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DEPARTMENT OF DEFENSE  
HEADQUARTERS, JOINT TASK FORCE GUANTANAMO  
U.S. NAVAL STATION, GUANTANAMO BAY, CUBA  
APO AE 09360

JTF-GTMO-CDR

6 September 2006

MEMORANDUM FOR Commander, U.S. Southern Command, 3511 NW 91<sup>st</sup> Avenue, Miami  
Florida 33172

SUBJECT: Endorsement on AR 15-6 Investigation

1. On 20 July 2006, (b)(3):10 USC §130b,(b)(6) [redacted] (USMC) was appointed under AR 15-6 to investigate whether: (1) the Camp Delta SOP was followed by relevant Joint Detention Group (JDG) personnel during the overnight hours of 9-10 June 2006; and, (2) if the SOP was not followed, whether this failure contributed to the ability of the detainees to commit suicide on that night.

2. (b)(3):10 USC §130b,(b)(6) [redacted] completed an exhaustive review of the facts and circumstances concerning the actions of the guard force and other relevant JDG personnel during the overnight hours of 9/10 June 2006. He specifically concluded that guard force and other relevant JDG personnel committed 6 violations of the Camp Delta SOP during the over-night hours of 9/10 June 2006. The following pertains:

a. I accept his conclusion that violation of SOP Section (b)(2) [redacted] contributed nothing to the ability of the detainees to commit suicides.

b. I reject his conclusion that violation of SOP Section (b)(2) [redacted] contributed nothing to the ability of the detainees to commit suicides. The findings of fact contained in the report of investigation clearly reflect that the three deceased detainees required significant time to prepare the instruments with which they committed suicide,

(b)(2) [redacted]  
The possibility that the detainees used this uninterrupted gap in guard coverage on the tier to prepare these instruments cannot be ruled out.

c. I accept his conclusion that violation of SOP Section (b)(2) [redacted] contributed nothing to the ability of the detainees to commit suicides. However, I reject his conclusion that this violation is insignificant. I have directed that the JDG institute procedures to ensure accountability in this process in the future.

d. I reject his conclusion that violation of SOP Section (b)(2) [redacted] contributed nothing to the ability of the detainees to commit suicides. The first detainee was found hanging in his cell at approximately 0030, 10 June 2006. The medical examiner stated that the detainees had likely been dead for a "couple of hours" prior to the time of their discovery. He was unable to further refine the time of death. Had the head count been ordered on time, the guards would have been required to examine every cell, checking for (b)(2) [redacted] (at 2300).

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This would have been one and one half hours before the bodies were discovered. The possibility that the now deceased detainees were in fact alive at 2300 on 9 June 2006, cannot be ruled out.

e. I accept his conclusion that violation of SOP Sections (b)(2) and (b)(2) potentially contributed to the ability of the detainees to commit suicide.

f. I accept his conclusion that had the guard staff and other relevant JDG personnel fully complied with the SOP, it is possible that the detainees could have successfully committed suicide anyway.

3. In addition to the foregoing, the Investigating Officer concluded that the JDG's policy of permitting mutilation or alteration of clothing/uniforms (in technical violation of SOP Section 8-23e) contributed to the ability of the detainees to commit suicide. I agree with the Investigating Officer's assessment in this regard. However, in addition, other practices that are well documented in his report likely contributed to the suicides, as well. Specifically, the JDG's authorization for detainees to hang sheets, blankets, and other items within their cells and the dimming of lights on the tier contributed to the suicides. The detainees were able to use their blankets and sheets to hide themselves from the guards while they hung from their nooses and they took advantage of the reduced lighting when creating a ruse with sheets and other materials to make it look like they were in their cells sleeping.

4. I have concluded that a general confusion by the guard and JDG staff over many of the rules that applied to the guard force's handling of the detainees contributed to the detainee's ability to commit suicide. As described by the Investigating Officer in his report of investigation, there was general confusion about what the detainees were authorized to hang in their cells and where they were authorized to do so. The guards were also confused about how far they were supposed to go in sighting skin or movement of detainees at night and what actions they were authorized to take if they sighted neither.

5. Finally, the investigative report documents that the JDG leadership -- over a long period of time -- operated in an environment of increasing negotiation, acquiescence, and concession with the detainees in Camp Delta prior to the suicides. The detainees took advantage of concessions granted by the JDG to commit suicide on 9/10 June 2006. As documented in the report of investigation, many guards had raised concerns about concessions made to the detainees and had expressed their confusion over the applicability of portions of the SOP. Unfortunately, it does not appear that these concerns were addressed prior to the suicides.

6. Based on the facts and circumstances contained in the report of investigation, including the permissive environment that persisted within the JDG prior to the suicides and the JDG leadership's apparent failure to address the guards' concerns, disciplinary action is not warranted in this case.

7. However, considerable corrective action has been taken as a result of the suicides of 9/10 June, including the following:

a. Improved guard training - The guard training program has been improved, with

increased focus on the need to remain vigilant on the tiers and a particular focus on the potential risk of future suicides and similar activities. The guards now receive training on specific "Detainees of Interest" that require additional vigilance.

b. SOP review/revision - The Camp Delta SOP is currently undergoing an extensive update and rewrite to conform written procedures to current practice and to formally adopt interim changes that have been promulgated in guard mount messages. The JDG Commander is also publishing daily the JDG Order of the Day, which contains Commanders guidance on various issues associated with the detention mission.

c. Increased guard manning - Following the suicides, the manning on each block was increased to include (b)(2) guards with the sole duty of walking up and down the blocks to observe (b)(2) to (b)(1) other guards per block devoted to detainee showers, recreation time, meals, movements, etc. This allows all detainees to be checked within (b)(2)


d. Lighting - Lights on the tiers are no longer dimmed at night.

(b)(2)

f. Reduced access to Comfort Items - Detainees were provided numerous comfort items (two blankets, two sheets, etc;) prior to the suicides. This practice was re-evaluated and extra items, such as extra sheets and blankets were eliminated. Additionally, sheets are now issued to detainees each night at 2200 and collected each morning at 0500. The number of items detainees are permitted to keep in their cells has been greatly reduced.

8. The Investigating Officer's recommendations concerning personnel awards, development of junior leaders, intelligence analysis, and Detainee Information Management System (DIMS) revision are being considered appropriately.

9. My point of contact for this matter is (b)(3):10 USC JTF-GTMO-SJA. He may be contacted at (b)(2) should your staff have any questions.

  
HARRY B. HARRIS, JR.  
Rear Admiral, U.S. Navy  
Commanding