

ETHICAL CONCERNS ABOUT PSYCHOLOGISTS' PARTICIPATION IN INTERROGATION OF DETAINEES

STEVEN REISNER, PhD

The United Nations Principles and other codes of ethics for health professionals make no distinctions based on the role of the health professional. Their premise is that the knowledge and skills of health professionals should not be used to the detriment of humans; the particular position the professional holds therefore is not relevant. To the extent that health professionals "apply their knowledge and skills" to assist in any manner with interrogations that "may adversely affect" (emphasis added) the physical or mental health of the detainee, they violate professional ethics and the right to health of detainees.

Report On The Situation Of Detainees At Guantánamo Bay
UN Commission Of Human Rights

On August 13, 2006, the APA Council of Representatives engaged in an historic debate and vote on a resolution put forward by Division 48 (Peace Division) and supported by Division 19 (Military Division). The motion was titled the "Resolution Against Torture, Cruel, Inhuman and Degrading Treatment." Two speakers had been invited to address the Council that day. The first was Lt. Gen. Kevin C. Kiley, Surgeon General of the Army, who spoke in favor of psychologists participating in military interrogations at places like Guantánamo Bay and Abu Ghraib. I was the second speaker. I spoke against such participation and argued that the Resolution Against Torture would be a first step toward ending such participation. It turns out that I was wrong. Contrary to my belief at the time, the Resolution Against Torture did not interfere with psychologists' continued participation in coercive interrogations in sites like Guantánamo, Abu Ghraib, and CIA "black sites." It does nothing to prevent a psychologist from continuing to engage in behaviors condemned by international human rights organizations and international law, so long as these acts are not defined by U.S. or U.S. military law, as torture, cruel, inhuman, or degrading treatment. Furthermore, although Council has repeatedly requested a change, the ethics code itself continues to allow military psychologists to follow law over ethics when these are in conflict over issues of basic human rights.

Four months after the August Council meeting, I, a son of tortured Holocaust survivors, find that I inadvertently supported psychologists' continued participation in activities that have been internationally condemned as torture when I thought I was doing the opposite. I believe that members of Division 48 and members of Council also, supported the Resolution on that day because they thought it would stop

psychologists' participation in these acts. But it has not. There is nothing in the Resolution that contradicts the PENS Task Force Report, which asserts that "It is consistent with the APA Ethics Code for psychologists to serve in consultative roles to interrogation and information-gathering processes for national security-related purposes...."

This article is an attempt to rectify that error. It is drawn largely from my presentation to Council, but with the addition of months of research into the part psychology has played in military interrogations and torture. It emphasizes that the APA is faced with a decision of historic consequence. The administration has made the legal argument that abusive interrogation techniques are not torture, cruel, inhuman, or degrading treatment under the U.S. Constitution if they are administered under "medical supervision." Until now, the APA has, through the PENS Task Force Report and the August Resolution Against Torture, aligned itself with the government position. Were psychologists to join the physicians, psychiatrists, and nurses in opposing any such participation, there would no longer be willing "medical supervision." Such a decision might actually bring these practices to an end.

Because the Council of Representatives will be meeting again in February when they will be offered the possibility of changing direction, I offer this article as an updated presentation to Council, in support of Neil Altman's courageous Resolution for a Moratorium on Psychologists' Participation in Military and Intelligence Interrogations. I want to begin with three questions.

- Why are you, members of the Council of Representatives, here for a third time to address the questions of whether psychologists should be guiding military or intelligence interrogations?
- Why am I, someone who has never been involved in APA politics or government in any way, here to speak to you about these issues?
- And finally, why have psychologists been involved in these scandalous activities in the first place, and what effect might we have on these practices?

You are here because, like all Americans, you were shocked when certain photographs were published which revealed how prisoners at Abu Ghraib were being treated. You are here because it was discovered that similar practices, as approved techniques of interrogation, had taken place at Guantánamo.

