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CENTRAL INTELLIGENCE AGENCY

Office of Inspector General



REPORT OF AUDIT(TS/ (b)(1)
(b)(3) NatSecAct**CIA-controlled Detention Facilities
Operated Under the 17 September 2001
Memorandum of Notification**

Report No. 2005-0017-AS

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006

14 June 2006

ISSUE DATE

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14 June 2006

MEMORANDUM FOR: Acting Executive Director

FROM: John L. Helgerson (b)(1)
Inspector General (b)(3) NatSecAct

SUBJECT: (TS/[redacted] NF) Report of Audit:
CIA-controlled Detention Facilities
Operated Under the 17 September 2001
Memorandum of Notification (2005-0017-AS)
(b)(1)
(b)(3) NatSecAct

1. (TS/[redacted] NF) Attached is our final report on CIA-controlled detention facilities operated under the 17 September 2001 Memorandum of Notification. Recommendation 1 is directed to you. It is my understanding that you are in agreement with the recommendation. Please provide me a written response within 60 days setting forth the actions that have been taken to implement the recommendation and/or a timetable for eventual implementation.

2. (U) All of the recommendations in the report are considered significant. The status of the recommendations, as well as corrective actions taken to address them, will be included—in an appropriately sanitized way—in the Inspector General's next semiannual report to the Director, Central Intelligence Agency.

3. (S) This audit responds to a recommendation in the Classified Annex to the Joint Explanatory Statement of the Committee of Conference accompanying the Intelligence Authorization Act for Fiscal Year 2002 that the Central Intelligence Agency Inspector General audit each covert action program at least every three years. Our report will be provided to the Congressional oversight committees 30 days from the date of this memorandum.

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14 June 2006

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Report of Audit

(TS//NF) CIA-controlled Detention Facilities Operated Under the 17 September 2001 Memorandum of Notification

(U) EXECUTIVE SUMMARY

(TS//NF) The objectives of this audit were to determine whether the Central Intelligence Agency (CIA):

- Developed and adhered to appropriate standards and guidelines for operating CIA-controlled detention facilities and maintaining detainees.
- Maintained adequate records of the detention facilities and the detainees.

(TS//NF) CIA-controlled detention facilities operated by the National Clandestine Service (NCS), Counterterrorism Center (CTC), Renditions and Detainees Group (RDG) were constructed, equipped, and staffed to securely and safely contain detainees and promote intelligence exploitation of detainees. Detainees at facilities operated by CTC/RDG are provided essentials of shelter, clothing, nourishment, and hygiene; medical and psychological examinations and treatment; limited dental and vision care; opportunities for physical exercise and intellectual, religious, and recreational pursuits; and daily contact with facility staff. Detainees are held in solitary confinement in climate-controlled, lighted, aboveground, window-less cells that are equipped with a mattress, a sink, and a toilet. At the time we visited the CIA-controlled detention facilities in use, no detainees were being interrogated; all detainees were in the briefing phase of their confinement. None of the detainees showed any apparent physical signs of mistreatment.

(TS//NF) CTC/RDG is responsible for ensuring that each detention facility is properly staffed and has developed a staffing plan for each facility in response to a recommendation contained in a prior Office of Inspector General (OIG) report—*Special Review – Counterterrorism Detention and Interrogation Activities (September 2001 – October 2003)* (2003-7123-IG, May 2004). At the time we visited the detention facilities in use, except for a shortage of debriefers, the facilities were staffed with sufficient numbers and types of personnel, including chiefs of base (COBs), support officers, communications officers, security officers, interrogators, and linguists, as detailed in the staffing plans. Personnel from CTC; the CIA Office of General Counsel (OGC); and the CIA Directorate of Support, Office of Medical Services (OMS) developed generally sufficient

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standards and guidelines for operating CIA-controlled detention facilities, maintaining the health of detainees, and safely handling detainees. Facilities' staffs generally followed the standards and guidelines in the conduct of their duties and responsibilities. With minor exceptions, responsible officials maintained adequate records of the detainees confined at CIA-controlled detention facilities operated by CTC/RDG. However, additional or more detailed standards, guidelines, plans, and training are needed to address certain areas of weakness in detention facilities' operations that could jeopardize the health and safety of both detainees and detention facility staff.

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(b)(3) NatSecAct (TS [redacted] NF) CTC/RDG detention facilities are not equipped to provide medical treatment to detainees who have or develop serious physical or mental disorders, and operable plans are not in place to provide inpatient care for detainees. Facilities' staffs do not have immediate access to critical information on detainees that may be needed to safely and effectively respond to a medical emergency. CIA officers and other personnel at CTC/RDG detention facilities have not been trained in safe food handling and preparation, and standards and procedures designed to avoid the introduction and transmission of food-borne illnesses have not been instituted at the facilities.

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(b)(3) NatSecAct (TS [redacted] NF) CIA-controlled detention facilities have experienced a shortage of qualified debriefers, which may have negatively impacted intelligence exploitation of detainees. Some CIA personnel who successfully completed a special training program to be debriefers of high value detainees (HVDs) have been unavailable for temporary assignment to detention facilities.

