

**RESPONDENTS'
OPPOSITION EXHIBIT 3**

Sender: louie.morgan.banks@us.army.mil
Sent: Thursday, October 26, 2006 11:57:12 AM
Recipient: Behnke, Stephen </O=APA/OU=DC/CN=RECIPIENTS/CN=SVB>
Subject: Re: RE: More Confidential

I always hate to make decisions based on what evil people will do. However,
Steve,

Psychologists, if exposed to the medical information, will use it to prevent harm. That is one of their missions. Not to provide medical care, but to keep bad things from happening. If having access to this medical information prevents that, then it is good. There is an assumption being made that interrogations are somehow evil. The psychologists may not provide medical care. They may not use medical information in a manner that is detrimental to a detainee. If we are saying that the only way a psychologist could do that is by not ever seeing medical information, then I strongly disagree.

We worded the TF report so that this would not be precluded. I know how to do lots of illegal acts, it does not follow that I perform them. I have access to information that I can misuse all the time, why is this different? If we are really saying that the interrogation personnel will have access to some of this, and the psychologist will not -- that doesn't make sense to me.

Now, having said all that, if there is a way to complete the mission without the PR risk, that may be the right decision, I just want to be clear that I do not think it is an ethical requirement.

Morgan

----- Original Message -----

From: "Behnke, Stephen" <sbehnke@apa.org>

Date: Thursday, October 26, 2006 3:50 am

Subject: RE: More Confidential

> Morgan, I realize I am perseverating here, but the ramifications
> if this
> information came out in the media are significant. People like Neil
> Lewis, Bloche, and Marks would claim that this proves their point:
> These roles are inevitably commingled. They would argue 1) If
> psychologist/consultants aren't going to use the information, why do
> they need to be present when the information is discussed? 2)
> Once the
> information is in their heads, is it realistic to expect that they
> won't use it, even if inadvertently? 3) If the purpose of communicating
> information is to keep the interrogation safe, can't the medical
> peoplesimply communicate behavioral restrictions to the
> interrogators? 4) The

> psychologist/consultant's presence in the room inevitably blurs the
> distinction between the two roles, and that "blurring" will likely be
> felt in other parts of the interrogation process and/or with
> interrogation personnel.

>

>

>

> I realize that I was forceful with Carrie, but we need to respect the
> impact this would have if it found its way into the New York
> Times, the
> New Yorker, or Vanity Fair.

>

>

>

> Steve

>

>

>

>

>

>

> From: louie.morgan.banks@us.army.mil
> [mailto:louie.morgan.banks@us.army.mil]
> Sent: Wednesday, October 25, 2006 5:45 PM
> To: Behnke, Stephen
> Subject: Re: More Confidential

>

>

>

> You make a strong case, counselor. I have very mixed feelings on it.
> Like I said earlier, I have argued against it in the past. If the
> commander is the only person who gets the info, then the policy of not
> letting the psychologists attend makes sense. If the
> psychologists are
> the only people excluded from the meeting, then it becomes pointless.

>

> Morgan

>

>

>

> ----- Original Message -----

>

> From: "Behnke, Stephen" <sbehnke@apa.org>

>

> Date: Wednesday, October 25, 2006 4:09 pm

>

> Subject: More Confidential

>

>>

>>

>>

>>

>>

>> _____
>>
>> From: Behnke, Stephen
>> Sent: Wednesday, October 25, 2006 12:07 PM
>> To: 'Kennedy, Carrie H LCDR USSOUTHCOM JTFGTMO'
>> Subject: RE: Help
>>
>>
>>
>> Carrie, let me emphasize this point strongly: please see
> statement
>> seven, regarding multiple relationships. According to the PENS
>> report, there must be an absolute demarcation between the role of
>> consultant to
>> an interrogation and health care provider. These roles must not
> be
>> mixed. Access to information is mixing the roles. Consider this
>> analogy: A jury may have access to information, but is not
>> permitted to
>> use the information-we would all agree, I believe, that the
> ethical
>> position is not to allow the jury access to information that it
>> may not
>> use.
>>
>>
>>
>> Also, please note: were it to emerge in the media that BSCT
>> psychologists were present at meetings in which medical and
> mental
>> health information were being discussed, we would have a
> disaster
>> on our
>> hands. I cannot overemphasize what a problem this would create.
>>
>>
>>
>> Steve
>>
>>
>>
>> _____
>>
>> From: Kennedy, Carrie H LCDR USSOUTHCOM JTFGTMO
>> [mailto:Carrie.H.Kennedy@jtfgtmo.southcom.mil]
>> Sent: Wednesday, October 25, 2006 11:50 AM
>> To: Behnke, Stephen
>> Subject: RE: Help
>>
>>
>>

