

DEPARTMENT OF THE ARMY HEADQUARTERS, 1ST CAVALRY DIVISION APO, AE 09344

#### FIVA-IG (20-1)

REPLY TO

27 June 2004

## MEMORANDUM FOR COMMANDING GENERAL, 1<sup>st</sup> CAVALRY DIVISION

SUBJECT: Inspector General's Brigade and Division Interrogation Facilities Inspection Report of Findings and Recommendations

1. **PURPOSE.** To provide the Commanding General (CG), 1<sup>st</sup> Cavalry Division (1CD), a report of the Inspector General's findings and recommendation pertaining to the June 2004 inspection of the Division's Brigade Interrogation Facilities (BIFs) and Division Interrogation Facility (DIF).

2. **REFERENCES.** No change.

3. BACKGROUND. No change.

4. METHODOLOGY.

a. Inspections for the month of June 2004 were unannounced and conducted between 11 and 18 June 2004.

b. Division Safety was incorporated into the Inspection Team as per last month's recommendation. Due to the short notice of their inclusion, Division Safety had not developed a checklist per se. Division Safety's participation in the June inspections focused primarily on the areas of electrical and fire safety. Since a checklist was not used, their assessment for each facility was based upon the Green-Amber-Red methodology. Green – no discrepancies, Amber – minor discrepancies, and Red – major discrepancy that could result in loss of life, limb, or eyesight.

5. SCOPE. No change.

### 6. FINDINGS.

a. Objectives.

(1) Assess BIF and DIF operations' compliance and adherence to standards defined in the 1CD A&D SOP, version 5.

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SUBJECT: Inspector General's Brigade and Division Interrogation Facilities Inspection Report of Findings and Recommendations

(2) Identify areas of non-compliance and systemic issues and recommend corrective measures.

b. Inspection Focus Areas (Staff Proponent).

(1) Staff Lead (IG).

(2) Medical and Environmental (Division Surgeon). Inspection included nineteen checklist items.

(3) Interrogation and Counter Resistance (G2X). Inspection included fifteen checklist items.

(4) BIF and DIF Operations (PM). Inspection included sixty-nine checklist items.

(5) Evidence and Legal Process (SJA). Inspection involved ten checklist items.

(6) Safety (Safety). Inspection involved standards derived from the Occupational Safety and Health Standards 29 CFR 1910.

c. Standard. 1CD Apprehension and Detention SOP, version 5.

d. Inspection Results.

(1) Medical and Environmental Findings. 6 of 6 facilities inspected did not violate shutdown criteria. 2 of 6 facilities inspected received all "GOs" on checklist items. Detailed findings listed in Enclosure 1.

(2) Interrogations and Counter Resistance Findings. 6 of 6 facilities inspected did not violate shut-down criteria. 3 of 6 facilities inspected received all "GOs" on checklist items and 3 of 6 received 14 of 15 "GOs." Detailed findings listed in Enclosure 2.

(3) BIF and DIF Operations Findings. 6 of 6 facilities inspected did not violate shutdown criteria. 0 of 6 facilities inspected received all "GOs" on checklist items. Evidentiary procedures still continue to be the area of greatest concern. Detailed findings listed in Enclosure 3.

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SUBJECT: Inspector General's Brigade and Division Interrogation Facilities Inspection Report of Findings and Recommendations

(4) Evidence and Legal Process Findings. 6 of 6 facilities inspected did not violate shutdown criteria. 1 of 6 facilities inspected received all "GOs" on checklist items. Most common deficiency: Lack of Geneva Convention III and IV available for guards and detainees. Detailed findings listed in Enclosure 4.

(5) Safety Findings. All facilities rated as AMBER. Most common deficiency: Electrical safety stemming from exposed wiring and routing of electrical lines. Detailed findings listed in Enclosure 5.

(6) The IG, SJA, and DSS conducted interviews with detainees at all facilities. At all locations, detainees stated they were treated fairly and humanely. The detainees also stated they were receiving adequate food, water and medical treatment

### 7. RECOMMENDATIONS (Staff Lead).

a. The CG, 1CD, approve these findings.

b. The IG continue the BIF and DIF inspection program and to provide feedback via a monthly written report to the CG, 1CD. (IG)

c. Develop a safety checklist to be included in the 1CD A&D SOP. (Safety)

d. Continue to monitor implementation of last month's recommendations. (IG)

8. CONCLUSION. 1CD is continuing to treat all detainees within the BIFs and DIF with dignity and respect. The inspection revealed marked improvements were made since last month's inspection. The facilities are almost to the point where the inspection process will only be able to provide fine tuning. However, the inspections will continue so as to ensure the units understand command emphasis remains on this high profile issue.

9. Point of contact for this inspection is MAJ

#### 6 Encls

1. Month to Month Comparison

2. Medical and Environmental Findings

3. Interrogation and Counter Resistance Findings

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MAJ, IG

Inspector General

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DOD-038319

### FIVA-IG

SUBJECT: Inspector General's Brigade and Division Interrogation Facilities Inspection Report of Findings and Recommendations

- 4. BIF and DIF Operations Findings
- 5. Evidence and Legal Process Findings
- 6. Safety Finding

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DA IG

1. Findings. 6 of 6 facilities inspected did not violate shut-down criteria. 2 of 6 facilities inspected received all "GOs" on checklist items; however, no facility received less than 17 of 19 "GOs."

