

November 1, 2007

**The Honorable Senator Jay Rockefeller
531 Hart Senate Office Building
Washington, DC 20510**

**The Honorable Senator Christopher Bond
274 Russell Senate Office Building.
Washington, DC 20510**

Dear Senators Rockefeller and Bond:

We are psychologists and other mental health professionals representing a broad array of individuals and organizations concerned with the role of psychologists in abusive interrogations that may violate national and international laws. We are concerned by the clear evidence from multiple sources, including public documents, that psychologists have played a central role in illegal United States torture tactics by the CIA. As teachers, clinicians, and/or psychological researchers we are asking Congress to prohibit abusive tactics and to insure that health providers, including psychologists, are not involved in roles that violate their ethical obligations as health professionals.

Evidence of the Central Role of Psychologists in Abusive Interrogations

Over the last several years, press reports and official documents have highlighted the disturbing roles of health professionals, especially psychologists, in the abusive interrogations that took place at Guantanamo, in Iraq and Afghanistan, and at the CIA's so-called "black sites" under the administration's "enhanced interrogations" program. We have learned from this record how the military's Survival, Evasion, Resistance, Escape [SERE] program, designed to inoculate our troops from being coerced into false confessions if captured by a power that did not respect the Geneva Conventions, was reverse engineered to develop interrogation techniques to "break down" detainees held by the United States, so that they supposedly could no longer resist cooperating with interrogators.

We have learned that the "psychological techniques" of prolonged isolation, sensory deprivation and sensory overload, sleep deprivation, and cultural and sexual humiliation were at the core of this program, with techniques such as simulated drowning or waterboarding, threats with dogs, and threats of being buried alive or even threats to detainees' family members being used in certain instances. These enhanced techniques, we have learned, are based on a fifty-year old paradigm of creating "debility, dread, and dependency" in detainees¹. Additionally, according to evidence in the recent report *Leave No Marks* by Physicians for Human Rights and Human Rights First, these techniques cause severe and prolonged mental and physical harm to detainees and subject those who use them to serious risk of criminality².

We have learned that the former SERE psychologists James Mitchell and Bruce Jessen of Mitchell Jessen and Associates (Offices: Spokane, Washington; Alexandria, Virginia) used these SERE-based techniques during interrogations at CIA detention centers in Thailand. We have learned from the Pentagon's Office of the Inspector General [OIG] that active-duty SERE psychologists trained psychologists in the Guantanamo Behavioral Science Consultation Teams [BSCTs] and others in the use of these so-called "counter-resistance" techniques. We have learned from the OIG that SERE psychologists went to both Iraq and Afghanistan to train interrogators in the use of these counter-resistance techniques

We have further learned that these counter-resistance techniques were used extensively in Guantanamo in 2002-2004, with the participation of BSCT psychologists. We have also learned that BSCT psychologists at this time consulted not only on interrogations, narrowly defined, but on the often abusive conditions of detention under which detainees are kept. The public record is less clear on what has occurred since then, though, as recently as this past April, Amnesty International reported on the extensive use of prolonged isolation with many prisoners in Guantanamo.

This summer the President issued an Executive Order reauthorizing certain of the CIA's "enhanced interrogation" techniques, which, by definition, are "enhanced" because they go beyond those techniques authorized by the Army Field Manual. [We know that certain techniques sanctioned in the Army Field Manual itself, such as isolation for prolonged periods and manipulation of fears of detainee, would be considered unethical according to international codes of ethics, at least for health professionals.] Thus, these techniques almost certainly fall into the legally proscribed categories of torture and/or cruel, inhuman, or degrading treatment.

