

 **War on Terror Interrogations:  
Lessons for Forensic Behavioral Clinicians.**

**Topics:**

1. **Administration to Suspend Clinician Norms**
2. **Professional Oversight of Coercive Interrogation**
3. **Civilian Leadership**

Steven Miles, MD  
Center for Bioethics  
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 **Sources**

**Freedom of Information Act Documents**

- DoD investigations with sworn depositions
- Pentagon, Theater, & Base policies
- DoD E-mails
- Medical records
- Death certificates/autopsies
  - [www1.umn.edu/humanrts/OathBeTrayed/index.html](http://www1.umn.edu/humanrts/OathBeTrayed/index.html)

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- Trials
- Congressional Testimony
- Human Rights Groups' reports when verified.
- Media investigations when verified.



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
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 **A FEW INTRODUCTORY COMMENTS  
ON COERCIVE INTERROGATION**

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**CIA Research on Coercive Interrogation**

The threat of death has often been found to be worse than useless.

No report of scientific investigation on the effect of debility upon the interrogatee's power of resistance has been discovered.

Prolonged exertion, loss of sleep, etc, themselves become patterns to which the subject adjusts through apathy....Interrogatees who are withholding but who feel qualms of guilt and a secret desire to yield are likely to become intractable if made to endure pain.

MK-ULTRA (20 years, 200 studies)

Use of force is a poor technique....  
CIA's "Human Resource Exploitation Manual, 1983

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**Defense Intelligence University**

- Research indicates that a perception of coercion can decrease the likelihood that the source will cooperate.
- Research in North America and in China finds that coercive influence strategies ... create a competitive dynamic that facilitates rejection of the other party's position where persuasion creates a cooperative dynamic . . . .
- Research shows that rational persuasion - and avoidance of "pressure" - increases the likelihood of target commitment in influence interactions
- Belief change and compliance was more likely when physical abuse was minimal or absent.

*Intelligence Science Board. Educating Information Interrogation, 2007.*

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**Effects of Torture**

- Swamps intelligence analysts with bad data.
  - Leads to poor policy
  - Sends troops on dangerous, non productive sorties.
- Counterproductive to recruiting human intelligence.
- Validates prisoners view of torturing group.
- Builds cohesion among tortured groups.
- Alienates populations.
- Information unusable for trial.

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 **Interrogation**

*"every harsh interrogation was approved by medical prior to its execution."*  
 (Formal complaint. Senior intelligence officer, Camp Na'ma.)  
 Medical approval of interrogation plans *"became a problem for us because it took away from normal health and welfare for the inmates."*  
 Sworn deposition, MP, Abu Ghraib.

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2. *Professional Oversight of Coercive Interrogation*
3. *Civilian Leadership*

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
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 **Rumsfeld's Working Group on Coercive Interrogation:**

- Accepted Dept of Justice position on **legality** of harsh interrogation.
- Reviewed military **experience** with coercive interrogation; wrote that
- "interrogation experts view the use of force as an inferior technique that yields information of questionable quality"
- "adverse effects on future interrogations."
- "damage the admissibility of evidence"
- "harm public support for the military effort" and
- "endanger Americans who become POWs"
- "would constitute a significant departure from traditional US military norms and could have an adverse impact on the cultural self-image of US military forces."

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**INTERROGATION RULES OF ENGAGEMENT**

**Approved approaches for All detainees:**  
 Direct  
 Incentive  
 Incentive Removal  
 Emotional Love / Hate  
 Fear Up Harsh  
 Fear Up Mild  
 Reduced Fear  
 Pride & Ego Up  
 Futility  
 We Know All  
 Establish Your Identity  
 Repetition  
 File & Dossier  
 Rapid Fire  
 Silence

**Require CG's Approval:**  
 Change of scenery down  
 Dietary Manip (involvement by med)  
 Environmental Manipulation  
 Sleep Adjustment (involvement by med)  
 Isolation for longer than 30 days  
 Presence of Muzzling Dogs  
 Sleep Management (27 hrs max)  
 Sensory Deprivation (27 hrs max)  
 Stress Positions (no longer than 45 min)

**Safeguards:**  
 - Techniques must be annotated in questioning strategy  
 - Approaches must always be humane and lawful  
 - Detainees will NEVER be touched in a malicious or unwanted manner  
 - Wounded or medically burdened detainees must be medically cleared prior to interrogation  
 - The Geneva Conventions apply within CJTF-7 (Iraq only)