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Assistant Inspector General for Audit

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(b)(1) (U) **AUDIT RESULTS AND RECOMMENDATIONS**
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(TS (b)(1) NF) **The CounterTerrorism Center Program
 for Operating Detention Facilities Has Been Effective**

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(TS (b)(1) NF) CTC/RDG's program for operating detention facilities has been effective in providing secure and safe custody of persons detained by the CIA under authority of the 17 September 2001 MoN. The CIA-controlled detention facilities that were in operation during the time of our audit were constructed, equipped, and staffed to provide detainees essentials of shelter, clothing, nourishment, and hygiene; medical and psychological examinations and outpatient treatment; limited dental and vision care; opportunities for physical exercise and intellectual, religious, and recreational pursuits. CIA officials developed generally sufficient standards and guidelines for operating CIA-controlled detention facilities, maintaining the health of detainees, and safely handling detainees. We found that personnel assigned to CIA-controlled detention facilities, for the most part, complied with the standards and guidelines in carrying out their duties and responsibilities. At the time we visited the detention facilities, no detainees were being interrogated; all detainees were in the debriefing phase of their confinement. None of the detainees at the time that we visited the (b)(1) detention facilities operated by CTC/RTG showed any apparent physical signs (b)(3) NatSecAct mistreatment.

(TS (b)(1) NF) **CTC/RDG Detention Facilities Were Designed To Meet Program Requirements and Standards** (b)(1)
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(TS (b)(1) NF) CIA-controlled detention facilities operated by CTC/RDG were designed, constructed, and equipped to securely and safely contain detainees and to promote intelligence exploitation of detainees. We visited the (b)(1) detention facilities that were in use at the time of our audit—(b)(3) NatSecAct

(b)(1) (b)(3) NatSecAct CTC/RDG manages the detention facilities twenty-four hours a day with CIA staff and cleared contractor personnel. Detainees are held in solitary confinement; they generally are not physically restrained while in their cells. Detainees are held in climate-controlled, lighted, aboveground, window-less cells—(b)(1) that are equipped with a mattress, a sink, and a toilet. Detainees are provided three balanced meals per day, adequate clothing, and access to showers and personal hygiene products. Detention facilities' staff personnel consult with an OMS dietician regarding detainees' meal plans and nutritional requirements. Each detention facility has an exercise room, which detainees are encouraged to use.

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(TS [redacted] NF) Detainees are given medical examinations every six to eight weeks, or more often if required by the detainee's medical condition. OMS physicians and physician assistants—both Headquarters-based personnel and regional medical officers—travel to the detention facilities to conduct medical examinations.

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[redacted] CTC/RDG has also arranged for limited dental and vision care

for detainees.

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(TS [redacted] NF) Facilities' staffs are sensitive to the detainees' religious and cultural requirements. Detainees have access to the Koran and the Bible, a prayer rug, a prayer schedule, and a clock, and they are provided uninterrupted time for daily prayer. Detainees are served meals that conform with their religious and cultural requirements, and special provisions are made to accommodate detainees' customs associated with religious observances. To help alleviate the impact of prolonged solitary confinement, detainees may be provided access to selected books, movies, and games. Facilities' staffs make an effort to have daily contact with each detainee during debriefings, rapport building sessions, informal cell visits, and when delivering meals. The Director, CIA Counterterrorism Center (Director, CTC) has advised us that, beginning in February 2006, select detainees individually have been afforded "social visits" with another detainee for approximately one hour in a controlled and monitored setting. Social visits are an amenity that must be earned, and the Director, CTC believes that they have had a positive impact on detainees' behavior and coping skills.

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(TS [redacted] NF) CTC/RDG is responsible for ensuring that each detention facility is properly staffed and has developed a staffing plan for each facility in response to a recommendation contained in a prior OIG report—*Special Review – Counterterrorism Detention and Interrogation Activities (September 2001 – October 2003)* (2003-7123-IG, May 2004). At the time we visited the [redacted] detention facilities in use, except for a shortage of debriefers, the facilities were staffed with sufficient numbers and types of personnel, including COBs, support officers, communications officers, security officers, interrogators, and linguists, as detailed in the staffing plans. [redacted] officers were providing physical security at the facilities and had responsibility for the safety of both facility staff and detainees at the time of our site visits.

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(TS/ [] NF) [] are

(b)(1) discussed in Exhibit B of this report. During the audit, we visited another facility
 (b)(3) NatSecAct signed and built to be a CIA-controlled detention facility— []
 [] is unique among the facilities in the CTC/RDG program in that it was
 (b)(1) designed for [] [] was completed in
 (b)(3) NatSecAct [] at a cost of approximately [] million, but has not been used. Senior
 CTC officials told us that not all [] approvals have been received for its use
 (b)(1) by the CIA. We also obtained information on but did not visit [] other CIA-
 (b)(3) NatSecAct controlled detention facilities that either were not in use or were under construction at
 the time of our audit. [] and the [] other detention facilities that were
 not in use are discussed in Exhibit C of this report. (b)(1) (b)(1)
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(U//FOUO) Standards, Guidelines, and
 Recordkeeping Are Generally Sufficient

(b)(1) (b)(3) NatSecAct (TS/ [] NF) Personnel from CTC, OGC, OMS, and []
 developed generally sufficient standards and guidelines for operating CIA-controlled
 detention facilities, maintaining the health of detainees, and safely handling detainees.
 Facilities' staffs generally followed the standards and guidelines in the conduct of their
 duties and responsibilities. With minor exceptions, responsible officials maintained
 adequate records of the detainees confined at [] (b)(1)
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 (b)(1) (b)(3) NatSecAct (TS/ [] NF) OGC and OMS personnel promulgated guidance
 on the care and treatment of detainees. The *DCI Guidelines on Interrogations* and the
DCI Guidelines on Confinement Conditions for CIA Detainees govern the conduct of
 interrogations and the conditions of confinement for detainees.¹ The OMS guidelines
 provide general guidance on medical and psychological issues during: (1) rendition
 and initial interrogation, (2) sustained debriefing, and (3) long-term care. Although the
 DCI and OMS guidelines contain appropriate provisions, they speak in very general
 terms concerning how the guidelines and standards contained therein should be
 implemented. The DCI and OMS guidelines are discussed in Exhibit D of this report.

