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CONTROL NO. 86229

COPY 2 OF 2

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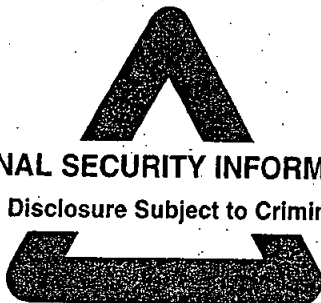
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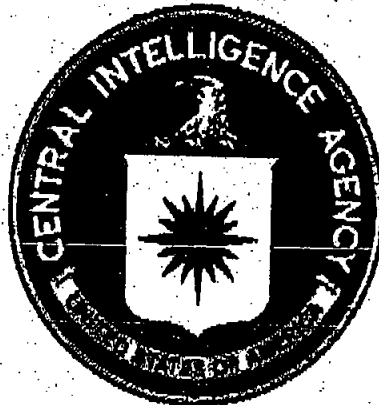
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**Central Intelligence Agency**



**Office of General Counsel  
Washington, DC 20505**

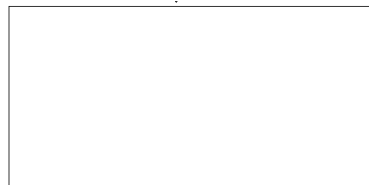
**22 April 2005**

<b>To:</b>	Steve Bradbury	(b)(6)
<b>Organization:</b>	DoJ/OLC	
<b>Phone:</b>	(Bradbury)	(b)(6)
<b>Fax:</b>	(Command Ctr)	(b)(6)
<b>From:</b>		(b)(3)
<b>Organization:</b>		(b)(6)
<b>Phone:</b>		(b)(3)
<b>Fax:</b>		

**Number of pages (including cover sheet): 4**

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(b)(3)

Horizontal Sleep Deprivation

On three occasions early in the program, the interrogation team and the attendant medical officers identified the potential for unacceptable edema in the lower limbs of detainees undergoing interrogation. In order to permit the limbs to recover without impairing sleep deprivation requirements, the subjects underwent horizontal sleep deprivation. Horizontal sleep deprivation occurs when a detainee is placed prone on the floor on top of a thick towel or blanket, a precaution designed to prevent reduction of body temperature through direct contact with the cell floor. The detainee's hands are manacled together and the arms placed in outstretched position -- either extended beyond the head or extended to either side of the body -- and anchored to a far point on the floor in such a manner that the arms cannot be bent or used for balance or comfort. At the same time, the ankles are shackled together and the legs are extended in a straight line with the body, and anchored to a far point on the floor in such a manner that the legs cannot be bent or used for balance or comfort. The manacles and shackles are anchored without additional stress on any of the arm or leg joints that might force the limbs beyond natural extension or create tension on any joint. The position is sufficiently uncomfortable to detainees to deprive them of unbroken sleep, while allowing their lower limbs to recover from the effects of standing sleep deprivation. All standard precautions and procedures for shackling are observed for both hands and feet while in this position. Horizontal sleep deprivation has been used until the detainee's affected limbs have demonstrated sufficient recovery to return to sitting or standing sleep deprivation mode, as warranted by the requirements of the interrogation team, and subject to determination by medical officer that there is no contraindication to resuming other sleep deprivation modes.

(b)(3)



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22 April 2005

Transmitted by Secure Facsimile

(b)(1)  
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(TS// [redacted] /NF,OC) The following is the Central Intelligence Agency's use of the "waterboard" in combination with two other techniques. The waterboard is an interrogation technique as described in our Background Paper on CIA'S Combined Use of Interrogation Techniques, provided to you previously.

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

(TS// [redacted] /NF,OC) We also previously provided the Department of Justice with our description of the waterboard. The following is our description of the two interrogation techniques we use in conjunction with the waterboard. These techniques are dietary manipulation and sleep deprivation. While an individual is physically on the waterboard, we do not use the insult slap, belly slap, attention grasp, facial hold, walling, water dousing, stress positions, or cramped confinement. Many or all of those techniques almost certainly will have been used before the Agency needs to resort to the waterboard (and, indeed, since March 2003, the Agency has not had to resort to use of the waterboard to transition an individual from resistance to cooperation). Further, it is possible that one or more of these interrogation techniques might be used the same day as a waterboard session (such as was the case with the interrogation of Khalid Shaykh Mohammed).

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

(TS// [redacted] /NF,OC) As you are aware, the Central Intelligence Agency has established specific guidelines for the use of each of these two interrogation techniques and the waterboard. These guidelines incorporate the guidelines established by the CIA Office of Medical Services (OMS).

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

(TS// [redacted] /NF,OC) As we briefed you previously, an individual is always placed on a fluid diet before he may be subjected to the waterboard in order to avoid aspiration of regurgitated food. The individual is kept on the fluid diet throughout the period the waterboard is used.

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(TS/[redacted]/NF,OC) Sleep deprivation may be used prior to and during the waterboard session. As has been previously noted, the time limitation on application of sleep deprivation is strictly monitored. In addition, the detainee's physical and mental state is also monitored to ensure they are not harmed. There is no evidence in literature or experience that sleep deprivation exacerbates any harmful effects of the waterboard, but it does reduce the detainee's will to resist, contributing to the effectiveness of the waterboard as an interrogation technique. In the event a detainee were to be perceived as unable to withstand the affects of the waterboard for any reason, any member of the interrogation team has obligation to voice concern, and if necessary to halt the proceedings.

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