

## References to Medical Professionals Contributing to “Enhanced Interrogation Techniques”

### Four Memorandums for John Rizzo

Prepared by the US Department of Justice (by Yoo, Bybee and Bradbury) for the CIA (Rizzo)

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Document I.D.	Page # , ¶ #	Technique	Quote
8/1/2002 Yoo/Bybee	3, 4	sleep deprivation	"Moreover, personnel with medical training are available to and will intervene in the unlikely event of an abnormal reaction.
8/1/2002	4, 2	waterboard	"We understand that medical expert with SERE experience will be present throughout this phase and that the procedure will be stopped if deemed medically necessary to prevent severe mental or physical harm to Zubaydah."
8/1/2002	6, 2	waterboard	"You have informed us that your on-site psychologist, who have extensive experience with the use of the waterboard in the Navy training, have not encountered any significant long-term mental health consequence from its use. Your on-site psychologists have also indicated that JPRA has likewise not reported any significant long-term mental health consequences from the use of the waterboard."
8/1/2002	6, 3	sleep deprivation	"Moreover, you consulted with outside psychologists who reported that they were unaware of any cases where long-term problems have occurred as a result of these techniques."
8/1/2002	6, 4-7,1	any enhanced technique	"Moreover, in consulting with a number of mental health experts, you have learned that the effect of any of these procedures will be dependent on the individual's personal history, cultural history and psychological tendencies."
8/1/2002	11, 3	any enhanced technique	"You have also indicated that, should it appear at any time that Zubaydah is experiencing severe pain or suffering, the medical personnel on hand will stop the use of any technique."
8/1/2002	15, 2	waterboard	"Although the procedure will be monitored by personnel with medical training and extensive SERE school experience with this procedure who will ensure the subject's mental and physical safety the subject is not aware of any of these precautions."
8/1/2002	17, 3	any enhanced technique	"The mental health experts indicated that the psychological impact if a course of conduct must be assessed with reference to the subject's psychological history and current mental health status."
8/1/2002	18, 2	any enhanced technique	"The continued use of these methods without mental health consequences to the trainees indicated that it is highly improbable that's such consequences would result here. Because you have conducted the due diligence to determine that these procedures, either alone or in combination, do not produce prolonged mental harm, we believe that you do not meet specific intent requirement necessary to violate Section 2340A."
5/10/2005 Combined Use Yoo/Bradbury	52 (fax page #), 2	any enhanced technique	"We also assume that there will be active and on going monitoring by medical and psychological personnel of each detainee who is undergoing a regimen of interrogation, and active intervention by a member of the team of medical staff as necessary, so as to avoid the possibility of severe physical or mental pain or suffering within the meaning of 18 U.S.C. § 2340-2340A as a result of such combined effects."
5/10/2005 Combined Use	53, 3	" 'Initial Conditions' set the stage for use of interrogation techniques:	"An onboard medical officer monitors his condition"
5/10/2005 Combined Use	54, 1	any enhanced technique	"If the medical and physiological assessments find no contraindications to the proposed plan, and if senior CIA officers at headquarters approve some or all of the plan through a cable transmitted to the site of interrogation, the interrogation moves to the next phase."
5/10/2005 Combined Use	54, footnote	constant lights on	"The light provides better conditions for security and for monitoring by the medical and psychological staff and the interrogators."

5/10/2005 Combined Use	55, 4	any enhanced technique	"We understand that the CIA's use of all these interrogation techniques is subject to ongoing monitoring by interrogation team members who will direct the techniques be discontinued if there is a deviation from prescribed procedures and by medical and psychological personnel from OMS who will direct that techniques be discontinued if in their professional judgment the detainee may otherwise suffer severe physical or mental pain or suffering."
5/10/2005 Combined Use	56, 2	stripped, shackled, walling collar, slapped and standing sleep deprivation	"If the interrogation team determines there is a need to continue, and if the medical and psychological personnel advise that there are no contradictions, a second session may begin."
5/10/2005 Combined Use	56, 3	stripped, shackled, walling collar, slapped, standing sleep deprivation and hosing	"Again, if the interrogation team determines there is a need to continue, and if the medical and psychological personnel find no contraindications, a third session may follow."