2. Objectives.

a. Assess BIF and DIF operations' compliance and adherence to standards defined in the 1CD A&D SOP, version 5.

b. Identify areas of non-compliance and systemic issues and recommend corrective measures.

3. Standard. 1CD Apprehension and Detention SOP, version 5.

4. Inspection Results.

a. 1BCT.

(1) Findings.

(a) The facility received 18 of 19 "GOs" in this inspection area. No shut-down criteria violated. A new BIF is being constructed (two-four weeks until completion).

(b) The facility met the public health and sanitation requirements. The facility provided adequate drinking water and food and living space protected from the environment.

(c) The medical screening and documentation process was not in compliance with 1CD Apprehension and Detention SOP, version 5. Of the eight records reviewed for current detainees only one had been examined by a CHCP. A medic had screened five and two had no medical documentation. The criteria for being examined by a CHCP within 24 hours of entrance and prior to transfer had not been done.

(d) During the inspection it was noted that the BIF had no reliable communications to the Level II facility on the FOB. A runner was sent to get the medic "on call" however, he could not be found and did not show up at all during the two hours we were there.

(2) Recommendations.

(a) Maintain all current processes in regards to providing drinking water, food and protected living space.

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(b) Medical documentation and screening need to be reviewed by BCT Surgeon and improved to meet minimum standard IAW 1CD A&D SOP, version 5.

(c) Consider providing one medic on staff full time.

b. 2BCT.

(1) Findings.

(a) The facility received 18 of 19 "GOs" in this inspection area. No shut-down criteria violated.

(b) Passing of medication by non-medical personnel. Some staff members were not knowledgeable on the medication they were given to detainees. This is a potential problem in the event of allergic reaction, side effects, etc.

(c) Tracking of patient and specific requirements based on physician orders is questionable.

(d) It was noted that detainee's culture prohibits them from using toilet paper as a method of cleaning after have a bowel movement. Concerns arouse when detainee departed latrine and cleaned hands. While one may clean his hands appropriately, others were not so complete in there hand washing. Those who had fingernails have the potential to have feces left underneath finger nail beds. This potentially can cause medical illness from mild gastroenteritis to potential thyroid out break. Drinking of water from buffalo noted. Water buffalo had water but no soap for cleaning of hands. It was also noted that freestanding water was underneath and what appeared to be larva or eggs.

(2) Recommendations.

(a) Maintain all current processes in regards to providing drinking water, food, protected living space, and medical procedures.

(b) Recommendation: all staff members become trained on familiarity of medication they may encounter. Provide a basic OTC medication book become available for quick reference to staff members due to medic non-availability at all times.

(c) Have patients' records available to include all physicians' orders until transferred or released from interrogation facility. This will facilitate the accuracy of detainee medical requirement and no mishap on staff part. Tracking of medication given to detainee was noted. It was stated that some detainees refused to take or throws it away. In these instances it should be

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documented in remarks column. This will assist in the event false accusations are made against. Staff should also be trained in basic CPR C level. It would also be value added if all staff members we CLS qualified. With the heat index increasing, some detainee(s) may need IV fluid intervention.

(d) Hand washing must be emphatically enforced. Guards must ensure a copious amount of soap is used. Fingernail cleaning utensil should be made available and usage enforced. If water buffalo is to remain, a proper soakage pit is required. FST needs to also check water for chlorine residual. Some of the detainees drink or swish with this water when cleaning up.

c. 3BCT.

(1) Findings.

(a) The facility received 19 of 19 "GOs" in this inspection area. No shut-down criteria violated.

(b) The facility met the public health and sanitation requirements. The facility provided adequate drinking water and living space protected from the environment. Contract in approval process for finishing overhead shelter on approximately  $\frac{1}{4}$  of the facility.

(c) Detainees are given two MREs minus accessory packet and heater daily. Daily sick call is being conducted by the BCT Surgeon.

(d) Detainees are being screened upon entrance by the BCT Surgeon. The surgeon was unavailable during the inspection, however the detainees (through interpreter) and the staff confirmed that the surgeon visited the facility and the detainees at least once a day. However, medical documentation and medication handling procedures are incomplete or not properly documented. Of 4 detainee packets reviewed, all had incomplete medical exams. There was no identifiable documentation of follow-up care.

(2) Recommendations.

(a) Maintain all current processes in regards to providing drinking water, and protected living space.

(b) Consider providing three MRE's per day vs. two. During the summer months, higher caloric intake will help prevent potential heat injuries. Need to procure trash can with lid vs. leaving trash bag for detainees to put trash in.

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(c) Medical documentation and screening need to be reviewed by BCT Surgeon and improved to meet minimum standard IAW 1CD A&D SOP, version 5.

d. 5BCT.

(1) Finding.