Bay. . . And you are here specifically because of the role health professionals in general and psychologists in particular were said to play in coercive interrogations. You are here because it turns out that, in many cases, abusive interrogations were supervised and directed by teams of health professionals, called BSCT teams (Behavioral Science Consultation Teams). You are here because psychologists played, and continue to play, a substantial role on those BSCT teams.

You are here because each of the major health professions re-examined its ethics code after seeing the participation of mental health professionals and physicians in these BSCT practices, and each of them, except one, re-wrote its ethics code to preclude such participation. You are here because only APA has not done that. And finally, you are here because, as a result of this inaction on the part of APA, the Pentagon decided to use only psychologists in those positions.

I am here because I did not believe these issues were getting a fair hearing within APA. I am here because of two letters I wrote to APA President Gerald Koocher.

The first one followed the publication of a front-page article in the *New York Times*: "Military Alters the Makeup of Interrogation Advisers."¹ The article began, "Pentagon officials said Tuesday that they would try to use only psychologists, and not psychiatrists, to help interrogators devise strategies to get information from detainees at places like Guantánamo Bay, Cuba."

This is what I wrote to Dr. Koocher:

I am embarrassed that the American Psychological Association has not been willing or able to combat the publicly held view that psychologists are more willing than psychiatrists to participate in coercive, possibly abusive, interrogations of prisoners at Guantánamo Bay. And worse, I am horrified that the APA and officials at the Pentagon believe that psychologists' participation in BSCT teams is acceptable; whereas both the American Psychiatric Association and the World Medical Association have stated unequivocally that such participation violates the Hippocratic Oath and is unacceptable...

President Koocher replied:

The APA Board of Directors understands and appreciates that its members have strong opinions about psychologists' involvement in interrogations,

and that their opinions are not uniform... The Board has adopted as APA policy a Task Force Report, which unequivocally prohibits psychologists from engaging in, participating, or countenancing torture or other cruel, inhuman, or degrading treatment. As the basis for its position, the Task Force looked first to Principle A in the Ethical Principles of Psychologists and Code of Conduct, "Do No Harm," and then to Principle B, which addresses psychologists' responsibilities to society... In both domestic and national security-related contexts, these ethical principles converge as psychologists are mandated to take affirmative steps to prevent harm to individuals being questioned and, at the same time, to assist in eliciting reliable information that may prevent harm to others.

A colleague forwarded my letter and Dr Koocher's response to Amy Goodman of *Democracy Now!*, who subsequently invited Dr. Koocher and me to debate this issue on her public television and radio show.²

Mine was certainly not the first protest. Members of the Divisions for Social Justice had already voiced their dissent at the February meeting of the Council of Representatives. They introduced what would become the "Resolution Against Torture," which was passed by Council in August 2006. The resolution stated, in its first draft, that "it is a contravention of professional ethics for psychologists to apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect the physical or mental health or condition of such prisoners or detainees, and which is not in accordance with relevant international instruments..."

Following the *Democracy Now!* debate, investigative journalists continued to research the relationship between the APA and military/intelligence interrogations. Mark Benjamin, of *Salon*, looked in particular at the 2005 PENS Task Force, which President Koocher cited as the source of the APA Ethics Policy on psychologists' involvement in coercive military and intelligence interrogations at places like Guantánamo Bay. Benjamin's article called into question the objectivity of the Task Force and the validity of its report because, he discovered, six of the nine voting Presidential appointees had direct ties to military or intelligence agencies.³

It turns out that of these six, four had been present at Guantánamo, Abu Ghraib, Baghram or elsewhere in Iraq and Afghanistan, supervising, directing, or consulting on the interrogation of detainees. A fifth was the director of

² <http://www.democracynow.org/article.pl?sid=06/06/16/1355222>

³ "Psychological Warfare." http://salon.com/news/feature/2006/07/26/interrogation/index_np.html

¹ The article can be found its entirety at: <http://psychoanalystsopposewar.org/blog/2006/06/08/>

the Behavioral Science Directorate of Counterintelligence Field Activity (CIFA), former Defense Secretary Rumsfeld's recently created counter-intelligence agency. Among its mandates, this intelligence agency researches effective detainee interrogation techniques; psychologists from CIFA have provided questions for military and intelligence interrogators at Guantánamo. A sixth member of the PENS task force also worked for CIFA.