(b)(1) (b)(3) NatSecAct (TS/ [] NF) To supplement the DCI and OMS guidelines,
 RDG has developed and issued a number of standard operating procedures (SOPs) that
 address the day-to-day operation of its detention facilities. The SOPs address: staffing
 of the facilities, biweekly reporting of detainees' confinement conditions, managing
 books and other print media provided to detainees, development of meal plans, cutting

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¹ (TS/ [] NF) The guidelines are currently under revision in response to a recommendation contained
 in a prior OIG report—*Special Review – Counterterrorism Detention and Interrogation Activities (September 2001
 – October 2003)* (2003-7123-IG, May 2004).

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and trimming detainees' hair and beards, and handling of detainees in a variety of situations. Officials at each of the detention facilities established additional SOPs,

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and the provision of additional amenities to detainees.

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(b)(3) NatSecAct (TS/ [] NE) COBs at detention facilities maintain SOPs in read-in files at each facility and require all permanently assigned and temporary duty personnel to read and acknowledge the procedures in writing upon arrival. SOPs have been updated as needed to reflect the changing operational environment. Other records related to detention facilities and detainees, such as detainees' medical records, are available electronically and in hard copy files maintained at Headquarters.

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(TS/ [] NE) Certain Areas of Weakness in Detention Facilities' Operations Need To Be Addressed

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(b)(3) NatSecAct (TS/ [] NE) CIA officials developed generally sufficient standards and guidelines for operating CIA-controlled detention facilities, maintaining the health of detainees, and safely handling detainees. However, additional or more detailed standards, guidelines, plans, and training are needed to address certain areas of weakness in detention facilities' operations that could jeopardize the health and safety of both detainees and detention facilities' staffs.

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(b)(3) NatSecAct (TS/ [] NE) **Operable Plans Are Needed for Providing Inpatient Treatment for Detainees**

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(b)(3) NatSecAct (TS/ [] NE) CTC/RDG detention facilities are not equipped to provide medical treatment to detainees who have or develop serious physical or mental disorders, and operable plans are not in place to provide inpatient care for detainees. As a result, there have been delays in providing necessary medical treatment for detainees, and CIA funds have been wasted in constructing and equipping a medical facility that was later determined not to be a viable option for providing inpatient care for detainees.

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(TS/ [] NE) At least [] detainees in CTC/RDG detention facilities have physical illnesses or conditions that require the detainees to be hospitalized for treatment.

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(b)(3) NatSecAct diagnosed with hepatitis C in September 2003 and should have a liver biopsy

performed.

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(b)(1) (b)(3) NatSecAct [redacted] In August 2005, an OMS officer discovered during a routine medical examination that [redacted]

(b)(1) (b)(3) NatSecAct [redacted] Although most detainees are in good physical health, the possibility exists of an unforeseen acute medical condition that would require a detainee to be immediately hospitalized. In December 2005, symptoms exhibited by [redacted] that, at first suggested appendicitis, were determined to be attributable to kidney stones, and [redacted] was successfully treated at [redacted]

(b)(1) (b)(3) NatSecAct (TS/ [redacted] NF) The guidelines issued by OMS recommend that, in situations where a detainee's medical condition cannot be adequately treated at the detention facility, detention facility staff and local CIA station personnel arrange access to the host country's health care system [redacted]

(b)(1) (b)(3) NatSecAct CTC/RDG detention facilities have not experienced a medical emergency that required the cooperation of the host-country [redacted] in arranging immediate hospitalization for a detainee. OMS officials told us that treatment of detainees with non-emergency inpatient requirements had been deferred until [redacted] became operational. CTC and OMS officials anticipated that [redacted] proximity to a US Department of Defense (DoD) facility would make it convenient to obtain treatment for CIA detainees at a DoD military hospital. [redacted] came into CIA custody

(b)(1) (b)(3) NatSecAct requiring additional medical treatment and was treated at a US military hospital. But [redacted] has not become operational, and CTC and OMS officials told us that the CIA is currently denied access to all DoD medical facilities to obtain treatment for CIA detainees. CIA station and base personnel sought support in obtaining medical treatment for detainees from host-country [redacted] but they have had

(b)(1) (b)(3) NatSecAct limited success. [redacted] have reneged on previous assurances that they would arrange inpatient treatment or have declined to become involved in providing medical treatment for CIA detainees. The medical facilities and personnel of certain foreign countries that have agreed to provide medical treatment for CIA detainees have been determined by OMS personnel to be of unacceptable quality. In March 2006, CTC, OMS, and CIA station personnel obtained

(b)(1) (b)(3) NatSecAct medical treatment for [redacted] at a third-country medical facility [redacted] The same country's [redacted] facilitated medical treatment for [redacted] but has indicated its unwillingness to provide treatment for additional CIA detainees.

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(TS/ (b)(1) NF) As an alternative means of providing inpatient treatment for detainees, CTC/RDG began in May 2005 to construct and equip a medical treatment facility near

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The medical facility was completed and fully equipped in late December 2005 at a cost of million.

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medical treatment

facility has never been used.

