

Exhibit J

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From:
To:
Cc:
Bcc:
Subject: Description of Physical Pressures
Date: 7/9/2002 10:58:03 AM

Original Text of

9 July 2002

MEMORANDUM FOR:

FROM:

OFFICE: CTC/UBL

SUBJECT: Description of Physical Pressures

REFERENCE:

Original Text of

From the Desk of
Operational Psychologist

NOTE FOR:
FROM:
OFFICE: OAD
DATE: 07/08/2002 04:15:15 PM
SUBJECT: Description of Physical Pressures

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6/16/2015 10:53 AM

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Below are the descriptions of potential physical and psychological pressures discussed in the July 8, 2002 meeting. The aim of using these techniques is to dislocate the subject's expectations concerning how he is apt to be treated and instill fear and despair. The intent is to elicit compliance by motivating him to provide the required information, while avoiding permanent physical harm or profound and pervasive personality change.

1. Attention Grasp:

In a controlled and quick motion, grasp the individual with both hands, one on each side of the collar opening. In the same motion, draw the individual toward you.

2. Walling: The individual is stood in front of a specially constructed flexible wall. The individual's heels touch the wall. The individual is pulled forward and then quickly and firmly pushed into the wall. The head and neck are supported with a rolled hood or towel that provides a c-collar effect to help prevent whiplash. Contact with the wall is made with the individual's shoulder blades. To reduce the probability of injury, the individual is allowed to rebound from the wall.

3. Facial Hold: One open palm is placed on either side of the individual's face, fingertips well away from the individual's eyes. The goal is to hold the head immobile.

4. Facial Slap (Insult Slap): The slap is delivered with fingers slightly spread. Contact should be made with the area directly between the tip of the chin and the bottom of the corresponding earlobe. The goal of the facial slap is to induce shock and surprise, not severe pain.

5. Cramped Confinement: Individuals are placed in a confined space the dimension of which restricts movement. The container is usually dark. Individuals may be kept in larger confinement spaces for up to 18 hours, and smaller confinement boxes for one hour.

6. Wall Standing: This technique is used to induce fatigue. The individual stands approximately 4 or 5 feet from a wall, with his feet spread approximately shoulder width. With arms out stretched in front, fingers resting on the wall supporting body weight. Individuals are not allowed to move or reposition their feet or hands.

7. Stress Positions: A variety of stress positions are possible. They focus on producing mild physical discomfort from prolonged muscle use, rather than pain associated with contortions or twisting of the body. The two discussed were (1) the subject sitting on the floor with legs extended straight out in front of him with his arms raised above his head; and (2) having the subject kneel on the floor and lean back at a 45 degree angle.

8. Sleep Deprivation: Preventing sleep is intended to have the effect of reducing the subject's ability to think on his feet secondary to fatigue and to motivate him to cooperate because of the discomfort associated with sleep debt. For most people, the effects of sleep deprivation remit after one or two nights of uninterrupted sleep. In rare circumstances, individuals predisposed to psychological problems may display abreactions, but these too generally remit after the individual sleeps. The record (Guinness Book of World Records) for voluntary sleep deprivation is 205 hours with the subject showing no significant psychological problems and quick recovery after one or two days of sleep.

9. Water Board: With this procedure, individuals are bound securely to an inclined bench. Initially a cloth is placed over the subject's forehead and eyes. As water is applied in a controlled manner, the cloth is slowly lowered until it also covers the mouth and nose. Once the cloth is saturated and completely covering the mouth and nose, subject would be exposed to 20 to 40

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seconds of restricted airflow. Water is applied to keep the cloth saturated. After the 20 to 40 seconds of restricted airflow, the cloth is removed and the subject is allowed to breath unimpeded. After 3 or 4 full breaths, the procedure may be repeated. Water is usually applied from a canteen cup or small watering can with a spout.

10. Use of Diapers: The subject appears to be very fastidious. He spend much time cleaning himself and seems to go out of his way to avoid circumstances likely to bring him in contact with potentially unclean objects or material. He is very sensitive to situations that reflect a loss of status or are potentially humiliating. One way to leverage his concerns, while helping ensure his wound doesn't become infected with human waste when in cramped confinement is to place him in an adult diaper. If soiled, care would have to be taken to keep human waste out of his leg wound.

11. Insects: The subject appears to have a fear of insects. One possibility is to threaten to place stinging insects into the cramped confinement box with him, but instead place harmless insects. The purpose of this would be to play off his fears and increase his sense of dread and motivate him to avoid the box in the future by cooperating with the interrogator's requests.

12. Mock Burial: The individual is placed in a cramped confinement box that resembles a coffin. The box has hidden air holes to prevent suffocation. The individual is moved to a prepared site where he hears digging. The site has a prepared hole, dug in such a way that the box can be lowered into the ground and shovels of dirt thrown in on top of it without blocking the air holes or actually burying the individual. This procedure would be used as part of a threat and rescue scenario where the "burial" is interrupted and the subject is rescued by a concerned party. The rescuers then use the subject's fear of being returned to the people trying to bury him as a means of pressuring the subject for information.

Hope this helps.

Jim Mitchell

Sent on 8 July 2002 at 04:15:15 PM

CC:

Sent on 9 July 2002 at 07:22:23 AM

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