5/10/2005 Combined Use	59, 1	combined techniques	"For the same reason, it is especially important that the CIA use great care in applying these various techniques in combination in a real-world scenario, and that the members of the interrogation team, and the attendant medical staff, remain watchful for indications that the use of techniques in combination may be having unintended effects, so that the interrogation regiment may be altered or halted, if necessary, to ensure that it will not result in severe physical or mental pain or suffering to any detainee in violation of 18 U.S.C. § § 2340-2340A."
5/10/2005 Combined Use	60, 1	combined techniques	"We stress again, however, that these questions concerning whether the combined efforts of different techniques may rise to the level of physical suffering within the meaning of sections 2340-2340A are difficult ones, and they reinforce the need for close and on going monitoring by medical and psychological personnel and by all members of the interrogation team and active intervention if necessary."
5/10/2005 Combined Use	61, 2	combined techniques	"But as we understand experience involving the combination of various techniques, the OMS medical and psychological personnel have not observed any such increase in susceptibility [to severe pain]."
5/10/2005 Combined Use	62, 2	combined techniques	"Medical and psychological personnel assess the detainee before any interrogation starts. <i>See, e. g. Techniques</i> at 5. Physical and psychological evaluations are completed daily during any period in which the interrogations use enhanced techniques, including those at issue in techniques (leaving aside dietary manipulation and sleep deprivation of less that 48 hours.) <i>See id.</i> at 5-7. Medical and psychological personnel are on scene throughout the interrogation, and are physically present or are otherwise observing during many of the techniques."
5/10/2005 Combined Use	64, 1	sleep deprivation	"We pointed to the close medical monitoring by OMS of each detainee subjected to sleep deprivation, as well as to the power of any member of the interrogation team or detention facility staff to intervene and, in particular, to intervention by OMS if OMS concludes in its medical judgment that the detainee may be experiencing extreme physical distress."
5/10/2005 Combined Use	65, 2	combined with sleep deprivation	"Even assuming there could be such an effect, members if the interrogation team and medical staff from OMS monitor detainees and would intercede if there were indications that the combinations that the combined use of the techniques may be having that result, and use of the techniques would be reduced in frequency or intensity or halted although, as necessary."
5/10/2005 Combined Use	65, 3	combined with sleep deprivation	"These considerations underscore that the combination of other techniques with sleep deprivation magnifies the importance of adhering strictly to the limits and safeguards applicable to sleep deprivation as an individual technique, as well as the understanding that team personnel, as well as OMS medical personnel, would intervene to alter or stop the use of an interrogation technique if they conclude that a detainee is or may be experiencing extreme physical distress."

5/10/2005 Combined Use	68, 3	combined techniques	"In view of the experience from past interrogations, the judgment of medical and psychological personnel, and the interrogation team's diligent monitoring of the effects of combining interrogation techniques, interrogators would not reasonably expect that the combined use of interrogation methods under consideration, subject to the considerations and safeguards set forth here and in Techniques, would result in severe physical or mental pain or suffering within the meaning of sections 2340-2340A."
5/10/2005 High Value Yoo/Bradbury	6 (fax page #), 3	Initial conditions	"You have also explained that, prior to interrogation; each detainee is evaluated by medical and psychological professionals from the CIA's Office of Medical Services ("OMS") to ensure that he is not likely to suffer any severe physical or mental pain or suffering as a result of interrogation."
5/10/2005 High Value	6, 4	Initial conditions	"OMS Guidelines on Medical and Psychological Support to Detainee Rendition, Interrogation and Detention at 9 (Dec 2004) ("OMS Guidelines") (footnote omitted). New detainees are also subject to a general intake examination, which includes "a thorough initial medical assessment ... with a complete history and physical addressing in depth any chronic or precious medical problems. The assessment should especially attend to cardio-vascular, pulmonary, neurological and musculoskeletal findings... Vital signs and weight should be recorded, and blood work drawn.. " <i>Id</i> at 6. In addition, "subsequent medical rechecks during the interrogation period should be performed on a regular basis. As an additional precaution, and to ensure the objectivity of their medical and psychological assessments, OMS personnel do not participate in <i>administering</i> interrogation techniques; their function is to monitor interrogations and the health of the detainee."
