and will continue to treat all Taliban and al Qaeda detainees in Guantanamo Bay humanely and consistent with the principles of the Geneva Convention.

They will continue to receive three appropriate meals a day, excellent medical care, clothing, shelter, showers, and the opportunity worship. The International Community of the Red Cross can visit each detainee privately.

In addition, President Bush today has decided that the Geneva Convention will apply to the Taliban detainees, but not to the al Qaeda international terrorists.

Afghanistan is a party to the Geneva Convention. Although the United States does not recognize the Taliban as a legitimate Afghani government, the President determined that the Taliban members are covered under the treaty because Afghanistan is a party to the Convention.

Under Article 4 of the Geneva Convention, however, Taliban detainees are not entitled to POW status. To qualify as POWs under Article 4, al Qaeda and Taliban detainees would have to have satisfied four conditions: They would have to be part of a military hierarchy; they would have to have worn uniforms or other distinctive signs visible at a distance; they would have to have carried arms openly; and they would have to have conducted their military operations in accordance with the laws and customs of war.

The Taliban have not effectively distinguished themselves from the civilian population of Afghanistan. Moreover, they have not conducted their operations in accordance with the laws and customs of war. Instead, they have knowingly adopted and provided support to the unlawful terrorist objectives of the al Qaeda.

Al Qaeda is an international terrorist group and cannot be considered a state party to the Geneva Convention. Its members, therefore, are not covered by the Geneva Convention, and are not entitled to POW status under the treaty.

The war on terrorism is a war not envisaged when the Geneva Convention was signed in 1949. In this war, global terrorists transcend national boundaries and internationally target the innocent. The President has maintained the United States' commitment to the principles of the Geneva Convention, while recognizing that the Convention simply does not cover every situation in which people may be captured or detained by military forces, as we see in Afghanistan today.

He arrived at a just, principled and practical solution to a difficult issue. The President did so because, as Americans, the way we treat people is a reflection of America's values. The military operates under a code of conduct that upholds these values, based on the dignity of every individual.

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The American people can take great pride in the way our military is treating these dangerous detainees. The Convention remains as important today as it was the day it was signed, and the United States is proud of its 50-year history in compliance with the Convention.

Ron.

Q Given that the President had long ago determined that none of these folks were prisoners of war, how, if at all, does it change the way the Taliban and, separately, al Qaeda fighters will be treated at Guantanamo Bay? And tell me how this might help protect U.S. forces if they happen to be captured in Afghanistan.

MR. FLEISCHER: What this announcement signifies is the President's dedication to the importance of the Geneva Convention and to the principles that the Geneva Convention holds. In terms of the treatment of the prisoners, even though the President has determined that they will not be treated legally as prisoners of war, they will be afforded every courtesy and every value that this nation applies to treating people well while they're in our custody. So it will not change their material life on a day-to-day basis; they will continue to be treated well because that's what the United States does.

Q And then why do this? Is it because of the second part of the question?

MR. FLEISCHER: It's because of the first answer I gave, which is because the President believes in the principles and in the law of the Geneva Convention. He believes in its applicability; he believes in its importance; he believes that that plays a role even in today's modern world where the applicability gets somewhat more complicated as a result of an international terrorist organization that doesn't wear uniforms or insignias.

Q So, Ari, what you're telling us is that the Taliban prisoners, detainees at Guantanamo will not get any more protections than they already are given under the Geneva Convention. What you seem to be telling us is the al Qaeda detainees will get fewer.

MR. FLEISCHER: No. There is no change in the protections they will be provided. They have always been treated consistent with the principles of the Geneva Convention, which means they will be treated well. If you're looking for anything that will not happen as a result of this announcement, it is that they will not receive stipends from the American taxpayers. They will not receive musical instruments courtesy of the United States military. They would have received those had they been declared POWs.

Q That's true of the Taliban, too, right?

MR. FLEISCHER: Correct.

Q So what is the difference? How will the al Qaeda and the Taliban detainees be treated differently?

MR. FLEISCHER: What the President is saying here is there's an important legal principle recognizing that Afghanistan is a member state that agreed to the terms of the Geneva Convention. So the President is making distinction between the al Qaeda and the Taliban.

But when it comes to the classification as POWs, neither group will be given POW legal designation, although they will continue to be treated humanely, in accordance with America's values, which are reflected in the Convention.

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Q How is there any difference, Ari, in how they are treated? Is there any difference in how they are treated?

MR. FLEISCHER: That's what we've been saying all along. They will continue to be treated well because they're in the custody of America.

Q They will be treated the same, al Qaeda and Taliban detainees will be treated equally.

MR. FLEISCHER: No distinction will be made in the good treatment given to the al Qaeda or the Taliban.

Q So this is a distinction without a difference, really?

MR. FLEISCHER: No, it's a distinction based on the legal principle that the President believes in the Geneva Convention and it's important principles.

Q But you have to say, Ari, that day to day nothing is going to change that will be noticeable for these detainees. That's correct, right?

MR. FLEISCHER: They will continue to be treated well. No change in that treatment.

Q So applying the Convention here is being done solely to protect U.S. citizens, and namely, U.S. soldiers, who may be in a situation overseas held by a foreign government. Is that correct? Is that's the principle that's being upheld?

MR. FLEISCHER: No, the principle is that this country and this President, of course, believe in and adhere to the Geneva Convention. In any case, the United States would always be covered by the Geneva Convention, our military, because as I mentioned, under Article 4, you have to wear a uniform, you have to wear an insignia, carry your weapons outside, be distinguishable from the civilian population, all of which covers our military.

Q But the concern, the debate here was about if you don't do it here, then U.S. soldiers could be mistreated abroad. Isn't that correct? And so isn't that a big motivation here, to make sure that U.S. soldiers get this same kind of treatment?

MR. FLEISCHER: It's important for all nations, throughout the world, to treat any prisoners well. And that is something the United States always expects, and the United States always does.

We have time for one more question, and then there's a pool. David will get one more, and then we'll --

Q Can you just be responsive to the specific point? Wasn't this an important concern? I understand what the expectations are, but it was important for this administration to be able to say, look, we want to be able to protect our soldiers in similar situations down the line. And if we don't afford privileges under the Geneva Convention, then our soldiers could be in peril?

MR. FLEISCHER: David, I was not in the NSC deliberations where various issues were raised. And so I really -- there's no way I can accurately answer that question.

Q What about the U.S. special forces? They don't -- they often do not wear uniforms. They often do not carry their weapons outwardly. If they are captured, they wouldn't be prisoners of war?

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MR. FLEISCHER: The terms of the Geneva Convention apply to all, and those terms speak for themselves.

Okay, thank you everybody.

END 1:48 P.M. EST

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Link to Transcript APR 2003 Pentagon Briefing on EPWs Treatment, &ct.

http://www.defenselink.mil/news/Apr2003/t04072003_t407genv.html

Presenter: Mr. Bryan Whitman, DASD (PA) Monday, April 7, 2003 - 10:00 a.m. EDT

Briefing on Geneva Convention, EPW's and War Crimes

(Also participating in this briefing was W. Hays Parks, Special Assistant to the Army JAG and Pierre-Richard Prosper, U.S. Ambassador-at-Large for War Crimes Issues)

WHITMAN: Good morning and thank you for joining us this morning, both not only here but also in Kuwait as well as Qatar.

This is the first in a series of our briefings on issues that are related to the U.S. military's treatment of enemy prisoners of war. Today, we have two individuals with us, Mr. W. Hays Parks and Ambassador Pierre-Richard Prosper. Mr. Parks is the special assistant to the Judge Advocate General of the U.S. Army for law of war matters. Ambassador Prosper, who joins us from the State Department, is the U.S. Ambassador for War Crimes Issues. Both gentlemen are experts on the law of war and the Geneva Conventions, and they'll be discussing the legal concepts behind them.

We have -- are going to try to take questions once they have a brief presentation, not only from here but also from Kuwait and from Qatar, and we'll see how that works.

Sir?

PARKS: Well, thank you and good morning. I'll just start with just a very brief statement, part of which I want to talk about the foundation of this topic, the law of war, we're talking about.

The modern law of war as we know it today actually began when President Lincoln commissioned Professor -- Dr. Francis Lieber to write a code for Union forces during the American Civil War. The Lieber Code, as its known -- it was also U.S. Army General Order No. 100, and it was published in 1863 -- that really formed the foundation for everything we have in our modern law of war today. Professor Lieber didn't make it up. He actually went through history to find the practice of nations, and I think that's a very important point here, to understand that this is the way nations feel that they should conduct military operations.

Since the Lieber Code, there have been a number of other conferences: In The Hague in 1899 and 1907; one of the most important treaties to come out of the latter conference was the 1907 Hague Convention number IV for the Conduct of Military Operations on Land. There have been any number of Geneva Conventions for the protection of war victims over the year -- over the years. Today there are four 1949 Geneva Conventions.

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The first deals with military wounded and sick on the battlefield. The second deals with military wounded, sick and shipwrecked. The third refers to prisoners of war and their protection, and the fourth deals with enemy civilians or civilians in enemy hands. They are still in effect, and I'll mention them just a bit more.

I'll focus on the 1949 Geneva Convention relative to the prisoners -- to the protection of prisoners of war. I'll also focus on Department of Defense policies with respect to the law of war and the current conflict with Iraq and Iraqi violations of the law of war.

With respect to the 1949 Geneva Conventions, they were negotiated after World War II. Out of 194 nations in the world today, 190 are states parties to those 1949 Geneva Conventions. That includes the United States and Iraq. There are more governments states parties to this -- to these conventions than are member nations of the United Nations, giving you an idea of how widely accepted and received they are.

The protections apply when the members of the armed forces of one belligerent nation or their civilians fall into the hands of an enemy belligerent. In the case of prisoners of war, this can happen through capture or surrender to enemy military forces.

