

EIT briefing for SECSTATE

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From:

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John

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Subject: EIT briefing for SECSTATE

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On 22 June 2007, D/CTC . Drs. Jim Mitchell and Bruce Jessen and Acting General Counsel John Rizzo attended a 30 minute meeting with SECSTATE Condoleezza Rice. State general counsel John Bellenger also attended. The subject of the meeting was our interrogations program, specifically the use of EIT's and their relevance vis a vis United States treaty obligations with regard to Common Article III. We had expected to focus the discussion on the nudity EIT, but were surprised when SECSTATE was interested only in discussing sleep deprivation.

The SECSTATE indicated her familiarity with the program and the manner in which is run, acknowledging that she had been part of the decision-making process at the genesis of the use of EIT's. She expressed support for the program and understood its importance. SECSTATE was adamant regarding past legality of the program and expressed satisfaction that the program has been implemented professionally and responsibly. Since passage of the Detainee Treatment Act, however, she has had growing concerns about two of the EIT's currently being proposed for use. She said that the Department of State has a different interpretation from that of the Department of Justice on the interpretation of the Geneva Convention's Common Article III. Her main concern was a potential abrogation of US law and of international treaty obligations were these EIT's use continued.

During the discussion of the sleep deprivation EIT, SECSTATE made it clear that her concern did not center on depriving a detainee of sleep, but about the specific method of implementation and the image this EIT evoked. She expressed

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concern that this image was reminiscent of images associated with Abu Ghayb.

While she readily recognized that CIA had nothing to do with the Abu Ghayb scandal, she characterized the problem as "something we all have to live

with." Mr. Bellenger expressed concern that a detainee might be injured were he to fall asleep while in a standing sleep deprivation position. In such a case, Mr. Bellenger was concerned that the detainee might fall and injure himself especially if the detainee's full weight was being supported only his arms while suspended by a tether attached to the ceiling. It was noted to Mr.

Bellenger that in the many instances sleep deprivation has been implemented in

this way, no such injuries had occurred.

Drs. Jessen and Mitchell explained that the primary effect of the sleep deprivation EIT was derived from keeping the detainee awake, and not from the specific method used to do so. They explained that standing sleep deprivation

had evolved as a method for the detainees' natural startle reaction to keep them awake without having to resort to physical contact with the detainee. Avoiding the use of physical contact to keep the detainee awake reduced the risk of drifting toward escalating physical contact to abusive levels by security personnel. Mr. Bellenger also raised concern over the possible harmful medical impact of standing for long periods. Drs. Jessen and Mitchell

explained the role of CIA medical personnel during the interrogation process and their authority to stop the EIT were they to observe medical problems, such as excessive swelling.

SECSTATE was interested in other methods by which a detainee might be deprived

of sleep without the detainees standing in shackles. Drs. Jessen and Mitchell

indicated the possibility of devising alternative methods to deprive sleep. SECSTATE raised the possibility that the sleep deprivation EIT could be implemented progressively with non-standing methods used initially and standing

used only when that appeared to be the only way to keep the detainee awake. She expressed the intention to raise this with the DCIA

Because the time for the meeting was running out, Dr. Mitchell raised the issue

of nudity. While SECSTATE was polite, she was firm. She stated that she had already made her decision on nudity and stated that there was no need for discussion on that issue.

Jessen and Mitchell will work on alternative methods for implementing the

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sleep deprivation EIT and propose courses of action.