5/10/2005 High Value	7, 3	any enhanced technique	"Medical and psychological personnel are on-scene throughout (and, as detailed below, physically present or otherwise observing during the application of many techniques, including all techniques involving physical contact with detainees), and "[d]aily physical and psychological evaluations are continued throughout the period of [enhanced interrogation techniques] use." <i>IG Report</i> at 30 n. 35, see also George J. Tenet, Director of Central Intelligence, <i>Guidelines on Confinement Conditions for CIA Detainees</i> , at 1 (Jan. 2, 2003) "(Medical and, as appropriate, psychological personnel shall be physically present at, or reasonably available to, each Detention Facility. Medical personnel shall check the physical condition of each detainee at intervals appropriate to the circumstances and shall keep appropriate records...)"
5/10/2005 High Value	8, 1	any enhanced technique	"At any time, any on-scene personnel (including the medical or psychological personnel, the chief of base, substantive experts, security officers, and other interrogators) can intervene to stop the use of any technique if it appears that the technique is being used improperly, and on-scene medical personnel can intervene if the detainee has developed a condition making the use of the techniques unsafe. More generally, medical personnel watch for signs of physical distress or mental harm so significant as possibility to amount to the "sever physical or mental pain or suffering" that is prohibited by sections 2340-2340A. As the <i>OMS Guidelines</i> explain, "[m]edical officers must remain cognizant at all times of their obligation to prevent 'severe physical or mental pain or suffering.'" <i>OMS Guidelines</i> at 10."
5/10/2005 High Value	9, 4	dietary manipulation	"Medical officers are required to ensure adequate fluid and nutritional intake, and frequent medical monitoring take place while any detainee is undergoing dietary manipulation. All detainees are weighed weekly, and in the unlikely event that a detainee was to lose more than 10 percent of his body weight, the restricted diet would be discontinued."
5/10/2005 High Value	10, 3	walling	"Medical and psychological personnel are physically present or otherwise observing whenever this technique as applied (as they are with any interrogation technique involving physical contact with the detainee."
5/10/2005 High Value	10, 5	facial slap	"Medical and psychological personnel are physically present otherwise observing whenever this technique is applied."
5/10/2005 High Value	11, 1	abdominal slap	"Medical and psychological personnel are physically present or otherwise observing whenever this technique is applied."
5/10/2005 High Value	12, 1	water dousing	"A medical officer must observe and monitor the detainee throughout application of this technique, including for signs of hypothermia."

5/10/2005 High Value	13, 3	sleep deprivation	"Medical personnel carefully monitor any detainee being subjected to standing sleep deprivation for indications of edema or other physical or psychological conditions."
5/10/2005 High Value	15, 2	waterboard	"For the reason, based on advise of medical personnel, the CIA requires that saline solution be used instead of plain water to reduce the possibility of hyponatremia (i.e. reduce concentration of sodium in the blood) if the detainee drinks the water."
5/10/2005 High Value	16, 1	waterboard	"We understand that these limitations have been established with extensive input from OMS, based on experience to date with this technique and OMS's professional judgment that use of the waterboard on a healthy individual subject to these limitations would be "medically acceptable". See <i>OMS Guidelines</i> at 18-19."
5/10/2005 High Value	16, 2	waterboard	"During the use of the waterboard, a physician and a psychologist are present at all times. The detainee is monitored to ensure that he does not develop respiratory distress."
5/10/2005 High Value	16, 2	waterboard	"Your medial personnel have explained that the use of waterboard does pose a small risk of certain potentially significant medical problems and that certain measures are taken to avoid or address such problems."
5/10/2005 High Value	16, 2	waterboard	"In the event of such spasms, a qualified physician would perform a tracheotomy."
5/10/2005 High Value	17, 2	waterboard	"Our advise in this memorandum is based on our understanding that there will be careful adherence to all of these guidelines, restrictions, and safeguards, and that there will be ongoing monitoring and reporting by the team, including OMS medical and psychological personnel, as well as prompt intervention by a team member, as necessary, to prevent physical distress or mental harm so significant as possibly to amount to the "severe physical or mental pain or suffering" that is prohibited by sections 2340-2340A.