The Geneva Convention relative to the protection of prisoners of war, which I -- we normally refer to as the GPW, contains some fundamental protections for prisoners of war. First, prisoners of war must at all times be humanely treated. Humane treatment is the baseline, but POW protections are much more extensive. Any act or omission that causes the death or endangers a prisoner of war is prohibited and is a serious breach of the convention.

Next, prisoners of war must be removed from the battlefield as soon as circumstances permit and at all times protected from physical and mental harm. Prisoners of war must be provided adequate food, shelter and medical aid. Prisoners of war must be protected, particularly against acts of violence or intimidation, and against insults and public curiosity.

If questioned, prisoners of war are required to provide their name, rank, serial number and date of birth. They may not be forced to provide any other information.

Prisoners of war may not be subjected to physical or mental torture. Those who refuse to answer questions may not be threatened, insulted or exposed to any unpleasant or disadvantageous treatment of any kind.

Subject to valid security reasons, prisoners of war are entitled to retain their personal property and protective equipment. These items may not be taken from a prisoner of war unless properly accounted for and receipted.

Representatives from the International Committee of the Red Cross must be permitted access to prisoners of war as soon as practical.

All prisoners of war must be protected against assault, including sexual assault. Female prisoners of war shall be treated with regard due to their gender, and like all prisoners of war, are entitled to respect for their person and their honor.

The United States and Iraq also are parties to the 1949 Geneva Convention on the Wounded and Sick that I mentioned earlier. The title of the convention is also a bit misleading, because it also deals with the protection and respect for enemy and dead on the battlefield. In particular, this convention requires parties to the conflict to protect the dead against pillage and ill treatment, and requires parties to ensure that the dead are honorably interred, their graves respected, and information as to their identity, et cetera, provided to the International Committee of the Red Cross.

Let me talk a little bit about DOD policies and the conflict in Iraq. The United States and coalition forces conduct all operations in compliance with the law of war. No nation devotes more resources to training and compliance with the laws of war than the United States. U.S. and coalition forces have planned for the protection and proper treatment of Iraqi prisoners of war under each of the Geneva conventions I have identified. These plans are integrated into current operations.

Before describing our policies, I should note that in Operation Desert Storm in 1991, the United States and coalition partners detained 86,743 Iraqi prisoners of war. These Iraqi prisoners of war were given all the protections required by the Geneva conventions.

Our aims and acts are precisely the same in the current conflict. We are providing and will continue to provide captured Iraqi combatants with the protections of the Geneva conventions and other pertinent international laws. In addition, arrangements are in place to allow for representatives from the International Committee of the Red Cross to meet with Iraqi prisoners of war.

With respect to Iraqi violations of the Geneva conventions and other laws of war, the Iraqi regime is not complying with the Geneva conventions. Before turning to a summary of the Iraqi violations, I should note that in Operation Desert Storm, in 1991, the Iraqis mistreated U.S. and coalition prisoners and forces in numerous respects, including physical abuse and torture, forced propaganda statements, food deprivation, denial of International Committee of the Red Cross access until the day of repatriation, and much more.

The Iraqis similarly mistreated Iranian prisoners of war during the eight-year Iran-Iraq war in the 1980s. The Iraqi regime has thus displayed a pattern of systematic disregard for the law of war. Based upon initial reports, including those in the media, it appears Iraq has once again committed violations of the Geneva Conventions and related laws of war. I will mention just three.

First, Iraqi television and Al-Jazeera have aired a lengthy tape of deceased U.S. or coalition service members. I will not describe the tape in detail. Suffice it to say that the tape, made at the direction of the Iraqi regime, shows fundamental violations of the

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Geneva Convention obligations, to include prohibitions on pillage and ill treatment of the dead, the duty to respect the personal dignity of all captured combatants, and possibly prohibitions against willful killing, torture, inhumane treatment, or the willful causing of great suffering or serious injury to body or health of the POW.

Second, Iraqi television and Al Jazeera have aired a tape of U.S. soldiers answering questions in humiliating and insulting circumstances designed to make them objects of public curiosity, in violation of the prisoner-of-war convention.

Third, there are reports that the Iraqi regime has sent forces carrying white flags as if to indicate an intention to surrender, repeating an illegal act used by the Iraqi military in the 1991 coalition war to liberate Kuwait, or dressed forces as liberated civilians to draw coalition forces into ambushes. These acts of perfidy -- the term that we use -- are among the most fundamental violations of the law of war, endangering coalition forces and innocent Iraqi civilians.

These are the three obvious Iraqi law-of-war violations. Behind the tapes and initial reports from the field, there are likely to be additional violations.

The position of the United States government is to do everything in its power to bring to justice anyone who, by action or inaction, is responsible for violations of the law of war.

A war crimes investigation by the secretary of the Army to record Iraqi war crimes during the 1990-1991 Persian Gulf conflict resulted in a detailed report. Steps have been taken to begin a similar investigation and information collection effort. Ultimate disposition will depend upon evidence collected, identified violations, and individuals who come under U.S. control.

Thank you very much. At this time I'll turn the mike over to Ambassador Prosper.

PROSPER: Good morning. I'd like to focus on some of the broader war crimes issues and the violations we have been seeing committed by the Iraqi regime, as well as what our policy is relating to these abuses.

I think it's safe to say during the course of hostilities we have seen a systematic pattern of abuses committed by the Iraqi forces, to the extent that we can call them textbook. There has been a complete disregard for the law by the regime, as well as a complete disregard for human life. The Iraqi regime, by blurring the distinction between combatants and civilians, has caused numerous civilian casualties and has put thousands or countless of Iraqi civilians in harm's way. The list of violations that we have seen is long. The Iraqi people are suffering as a result of these abuses.

We know that the Iraqi regime -- the forces have fired mortars and machine gun fire upon civilians as they've tried to flee harm's way and go into coalition forces' control. We have heard countless of -- reports of the use of human shields, where civilians have involuntarily been put in a way -- in harm's way and at times killed. We know that the

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Iraqi regime, by fighting in civilian clothes, has blurred the distinction, causing additional harm.

The Iraqi forces have also placed military weaponry in civilian structures, schools, hospitals, mosques and historical landmarks. We've heard reports that ambulances have been used to transport death squads and irregular fighters.

We also know that Iraqi civilians have been forced into combat at gunpoint or also by the threat of death to their family and loved ones. We have received reports of summary executions of military deserters. And as the battle for Baghdad unfolds, we must brace ourselves for additional abuses, because we know that this pattern of atrocities and war crimes is not new. The regime has a long history for the past two decades of inflicting violence and death upon its civilian population.

As a result, we have begun to catalogue the numerous abuses, both past and present that have been committed by the Iraqi regime. Our troops have been given the additional mission of securing and preserving evidence of war crimes and atrocities that they uncover.

As President Bush has stated, war criminals will be prosecuted. The day of Iraq's liberation will also be a day of justice. For any war crimes committed against U.S. personnel, our policy is that we will investigate and we will prosecute. We will also seek to prosecute, where feasible, those who committed or ordered war crimes against U.S. personnel during the Gulf War.

For any war crimes committed against Iraqi people during the course of this conflict, we'll explore the range of options available, work to ensure that justice is achieved for the Iraqi people. For past abuses, past atrocities, it is our view that there should be accountability. We will work with Iraqi people to create an Iraqi-led process that will bring justice for the years of abuses that have occurred.

In short, it is our view that we must reinstate the rule of law within Iraq. We must not tolerate the abuses of the Iraqi regime and deem them as "business as usual." There will be accountability for these abuses.

Thank you.

WHITMAN: Let's go ahead and start with a couple of questions from here, and then we'll go and see if we can't get Qatar and then Kuwait.

Q: Ambassador: Can you explain a little bit more about how the judicial or legal process might work in a post- conflict Iraq? You said it would be an Iraqi-led process. Could you give us a little more information on who might lead that, who the judges might be, and what sort of form that court might take?

PROSPER: All right. Well, when we're discussing an Iraqi- led process, our primary focus now is for the past abuses. There, what we have been doing is working with Iraqi jurists, some members of the exile community, to create a mechanism that will be able to address these abuses. We will also, at the appropriate time, will have to engage the internal personalities to determine what their views are regarding a tribunal of sorts to address these past abuses. We recognize that there will be a question as to whether or not the system within Iraq has the capacity to address these abuses, therefore, we are prepared to assist in any way we can by providing technical, logistical, human and financial assistance. We also believe that the members of the international community should also step forward and be prepared to assist.

Q: Are there any plans for U.S. military tribunals or commissions to address any of these matters or the possibility of international war crime tribunals? And also, are there plans for trials for the very top leadership -- for Saddam Hussein, for his sons and other members of the top leadership?

PROSPER: I think what's important to understand here, to note, is that there is a timeline between -- of abuses, if you will: The current abuses and the past abuses. The past abuses, again, will be through an Iraqi-led process. We believe that it must have some indigenous roots in order to reinstate the rule of law. For the current abuses, the crimes particularly against U.S. personnel, we believe that we have the sovereign ability and right to prosecute these cases. There is a range of options, ranging from military proceedings to our civilian courts. We are of a view that an international tribunal for the current abuses is not necessary.

PARKS: If I might add to that, there are three traditional statutory bases for trials by the United States: courts martial, military commissions, and federal district court. Obviously, there may be other governments that have an interest as well. The government of Kuwait suffered severely at the hands of the Iraqis in 1990, 1991, and it's entirely possible that the government of Kuwait may have some interest and having some of those persons turned over to them who were involved in the occupation of Kuwait and Kuwait City during that time.

So right now -- our focus right now is on winning the war. And these are the kinds of decisions we're -- basically in what I would call step one; trying to put together -- collect the information, and then have the national leadership make those types of decisions, no doubt with some coordination with some of our coalition partners.

Q: Can I just follow up the issue of the -- are there plans for the trial of the very top leadership?

