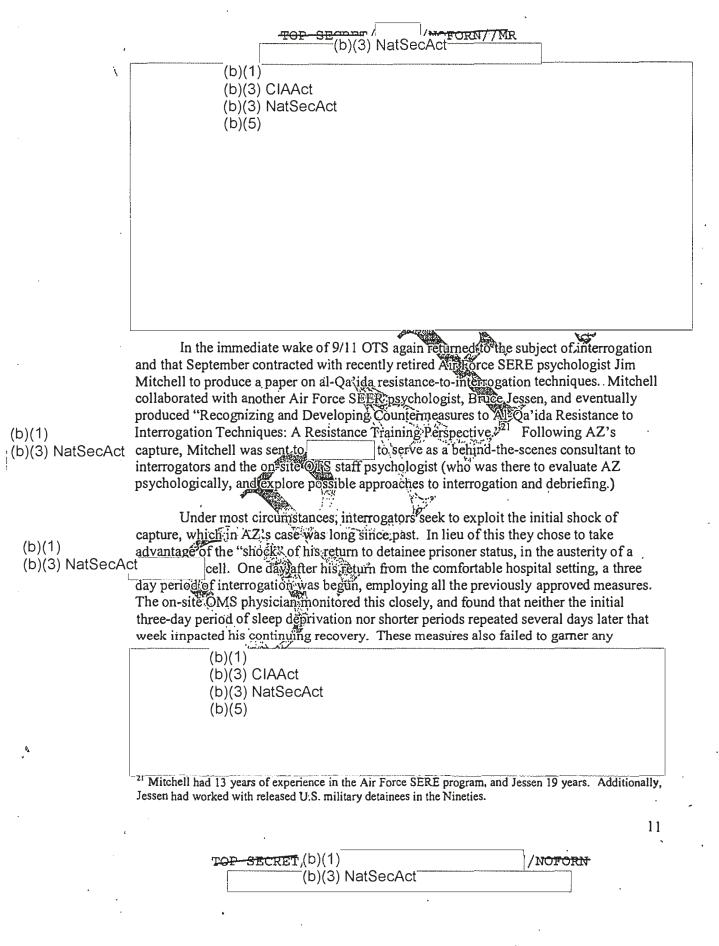
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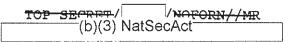
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drainatic new intelligence. A one day repetition the following week was similarly ineffectual. As the on-site personnel assessed the situation, "there is unlikely to be a 'Perry Mason' moment where the subject ultimately gives up but rather will likely yield information slowly over the course of the interrogations. The subject currently is taking a highly sophisticated counter-interrogation resistance posture where his primary position is to avoid giving details."<sup>22</sup>

The next contemplated step—which was approved for use at the end of AZ's first week of interrogation—would have been more punitive: placing him in a "confinement" box akin to that previously used in the Agency's own training program. As OMS was advised, confinement boxes had been introduced

(b)(1)		
(b)(3)	NatSecAct	x was and
	to be 30" x 20" x 85", which was more spacious than both the "prototype." the one once used in Agency training. The plan, was to confine AZ in a reclining bo	and ox for
(b)(1)	a trial period of 1-2 hours repeated no more than 3 times a day	
(b)(3) Nat	$P_{ac} \wedge ot$ believed that it would "achieve the desired effect " $(D)(1)$	
	(b)(3) Nat	Secaci
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	(b)(1)	
	(b)(3) CIAAct	
•	(b)(3) NatSecAct	
	(b)(5)	
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	TOP SECRET / (b)(1) /NOFORN	
	(b)(3) NatSecAct	

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(b)(3) (						
	VatSecAct					
(b)(5)						
	)					
	ack of success			5.A		- 41
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NOFORN TOP **GEC** (b)(3) NatSecAct (b)(1) (b)(3) NatSecAct (b)(5) By early July a specific plan for the aggressive phase of AZ is interrogation had been worked out. The goal was to jarringly "dislocate" his expectations of treatment, and thereby motivate him to cooperate. (At the time AZ was believed to be author of the al-Qa'ida manual on interrogation resistance; heisting seemed to think if he could hold out longer, he would be transferred into the benign U.S judicial system.) The interrogations would be handled exclusively by the two contract SERE psychologists,<sup>24</sup> who would escalate quickly through a "menu" of pre-approved techniques. (b)(1)(b)(3) NatSecAct (b)(5) -i.e., a senior OMS PA, who had worked in the previous Agency program-was to be present throughout and, when warranted, an OMS physician. The OMS medical officers' exclusive role was to assure AZ's safety during interrogation. As a practical matter, and with OMS concurrence, there were to be two sizes of confinement boxes. Confinement in the previously described larger box would be limited to 8 hours (and no more than 18 hours total in a 24 hour period). A much smaller box also would be built, measuring 302 high x 21"x 30". Confinement in this box would be <sup>24</sup> CTC described Jessen as a "SERE interrogation specialist" experienced "in the techniques of confrontational interrogations:" (b)(1) (b)(3) CIAAct (b)(3) NatSecAct (b)(5) (b)(6) 14  $\frac{1}{2} \frac{1}{2} \frac{1}$ TOP NOFORN (b)(3) NatSecAct<sup>\*</sup>