5/10/2005 High Value	17, footnote	waterboard	"Most seriously, for reasons of physical fatigue or psychological resignation, the subject may simply give up, allowing excessive filling of the airways and loss of consciousness. An unresponsive subject should be righted immediately, and the interrogator should deliver a sub-xiphoid thrust to expel the water. If this fails to restore normal breathing, aggressive medical intervention is required. Any subject who has reached this degree of compromise is not considered an appropriate candidate for the waterboard, and the physician on the scene cannot concur in the further use of the waterboard without specific [Chief, OMS] consultation and approval."
5/10/2005 High Value	18, 1	waterboard	"You advised us that medical and psychological assessments were completed by the CIA physician and psychologist, and that based on this examination, the physician concluded [redacted] 'medically stable and has no medical contradictions to interrogation, including the use of interrogation techniques' addressed in this memorandum. <i>Medical and Psychological Assessment of [redacted]</i> attached to <i>August 2 Rizzo Letter</i> at 1. The psychological assessment found [redacted] was alert and oriented and his concentration and attention were appropriate." <i>Id</i> at 2. The psychologist further found [redacted]'s thought processes were clear and logical; there was no evidence of a thought disorder, delusions, or hallucinations[,and t]here were not significant signs of depression, anxiety or other mental disturbance." <i>Id</i> . The psychologist evaluated [redacted] psychologically stable, reserved and defensive,' and 'opined that there was no evidence that the use of the approved interrogation methods would cause any severe or prolonged psychological disturbance [redacted] <i>Id</i> at 2. Our conclusions depend on these assessments. Before using the techniques on other detainees, the CIA would need to ensure, in each case, that all medical and psychological assessments indicate that the detainee is fit to undergo the use of the interrogation techniques."
5/10/2005 High Value	18, footnote 20	waterboard	"You have advised us that the waterboard has not been used [redacted]. We understand that there may have been medical reasons against using that technique in his case. Of course, our advice assumes that the waterboard could be used only in the absence of medical contraindications."
5/10/2005 High Value	30, 4 - 31, 1	waterboard	"Although we conclude that the use if these techniques- as we understand them and subject to the limitations you have described- would not violate the stature, the issues raised two techniques counsel great caution in their use, including both careful adherence to the limitations and restrictions you have described and also close and continuing medical and psychological monitoring."

5/10/2005 High Value	31, 3 - 32, 1	waterboard	"In addition, the involvement of medical and psychological personnel in the adoption and application of the established SERE techniques is particularly noteworthy for purpose of our analysis. Medical personnel have been involved in imposing limitations on -- and requiring changes to -- certain procedures, particularly the use of the waterboard. "We have had extensive meetings with the medical personnel involved in monitoring the use of these techniques. It is clear that they have carefully worked to ensure that the techniques do not result in severe physical or mental pain or suffering to the detainees. Medical and psychological personnel evaluate each detainee before the use of these techniques is approved, and they continue to monitor each detainee throughout his interrogation and detention. Moreover, medical personnel are physically present throughout application of the waterboard (and present or otherwise observing the use of all techniques that involve physical contact, as discussed more fully above), and they carefully monitor detainees who are undergoing sleep deprivation or dietary manipulation. In addition, they regularly assess both the medical literature and the experience with the detainees. OMS has specifically declared that "[m]edical officers must remain cognizant at all times of their obligation to prevent 'severe physical or mental pain and suffering.'" <i>OMS Guidelines</i> at 10. In fact, we understand that medical and psychological personnel have discontinued the use of the techniques as to a particular detainee when they believed he might suffer such pain or suffering, and in certain instances, OMS medical personnel have not cleared certain detainees for some -- or any-- techniques based on the initial medical and psychological assessments. They have also imposed additional restrictions on the use of techniques (such as the waterboard) in order to protect the safety of detainees, thus reducing further the risk of severe pain and suffering. You have informed us that they will continue to have this role and authority. We assume that all interrogators understand the important role and authority of OMS personnel and will cooperate with OMS in the exercise of these duties.