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(TS/ (b)(1) NF) Operable plans need to be in place at each CIA-controlled detention facility for providing emergency and non-emergency, inpatient treatment for detainees. The CIA cannot assume that in exigent circumstances the host-country (b)(1) will be willing and capable of providing support, and it appears (b)(3) NatSecAct that access to DoD medical facilities is not currently an option. The *DCI Guidelines on Confinement Conditions for CIA Detainees* require that provisions be made to protect the welfare of detainees, including the provision of adequate medical care. However, the guidelines do not assign responsibility for ensuring that detainees are provided necessary medical treatment. Although the security aspects of providing inpatient treatment for detainees will need to be coordinated closely with each detention facility staff and local CIA station personnel, the substantive knowledge of OMS personnel makes them better suited to make critical decisions concerning the viability of plans for providing inpatient care for detainees.

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(b)(3) NatSecAct (TS//NF) Timely Access to
Critical Medical Information on Detainees Is
Needed in the Field

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(b)(3) NatSecAct (TS//NF) Critical medical information on detainees is not
immediately available to the staff of CIA-controlled detention facilities. Program
officials told us that medical files on detainees are not maintained at each detention

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According to program officials, a medical officer at a detention facility who needs
medical information on a detainee can either contact Headquarters, where medical files
on all detainees are maintained, or search through the facility's cable database for
medical information. Both of these options are dependent on the detention facility's

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A search of the detention facility's cable database for medical information, in
addition to being time consuming, would yield information on a particular detainee
only for the period that the detainee was held at that facility. Neither option appears to
be a viable solution when immediate medical information on a detainee is needed to
respond to a medical emergency.

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(TS/ [redacted] NF) Detention facility managers and OMS officers told us that, because of the number of detainees with chronic medical conditions and the lack of on-site medical personnel at [redacted] they believe it necessary to have hardcopy records containing critical medical information on detainees available at detention facilities. The on-site medical records need not contain a complete medical history of a detainee and the results of every medical and psychological examination, but should contain critical information needed to safely and effectively respond to a medical emergency involving the detainee, such as information on chronic illnesses, medical conditions, and behavioral problems; allergies to particular medications; or contagious diseases requiring special handling of the detainee during treatment.

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(TS/ [redacted] NF) **Recommendation 3 (significant): For the Chief of Medical Services in coordination with the Chief, CounterTerrorism Center, Renditions and Detainees Group: Maintain hardcopy records at CIA-controlled detention facilities that contain critical information that may be needed by facility staff and medical personnel to safely and effectively respond to a medical emergency involving a detainee.**

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(TS/ [redacted] NF) In comments on a draft of this report, the Chief of Medical Services stated that hardcopy medical summaries that include information on detainees' medical conditions, medications, allergies, and blood-borne pathogens have been provided to each detention facility for retention and reference in the event of a medical emergency. The Chief of Medical Services provided us copies of the medical summaries. Recommendation 3 is closed.

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(U//FOUO) Facilities' Staffs Lack Training in Safe Food Handling and Preparation

(b)(1)
 (b)(3) NatSecAct (TS/ [redacted] NF) CIA officers and other personnel at [redacted] have not been trained in safe food handling and preparation. [redacted] officers at [redacted] prepare, portion, and serve all meals to the detainees. The [redacted] guards at [redacted] prepare and portion detainees' meals in the guards' kitchen. [redacted] officers then serve the meals. [redacted] officers at [redacted] prepare and serve most of the detainees' meals. None of these persons have been trained in safe food handling. We observed certain practices and conditions that were inconsistent with avoiding contamination of food and transmission of food-borne illnesses. For example, we observed an [redacted] officer using the back of his bare hand to check the temperature of a meal he was heating for a detainee. At a detention

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(b)(1) facility that has experienced rodent infestation, we noted that the kitchen area (b)(1)s left
 (b)(3) NatSecAct an unsanitary condition following meal clean up.² Staff bathrooms at all (b)(3) NatSecAct
 facilities, including a bathroom immediately adjacent to the kitchen at [redacted]
 were equipped with communal, cloth towels. In [redacted] 2005, five staff personnel at
 (b)(1) [redacted] reported acute gastrointestinal illness, which a visiting physician assistant
 (b)(3) NatSecAct diagnosed as giardiasis.³ Within days, the facility reported similar symptoms in a
 detainee. The physician assistant believed that the giardia were likely introduced by
 food or water contamination.

(U) The US Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) and Food and Drug Administration collaborated with the US Department of Agriculture's Food Safety and Inspection Service in 2005 to produce the latest edition of the *Food Code*. The code provides practical guidance and manageable, enforceable provisions for mitigating risk factors known to cause food-borne illness. The code is a reference document for regulatory agencies that ensures food safety in restaurants, retail stores, and institutions, such as nursing homes and child care centers. According to the *Food Code*, there are five major risk factors related to employee behavior and food preparation practices that contribute to food-borne illness: (1) Improper holding temperatures, (2) inadequate cooking, (3) contaminated equipment, (4) food from unsafe sources, and (5) poor personal hygiene. The code recommends standards and practices to address these risk factors, for example, the provision of disposable towels; a continuous towel system that supplies each user a clean towel; or a heated-air hand-drying device at each hand-drying sink.