We fear that psychologists are still playing roles in the implementation of these abusive and illegal techniques. We know that during a July 22, 2007 appearance on Meet the Press, National Intelligence Director Mike McConnell stated: "When I was in a situation where I had to sign off, as a member of the process, my name to this executive order, I sat down with those who had been trained to do it, the doctors who monitor it, understanding that no one is subjected to torture. They're, they're [sic] treated in a way that they have adequate diet, not exposed to heat or cold. They're not abused in any way. But I did understand, when exposed to the techniques, how they work and why they work, all under medical supervision." Now we do not know, given the paucity of publicly-available evidence about the CIA's programs, whether psychologists have ever participated in this "medical supervision," but we are concerned that psychologists may have been put in that position as the Surgeon General of the Army described the role of psychologists BSCTs as "safety officers."³ As it is a further breach of medical ethics for a health professional to certify a detainee's fitness for abusive interrogation, we feel that is essential for our profession, for this committee, and for the American people to know whether this has been the case.

In this same interview Director McConnell also stated: "I would not want a U.S. citizen to go through the process. But it is not torture, and there would be no

permanent damage to that citizen." As psychologists and as citizens, we know that any "process" that Director McConnell would not want a U.S. citizen to go through is a process that no one anywhere should be subjected to and certainly is a process that no American citizen should be administering to others. And we know from extensive clinical work and research studies on the consequences of abusive interrogations that these effects are often long-lasting, in contradiction of Director McConnell's claim². Thus, despite all suggestions to the contrary, these enhanced techniques appear in many cases to surpass the threshold for a legal definition as "torture" and almost certainly to pass that for "cruel, inhuman, or degrading treatment." As a result, those operatives, psychologists included, who participate in the use of these techniques are placed at serious risk of committing prosecutable criminal violations. The reputation of the United States on the international stage itself is also at risk. As a violator of international human rights laws, we limit our capacity and legitimacy to intervene when other nations practice torture.

As psychologists we are thoroughly aware that research, as well as the experience of professional interrogators, casts doubt upon the efficacy of these "harsh" techniques. Indeed, FBI investigators have repeatedly challenged the use of abusive SERE-based techniques at both military and CIA facilities. Additionally, on July 31, 2006, 20 former Army interrogators wrote the House Armed Services Committee opposing the use of these techniques as "counter-productive to the intelligence gathering mission."

Concerns About Policies of the American Psychological Association on Interrogation Involvement

In addition to our dismay as citizens at these types of actions by our government, we are concerned as psychologists that psychologist involvement in abusive interrogations is in violation of established national and international norms of medical and psychological ethics⁴. In its Declaration of Tokyo Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment, the World Medical Association stated: "The physician shall not use nor allow to be used, as far as he or she can, medical knowledge or skills, or health information specific to individuals, to facilitate or otherwise aid any interrogation, legal or illegal." Similarly, the American Medical Association, the American Nurses Association, and the American Psychiatric Association have taken clear unequivocal positions affirming the primacy of the health-promoting missions of their respective professions. These organizations have all emphasized the central tenet of the ethics of all health professions: *the injunction to do no harm*.

It is with distress, and indeed shame, that we psychologists note that the American Psychological Association [APA] alone among the national health professional associations has failed to take an unequivocal stand prohibiting participation of its members in potentially abusive interrogations. As was evident in its testimony to the Senate Select Committee on Intelligence, the APA explicitly allows members to participate in the infliction of harm, as long as that harm does not exceed a certain threshold – causing "significant pain or distress" or of being "lasting". This policy,

sadly, echoes the word-parsing of the Bush Administration's "torture memos" and other official policies and documents justifying the administration's harsh interrogation strategies. Word-parsing may have a political rationale, but it is antithetical to professional ethics in that it indicates an intent to deceive or obscure. When this is the intent with regard to an issue as significant as torture, it brings into question the profession's, and the nation's, genuine commitment to human rights.

Like psychologists in any institutional setting, military or CIA psychologists, asked to participate in interrogations, need clear ethical guidance. These psychologists, in the heat of high-profile operations, cannot be expected to successfully parse words as to whether the pain or distress is sufficient to meet the APA's standard for being "significant." Nor can these psychologists be expected to predict whether a particular technique, used perhaps in combination with other techniques, will cause "lasting harm." Thus, the APA policy leaves military and intelligence psychologists at risk of committing unethical and perhaps illegal actions and fails to protect members who are military and intelligence psychologists.