(a) The facility received 18 of 19 "GOs" in this inspection area. No shut-down criteria violated.

(b) The facility met the public health and sanitation requirements. The facility provided adequate drinking water and food and living space protected from the environment.

(c) Detainees are being screened upon entrance by a medic. The BIF have a medic (91W20) who covers all medical responsibilities within his scope of practice to include daily sick call and initial assessments. However, on the day of inspection, the medic had been temporarily assigned a tasking, taking him away from the facility for approximately one week. The detainees brought in the day prior were not adequately screened and the exam had not been reviewed by a CHCP within the 24 hour standard. The requirement of having a physical exam by a CHCP within 24 hours and prior to transfer had not been met either.

(d) With the "assigned" medic unavailable. There was no daily sick call being conducted. However, the BIF could call the Level II medical facility located within minutes if a detainee had a problem.

(2) Recommendations.

(a) Maintain all current processes in regards to providing drinking water, food and protected living space.

(b) I spoke with the OIC of the BIF and the Level II medical facility Company Commander. They had not met and discussed the medical coverage issues. Recommended to both that they review SOP and come up with plan together to ensure minimal requirements are met.

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(c) Medical documentation and screening need to be reviewed by BCT Surgeon and improved to meet minimum standard IAW 1CD A&D SOP, version 5.

e. 39BCT.

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(1) Findings.

(a) The facility received 19 of 19 "GOs" in this inspection area. No shut-down criteria violated.

(b) The facility met the public health and sanitation requirements. The facility provided adequate drinking water and living space protected from the environment.

(c) Detainees are provided Halah meals for breakfast and the commander has done an MOA with the KBR to receive a starch and fruit for each detainee in addition to their MRE at lunch and dinner.

(d) Facility keeps a medic on site 24/7. Medical documentation and screening processes were by far, the best during this inspection period. Daily sick call being conducted by CHCP.

(e) Of 10 packets reviewed, all had been appropriately screened by medics and reviewed by a CHCP prior to interrogation. The only issue was a CHCP actually conducting a physical exam within 24 hours of entrance and prior to transfer. This is not being done.

(2) Recommendations.

(a) Maintain all current processes in regards to providing drinking water, and protected living space.

(b) Need to revise BIF medical SOP to coincide with 1CD A&D SOP, version 5, Annex H.

(c) Spoke with BIF NCOIC, OIC, and Medical PSG from the Level II medical facility to explain requirement for exam to be conducted by CHCP. All understand and will implement immediately.

f. DIF.

(1) Findings.

(a) The facility received 17 of 19 "GOs" in this inspection area. No shut-down criteria violated.

(b) The facility met the public health and sanitation requirements. The facility provided adequate drinking water and living space protected from the environment. Daily sick call was being conducted.

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(c) Staff had food stored with flammable and hazardous materiel.

(d) Passing of medication by non-medical personnel. Some staff members were not knowledgeable on the medication they were giving to detainees. This is a potential problem in the event of allergic reaction, side effects, etc.

(e) Patient medical care SF 600 does not adequately reflect what staff is tracking on detainee board.

(f) It was noted that detainee's culture prohibits them from using toilet paper as a method of cleaning after have a bowel movement. Concerns arouse when detainee departed latrine and cleaned hands. While one may clean his hands appropriately, others were not so complete in there hand washing. Those who had fingernails have the potential to have feces left underneath finger nail beds. This potentially can cause medical illness from mild gastroenteritis to potential thyroid out break.

(2) Recommendations.

(a) Maintain all current processes in regards to providing drinking water, protected living space, and health and sanitation.

(b) Have patients' records available to include all physicians' orders until transferred or released from interrogation facility. This will facilitate the accuracy of detainee medical requirement and no mishap on staff part. Tracking of medication given to detainee was noted. It was stated that some detainees refused to take or throws it away. In these instances it should be documented in remarks column. This will assist in the event false accusations are made against. Staff should also be trained in basic CPR C level. It would also be value added if all staff members we CLS qualified. With the heat index increasing, some detainee(s) may need IV fluid intervention.

(c) Hand washing must be emphatically enforced. Guards must ensure a copious amounts of soap is used. Fingernail cleaning utensil should be made available and usage enforced.

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1. Findings. Interrogations and Counter Resistance Findings. 6 of 6 facilities inspected did not violate shut-down criteria. 3 of 6 facilities inspected received all "GOs" on checklist items and 3 of 6 received 14 of 15 "GOs."

2. Objectives.

a. Assess BIF and DIF operations' compliance and adherence to standards defined in the 1CD A&D SOP, version 5.

b. Identify areas of non-compliance and systemic issues and recommend corrective measures.

3. Standard. 1CD Apprehension and Detention SOP, version 5.

4. Inspection Results.

a. 1BCT BIF.

(1) Findings.

(a) The facility received 15 of 15 "GOs" in this inspection area. No shut-down criteria violated.

(b) All interrogators were knowledgeable of interrogation techniques and made aware of the changes to the interrogation policy memorandum.

(c) Comprehensive Summary Interrogation Reports are kept on file.

