

EXHIBIT 111

Re: Setting up for Interrogations

From: [redacted]
To: [redacted]
Cc: [redacted]
Bcc: [redacted]
Subject: Re: Setting up for Interrogations
Date: 9/22/2002 12:55:17 PM

Original Text of [redacted]

[redacted]

TO: [redacted]
FROM: [redacted]
OFFICE: [redacted]
DATE: 09/19/2002 07:04:05 PM
SUBJECT: Re: Setting up for Interrogations

[redacted]
With [redacted] noting the psychological assessment needs to be "defensible", I will define this as an HVT Psychologist being able to reliably determine if the detainee has a psychopathological condition that precludes the interrogation measures that were approved for use on AZ. Doing this indirectly, via the cable traffic and the file, would be difficult to do unless 1) we have a copy of a psychological assessment [redacted]

[redacted] or 2) [redacted] has directly met with the individual [redacted]

[redacted] To make this indirect assessment defensible, we would have to this reliable information to make our assessment. Of course, even if we had reliable information that was aged, the assessment may again not be defensible. If you like, we can review some of the files of [redacted] to see if there is information that we could consider reliable.

The most defensible measure for assessing if the individual's particular mental disposition is via a direct assessment. [redacted]

[redacted] In our investigation of the psychological issues relating to the legal language leading up to getting the approval for the enhanced measures on AZ, is the lack of psychopathology or preexisting mental conditions that would make him likely to suffer prolonged mental harm from our interrogation techniques. The direct assessment, called a mental status exam, can be done shortly after the initial capture by either Jim or Bruce and takes a brief period of time to accomplish. Once this exam is done, we would have the defensible information to meet the CTC/LGL requirements for implementing all of the currently approved methods. Additionally, this exam and the continuation of the assessment would allow the HVT psychologist to begin assessing the individual to determine the best physical and psychological pressures that would be needed to get this individual to a compliant state as quickly as possible.

In my read of the DOJ memo, providing we abide by our water board process on [redacted] (qualified medical staff present, the defensible exam is done and we follow our procedures) I believe the water board can be approved by CTC/LGL without the need for further input from DOJ.

Below is the text of a note I sent to [redacted] last Friday that outlines in more detail the above noted process.

The schedule for Jim and Bruce as outlined in [redacted] note is accurate. [redacted] our HVT Interrogator is certified to implement the enhanced interrogation pressures and can assist Jim or Bruce with the water board. [redacted] is correct, [redacted] is not a psychologist, but has [redacted] experience as a SERE interrogator.

We have some flexibility in Bruce's schedule, [redacted] is available [redacted] as long as we need him and Jim's schedule is the least flexible [redacted]

[redacted] Let me know if/how we can help [redacted]

Re: Setting up for Interrogations

[Redacted]

Text of note to [Redacted]

The standard we should be held prior to implementing the already approved physical and psychological pressures is whether the detained unlawful combatant (DUC) has major psychopathology. [Redacted] our standard which was done in AZ's case, would severely limit the interrogation's team ability to acquire immediate actionable intelligence from a captive. I have spoken with two senior operational psychologists to verify the information we have already acquired from Jim Mitchell concerning this issue. Also, we need to take advantage of the initial capture shock and begin the overall assessment to tailor the specific interrogation process as soon as feasible after capture.

Following is our guidance for the initial psychopathological assessment of a DUC and the parallel assessment for tailoring the interrogation process.

Upon initial capture or as soon as possible after capture, an HVT interrogation psychologist (HVTIP) begins two assessments. The first assessment to determine whether the DUC has major psychopathology, can be done in 15 minutes, assuming the DUC can communicate, either in English or through a translator, with the HVTIP. This initial assessment is called a mental status exam and is accurate in determining if someone has major psychopathology. Once this first assessment is done, the HVTIP would continue assessing the DUC for the best interrogation process we would implement while traveling with the DUC's to the interrogation site. Depending upon the situation, the interrogation could begin while the DUC is being transported. Upon arrival at the interrogation site, the full individually tailored process could begin in earnest: Bottom line here is if the HVTIP determines the DUC has no major psychopathology, then the interrogation team should have the authority to immediately implement the pressures already approved by CTC/LGL, DOJ and the White House.

Original Text of [Redacted]

[Redacted]

18 September 2002

MEMORANDUM FOR: [Redacted]

FROM: [Redacted]

OFFICE: [Redacted] CTC/UBL [Redacted]

SUBJECT: Setting up for Interrogations

REFERENCE:

[Redacted]

-- believe we have the approvals for all enhanced measures up to the waterboard. [Redacted] indicates that we have them and can use them [Redacted] are checking w/ [Redacted] about this.