These revelations raised the significant possibility that the members of the PENS Task Force had been chosen to offer a foregone conclusion. First of all, active duty military personnel, by law, must put the interests of the U.S. military first on issues which effect military operations (which means that four of the members simply should have recused themselves). Further, if six members of the PENS Task Force were already actively committed to guiding and supervising military and intelligence interrogations, how could they be called upon to objectively assess whether such endeavors were ethical? And finally, in the 18 months since the publication of the Task Force report, two of the non-military members have questioned the validity of the Task Force, and all three non-military members have called for the suspension of the PENS Report as a basis for APA policy.

The wide press coverage of psychologists' unique stance among the health professions with regard to interrogations⁴ spurred protests both within and outside the APA against the PENS report and against psychologists' participation in such interrogations (a petition against participation had garnered more than 1600 psychologists' signatures). The aim of the protests was to revisit the issue at the August meeting of the Council of Representatives, and to pass the Resolution proposed by Division 48.

However, a piece of information included at the end of Benjamin's *Salon* article spurred me to write a second letter. I was shocked once again to discover that the pro-military bias of the leadership of the APA had trumped fairness and common sense. In his penultimate paragraph, Benjamin wrote: "Koocher has asked Lt. Gen. Kevin C. Kiley, the surgeon general of the Army, to come to New Orleans and address the organization's leadership." It turned out that despite the many suggestions to the contrary, President Koocher had invited one and only one expert speaker to address the Council as they debated this vital issue.

My second letter was an attempt to communicate my shock and dismay at learning that when the Council of Representatives was to meet in New Orleans the following week "to discuss the issues raised by psychologists' participation in interrogations at Guantánamo and elsewhere, and to decide on what, if any, changes should be implemented

in the ethics code as a result of alleged psychologist participation in abusive interrogation practices...there will be a single guest speaker addressing the Council: Army Surgeon General Kevin C. Kiley."

I was particularly dismayed, since General Kiley was the author of the military study that praised the work of the psychologists on the BSCT teams. The study was the first military document to describe the work of these psychologists, which was to "check the medical history of detainees with a focus on depression, delusional behaviors, manifestations of stress, and "what are their buttons." [Psychologists] will greatly assist [interrogators] with: obtaining more accurate intelligence information, knowing how to gain better rapport with the detainees, and also knowing when to push or not to push harder in pursuit of intelligence information."

I wrote that the General had written the latest BSCT protocols, coupled with the fact that he would only respond to Council members' questions vetted in advance, "strikes me as continuing a practice of stacking the deck in favor of a military interpretation of the role of psychologists, even when this conflicts with the history of ethical principles which have governed the behavior of health professionals for millennia."

I recommended that Dr. Koocher invite either former APA President Phil Zimbardo or Physicians for Human Rights Executive Director Len Rubenstein. They had each written extensive critiques of the PENS Report, Rubenstein⁵ from a human rights perspective and Zimbardo⁶ from the perspective of psychological research. Dr. Koocher did not take either of my recommendations (he had already rejected similar suggestions, made by others). Instead, Dr. Koocher invited me, "in the interest of presenting a balanced view." I said at the time that I thought Dr. Koocher chose an unknown like me, rather than a world-renowned psychologist or a Nobel Prize winning humanitarian, because, by comparison, I could be considered a lightweight. To add weight to what I have to say, I consulted with both Dr. Zimbardo and with Len Rubenstein. It is in their shoes that I stand, in speaking to you today.

