

**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**

TOWN HALL MEETING

During Mini-Convention on Ethics and Interrogation

AUGUST 19, 2007

1 August 2007

2 DR. MOOREHEAD-SLAUGHTER: Good afternoon. If you
3 will find a seat if you would like one, we will go ahead
4 and start so that we can take full advantage of the time
5 that we have for the town meeting.

6 Welcome, welcome, glad you're here. And I hope that
7 you are having a good convention in whatever ways that
8 happens for you. Thank you so much for making time to
9 come to this town meeting. I must say that the Planning
10 Committee for the Ethics and Interrogation sessions of
11 this component of convention felt that it was really
12 important to have a town meeting, a space for people,
13 psychologists, to come together to have a dialog, to
14 share thoughts, to share opinions across the Association
15 in this way where we are all here together in person
16 face to face. So, that you have come and taken
17 advantage of that opportunity and I think others will be
18 trickling in I think is simply wonderful.

19 I hope that you've been able to attend some of the
20 sessions that have been planned for the Ethics and
21 Interrogations series because we very, very carefully
22 assembled that series to offer an opportunity for
23 sharing of knowledge, sharing of science, a sharing of
24 very thought-provoking issues and concerns in this area.
25 We were hoping for both breadth and depth, and hopefully

1 we have accomplished that.

2 In this setting we want all thoughts and opinions
3 represented here to be heard. So, if you have a thought
4 that you'd like to share, if you have an issue you'd
5 like to raise, we hope that you will raise it. And we
6 hope that when you have the mike that you will
7 respectfully raise your opinion and those who are
8 listening will respectfully listen to you.

9 My colleague, Dr. Doug Haldeman -- I don't think I
10 introduced myself. I'm Olivia Moorehead-Slaughter.
11 Just sorry about that. I have been a part of the Ethics
12 Committee. I'm currently a part of BAPPI, Board for the
13 Advancement of Psychology in the Public Interests. I
14 chaired the PENS Task Force. I have continued to work
15 on this effort side by side with many colleagues who
16 have worked tirelessly around these issues, and we shall
17 continue to do so.

18 But, thank you again for coming. And Doug Haldeman,
19 my colleague from the Board of Directors and I will be
20 co-moderating this session. And we welcome you here.

21 DR. HALDEMAN: Good afternoon, everybody. I just
22 wanted to make a brief comment about logistics.
23 Obviously this is not ideal that we have one microphone.
24 And so I would ask that we invite your comments in
25 whatever way is most convenient and practical. And one

1 thought, of course, was to come up to the podium. The
2 other is simply to stand on the floor in front. And if
3 people feel comfortable doing that, that's probably a
4 little bit easier than everybody getting up [inaudible].
5 The general sense of [inaudible] prefer to come to the
6 podium and have the podium to lean on when you talk.

7 The other is that we are going to ask that you limit
8 your comments to three minutes. That is because there
9 are many of you here, and we want to ensure that as many
10 of you who would like to speak are able to do so. And I
11 will be the timekeeper, and I'll give you a signal when
12 you have 30 seconds left. And then I will give you
13 another signal when it is time to stop.

14 And with that, yes, any questions, comments about the
15 format? Yes, sir.

16 MALE 1: Could you just brief us on what Council is
17 voting on today before we go to the [inaudible]?

18 DR. HALDEMAN: I'd be happy to do that. Well,
19 there's a lot of history that I'm going to leave out so
20 that there is more time for people to talk, but what had
21 come to the Council agenda was a substitute motion from
22 the Board of Directors that attempted to create a sort
23 of compromise position, if you will, from what was
24 initially the moratorium resolution. It was developed
25 by Dr. Neil Altman and the subsequent feedback from the

1 boards of committees that came in the springtime. This
2 solution we felt was, at least for what it was, an
3 adequate one. But, when we all got together we realized
4 that there were a number of stakeholders who had yet to
5 really sit down at the table and talk together and work
6 out a solution to the question of psychologists'
7 involvement in interrogations in places where detainees
8 are held without adequate or any civil rights and human
9 rights.

10 The group that crafted the resolution that was
11 ultimately passed today was one that included the
12 Military Psychology Division, the Peace Psychology
13 Division, the representatives from the Divisions for
14 Social Justice, representatives from the New York State
15 Psychological Association, and a number of other
16 divisions, including Consulting and Counseling and some
17 consultation as well from the Ethics Committee.

18 That resolution passed and is a document that is too
19 long for me to summarize here, but included all
20 collaboration between these groups with the exception of
21 the clause that would be location-specific in terms of
22 prohibiting psychologists from working at certain
23 detention centers.

24 I would say it's fair to say that although the
25 resolution itself passed nearly unanimously, the

1 Amendment itself brought a fairly divided sense to the
2 Council of Representatives where there were many people
3 who came down on the side of we withdraw completely from
4 these kinds of settings because to participate implies a
5 complicity as I understand it with governmental policies
6 that we find abhorrent and unjust to people. There was,
7 however, a larger group of people who felt that we stay
8 engaged and that we cannot be helpful by not bearing
9 witness and by offering whatever consultation and help
10 that we can to people who are conducting interrogations.
11 And that is the basic gist of how it went today at
12 Council.

13 Okay. Any further questions about the logistics for
14 that?

15 REPORTER: Just one thing is that I'd ask that people
16 identify themselves.

17 DR. HALDEMAN: Thanks. Yes, please identify
18 yourself. State your name and whatever affiliation you
19 would like to connect with. Yes, sir.

20 MALE 2: Would you like us just to form a line so
21 that we can take turns when --

22 DR. HALDEMAN: I would so that we're not waiting for
23 people to come up and grab the mike. The concern is
24 that there is no step here, so let me know if you --

25 [Off-the-record discussion.]

1 DR. HALDEMAN: Okay. If you would form your line
2 starting there, over there. And please come up.

3 DR. FIELDS: My name is Dr. Rona Fields. I've been
4 evaluating, studying, examining torture victims all over
5 the world since 1970. In 1972 I gave an interview to
6 the New York Times and Los Angeles Times. I was then on
7 the Committee on Social and Ethical Responsibility for
8 Psychology at the beginning of it. And I said that
9 psychology has to take responsibility for the way its
10 tools, in other words, its experiments, its research,
11 its findings are used as nuclear scientists did on the
12 atomic bomb. This is our atomic bomb. In response to
13 this, the then-president of Scientific Affairs ordered
14 me censured, and I was subsequently dismissed from the
15 Committee on Social and Ethical Responsibility, which is
16 no big deal because they didn't do anything except to
17 say that sensory deprivation is sometimes very helpful.
18 This appears, by the way, in the congressional record
19 February 16th, 1972. It's therapeutic. It is
20 therapeutic and causes no harm except when it's done to
21 infants and old people. Okay? And on that basis they
22 pointed out that there were at least 30 journal articles
23 on sensory deprivation, all by reputable psychologists
24 including Hebb and Suedfield [sic]...Suedfeld [sic] and
25 others, and that there were legitimate science.

1 All right. The story hasn't changed. The story is
2 the same today. At this point I have examined thousands
3 of people in Argentina, in Chile, in Northern Ireland,
4 in Israel, in Palestine, in Lebanon, in Southeast Asia
5 and South Asia as well as refugees coming here for
6 asylum who have been tortured in many, many other
7 places.

8 The point isn't to diss the military. The point is
9 that the Association has got to take responsibility. In
10 all of these other places there are civilian
11 psychologists participating in the torture. And there
12 certainly were in Northern Ireland. And when you try to
13 do therapy with torture survivors or even interview and
14 test them and you are a psychologist, you're one of the
15 people who tortured them.

16 Okay. Thank you. That -- I can give you a
17 bibliography of things I've written that have been
18 published in academic presses. But, that's the gist of
19 it. And I'd like to start the discussion on that issue.

20 DR. JACOBS: I'm Dr. Uwe Jacobs. I'm the clinical
21 director of Survivors International, a rehabilitation
22 organization for survivors of torture.

23 I have done some work over recent months and further
24 back to help with this process of bringing hopefully to
25 pass resolution that would call for a stop to

1 psychologists participating in military detention
2 centers. In terms of a compromise I am not all that
3 happy today, and the reason is that for starters the
4 moratorium itself, which is what we all were trying to
5 get to pass, was defeated. I think there are many other
6 points that are also important, but that are not the
7 main point. The main point is that as a non-
8 governmental organization which should be beholden to
9 international law, nevertheless the APA has decided to
10 side with this government and its own domestic laws
11 where they diverge from international law. That's a big
12 problem.

13 In terms of some specifics, my experience was,
14 unfortunately, that to the degree that we were trying to
15 be specific about things that are not allowed, the other
16 side, as it were, from within the APA kept pushing back
17 so that, for example, where we felt it was important to
18 have in this resolution that the conditions of detention
19 are identified, not just interrogation processes, that
20 suggestion was taken back out. That's only one example.
21 The reason why that is so important is because at this
22 point nobody really needs to interrogate people much
23 anymore in these places. But, the conditions of
24 detention themselves have been called tantamount to
25 torture by the ICRC and other observers.

1 And so, it is very difficult for me to understand why
2 some people within the organization would take precisely
3 that kind of language away from a resolution like this
4 if there isn't the intent to make sure that some people
5 aren't going to get into trouble.

6 DR. DAN ALBERS: My name is Dan Albers, and I am just
7 another psychologist who thinks that the moral issue of
8 our time has landed at our doorstep. I wanted to say
9 just a few things. One, I think that there has not been
10 today, or in these last number of years, enough
11 discussion about the difference between the culture of
12 science and the culture of an intelligence community.
13 Scientists are committed to openness. Ultimately what
14 keeps us ethical is not our ethical code, is not our
15 internal review boards, but it is that we publish our
16 research, we present things at conferences, and
17 ultimately, the last test on whether or not we have been
18 ethical or not is public scrutiny. This is very
19 different from an intelligence organization which tends
20 to want to control information. And there are these
21 basic incompatibilities, I think, we have not addressed.