5/10/2005 High Value	31, footnote	waterboard	"We note that this involvement of medical personnel in designing safeguards for, and in monitoring implementation of, the procedures is a significant difference from earlier uses of techniques catalogued in the Inspector General's Report. <i>See IG Report</i> at 21n. 26"(OMS was neither consulted nor involved in the initial analysis of the risk and benefits of [enhanced interrogation techniques], nor provided with the OTS report cited in the OLC opinion ( <i>the Interrogation Memorandum.</i> ") Since that time, based on comments from OMS, additional constraints have been imposed on use of the techniques."
5/10/2005 High Value	32, footnote 35	waterboard	"We are mindful that, historically, medical personnel have something been used to enhance, no prevent, torture- for example, by keeping a torture victim alive and conscious so as to extend his suffering. It is absolutely clear, as you have informed us and as our own dealings with OMS personnel have confirmed, that the involvement of OMS is intended to prevent harm to the detainees and not to extend or increase pain and suffering. As the <i>OMS Guidelines explain</i> , "OMS is responsible for assessing and monitoring the health of all Agency detainees subject to 'enhanced' interrogation techniques, and for determining that the authorized administration of these techniques would not be expected to cause serious or permanent harm. <i>OMS guidelines</i> at 9 (footnote omitted)."
5/10/2005 High Value	32, footnote 36	waterboard	"To assist in monitoring experience with the detainees, we understand that there is regular reporting on medical and psychological experience with the use of these techniques on detainees and that there are special instructions on documenting experience with sleep deprivation and the waterboard. <i>See OMS Guidelines</i> at 6-7, 16,20.
5/10/2005 High Value	34, 3	walling	"We understand that medical and psychological personnel are present or observing during the use of this technique (as with a all techniques involving physical contact with a detainee), and that any member of the team or the medical staff may intercede to stop the use of the techniques if it is being used improperly if it appears that it may cause injury to the detainee."

5/10/2005 High Value	36, footnote 41	water dousing	"Moreover, even in the extreme unlikely event that hypothermia set in, under the circumstances in which this technique is used -including close medical supervision and, if necessary, medical attention- we understand that the detainee would be expected to recover full and rapidly."
5/10/2005 High Value	38, 2	sleep deprivation	"OMS medical; staff members have also informed us, based on their experience with detainees who have undergone extended sleep deprivation and their review of the relevant medical literature, that extended sleep deprivation does not cause pain. Although edema, or swelling, of the lower legs may sometimes develop as a result of the long periods of standing associated with sleep deprivation, we understand from OMS that such edema is not painful and will quickly dissipate once the subject is removed from the standing position. We also understand that if any case of significant edema develops, the team will intercede to ensure that the detainee is moved from the standing position and that he receives any medical attention necessary to relieve the swelling and allow the edema to dissipate.. For these reasons, we conclude that they authorized use of extended sleep."
5/10/2005 High Value	39, 2	sleep deprivation	"In addition, OMS personnel have informed us that the shackling of detainees is not design to and does not result in significant physical pain. A detainee subject to sleep deprivation would not be allowed to hang by his wrists, and we understand the medical personnel will intercede to prevent and such injury and would require either that interrogators use a different method to keep the detainee awake (such as through the use of sitting or horizontal positions, or the use of the technique be stopped altogether."
5/10/2005 High Value	40, 2	sleep deprivation	"Moreover, we emphasize our understanding that OMS will intervene to alter or stop the course of sleep deprivation for a detainee if OMS concludes in its medical judgment that there detainee is or may be experiencing extreme physical distress."
5/10/2005 High Value	41, 2	sleep deprivation	"It may be questioned whether sleep deprivation could be characterized as a "procedure calculated to disrupt profoundly the senses of the personality" within the meaning of section 2340(2) (B), since we understand from OMS and from the scientific literature that extended sleep deprivation might induce hallucinations in some cases. Physicians from OMS have informed us, however, that they are of the view that, in general, no "profound" disruption would result from the length of sleep deprivation contemplated by the CIA, and again the scientific literature we have reviewed appears to support this conclusion."
5/10/2005 High Value	41, 3 - 42,1	sleep deprivation	"OMS has informed us, based on the scientific literature and on its own experience with detainees who have been sleep, deprived, that any such hallucinatory effects would not be prolonged. We understand from OMS that <i>Why We Sleep</i> provides an accurate summary of the scientific literature at this point."