(TS [redacted] NF) Incidents of food-borne illnesses at CIA-
 (b)(1) controlled detention facilities have been rare; the [redacted] 2005 illnesses at [redacted] were
 (b)(3) NatSecAct the only reported cases. However, because of the shortage of appropriate personnel to
 staff CIA detention facilities, and the difficulty involved in providing inpatient
 (b)(1) treatment to detainees, the CIA can ill afford outbreaks of food-borne illnesses at its
 (b)(3) NatSecAct detention facilities that could be prevented by proper food handling and good hygiene
 practices. Personnel who are involved in the handling and preparation of food at CIA

(b)(3) NatSecAct [redacted] (b)(1)
 (b)(3) NatSecAct [redacted]

² (S [redacted] NF) Certain staff living areas at [redacted] including the kitchen, dining area, and bathrooms, are communal in nature; personnel residing at the facilities are responsible for cleaning these areas on a rotating, daily schedule.

³ (U) The giardia parasite, according to the CDC, resides in the intestine of infected humans or animals. The parasite is found in soil, food, water, or surfaces that have been contaminated with the feces from infected humans or animals, and individuals can become infected after accidentally swallowing something that has come in contact with the feces of a person or animal infected with the parasite. The CDC notes that giardia may be spread via contaminated bathroom fixtures and recommends the washing of hands with soap and water after using the toilet and before eating or preparing food.

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detention facilities should receive basic training in safe food handling. In addition, standards and procedures designed to avoid the introduction and transmission of food-borne illnesses should be developed and instituted at detention facilities.

(b)(1)

(b)(3) NatSecAct

~~(TS)~~ ~~(NF)~~ Recommendation 4 (significant): *For the Chief, CounterTerrorism Center, Renditions and Detainees Group in coordination with the Chief of Medical Services: (1) Provide training in safe food handling for personnel involved in the preparation of meals and handling of food at CIA-controlled detention facilities. (2) Develop and institute standards and procedures designed to avoid the introduction and transmission of food-borne illnesses at CIA-controlled detention facilities.*

(b)(1)

(b)(3) NatSecAct

~~(TS)~~ ~~(NF)~~ In comments on the draft audit report, the Director, CTC concurred with the recommendation and provided details of actions taken to implement it. Since 2005, CTC/RDG has been working to identify and engage under contract at least cleared professional cooks. To date, cooks have been engaged. The cooks are assigned to the same facility, and they have instituted cleanliness and sanitation standards and procedures consistent with food service guidelines at that facility. The Chief of Medical Services also advised us in his comments that trained, professional cooks have been retained by CTC and that training and instruction on correct food preparation have been provided to staff and contract personnel assigned to CTC detention facilities.

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~~(TS)~~ (b)(1) ~~(NF)~~ Policy on Response
to the Death of a Detainee Is Needed

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(b)(3) NatSecAct

(TS) (b)(1) (NF) CIA employees and contractor personnel assigned to CIA-controlled detention facilities have not been provided standard procedures for responding to the death of a detainee. In 2003, the Office of Inspector General Investigations Staff initiated an investigation into the circumstances surrounding the November 2002 death of a detainee at (b)(1) a CIA detention facility that operated from August 2002 to May 2004.

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(b)(3) CIAAct
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(b)(3) NatSecAct

However, the lack of formal procedures to be followed in the event of the death of a detainee in CIA custody could cause personnel at these facilities to unintentionally compromise the medical examiner's autopsy or an OIG investigation by disturbing the detainee's body and/or the death scene. Adherence to prescribed procedures in the event of a detainee death could protect facility staff from being wrongly accused of detainee mistreatment or responsibility in the detainee's death.

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(b)(3) NatSecAct

⁴ (TS) (b)(1) (NF) CTC/RDG officials told us that the (b)(1) facility was not part of the CTC/RDG detention program and was not managed by CTC/RDG at the time of the detainee's death. CTC, Renditions Group, which was renamed CTC/RDG, assumed Headquarters management of (b)(1) on December 2002. Prior to that time, other CTC components—(b)(3) NatSecAct—oversaw operations at (b)(1). The death of the detainee at (b)(1) was reported on by OIG/INV in *Death of a Detainee* (b)(1) 2003-7402-IG, 27 April 2005.

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(b)(3) NatSecAct

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~~(TS)~~ ~~(NF)~~ **A Shortage of Debriefers at Detention
Facilities May Have Negatively Impacted Intelligence Collection**

~~(TS)~~ ~~(NF)~~ CIA detention facilities have experienced a
shortage of qualified debriefers, which may have negatively impacted intelligence
exploitation of detainees.

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(b)(3) NatSecAct

(TS//NF) To help ensure that enough qualified debriefers would be available to CIA detention facilities, CTC began a formal program in 2004 to develop a cadre of persons with the necessary skills and requisite knowledge to elicit intelligence from the high value detainees being held in CIA detention facilities. Participants are recommended to the program by their components' management and are required to successfully complete specialized, HVD debriefer training.

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(TS//NF) Staffing CIA detention facilities with a sufficient number of qualified debriefers is a continuing challenge for CTC/RDG.

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(TS// [redacted] (NF) A shortage of qualified debriefers at detention facilities is an on-going problem.

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Exhibit A

(U) Objectives, Scope, and Methodology

(TS/ [redacted] NF) The objectives of this audit were to determine whether the Central Intelligence Agency (CIA):

- Developed and adhered to appropriate standards and guidelines for operating CIA-controlled detention facilities and maintaining detainees.
- Maintained adequate records of the detention facilities and the detainees.