22 The second point I want to make is about this
23 moratorium that did not pass. We have made an enormous
24 mistake, and I think it's -- not only did we do the
25 wrong thing morally, we did not act in our best

1 interests. We are now standing against the American
2 Psychiatric Association, the American Medical
3 Association, the British Psychological Society, numerous
4 human rights organizations, the UN, the Council of
5 Europe, and this detention and interrogation policy is
6 going to go down. And once it does go down, we will
7 find that we have secured the best cabin on the Titanic.
8 Thank you.

9 DR. WILLIAM McCONOCHIE: My name is Bill McConochie.
10 I'm a psychologist from Eugene, Oregon. I served in the
11 Army for three years many decades ago, and I recall that
12 we were instructed to refuse to obey laws -- or rather
13 commands from officers above us or sergeants that we
14 deemed to be illegal, such as modeled on the issue that
15 was raised when Lt. Calley was responsible for, the My
16 Lai massacre in Viet Nam. And I suggest that the APA
17 Ethics Committee revise or craft the ethics to guide a
18 psychologist that is working in the military setting
19 when he is aware of or confronts a situation where his
20 conscience or conflict between what he's asked to do and
21 what he thinks the Constitution says is appropriate or
22 what national laws say is appropriate or what
23 international laws say are appropriate, that the
24 psychologist would be encouraged to recognize that
25 dilemma and then turn to the APA Ethics Committee for

1 counsel and guidance about how to get through it.

2 I don't think we can just say psychologists shouldn't
3 work for the military or shouldn't work in situations
4 where these issues might come up. Any responsible
5 psychologist is going to be involved in issues that
6 occasionally become ethical dilemmas. And it's been my
7 practice as a clinician simply not to have an answer for
8 every one of those possible dilemmas but to know that I
9 can turn to my attorney and to the Oregon State
10 Psychological Association attorney for guidance and the
11 Ethics Committee when something like that comes up.

12 DR. MARK COVEY: I am Dr. Mark Covey out of
13 Paynesville, Kentucky. I'm also a captain in the Army
14 Reserve.

15 I was called up 2004 to 2005 to Germany at Landstuhl
16 Hospital and then worked at brigade nearby at
17 Baumholder. And during my time there I bumped into a
18 problem. 2004, as you may recall, was the year that Abu
19 Ghraib broke. I just happened to have been deeply
20 affected by that, and talking to some of my colleagues,
21 I think some of them were deeply affected by that as
22 well. It prompted me to write an article on Abu Ghraib,
23 taking it more from a psychological perspective, drawing
24 from some different theories; also Zimbardo. And
25 unfortunately, I didn't realize at the time that I was

1 hitting a major landmine because when it went through
2 the review process in order to be approved for
3 publishing, it was denied.

4 And I can say to you that that single event changed
5 my life, and it prompted me ultimately to write a book
6 since the articles that I was attempting to publish I
7 ran into some difficulties. And so I would say Abu
8 Ghraib was the centerpiece and the being denied
9 publishing, that was the main feature of the book.

10 And I just want to say that there were some other
11 psychologists that I worked with there who had been
12 SERE-trained. I think they were some great people. As
13 far I know I don't think that they were involved in any
14 of the goings on with some of the psychologists that
15 were later identified as being directly involved or
16 indirectly involved in the interrogation thing.

17 But, I do want to say that I think that what I bumped
18 into is a major flaw of the system. And what it is is
19 that we are bound as military people under the Uniform
20 Code of Military Justice, and so we can't simply go out
21 and publish when we'd like to; we have to go through
22 that process. And as I wrote in the book, I think that
23 it's a major problem for people that are in the know
24 that know what's going on in the military circles that
25 they are prevented from being able to speak the truth

1 and to actually help modify things so that we don't have
2 to wait three years later for all of this to come out.

3 Thanks.

4 MS. GOODMAN: Excuse me, just a point of procedure.
5 We're told that reporters are only allowed to record for
6 ten minutes, and Pamela Willenz of the APA said that she
7 will call Security on us now, because we're going to be
8 recording for more than ten minutes. So, I was
9 wondering if there could be any sense of the meeting, or
10 a rationale, since this is a town hall meeting, for not
11 being allowed to record for more than ten minutes.

12 UNIDENTIFIED FEMALE 1: Can we vote to allow
13 recording at the town hall meeting? Can we all vote to
14 allow recording?

15 AUDIENCE MEMBERS: Yes.

16 UNIDENTIFIED MALE 2: It's our town hall meeting.
17 It's our town hall meeting, isn't it?

18 UNIDENTIFIED WOMAN 2: We want the press to witness
19 this.

20 UNIDENTIFIED WOMAN 3: Yeah, absolutely.

21 UNIDENTIFIED MALE 3: No more crimes in silent.

22 UNIDENTIFIED MALE 2: No more secrecy.

23 UNIDENTIFIED WOMAN 2: Transparency, openness.

24 UNIDENTIFIED MALE 3: Nonsense.

25 MS. CARLENAS: Can everyone who approves of allowing

1 the reporters to record please raise your hand?

2 UNIDENTIFIED MALE (Dr.Haldemann or Dr. Behnke): Okay,
3 folks, the recording will continue through the session.

4 [Applause.]

5 MS. IRENE CARLENAS: My name is Irene Carlenas. I'm
6 here today as a guest, but I studied social psychology
7 under Philip Zimbardo whose work I very much admire.
8 And I would ask if I am any given mental health
9 professional and I have trouble facing traumas that I've
10 been through, because that's the nature of trauma, how
11 can I be expected to recognize when someone else has
12 been traumatized to diagnose them correctly or is being
13 traumatized by something that I consider psychological
14 treatment, whether it is in a military detention
15 facility or in a mental hospital or in a therapeutic
16 setting where someone could be re-traumatized? And
17 since we know that psychologists are humans with
18 blindspots, is giving one person the power to determine
19 if someone has been or is being traumatized or not
20 giving them amount of power that is open to abuse?

21 Thank you.

22 DR. ARRIGO: My name is Jean Maria Arrigo. I'm a
23 social psychologist. For 12 years I studied ethics of
24 political and military intelligence, working very
25 closely with people from the military and intelligence.

1 In particular, in November of last year I was one of the
2 primary organizers of a seminar for psychologists and
3 interrogators, one of whom I brought to this conference,
4 Ray Bennett. And we have discussed intensively what
5 interrogators, at least of his acquaintance, senior
6 interrogators, want of psychologists. And their message
7 was really unambiguous, which is that they wanted the
8 assistance of psychologists at the training level, at
9 basic training at Fort Huachuca, places like that, not
10 anywhere in the detention center, and that was it. So,
11 I'm here to bring the message from those interrogators.

12 DR. UHL: Hello. My name is Doug Uhl. I'm a
13 clinical psychologist from Bellingham, Washington. And
14 I can remember some time ago when someone asked me what
15 psychologists' role was in interrogation. And naively I
16 said, that's a no-brainer: None. And then I found out
17 we are involved. And here we are, we're trying to get
18 our organization to change. I feel like a Democrat
19 after the last election, trying to get the politicians
20 to respond to what we want.

21 DIANE: Hi, I'm Diane [inaudible], representative for
22 the clinical psychologists. I wanted to say a couple
23 things about it seems to me the question becomes such a
24 moot point that we don't even need to discuss whether
25 our psychologists should be there. First, just a moment

1 that the American Medical Association does not have
2 psychiatrists allowed to be at detention centers. What
3 does that tell us? I don't think they're advocating the
4 responsibility to be legally and morally bound by not
5 being there. They did not advocate nor would we by
6 leaving. The laws are in place that we can follow and
7 have to follow morally and legally. International human
8 rights laws and the Geneva Convention state clearly that
9 we should not be involved as psychologists. We offer
10 mental health care. We have rules and regulations in
11 place already. So, therefore, we tell them, follow
12 those rules and regulations. We should not be enforcing
13 it by saying if psychologists are there, they will
14 enforce it because we are not lawyers, we are not
15 enforcers. We are psychologists who have enormous
16 amount of data information. So, therefore, we can point
17 to that, but we don't need to be there.

18 We need to really find our shining moment in APA
19 that's a very respected organization. Many of us have
20 been members for many years. Nationally and
21 internationally very well-respected. Let's reclaim the
22 high road and talk about we shouldn't even have to give
23 credibility to whether we should be there or not when we
24 should not be there. We should be against any kind of
25 use of psychologists when those psychologists are

1 violating our moral, legal and ethical rules. We
2 absolutely have to speak up before it's too late.

3 And lastly, we also put that military psychologists,
4 and I'm very respectful of those military people, in a
5 horrible dilemma to listen to the military law, to their
6 society law, to the international law. Which law do
7 they follow? What a horrible dilemma, and what is that
8 doing to their mental health? And what about all the
9 patients we see who are so traumatized by what's going
10 on and for people who have been experiencing these kind
11 of -- we just heard a wonderful talk about all the data
12 about when there is a terrorist act, counter-terrorism
13 prevails. And we are contributing to all of that. It's
14 really time we reclaim APA for the incredible
15 organization it is, take it back in a humane, moral,
16 legal way and not have psychologists there at all. The
17 laws are in place. We need to follow the laws.

18 We have to remember, too -- I'm so sorry -- so much
19 of the policy was based on deception by the White House.
20 And I'm sorry, we have to get political. It was based
21 on deception. That's a premise. We can't just throw
22 away and start debating whether we should do this or
23 that. We were lied to. Deception was used. They used
24 psychology techniques to get people polarized, to get us
25 to not listen to what's really going on, and to make us

1 think that 9/11 and Iraq are related. I responded to
2 9/11 as a Red Cross responder. And everyone knows
3 they're not related, but that premise is brought
4 together again. It's repeated here today by DoD in
5 sessions. It's [inaudible] Fox News. It is really time
6 that we listen to the facts and the reality and reclaim
7 our country before we go to the ways the Argentines did
8 or the Nazis did. Stand up now, please, I beg you.