PROSPER: Yeah, I think when we're, particularly discussing the abuses of the past as well as the current abuses, we need to look at the leadership. We have put, over the years, a sharp focus on the actions of Saddam Hussein, his sons, individuals such as "Chemical Ali" and others, because by the nature of the regime, we do understand that a lot of the orders for the atrocities came from the top.

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MODERATOR: You have a question, sir?

Q: Yeah, can you help us, we've been struggling with this one over the last several days, and that is the issue of in uniform and out of uniform. Just as a specific issue, American forces do operate out of uniform in some settings. In Afghanistan, virtually all of the special operators operated out of uniform. Why is that considered a war crime, or is it only operating out of uniform in combination with other kinds of behavior?

PARKS: Let me first make a slight correction. Most of the Special Forces in Afghanistan operated in uniform, full uniform. There were some who worked in what we referred to as a non-standard uniform that was at least a partial uniform so they could be identified. They also carried their arms openly.

The basic distinction between those types of operations where there was no attempt to conceal their combatant status, and what we're saying with the Fedayeen Saddam in Iraq is that they are purposely concealing their combatant status, concealing their weapons, wearing no part of a uniform, wearing no distinctive device, in order to engage in acts of treachery or perfidy, as I referred to earlier. They are purposely using the soldiers' -- the U.S. soldiers' respect for civilians as a way to conceal their intent and engage in treacherous killing of coalition forces. So there is a big difference between the two.

STAFF: We'd like to take a question from Qatar, if you can hear us. (Pause.) From Kuwait?

Q: My name is Kabir (ph). I'm a correspondent reporting from -- (inaudible). I have a question concerning those unlawful combatants, Iraqi --- (inaudible).

STAFF: Could you repeat your question, please? We got cut off until just the last two words.

Q: Repeat it? Okay, I'll repeat my question. It is concerning the unlawful combatants from the Iraqi side. I would like to know how we treat those unlawful combatants once they are taken into coalition custody? Do you grant them the status of POWs?

PARKS: When someone is captured, they go through a process of being taken from the capturing unit back to a collection unit and ultimately to the higher-level theater prisoner-of-war camps. And Article V of the Prisoner of War Convention, it specifies that if there is any doubt as to the status of a person, that person is entitled to prisoner-of-war protection until his or her status has been determined. That determination can be done by an Article 5 tribunal, which is a tribunal, set up by the military to look at the facts and circumstances of the capture and any other information. They then make a determination or recommendation. Our past practice, in Vietnam as well as in the first Gulf War, was that if at any time there remains any doubt, that person will be entitled to prisoner-of-war status.

In the meantime, we use the Prisoner of War Convention as a basic template for anyone that we hold. We provide them the basic cares and protections that I laid out before, the best housing that we can give them under the circumstances, adequate food, medical care, anything else that they need, and visitations by the International Committee of the Red Cross.

At this point in time, that decision as to whether or not persons are members of the Fedayeen Saddam or whether they are members of the Iraqi regular military has not been fully exploited, because of the ongoing conflict. The British, I understand, have run some Article V tribunals and in some cases have found that some of the people they detained were civilians, and they have been released. So there is a process for doing this.

Q: Would unlawful combatants have a different judicial channel? Do you envision it different than what a soldier would have?

PARKS: That's a very good distinction, I think, that needs to be made. The fundamental difference between an unlawful combatant and the prisoner of war is that a regular soldier, if he kills an enemy soldier, has committed a lawful act. An unlawful combatant, by its term, suggests that this person did not have authority to go onto the battlefield and engage in the killing of enemy soldiers or the attack of military property. So if a person is determined to be an unlawful combatant, he or she can be prosecuted for killing an ordinary soldier. So there would be a judicial process for that person. What that process would be is something that we've not determined as yet.

Follow on with the question, Kuwait.

Q: Do you have a number of how many prisoners we've taken in the current conflict? And how would that compare with -- (audio break) --

PARKS: If I understood the question to be the number, I do not have that number in front of me, but I believe it's available from Central Command.

Q: Is it your judgment or is it the military's judgment that the United States is now an occupying authority in those portions of Iraq where U.S. forces have moved through? And does that make the United States responsible for the welfare of the civilian population in those areas?

PARKS: The term "military occupation" is one of those that's very, very misunderstood. When you are an infantry company commander, and you're told to take the hill, you physically occupy it. That's military occupation with a smaller -- lower-case "m" and lower-case "o". It certainly does not mean that you have taken over it with the intent to run the government in that area. That's the very clear-cut distinction, that until the -- usually, until the fighting has concluded and is very conclusive, do you reach the point where technically there might be Military Occupation -- capital "M", capital "O" -- and a declaration of occupation is issued. That's a factual determination; it's a determination by the combatant commander in coordination with others, as well. Obviously, we occupy a

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great deal of Iraq at this time. But we are not, in the technical sense of the law of war, a military occupier or occupation force.

Q: Until hostilities cease?

PARKS: That's going to be a factual determination by the combatant commander in consultation with others.

Q: Two things, really. What sort of penalties might apply to people in senior positions -- senior military commanders, senior government ministers, even Saddam Hussein or his family members, insofar as they're involved in decision-making? And secondly, if you're not going to go to any of the established international tribunals, are you worried of creating the impression or creating an opinion worldwide about victor's justice or even creating martyrs in some form to be used as rallying points in the future?

PROSPER: Well, the range of penalties exists, from -- obviously from incarceration to the death penalty. It's really dependent on the forum that is ultimately chosen to deal with these issues. Regarding the international tribunal, the only one that obviously is in existence is now the permanent international criminal court, and that court does not have jurisdiction over this conflict, because we are not a party to the treaty and Iraq is not a party to the treaty.

But I think what we must recognize is that any state, when they fall victim to war crimes, has the authority to prosecute these cases. So it's not a victor's justice, it's a fact that by being victimized, if you will, we can prosecute. For the crimes committed against the Iraqi people, we are prepared to work with the Iraqi people, who will have the sovereign right to address these cases as they occur. So it will be, obviously, a collaborative effort, where we can prosecute the crimes committed against us, our coalition partners have that same right and authority, and for the Iraqi people, we are prepared to work with them to achieve justice.

PARKS: Let me offer a couple of other points. I mentioned that we have a statutory basis, three different ones, for prosecution of war crimes. One of the reasons we have that is because we, in a long-term practice, have prosecuted U.S. military personnel when they have engaged in violations of law of war. I can speak personally from this, having done this in Vietnam myself 35 years ago.

Now, if you go back to the history of the post-World War II trials, you'll see that there were, in fact, several different levels. There were the statutory courts at that time, or commissions, depending on whether it was United Kingdom, United States, who was running those. And they tried particular offenses that occurred at a specific level against nationals from their country. For instance, there was an Italian general tried in Italy by a U.S. military commission after World War II for the murder of American prisoners of war. There were international tribunals based upon the November 1st, 1943, Moscow Declaration that ultimately established the Nuremberg tribunals for the trial of the major

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criminals for which there was no geographic specificity, and then there were some lower levels.

I would point out at the very lowest levels, the one that I identified initially, any number of nations carried those out after World War II -- Australia, New Zealand, China, just about every single one of the Nazi-occupied territories in Europe. So there are a number of levels there, but you go back to that lowest level because we all have courts -- we have an obligation under the conventions to ensure respect for the conventions and for the law of war. Part of our implementation of that is to have tribunals available for prosecution of American service persons should they commit a crime or for those who commit crimes against U.S. military personnel.

STAFF: Can we go back to Kuwait, please?

Q: (Inaudible.)

Q: Is it customary to assemble a war-crimes body of law like this, or do you have to wait until after victory, I think is what he said.

PARKS: Well, certainly there's a standing body of law. We can identify, just as we have, U.S. statutes for civil/criminal violations as well. Then you take the facts and look at them and compare them to what you have as prohibitions under the laws of war. It's going to be done on a case-by-case basis. We don't create a new a body of law here. Now, if the question is are we now assembling something specific for this conflict, I think it's too early to say. Again, our focus at this time is to win, and begin the collection effort, and then make determinations as to disposition as we move along.

PROSPER: I think another point is, it's not necessary to wait till the end of hostilities to begin to look into war crimes violations and prosecutions. I think one of our most recent examples is in the international arena, if you look at the former Yugoslavia, there have been prosecutions that have been occurring while a conflict has been raging. So the law is there on the books and it can be used when the parties are ready to use it.

PARKS: Question in the back.

Q: Yeah, I want to be clear on something you said earlier. Of all the people in custody already, is there anyone who has been designated something other than POW?

PARKS: To the best of my knowledge, the United States has not yet run any Article 5 tribunals. I understand that process is under development, and it will be. At this time, everyone is being treated as a POW.

Q: And one follow-up to that. Was anyone -- anyone who was in custody after the first Gulf War, was anyone prosecuted among the people in custody after the first Gulf War?

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PARKS: They were not. We found that of the individuals we had in custody, we had 99.9 percent enlisted personnel. Most of those came off the battlefield rather than from the occupation of Kuwait. The Iraqi officer corps had somehow vanished and was not there, and that's where the primary accountability probably would have been made, particularly for those of the occupation force. So as a result, they were given the opportunity to repatriate -- be repatriated, which is a process we haven't discussed. It's something we work very closely with the International Committee of the Red Cross to do.

We'll take --

MODERATOR: From Kuwait.

Q: We have no further questions, ma'am.

MODERATOR: Thank you.

PARKS: Yes?

Q: Getting back to Iraqi armed forces have engaged in widespread and systematic violation of the laws of war, does that mean that as a military they are not entitled to the protections that the law of war provides?

PARKS: No, it's -- one of the essential factors in the 1949 Prisoner of War Convention is that regular military forces are entitled to prisoner of war status, even if they violate the law of war. They can be prosecuted for their violations, but they still remain entitled to prisoner of war status.

Q: On the subject of Iraqi Television, two questions. First, is the mere act of photographing a prisoner considered to be humiliating, or is there something about the way that they were photographed? And also, why did you -- several television networks around the world aired that footage. Why did you feel the need to mention Al-Jazeera also?