5/10/2005 High Value	42, footnote 49	sleep deprivation	"Without determining the minimum time for mental harm to be considered "prolonged," we do not believe that "prolonged mental harm" would occur during the sleep deprivation itself. As noted, OMS would order that the technique be discontinued if hallucinations occurred. Moreover, even if OMS personnel were aware of any such hallucinations, whatever time would remain between the onset of such hallucinations, which presumably would be well into the period of sleep deprivation, and the 180 hour maximum for sleep deprivation would not constitute "prolonged" mental harm within the meaning of the statute. Nevertheless, we note that this aspect of the technique calls for great care in monitoring by OMS personnel, including psychologists, especially as the length of the period of sleep deprivation increase."
5/10/2005 High Value	43, 2	waterboard	"We accept the assessment of OMS that waterboard "is by far the most traumatic of the enhanced interrogation techniques." <i>OMS Guidelines</i> at 15."
5/10/2005 High Value	43, footnote 51	waterboard	"One of the psychologist/interrogators acknowledged that the Agency's use of the technique is different from that used in SERE training because it is 'for real' and is more poignant and convincing"), <i>see also id.</i> At 14 n 14. The Inspector General further reported that 'OMS contends that the expertise of the SERE psychologist/interrogators on the waterboard was probably misrepresented at the time, as the SERE waterboard experience is so different from the subsequent Agency usage as to make it almost irrelevant. Consequently; according to OMS, there was no <i>a priori</i> reason to believe that applying the waterboard with the

			frequency and intensity with which it was used by the psychologist/interrogators was either efficacious or medically safe.' <i>Id.</i> at 21 n 26. We have carefully considered the IG Report and discussed it with OMS personnel. As noted, OMS input has resulted in a number of changes in the application of the waterboard, including limits on the frequency and cumulative use of technique. Moreover, OMS personnel are carefully instructed in monitoring this technique and are personally present whenever it is used. <i>See OMS Guidelines</i> at 17-20. Indeed, although physician assistants can be present when other enhanced techniques are applied, "use of the waterboard requires the presence of a physician." <i>Id.</i> at 9 n2."
5/10/2005 High Value	44, 2	waterboard	"However frightening the experience may be, OMS personnel have informed us that the waterboard technique is not physically painful."
5/10/2005 High Value	44, footnote 53	waterboard	"We note that OMS has concluded that: [w]hile SERE trainers believe that trainees are unable to maintain psychological resistance to the waterboard our experience was otherwise. Some subjects unquestionably can withstand a large number of applications, with no immediately discernible cumulative impact beyond their strong aversion to the experience."
5/10/2005 High Value	45, 3	waterboard	"Nevertheless, the statutory definition of "severe mental pain or suffering also requires that the predicate act produces "prolonged mental harm." 18 U.S.C. § 2340(2). As we understand from OMS personnel familiar with the history of the waterboard technique, as used in both SERE training (though in a substantially different manner) and in the previous CIA interrogations, there is no medical basis to believe that the technique would produce any mental effect beyond the distress that directly accompanies its use and the prospect that it will be used again."
5/10/2005 High Value	45, 3	waterboard	"But the physicians and psychologist at the CIA familiar with the facts have informed us that in the case of the detainees who have been subjected to more extensive use of the waterboard technique, no evidence of prolonged mental harm has appeared in the period since the use of the waterboard on those detainees, a period which now spans at least 25 months for each of those detainees. Moreover, in their professional judgment based on this experience and the admittedly different SERE experience, OMS officials inform is that they would not expect the waterboard to cause such harm."
5/10/2005 High Value	47, 2	waterboard	"Assuming adherence to the strict limitations herein, including the careful medical monitoring and available intervention by the team as necessary, we conclude that although the question is substantial and difficult, the authorized use of the waterboard by adequately trained interrogators and other team members could not reasonably be considered specifically intended to cause severe physical or mental pain or suffering and thus would not violate sections 2340-2340A."