9 Thank you.

10 LEN RUBENSTEIN: Hi, I'm Len Rubenstein. I'm a
11 guest. I'm with Physicians for Human Rights. I'm a
12 friend of APA.

13 And what I'd like to do for a moment is talk about
14 the fact that this resolution has been passed. There
15 are elements in it that a lot of us don't like and some
16 of us do like. It is a quite a mix. But, the
17 resolution has passed, and it seems that there are
18 things the organization needs to do in response to the
19 resolution.

20 There are three elements to the resolution that are
21 particularly important. One is the condemnation of 20
22 specific interrogation techniques that we know have been
23 used and probably are still being used by the CIA.

24 Second, it expresses grave concern over the fact that
25 human rights violations are taking place in American-run

1 detention facilities. And it recognizes that those
2 violations include not only violations of interrogation,
3 but in conditions of confinement. Those are all in the
4 resolution.

5 So, what does the Association need to do? I'd like
6 to suggest there are a few things that need to be done.
7 One is absolutely, as the resolution calls for, to
8 condemn the CIA for using these interrogation techniques
9 and operating black sites where there is no due process,
10 where people are kidnapped, where people are kept
11 incommunicado, and where the ICRC is denied access.
12 That follows first in the resolution. That seems a
13 bottom line.

14 A second is while the amendment was defeated
15 concerning participation in places where human rights
16 violations have been committed, it seems that the
17 Association, given the three points I just raised about
18 what's in the resolution, needs to say, what is a
19 psychologist supposed to do in a CIA black site? What
20 is the ethical guidance that the psychologist can get
21 from this organization given the circumstances under
22 which that facility is run?

23 Third, there are going to be hearings this fall by
24 the Armed Services Committee in the Senate. And it
25 seems to be -- and concerning the roles of

1 psychologists, including SERE psychologists. And it
2 seems the APA, given this resolution, has an imperative
3 to publicly cooperate with that committee and provide
4 whatever guidance and support it can to its
5 investigation.

6 Fourth, there are particular psychologists whose
7 names we know who have been identified in the public who
8 may or may not be members of the APA, often not, but
9 that doesn't seem to me to be relevant, that they need
10 to be investigated by the APA on the basis of this
11 resolution.

12 Finally, there has to be a way of moving forward with
13 the general problem which was addressed in the
14 amendment. And it goes back to the first point I made:
15 how do you operate in an environment that is replete
16 with human rights violations, sometimes gross
17 violations, sometimes war crimes? These are not just
18 violations of ethics, but they're actually war crimes
19 which can be prosecuted. And how psychologists -- what
20 guidance will be given to psychologists in those
21 settings to make sure that they are not complicit in
22 those abuses? I think that all follows from the
23 resolution, and we at Physicians for Human Rights will
24 be delighted to work with the Association, moving
25 forward on all five counts.

1 Thanks.

2 DR. NEIL MASSOTH: Neil Massoth. Just two quick
3 things. When Dr. Rubenstein I think raised the very
4 important issue about what guidance APA can give, and
5 part of the resolution that was passed was reaffirming
6 that the Ethics Committee will be writing a case book to
7 help psychologists with these ethical dilemmas.

8 The second thing I want to say is to encourage
9 everyone here to read the resolution. There are very
10 important issues that are being raised. And I think
11 some of the questions about what was done in the
12 resolution is being lost in some of the feelings about
13 the one amendment that was not passed.

14 So, I would just like to ask everyone to please,
15 please read the resolution that was passed. I'm not sure
16 when it will be on the APA website, but I'm sure it will
17 be very soon. Does anyone know from -- who's here when
18 it might be on the website? But, it should be --
19 Dr. Behnke, do you know?

20 DR. BEHNKE: You know, I've not had a chance to
21 check. You know, by tomorrow.

22 DR. MOSSATH: Probably by tomorrow. So, please,
23 please read the resolution that was passed. We're
24 focusing a lot on the amendment that was not, and
25 there's much in the resolution that I think everyone

1 will find being very positive.

2 Thank you.

3 DR. JACKSON: Hello. I'm Mary Ann Jackson. I'm from
4 New York, and I'm active in NSPA. And I'd like to talk
5 to another aspect of this what I consider a problem, and
6 that is that as I went through the convention today, I
7 took the time to chat with people on the bus, waiting
8 for Bob Newhart and other kinds of places, and I was
9 really amazed at how many people didn't know or kind of
10 just vaguely knew what was going on here. And I agree
11 with the man who said this is the moral question of our
12 time for our profession. I sincerely believe that.

13 And I was very dismayed to see how few psychologists
14 at this convention -- I heard that there are 15,000 of
15 us, and yet there are only a couple of hundred here --
16 how few of them either knew the issue or understood the
17 issue or were concerned enough to find out about the
18 issue. Now, of course, there's the additional problem
19 that the population in general doesn't know too much
20 about this, and I'm very glad to see the press is here
21 to record this and get it out because I think it's very
22 important.

23 But, you know, as I leafed through the Division
24 newsletters and the APA's house organ -- I'm reluctant
25 to call it our house organ because I don't think it

1 revealed this controversy, this very important issue, to
2 APA members. Now, those who are active and those in the
3 social justice divisions and those of us that are kind
4 of like seeking out what's going on are aware of it.
5 But, I think that many, many of our members just didn't
6 know or only knew very slightly what was going on, and
7 I'm very upset about that. I feel that our organization
8 has to be more transparent, and I would like to see that
9 in the coming year.

10 We read about this in the Monitor, and we read the
11 facts of the situation as well as the organization's
12 interpretation of it. So, and I would like to see that
13 there is some action being taken as Dr. -- no,
14 Mr. Rubenstein from Physicians for Human Rights, why is
15 it that he had to tell us, okay, these are the steps you
16 have to take? You know, I think that we have to make
17 sure that our organization actually does take the steps
18 that are necessary to get this resolution out to the
19 public, out to our members so that we could all move
20 forward.

21 Thank you.

22 MR. AHRENS: My name is Mike Ahren. I'm retired,
23 been retired for eight years from University. And my
24 wife and I now spend much of our time in Europe, and I
25 do have relations with psychologists in Europe.

1 So, what the doctor over there just finished saying
2 that many of our colleagues here in San Francisco don't
3 know much about this, I can tell you that some of the
4 psychologists that I've known in Europe do know about
5 this. They do read the newspapers. And this is the
6 interesting implication because we share the same field,
7 even if not the same nationality. This is a reflection
8 on everybody in psychology everywhere in the world. So,
9 decisions that you are making right here are reflecting
10 on the entire field. Now, already, as everybody knows,
11 already the credibility of our country, the trust in our
12 country, the leadership in our country has bottomed out,
13 and so this is just one more thing that lies on the top
14 of it.

15 DR. NANCY WECKER: Hi, my name is Nancy Wecker. I'm
16 in private practice in San Francisco. I just want to
17 propose a conflict that we have. It's like we're
18 embedded in the military, you know, like the journalists
19 who are embedded in the war? That's our problem. Most
20 of our internships are all in the military, DoD or
21 mostly the VA. So I think we have this problem with
22 ethics are really high fallutin'. You know, it's hard
23 for us to imagine people being tortured, for a lot of
24 us. And then we have our affiliation and our loyalty.
25 So, these are in conflict, and I think people couldn't

1 imagine, you know, withdrawing from our responsibilities
2 and our teamwork with these people in the military
3 because of some high fallutin' kind of ideals.

4 And I just want to put that out. I think it's a
5 conflict. I think people could resolve them in the way
6 of saying, well, you know, we'll take a real definite
7 stand. So, that's why it's fuzzy.

8 Thank you.

9 DR. CARTER MEHL: I'm Carter Mehl. I'm a
10 psychologist, have been a psychologist in public service
11 in Alameda County just across the Bay from here for 27
12 years; I just retired a few months ago.

13 I'm one of the people that -- I'm sorry, I don't
14 remember the woman's name, but -- who was not aware of
15 all this very much. My brother, who's not a
16 psychologist, about a year ago posed a question to me:
17 How come psychologists haven't come out the way
18 psychiatrists, the AMA, and other organizations have
19 against not participating, you know, in these kind of
20 interrogations? I said, yeah, I don't know anything
21 about this. I can't believe what you're sort of
22 implying with this. So, I looked it up and I found the
23 PENS report. And I felt very reassured. The words were
24 very nice, and it looked good. I read it pretty
25 carefully I thought. I said, okay, great. I talked

1 back to him, called him back and said, you know, I don't
2 know, you must have a misunderstanding of this. That
3 was certainly the end of it till he prodded me again
4 more recently about these issues. And I began paying
5 attention more to things that are coming out in the
6 press, Vanity Fair issues, the recent New Yorker and so
7 on.

8 Anyway, I don't know quite where I stand on all of
9 this, but I have to say I am more troubled by the fact
10 that was stated that I don't feel that the leadership of
11 APA made this very well known among the membership.
12 This is a huge issue. It is, I think, the central issue
13 of our country at this time, and I didn't know about it.
14 You know, I have to take responsibility. I didn't dig.
15 I will dig now. I will read this new resolution very
16 carefully. I'm eager to see what it says.

17 But I'm most troubled by the things -- I've been
18 attending all the sessions in this little workshop. And
19 I was most disturbed by Jean Arrigo's comments about her
20 experience and the process of how the PENS report came
21 about.

22 And I have to say I'm most disturbed at this meeting
23 now about what we just experienced, about the press was
24 going to be cut off. Why are we being secretive? I
25 understand why the CIA needs to be secretive. We are a

1 public organization. And I would like someone from APA
2 leadership to explain their rationale, why they thought
3 a town meeting like this should be cut off, that the
4 press should be excluded after ten minutes. I would
5 really like to know. I'm trying to understand. That is
6 my problem, is what is the leadership coming from?