PARKS: I think it was just a statement of fact, on the last part of that; not singling them out, it just happened to be that they were the ones who I think were -- probably transmitted it most directly.

It's not so much the photography of a prisoner of war, particularly, as you know, with our embedded media; every day, prisoners are being taken on the battlefield. That is a statement of fact. When they are photographed under those circumstances as they're surrendering, as they're receiving medical care, that's a statement of fact. The contrast is -- and in fact, our embedded media and others, I think, have been superb in understanding our ground rules that you will not take photographs in such a way, either hopefully to avoid any positive -- specific identification of the individuals or in the way that would be considered to be humiliating or degrading. The contrast here is that you have the state-owned Iraqi television forcing prisoners of war in their hands to appear before it for

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forced interviews, where it's very clear this is an act of intimidation and humiliation. So, there's a very delicate balancing, no question about it.

And as I said, I've been very pleased with the way the embedded media have recognized this. I was watching one of the channels, I guess about a week ago, when an Iraqi soldier came over the horizon with his hands up. He was probably a good 150 meters away from the camera. The embedded journalist and his photographer said, "Look! There's one coming now." And the other one said, "Hey, can we take that picture?" And he said, "Yeah, I think we can, because we can't identify the person." So they understand the ground rules, they've been reinforced to them, they -- and it's been quite good. But that is very distinctive from: I have this prisoner of war in my hands, I'm going to put them on the camera for one reason; that is, to coerce him into making -- going through questions and to be used for propaganda purposes.

Q: Now, once these -- if I can just follow on on that -- once these people are in custody, if you decide to bring people here, put them in Guantanamo Bay, is there anything in the law of war that would prevent the U.S. from allowing somebody to go in and just photograph them in their conditions? Or is that just a matter of U.S. policy to not let people take pictures of prisoners down in Guantanamo?

PARKS: Well, let me back up to the first part of that. We have no plans to send anyone to Guantanamo Bay.

But second, as a matter of policy and our interpretation of the prohibition in Article 13 on humiliating and degrading treatment, we do not allow persons to go into prisoner of war camps to take photographs of them.

Yes, ma'am?

Q: Me?

PARKS: Yes, ma'am.

Q: If I can follow on that. What is the difference? Can you explain the difference, then, between the prisoners of war you're taking in Afghanistan and sending to Guantanamo Bay and these prisoners?

PARKS: Well, there's a substantial difference in the types of conflicts. What we -- we are in the true, pure, traditional international armed conflict, for which the conventions were written. Many of the persons that we captured in Afghanistan were members of al Qaeda. This goes back to one of the previous questions. They were unprivileged belligerents, and they're not entitled to the complete protection of the law of war. They have -- they're unprivileged belligerents.

At the same time, we are providing that template that I mentioned earlier and providing basic protections for them: meals, lodging, all the items they need -- soap, towels,

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toothpaste -- medical treatment and visits by the International Committee of the Red Cross. The basic distinction is the one I mentioned before, and that is, as unprivileged belligerents, they do not have the legal right to attack military personnel, whereas now we're engaged -- except for the Fedayeen Saddam, we're now engaged with a regular military force.

Q: Could I follow up on a question from earlier?

PARKS: Yes.

Q: I want to make sure I'm totally clear on this. When it comes to U.S. military uniforms, what is the bare minimum that is required to be considered "in uniform"? Is just wearing one's weapons openly enough?

PARKS: All right. Let me sort of break that in two places. Ninety-nine-point-999 percent of the time, our forces are going to be in full uniform.

In those rare circumstances where you might have someone in the military operating with indigenous personnel, which we saw in World War II in Nazi-occupied Europe and places like that, the basic requirements are that they be under the command of someone responsible for the subordinates; wear some sort of distinctive device, which can be a hat, a scarf, an armband, something like that, an American flag on their body armor; and carry their arms openly; and finally, most importantly -- this is where the contrast comes with the Fedayeen Saddam -- carry out their operations in accordance with the law of war.

Does that help?

Q: So a hat, a scarf, an armband --

PARKS: Are considered the types of things -- if it's something that's distinctive to the forces with whom you're operating. Obviously, you've got a group -- let's say an element of indigenous personnel -- they tend to wear some sort of distinctive device, for their own identification of one another. And that's distinctive from what you see on a traditional international armed conflict conventional battlefield, where you have uniformed forces meeting uniformed forces.

The other factor there is one I mentioned earlier, though, and that is, you are not intending to pose as a civilian.

Q: Going back to the list of countries, you said there is about 190 that are signed up to the conventions. Is Iraq one of those?

PARKS: Yes, it is.

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Q: A different topic. Are there plans on any of the Iraqi leadership, if the thought is that they haven't been killed but they're missing, they may have escaped or they're still in hiding, are there plans to hold trials without their presence?

PARKS: The United States, as a matter of policy, generally has not carried out trials in absentia.

Yes, in the back.

Q: There are reports of some foreign fighters being involved in the conflict in Iraq, some actually in uniform, although they may not be Iraqi uniforms. Does that pose any particular legal issue here?

PARKS: It's going to be -- that's something we'd have to answer on a case-by-case basis. If they're fighting in Iraqi uniforms, that's going to be one of the key elements; if they have some sort of association with the Iraqi military. As you may know, in a number of conflicts in the past, for instance, in World War II, we had U.S. forces who joined the Royal Air Force before the United States was in the conflict. If they had been captured, they would have been treated -- entitled to prisoner of war status.

So it's going to be factually dependent on what they're doing at the time of the capture, how they're dressed and what they're doing.

Yes, sir?

Q: And just to clear up a couple of points. If you are an Iraqi civilian and American forces break their way into your home and you open fire on them or they -- I mean, they regard American forces as invading. So if you open fire on American forces and you've been out in your garden, or something, is that -- are they non-combatants, are they unprivileged belligerents for opening fire on forces that are breaking their way into their homes?

PARKS: It's, again, going to be factually determined. If this person has been totally oblivious to the fact that there's been a war going on around his house for the last two weeks, and he happens to be in there and jumps up with his weapon and opens fire, he or she is at risk, obviously. But second, we would go through the factual determination of the Article V Tribunal as to why this happened and the way it happened.

I did hear in the Central Command press briefing this morning that leaflets are being dropped to the Iraqi population saying, "If you have a weapon, put it down, stay away from it so we do not mistake you for an Iraqi Fedayeen Saddam." So, we're doing the best we can to convey to them, do not involve yourself in the hostilities.

Q: And just so I understand, there is not a new body of law or procedures that you are trying to develop to deal with this particular conflict; you will fall back on historical precedent as much as you can?

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PARKS: It's not only historical precedent; it is existing law.

Q: And then finally, in your prisoner-of-war holding camps now, are you sorting individuals either by rank or by unprivileged belligerents or people in uniform? Is there any kind of sorting and identification that you are doing?

PARKS: I don't have information as to what's being done at this time. I can tell you that generally when you go through this movement back, collection, sorting process -- and let me say that a part of that is getting as full an accounting of the person that you have as possible so that we can take that information and forward it to the International Committee of the Red Cross, because we want a full accounting of our prisoners of war as well. In that process, the Geneva Convention requires a separation of officers from enlisted. Now, whether there will be later on, as I indicated, this Article V screening when there's doubt as to someone's status, then there may be some additional separation. At this point in time though, I think right now the idea is to provide the protections required by the conventions, the medical treatment required, and then move into this Article V Tribunal phase in the next week or so.

Q: To your knowledge, has Iraq yet allowed the ICRC to meet with any of the coalition POWs?

PARKS: It has not. And I think as I mentioned in my statement, in the course of the 1991 Gulf War, the Iraqis did not permit the ICRC to see U.S. and coalition prisoners of war in their hands until the war had ended and 24 hours out from the time of repatriation. The ICRC then handled the repatriation of coalition prisoners of war back to their forces and did a superb job.

Q: Could the fact that the United States launched this invasion without U.N. approval -- could that undercut your legal standing for conducting a war crimes tribunal?

PARKS: No. And the law of war, all of it, has taken the traditional view that it doesn't make any difference who started the war. What we do is gauge you upon the conduct of your operations on the battlefield itself. You could be totally justified in what you're doing; if your forces violate the law of war, it's still a violation of the law of war. The four 1949 Geneva Conventions specifically state in there that it doesn't make any difference who started the war, who is the party who was first off or what have you; that in any case, the conventions will apply. That's to sort of keep people from saying, "Well, he started it, and therefore, I don't have to follow the law of war." Regardless of who started the conflict, each side has an obligation to follow the law of war.

Yes, sir?

Q: Do you happen to know what kind of capability U.S. forces in Iraq have for holding POWs? Does each combat unit have a POW capability? Are we anywhere near capacity on that?

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PARKS: Well, let me go back to what we did in the first Gulf War, as it is the best example. We have a particular unit, the 800th MP Brigade, that went in and built two camps, nicknamed Bronx and Brooklyn, that were to hold 50,000 prisoners of war each in record time. And as I said, our capacity went up to 86,000 some-odd. The same capabilities are being used today.

As I mentioned, when a soldier captures an Iraqi soldier, he is trained to turn him over to his superiors -- disarm him, turn him over to his superiors, move him back to the initial collection point, which may be at the battalion level. From the battalion level, they could be moved back to the division or corps level, ultimately -- and at the corps level, they will then go through the initial processing. In the old days, this was soldiers with little tags and stubby pencils. Today, it's laptop, which is what we used in the first Gulf War. After that initial processing, they are then moved back to the theater collection point, and that's where the detailed processing goes on.

We have that initial processing at corps level, too, because we have a split in the route they will take. Those who are wounded or requiring medical care go one route. Those who are otherwise able-bodied go -- continue on back to the straight prisoner of war camp.