(TS/ [redacted] NF) To determine whether the CIA developed and adhered to appropriate standards and guidelines for operating CIA-controlled detention facilities and holding detainees, we:

- Reviewed the scope of activities authorized under the [redacted] 17 September 2001 Memorandum of Notification (MoN) [redacted]
- Examined guidelines and procedures for the operation of detention facilities over which the National Clandestine Service (NCS), CounterTerrorism Center (CTC) had control between August 2005 and February 2006.
- Interviewed current and former officials responsible for CIA-controlled detention facilities from CTC; the Directorate of Support (DS), Office of Medical Services (OMS); the [redacted] and [redacted] (b)(3) NatSecAct
- Reviewed cable traffic contained in [redacted] databases, reports, and other documents related to CTC covert action (CA) activities maintained by the NCS [redacted] the NCS, Operations and Resource Management Staff; the DS, OMS; and the Office of the Chief Financial Officer.

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- Reviewed the National Security Act of 1947, Title 5, *Accountability for Intelligence Activities*; the Central Intelligence Agency Act of 1949, as amended, Section 8; and Executive Orders 12333 and 13354.
- Reviewed CTC/RDG detention program-specific policies, standard operating procedures, and guidelines pertaining to the conduct of CA activities promulgated by the Director of Central Intelligence, CTC, and OMS.
- Assessed the facilities and operations at

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(b)(3) NatSecAct

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(b)(3) NatSecAct

(TS//NF) To determine whether the CIA maintained adequate records of the detention facilities and the detainees, we:

- Reviewed files maintained on each detainee by OMS.
- Reviewed operational files maintained on each detainee by CTC. (b)(3) CIAAct
- Received a demonstration of CTC's record-keeping database.
- Reviewed cable traffic contained in databases.

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(TS//NF) During the audit, we received assurances from senior CTC officials that we had access to all relevant databases and other operational records and that there were no other CIA-controlled detention facilities.

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(b)(3) CIAAct
(b)(3) NatSecAct

Because no interrogations were being conducted at the time that we visited the detention facilities, we did not observe any interrogation activities. Moreover, interrogation techniques were not a focus of this audit, and we did not review US Department of Justice guidelines for interrogations, or examine the evolution of interrogation techniques employed at current CIA-controlled detention facilities or predecessor facilities. We did not examine activities associated with the renditions of detainees, nor did we examine on a case-by-case basis the justifications for holding particular detainees. We did not assess the value of intelligence obtained from the detainees. We discussed the costs associated with constructing detention facilities with CTC officials, but we did not examine contract and expense documentation.

(b)(1)
(b)(3) NatSecAct

(U) The audit was performed from July 2005 to February 2006 and in accordance with generally accepted government auditing standards. Comments on the draft report were received from the Acting Executive Director, the Director of the National Clandestine Service; the Director for Intelligence; the Acting General Counsel; the Director, CIA CounterTerrorism Center; and the Chief of Medical Services and were considered in the preparation of this report.

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Exhibit B

(TS/ (b)(1) NF) CIA-controlled Detention Facilities That
Were in Use at the Time of the Audit

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(b)(3) NatSecAct

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(b)(3) NatSecAct [redacted] ~~NOFORN//MR~~

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(b)(3) NatSecAct

Exhibit C

~~(TS)~~ [redacted] ~~(NF)~~ Detention Facilities That Were Not in Use
or Were Under Construction at the Time of the Audit

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(b)(3) NatSecAct

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(b)(3) CIAAct
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(b)(3) CIAAct
(b)(3) NatSecAct

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[redacted] (b)(3) NatSecAct [redacted] ~~NOFORN//MR~~

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 (b)(3) NatSecAct
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Exhibit D

(TS// (b)(1) NF) **Guidelines for Managing
 CIA-controlled Detention Facilities**

(b)(1)
 (b)(3) NatSecAct (U//FOUO) **DCI GUIDELINES**

(b)(1) (TS// (b)(1) NF) On 28 January 2003, the Director of Central
 (b)(3) CIAAct Intelligence (DCI) signed the *DCI Guidelines on Interrogations* and the *DCI*
 (b)(3) NatSecAct *Guidelines on Confinement Conditions for CIA Detainees*. The first set of guidelines
 applies to CIA employees (b)(1) of the CIA engaged in
 interrogations.

(b)(1) (TS// (b)(1) NF) The second set of guidelines—*The DCI*
 (b)(3) NatSecAct *Guidelines on Confinement Conditions for CIA Detainees*—is applicable to individuals
 held in detention facilities operated under (b)(1) control of the CIA. The
 guidelines mandate that adequate provisions be made to protect the welfare of
 detainees to include the provision of food and drink, clothing, basic sanitary facilities,
 (b)(1) medical care, and periods of physical exercise. The guidelines note that although
 (b)(3) CIAAct conditions of confinement at detention facilities are not required to conform to US
 (b)(3) NatSecAct prison or other established standards, detainees should receive periodic evaluations by
 qualified medical professionals to ensure their well-being, and the results of medical
 and psychological evaluations of detainees should be documented in appropriate
 records. The guidelines further require that:

Officers involved with the construction or operation of detention
 facilities will be appropriately vetted and trained prior to their
 assignments.

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 (b)(3) CIAAct
 (b)(3) NatSecAct

The D/CTC will ensure that the designated responsible CIA
 officer¹ who operates a detention facility, and other officers, both
 those assigned permanently and those on temporary duty, who
 participate in any aspect of the CTC/Renditions and Detainees
 Group (RDG) detention program are provided both sets of DCI
 guidelines to read, understand, and formally acknowledge by
 cable.

(b)(1)
 (b)(3) NatSecAct

¹ (TS// (b)(1) NF) The responsible CIA officer is generally the chief of base (COB) at the detention
 facility.