Ambiguities in the roles of psychologists also threaten the abilities of military and intelligence-agency psychologists to perform their primary health-promoting activities. To the extent that uncertainty exists around the roles of psychologists and whether or not psychologists' primary responsibility is to promote health, the trust upon which all psychological and medical treatment depends will be severely damaged. As a result, potential patients may become reluctant to seek needed psychological care. At a time when many thousands of our soldiers are suffering severe psychological trauma, often requiring intensive psychological treatment, this loss of trust can hardly be risked.

We are also deeply concerned that the 2007 Resolution by APA Council makes it ethical practice for psychologists to participate in the violation of international human rights standards. In particular, the resolution allows psychologists to practice and support interrogations in sites that operate outside the protections offered by the Geneva Conventions and other international human rights instruments such as the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment [CAT]. As the illegal, indefinite detention of people at these sites itself constitutes a violation of international law and human rights standards, psychologists' operational activities at these sites only legitimates these human rights violations.

Recommendations

We therefore ask Congress and this committee to take the following steps to clarify the status of psychologists in the military and intelligence agencies:

1. Conduct a thorough investigation of the role of psychologists, and of psychological knowledge and expertise, in the abusive interrogations carried out by this Administration. This investigation should clarify for the public the roles of SERE psychologists and SERE-based techniques

in these interrogations. It should clarify the processes whereby SERE and other psychological knowledge and techniques were implemented at the CIA's "black sites" and in military detention facilities at Guantanamo, and in Iraq and Afghanistan. This investigation should clarify the degree to which psychologists helped turn these abusive techniques into standard operating procedures at these facilities. It should also clarify the extent to which psychologists and psychological knowledge and expertise are currently being utilized in support of the CIA's "enhanced interrogations" program. Further, clarification is needed as to whether psychologists have ever participated in the "medical supervision" of interrogations at Guantanamo or of the "enhanced interrogations" that Director McConnell described.

2. Clarify that the infliction of harm of any degree is *never* an appropriate role for psychologists, their trainees and supervisees, or any other health professionals in national security contexts. Our military and intelligence colleagues need the warrant of Congressional mandate to identify and refrain from unethical participation in abusive or coercive interrogation practices.
3. Ban the use of enhanced interrogation techniques going beyond those authorized by the Army Field Manual, which itself needs revision, at any U.S. detention facility, whether run by the military, CIA, or any other government or private agency.
4. We would also like to add our voice to those urging Congress to act immediately to restore habeas corpus and other basic human rights, as defined in the Geneva Conventions, the UN CAT and other relevant international instruments, to all those sought or detained by the U.S. as "enemy combatants." The CIA's secret detention and rendition practices and CIA-run prisons are of particular concern. We urge Congress to take action speeding the closure of Guantánamo Bay, CIA-run prisons, and other secretive detention sites; Prisoners held at these sites should be transferred to sites in the U.S. that transparently observe due process & other international human rights standards & laws. Concomitantly, Congress should ban the practice of extraordinary rendition of detainees to countries documented by the State Department to use torture or other abusive interrogation techniques. Respect for human rights is a fundamental aspect of what makes us a civilized society.

We thank you for this opportunity to assist your vital efforts to rectify this sad chapter in our nation's history.

Institutional Signers:

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Psychologists for Social Responsibility*

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Works Cited

1. McCoy AW. *A question of torture: CIA interrogation, from the Cold War to the war on terror*. 1st ed. New York: Metropolitan Books/Henry Holt and Co., 2006.
2. Physicians for Human Rights, Human Rights First. *Leave No Marks: Enhanced Interrogation Techniques and the Risk of Criminality*. Physicians for Human Rights, 2007.
3. Lt. Gen. Kevin C. Kiley, *Surgeon General of the Army Final Report: Assessment of Medical Operations for OEF, GTMO, and OIF*. April 13, 2005
4. Miles SH. *Oath betrayed: Torture, medical complicity, and the war on terror*. 1st ed. New York: Random House, 2006.

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