Once the theater processing is accomplished, those reports are sent back here to the National Prisoner of War Information Center, which is run under the Army Operations Center. Those lists are all collated, put together and we ensure that we have proper identification, the best information we can get from that. And thereafter, that information is forwarded by the United States government to the International Committee of the Red Cross.

Q: Is it safe to assume that whatever judicial process the Iraqis develop here in a post-war situation, that it will have fairly heavy American input? Would you try to use the body of Iraqi law in order to conduct any sort of criminal proceedings?

PROSPER: Well, the degree of input has yet to be determined, because what we have been doing is working with the opposition group, the exiled community of jurists, and we have been able to reach a basic understanding of what the requirements are and what a specialized approach or chamber could look like. But what has yet to occur is discussions with some of the internal personalities, who may have additional ideas or opinions on the framework. But I think it's safe to say that the -- any process that is created can rely upon the body of international law as well as the body of Iraqi law that exists. So I expect that once we move into the post-conflict setting, a lot of these issues will become clearer, we'll see the degree of U.S. participation or international participation that is necessary.

PARKS: I understand that Central Command is up now. They have a question, but it's audio only.

Q: Gentleman, Paul Martin here, from World News and Features and the Washington Times. I'm interested to know two things. One is the role of the gentleman they now call -

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- well, Uday -- well, let's go to Uday. Uday Hussein, obviously, was in charge of the occupation of Kuwait last time around, and has been responsible for the irregular forces whose behavior in Basra and others has given rise to suggestions that his troops are behaving in an illegal way. And are you targeting him for war crimes tribunals? And will you be looking back at his record in Kuwait, or just looking at this current war? That's the first question.

Secondly, looking at the images we've seen of prisoners being taken there, hoods have been put over their heads when they've been arrested, and they seem to have been disoriented or pushed about a bit in the process of taken away. Is that legal or illegal?

PARKS: Let me take two parts of that. The first part, we do have a very detailed record of our investigation that was conducted in 1990, '91, of the Iraqi occupation of Kuwait, and that certainly is available, should this individual be in our custody or the custody of others at the end of the conflict.

Second, on the hooding, it is a standard procedure in most militaries to either blindfold or hood prisoners at the time of capture because every soldier is trained that the best time to attempt escape is at the time of capture. So the idea is, first, not to give them the opportunity to escape, and second, not to have them -- give them the opportunity to collect military intelligence in the event they should escape. Obviously, the hooding is one method for doing that; the other I mentioned is blind-folding. They obviously can still breathe. It's not a matter of trying to abuse them in any way, it's a standard security procedure for most militaries, if not all, upon capture.

Ambassador?

PROSPER: And also, since '91, we have been looking at the actions of the various members of the regime, including Uday. For the past few years, we have done additional work of documenting his role in the abuses that occurred throughout the Gulf War and throughout the term of the regime. We will obviously be looking at any actions that he had during the course of this current conflict. But I think it's safe to say that he is among those, the top tier people that we're most interested in, and seeing accountability for his actions.

MODERATOR: Okay, this will have to be your last question.

Q: Are either of you able to speak to this talk about whether or not tear gas, the use of tear gas by U.S. forces would be a violation of any of the laws of war or chemical weapons conventions? Is that --

PARKS: I can speak to that. The 1993 Chemical Weapons Convention prohibits the use of riot-control agents as a method of warfare. It's not a precisely defined term. The United States has an executive order that suggests that riot-control agents can be used for defensive purposes to save lives. That's a very long-standing executive order.

It gives a few examples in there. One is combat search and rescue. The others are rioting prisoners of war. A third example is, if in fact an enemy placed civilians in front of it, to advance on your lines. There is a very careful process for the decision as to whether or not riot control agents may be used on the battlefield, requiring presidential authorization, which may be delegated to the combatant commander. But it's not something that we do lightly.

MODERATOR: Thank you very much. We appreciate your coming.

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Profile - Chaplain (Maj.) Michael S. Merrill

*By Rudi Williams
American Forces Press Service*

NAVAL STATION GUANTANAMO BAY, Cuba — "I feel right at home here," said Chaplain (Maj.) Michael S. Merrill at the Camp Delta detention center.

Back home in Florida, he's a supervisory chaplain with the Federal Bureau of Prisons, Department of Justice. "They're classified as detainees here, but it's a similar dynamic of controlled behavior in a confined facility," Merrill said. The Army Reserve member is assigned to the 160th Military Police Battalion, Tallahassee, Fla., part of the security force at Camp Delta.

In both civilian and military life, Merrill, a Southern Baptist, comes across all faiths. He said he has some experience ministering to Muslims in his civilian job. But at Camp Delta, he said he's had only minimal involvement with the detainees. "But even though there's a Muslim imam here, I've dealt with some of the detainees," he said. "Obviously, the imam has more dealings with them." An imam is an Islamic spiritual leader. In his duty as a chaplain, Merrill said he can't focus on what someone is incarcerated for. "In America, if they're a murderer or drug lord, or whatever, I have to relate to them as human beings and block out their crime," he noted. "In other words, I have to give them the benefit of the doubt and treat them like there is hope for them to change their life.

"So down here with the detainees, I have to treat them humanely," Merrill said. "And I have to hope that by me being respectful and professional that they see there is a better way than their previous behavior, which, as far as we know, was full of hatred and evil actions. This is called ministry of presence. Just being present and the way you carry yourself goes a long way with some of the detainees." In civilian life, sometimes people in prison who have gone through rough experiences get in touch with an inward freedom, the chaplain said. "So, obviously, there is a big difference between ministering in a confined facility and a church. But the issues are the same regarding purpose in life, mission in life -- their spiritual issues and why they're existing here on Earth."

People in confinement are more helpless because they don't have access to immediate family, he said. "Like here, their mom can't come visit them," Merrill noted. "So you're sort of their support system, whereas in a civilian setting there's more access to a support system of family and friends. In a confined facility there is more reliance upon the chaplain, counselors or other people to provide it for them."

To support Camp Delta and the naval base, the Navy and Army have two chaplains each, two Catholics and two Protestants, plus the Army has a Muslim imam.

"Between the five of us, we try to provide well-rounded coverage for the detainees and the U.S. service members," said Merrill. "We never compromise our faith tradition, but like yesterday, a Catholic soldier came to me and wanted to be confirmed. So I talked with him, counseled him and referred him to the Catholic priest."

Merrill said he talks with anyone who asks. "Talking to a detainee is similar to talking to a soldier, because the conversations for both will be about issues in life and praying," he noted.

He said service members come to see him because of homesickness, relationships of boyfriends and girlfriends, marital issues, and sick children.

"Once you get a few soldiers together, something will happen," Merrill said. "Someone will pass away or someone gets into a car accident back home. More of the issues deal with being isolated here at Guantanamo Bay, Cuba. However, the base has many things to help the servicemen and women to keep busy, such as recreation -- sporting events, movies."

Waiting quietly to talk to the chaplain was Sgt. Derwin Davis of the 114th Military Police Company, Mississippi Army National Guard, Clinton, Miss. "It's great to have a chaplain available because when you're having problems, you know you can go right to the source instead of trying to deal with it yourself," he said.

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An interactive guide to the Law of Armed Conflict and the Rules of Engagement

<http://www.aetc.randolph.af.mil/ja/loac/000.htm>

19-05-2004

<http://www.icrc.org/Web/Eng/siteeng0.nsf/html/5Z5DKQ?OpenDocument>

Protecting life and dignity: "No war is above international law"

Jakob Kellenberger, ICRC president, says the organization condemns indiscriminate terrorist attacks unreservedly, but insists that the response to them must remain within the framework of the law. Article published in the Financial Times (UK) on 19 May 2004 and reproduced here with the FT's kind permission.

Events in Iraq and other recent armed conflicts have time and again reminded us that the essential dignity of human beings is often among the first casualties of war. Numerous offences are committed against civilians, wounded and sick combatants and those deprived of their liberty in armed conflicts around the world. This happens despite the fact that there is almost universal support for the Geneva Conventions, the treaties at the heart of international humanitarian law that oblige all parties to a conflict to protect the life and dignity of persons not or no longer fighting. The shocking events concerning detainees at Abu Ghraib prison in Iraq are unfortunately but one example of the violation of these laws and the values they embody.

These laws were specifically designed to take account of both the legitimate security needs of states and the obligation to protect human life and basic rights. The ICRC is convinced that it is possible to achieve a balance between the two.

To tackle violations of international humanitarian law committed in armed conflicts, simply paying lip service to the protection of human life and dignity is not enough. It is disturbing to note how often violations of international humanitarian law are shrugged off as "collateral damage" an appalling term when applied to human beings - or blithely justified as apparently unavoidable results of the quest for security. Frequently, commitments by governments, armies, rebel groups and other organisations to observe the principles of humanitarian law are nothing but empty rhetoric designed to cover up violations of those laws.

Yet, these laws were specifically designed to take account of both the legitimate security needs of states and the obligation to protect human life and basic rights. The ICRC is convinced that it is possible to achieve a balance between the two. One can control a territory while respecting its population, and one can detain those threatening public order while respecting their physical and spiritual integrity and without degrading or humiliating them.

The fact that the ICRC works in full independence from states and other actors allows it to credibly monitor to what extent they respect their obligations under international humanitarian law. The ICRC looks into alleged violations of such laws in places of detention and reports them to the responsible authorities, suggesting changes or demanding improvements where necessary. Its direct and confidential contacts with authorities enable the ICRC to regularly and repeatedly visit prisons and detention camps and thereby directly help prisoners whose rights may have been violated. Last year, ICRC delegates visited nearly 470,000 detainees in 80 countries, most of them far away from the media spotlight.

Since the September 11 terrorist attacks on America in 2001, acts intended to spread terror among civilians and the measures taken to stop them have taken on a new dimension.

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As I write this, our teams in Iraq are continuing to visit detainees held by the Coalition forces, always with a view to ensuring respect for the life and rights of those deprived of their liberty.