7 Thank you.

8 UNIDENTIFIED MALE: Can we please have a response?

9 UNIDENTIFIED FEMALE: Can somebody answer?

10 DR. HALDEMAN: Is there someone from the staff who
11 would like to respond to this? I mean, I would like to
12 respond to it I suppose if I had known it existed, but.

13 UNIDENTIFIED FEMALE: Go ahead.

14 UNIDENTIFIED MALE: What do you know?

15 DR. HALDEMAN: Not very much. I did not know until
16 this session started that there was a ten-minute limit
17 on press coverage of these sessions.

18 UNIDENTIFIED FEMALE: Why?

19 UNIDENTIFIED MALE: Why?

20 DR. HALDEMAN: And I am sorry, I cannot explain this
21 to you because I don't know why.

22 UNIDENTIFIED FEMALE: Who [inaudible] that from? Who
23 told you?

24 UNIDENTIFIED MALE: Who did -- yeah, where did it
25 come from, Doug?

1 DR. HALDEMAN: The reporter here. So, [inaudible]
2 and I've got the microphone. We're highlighting some
3 other communication problems within the Association,
4 seriously, because I truly don't know how to explain
5 this to you. I didn't know it existed.

6 UNIDENTIFIED FEMALE: Well, doesn't someone?

7 DR. HALDEMAN: But it's been resolved satisfactory.

8 UNIDENTIFIED MALE: But, can I ask a question? Can I
9 ask that you find out where that came from and then put
10 an announcement on the APA website explaining it?
11 Because it is now national news. I think it's a matter
12 of transparency, face-saving. Explanation is all part
13 of the process of trying to keep this very important
14 issue active and alive so we can all address it as
15 professionals.

16 DR. HALDEMAN: I will put it at the top of my to-do
17 list, sir.

18 UNIDENTIFIED MALE: Thank you.

19 DR. HALDEMAN: I have told you what I can tell you
20 about this. Do you want to continue?

21 UNIDENTIFIED MALE: Thank you, Doug.

22 DR. HALDEMAN: You're welcome.

23 DR. REISNER: I think it is very important that there
24 are decisions being made and nobody seems to know who
25 made them.

1 My name is Steven Reisner. I've got a couple of
2 questions. My first question, I just want to say that
3 I'm sure many people in this room know that many of us
4 are trying to grapple with the fact that the amendment
5 wasn't passed today, and I wanted to ask this group a
6 question. I wanted to take another vote. The Amendment
7 states that psychologists should not be participating as
8 part of a military operation or a CIA operation at sites
9 where human rights are being violated. And I would like
10 to know in this room how many people would support such
11 an amendment? How many would be opposed?

12 UNIDENTIFIED FEMALE: What are the parameters?

13 UNIDENTIFIED MALE: Could you say it again?

14 UNIDENTIFIED MALE: One more time.

15 UNIDENTIFIED FEMALE: Read the Amendment.

16 DR. REISNER: Do you want the actual wording? Here's
17 the actual wording. Okay. This is the wording. "Be it
18 resolved that the objectives of the APA shall be to
19 advance psychology as a science and profession and as a
20 means of promoting health, education and welfare. And,
21 therefore, the roles of psychologists in settings in
22 which detainees are deprived of adequate protection of
23 their human rights should be limited as health personnel
24 to the provision of psychological treatment." How many
25 are in favor? How many are opposed?

1 I want to know why the Council of Representatives is
2 so different in how it votes from the members of the
3 American Psychological Association. So, that's my first
4 question.

5 My second question, following up on what
6 Len Rubenstein asked. Len Rubenstein spoke about, if we
7 are taking this resolution seriously, where we have to
8 go as an organization. I would like to pose this
9 differently. I would like to know, if we take this
10 resolution seriously, where we are as an organization.
11 I want to know -- and there are ethicists in this room,
12 there are people who were involved in the careful
13 wording of this resolution -- I want to know if passing
14 this resolution prohibits psychologists from being
15 involved in the enhanced interrogation techniques that
16 the President of the United States authorized can take
17 place at CIA black sites. Enhanced. The APA
18 leadership, many of the spokespeople for the APA
19 position, has said that the APA only wants to use
20 rapport-building interrogation techniques and that these
21 techniques do no harm. Yet the President has authorized
22 enhanced techniques, which means that they are more
23 aversive than those techniques that are approved even in
24 the Army Field Manual, which are no picnic. And I want
25 to know from people here who know, the ethicist

1 psychologists in this room who worked on this language:
2 does this resolution prohibit psychologists from
3 participating in enhanced interrogations at CIA black
4 sites?

5 I have 30 seconds. And I want to say one more thing.
6 We, as an organization, have seen -- the answer to this
7 question of whether this resolution prohibits this
8 participation goes to the essence of who we are as
9 ethical psychologists. If we cannot say, no, we will
10 not participate in enhanced interrogations at CIA black
11 sites, I think we have to seriously question what we are
12 as an organization and, for me, what my allegiance is to
13 this organization, or whether we might have to criticize
14 it from outside the organization at this point. I would
15 very much like to be able to continue to call myself a
16 member of the American Psychological Association, but it
17 is only possible if the ethical standards of this
18 association are something that I am willing to pay dues
19 to.

20 DR. SOLDZ: My name is Stephen Soldz from the
21 Coalition for an Ethical APA. I want to reiterate what
22 Steve Reisner just asked. This is the central question.
23 We have been told throughout the day, throughout the
24 week that the APA has an unequivocal policy against
25 torture. There is no doubt that torture is occurring in

1 the CIA black sites. We may have some questions about
2 what's going on in Guantanamo these days because we know
3 very little about the interrogation. But, we know that
4 the President has reauthorized torture. We need the
5 leadership of the APA to state unequivocally that it's
6 unethical for psychologists to participate in these
7 enhanced interrogation techniques. That will be the
8 measure of whether we got a real resolution here, or did
9 we get stabbed? So, we know, we will find out. You
10 know, we will conduct an experiment. We're scientists.
11 We look at data. We will find out what this means.
12 Remember that. In the next few days and next few weeks
13 we need to know that.

14 I would like to call attention to one minor detail in
15 here, however, that I hope that the answer is yes and
16 that this will be a major weapon in the battle against
17 torture at the CIA sites. In fact, I believe that that
18 will be case and that our leadership will come through
19 on this. But, there is a minor detail in here that has
20 certain implications that were not discussed in Council
21 today, that have not been discussed at all that I think
22 we as psychologists need to know because this resolution
23 throws out Principle A of the Ethics Code. In the list
24 of the techniques on Lines 97 to 98 it says, "An
25 isolation sensory dep..." -- this is a list of banned

1 techniques. "Isolation sensory and/or sleep deprivation
2 used in a manner that represents" -- they changed
3 "severe" to "significant pain or suffering or in a
4 manner that a reasonable person would judge to cause
5 lasting harm." So, all of a sudden the APA has voted
6 that it is not unethical to cause any level of harm less
7 than significant pain or suffering or something that
8 does not cause lasting harm. This I think is a black
9 day for the profession of psychology and for ethics in
10 psychology.

11 DR. MIKE WESSELS: My name is Mike Wessels, and I
12 just wanted to say that we're talking about a lot of the
13 particulars of the resolution, which I think is terribly
14 important. But, we also have to look a little bit
15 deeper at some of the core documents. You may not be
16 aware of it, but if you read carefully the APA Code of
17 Ethics, which was not sculpted to address international
18 issues, one finds a discrepancy, a contradiction that
19 actively undermines psychologists' commitments to
20 international and human rights standards.

21 It goes like this: "We support human rights
22 principles of beneficence and non-maleficence do no
23 harm." So far so good. Continue reading down. "When
24 there is a conflict over ethics, the psychologist can
25 take active steps to resolve. And if those steps don't

1 provide an easy resolution or maybe a difficult
2 resolution, it is within the purview of the psychologist
3 to follow national law."

4 Well, the problem with that doesn't require a Ph.D.
5 in political science or international human rights to
6 understand. The way that the Saddam Husseins of the
7 world and the tyrants of the world get their warrant to
8 torture is by saying national law trumps international
9 and human rights standards. The power of international
10 and human rights standards derives precisely from the
11 fact that no state and no military can trump them. And
12 yet this Administration, the Bush Administration, has
13 chose to establish a regime where it claims that
14 national law and U.S. policy trumps international and
15 human rights standards. And guess what? The APA, you
16 and I, we have not actively opposed it. We need to
17 change the Ethics Code to bring ourselves in line with
18 international and human rights standards.

19 The second point is that every time international and
20 human rights standards are compromised, it is not just
21 that harm gets done. It is that the international
22 movement to establish human rights standards are
23 actively weakened. The APA took such a step today by
24 ruling that psychologists could potentially continue to
25 be active at Guantanamo Bay and at other sites operating

1 outside the Geneva Conventions. The door was opened for
2 the sanctioning of psychologists operating in direct
3 contravention of international human rights standards.
4 To hold people in indefinite detention without recourse,
5 without any civil and political rights is itself a form
6 of torture and abuse.

7 So, just to finish up, my question that I would add
8 along with the good question Steven raised is, what is
9 the Association going to actively do to stop fiddling
10 around with relatively minor resolutions when it's not
11 even on the path of actively supporting international
12 and human rights standards in everything that it does?
13 It's of grave peril of making international and human
14 rights standards a matter of rhetoric than of action,
15 and that's the wrong stance.

16 DR. WILLIAM TODDMANCILLAS: My name is William
17 Toddmanillas from Chico State. I have a brief
18 observation, a simple observation. If we want to follow
19 ethics that are more closely aligned with what we would
20 accept as an internationally bona fide paradigm, why not
21 endorse in language as close to the Geneva Convention as
22 possible all those particulars concerning what can and
23 cannot be done with the treatment of detainees? It
24 strikes me that it's a very, very possibly a preferred
25 course of action because that is language that is well-

1 known internationally. And I'm also quite pleased with
2 the fact that the Administration tries to rewrite that
3 language every chance it gets. So, that's a pretty good
4 litmus test that it must be okay.