Let me turn, now, to the third question: why have psychologists been involved in these scandalous activities in the first place, and what effect might we have on these practices? To answer this question, it is necessary to share the results of extensive research that I have undertaken, with the help of dedicated colleagues, into the history of the use of aggressive techniques in the "war on terror" and into the

⁵ Rubenstein wrote two detailed critiques of the Report. They may be found at: <http://www.physiciansforhumanrights.org/library/documents/letters/phr-letter-to-apa.pdf>, and <http://www.physiciansforhumanrights.org/library/letter-2005-07-15.html>

⁶ <http://www.zimbardo.com/downloads/ZimPENSReport.pdf>

⁴ In addition to Benjamin's two articles, there had been reports in the *Philadelphia Inquirer*, and on CNN.

unique role of psychologists in that history. Everything that follows has been verified via documentation available on the Web.

There are two acronyms that play a central part in the evolution of abuse at Guantánamo, Abu Ghraib, Baghram, and elsewhere. These are ‘SERE and BSCT. SERE stands for *Survival, Evasion, Resistance and Escape*, and BSCT, for *Behavioral Science Consultation Teams*.

SERE originated as military training, developed by a Special Forces officer, Col. James “Nick” Rowe, who had been a prisoner of the Viet Cong for over five years. Rowe’s training regimen involved, among other things, exposure to severe forms of physical and psychological torture, as preparation for resistance, were the agent to be captured and exposed to these techniques. As part of the SERE program, military psychologists developed and administered severely aversive psychological interrogation techniques, including sleep and sensory deprivation, personal, cultural, religious and sexual humiliation. Other tactics included forced nakedness, waterboarding, and death threats.

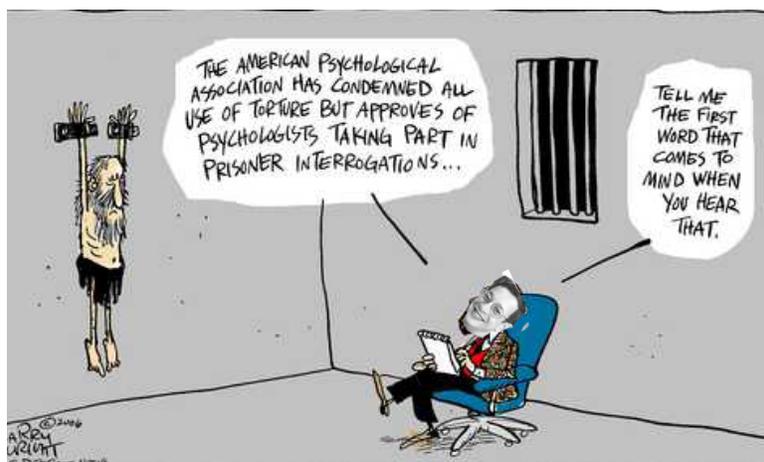
BSCT teams began advising interrogators at Guantánamo on the use of similar interrogation techniques in the summer of 2002, as part of the ramped-up effort on the part of the Department of Defense to gather information to fight the war on terror. There is record that Guantánamo interrogation personnel were being trained in SERE tactics as early as September of 2002. Later on, SERE training became standard operating procedure for BSCT team members. This transformation of SERE from training to withstand abusive interrogation into highly specialized methods of abusive interrogation reflects a shameful loss of ethical standards on the part of participating psychologists.

Not surprisingly, this very transformation of tactics spurred growing tension between interrogators who favored these SERE-based techniques, and those who relied on more traditional interrogation methods.⁷ Requests for authorization of the aggressive techniques went to the highest levels of the Department of Defense. On November 27, 2002, Defense Secretary Rumsfeld, responding to a request for clarification from the commanding general at the Guantánamo, Maj. Gen.

Michael Dunlavey, specifically approved a set of hitherto illegal interrogation methods. In fact, Secretary Rumsfeld asserted in a hand-written note that one of the techniques, enforced standing “for a maximum of 4 hours,” was too lenient. He wrote, “I stand for 8-10 hours a day. Why is standing limited to 4 hours?” By December 2002, Geoffrey D. Miller (who had replaced Dunlavey at Guantánamo in November), had suggested SERE standard operating procedures for BSCT interrogations at Guantánamo.⁸

Rumsfeld’s memo generated enormous debate among the armed services and we now know that interrogators from the Navy Criminal Investigative Task Force refused to participate in interrogations if such practices were being used, and that the highest echelons of the Navy protested the practices as illegal. This spurred Secretary Rumsfeld to temporarily rescind his approval, pending the report of a ‘working group’ to assess the legality of the techniques.