Since the September 11 terrorist attacks on America in 2001, acts intended to spread terror among civilians and the measures taken to stop them have taken on a new dimension. Terrorist acts that indiscriminately target and massacre civilians are a direct negation of the fundamental values at the heart of international law. The ICRC condemns such crimes without reservation. It also insists that the response to them must be carried out within the limits set by international law. When the fight against terror amounts to an armed conflict, states are obliged to observe the principles of international humanitarian law even when their security is at stake. This means that people deprived of their liberty cannot be detained and interrogated outside of an appropriate legal framework.

Some commentators seem to think that the threat of terrorism justifies a weakening of international law. They argue that the law should primarily serve the security needs of states, and that the legal protection of people against abuses of their dignity needs to be watered down in order to stop terrorist acts. I disagree. Any body of law must be continuously reassessed and developed to ensure its continued relevance. International humanitarian law is no exception; the ICRC is involved in discussions with governments and experts to ensure that it remains relevant. However, we will never accept a weakening of the legal provisions safeguarding the rights of people caught up in armed conflicts.

The struggle against terrorism can only be legitimate as long as it does not undermine basic values shared by humanity. The right to life and to protection against murder, torture and degrading treatment must be at the heart of the actions of all those involved in this struggle. This fight will lose credibility if it is used to justify acts otherwise considered unacceptable, such as the killing of people not participating in hostilities.

The world should not need any photographs of torture and ill treatment of prisoners to remember that the protection of human life and dignity is everyone's concern and requires action.

Link to Megalaw...on Islamic laws

<http://www.megalaw.com/top/islamic.php>

Ethics Conference JSCOPE 2000

<http://www.usafa.af.mil/jscope/JSCOPE00/jscope00.html>

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CJTF-82 SENIOR LEADER ASSESSMENT CHECKLIST

Detainee Interrogation Operations

LOCATION: DATE:	YES	NO	N/A	REMARKS
1. Has copies and is familiar with the applicable doctrinal manuals (FM 2-22.3), policies, and SOPs to conduct detainee intelligence interrogation operations.				<i>FM 2-22.3, DOD 3115.09, DOD 2310.E</i>
2. Understands how to treat detainees IAW the Detainee Treatment Act of 2005 and DoD Directive 2310.1E (Sep 5, 2006).				
3. Knows which interrogation approach techniques HUMINT collectors are authorized to use in the intelligence interrogation of detainees.				<i>DTA 2005, FM 2-22.3 Ch 8</i>
4. Understands the approval authority and the oversight considerations for using the following interrogation approaches: <i>Mutt and Jeff</i> and <i>False Flag</i>				<i>FM 2-22.3, para 8-65 to 8-70</i>
5. Understands the approval process and safeguards for using the restricted interrogation technique— <i>Separation</i> .				<i>FM 2-22.3, App M</i>
6. HUMINT collector writes/develops an interrogation plan which is reviewed and approved accordingly by senior interrogator prior to conducting interrogation of detainees.				<i>FM 2-22.3, para 10-15, p 10</i>
7. HUMINT collector knows how to determine if a contemplated approach or technique should be considered prohibited.				<i>FM 2-22.3, para 5-76</i>
8. HUMINT collector knows how to respond to orders he perceives to be unlawful.				<i>FM 2-22.3, para 5-80</i>
9. HUMINT collector understands what actions are prohibited during the conduct of intelligence interrogations as per FM 2-22.3 and SOPs.				<i>FM 2-22.3, para 5-75</i>
10. HUMINT collector understands the roles, responsibilities and relationship between Military Police (MP) and Military Intelligence (MI) personnel in detainee operations and detainee interrogation operations as per FM 2-22.3. SOP contains this information.				<i>FM 2-22.3, para 5-57 to para 5-66, Fig f-1 on p. 5-18</i>

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CJTF-82 SENIOR LEADER ASSESSMENT CHECKLIST

Detainee Interrogation Operations

LOCATION: DATE:	YES	NO	N/A	REMARKS
11. SOP contains the prohibition of the use of military working dogs in detainee interrogation operations.				<i>FM 2-22.3, para 5-59, 5-75, 8-2, App M para M-17</i>
12. Procedures are in place on the use of incentives in detainee interrogation operations. HUMINT collectors coordinate with MP/guards on the use of incentives.				<i>FM 2-22.3, para 5-60</i>
13. HUMINT collectors are debriefing MP/guards who observe and interact with detainees and are using the information collected in the interrogation operations.				<i>FM 2-22.3, para 5-42, 5-61</i>
14. HUMINT collectors briefs MP/guards on what he plans to do during the interrogation session prior to interrogation.				
15. Interrogations of detainees are under observation either directly, from a concealed location, or by video monitoring.				<i>FM 2-22.3, para 5-65</i>
16. Detainees are medically cleared prior to interrogation. Sick and wounded detainees are treated and released for interrogation by authorized medical personnel.				<i>FM 2-22.3, para 5-91</i>
17. HUMINT collector understands how to use a Behavioral Science Consultant (BSC) in interrogation operations and has utilized the BSC in detainee interrogation operations.				<i>FM 2-22.3, para 7-17</i>
18. Procedures are in place to authorize personnel from non-DoD organizations to conduct interrogations of detainees in DoD facilities/FDS.				<i>FM 2-22.3, para 5-55</i>
19. Procedures are in place for foreign government interrogators participating in the interrogation of detainees in DoD facilities/ FDS.				<i>FM 2-22.3, para 5-56</i>
20. Process is in place for reporting evidence of detainee abuse.				<i>FM 2-22.3, para 5-69 to 5-71</i>
21. Legal/JAG is used to help HUMINT collectors in the conduct of detainee interrogation operations.				
22. Contract interrogators who are used to conduct detainee intelligence interrogation operations are supervised by DoD MI personnel.				<i>FM 2-22.3, App K (para K-19)</i>

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CJTF-82 SENIOR LEADER ASSESSMENT CHECKLIST

Detainee Interrogation Operations

LOCATION: DATE:	YES	NO	N/A	REMARKS
23. Contract Interrogators are trained and certified IAW HQDA G2 memo "Contract Interrogator Selection, Training, and Certification Requirements."				<i>FM 2-22.3, App K (para K-16)</i>
24. There are sufficient numbers of qualified CAT II interpreters who are used in the conduct of detainee interrogation operations.				
25. HUMINT collectors are able to access BATS. They know how to use BATS in support of their interrogation operations.				<i>FM 2-22.3, para 13-5</i>
26. HUMINT collectors have access to both secure and non-secure lines of communication (SIPRNET, NIPRNET, DSN, secure phone) in work places.				
27. HUMINT collectors have a secure area to store classified material (ie safe, cipher lock to entrance door of work area).				
28. Procedures are in place for HUMINT collectors to have access to the personal effects of the detainee.				
29. All associated CED and CEM are evacuated with the detainee when detainee is transferred.				
30. CJTF-82 Commander's Critical Information Requirements (CCIR) are posted in the work area.				
31. HUMINT collector understands the SECDEF criteria and the Enemy Combatant Determination Request (ECDR) procedures.				
32. HUMINT collector receives sufficient information from the capturing unit to properly conduct screenings and interrogations.				
33. MI personnel are involved in the review and the recommendation process concerned with the release or retention of detainees, and the Enemy Combatant Review Board (ECRB) process.				

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CJTF-82 SENIOR LEADER ASSESSMENT CHECKLIST

Detainee Interrogation Operations

LOCATION: DATE:	YES	NO	N/A	REMARKS
34. HUMINT collector have been trained in a DoD-certified interrogation course and have successfully completed the In-Theater Training and Certification program				
35. HUMINT collectors received Home Station/Mob Site training prior to deployment in preparation of Detainee Operations/Interrogation Operations of OEF detainees (Level B Law of War/ Cultural Awareness, treatment of detainees, etc.)				
36. HUMINT collector has attended a mobile training team or some form of refresher training				
37. HUMINT collector has sufficient time to prepare and conduct detainee interrogations.				
38. HUMINT collectors are used to collect intelligence vs building a criminal case when interrogating detainees.				<i>FM 2-22.3, para 4-58 bullet 2</i>
39. HUMINT collectors are adhering to relaxed grooming standards.				
40. There is command oversight and emphasis in the conduct of detainee interrogations and that detainee interrogation operations are compliant with applicable law, policy and procedures.				
41. Measures are in place to prevent HUMINT collectors from being stressed.				

ASSESSED BY:

Printed Name:

Signature:

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Pages 1 through 3 redacted for the following reasons:

3 Pages removed for the following reason: (b)(1)1.4c, (b)(1)1.4d, (b)(1) 1.4g, (b)(3), (b)(6), (b)(2)
3 Pages removed for the following reason: (b)(1)1.4c, (b)(1)1.4d, (b)(1)1.4g
3 Pages removed for the following reason: (b)(1)1.4c, (b)(1)1.4g

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SJS 04-01317

24 February 2004

DISTRIBUTION J-3, J-5,
OCJCS/LC

SECRETARY, JOINT STAFF DIRECTIVE

on

GLOBAL SCREENING CRITERIA FOR DETAINEES (U)

The attached correspondence is circulated for information.