5/10/2005 High Value	47, 3	waterboard	"As is apparent, our conclusion is based on assumption that close observation, including medical and psychological monitoring of the detainees, will continue during the period when these techniques are used; that the personnel present are authorized to, and will, stop the use of a technique at any time if they believe it is being used improperly or threatens a detainee's safety of that a detainee may be at risk of suffering severe physical or mental pain or suffering; that the medical and psychological personnel are continually assessing the available literature and ongoing experience with detainees, and that, as they have done to date, they will make adjustments to techniques to ensure that they do not cause severe physical or mental pain or suffering to the detainees; and that all interrogators and other team members understand that proper use for the techniques, that the techniques are not designed or intended to cause sever physical or mental pain or suffering, and that they must cooperate with OMS personnel in the exercise of their important duties."
5/10/2005 High Value	47, footnote 58	waterboard	"As noted, medical personnel are instructed to exercise special care in monitoring and reporting on use of the waterboard. <i>See OMS Guidelines</i> at 20 ("NOTE: In order to best inform future medical judgments and recommendations, it is important that every application of the waterboard be thoroughly documented: how long each application (and the entire procedure) lasted, how much water was used in the process (realizing that much splashes off), how exactly the water was applied, if a seal was achieved, if the naso- or oropharynx was filled, what sort of volume was expelled, how long was the break between applications, and how the subject looked between each treatment.") (emphasis omitted)."

5/30/2005 Yoo/Bradbury	3, 1	any enhanced technique	"Medical screening, monitoring, and ongoing evaluations further lower such risk."
5/30/2005	7, 4	combined techniques	"For example, after medical and psychological examinations found no contraindications, [redacted]'s interrogation team sought and obtained approval to use the following techniques: attention grasp, walling, facial hold, facial slap, wall standing, stress positions and sleep deprivation. <i>See August 25 Letter</i> at 2."
5/30/2005	8,4	any enhanced technique	"Medical and psychological professionals from the CIA's Office of Medical Services ("OMS") carefully evaluate detainee before any enhanced technique is authorized in order to ensure that the detainee "is not likely to suffer any severe physical or mental pain or suffering as a result or interrogation." Techniques at 4; <i>see OMS Guidelines on Medical and Psychological Support to Detainee Rendition, Interrogation and Detention</i> at 9 (Dec. 2004) ("OMS Guidelines"). In addition, OMS officials continuously monitor the detainee's condition throughout any interrogation using enhanced techniques, and the interrogation team will stop the use of particular techniques or the interrogation altogether if the detainee's medical or psychological condition indicates that the detainee might suffer significant physical or mental harm."
5/30/2005	13, 1	sleep deprivation	"In light of the ongoing and careful medical monitoring undertaken by OMS and the authority and obligation of all members of the interrogation team, and of OMS personnel and other facility staff, to stop the procedure if necessary, this technique is not be expected to result in any detainee experiencing extreme physical distress. <i>See id</i> at 38-39."
5/30/2005	15, 5	waterboard	"As we explained, these limitations have been established with extensive input from OMS, based on experience to date with this technique and OMS's professional judgment that the health risks associated with use of the waterboard on a healthy individual subject to these limitations would be 'medically acceptable.'" <i>Id.</i> at 14 ( <i>citing OMS Guidelines</i> at 18-19) In addition, although the waterboard induces fear and panic, it is not painful. <i>See id</i> at 13"
5/30/2005	30, 3	combined techniques	"As the <i>OMS Guidelines</i> explain, '[i]n all instances the general goal of these techniques is a psychological impact, and not some physical effect, with a specific goal of 'dislocate[ing] [the detainee's] expectations regarding the treatment he believes he will receive.' <i>OMS Guidelines</i> at 8-9 (second alteration in original). Furthermore, techniques can be used only if there are no medical or psychological contraindications. Thus, no technique is ever used if there is reason to believe it will cause the detainee significant mental or physical harm. When enhanced techniques are used, OMS closely monitors the detainee's condition to ensure that he does not, in fact, experience sever pain or suffering or sustain any significant or lasting harm."
5/30/2005	31, 1	waterboard	"The board is also designed to allow interrogators to place the detainee in a head-up position so that water may be cleared very quickly, and medical personnel and equipment are on hand should any unlikely problems actually develop. <i>See id.</i> 14. All enhanced techniques are conducted only as authorized and pursuant to medical guidelines and supervision."
5/30/2005	38, 4	any enhanced technique	"For the reasons stated, we conclude that the CIA interrogation techniques, with their careful screening procedure and medical monitoring, do not "shock the conscience."