The report of the working group and Rumsfeld’s directive, based upon it, explain why psychologists have come to play such an intrinsic role in our military and intelligence services’ coercive interrogation practices, and implicates the



APA in practices which have been condemned throughout the world as torture. An understanding of Rumsfeld’s directive also explains why APA’s August Resolution Against Torture did not go far enough to guarantee that APA members will no longer participate in such practices, and why only a moratorium on such participation will bring

the ethics of APA in line with the other health associations, with international human rights organizations, and with the highest ethical standards as embodied in the United Nations Convention Against Torture.

Rumsfeld’s working group report asserted, as had a number of now notorious Justice Department briefs, as well as legal analyses from the Department of Defense (including the Yoo, Gonzales, and Beaver memos), that US reservations to the UN Convention Against Torture, Cruel, Inhuman and Degrading Treatment, meant that the United States is bound by the Convention “only to the extent that cruel, inhuman, or degrading treatment or punishment means the cruel and

⁸ It is important to note that originally BSCT teams often included psychiatrists and physicians, along with psychologists. But at least since January 2004, it was preferred policy that “only psychologists have been on BSCTs.” *Mercury*, September 2005 (an Army Medical Department publication).

⁷ “Gitmo interrogations spark battle over tactics.” Bill Dedman, *MSNBC* Oct 24, 2006. <http://www.msnbc.msn.com/id/15361458>

unusual treatment or punishment prohibited by the Fifth, Eighth, and/or Fourteenth Amendments to the Constitution of the United States.” It goes on to justify each and every technique practiced by the BSCTs at Guantánamo as legal under these limitations.

For example, the report asserts that to meet the standard of the Eighth Amendment prohibition against “cruel and unusual punishment,” detainee treatment must reflect “‘deliberate indifference’ to the prisoner’s health or safety... The Court has established that ‘only those deprivations denying the minimal civilized measures of life’s necessities’ are sufficiently grave to form the basis of an Eighth Amendment violation.’... It is not enough for a prisoner to show that he has been subjected to conditions that are merely ‘restrictive and even harsh...’ Rather, a prisoner must show that he has suffered a ‘serious deprivation of basic human needs,’ such as ‘essential food, medical care, or sanitation.’”

Similarly, the authors of the report interpret the Fifth and Fourteenth Amendment guarantees of due process, according to American legal precedents, to mean, “only the most egregious official conduct can be said to be arbitrary in the constitutional sense... That conduct must ‘shock the conscience.’” The report concludes that one of two criteria must be met to invoke the Fifth Amendment guarantees: “First,

whether conduct is ‘inspired by malice or sadism.’ Second, the official must have acted with more than mere negligence... an official must know of a serious risk to the health or safety of a detainee and he must act in conscious disregard for that risk in order to violate due process standards.”

The working group report recommended that aggressive interrogation techniques, including sleep-deprivation (up to four days), isolation (up to 30 days), hooding, forced nudity, the use of dogs, threats, slaps, were all permissible according to the U.S. Constitution if they were “approved by the appropriate authority... [and included] supervisory requirements to ensure appropriate application of methods; specifics on the application of technique(s) including appropriate duration, intervals between applications and events that would require termination of the technique; and requirements for the presence or availability (as appropriate) of qualified medical personnel.”

Upon receipt of the working group report, Rumsfeld wrote a new memo, re-instituting aggressive interrogation techniques, under the specific conditions recommended by the working group. In so doing, Rumsfeld authorized U.S. military and intelligence agencies to practice methods condemned internationally as cruel, inhuman, or degrading treatment, using two related justifications: first, that the U.S. reservations to the United Nations Convention Against Torture meant that the U.S. Constitution (specifically the interpretation of the 5th, 8th, and 14th amendments) was the authority on the legality of severe interrogation methods, rather than the international standards, such as the Geneva Conventions or the UN Convention Against Torture; and second, that, in order to stay within the law as defined by these amendments, interrogations must be done *under appropriate medical supervision*.

