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Carrie H. Kennedy, Ph.D.
1335 East-West Highway
Silver Spring, MD 20910

American Psychological Association Council of Representatives
750 First St. NE
Washington, DC 20002-4242

Council Members,

I am writing to you as both a member of Council (Division 19, Military Psychology) and from the vantage point as the only member of Council who has provided mental healthcare in a wartime detention facility. I offer the following information as Council considers a New Business Item to return military clinical psychologists to wartime detention facilities, in the role of providing clinical care for detainees.

In my 18 months on Council, I have come to learn that many Council members are under the impression that since DoD removed psychologists from detention facilities after the Council's resolution to ban psychologist participation in national security settings in 2015, that there have been third party psychologists providing psychological health care to detainees. It is important that Council understand that this is not occurring. No detainee has received care from any psychologist since 2015. When the psychologists were removed from GTMO, DoD replaced the psychologists with psychiatrists. DoD has no current plan to have non-government personnel providing psychological care to detainees.

While the resolution was focused primarily on the issue of psychologists' support to interrogations, the impact of the resolution was to effectively remove access to psychological care from a vulnerable population, and the abrupt removal of psychologists from that role was akin to patient abandonment. While not intended as any indication that psychiatrists are not competent providers, mental health care must be provided as intended, by a variety of specialists with different training and treatment modalities. Psychology is a critical mental health specialty.

As an advocate for military psychologists, it is, in my opinion, unreasonable that psychologists are not permitted to provide detainee care. This puts psychologists in an untenable situation when presented with individuals who may need care but that APA does not condone them to see. It is highly concerning that we are the only medical professionals who are restricted by their professional association from providing clinical care to wartime detainees.

I do not believe that Council understood in 2015 that the resolution that was passed would result in the elimination of psychology providers for detainees. However, we do know that now, and I strongly advocate for the return of active duty clinical psychologists to the clinical care of wartime detainees.

Please let me know if there are any questions or you require further information.



C.H. Kennedy