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 (b)(3) NatSecAct

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 (b)(3) NatSecAct

The guidelines require that a quarterly review be conducted by Headquarters of the conditions at each detention facility and that the review include a written report to the D/CTC, Associate Deputy Director for Operations (ADDO), DDO, General Counsel, Deputy Director of Central Intelligence (DDCI), and DCI.²

(b)(1) (U//FOUO) CIA OFFICE OF MEDICAL SERVICES GUIDELINES
 (b)(3) NatSecAct

(TS/ (b)(1) NF) The Chief of Medical Services disseminated guidelines concerning medical support to CIA interrogation and detention activities in April 2003 to Office of Medical Services (OMS) personnel assigned to detention facilities.³ According to OMS, the guidelines were a compilation of previously issued guidance. (b)(5)

(b)(1) (b)(3) NatSecAct OMS has periodically revised and updated the draft guidelines and disseminated them to all OMS personnel involved in the detention program. In response to a recommendation in the May 2004 Office of Inspector General special assessment (*Special Review: Counterterrorism Detention and Interrogation Activities (September 2001 – October 2003)*, 2003-7123-IG), the guidelines were issued in final in December 2004. The guidelines were revised in September 2005.⁵

(TS/ (b)(1) NF) The OMS guidelines address three phases of the detention process: (1) rendition and initial interrogation, (2) sustained debriefing, and (3) long-term care. The majority of the guidelines are devoted to the rendition and interrogation phase, as this is the riskiest phase of the detention process and involves aspects of medical/psychological care that are unfamiliar to most OMS officers. The guidance on how to handle detainees during renditions and the use of interrogation techniques is very specific. Post-interrogation guidelines, which were the focus of this audit, address generally applicable and more familiar aspects of health care. OMS guidelines for the care of detainees in the post-interrogation phase require that periodic medical and psychological evaluations be performed and the results documented.

(b)(1) (b)(3) NatSecAct ² (U//FOUO) In April 2005, the President established the positions of Director and Deputy Director of National Intelligence, effectively eliminating the positions of DCI and DDCI, respectively. The Director, CIA and his Deputy were thereafter known as DCIA and DDCA, respectively. In October 2005, the DCIA announced that Directorate of Operations became part of the National Clandestine Service (NCS). The positions of ADDO and DDO thereafter became known as Deputy Director, NCS and Director, NCS, respectively.

(b)(1) (b)(3) NatSecAct ³ (TS/ (b)(1) NF) Draft OMS Guidelines on Medical and Psychological Support to Detainee Interrogations.

(b)(1) (b)(3) NatSecAct (TS/ (b)(1) NF) OMS Guidelines on Medical and Psychological Support to Detainee Rendition, Interrogation, and Detention.

(b)(1) (b)(3) NatSecAct ⁵ (TS/ (b)(1) NF) Additional OMS guidance entitled *Part 2: Psychological and Psychiatric Support to Detainee Interrogations*, dated December 2003, remains in draft.

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Absent any specific medical problems, bimonthly medical evaluations of detainees held at facilities under the direct control of the US Government are to be conducted and documented. Acute problems are to be addressed in a "clinically appropriate" timeframe.

(b)(1)
(b)(3) NatSecAct

(TS/ [REDACTED] NF) In addition to detecting and treating health problems, the OMS guidelines require medical officers to assess detainees for indications of inadequate nutrition. Detainees' weights are to be obtained and recorded at least monthly. In the event of a hunger strike by a detainee, medical officers are to evaluate the detainee for evidence of dehydration and starvation. The OMS guidelines authorize intervention on a hunger strike, with or without the detainee's consent, when necessary to preserve the life of the detainee. Forced fluid replacement may be undertaken when the medical officer has reason to believe that the refusal to take fluids poses a significant threat to the life or health of the detainee. The detainee must first be made aware of the risk associated with his behavior and refuse to resume oral hydration voluntarily. If the detainee is taking fluids but not nutrients, intervention must be undertaken when the detainee's weight falls below 90 percent of normal or the medical officer finds other evidence of physical deterioration suggesting risk to the detainee's life or health. Treatment is to be continued until the detainee is seen resuming voluntary eating and drinking.

(b)(1)
(b)(3) NatSecAct

(TS/ [REDACTED] NF) The guidelines note that it is important that detainee cells be kept clean and that there be provisions for regular bathing and oral hygiene. All detainees are to be monitored to insure they are actively involved in self-care. OMS arranges vision testing and the provision of appropriate corrective lenses for detainees. CTC/RDG arranges for a dentist to provide urgent dental care.

(b)(1)
(b)(3) NatSecAct

(TS/ [REDACTED] NF) To promote the long-term health of the detainee population, the OMS guidelines make recommendations on the use of vitamins and vaccines. If a detainee will not be exposed to sunlight for a sustained period, OMS recommends supplementing the detainee's diet with calcium and Vitamin D. OMS also offers and recommends the tetanus/diphtheria, MMR (mumps, measles and rubella), hepatitis B (combined with hepatitis A if possible), and influenza vaccines. The guidelines note that all detainees with hepatitis B or C should receive appropriate hepatitis immunizations to reduce the risk of additional liver damage.

(b)(1)
(b)(3) NatSecAct

(TS/ [REDACTED] NF) The OMS guidelines provide some information on handling violent detainees. OMS advocates a stepped approach that ranges from discussions with the detainee to the use of physical restraints and medication. The OMS guidelines stress that a decision to involuntarily administer medication to control a detainee's behavior should be a last resort. The guidelines prescribe that medical officers alone are authorized to make this determination and to administer medications

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 (b)(3) NatSecAct

to control a detainee's behavior. The guidelines provide that if medication is administered involuntarily, the medical officer is to remain at the facility until the detainee has recovered and a long-term treatment plan is developed. Specific guidelines on the use of medications intended to control detainee behavior, including information on specific substances and recommended dosages, are included in the OMS guidelines.