(2) Recommendations. Maintain all current processes.

b. 2 BCT. 1CD.

(1) Findings.

(a) The facility received 14 of 15 "GOs" in this inspection area. No shut-down criteria violated.

(b) All interrogators were briefed and knowledgeable of 1CD approved interrogation techniques. The BIF's interrogations NCOIC confirmed that each interrogator is briefed on which interrogation techniques are authorized at the BDE level, but that additional retraining

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may be necessary at the BN level to ensure BNs are aware of what their responsibilities are with respect to compliance with the 1CD Interrogations Policy.

(c) Comprehensive Summary Interrogation Reports are kept on file.

(d) Senior interrogators' knowledge of interrogation operations excellent.

(2) Recommendations. Periodic retraining on interrogation and counter-resistance policies to ensure that the "Interrogation" and "Tactical Questioning" is understood at the BN Level is necessary. Additional training on maximum time allowed for transfer of detainees from BN to BDE is also required.

c. 3 BCT. 1CD.

(1) Findings.

(a) The facility received 14 of 15 "GOs" in this inspection area. No shut-down criteria violated.

(b) The interrogators and guard personnel need to review detainee movement and lock up procedures. The interrogator that is conducting an interrogation at the time of the inspection released the detainee from the interrogation and then proceeded to lead the detainee to his cell and then locked the detainee in his cell.

(c) Comprehensive Summary Interrogation Reports are kept on file.

(d) Senior interrogators' knowledge of interrogation operations excellent.

(2) Recommendations. Periodic retraining in Operations in the BIF. Refine detainee packet process and ensure that DA Form 200 is used to process packets from BIF to S2x to Staffing Process to higher.

d. 5 BCT BIF.

(1) Findings.

(a) The facility received 15 of 15 "GOs" in this inspection area. No shut-down criteria violated.

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(b) Interrogators' knowledge of 1CD Interrogation and Counter-Resistance policy was excellent.

(c) Comprehensive Summary Interrogation Reports are kept on file.

(d) Senior interrogators' knowledge of interrogation operations excellent.

(2) Recommendations. Maintain all current processes.

e. 39th BCT BIF.

(1) Findings.

(a) The facility received 15 of 15 "GOs" in this inspection area. No shut-down criteria violated.

(b) Interrogators knowledge of 1CD Interrogation and Counter-Resistance policy was excellent.

(c) Comprehensive Summary Interrogation Reports are kept on file.

(d) Senior interrogator's knowledge of interrogation operations excellent.

(2) Recommendations. Review detainee sleep management policy.

f. 1CD DIF.

(1) Findings.

(a) The facility received 14 of 15 "GOs" in this inspection area. No shut-down criteria violated.

(b) All interrogators were briefed but not all were knowledgeable of 1CD approved interrogation techniques. Specifically, one interrogator was questioned about the use of stress positions, and he did not understand that it was not authorized, although he had been briefed on stress position usage earlier. The DIF interrogations NCOIC confirmed that each interrogator is briefed on which interrogation techniques are authorized and which ones are not.

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(c) Comprehensive Summary Interrogation Reports are kept on file.

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(d) Senior interrogators' knowledge of interrogation operations excellent.

(2) Recommendations. Periodic retraining on interrogation and counter-resistance policies is necessary to maintain interrogator awareness of what techniques are currently authorized and what techniques are not.

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1. Findings. 6 of 6 facilities inspected did not violate shut-down criteria. 0 of 6 facilities inspected received all "GOs" on checklist items. Evidentiary procedures still continue to be the area of greatest concern.

2. Objectives.

a. Assess BIF and DIF operations' compliance and adherence to standards defined in the 1CD A&D SOP, version 5.

b. Identify areas of non-compliance and systemic issues and recommend corrective measures.

3. Standard. 1CD Apprehension and Detention SOP, version 5.

4. Inspection Results.

a. 1BCT.

(1) Findings.

(a) The facility received 61 of 69 "GOs" in this inspection area. No shut-down criteria violated. This inspection area contains overlapping checklist items from the other four inspection areas. Only those new findings will be addressed in this section.

(c) Emergency procedures need to be practiced

(d)<sup>(b)(2),3</sup> (e)

(f) IG Inspection Team was not briefed upon entering the facility on clearing weapons, prohibited items or that they are subject to a search of their person. Shift NCO was present but did not correct soldier. IG Team member questioned the main gate guard and then he directed IG Inspection Team on the correct procedures.

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(g) Evidence Custodian does not account for all of the detainees items. Chain of custody is not maintained and final disposition not documented.

(h) Ladders, box carts, broken glass and cleaning supply locker left unsecured on the compound.

(2) Recommendations.

(f) Describe and annotate all of the detainee's contents that are taken on the DA Form 4137. Designate an evidence custodian on orders to run the Evidence room (Primary/Alternate). CID is the SME on evidence custodial duties. Contact SA <sup>[5](9)+14 (0)/(C)-1</sup> for assistance. Ensure if the evidence room is being turned over to another person they must complete a 100% inventory prior to changeover. An alternative is to have only one person as an evidence custodian during peek hours of the day. They can be on call after normal duty hours and sign specific items out for projected losses to the Shift NCOIC. If MI requests evidence to be available then they can do the same thing as well (Must be coordinated). New items that arrive can be signed for by the Shift NCOIC and stored overnight within a secured file cabinet until the following morning. Final disposition needs to be documented and a database or logbook needs to be maintained.

