



The
CENTER for
VICTIMS of
TORTURE

August 1, 2018

American Psychological Association (APA)
Attn: Board of Directors and Council of Representatives
750 First St. NE
Washington, DC 20002

Dear Members of the Board of Directors and Council of Representatives:

We write on behalf of the Center for Victims of Torture (CVT) to express our serious concern over the prospect of the APA voting to authorize returning military psychologists to the Guantanamo detention facility to serve as treatment providers for detainees. CVT is the oldest and largest torture survivor rehabilitation center in the United States and one of the two largest in the world. We help rebuild the lives of nearly 25,000 primary and secondary survivors annually and have consulted on cases involving Guantanamo detainees.

Many of the men who remain captive at Guantanamo are torture survivors. They are being held indefinitely by the government responsible (directly or indirectly) for their torture and in a setting replete with common triggers of PTSD symptoms. If the APA's objective is to facilitate humane treatment and improved mental health care for these men, it should push *exclusively* for meaningful access by independent psychologists—in furtherance of current APA policy. Resolution 35B, including the substitute motion, undermines that objective. It is both unnecessary and unhelpful toward the United States meaningfully satisfying its legal and moral health care obligations.

Guantanamo is synonymous with torture, and always will be. Some government-affiliated psychologists were deeply complicit in designing and otherwise enabling horrendous abuses there. For example, an Army psychologist and an Army psychiatrist took turns observing Mohammad al-Qahtani's interrogation.¹ As part of that interrogation, multiple government investigators later found, al-Qahtani “was menaced with military dogs, draped in women's underwear, injected with intravenous fluids to make him urinate on himself, put on a leash and forced to bark like a dog, and interrogated for 18 to 20 hours at least 48 times.”² Guantanamo

¹ Sheri Fink, *Where Even Nightmares Are Classified: Psychiatric Care at Guantanamo*, N.Y. Times, Nov. 12, 2016, available at <https://www.nytimes.com/2016/11/13/world/guantanamobay-doctors-abuse.html>.

² *Id.*; see also Senate Armed Services Committee, *Inquiry into the Treatment of Detainees in U.S. Custody* (2008), available at https://www.armed-services.senate.gov/imo/media/doc/DetaineeReport-Final_April-22-2009.pdf.

interpreters at times worked for both mental health teams and interrogators. That obvious conflict of interest produced precisely the fear one would expect: “If you complain about your weak point to a doctor,” one former detainee explained, “they told that to the interrogators.”³ According to an Army psychiatrist more recently deployed at Guantanamo, military mental health professionals understood that they were not to ask about a detainee’s interrogation experiences, either at Guantánamo or with the CIA. ““You just weren’t allowed to talk about those things, even with them,’ he said.” If a detainee raised the subject of his prior treatment, the doctor’s predecessor told him “to redirect the conversation.”⁴ Dr. Sondra Crosby, an expert witness in Abd al-Rahim al-Nashiri’s military commission case, testified to the same problem in late 2015:

Based on my assessment and vast experience caring for survivors of torture, the physical and mental health care afforded to him [at Guantanamo] is woefully inadequate to his medical needs. A significant factor in my opinion is that medical professionals, including mental health care providers, have apparently been directly or indirectly instructed not to inquire into the causes of Mr. Al-Nashiri’s mental distress, and as a consequence, he remains misdiagnosed and untreated. Any discussion of his experience of torture, which is the primary cause of his most chronic physical and mental ailments, appears to be off limits.⁵

Not surprisingly, these human rights abuses and ethical violations have produced lasting distrust between detainees and military psychologists. Even the best intentioned psychologists cannot work for DOD at Guantanamo and expect to escape this legacy, especially in the context of detainees’ ongoing suffering associated with indefinite detention.⁶ The 2015 amendments to APA policy recognized as much and took important remedial action.

The Board’s support for undoing the 2015 reforms is puzzling given its apparent recognition that the problem remains: the substitute motion adds a clause that “strongly encourages” the Department of Defense (DOD) to make independent psychologists available to detainees in order to address “the concern that detainees who had been abused or tortured are unlikely to build a therapeutic alliance with health care professionals who work for the military at settings that do not offer human rights protections under the Constitution or international law.” Indeed, the crux of the motion the Board recommends entirely disincentivizes the government from taking any such steps. In other words, why would DOD work toward making independent psychologists broadly available to treat detainees—something it has firmly resisted to date—when the APA is *reversing* a ban on military psychologists doing the same job?

³ Fink, *supra* note 1.

⁴ *Id.*

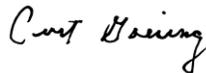
⁵ Declaration of Dr. Sondra Crosby, M.D., In re: Abd al-Rahim Hussein al-Nashiri, Oct. 24, 2015.

⁶ Brief for the Center for Victims of Torture as Amicus Curiae Supporting Petitioners at 7-10, *al-Bihani v. Trump*, No. 1:09cv00745 (Jan. 24, 2018).

If the Board is serious about promoting independent, ethical care while Guantanamo remains open, it should double down on current policy; perhaps consider something like the substitute motion's second "resolved" clause⁷ as a standalone measure. Passing Resolution 35B—especially at a time when detainees long cleared for transfer have no prospect of release, and on the heels of the Department of Justice telling a federal judge “we could hold [detainees] for 100 years if the conflict lasts for 100 years”⁸—risks sending the opposite message: that the APA supports further institutionalizing a human rights tragedy.

Thank you for considering our views. Please do not hesitate to reach out with any questions or to discuss further.

Sincerely,



Curt Goering
Executive Director



Andrea Northwood, Ph.D., L.P.
Director of Client Services



Scott Roehm, J.D.
Director of the Washington Office

⁷ “BE IT RESOLVED that APA strongly encourages the Department of Defense to make independent psychologists working for the detainees or for a human rights organization available as health care providers to detainees at sites identified in the 2015 resolution as operating outside of, or in violation of, the U.S. Constitution or international law.”

⁸ Daphne Eviatar, We Could Hold Them for 100 Years if the Conflict Lasts for 100 Years, JustSecurity, July 17, 2018 (summarizing oral argument in *al-Bihani v. Trump*), available at <https://www.justsecurity.org/59491/https-www-justsecurity-org-59491-we-hold-100-years-conflict-lasts-100-years-the-government-admitted/>.