5 DR. BLIZZARD: My name is Ruth Blizzard. I'm from
6 Boulder, Colorado, and I was 25 years in Binghamton, New
7 York.

8 I'm concerned that there's a certain amount of
9 double-talk and double-think going on here in terms of
10 what APA is saying it supports. The speaker a few
11 minutes ago said that APA condones psychologists who
12 consult on rapport-building interrogation? Well, it so
13 happens that there was an excellent investigative
14 reporting series of articles in the Christian Science
15 Monitor just this week on the treatment of Jose Padilla
16 who has been kept in solitary confinement for over two
17 years and on the effect that this solitary confinement
18 has had on his mental state. And this is before the
19 court now.

20 One of the points that was made was that the
21 proponents of using solitary confinement contend that it
22 is a rapport-building technique of interrogation and
23 that the solitary confinement causes the subject to want
24 to talk more with his captors. If psychologists are
25 permitted to consult on the use of solitary confinement

1 to build rapport, then I don't even want to have a
2 license as a psychologist.

3 Thank you.

4 DR. EHRENSAFT: My name is Diane Ehrensaft and this
5 is Ruth Fallenbaum, and we're going to speak together as
6 part of the Coalition for an Ethical APA, and Ruth is
7 going to speak first.

8 DR. FALLENBAUM: The issues around Section 301 or
9 whichever -- now I've forgotten what the section was --
10 102 -- 1.02, which has been my obsession for the last
11 year, and the entire changes in the Ethics Code from
12 2002, all the language and, you know, the missing
13 clauses, the changed words, the resolutions, the
14 amendments, the votes, the machinations have led me to
15 feel very strongly that there needs to be some house-
16 cleaning and some exploration and investigation into the
17 whole ethics apparatus of the APA. The fact that it has
18 taken, you know -- the press has taken a bunch of -- a
19 rag-taggle bunch of busy psychologists to bring even the
20 resolution that we're getting, which is sort of flawed,
21 when we've got someone apparently, you know, paid to do
22 ethics, a whole committee of ethics people for the APA,
23 who have given such poor consultation to this
24 organization and then led us into this abyss of shame
25 and, you know, just something we ought to feel

1 absolutely appalled by I think means that we need some
2 house-cleaning here. And I don't know how that's going
3 to do it, but that has to be our next project, and that
4 has to be something that we hope you'll join us with.

5 DR. EHRENSAFT: And I'd like to tell you my personal
6 story as a fellow member of APA. When I read the first
7 resolution that was put out by APA, and I'm on a list
8 serve, my immediate knee-jerk response is, I'm quitting.
9 I do not want to be part of this organization. And then
10 my colleagues calmed me down and said, no, no, no, don't
11 quit, but let's think about what we want to do. So, we
12 did. And the first thing we did was decide to withhold
13 our dues in protest, and organize a group to withhold
14 dues. And we all wrote letters, and in my personal
15 letter I talked about being Jewish and having been born
16 in the 1940s and having learned never again, that we are
17 not going to allow people to be maltreated against their
18 human rights and that it was our collective
19 responsibility to stop it whenever we could.

20 So, from there we went on to form the Coalition for
21 an Ethical APA. And I believe that our coalition has
22 been responsible for the forward movement in this
23 resolution, but it's not good enough. And we have a lot
24 more work to do. When I read the amendment, and I won't
25 read it to you again, I see it's clear and simple. It

1 is unethical to be a psychologist in an unethical
2 setting that violates international human rights. There
3 is no place for us there. As a clinical psychologist
4 when I'm with a patient, I pay attention to distortions.
5 Why is somebody hearing something so different than how
6 it was said, which is what I heard at the Council
7 meeting this morning in terms of the interpretation of
8 this Amendment. And I would also like to ask people to
9 think about, why did that happen?

10 Mostly, I would like you all to join our coalition.
11 We have a lot more work to do, as you can hear in this
12 town meeting. And we need all of us together who raised
13 our hands yes on the Amendment to keep working. And the
14 more of us who work together, the more strength we will
15 have to change this into an ethical APA.

16 Thank you. EthicalAPA.com.

17 DR. MASSOTH: Neil Massoth again. Of all the boards
18 and committees that I currently serve on and have served
19 on at APA, my proudest moment as a psychologist were my
20 three years on the Ethics Committee; I'm a former
21 member. So, I wanted to just say that first.

22 One of the last speakers referred to, quotes, "all of
23 the changes that have been made since the 2/02 Ethics
24 Code." There have been no changes made. The Ethics
25 Committee, just so I'm understanding the process,

1 people, let's not confuse the Administration and the APA
2 Ethics Committee, and I think some of that's going on.
3 The Ethics Committee does not have the power to rewrite
4 the Ethics Code. The Ethics Committee probably wishes
5 they could insert some language in 1.02. It would solve
6 some problems. The Ethics Committee cannot rewrite the
7 Ethics Code. When the membership of APA decides that
8 the time has come for a new Ethics Code, committees are
9 brought together and there is a whole process. It's out
10 for public comment. It goes out for public comment
11 again. It's a multi-year process. The Ethics Committee
12 cannot rewrite the Ethics Code. There have been no
13 changes made since the 2002 Ethics Code, and I just get
14 furious when I hear people assume that the Ethics
15 Committee is running around doing this stuff.

16 The Ethics Committee is a voluntary committee like
17 everyone else. There's a small staff that works
18 ridiculous numbers of hours. And the Ethics Committee
19 are a bunch of volunteers, like all the rest of us, no
20 one is paid. So, there needs to be some changes made.
21 The Ethics Code does, is not thought about international
22 law. The section that refers to when this conflict
23 between law and the Ethics Code, go with law, was
24 written because our Ethics Code says you can sleep with
25 patients after two years, even though I'm not so sure

1 that's a good idea, cautions you to think about the
2 patient in doing no harm. But there are some states
3 that say you got to wait longer. So, you have to go
4 with your state in violation of our Ethics Code. That's
5 why that's there. It's not to protect people. It was
6 not done for subterfuge to allow people to go out and do
7 unethical things. Well, we're living in a different
8 era, and there probably needs to be some changes made.
9 And my guess is that the new Ethics Code written by you
10 folks, not by the little old Ethics Committee or the
11 Ethics Office, will look a little bit different. And I
12 think that's a positive thing. And I just wanted to
13 explain the process and be supportive of our very hard-
14 working Ethics Committee and Ethics Office.

15 DR. LONG: I'm Jancis Long, and I'm an officer of
16 Psychologists for Social Responsibility and a member of
17 Ethical APA. I would like to see this become more of a
18 town meeting, and I would like to challenge those people
19 in the APA who wrote the very admirable language and
20 passed the very admirable language in the resolution
21 that was passed this morning to square it with turning
22 down the very moderate language in the Amendment which
23 did not say there could be no psychologists present.
24 They said there could be no psychologist involved in
25 anything other than health work at these sites. I would

1 like to ask APA why they thought to turn this down at
2 this point, those members who did. And furthermore, I
3 would like to ask whether they consider that it is now
4 ethical for psychologists to be present and to be there
5 at these interrogations because it would seem that
6 turning this down is saying that it is allowed. And to
7 me it seems that it is entirely in contrast to all the
8 language of the resolution that was passed this morning.
9 I challenge the APA to answer the questions of the last
10 four speakers, including this one.

11 Thank you.

12 DR. SUMMERS: Hello. My name is Frank Summers. I'm
13 a psychologist from Chicago. First of all, I want to
14 respectfully disagree with some of the statements that
15 have been made. The fact is that two years ago the
16 Council of Representatives voted to change the Ethics
17 Code. They called on the Ethics Office to change the
18 Code. Nothing has been done, okay? So, that clarifies
19 something that people should understand, okay?

20 At the beginning of this meeting somebody said, you
21 know, clarify for us what the vote was this morning,
22 okay? And I think people should understand that 1.02,
23 which is a basic source of conflict for many of us, as
24 speakers have said very articulately, does allow one to
25 follow orders and violate the Ethics Code under that

1 condition. But, there was language in this Amendment as
2 I saw it yesterday that said that this would contravene
3 any law or any order given. I don't see that in here
4 today. How did that get taken out? When did that get
5 taken out? Why did that get taken out?

6 Now, with regard to the Amendment itself, we were
7 told at the beginning of this meeting that the Amendment
8 said there was no participation at all. That's not what
9 the Amendment says. Any of you can read it. It says
10 that under conditions in which liberties are violated,
11 people don't have basic human rights, you can
12 participate only as a healthcare personnel promoting
13 healthcare services or providing healthcare services.
14 It does not say you can't be involved, okay?

15 Now, my question is, how is it possible to be
16 ethically involved in a situation where there are no
17 basic human rights, where there is no due process, where
18 there are none of the protections of the law that we
19 enjoy here?

20 UNIDENTIFIED MALE: We didn't do it.

21 UNIDENTIFIED MALE: Well, who did? We want some
22 accountability. And everyone in APA says we didn't do.
23 It wasn't --

24 UNIDENTIFIED MALE: That's what we say, right; we
25 didn't do it?

1 DR. SUMMERS: So, the argument was made this morning
2 that the reason to turn it down, primary reason, is
3 because we have to be involved, okay? And we have to be
4 involved because we make these interrogations safe and
5 ethical and legal.

6 I urge all of you to read a study that was done by
7 the United Nations. The United Nations Commission
8 studied Guantanamo, and what they said was that there
9 was widespread use of techniques that amount to torture
10 under international law, that healthcare personnel were
11 complicit in the use of those techniques, and that they
12 had deleterious effects on the mental health of those
13 people, and that there were in the year 2003 alone over
14 350 acts of self-harm. There were massive suicide
15 attempts. There were massive hunger strikes. Where
16 were the psychologists? Where were these psychologists
17 that are making these interrogations safe, ethical and
18 legal?