Defense Secretary Rumsfeld solved the problem of legitimizing these interrogation methods by elevating the BSCTs from experts in the application of psychological SERE interrogation techniques, to medical supervisors required by the U.S. Constitution. Thus “medical supervisors” would function in two roles by ensuring the effectiveness of the interrogations, while at the same time functioning (in what General Kiley termed) as “safety officers.” In other words, following the advice of his working group, and the legal briefs which preceded it, Defense Secretary Rumsfeld made it official policy that the BSCT teams’ widely condemned interrogation techniques would be considered legal under U.S. law, so long as medical officers were on hand to ensure that the practices were “safe and effective.”⁹ Soon after the

⁹ Thus, PENS’ chairperson, Olivia Moorehead-Slaughter’s assertion that, “as experts in human behavior, psychologists... have a critical role in keeping interrogations safe, legal, ethical and effective” is entirely consistent with U.S. military and intelligence policy. *Monitor on Psychology*, Volume 37, No. 4, April 2006.

GERALD P. KOOCHER ON PSYCHOLOGIST INVOLVEMENT IN INTERROGATION

BEFORE APA AUGUST CONVENTION

“A number of opportunistic commentators masquerading as scholars have continued to report on alleged abuses by mental health professionals. However, when solicited in person to provide APA with names and circumstances in support of such claims, no data have been forthcoming from these same critics and no APA members have been linked to unprofessional behaviors. The traditional journalistic dictum of reporting who, what, where and when seems notably absent.”

AFTER APA AUGUST CONVENTION

“It is not enough for us to express outrage or to codify acceptable practices. As psychologists, we must use every means at our disposal to prevent abuse and other forms of cruel or degrading treatment.”

Rumsfeld memo approving the techniques, BSCT practices were exported to Abu Ghraib, and elsewhere in Iraq.¹⁰

The rest of the story is well known. In November, 2004, officials of International Committee of the Red Cross broke with their historic mandate of confidentiality and leaked to the press the appalling conditions and treatment of detainees at Guantánamo. Among the details revealed by the ICRC were interrogation techniques, described as “tantamount to torture,” a physical environment, which in its very construction “cannot be considered other than an intentional system of cruel, unusual and degrading treatment,” and the role of the BSCT teams, undermining the traditional division between humanitarian medical care and intelligence operations.

In the aftermath of these revelations, every major American organization of health professionals, except one, overrode American government and military policy on detainee interrogations. In their review of their ethics policies, the American Medical Association, the American Psychiatric Association, and the American Nurses Association, all required their members to behave in a manner consistent with

¹⁰ Major General Miller visited Iraq in late August, 2003 and recommended the creation of BSCTs there.

international human rights standards; each prohibited their members from participating in any individual interrogations or in activities that may compromise the physical or mental health of prisoners. Only the American Psychological Association, after ostensibly examining the ethical issues, permitted its members to continue to participate in coercive military and intelligence interrogations. Only APA has aligned its human rights ethical standards with the U.S. Constitution instead of international conventions and law. And, when ethics and law conflict, only APA has amended its ethics code specifically to permit following the law, rather than its ethical code, when these are in conflict.

To put the matter simply, at the present time, only APA provides the U.S. military and the intelligence agencies with the medical supervision that this administration asserts is necessary to circumvent international humanitarian law.

Understanding this exposes the frank manipulation of the PENS process; it explains as well what I believe to be the manipulation of the good intentions of the authors of the Resolution against Torture, which at the 11th hour incorporated the Rumsfeld working group definition of torture, cruel, inhuman and degrading treatment, in the place of its original international human rights language.¹¹ To understand the history of the relationship between medical oversight and America’s continued use of techniques condemned as torture is to understand the fact that if the APA takes a stand against participation, this is not simply an academic position—we have the opportunity to stop these universally condemned practices altogether.

