EPSYKOLOG SFORENING

American Psychological Association Att: President Alan E. Kazdin 750 First Street, NE, Washington, DC 20002-4242 USA

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## Questions about APAs stand on psychologist's participation in US military and CIA interrogations.

The policy of the American Psychological Association (APA) regarding the involvement of psychologists in military interrogations has fuelled debate within the psychological communities in our Nordic countries, as it has in the US. The Scandinavian Psychological Associations thus wish to address the matter to share our friendly concerns, as well as to make sure that our understanding of these difficult questions is based on correct interpretations of the stated policies.

The participation of psychologists in interrogations, and the allegations that psychologists have been present in situations where coercive and abusive interrogation techniques have been used, has been brought to international attention through numerous newspaper articles (e.g. Eban, 2007; Lewis, 2004; Mayer, 2005, 2007; Zagorin & Duffy, 2005), articles in academic journals (e.g. Miles, 2007), reports issued by human rights organizations (e.g. Physicians for Human Rights, 2005) and recently declassified military reports (e.g. Office of the Inspector General of the Department of Defence, 2006).

We acknowledge the action taken by the APA to prevent the involvement and participation of psychologists in torture and other cruel, inhuman and degrading treatment. We especially welcome the latest amendment (APA, 2008) to the 2007 resolution (APA, 2007), which refers to important international standards and seals many of the potential "loopholes" in the 2007 resolution. However, we are still concerned over a number of issues.

1. Both the 2006 (APA, 2006) and 2007 resolutions, as well as the 2008 amendment, make reference to, among other international standards, the UN Principles of Medical Ethics (UN General Assembly, 1982), which states that:

It is a contravention of medical ethics for health personnel, particularly physicians, to be involved in any professional relationship with prisoners or detainees where the purpose of which is not solely to evaluate, protect or improve their physical and mental health. (Principle 3)

## And:

It is a contravention of medical ethics for health personnel, particularly physicians:

(a) To apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect the physical or mental

health or condition of such prisoners or detainees and which is not in accordance with the relevant international instruments. (Principle 4)

The aim of psychologists' involvement in military interrogations has been to evaluate where the potentially weak spots are, when to push or not to push the person under interrogation harder in pursuit of intelligence information (Office of the Surgeon General, 2005) and to teach interrogators how to exploit high value detainees (Office of the Inspector General of the Department of Defence, 2006). *Does APA consider such actions to be consistent with the UN Principles of Medical Ethics?* 

- 2. We regret that the APA Council of Representatives in 2007 did not adopt the amendment that psychologists' roles in settings and environments where detainees are deprived of fundamental human rights should be limited to providing mental health care and psychological treatment (Okorodudu, Strickland, Van Hoorn, & Wiggins, 2007). Indeed, the UN Special Rapport on Torture considers the presence and participation of psychologists in settings and environments that violate international humanitarian law and basic human rights standards, in other capacities than that of a health care provider, as acquiescence to the violations committed (Coalition for an Ethical Psychology, n.d.). We are concerned that the mere presence of psychologists in settings and environments where detainees are deprived of their most fundamental human rights may be interpreted as a way of condoning these practices, giving support and legitimacy to serious violations of international law and human rights. What is the APA's opinion in this matter?
- 3. We also have concerns regarding the seemingly incompatible nature of the APA Ethics Code (2002) and the 2007 resolution (APA, 2007). Whereas the Ethics Code provision 1.02 sets forth that if there is a conflict between ethical principles and the law stating that "psychologists may adhere to the requirements of the law, regulations, or other governing legal authority", the 2007 resolution states that there

are no exceptional circumstances whatsoever, whether induced by a state of war or threat of war, internal political instability or any other public emergency, that may be invoked as a justification for torture or cruel, inhuman, or degrading treatment or punishment, including the invocation of laws, regulations, or orders.

## Does the 2007 resolution supercede the Ethics Code provision 1.02? How are these two standards to be interpreted by psychologists?

- 4. Furthermore, according to the Introduction and applicability section of the APA Ethics Code (2002), psychologists should perform their work "in keeping with basic principles of human rights". This entails that "a psychologist acting in a professional capacity could not invoke the law to justify an abuse of human rights" (Behnke, 2004). How does this apply to psychologists working in places and in environments in which violations of human rights and international law systematically occur as a matter of institutional policy, such as at Guantanamo Bay and "CIA black sites"?
- 5. Although the Introduction and applicability section of the APA Ethics Code makes reference to human rights, the Ethics Code provision 1.02 does not. This gives the impression that the idea of psychologists adhering to fundamental human rights in their work is merely aspirational and not enforceable (Olson, Soldz, & Davis, 2008). Even if the 2007 resolution supersedes the Ethics Code provision 1.02, we are concerned that the current wording of the

provision 1.02 allows psychologists to participate in human rights violations that do not reach the standard of torture or other cruel, inhuman and degrading treatment. *Does APA deem it ethical for psychologists to actively participate in situations where enforced disappearances and incommunicado detention/imprisonment without charge or trial occur?* 

- 6. One of the main arguments of the APA for the continued presence of psychologists in military interrogations is that this presence ensures that interrogations are conducted in a safe, ethical and legal manner. Although we agree that psychologists do possess important knowledge of the stresses of captivity, for instance SERE (survival, evasion, resistance & escape) psychologists, we are concerned by the practice of using military psychologists in the capacity of "safety officers". To illustrate this point, we can mention that Danish military psychologists refuse to participate in the practical prisoners of war exercises/training that Danish soldiers have to undergo as part of their preparations for active service in war zones. This refusal on the part of the psychologists refers directly to their ethical guidelines and obligations (Ulrichsen, 2005). We are concerned that the "dual loyalty" difficulties (Physicians for Human Rights & University of Cape Town, 2002) inherent in these settings will impose restrictions on the psychologists' possibility to act as whistle blowers in relation to potential human rights violations. Is it not so that APA would promote the protection of detainees far better by working to secure/grant independent organizations, such as the International Committee of the Red Cross, and other independent human rights monitoring bodies, unlimited access to all detainees in order to prevent abuse and ill-treatment? We are concerned that military psychologists cannot function in an ethically correct way in sites where basic human rights are systematically violated, and where appropriate international bodies of control are denied access.
- 7. In relation to this last point what initiatives have been taken from the APA to secure that independent and thorough investigation have taken place in situations where allegations of psychologist involvement in torture and other ill-treatment have been presented?

We hope to engage in a constructive and open dialogue with the APA on these issues. We also hope to develop a close collaboration with the objective of eliminating all torture and cruel and degrading treatment. Our aim is a better and more practical approach to the necessary assistance of all people exposed to torture who are in critical need of good psychological treatment and rehabilitation. International attempts at justice and accountability for human rights violations represent an issue of great importance to our common field, and is one that deserves our deepest involvement and attention.

The committee is fully aware that this has been an issue between EFPA and APA for a long time. It is our view that this dialogue should continue, but we would like to raise these questions on behalf of the Scandinavian associations.

Yours sincerely.

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President of the Norwegian Psychological Association

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