19 Thank you.

20 DR. BEHNKE: My name is Steve Behnke. I'm director
21 of the Ethics Office of the American Psychological
22 Association. I'd just like to respond to Dr. Summers
23 with whom I've had a number of conversations. I'd first
24 like to respond to Len Rubenstein if Len is still here.
25 And, you know, Len has provided the APA a number of very

1 helpful materials that are related to this issue. And
2 Len has once again, as he has been doing for two years,
3 offered his assistance on this issue. And we will be
4 very grateful, as we have been, to accept that we don't
5 always see completely eye to eye, but we're grateful,
6 and Len has shown an enormous of personal commitment to
7 this issue and has provided I think at this point 12 or
8 15 letters to APA on this issue. So, thank you for your
9 offer. We will absolutely accept that.

10 The second thing I'd like to say is that Dr. Summers
11 said that Council had directed the Ethics Committee to
12 change Ethical Standard 1.02. In fact, that is not
13 correct; that is not what Council directed the Ethics
14 Committee to. And I would really just encourage people
15 please read these texts. You must read the texts. And
16 I would just read from a text that was just passed this
17 morning, and I know that everyone -- it's clear that
18 there is much difference of opinion about what APA
19 should do. But, please do read this document. I hope I
20 can say that it is a positive step in the right
21 direction. I know that it does absolutely not go as far
22 as many people think APA ought to go, but I do think I
23 can say on behalf of the Association that we can all
24 agree it is a step in the right direction.

25 And I just want to read one passage from that. It

1 says -- the passage I'd like to read says that: "Be it
2 resolved the American Psychological Association affirms
3 that there are no exceptional circumstances whatsoever,
4 whether induced by a state of war or threat of war,
5 internal political instability or any other public
6 emergency that may be invoked as a justification for
7 torture or cruel, inhuman or degrading treatment or
8 punishment, including the invocation of laws,
9 regulations and orders."

10 UNIDENTIFIED MALE: Stephen, see, does that trump
11 1.02 in the case of torture?

12 DR. BEHNKE: It's very clear, there is no --

13 UNIDENTIFIED MALE: Okay. But I just wanted to know
14 because the Ethics Code --

15 DR. BEHNKE: No justification --

16 UNIDENTIFIED MALE: Okay.

17 DR. BEHNKE: -- whatsoever.

18 UNIDENTIFIED MALE: What about CIA black sites?
19 Enhanced interrogation at CIA black sites?

20 DR. BEHNKE: The list that was contained in the
21 resolution had two sources. One source, again, was a
22 letter that Len Rubenstein had written Executive
23 Director of Physicians for Human Rights to the APA. The
24 other source was a program that was out here that
25 Uwe Jacobs was kind enough to invite me to participate

1 in on a panel at Survivors International. The other
2 panelist was Professor Alfred McCoy, and I'm quite sure
3 that many of you are familiar with Professor McCoy's
4 book, "A Question of Torture." And what Professor McCoy
5 does and what he did on that Saturday morning here at
6 the Wright Institute was he laid out a history of
7 torture, and he said that if you take a look, there are
8 certain techniques that appear, that continue to
9 surface across time and across context. And then he
10 specified what those techniques are. And they bear a
11 very close resemblance to the specific techniques that
12 Len Rubenstein wrote to the APA saying you must identify
13 these specific techniques as constituting torture.

14 Now, on that panel on that Saturday morning I asked a
15 question that I wanted to know. It seemed to me that
16 torture and abusive treatment are limited only by the
17 human imagination. So, why would you have a specific
18 list? And the answer came back -- and I know
19 Dr. Fallenbaum was there; a number of folks here were
20 there -- said that, no, in fact, if you take a look at
21 the history, we can get a good deal of specificity about
22 the kind of techniques that we are talking about. And
23 the message came across very clearly from both
24 Professor McCoy and for the audience that APA's next
25 step must be to specify specific techniques that are

1 always prohibited. That's what APA did this morning.

2 But I also want to be very clear that if you look at
3 the language of the resolution -- and again, I hope that
4 everyone reads it -- what it says is that, that this
5 unequivocal condemnation includes all techniques defined
6 as -- and then it says, "This unequivocal condemnation
7 includes, but is by no means limited to," so that there
8 are specific techniques identified, but that is not a
9 closed set, very explicitly not a closed set.

10 One final point about the resolution. Again, just
11 encourage people to read it. But the Ethics Committee
12 has been directed by Council. It says: "Be it resolved
13 that the APA Ethics Committee shall proceed forthwith in
14 writing its casebook and commentary that shall set forth
15 guidelines for psychology that are consistent with
16 international human rights instruments." And then it
17 actually specifies what those instruments are. The
18 first is Common Article 3 of the Geneva Conventions.

19 One of the points in the discussion this morning that
20 the chair of the Ethics Committee made very clear is
21 that this issue is at the center of APA's radar screen,
22 and it is going to remain at the center for a very long
23 time to come. And in writing the casebook and the
24 commentary, the Ethics Committee is going to reach out
25 to APA, to members and to you to get your involvement in

1 that process. We realize that this has been an
2 enormously difficult time for the Association, that we
3 want this process to be as open, as transparent and as
4 participatory as it possibly can be. And the Ethics
5 Committee is going to do that. And we are going to look
6 -- the Ethics Committee is going to look for your
7 involvement, and we're going to come and seek you out in
8 that process.

9 UNIDENTIFIED MALE: Would you answer one question
10 real fast?

11 UNIDENTIFIED MALE: [Inaudible] in the Monitor?

12 DR. BEHNKE: Pardon?

13 UNIDENTIFIED MALE: Will this be in the APA Monitor
14 [inaudible]?

15 DR. BEHNKE: Well, it can be -- you know, yes, it
16 will be in the APA Monitor. It will also be up on the
17 APA website. And one of the things that the Ethics
18 Committee is going to be talking about -- and I know
19 that there's been discussion about the Ethics Code
20 revision. Dr. Massoth talked about that. But, I can
21 say it's made part of that revision process. When the
22 1992 Code was revised, that was a process that went on
23 for a period of five years. The current language in
24 Ethical Standard 1.02 was written in the fall of 2000
25 before September 11, before the terrorist attacks. It

1 bore no relationship whatsoever to this Administration,
2 to the global war on terror. Those are two completely
3 separate issues. The language was already set at that
4 point in time.

5 But, we went through seven revisions. We had
6 repeated requests to have comments on it. We put those
7 in the APA Monitor. We set up a website so people could
8 visit it and come and give their comments directly. And
9 we had the entire drafts printed in the Monitor for
10 commentary. And absolutely we will recreate that
11 process for the casebook and commentary. We want it to
12 be as open and as participatory as it can possibly be.

13 UNIDENTIFIED MALE: Would you explain why the
14 reporters had only ten minutes?

15 DR. BEHNKE: You know, let me -- I don't know the
16 origin of that rule. I simply don't know it, but --

17 UNIDENTIFIED MALE: Why don't you know it?

18 DR. BEHNKE: Why don't I know that rule? That is an
19 excellent question. I don't know. But here's someone
20 who does know that rule.

21 Let me also point out that when we were requested to
22 change the rule, the rule was changed, but --

23 UNIDENTIFIED MALE: Dr. Behnke, can I ask one
24 question before you leave?

25 DR. BEHNKE: Actually, I think I'm going to let

1 [inaudible].

2 Dr. MOOREHEAD-SLAUGHTER: I can just speak to the
3 camera's rule. And it really has to do with the space
4 access and fairness issue. We often have less space for
5 cameras than we have crews wanting into a session. So,
6 in fairness we try to rotate every ten or 15 minutes to
7 allow crews to come in. That's not the case in this
8 room, so the rule was changed, and everyone has full
9 access.

10 UNIDENTIFIED MALE: I think you need to change the
11 rule permanently. It's not been the case in any room in
12 this whole convention.

13 UNIDENTIFIED FEMALE: It was my pleasure to wait.
14 And I'll tell you why. I find it very frightening to be
15 sitting in the room now where the last speaker is the
16 only person who's speaking in favor of what was voted on
17 this morning. There's an entire audience of people here
18 who are not happy with the resolution or would like to
19 see things that are very different. And I find it very
20 frightening that the very people who voted for that
21 overwhelmingly somehow now feel that they no longer need
22 to participate in public in this process. And that's
23 very scary. And I hope that will not be the case.

24 DR. BOULANGER: Hi, I'm Ghislaine Boulanger. I'm not
25 going to take up a whole lot of time. Along with

1 Ruth Fallenbaum and Diane Ehrensaft, and Martha Davis,
2 who's not here, we started this movement to withhold APA
3 dues. And really it is so wonderful to be here today
4 and to be very alienating as I experienced it,
5 experienced this morning when the proposed Amendment was
6 voted down, by a vast majority voted down, to hear so
7 many of you clearly feeling that you would have passed
8 it and indicating that you would have. And I want to
9 suggest that perhaps you join us in pledging to withhold
10 your 2008 and 2009 dues until an amendment like this is
11 passed.

12 Furthermore, we have a list serve where you can
13 communicate with us and with your ideas, and it's
14 withholdapadues.com. Some of us are wearing these blue
15 ribbons. We will be happy to give you the number again.
16 But, we really, really urge you to join us. It is a
17 list serve. It's an open discussion about these issues.
18 Thank you.

19 UNIDENTIFIED MALE: [Inaudible] take me off the list
20 serve because I didn't agree to withhold my dues.

21 DR. BOULANGER: Well, that's right. You have to
22 agree to withhold your dues in order to be on the list
23 serve. That is absolutely right. That is the purpose
24 of it. That is absolutely the perfect purpose of it so
25 that we who agree to withhold our dues can consider, for

1 instance, how to pass this Amendment.