**EVERYONE IS RESPONSIBLE FOR ENSURING COMPLIANCE TO THE IROF. VIOLATIONS MUST BE REPORTED IMMEDIATELY TO THE OIC.**

The use of the techniques are subject to the general safeguards as provided as well as specific guidelines implemented by the 200<sup>th</sup> W. Cdr, FM 34-52, and the Commanding General, CJTF-7

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**War on Terror Interrogations:  
 Lessons for Forensic Behavioral Clinicians.**

**Topics:**

1. Administration to Suspend Clinician Norms
2. Professional Oversight of Coercive Interrogation
3. Compromised Civilian Leadership

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### Qahtani Interrogation Log-54 days

- BSCT Psychologist advised on psychological plan of humiliation, sleep deprivation, sexual degradation, use of dogs, hypothermia, etc.
- MD visiting interrogation room to check skin integrity from prolonged restraint with edema.
- Hospital staff treating slow heart rate from air conditioner induced hypothermia.
- Medics starting IVs—urinate on self.  
*FBI, not medical staff, complained.*

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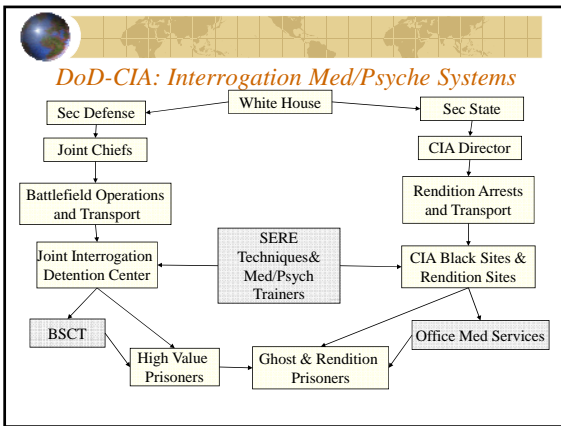
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### INTERROGATION RULES OF ENGAGEMENT

**Approved approaches for All detainees:**

- Direct
- Incentive
- Incentive Removal
- Emotional Love / Hate
- Fear Up Harsh
- Fear Up Mild
- Reduced Fear
- Pride & Ego Up
- Futility
- We Know All
- Establish Your Identity
- Repetition
- File & Dossier
- Rapid Fire
- Silence

**Require CG's Approval:**




- Change of scenery down
- Dietary Manip (approved by med)
- Environmental Manipulation
- Sleep Adjustment (approved by med)
- Isolation for longer than 30 days
- Presence of All Waking Dogs
- Sleep Management (22 hrs max)
- Sensory Deprivation (22 hrs max)
- Stress Positioning (approved by med)

**Safeguards:**

- Techniques must be annotated in questioning strategy
- Approaches must always be humane and lawful
- Detainees will NEVER be touched in a malicious or unwanted manner
- Wounded or medically burdened detainees must be medically cleared prior to interrogation
- The Geneva Conventions apply within CJTF-7

**RESPONSIBLE FOR ENSURING COMPLIANCE TO THE OIG MUST BE REPORTED IMMEDIATELY TO THE OIG**

back to the general safeguards as provided in well 03-338 2007 W. Code, FM 34-52, and the Commanding General, CJTF-7

Women's underwear

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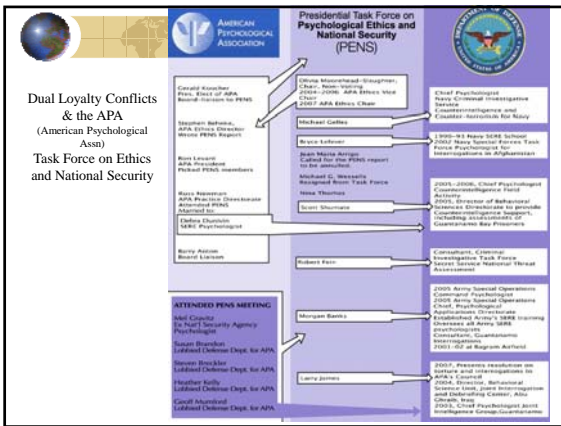
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**American Psychological Association**