(g) Secure loose items and police up glass on the compound.

b. 2BCT.

(1) Findings.

(a) The facility received 61 of 69 "GOs" in this inspection area. No shut-down criteria violated. This inspection area contains overlapping checklist items from the other four inspection areas. Only those new findings will be addressed in this section.

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(b) Emergency procedures need to be created and briefed to the guards so they know how to react prior to an incident and not at the time of an emergency. Several SOP's are begun and are currently being reviewed

#### (c)<sup>(b)(2)-3</sup>

(d) IG Inspection Team was not briefed upon entering the facility on clearing weapons, prohibited items or that they are subject to a search of their person. Shift NCO was present but did not correct soldier. IG Team member questioned the main gate guard and then he directed IG Inspection Team on the correct procedures.

(e) Signs for facility on order.

(f) Evidence Custodian does not account for all of the detainees items. Final disposition of evidence is not documented and no tracking system is in place. Chain of custody is not maintained.

(2) Recommendations.

(a) Once emergency procedures are created they need to be implemented (crawl, walk and run phase). Conduct frequent drills to ensure all personnel are aware of their responsibilities during emergencies.

(b) Upon completion of SOP's quiz guards daily on operations for each post within the facility. Conduct a short class prior to shift change on various guards duties and responsibilities (no more than 30 minutes).

(c) Install signs once received.

(d) Describe and annotate all of the detainee's contents that are taken on the DA Form 4137. Designate an evidence custodian on orders to run the Evidence room (Primary/Alternate). CID is the SME on evidence custodial duties. Contact SA provide the subscript of the evidence room is being turned over to another person they must complete a 100% inventory prior to changeover. An alternative is to have only one person as an evidence custodian during peek hours of the day. They can be on call after normal duty hours and sign specific items out for projected losses to the Shift NCOIC. If MI requests evidence to be available then they can do the same thing as well (Must be coordinated). New items that arrive can be signed for by the Shift NCOIC and stored overnight within a secured file cabinet until the following morning.

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(e) Continue with daily detainee grievance procedures but document problems identified and resolutions in log-books or journals.

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(g) Construct a main gate and use it as a pedestrian gate entrance and visitors weapons storage area. Weapons brought within the facility at current visitors weapons storage location. Relocate the visitors log to the main pedestrian gate entrance.

c. 3BCT.

(1) Findings.

(a) The facility received 56 of 69 "GOs" in this inspection area. No shut-down criteria violated. This inspection area contains overlapping checklist items from the other four inspection areas. Only those new findings will be addressed in this section.

(b) Emergency procedures are in place but need to be practiced. Need protective area for detainees and guards.

(c) (d)

(e) Riot shield needed with handles reversed.

(f) IG Inspection Team were not briefed upon entering the facility on clearing weapons, prohibited items or that they are subject to a search. Shift NCO was present and stated no prohibited items list was on-hand.

(g) Signs for facility on order.

(h) Meals, water, showers and other items not documented on a log book for cellblock guard.

(i) Evidence Custodian does not account for all of the detainees items. Chain of custody is not maintained. No record of final disposition of property.

(j) Detention grievance procedures are conducted by Maj blocks and/or CPT brock

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daily with the detainees. There are no detention grievance procedures documented to show that internal checks are conducted.

(k) No shower shoes available for detainees

(l) Fire extinguisher not serviceable.

(2) Recommendations.

(a) Implement (crawl, walk and run phase). Conduct frequent drills to ensure all personnel are aware of their responsibilities during emergencies. Protective barriers are on order.

(b) Recommend fans be ordered and be placed throughout the facility to assist with the airflow.

(e) Order riot shields.

(f) Construct clearing barrel, develop prohibited items list and brief personnel prior to entry.

(g) Conduct an undress search of detainees prior to being moved within cells. Seek jumpsuits from a local vender.

(h) Describe and annotate all of the detainee's contents that are taken on the DA Form 4137. Designate an evidence custodian on orders to run the Evidence room (Primary/Alternate). CID is the SME on evidence custodial duties. Contact SA **Designate** for assistance. Ensure if the evidence room is being turned over to another person they must complete a 100% inventory prior to changeover. An alternative is to have only one person as an evidence custodian during peek hours of the day. They can be on call after normal duty hours and sign specific items out for projected losses to the Shift NCOIC. If MI requests evidence to be available then they can do the same thing as well (Must be coordinated). New items that arrive can be signed for by the Shift NCOIC and stored overnight within a secured file cabinet until the following morning. DA Form 4137's needs to be signed for during the final disposition of property and a log book per AR 195-5 or database needs to be created for record.

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(i) Continue with daily detainee grievance procedures but document problems identified and resolutions in log-books or journals.