2 MS. CARLENAS: I'm here as a guest, and I spoke
3 before briefly, so I think I have the remainder of my
4 two minutes. And I just want to say that I'm looking at
5 this from the outside, and I notice that everyone in the
6 organization has more power than the leadership. And
7 I'm noticing that, you know, it's not clear what's going
8 on with the leadership. But, I know you have more power
9 because the leadership was saying no reporters for more
10 than ten minutes. And I asked people to raise their
11 hands. And when it was seen that, you know, the
12 consensus pretty much everyone approved of the
13 reporting, it was immediately said, okay, let's allow
14 the reporting.

15 And so when people disagree with leadership, you have
16 a couple of choices. You can oppose the leadership.
17 It's said that the best way to defeat what is bad, which
18 is a general term, is to go forward in what is good. Or
19 you can go forward and you can do what you want to do
20 because you are more people, you have more energy, and
21 it's just natural that you have more power. And I don't
22 know what the group is, for people to collect, if they
23 want to say, look, we are the members of the APA and
24 this is what we resolve, whether it's the Ethical APA,
25 you know, the withholding dues; that's bound to be

1 controversial. But, I just want to say if everyone gets
2 together and declares your voice, that's the voice of
3 the most power.

4 DR. LERMAN: I'm Hannah Lerman. I identify primarily
5 as a feminist psychologist and personally was involved
6 in not the most current Ethics Code revision, but the
7 two previous ones, and feel like I contributed a lot to
8 the fact that it is now unethical -- listed specifically
9 unethical to sleep with your clients. What -- I was a
10 member of Council at that time, and I have some
11 knowledge of the APA structure, although I'm not
12 currently in any position of power.

13 I was moved to speak by the question that came up
14 about why the vote in this room was so different from
15 the Council vote. I know that since then the process
16 has moved in a whole bunch of other directions. But, I
17 would like to respond to that because if we're beginning
18 to talk about how APA might be changed, I think that
19 raises one particular issue. The members of Council are
20 elected by divisions, state organizations. I think much
21 more than 50 percent of APA members do not belong to
22 either one of those, and they, therefore, really have no
23 vote on Council.

24 You know, so, I have heard APA described at various
25 times one as Byzantine with structures being formed on

1 structures. More apt to me, however, was regarding the
2 APA structure as an amoeba. Poke one of the pseudo-pods
3 and it responds, but the action doesn't translate into
4 the whole rest of the structure.

5 So, either we have to talk about whether you want to
6 work on a large process of changing how APA members are
7 represented in the larger organization -- in the
8 governance of the organization or you need to join the
9 subdivisions through which you can make your vote known.
10 Those are -- I mean, there are two different ways of
11 doing it, and they're both possible.

12 The other point that I wanted to make, however,
13 someone was talking earlier that we were scientists.
14 You know, neither the vote of Council nor the vote in
15 this room is a scientific vote.

16 MR. RAYMOND: My name is Nathaniel Raymond. I work
17 for Physicians for Human Rights, and I didn't plan on
18 speaking today because, as you can see, Len Rubenstein
19 does a heck of a job on his own. But, I wanted to make
20 one point today, which is we've been talking a lot about
21 what's happening in here. And by "here" I mean the
22 American Psychological Association. I want to speak to
23 the larger context of what's happening out there. And
24 as my colleague, Len Rubenstein, mentioned, there's an
25 investigative process going on in Washington in the

1 Senate, and there is a series of disclosures which have
2 happened in the media and also through the Inspector
3 General's Office of the Department of Defense.

4 The point I want to make is just to be clear about
5 what we're talking about. We're not talking about bad
6 apples. We're not talking about psychologists who are
7 acting independently or individuals within the chains of
8 command of CIA or DoD acting independently. We're
9 talking about a government which since after
10 September 11th has created a systematic regime of
11 psychological torture with the assistance of mental
12 health professionals and mental health expertise.

13 While we're glad to see the resolution pass today,
14 and we look forward to working with Dr. Behnke and the
15 rest of the APA, I really want to keep the focus on what
16 happens out there. And I hope that we can really see
17 today as the beginning of a change for APA from passing
18 a resolution to becoming advocates for the end of what
19 is not simply unethical, but illegal.

20 One last point. The language that was passed in
21 reference to the tactics is not exactly as we had
22 initially written it from PHR. Be that as it may, we
23 feel that from a legal and ethical perspective one
24 message has to be clear: These tactics prohibit what we
25 know of the CIA enhanced interrogation program. Let's

1 not see this as an end. Let's see this as a platform.
2 Let's put the rocket ship on the platform and take off.
3 Where does that go? Well, that goes one way. The APA
4 needs to advocate actively in Washington to say
5 psychologists and psychological expertise cannot be used
6 as a weapon that violates the law, the ethics, and the
7 Geneva Conventions.

8 DR. SAND: Hi, my name is Shara Sand, and I'll
9 actually be brief. I just want to read a few sentences
10 and -- and pose a question after those sentences. On
11 May 18th, 2007 the Office of the Inspector General of
12 the Department of Defense released its investigative
13 report. It was declassified. And to my knowledge it's
14 the only place where there's actually an indication that
15 psychologists perhaps have been involved in the
16 development of these techniques. And I will read you
17 directly from that report. None of these words are
18 mine.

19 "Between June and July 2002 the Chief of Staff of the
20 Joint Personnel Recovery Agency, the agency responsible
21 for organizing SERE training, working with the Army
22 Special Operation Command's psychological directorate,
23 developed a plan designed to teach interrogators how to
24 exploit high-value detainees. The Chairman of the Joint
25 Chiefs of Staff in September 2002 recommended that the

1 Federal Bureau of Investigation Behavioral Science Unit,
2 the Army's Behavioral Science Consultation Team, and the
3 Southern Command Psychological Operations Support
4 Element, the group at GITMO, and JTF 170 clinical
5 psychologists develop a plan to exploit detainee
6 vulnerabilities." Once again, this is the government
7 speaking, not me.

8 "On September 16th, 2002, the Special Army Operations
9 Command and the Joint Personnel Recovery Agency co-
10 hosted a SERE psychologist conference for JTF 170
11 interrogation personnel. The Army's Behavioral Science
12 Consultation Teams, BSCTs, from Guantanamo Bay also
13 attended the conference. The JTF 170 personnel
14 understood that they were to become familiar with SERE
15 training and be capable of determining which SERE
16 information and techniques might be useful in
17 interrogations at Guantanamo. Guantanamo Behavioral
18 Science Consultation Team personnel understood that they
19 were to review documentation and standard operating
20 procedures for SERE training in developing the standard
21 operating procedure for the JTF 170 if the Command
22 approved those practices." They also supported a SERE
23 psychologists competency area.

24 My question is, why has APA not addressed exactly
25 what is said in this report, which does indicate that

1 there has been some psychological involvement in these
2 practices?

3 DR. ALBERS: Because I had time to speak before, I'm
4 going to be very brief. I wanted to thank Dr. Behnke
5 for showing up and answering questions. And I have a
6 very simple question about this resolution that has just
7 passed. If I am a member of BSCT that is working under
8 the direction of the CIA and I am told to waterboard
9 somebody, and I have made efforts to resolve the
10 conflict between this resolution and the -- what I
11 believe to be U.S. law, may I then choose to adhere to
12 U.S. law and, therefore, waterboard?

13 DR. BEHNKE: You may not.

14 DR. HALDEMAN: No.

15 DR. BEHNKE: It's unethical. It's prohibited and
16 it's sanctioned.

17 DR. ALBERS: So, I cannot.

18 MR. SHUMAN: My name is Aaron Shuman. I coordinate
19 something called the Prisoners Solidarity Project at
20 Prison Activists Resource Center. And this is a folder
21 of complaints about torture and mistreatment that we've
22 received from one state prison. I've also done time for
23 protesting at the School of the Americas and have had
24 the privilege of going across the country with former
25 torture survivors from El Salvador and members of

1 Torture Abolition and Survivors Support Coalition.

2 So, my first question in sitting in on the discussion
3 about the resolution today is, why was it strictly
4 limited to enemy combatants and not raising the issue of
5 conditions in prisons in the U.S. and detention centers
6 in the U.S.? One of the things that we do for the
7 Prisoner Solidarity Project is mail in the U.N. minimum
8 standard rules for the minimum standard treatment of
9 prisoners, which we know the U.S. violates. We know the
10 New Jersey American Friends Service Committee has a
11 long-standing campaign talking about maximum security
12 prisons as torture. They're talking about things -- we
13 talk about things like solitary confinement, talk about
14 things like sensory deprivation, talk about things like
15 isolation, talk about things like being denied food,
16 shelter. You know, those are all things that I read
17 letters about everyday from prisoners inside the U.S.
18 There is an article by a professor named Alan Eladio
19 Gomez on The Marion Control Unit, which was one of the
20 first maximum security prisons, if not the first, inside
21 the U.S., where he talks about [inaudible] prison
22 seminar that was conducted called "Breaking Men's Minds"
23 back in the early '60s, and talks about in a way that's
24 very compatible with the argument that Alfred McCoy
25 makes about psychological torture in the book that was

1 mentioned earlier about what is going on inside U.S.
2 prisons and maximum security prisons everyday.

3 So, my question is, why is the American Psychological
4 Association being so conservative that it's only talking
5 about enemy combatants? And I didn't hear anything
6 about prison conditions or conditions in detention
7 centers inside the U.S.

8 Just to rattle off a few things very quickly, we know
9 in Chicago reported by The Chicago Reader, a case of
10 systematic police torture for a generation that
11 Richard Daly is implicated in. We know just down the
12 street at 850 Bryant there are former Black Panthers
13 being held who were tortured into confessing and whose
14 torturers were rehired by the Department of Justice to
15 investigate them decades later. We know from a book
16 writer Mark Dow did called "American Gulag" on the
17 condition -- on detention centers inside the U.S. that
18 took almost ten years of research that -- about the
19 conditions that go on inside.