>> Steve,
>>
>>
>>
>> I think where they are going to fight is Statement #3 which
> states
>> thatthey can't use the information to the detriment of a
> detainee
>> but that
>> some may be helpful or necessary... The issue isn't that they
>> want to
>> treat the detainee, they believe that there is no dilemma in
> being
>> present when the information is being passed from the providers.
>>
>>
>>
>> I would appreciate anything tangible that the Admiral can use to
>> justifythe continuation of the current procedure. He is
>> philosophicallyagainst having this occur, but he needs some
> backup.
>>
>>
>>
>> Carrie
>>
>>
>>
>> Carrie H. Kennedy
>>
>> LCDR/MSC/USNR
>> Chief, Behavioral Health Services
>> Detention Hospital
>> JTF-GTMO
>> DSN: 660-3744/3060
>> Comm: 011-5399-3744/3060
>>
>> _____
>>
>> From: Behnke, Stephen [mailto:sbehnke@apa.org]
>> Sent: Wednesday, October 25, 2006 11:12 AM
>> To: Kennedy, Carrie H LCDR USSOUTHCOM JTFGTMO
>> Subject: RE: Help
>>
>>
>>
>> Carrie, thank you for writing. We must be clear: the PENS report
>> makesan absolute demarcation between the role of consultant to
> an
>> interrogation and that of health service provider. I can assist
> I

> > getting further information for you, but the report is very
> clear on
> > this point.
> >
> >
> >
> > It would cause a GREAT stir if it became known that BSCT
> psychologists
> > were present in meetings in which medical and mental health
> patient
> > information are discussed. This is precisely the sort of
> commingling
> > that the PENS report addresses.
> >
> >
> >
> > Steve
> >
> >
> >
> > _____
> >
> > From: Kennedy, Carrie H LCDR USSOUTHCOM JTFGTMO
> > [mailto:Carrie.H.Kennedy@jtfgtmo.southcom.mil]
> > Sent: Wednesday, October 25, 2006 10:53 AM
> > To: Behnke, Stephen
> > Subject: Help
> >
> >
> >
> > Steve,
> >
> >
> >
> > As you know, I'm currently down here in GTMO working as a
> clinical
> > psychologist for the detainees. I am having a problem that I
> hope you
> > can help with. In short, the BSCT psychologists are upset
> because
> > they have been excluded from the portion of a command meeting in
> > which both
> > medical and mental health patient information is discussed. They
> > believe that there is no ethical violation in hearing this
> information
> > because they "would never use that information against a
> > detainee."
> >
> >
> >
> > As you know, I am all for operational psychology and

>> psychologists. But
>> in that same light I am not willing to put us both in jeopardy
> by
>> doingsomething that seems fundamentally over the line. I would
> really
>> appreciate your opinion on this matter. There is a meeting about
> this
>> issue on Friday in which the Admiral will be making a decision.
> Is
>> there any way to have your thoughts by Friday morning? I am
> outlining
>> what I think is pertinent in the ethics code and the PENS report
>> but I
>> think it would be good to get a third party opinion.
>>
>>
>>
>> Many thanks,
>>
>>
>>
>> Carrie
>>
>>
>>
>> Carrie H. Kennedy
>>
>> LCDR/MSC/USNR
>> Chief, Behavioral Health Services
>> Detention Hospital
>> JTF-GTMO
>> DSN: 660-3744/3060
>> Comm: 011-5399-3744/3060
>>
>>
>>
>>
>
>