Joint Secretariat

UNCLASSIFIED WITHOUT ATTACHMENT

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SDR - FOR SIGNATURE

ACTION MEMO

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USD(P) I-0

4/R - (b)(6)
3005

Populy

FOR: SECRETARY OF DEFENSE

DepSecDef Action

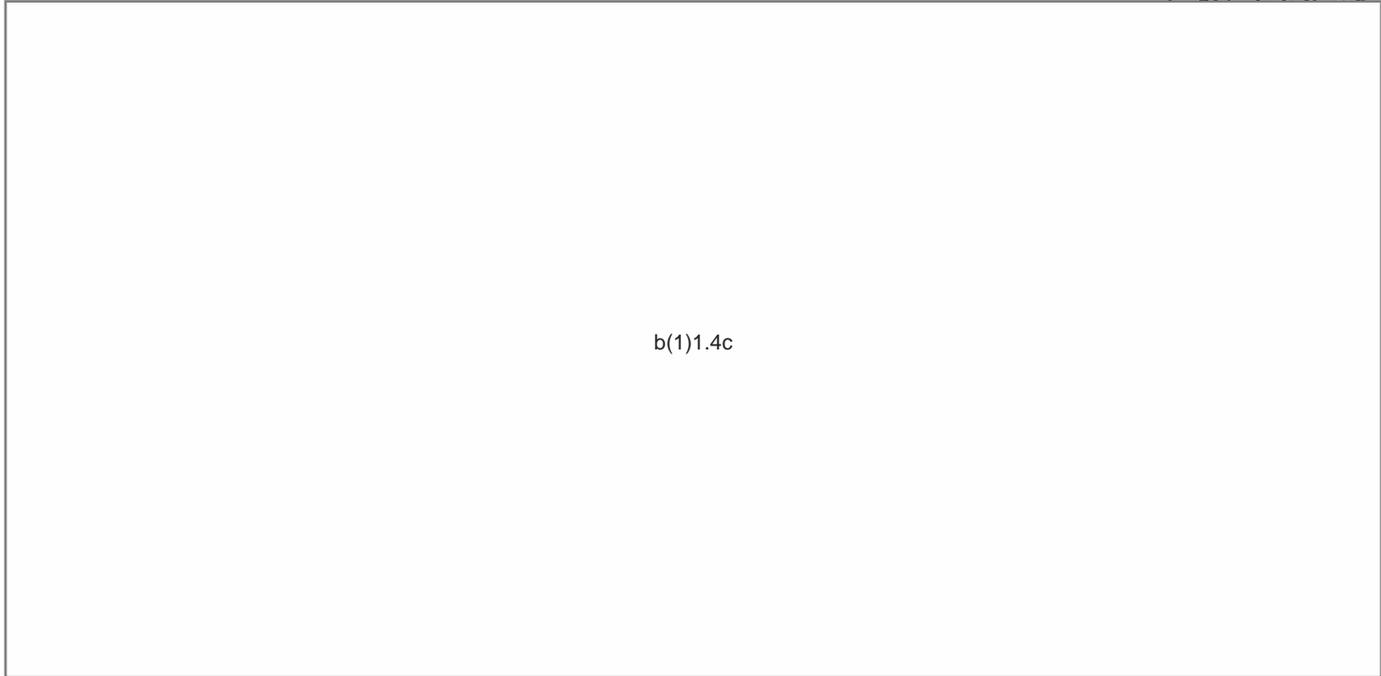
FROM: (b)(6) Assistant Secretary of Defense (SO/LIC)

(b)(6)

9/29
DEP SEC DEF
HAS SEEN
PW
FER APP

SUBJECT: Global Screening Criteria for Detainees (U)

(b)(6)



b(1)1.4c

- (S/NF) The Annex at Tab C provides supplemental guidance to Commander, US Central Command, for screening and processing individuals detained in Afghanistan.

RECOMMENDATION: Approve the attached guidance at Tab B and Annex at Tab C.

Approve AW 2/20/04 Disapprove _____ Other _____

COORDINATION: TAB D.

Attachments:
As stated.

[Handwritten signatures and notes]

SPL ASSISTANT	(b)(6)	
SR MA	(b)(6)	
MA	(b)(6)	
EXECSEC	(b)(6)	9/29

Prepared by: (b)(6) Detainee Policy Group, (b)(2), (b)(2)High

Classified by: Mr. (b)(6) ASD SO/LIC

Reasons: 1.5 (a) and (d)

Declassify on: August 25, 2013

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SECRET/NOFORN

X03287 / 03

For Dept Sec Review / Approved 1/21

B

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Criteria and Guidelines for Screening and Processing Persons Detained by the Department of Defense in Connection with the War on Terrorism

I. REFERENCES

(A) (U) President's Military Order – *Detention, Treatment, and Trial of Certain Non-Citizens in the War Against Terrorism*, November 13, 2001.

(B) (U) “*Humane Treatment of al Qaeda and Taliban detainees*,” Memorandum from the President, February 7, 2002.

(C) (S) SECDEF-APPROVED CJCS EXORD (*Execute Order establishing Joint Task Force Guantanamo Bay (JTF-GTMO)*), Chairman, Joint Chiefs of Staff, Washington, DC, 202335Z AUG 02.

(D) (S) *Implementing Guidance on Detainee Screening and Processing for Transfers of Detainees in Afghanistan, to Guantanamo Bay Naval Station*, Secretary of Defense, January 7, 2002 (rev. December 10, 2002).

(E) (U) *Comprehensive List of Terrorists and Terrorist Groups Identified Under Executive Order 13224* (updates at <http://www.treas.gov/ofac/>).

(F) (S//NF) “*Low Level Enemy Combatants*,” Memorandum from the Secretary of Defense, April 21, 2003.

(G) (U) *Patterns of Global Terrorism*, Department of State, 2002 (updates at <http://www.state.gov/s/ct/rls/pgtrpt/>).

II. PURPOSE

(FOUO) To provide criteria and guidelines for screening and processing individuals captured or taken under Department of Defense (DoD) control during Operation Enduring Freedom or other war-on-terrorism operations in accordance with references (A) (B) (C) (E) (F) and (G).

III. POLICY

- (a) (U) The United States is engaged in an armed conflict with al Qaeda, its supporters, and other designated terrorist organizations that have targeted the United States and its interests. This is an armed conflict against terrorist organizations of global reach and is not confined to one geographic area or one theater of operations.

- (b) (U) It is the policy of the DoD to ensure that any individuals detained in war-on-terrorism operations and assessed to be Enemy Combatants are screened to ensure that they meet approved criteria for detention by the DoD.

b(1)1.4c

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- (f) (U) Reference (C) remains in effect. This document supercedes the *Implementing Guidance on Detainee Screening and Processing for Transfers of Detainees in Afghanistan, to Guantanamo Bay Naval Station*, Secretary of Defense, January 7, 2002 [rev. December 10, 2002], reference (D).

b(1)1.4c, (b)(2)High

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Pages 7 through 10 redacted for the following reasons:

(b)(1)1.4c

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b(1)1.4c

- (e) (S) Temporary Holding In-Theater: The detaining Combatant Commander shall designate as appropriate and consistent with military necessity a temporary holding area in-theater to house Enemy Combatants.
- (f) (U) Medical Screening: Before movement of any Enemy Combatant to Guantanamo Bay or other designated detention facility, the detaining Combatant Commander shall ensure that the Enemy Combatant has been medically screened for, among other things, life-threatening medical conditions and infectious diseases (including tuberculosis and HIV infection), or having a mental health condition that would require immediate psychiatric care upon arrival at the detention facility, if transferred, and is fit for transport. If the Enemy Combatant is fit for transport, a medical summary will be written and forwarded to the receiving facility prior to transfer. Additionally, if the detaining Combatant Commander is unable to determine accurately whether a detainee is age 15 or younger, he shall solicit assistance from the Armed Forces Institute of Pathology for this determination.⁶ The following procedures apply:
- Requests for assistance from Combatant Commanders will be routed via the Joint Staff to the Office of the Armed Forces Medical Examiner - Armed Forces Institute of Pathology, Special Investigations Division, and will include the detainee's name/aliases and ISN.

⁶ A review of radiological materials for age assessment will be made jointly by the Office of the Armed Forces Medical Examiner and the Musculoskeletal section of the Armed Forces Institute of Pathology.

- Optimum records required for age estimation include a good quality anterior/posterior radiograph of the non-dominant hand (which will primarily be the left hand in most populations), and bitewing dental films picturing the second and third molars from one side of the jaw (maxillary and mandibular - one file each and should include molar root tips and surrounding alveolar bone).
- Film x-rays are preferred to digital, if possible. If digital radiographs are submitted, they are to be submitted on CD-ROM disk, including viewing program such as RVS (Rad info system), or in a Microsoft Windows compatible format.

b(1)1.4c

(h) (S) Detainee Assessment Team (DAT): The Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict, and the Deputy General Counsel (International Affairs) will co-chair a DAT comprising representatives of the CJCS and other appropriate DoD officials to review those Enemy Combatants recommended by the detaining Combatant Commander for transport to Guantanamo. This team will help coordinate issues with other agencies as appropriate.

V. DEFINITIONS

- (a) (U) Enemy Combatant: Any person that US or allied forces could properly detain under the laws and customs of war. For purposes of the war on terrorism, an Enemy Combatant includes, but is not necessarily limited to, a member or agent of al Qaeda, the Taliban, or another international terrorist organization against which the United States is engaged in an armed conflict. This may include those individuals or entities designated in accordance with references (E) or (G), as identified in applicable Executive Orders approved by the Secretary of Defense.
- (b) (U) International Terrorists and Specified International Terrorist Organizations, posing a threat to the United States or US interests: These groups will be identified in

the applicable Execute Orders approved by the Secretary of Defense. They include, but are not necessarily limited to, those individuals or entities designated in accordance with references (E) or (G).

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(d) (U) Law Enforcement Value: An assessment that the individual possesses information relevant to a criminal investigation or is a possible target for prosecution for alleged criminal activity.

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(e) (FOUO) Threat to the United States or US Interests: An individual poses a threat to the United States or US interests when there is reason to believe that such individual:

- is specifically listed in, or is a member of, a terrorist organization specified in the applicable Execute Order approved by the Secretary of Defense (this may also include, but is not limited to, those individuals or entities designated in accordance with references (E) or (G));
- has engaged in, aided, or conspired to commit, acts of international terrorism, or acts in preparation therefore, that have caused, threaten to cause, or have as their aim to cause, injury or adverse effects on the United States, its citizens, national security, foreign policy, or economy; or
- has knowingly harbored one or more of the above described individuals.