20 So, I would challenge people as part of this
21 discussion that it really needs to be widely opened up.
22 In the state of California you already have the state
23 prison system in federal receivership. You already have
24 the healthcare system in federal receivership. And you
25 already have doctors, environmental professionals

1 raising the issue that the prison system is a public
2 health crisis, that constructing more prisons will
3 create a health crisis. And you have statistics from
4 things like the Commission on Safety and Abuse in
5 America's Prisons that says a million and a half
6 people --

7 UNIDENTIFIED MALE: You'll make more --

8 MR. SHUMAN: -- get cycled through the prison and
9 jail --

10 UNIDENTIFIED MALE: -- friends if you stop when your
11 time is up.

12 MR. SHUMAN: Well, I'm on my last sentence.

13 UNIDENTIFIED MALE: You're right, but you should stop
14 when everybody else stops.

15 MR. SHUMAN: Okay. But I'm not interested in being
16 right. I'm interested in changing the situation.

17 UNIDENTIFIED MALE: But we're also interested in
18 hearing other people who are waiting and --

19 MR. SHUMAN: Okay.

20 UNIDENTIFIED MALE: -- keeping to the time limit.

21 UNIDENTIFIED FEMALE: Thank you.

22 UNIDENTIFIED MALE: Just some information. In terms
23 of what you are asking about conditions in the U.S.
24 jails and prisons and U.S. correctional facilities, of
25 all the APA-governed groups that reviewed what was

1 originally the moratorium resolution, it was the
2 Committee on Ethnic and Minority Affairs that said that
3 any resolution must be more broadly than simply
4 detainees. It must look at how people, and in
5 particular, people of color, are treated in U.S. jails
6 and prisons. And that is right up on the APA website.
7 It's the Committee on Ethnic and Minority Affairs. It
8 speaks directly to your point.

9 DR. HALDEMAN: I want to observe we have minutes left
10 and four people lined up to speak. If you can be very,
11 very brief, everybody will be able to do it.

12 UNIDENTIFIED MALE: Why does this always happen to
13 me? No, I --

14 UNIDENTIFIED MALE: Is there something else in the
15 room? Can we stay till the four people are done?

16 UNIDENTIFIED MALE: I've looked at the text. We were
17 told to look at the text of the resolution, and I've
18 come to the conclusion that the winner today, were the
19 people who backed the *KUBARK* style of interrogation, and
20 the losers today, were those who backed the *SERE* style
21 of interrogation. And the playing field was the APA.
22 The *SERE* -- the resolution which condemns a number of
23 different types of participation in -- or different
24 techniques of torture that were absolutely banned, which
25 as Dr. Behnke pointed out as waterboarding, rape,

1 simulating drowning, mock executions, cultural and
2 religious humiliation, these were the landmark
3 techniques of the SERE style of interrogation and
4 torture. *KUBARK*, which means CIA, which developed over
5 a period of 50 years, a style of torture is based on
6 sensory deprivation, isolation, hypnosis, and the
7 induction of debility and including sleep deprivation.
8 You'll see that division in the resolution because those
9 things are not prohibited as conditions of detention.
10 They're prohibited as conditions to be used in
11 interrogations. But, you see, they don't use sleep
12 deprivation while they're interrogating you. They use
13 it before they interrogate you as part of the conditions
14 of detention to soften you up for the interrogation.

15 So, the winner today, and I'm sure their lawyers are
16 very happy, is the CIA, and I think that's why it is so
17 important to see how the APA is going to react to the
18 question of the enhanced interrogation techniques. But,
19 I would say not just the interrogation techniques, but
20 the entire use of these techniques in the secret sites,
21 including the detention conditions, because otherwise
22 it's a farce.

23 Thank you.

24 DR. SAWYER: My name is Jack Sawyer. I'm curious
25 about the process here. I wonder how many members of

1 the Board of Directors are here with us. One? You're
2 to be commended for that. There are how many on the
3 board, a dozen or more? Thirteen. I'm curious why the
4 others aren't here. They weren't instructed not to
5 come, I'm sure. Were they invited to come? Do you have
6 any idea? You're here probably 'cause you were
7 conducting a meeting. But -- why aren't your fellow
8 board members here to hear at the town hall?

9 BOARD MEMBER: President Sharon Brehm was here
10 earlier. Others were here, our president of the APA was
11 here. And I think [inaudible].

12 DR. SAWYER: Good. The president was here and one
13 other board member was here earlier.

14 DR. HALDEMAN: President-elect was here.

15 DR. SAWYER: President-elect, yes, Al Kazdin. Good
16 for Al. Do you have any thoughts as to why so few have
17 interest in this?

18 DR. HALDEMAN: Well, you are asking me a question I,
19 I know an unanswerable question. But, you're asking me
20 why people who aren't here aren't here. And I have no
21 advance knowledge anyone was not planning to come or
22 planning to come. I didn't poll them to see who was
23 coming. It's not really a board event; it's a town hall
24 meeting for you.

25 DR. SAWYER: Well, is it for us or is it -- it's not

1 to help the Board get the idea of the opinions of the
2 people?

3 DR. HALDEMAN: I've gotten a lot of ideas about your
4 opinions. And I will convey them I hope faithfully to
5 my board colleagues.

6 DR. SAWYER: Well, you've got a big job. Good luck.

7 DR. FRIDHANDLER: I'm [inaudible] gonna be on channel
8 seven... I'm Bram Fridhandler. I'm a San Francisco
9 psychologist, and I'm also a member of the California
10 Psychological Association Ethics Committee. And I just
11 want to make the point that I think a lot of our
12 experience dictates that so much depends, ultimately
13 everything depends in a situation like this on
14 interpretation and implementation. We have a resolution
15 that was passed that we're only just now getting a
16 chance to read. There seem to be, from what I've heard,
17 elements of it that are really disappointing to me
18 personally and to people who pay the closest attention
19 to this issue. But, there also seems to be language in
20 it that at a very minimum is interpretable as supporting
21 a really progressive stance for this organization. And
22 if the organization is pressured to implement those -- a
23 truly progressive interpretations of this language, then
24 a great deal can be achieved. If that activity doesn't
25 take place, then far less will be achieved. And that's,

1 it seems to me what ultimately everything depends on.
2 We've heard that so clearly and so helpfully from the
3 representatives from Physicians for Human Rights who
4 have really, you know, articulated a plan for us it
5 seems to me. And we can do much to learn from them.

6 And the exchange that took place a minute ago in
7 which Dr. Behnke was -- well, the group was asked;
8 Dr. Behnke responded -- does 1.02, does the exception of
9 1.02 permit a psychologist to violate the language of
10 this resolution that just passed and to participate in
11 any of these activities? And we heard absolutely
12 unequivocally that 1.02 does not permit that to happen,
13 that such a psychologist would be behaving unethically
14 by the official policies organization and would be
15 sanctioned. That was a step forward to hear that so
16 clearly stated. And I would say that we need to
17 pressure and -- support and pressure the Ethics
18 Committee Office to produce the casebook, not only to
19 consider it, but to produce it, as well as the Office of
20 Governmental Affairs, to do as Physicians for Human
21 Rights have said, to advocate in Washington for the
22 spirit of this resolution.

23 DR. OLSON: Hello, everyone. I'm Brad Olson. I'm
24 the chair for Divisions for Social Justice. We're 13
25 divisions of the American Psychological Association

1 working together to put forth and make sure that social
2 justice becomes a central part, not just an ethics in
3 interrogation issue, but absolutely every component of
4 the APA.

5 I wasn't going to talk today because there's such
6 energy in here and so many people are talking, and I've
7 been talking for so long. Steven Reisner, Stephen Soldz
8 and I talked so much. I was standing in the room with
9 Stephen Soldz the other day, and he was on the cell
10 phone with his son and his son says, yeah, mom and I
11 were talking and we were so happy when we remembered the
12 days when Brad wasn't calling. But, you know,
13 psychologists, you know, we -- I mean, everybody has
14 been so tough and yet good-hearted in here today. But,
15 you know what? Psychologists, we know that
16 reinforcement increases the probability of behaviors.
17 And we need to remain vigilant, and we need to make sure
18 there's action on this -- the good parts of this
19 resolution that happened today. But we also need to
20 reinforce the people who helped set up this mini-
21 convention within the APA and who are holding this town
22 hall, and sometimes funny things go on, ten minutes with
23 the camera, but some beautiful social action nipped that
24 in the bud, and that's what we just need to keep on
25 doing again and again and keep pushing through until the

1 end.

2 Now, today I was told that -- I was just at a
3 Division for Social Justice meeting, and I was told that
4 -- I have very mixed feelings about what happened today,
5 I think mostly positive. But, a couple of council
6 members said that they were threatening DSJ with
7 removing the Division because of our tactics. Well, I
8 don't know what our tactics are other than authenticity
9 and honesty. I mean, that's what we try to do. I mean,
10 we've taken Linsky's roles and said, no, those are not
11 right. But we need to keep pushing and we need to just
12 make sure that we're positive, too. And I would really
13 like everybody to thank the APA members who are here,
14 thank the military who are going up at those different
15 sessions in the mini-convention. It's not always easy
16 to hear this for them. And I've learned a lot from
17 them. And we all need to keep talking and keep working
18 together. So, let's thank Steve Behnke and
19 Dr. [inaudible]. Thank you.

20 DR. HALDEMAN: Thank you for coming. We are at our
21 time. But we are certainly in an evolutionary point in
22 our discussion and in the process of all this. I
23 appreciate your comments on behalf of the Board of
24 Directors, and I appreciate your attendance at the other
25 sessions during Ethics and Interrogation, Confronting a

1 Challenge.

2 Thanks for coming. Please feel free to stick around
3 and mull around until the hotel asks you to ...

4 [Session ends.]

5