So, what can you, the Council, do? I am asking you to reverse the shameful course that the APA has taken wittingly and unwittingly in participating in interrogation processes that have rightly been condemned as torture; in aligning our definition of torture with the U.S. government and military’s definitions of torture, which disregard international human rights obligations;¹² by tacitly approving

¹¹ The Resolution was amended, during a break at the August Council meeting and without public discussion, to read, “BE IT RESOLVED, that the term ‘cruel, inhuman, or degrading treatment or punishment’ means treatment or punishment by any psychologist that is of a kind that, in accordance with the McCain Amendment, would be prohibited by the Fifth, Eighth, and Fourteenth Amendments to the Constitution of the United States, as defined in the United States Reservations, Declarations and Understandings to the United Nations Convention Against Torture and Other Forms of Cruel, Inhuman or Degrading Treatment or Punishment done at New York, December 10, 1984.

¹² “The Special Rapporteur [on torture and other cruel, inhuman or degrading treatment or punishment] deplored the failure of the United States to include a crime of torture consistent with the Convention definition in its domestic legislation and the broadness of the reservations made by the United States.” Report on



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the conditions detainees are being held in by permitting our members to collaborate with authorities in settings that have in themselves been condemned as “cruel, inhuman, and degrading treatment,” by the ICRC and a violation against the UN Convention against torture;¹³ and in permitting our ethical obligation: “to benefit those with whom they work and take care to do no harm” to be subverted into participation in committing grievous harm to human beings who have been charged with no crime, who have been deprived of the right to question their incarceration, and who may join the ranks of the disappeared in unregistered CIA “black sites,” where even the ICRC is prevented from assessing their conditions.

As members of the major body of American psychologists, we have a special responsibility to maintain high ethical standards precisely because psychologists are known to have contributed shamefully in the development and the execution of abusive and coercive interrogation techniques within certain branches of military and intelligence operations.

It is up to you, the Council, to take back your mandate. The PENS Task Force report became APA policy without going through Council processes. Without Council having the opportunity to study the implications of its conclusions, the Report was presented soon to the Surgeon General and cited by the military as evidence of psychologists’ support for a role in the medical supervision of interrogation practices. The Resolution Against Torture likewise passed through Council in extraordinary session. Changes that supported the Administration’s position on aggressive interrogation techniques were introduced into the amendment during the Council meeting, without discussion.

I am asking you, the Council, to do the following:

1. Suspend the PENS Task Force Report. We now know that the majority of its members were actively involved in the interrogation process.
2. Declare a moratorium on psychologist participation in military and intelligence interrogations. We know, too, that psychologists are being asked to provide justification for practices condemned as unethical by all international human rights bodies and by all domestic professional health care organizations.
3. Demand that the ethics committee enact the repeated resolutions of the Council to amend Ethics code provision 1.02. The Council has twice resolved that the words “except in cases of basic human rights

the situation of detainees at Guantánamo Bay; UN Commission of Human Rights. 12 February, 2006

¹³ “Detaining persons in such conditions constitutes, per se, a violation of the Convention [Against Torture].” Report of the UN Committee Against Torture, 36th session, 1 – 19 May 2006.

violations” be added to the provision; the leadership has continued to postpone action. We know that psychologists are increasingly asked to participate in environments where, under the Military Commissions Act, widespread denial of basic human rights has been deemed legal.

4. Establish a new task force to examine the appropriate ethical role of psychologists in cases of national security. I suggest that the new Task Force consult with ethicists who have grappled with these issues from other health professions, human rights groups and the United Nations.

You, the Council, must take back responsibility for the good name and ethical conduct of psychologists. You have a rare opportunity to make a significant difference for good in the world. If I am right, and the US government believes it can only legally justify these shameful techniques by claiming medical supervision, then the refusal of psychologists to participate may finally put an end to these practices. At the very least, it is time you stopped psychologists from being associated with them.

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