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/<del>NOFORN//MR</del> TOP SECRET / (b)(3) NatSecAct (b)(1) event ally standing sleep deprivation, nakedness and cold showers. As these were not (b)(3) NatSecAct "enhance d" techniques, no medical monitoring function was specified, nor was OMS advised of interrogations. When detainees needed medical care, the PA was called. This happened every week or two, largely for assigned TDY (b)(1) entirely routine complaints.<sup>65</sup> Interrogator at left to their own devices, (b)(3) NatSecAct sometimes improvised. These improvisations vari d from unauthorized SERE techniques such as smoke blown into the face, a stabilizing stick behind the knees of a kneeling (b)(1) detainee, and cold showers, to undisciplined, physically aggressive "hard takedowns" and (b)(3) NatSecAct staged "executions" (though the latter proved too transparent a ruse). (b)(1)The only death tied directly to the detainee program took place in this context at (b)(3) NatSecAct staff being left without It came about as the result of clear guidance, or any monitoring requirement, at a time of dramate temperature change. (b)(1)(b)(3) NatSecAct October 2002, a suspected Afghan extremist named Gul Rahman His principle was captured in Pakistan, and on November rendered to (b)(1) interrogator was psychologist/interrogator Bruce Jessen, on site to conduct in depth (b)(3) NatSecAct interrogations of several recently detained al-Qa'ida operatives. For a week, Rahman steadfastly refused to cooperate despite being kept naked and subjected to cold showers and sleep deprivation. Jessen was joined by psychologist/interrogator Mitchell on (b)(1) November (b)(3) NatSecAct PAVisited At this time the and found no pressing medical problems, <sup>66</sup> but in view of a recent temperature drop recommended that the detainees be provided with warmer clothing (between November and the (b)(1)low had fallen eleven degrees to about 31°F). (b)(3) NatSecAct the psychologist/interrogators performed a final mental status exam on Rahman and recommended "continual environmental deprivations." They, and the (b)(1) the evening of November PA, then departed (b)(1)(b)(3) NatSecAct (b)(3) NatSecAct Över the next few days, temperatures improved (highs up fifteen degrees (b)(1)lows up nine degrees? but Rahman's demeanor and level of (b)(3) NatSecAct cooperation did not. When his food was delivered on the he threw it, his water bottle and his defecation bucket at the guards, saying he knew their faces and (b)(1) would kill them when he was released. On learning this, the Site Manager directed that (b)(3) NatSecActRahman, who wore only a sweatshirt, be shackled hands and feet, with the shackles connected by a short chain. As such, he was nearly immobiliz d sitting on the concrete floor of his cell. The temperature had again dropped the preceding evening, and (b)(3) NatSecAct (b)(1) (b)(3) NatSecAct (b)(5) 33 TOP SECRET / (b)(1) /<del>NOFORN</del> (b)(3) NatSecAct

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 (b)(3) NatSecAct

the night Rahman was short-chained reached a low of 31°F. Although Rahman allegedly looked okay to the guards during the night, he was dead the following morning.

(b)(1) <sup>°</sup>	An autopsy—performed by a (b)(6) pathologist (b)(6) and
(b)(3) NatSecAct	assisted by the PA to -found no
	trauma, toxicology, or other pathology to explain the death. On a clinical basis, the
b)(1)	pathologist attributed cause of death to hypothermia, consistent with the absence of
b)(3) NatSecAct	specific findings. Rahman lost body heat from his bare skin directly to the concrete floor
(6)(1)	and was too immobilized to generate sufficient muscle activity to keep himself alive. <sup>68</sup>
(b)(1) (b)(3) NatSecAct	
(b)(6)	Gui Kummur 5 deam inggered several meennal denons, mending me generation of
	formal DCI guidelines on the handling and interrogation of detainees (which basically
	codified existing RG practice), and the requirement that all those participating in the program document that they had read and understood these requirements. <sup>69</sup> The
	"Guidelines on Confinement Conditions for CIAD etainees" (28 January 2003) required,
	among other things: documented periodic medical (and when appropriate, psychological)
	evaluations; that detainee food and dr nk, nutrition and sanitary standards not fall below a
	minimally accentable level; that elething and/or the the discipal environment he sufficient to
	meet basic health needs; that there be sanitary facilities (which could be a bucket); and
	meet basic health needs; that there be sanitary facilities (which could be a bucket); and that there be time for exercise. The "Guidelines on Interrogations Conducted Pursuant to
	the Presidential Memorandum of Notification of 17 September 2001 "specified that Ell's
	could not be used without prior Headquarters approval, must be preceded by a physical
	and psychological exam, and must be monitored by medical personnel. Even standard
	techniques (those deemed not to incorporate significant physical or psychological
	pressure) required prior approvals whenever feasible." These standard techniques were described as including sleep deprivation (up to 22 hours, reduced to 48 hours in Dec
	2003), diapering (generally notitorexceed 72 hours), reduced caloric intake (still adequate
	to maintaingeneral health), isolation, loud-music or white noise, and denial of reading
	material.
(b)(1)	Renditions and Detainees Group (RDG, the renamed RG) in December was given
(b)(3) NatSecA	Ct esponsibility for oversight of Coincident with this, OMS took over
•	psychologist coverage there, which began with the assessment of some detainees then
	on site. The $(b)(1)$ PA also began monthly cable summaries of detainee physical health.
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	(b)(3) NatSecAct
	(b)(1)
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