



March 23, 2007

Re: APA and Dr. Gelles letter to the Council.

Dear Members of APA and its Council,

I am a physician who has conducted extensive research on the role of clinicians and behavioral scientists in support of interrogation in military prisons in Iraq, Afghanistan, and at Guantanamo Bay. My book, *Oath Betrayed: Torture, Medical Complicity, and the War on Terror*, was cited by APA leadership in commending the letter of Dr. Michael Gelles in support of the APA position on interrogation to you.

I respect Dr. Gelles and entirely disagree with his letter. In no way, does my review of 40,000 pages of the declassified government files pertaining to these matters give me any confidence in the APA PENS position as amended at your meeting last summer.

The APA position is unique among clinical societies and it has been rejected by its community of sister societies. Dr. Gelles's argument does not successfully allay those criticisms.

Dr. Gelles was a whistle blower for some of the most egregious abuses at Guantanamo. However, it is important to note that he played this role in his capacity as chief psychologist for the Navy Criminal Investigative Service and not as a frontline member of the Guantanamo Behavioral Science Consultation Teams (BSCT) which recommended interrogation plans. There is no evidence of protest of abusive interrogations from those frontline behavioral scientists or physicians. Furthermore Dr. Gelles' critique was unwelcome and would have failed without the allied support of the FBI's Behavioral Analysis Unit and the command and legal leadership of the Navy Criminal Investigative Service. Even then, the clinical staff at Guantanamo continued to assist abusive interrogations and failed to establish, or use, an abuse reporting system.

Dr. Gelles does not explain how well-trained psychologists and psychiatrists at Guantanamo Bay and in Iraq failed to exercise oversight over abusive interrogation or to institute structural reforms of those clearly dangerous environments. He asserts, without support, that these professionals were not properly trained or lacked adequate oversight. The Defense Department defends the very interrogation to which Dr. Gelles objected as conducted according to a "very detailed plan" by "trained professionals in a controlled environment, with active supervision and oversight." [http://bioethics.net/journal/j_articles.php?aid=1140] And yet, Dr. Gelles argues that psychologists should "remain engaged in interrogations."

Dr. Gelles fails to explain the need for empowered therapeutic psychological services in these prisons. In asymmetrically calling for guidelines for psychologist's participation in interrogations, he ignores the most pressing question in military interrogation facilities, "If the psychologists are working for the interrogators, who are the advocates for the prisoners' mental health?"

Dr. Gelles ignores the alternative approach of non-engagement in breaking prisoners down that was aggressively pushed by the FBI Behavioral Analysis Unit and dismissed by the military. This approach would be entirely compatible with the American Psychiatric Association position.

Dr. Gelles tacit endorsement of the APA-PENS position (a position he coauthored) fails to note how the August 9, 2006 APA *Resolution Against Torture and Other Cruel, Inhuman, and Degrading Treatment or Punishment* entirely capitulates to the anomalous legal position of the United States government.

- The APA endorses the McCain amendment which became the Detainee Treatment Act. This act only applies to psychologists working in the Armed Forces and does not apply to intelligence agency interrogations. It is further limited by President Bush's signing statement, "The executive branch shall construe [the Act] in a manner consistent with the constitutional authority of the President to supervise the unitary executive branch and as Commander in Chief and consistent with ... protecting the American people from further terrorist attacks."
- It endorses a parochial to the United States definition of "cruel, inhuman, or degrading treatment or punishment" as meaning treatment or punishment that, "would be 'prohibited by the Fifth, Eighth, and Fourteenth Amendments to the Constitution of the United States, as defined in the United States Reservations, Declarations and Understandings to the United Nations Convention Against Torture and Other Forms of Cruel, Inhuman or Degrading Treatment or Punishment done at New York, December 10, 1984.'" The United States has rejected such parochial national definitions of cruel, inhuman, and degrading treatment that have been invoked by other countries.
- The APA resolution is silent on the Geneva Conventions which is entirely in accord with the *Military Commissions Act of 2006*, "No alien unlawful enemy combatant subject to trial by military commission under this chapter may invoke the Geneva Conventions as a source of rights." Later it says, "The President has the authority for the United States to interpret the meaning and application of the Geneva Conventions."

Finally, and perhaps most dangerously Dr. Gelles, proposes that US military clinicians be given a set of professional duties to which we strenuously object when taken by other countries. I doubt that Dr. Gelles would be willing to argue that the former Soviet Union was correct in its misuse of sluggish schizophrenia or China's similar political use of psychiatric treatment. The international precedent here is extremely dangerous. As Dr. Gelles told the Boston Globe in 2005, "if the goal is to get reliable and accurate information, ... rapport-building is the best approach."

The APA has put itself in a difficult position somewhat akin to a client or friend who insists that all of his respected friends' or colleagues' counsel that his plans are imprudent or dangerous are mistaken. In such situations, more reflection to cultivate insight and foresight usually has a salutary effect.

Sincerely,

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