(b)(1)
 (b)(3) NatSecAct

(TS (b)(1) NF) In situations where a detainee's medical condition cannot be adequately treated at the detention facility, OMS guidelines recommend that detention facility staff and local CIA station personnel obtain through the host-country a point of access to the host country's health care system.

(b)(1)
 (b)(3) NatSecAct

(b)(1)
 (b)(3) CIAAct
 (b)(3) NatSecAct

(b)(1)
 (b)(3) NatSecAct

(TS (b)(1) NF) The OMS guidelines reference a document prepared by OMS's Division—*Psychological and Psychiatric Support to Detainee Interrogation*—for general guidance on how to deal with detainees' psychological problems. All detainees rendered to a CIA-controlled detention facility are to be given psychological evaluations on a "regular basis." If a CIA psychologist determines that a detainee has a diagnosable psychological disorder, a treatment plan will be developed in coordination with OMS and CTC/RDG.

(b)(1)
 (b)(3) NatSecAct (TS (b)(1) NF) Mental health emergencies are specifically addressed in an appendix to the OMS guidelines. Contingency plans for handling mental health emergencies are to be developed for each CIA detention facility. A mental health emergency is defined as behavior that is a marked change from the detainee's usual behavior and may be agitated, impulsive, potentially harmful to self or others, or psychotic. In the event of a mental health emergency, the Senior Site Officer

(b)(3) CIAAct is directed to consult with the CIA psychologist at the facility or, if none is present, a psychologist assigned to CTC/RDG or OMS (b)(3) CIAAct Division. (b)(1)

(b)(3) CIAAct
 (b)(3) NatSecAct

A medical and psychological examination should be administered to the detainee at the earliest time possible. If a medical officer is present, he may use medication to sedate the detainee

(b)(1)
 (b)(3) NatSecAct

⁶ (TS (b)(1) NF) The COB at the detention facility is generally the "Senior Site Officer" (b)(3) CIAAct

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(b)(3) NatSecAct

until the behavior abates and further evaluation can take place. The psychologist or medical officer will then manage the emergency until it has resolved and the detainee has been judged to be stable from a mental health/medical perspective.

(b)(1)

(b)(3) NatSecAct

(TS) [REDACTED] (NF) OMS also encourages medical officers in its guidelines to refer to outside sources on prison medical care. The guidelines specifically cite the US Department of Justice, Bureau of Prisons website, which outlines its clinical practice guidelines. Other references cited in the OMS guidelines include *Standards for Health Services in Prisons*, a regular publication of the National Commission on Correctional Health Care, and *Clinical Practice in Correctional Medicine* by Michael Puisis published in 1998.

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(b)(1)

(b)(3) NatSecAct

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(b)(1)

(b)(3) NatSecAct

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Exhibit E

(b)(1)

(b)(3) NatSecAct

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(b)(1)

(b)(3) NatSecAct

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(b)(1)

(b)(3) NatSecAct

~~NOFORN//MR~~**Exhibit F****(U) Recommendations**

(b)(1)
 (b)(3) CIAAct
 (b)(3) NatSecAct
 (b)(5)

(b)(1)
 (b)(3) CIAAct
 (b)(3) NatSecAct

(b)(1)
 (b)(3) NatSecAct

(TS/ [REDACTED] NF) Recommendation 3 (significant): *For the Chief of Medical Services in coordination with the Chief, CounterTerrorism Center, Renditions and Detainees Group: Maintain hardcopy records at CIA-controlled detention facilities that contain critical information that may be needed by facility staff and medical personnel to safely and effectively respond to a medical emergency involving a detainee.*

(b)(1)
 (b)(3) NatSecAct

(TS/ [REDACTED] NF) Recommendation 4 (significant): *For the Chief, CounterTerrorism Center, Renditions and Detainees Group in coordination with the Chief of Medical Services: (1) Provide training in safe food handling for personnel involved in the preparation of meals and handling of food at CIA-controlled detention facilities. (2) Develop and institute standards and procedures designed to avoid the introduction and transmission of food-borne illnesses at CIA-controlled detention facilities.*

(b)(1)
 (b)(3) CIAAct
 (b)(3) NatSecAct

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(b)(1)

(b)(3) NatSecAct

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(b)(1)
(b)(3) CIAAct
(b)(3) NatSecAct
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(b)(3) CIAAct
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(b)(3) CIAAct
(b)(3) NatSecAct

(b)(1)
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(b)(3) NatSecAct
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[Redacted]

Exhibit G**(U) Audit Team Members**

(U//~~FOUO~~) This audit report was prepared by the Operations Division, Audit Staff, Office of Inspector General.

(b)(3) CIAAct
(b)(6)
[Redacted]

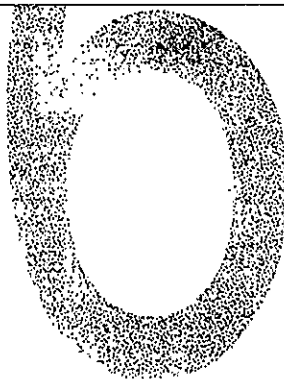


Exhibit is Unclassified//~~FOUO~~
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(b)(1) (b)(3) NatSecAct
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