-- to get waterboard approvals, we need a psychological evaluation. We suspect we do not/not need a full [Redacted] interview which we used as the basis of AZ's evaluation; [Redacted] is checking into this. [Redacted] indicated that we need to make a "defensible" psychological analysis indicating that, given the individual's particular mental disposition, he would not suffer prolonged and severe psychological problems resulting from the enhanced interrogation techniques. We are checking with [Redacted] again to see what this means - can OTS make a defensible analysis based on a file review on the targets? Or do they need to have a psych eval done on the ground, face-to-face? [Redacted] indicates that all it must be "defensible." [Redacted] and [Redacted]

[Redacted]

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Re: Setting up for Interrogations

[redacted] are following up on this with [redacted]

-- If we capture [redacted] we'd like to have Jim or Bruce, one of [redacted] psychologist/interrogators, fly to [redacted] meet the detainee. With the approvals in hand, they can immediately begin interrogations and take advantage of "capture shock." They also can do the assessment, if necessary, and send it back so we can start on approvals for the waterboard. They fly back [redacted] with the detainee. We send for the doctor so he's on hand when they arrive.

Something to keep in mind: We have only two interrogator/psychologists. [redacted] who is out [redacted] now, is "only" an interrogator. He can't do the psych evaluations. However, he will be trained to do all measures, including waterboard. We need more of these types; [redacted] is working on this.

Jim has to be out [redacted] by [redacted] other commitments. He'll be available again [redacted].
Bruce is available after [redacted]

Original Text of [redacted]

[redacted]

TO: [redacted]
FROM: [redacted]
OFFICE: [redacted] CTC/UBI
DATE: 09/18/2002 11:42:44 AM
SUBJECT: Re: Medical coverage planning

Yes, as long as there was a chance we'd still use the waterboard, we needed a doctor on site. The dr. will be there [redacted]

However, now that we do not seem to be inclined to use that method on AZ, OMS would like permission to remove their dr [redacted]

[redacted]

As we can not get the waterboard pre-approved, b/c any waterboard approval will be dependent upon getting an initial psych exam, [redacted]. We are working with Legals to get all of the approvals for all measures up to the waterboard in place [redacted]

Once we have them, we propose having Jim or Bruce, the interrogators/psychologists [redacted] be ready [redacted]

[redacted] They can employ the other methods right away. They will also do the initial psych assessment and send that back so we can get approvals [redacted]

Does this sound ok?

Original Text of [redacted]

[redacted]

[redacted]

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Re: Setting up for Interrogations

TO: [redacted]
FROM: [redacted]
OFFICE: [redacted] CTC [redacted]
DATE: 09/18/2002 11:26:01 AM
SUBJECT: Re: Medical coverage planning

There would be nurses on site correct? Were there previous agreements stipulating that since we were in the ongoing "enhanced" interrogation phase of AZ that OMS would provide constant Doc assistance?

[redacted]

Original Text of [redacted]

[redacted]

Original Text of [redacted]

[redacted]

17 September 2002

MEMORANDUM FOR: [redacted]
FROM: [redacted]
OFFICE: [redacted] CTC/UBL [redacted]
SUBJECT: Medical coverage planning

REFERENCE:

OMS would like an answer - I concur but wanted your opinion, given that you wanted a full contingent there.

Original Text of [redacted]

[redacted]

17 September 2002

MEMORANDUM FOR: [redacted]
FROM: [redacted]
OFFICE: DC/OMS
SUBJECT: Med coverage planning

REFERENCE:

Hello [redacted] I need to solicit your latest prediction about activities at [redacted] - I don't want to leave the physician there if we don't have any near/immediate expectation of aggressive interrogation or other significant medical needs. Accommodation for 2nd occupant is nearly ready, I understand;

[redacted]

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Re: Setting up for Interrogations

but don't know if we expect any imminent requirement. We'd welcome the best reading from your crystal ball! Thanks, [redacted]

CC: [redacted]

Sent on 17 September 2002 at 11:46:44 AM

CC:

Sent on 17 September 2002 at 01:15:23 PM

CC: [redacted]

Sent on 18 September 2002 at 11:26:01 AM

CC: [redacted]

Sent on 18 September 2002 at 11:42:44 AM

[redacted]

Sent on 19 September 2002 at 09:15:11 AM

[redacted]

Sent on 19 September 2002 at 07:04:05 PM

[redacted]