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~~SECRET//NOFORN~~ (b)(1)

From: [redacted]

(b)(3) CIAAct

To: [redacted]

(b)(3) CIAAct

(b)(3) NatSecAct

Cc: [redacted]

(b)(6)

(b)(6)

Bcc:

Subject: Re: [redacted] RDG Tasking for IC Psychologists Jessen and Mitchell

Date: 6/20/2003 2:19:53 PM

(b)(3) CIAAct

(b)(6)

[redacted] - Here are our comments on the pos(b)(1) taskings for the IC psychologists.
 (b)(3) NatSecAct.

1) Realizing that the IC's are already en route to [redacted] to begin a pre-Guantanamo assessment of the detainees, we're still concerned that they are not the right candidates for that particular task--and that for several reasons we may want to send someone else later. So far as we're aware, their expertise in assessing folks for long term incarceration is very limited. Interviewing those who return from relatively short-duration detentions is not likely very relevant to what our detainees will be facing. If it is the best we have, then (b)(3) CIAAct we again suggest (b)(6) [redacted] is probably a better candidate. A psychiatrist, he certainly has debriefed more released hostages than the two ICs combined, and doesn't have the baggage of having applied enhanced measures. Even though the ICs are very bright folks who have made an effort to forge a positive relationship with their subjects, no professional in the field would credit their later judgements as psychologists assessing the subjects of their enhanced measures. They could be right on target, but if some untoward outcome is later to be explained, their sole use in this role will be indefensible. There is just too much extraneous at play--with both AZ wanting to be friends so as not to return to the former situation, and the psychologists wanting to be friends so that bygones are bygones--to view even a correct assessment as valid.

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2) In terms of program development, the ICs clearly have experience that will be useful to many individuals, mostly drawn from their SERE days. While they have more exposure to our current situation than others, this is largely related to an interrogation scenario that will probably not often be repeated.

As others gain more current, more relevant experience, their input will be less useful--so it will be important that (egos notwithstanding) they are not encouraged to think their experience sets them above anyone else. As IC's they should only be consultants, on request.

3) The ethics tasking, as we discussed, needs to be clarified. We think the ICs have much to offer in the area of standards of conduct in our program--both

for interrogators and psychologists, primarily drawn from the established standards of the SERE program. That is different from "ethics," per se, which

among other things would relate to blending the roles of interrogator and psychologist. Since a major ethics issue for psychologists will be exactly the legitimacy of blending these roles (or alternating between them), it will be important that someone other than these two ICs handle that task. They already

occupy an extraordinarily minority position on this (and one contrary to SERE practice), and will simply have no credibility among staff psychologists. The

ethics part actually is straightforward, and the existing code of ethics already address this in clear terms. So, we are left here with tasking on standards of conduct--still a very important assignment.

4) We enthusiastically endorse the proposal that the ICs undertake a baseline review of the interrogation and debriefing tactics, techniques and procedures currently underway. I would make this their first priority, and even expand the assignment beyond your description--to look at non-military models and really look at measurable outcomes within our own experience.

5) The paper on how memory works also is a good project.

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6) Collecting information on how similar programs are run, and making recommendations for our program is also worthwhile. Having them play central roles in designing and overseeing our program is probably inappropriate, since this will be the reinvention of a program on which there is substantial internal expertise and historical knowledge. And this is particularly the case in the area of personnel selection, where we have a wealth of experience. We would welcome informed suggestions, but think this is distinctively an internal staff responsibility.

So, in sum, we think the ICs greatest potential contribution will be in the studies in paras 4-5 above, that a circumscribed role in the paras 3 and 6 tasking has some merit, but that the range of tasks in para 1 are inappropriate for a combination of reasons.

Final point of concern. One of our RMOs just returned from several days observing the Ft. Bragg SERE course. He learned from the senior SERE psychologist there--who has spoken to our assembled staff in the past and knew this was an Agency doctor--that the two ICs told him that we were using the waterboard and other enhanced measures on our detainees. We've been extremely careful in our very limited conversations with SERE folks to say our interest in these techniques related only to evaluating them for possible use within a training program, and are confident that was CTC's guidance also. I hope these folks are not promoting their importance among their colleagues by inappropriate disclosures; you may want to check with them.

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