(j) Order needed supplies for detainees

(k) Order new fire extinguishers.

(1) Recommend that guards sign in personnel and weapons not visitors

d. 5BCT.

(1) Findings.

(a) The facility received 61 of 69 "GOs" in this inspection area. No shut-down criteria violated. This inspection area contains overlapping checklist items from the other four inspection areas. Only those new findings will be addressed in this section.

(b) Emergency procedures need to be briefed to the guards so they know how to react prior to an incident and not at the time of an emergency.

(d) Evidence Custodian does not account for all of the detainees items. Chain of custody is not maintained.

(2) Recommendations.

(a) Implement emergencies procedures by the crawl, walk and run phase. Conduct frequent drills to ensure all personnel are aware of their responsibilities during emergencies.

(b) Order supplies needed for effective communications.

(c) Describe and annotate all of the detainee's contents that are taken on the DA Form 4137. Designate an evidence custodian on orders to run the Evidence room (Primary/Alternate). CID is the SME on evidence custodial duties. Contact SA definition for assistance. Ensure if the evidence room is being turned over to another person they must complete a 100% inventory prior to changeover. An alternative is to have only one person as an evidence custodian during peek hours of the day. They can be on call after normal duty hours and sign specific items out for projected losses to the Shift NCOIC. If MI requests evidence to be available then they can do the same thing as well (Must be coordinated). New items that arrive

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can be signed for by the Shift NCOIC and stored overnight within a secured file cabinet until the following morning. DA Form 4137's needs to be signed for during the final disposition of property and a log book per AR 195-5 or database needs to be created for record.

e. 39BCT.

(1) Findings.

(a) The facility received 59 of 69 "GOs" in this inspection area. No shut-down criteria violated. This inspection area contains overlapping checklist items from the other four inspection areas. Only those new findings will be addressed in this section.

(b) Main entrance, Tower guard, Cellblock guard, have no use of force SOP's. Different SOP's dated April and May at various posts. Some SOP's not complete or did not describe duties.

(c) No computer/printer for evidence room. No SIPR for MI to submit reports. DNVT line goes out occasionally.

(d) No clearing barrel at Main Vehicle Entrance Gate

(e) No clearing procedures at Main Vehicle Entrance Gate

(f) Proper signs not posted around the entire facility.

(g) Evidence Custodian does not account for all of the detainees items. Chain of custody is not maintained. No record of final disposition of property per AR 195-5. No regard for controlled entry by staff. While VIP visit was conducted by BIF Cdr one individual was allowed to go through evidence storage even after it was brought up that it should not be allowed to the evidence custodian.

(2) Recommendations.

(a) Conduct emergency drills by crawl, walk and run phases.

(b) Ensure that an updated SOP is at each post which describes the duties and responsibilities and the RUF/ROE from the 1<sup>st</sup> CD A and D SOP.

(c) Order needed communication equipment.

(d) Construct a clearing barrel at Main Vehicle Entrance Gate.

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DA IG

DOD-038337

(e) Post weapons clearing procedures at Main Vehicle Entrance Gate.

(f) Need to post necessary signs around the entire facility.

(g) Describe and annotate all of the detainee's contents that are taken on the DA Form 4137. Designate an evidence custodian on orders to run the Evidence room (Primary/Alternate). CID is the SME on evidence custodial duties. Contact SA evidence room (Primary/Alternate). for assistance. Ensure if the evidence room is being turned over to another person they must complete a 100% inventory prior to changeover. An alternative is to have only one person as an evidence custodian during peek hours of the day. They can be on call after normal duty hours and sign specific items out for projected losses to the Shift NCOIC. If MI requests evidence to be available then they can do the same thing as well (Must be coordinated). New items that arrive can be signed for by the Shift NCOIC and stored overnight within a secured file cabinet until the following morning. DA Form 4137's needs to be signed for during the final disposition of property and a log book per AR 195-5 or database needs to be created for record. Control entry within the evidence room. Construct an evidence viewing table and place it in front of the doorway of the evidence room. This will block entry and allow for accountability of items prior to acceptance and release.

f. DIF.

(1) Findings.

(a) The facility received 60 of 69 "GOs" in this inspection area. No shut-down criteria violated. This inspection area contains overlapping checklist items from the other four inspection areas. Only those new findings will be addressed in this section.

(b) Emergency reaction drills need to be conducted.

(c) Four 31E's supported the night shift. The NCOIC did not brief the soldiers on the RUF/ROE.

(e) No weapons clearing sign available.

(f) Chain of custody is not maintained.

(2) Recommendations.

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DOD-038338

(a) Emergency plans need to be more detailed and conducted in the crawl, walk, and run phases.

(b) The 31E's were temporarily pulled from duty and trained on the RUF/ROE until it was understood.

(c) Conduct escorts as described by 1CD A&D SOP.

(e) Contact the 142 ROC for the QRF support. Prepare a letter of agreement explaining support requested if none exists.

(f) Instruct the Main Entrance guard to fill out all paperwork and not allow personnel within the gate shack.