- Psychologists may serve . . . as a consultant to an interrogation, in a manner that is consistent with the Ethics Code, and when mindful of factors unique to these roles and contexts that require special ethical consideration.
- Psychologists are sensitive to the problems inherent in mixing potentially inconsistent roles such as health care provider and consultant to an interrogation, and refrain from engaging in such multiple relationships.
- Psychologists clarify for themselves the identity of their client and retain ethical obligations to individuals who are not their clients.
- [www.apa.org/pubs/info/reports/pens.pdf](http://www.apa.org/pubs/info/reports/pens.pdf)

**American Psychiatric Association**

- No psychiatrist should participate directly in the interrogation of persons held in custody . . .
- Direct participation includes being present in the interrogation room, asking or suggesting questions, or advising authorities on the use of specific techniques of interrogation with particular detainees.
- [www.psych.org/edu/other\\_res/lib\\_archives/archives/200601.pdf](http://www.psych.org/edu/other_res/lib_archives/archives/200601.pdf)

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### BSCT: Who as a Profession?

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

(b) The Ethics Code pertains only to a psychologist's activities that are 'part of their scientific, educational or professional roles' pertaining to the profession of psychology. The Code does not, therefore, have purview over the psychologist's role as a Soldier, civilian, or contractor employee that is unrelated to the practice of psychology. For instance, the dictum for beneficence does not pertain to actions against the enemy in combat.

OTSGMECCOM Policy Memo 06-029  
Expires 20 October 2008    OCT 2008

[http://www.wildblue.org/wiki/Glossary:\\_Key\\_use\\_of\\_psychology\\_for\\_interrogation\\_2006-2008](http://www.wildblue.org/wiki/Glossary:_Key_use_of_psychology_for_interrogation_2006-2008)

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### War on Terror Interrogations: Lessons for Forensic Behavioral Clinicians.

### Supplemental Topic: Research

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
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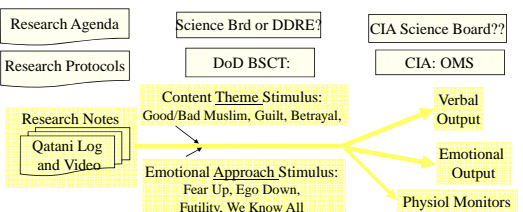


### Coercive Research: A Speculation

(2) The Under Secretary of the Navy (UNSECNAV) is the Approval Authority for research involving:

- (a) Severe or unusual intrusions, either physical or psychological, on human subjects (such as consciousness-altering drugs or mind-control techniques)
- (b) Prisoners
- (c) Potentially or inherently controversial topics (such as those likely to attract significant media coverage or that might invite challenge by interest groups).

SECNAVINST 5100.7100  
RUMBLEBOMB  
6 November 2006



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graph TD
    RA[Research Agenda] --> RP[Research Protocols]
    RA --> SB[Science Brd or DDRE?]
    RA --> CSB[CIA Science Board??]
    RP --> BSCT[DoD BSCT]
    RP --> OMS[CIA: OMS]
    BSCT --> CT[Content Theme Stimulus:  
Good/Bad Muslim, Guilt, Betrayal.]
    OMS --> EA[Emotional Approach Stimulus:  
Fear Up, Ego Down,  
Futility, We Know All]
    CT --> VO[Verbal Output]
    CT --> EO[Emotional Output]
    EA --> VO
    EA --> EO
    EA --> PM[Physiol Monitors]
  
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### Consequences of US Medical Communities Silence




- It has forfeited its moral authority
  - to criticize health professionals in other countries who are complicit in torture.
  - to speak on behalf of endangered medical professionals who protest torture.
  - to advocate for Geneva Convention or Convention Against Torture compliance of countries imprisoning friends of democracy or US POWs is eroded.

Dr. Anatoly Koryagin, psychiatrist, published a paper in *The Lancet* describing 16 special hospitals for psychiatric abuse of Soviet dissidents.

He was arrested in 1981, sentenced to 7 years of hard labor, to be followed by 5 years of internal exile for anti-Soviet activities.

British and US medical community protests secured his release and exile to the west.



Dr. Ramin Pourandarjani, Iran, examined prisoners wounded and killed during the 2009 post-election protests in Iran. He testified before a parliamentary committee investigating misconduct at the Kahrizak jail.

After testifying, he was arrested and died of a "heart attack" or "suicide" in police custody at age 26 in November 2009. No autopsy was allowed.

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