(f) (U) Screen: To obtain, corroborate as appropriate, and record to the maximum extent possible the information specified in paragraph IV(a) of this guidance.

(g) (U) Under DoD Control: When an individual is either in the physical control of DoD or, if in the physical control of another agency, has been designated by the President, or his designee, for transfer to DoD control.

(h) (U) DoD Detention Facility: As directed by the Secretary of Defense, or his designee, a facility to detain Enemy Combatants under DoD control in connection with Operation Enduring Freedom and other operations in the war on terrorism.

(i) (U) Low-level Enemy Combatant: Those individuals who are not a threat beyond the immediate battlefield or that do not have high operational or strategic intelligence or law enforcement value that requires the specialized type of exploitation capability available at Guantanamo.

VI. (U) These criteria and guidelines will be reviewed at least annually and updated and supplemented as necessary.

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Bagram Centcom 295

8 August 03

Detainee Screening in Afghanistan

I. REFERENCE

(S) *Criteria and Guidelines for Screening and Processing Persons Detained by the Department of Defense in Connection with the War on Terrorism*, Secretary of Defense, _____, 2003.

II. PURPOSE

(a) Per direction of the Secretary of Defense, this document supercedes the *Implementing Guidance on Detainee Screening and Processing for Transfers of Detainees in Afghanistan, to Guantanamo Bay Naval Station*, Secretary of Defense, January 7, 2002 [rev. December 10, 2002].

(b) In connection with the reference above, this document provides supplemental guidance to Commander, US Central Command, regarding screening and processing individuals detained in Afghanistan in connection with the war on terrorism.

III. PROCEDURES

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(c) (S) Commander, US Central Command will establish a Detainee Review and Screening Team (DRST) for Afghanistan, that will validate the information compiled on each individual for completeness and accuracy to the maximum extent possible. To the extent possible and appropriate, the team will include representatives of DoD (including CITF), DOJ, CIA, and the State Department to assist in evaluating and completing the information. In addition to ensuring all available information has been compiled as prescribed by the reference above, for each detainee, the team will determine the following:

- (1) that all information gathered in accordance with paragraph (b), above, that can be practically gathered in Afghanistan has been gathered and made a matter of record; or that the information from paragraph (b) cannot be obtained because the detainee refuses to provide information; and
- (2) whether there are any intelligence or law-enforcement (including investigative and forensic) related reasons to keep the detainee in Afghanistan (e.g., whether it is useful to have him there when other detainees are being questioned in Afghanistan, etc.).

(d) (S) The DRST shall screen these Enemy Combatants in accordance with the reference above. If the DRST in Afghanistan is unable to perform the required screening procedures, Commander, US Central Command shall follow the procedures outlined in the reference above for requesting additional assistance from a Mobile Detainee Review and Screening Team (MDRST).

(e) (S) Following review by the DRST (or MDRST, if needed), the Commander, US Central Command shall follow the procedures outlined in the reference above for holding and moving Enemy Combatants.

IV. DEFINITIONS

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D

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COORDINATION

DoD General Counsel
2003
Principal Deputy

Mr. (b)(6)

13 August

Joint Staff
Director

LTG Casey

15 September 2003

Secretary of the Army

Mr. Brownlee (Acting)

10 September 2003



DEPUTY SECRETARY OF DEFENSE
1010 DEFENSE PENTAGON
WASHINGTON, DC 20301-1010

JAN 19 2007
RECEIVED
FEB 01 2007

MEMORANDUM FOR COMMANDER, U.S. CENTRAL COMMAND

SUBJECT: Enemy Combatant Status Determinations (FOUO)

CF:DCS/STS/CCM

(S) Pursuant to Deputy Secretary of Defense memorandum, "Global Screening Criteria (GSC) for Detainees," February 20, 2004, the combatant commanders shall assess individuals over whom they obtain control in connection with War on Terrorism operations to determine whether they are enemy combatants (EC) and are therefore subject to detention by DoD personnel. The Detainee Treatment Act of 2005 provides that no person in the custody or under the effective control of the Department of Defense shall be subject to any treatment or technique of interrogation not authorized by and listed in the United States Field Manual on Intelligence Interrogations. Field Manual 2-22.3, "Human Intelligence Collector Operations," September 6, 2006, provides that separation as an interrogation technique may only be used in the interrogation of persons determined to be unlawful enemy combatants. The National Defense Authorization Act, 2005 requires that the Secretary of Defense submit to Congress an annual report that includes, among other things, the number of individuals determined to be enemy combatants. Finally, pursuant to Deputy Secretary of Defense memorandum, "Policy Guidance on Department of Defense Detention Operations in Iraq, September 16, 2005, provides additional DoD policy guidance on detention operations in Iraq and includes a definition of enemy combatant.

(b)(1)1.4a

(b)(1)1.4c

Derived from: Multiple Sources
Reason: 1.4(a), (c), (d)
Declassify on: 08 Jan 2017

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1/22/2007 9:08:26 AM

(S) U.S. forces are conducting war on terrorism operations against al Qaeda in Iraq. Although the designation of detainees as enemy combatants under the GSC applies globally, it is understood that individuals detained in Iraq generally are held as security internees under the law of war and relevant U.N. Security Council Resolutions. Because some of these detainees are al Qaeda and associated forces and would meet the criteria for designation as unlawful enemy combatants under the GSC, it is necessary that such detainees be formally evaluated pursuant to the GSC, consistent with the September 16, 2005, Iraq policy guidance.

(S) For the purposes of applying the GSC in Iraq and other areas in the U.S. Central Command area of responsibility, Commander, U.S. Central Command, may delegate to the level of Task Force Commander, including to the Deputy Commanding General for Detainee Operations, the authority to designate detainees as enemy combatants in the war on terrorism under the GSC.

(S) It is necessary that we have accurate information on the status of detainees, including the number of unlawful enemy combatants in Iraq, for congressional reporting and other purposes. [redacted] (b)(1)1.4c

[redacted] (b)(1)1.4c
[redacted] (b)(1)1.4c. Moreover, in order to complete the required 2006 report to Congress under reference (d), we will need to ensure that information on the distinct categories of detainees, including unlawful enemy combatants in Iraq, is accurate. [redacted] (b)(1)1.4c

[redacted] (b)(1)1.4c

[redacted] (b)(1)1.4c

(S//NF) Please review your procedures and policies regarding determination of enemy combatant status and confirm that such determinations are being made consistent with the requirements referenced above. Should you require further guidance regarding these matters, please let me know.



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~~SECRET~~



UNITED STATES CENTRAL COMMAND
OFFICE OF THE COMMANDER
7115 SOUTH BOUNDARY BOULEVARD
MACDILL AIR FORCE BASE, FLORIDA 33621-5101

15 May 2008

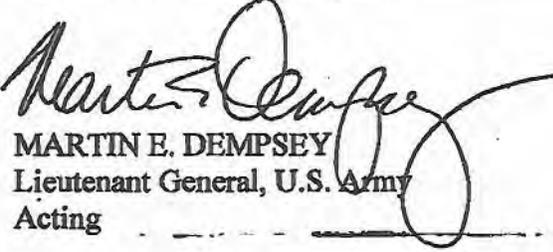
FOR: COMMANDER, COMBINED/JOINT TASK FORCE-101

SUBJECT: CJTF-101 Authority to Transfer Low-Level Enemy Combatants in Afghanistan ~~(S)~~

Ref: DEPSECDEF Memo, 14 Apr 08, Subject: Authority to Transfer Low-Level Enemy
Combatants ~~(S)~~

b(1)1.4a

3. (U) Please refer questions to the USCENTCOM Detainee Operations Branch.


MARTIN E. DEMPSEY
Lieutenant General, U.S. Army
Acting

Classified by: Major General Curtis M. Scaparrotti, USCENTCOM/J3
Reason: 1.4(a)
Declassify on: 15 May 2018

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UNITED STATES CENTRAL COMMAND
OFFICE OF THE DEPUTY COMMANDER
7115 SOUTH BOUNDARY BOULEVARD
MACDILL AIR FORCE BASE, FLORIDA 33621-5101

01 March 2010

FOR: COMMANDER, UNITED STATES FORCES - AFGHANISTAN

SUBJECT: Authority to Release or Transfer Detainees to the Afghan National Detention Facility (ANDF)

Ref: (a) Joint Task Force (JTF) 435 Request Memo, dated 18 February 2010
(b) USCENTCOM Memo, dated 15 May 2008
(c) DEPSECDEF Memo, dated 02 July 2009

1. (U//~~FOUO~~) At the request of JTF 435 (ref a), COMUSCENTCOM guidance concerning the transfer of Low Level Enemy Combatants to the ANDF (ref b) is hereby rescinded.
2. (U//~~FOUO~~) Commander, USFOR-A or his designee, is delegated the authority to approve transfer or release of detainees in Afghanistan, including transfers of third country nationals, under the control of OEF forces, to Afghan authorities for criminal prosecution or any other lawful purpose. Ensure that safe and humane transfer operations to the ANDF continue through close coordination with the Government of the Islamic Republic of Afghanistan, and ensure the ANDF does not exceed transfer capabilities. This delegated authority does not extend to release or transfer of detainees classified as Enduring Security Threats as defined in ref c, which must be approved by Commander USCENTCOM or Deputy Commander USCENTCOM.
3. (U//~~FOUO~~) Commander, USFOR-A will notify USCENTCOM prior to the release or transfer of a detainee who was formerly classified as a high-level enemy combatant, has been held in U.S. detention for more than two years, has been the subject of U.S. litigation, was captured outside Afghanistan, or has previously garnered national media attention. Notification will include the detainee's capture date and circumstances, date and results of the most recent detainee review board, and a brief summary of the reason for release or transfer.
4. (U) The point of contact for this memorandum is Maj [redacted] (b)(6) USAF, USCENTCOM/J3/JSSD, DSN [redacted] (b)(2)

Very respectfully...

JOHN R. ALLEN
LtGen, USMC

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