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1. Findings. 6 of 6 facilities inspected did not violate shut-down criteria. 1 of 6 facilities inspected received all "GOs" on checklist items. Most common deficiency: Lack of Geneva Convention III and IV available for guards and detainees.

2. Objectives.

a. Assess BIF and DIF operations' compliance and adherence to standards defined in the 1CD A&D SOP, version 5.

b. Identify areas of non-compliance and systemic issues and recommend corrective measures.

3. Standard. 1CD Apprehension and Detention SOP, version 5.

4. Inspection Results.

a. 1BCT.

(1) Findings.

(a) The facility received 6 of 10 "GOs" in this inspection area. No shut-down criteria violated.

(b) The facility does not have a secure evidence room or building that can safeguard the evidence collected by Coalition Forces. The facility has a room that it has designated as an evidence room, but it is also used as an office. Furthermore, at least five different soldiers have access to the room in addition to the evidence custodian. Chain of custody is broken every time one of the soldiers (other than the evidence custodian) enters the room.

(c) Not every detainee had received a 72-hour review. Proper requests for detention extensions not being submitted.

(d) There were no copies of the Geneva Convention available for detainees or guards. However, the NCOIC did have it saved on his computer.

(2) Recommendations.

(a) Evidence room should serve solely as an evidence room and not co-used as an office.

(b) All detainees must receive a 72-hour review.

(f) Obtain copies of the Geneva Convention for the detainees and guards.

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DA IG

DOD-038340

b. 2BCT.

(1) Findings.

(a) The facility received 8 of 10 "GOs" in this inspection area. No shut-down criteria violated.

(b) The facility has a secure evidence room to safeguard the evidence collected by Coalition Forces. The room is well maintained and orderly. One evidence custodian is assigned per shift. However, the chain of custody is broken every time a shift change occurs and one of the two evidence custodians comes on duty without conducting a 100% inventory.

(c) There were no copies of the Geneva Convention available for detainees or guards.

(2) Recommendations.

(a) The evidence room needs to be 100% inventoried at every shift change or one custodian should be assigned and access available to only that custodian. Evidence received should be held in a temporary location until the evidence custodian can be notified. Only the evidence custodian should have access to the room in order to preserve chain of custody.

(b) Obtain copies of the Geneva Convention for the detainees and guards.

c. 3BCT.

(1) Findings.

(a) The facility received 7 of 10 "GOs" in this inspection area. No shut-down criteria violated.

(b) The facility does not have a separate secure evidence room to safeguard the evidence collected by Coalition Forces. Presently, a locked cage in the administrative room is used to store evidence. Small cubicles are used for individual detainee property but only clothes and small items will fit. Larger items, such as computers are stacked haphazardly in the cage. Guards plan to use a detainee cell for overflow evidence because the cell cannot be viewed properly and cannot be used to house detainees. One evidence custodian is assigned per shift.

(c) There were no copies of the Geneva Convention available for detainees or guards. (2) Recommendations.

2

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DA IG

DOD-038341

(a) A separate and secured evidence room must be built in accordance with 1CD FRAGO 206. The evidence room needs to be 100% inventoried at every shift change or a single custodian assigned. Evidence received when the custodian isn't present should be held in a temporary location until the evidence custodian can be notified. Only the evidence custodian should have access to the room in order to preserve chain of custody. Only the evidence must be inventoried for 100% accountability every time another person enters the room, not the personal property.

(b) Obtain copies of the Geneva Convention for the detainees and guards.

d. 5BCT.

(1) Findings.

(a) The facility received 7 of 10 "GOs" in this inspection area. No shut-down criteria violated.

(b) The chain of custody is broken every time a shift change occurs and one of the two evidence custodians comes on duty without conducting a 100% inventory.

(b) There were no copies of the Geneva Convention available for detainees or guards.

(c) Not every detainee had received a 72-hour review. Proper requests for detention extensions not being submitted.

(2) Recommendations.

(a) The evidence room needs to be 100% inventoried at every shift change or a single custodian assigned.

(b) Obtain copies of the Geneva Convention for the detainees and guards.

(c) All detainees must receive a 72-hour review.

e. 39BCT.

(1) Findings.

(a) The facility received 10 of 10 "GOs" in this inspection area. No shut-down criteria violated.

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(b) Great looking evidence room.

(c) There is a sign posted in each cell stating that copies of the GC III and IV are available to the detainees if they request it. It also states that an Iraqi translator and the SJA's office will assist them in translating/explaining it if necessary.

(d) Copies of the camp rules were posted in Arabic and English. Each detainee reads them out loud as part of the in-process.

(e) Each guard and interrogator carries with him/her a copy of the Rules of Force.

(2) Recommendations. Maintain all current processes.

f. DIF.

(1) Findings.

(a) The facility received 7 of 10 "GOs" in this inspection area. No shut-down criteria violated.

(b) There are assigned evidence custodians; however, there is no formal change of custody with the required 100% inventory at shift change. The keys to the evidence room were just passed between evidence custodians and had been given to a non-custodian when no appointed custodian was on shift.

