

# EXHIBIT 44

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**From:** Behnke, Stephen [/O=APA/OU=DC/CN=RECIPIENTS/CN=SVB]  
**Sent:** 6/13/2006 7:52:40 PM  
**To:** Newman, Russ [rnewman@apa.org]  
**CC:** 'Gerry Koocher' [gerald.koocher@SIMMONS.EDU]; 'Levant,Ronald F' [levant@uakron.edu]; 'SSB' [ssb@indiana.edu]; Anderson, Norman [NAnderson@apa.org]; Farberman, Rhea [rfarberman@apa.org]; Gilfoyle, Nathalie [ngilfoyle@apa.org]  
**Subject:** RE: AMA position

Russ, you make an enormously important point. Our initial response may be to emphasize the similarities between the positions, but your point below is central to defining the role of psychologists and we'll clearly want to make it part of our longer-term message.

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

**From:** Newman, Russ  
**Sent:** Tuesday, June 13, 2006 7:12 AM  
**To:** Behnke, Stephen  
**Cc:** 'Gerry Koocher'; 'Levant,Ronald F'; 'SSB'; Anderson, Norman; Farberman, Rhea; Gilfoyle, Nathalie  
**Subject:** RE: AMA position

Steve,

The one difference I see is the AMA's believe that there is no appropriate reason for "medical monitoring". This suggests that physicians should not observe or monitor interrogations to prevent harm. This was the point I was making in the Board meeting--this component of their position does not understand that the behavior of the interrogator can and should be monitored to prevent harm; it is not just the individual being interrogated that is the focus of the observation and monitoring. But physicians, psychiatrists included, do not know how to do this behavior related activity, while psychologists are skilled at it. Russ

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

**From:** Behnke, Stephen  
**Sent:** Tuesday, June 13, 2006 2:50 AM  
**To:** 'Gerry Koocher'; 'Levant,Ronald F'; 'SSB'; Anderson, Norman; Farberman, Rhea; Newman, Russ; Gilfoyle, Nathalie  
**Subject:** AMA position

Having had an opportunity to study the AMA position more closely, I believe that AMA's position is our position restated, using other language. The AMA sets forth conditions that govern physician involvement in interrogations:

- 1) The physician participation's in an interrogation may not be "direct" (physician cannot be in the role of an interrogator). The PENS Report is clear that psychologists "assist in" and "support" interrogations. Psychologists are not interrogators.
- 2) The interrogation cannot be coercive ("...that is, threatening or causing harm through physical injury or mental suffering," AMA Report, page 7) The PENS report is clear that APA's position is based on the ethical principle do no harm, and the Report prohibits in every instance torture or other cruel, inhuman and degrading treatment.
- 3) A physician may not use medical information originally obtained for medical purposes to provide specific guidance in the interrogation of a particular detainee (i.e., to construct an interrogation strategy). (See PENS guideline #3, "Psychologists who serve in the role of supporting an interrogation do not use health care related information from an individual's medical record to the detriment of the individual's safety and well-being.")

No direct participation, no coercion (as defined in AMA report), no use of medical information obtained for medical purposes to construct an interrogation strategy = APA position in PENS report.

I will check my interpretation and confirm.

Steve