(c) There were no copies of the Geneva Convention available for detainees or guards.

(d) Detainees are not given a receipt for their personal property.

(2) Recommendations.

(a) During shift change, the evidence custodians must complete a 100% inventory. Keys to the evidence room should only be maintained by the evidence custodians.

(b) Obtain copies of the Geneva Convention for the detainees and guards.

(c) Provide the detainees with a receipt for their personal property.1. Findings. All facilities rated as AMBER. Most common deficiency: Electrical safety stemming from exposed wiring and routing of electrical lines.

2. Objectives.

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DA IG

DOD-038343

a. Assess BIF and DIF operations' compliance and adherence to standards defined in the 1CD A&D SOP, version 5.

b. Identify areas of non-compliance and systemic issues and recommend corrective measures.

3. Standard.

a. 1CD Apprehension and Detention SOP, version 5.

b. AR 385-10, Army Safety Program

c. 29 CFR 1910, Occupational Safety and Health Standards

4. Inspection Results.

a. 1BCT.

(1) Findings.

(a) The SOP requires a fire drill monthly. At the time of this inspection a fire drill had not been conducted.

(b) Personnel were not aware of fire alarm procedures as addressed in the unit SOP.

(2) Recommendations.

(a) Conduct periodic fire drills IAW with the unit SOP.

(b) Ensure personnel are familiar with the requirements of the unit SOP.

b. 2BCT.

(1) Findings.

(a) Fuel storage for generators lacked spill protection and shade from the sun.

(b) Power cords used for electrical appliances need to be protected from damage.

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(2) Recommendations.

(a) Place fuel cans on a spill prevention pallet in a shaded area.

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DOD-038344

(b) Cords in high traffic areas are walked on, and eventually, the insulation will break down producing the potential for electrical shock or fire. Shield wires from damage.

c. 3BCT.

(1) Findings.

(a) Unprotected power cables hanging on fence and wire cage. If power cable insulation is broken, electricity can transfer to the fence or cage producing an electrocution hazard.

(b) Commo wire used as electrical conductor to operate a light in the toilet.

(c) Food products and eating utensils stored in the same location with hazardous materials (gun lubricant, liquid cleaning products, hydraulic fluid).

(d) Serviceable fire extinguishers not available.

(2) Recommendations.

(a) Remove electrical wires from fences and wire cages. Provide conduit for power cable protection.

(b) Use only authorized electrical wire to provide electricity for lights and other appliances. Remove all commo wire that is used for electricity.

(c) Protect all electrical cables from damage.

(d) Separate food, food products and eating utensils from hazardous substances. Store in separate lockers or storage cabinets.

(e) Provide adequate storage area for equipments, cleaning materials and food.

(f) Ensure there are sufficient quantities of fire extinguishers available and personnel are properly trained to use them.

d. 5BCT.

(1) Findings.

(a) Covers removed from three circuit breaker boxes, exposed wires.

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(b) Unprotected power cables hanging on concertina wire and fence. If power cable insulation is broken, electricity can transfer to concertina wire and fence producing an electrocution hazard.

(c) A non-waterproof electric fan and power outlet in shower stall.

(2) Recommendations.

(a) Replace covers on circuit breaker boxes.

(b) Protect power cables with conduit or remove them from all concertina wire and fences.

(c) Remove electrical outlet from shower stall or replace with a weatherproof box.

e. 39BCT.

(1) Findings.

(a) Exposed wires in several electrical outlets.

(b) Unprotected power cables hanging on concertina wire. If power cable insulation is broken, electricity can transfer to concertina wire producing an electrocution hazard.

(c) Improper electrical splices, taps, and electrical outlet connections. Electrical connections insulated with duct tape.

(d) Generator not properly grounded.

(e) The SOP had a fire prevention section, however, it did not discuss fire evacuation training.

(2) Recommendations.

(a) Replace/repair all broken electrical boxes.

(b) Protect power cables with conduit or remove them from all concertina wire.

(c) Ensure all electrical connections are proper and properly insulated.

(d) Ensure all generators are properly connected and grounded.

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f. DIF.

(1) Findings.

(a) Electrical cords were strung across the ground in high traffic areas and on concertina wire.

(b) Exposed electrical connections and bare wires near outside showers and break area.

(c) Electrical cables improperly spliced.

(d) Ladder used for climbing onto the roof is not secured to the building.

(e) Hazardous material (batteries, gun oil, cleaning products) stored in the same locker with food and eating utensils.

(f) Generators used for outside lights are not grounded.

(g) Generator fuel storage area does not have spill containment and is not protected from direct sunlight.

(h) Only one fire extinguisher for the facility.

(2) Recommendations.

(a) Findings (a) through (c): Submit a work order to have an electrician properly install electrical wiring and ensure all connections are properly secured and protected.

(d) Secure ladder to the building so it doesn't fall while someone is climbing to the roof.

(e) Store hazardous materials and food in separate locations.

(f) Ensure all generators are properly grounded before use.

(g) Ensure fuel is properly stored on spill containment pallets in a shaded area.

(h) Procure additional fire extinguishers for the facility.

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