

AUGUST 2012 LEGISLATIVE COUNCIL NEW BUSINESS ITEM

Date Submitted: August 3, 2012

Agenda Item #

Subject: Reconciliation of Policies Related to Psychologists' Involvement in National Security Settings

Mover: William J. Strickland, PhD
Kathleen H. Dockett, EdD

Representing: Divisions 19 (Society for Military Psychology) and 48 (Society for the Study of Peace, Conflict, and Violence: Peace Psychology Division)

Issue: The ongoing dissemination of a petition by the Coalition for an Ethical Psychology to annul the Report of the APA Presidential Task Force on Psychological Ethics and National Security (the PENS report) has highlighted the need for a careful examination of APA's large body of policies related to torture, professional ethics, detainee welfare, and consultations on interrogations in the national security context. These policies date back 27 years and include five Council resolutions (1985, 1986, 2006, 2007, and 2008), the PENS report policy of 2005, and the membership petition resolution of 2008. In this context, it is also essential to consider the APA Ethics Code change of 2010, which fundamentally altered Ethical Standards 1.02 (related to conflicts between ethics and law, regulations, or other governing legal authority) and 1.03 (related to conflicts between ethics and organizational demands). These policies state unequivocally that torture is a violation of both human rights and psychologists' professional ethics and is always prohibited. Yet, there is currently no integrative document outlining all of APA's policies related to torture, ethics, detainee welfare, and interrogation. A unified policy is urgently needed as some of the existing APA policies are outdated, redundant, or confusing, and do not provide a clear or accurate view of APA policy as related to the work of psychologist in national security settings.

Relation to APA Goals/Objectives: This item builds upon APA's vision to be "*The primary resource for all psychologists*" by directly supporting APA's core value, "*Ethical action in all that we do.*" In addition, consolidating these policies, eliminating duplication, and deleting policies that have been superseded directly support APA Goal 1 (**Maximize Organizational Effectiveness**), Objective 1a (*Enhance APA . . . communications to increase member engagement and value*).

Estimated Costs/Staff Resources: Publicizing the existence of the consolidated policy document (press release, *Monitor* article, etc.).

Main Motion: Attached

Expected Outcomes/Products: This unified policy will result in the replacement of existing APA policies that are outdated, redundant, or confusing; it will result in a clear and accurate statement of APA policy as related to the work of psychologists in national security settings.

APA'S GOALS AND OBJECTIVES (APPROVED BY COUNCIL – AUGUST 2009)

➤ Goal 1: Maximize Organizational Effectiveness

Objectives

The APA's structures and systems support the organization's strategic direction, growth and success.

- a. Enhance APA programs, services and communications to increase member engagement and value;
- b. Ensure the ongoing financial health of the organization;
- c. Optimize APA's governance structures and function.

Goal 2: Expand Psychology's Role in Advancing Health

Objectives

Key stakeholders realize the unique benefits psychology provides to health and wellness and the discipline becomes more fully incorporated into health research and delivery systems.

- a. Advocate for the inclusion of access to psychological services in health care reform policies
- b. Create innovative tools to allow psychologists to enhance their knowledge of health promotion, disease prevention, and management of chronic disease;
- c. Educate other health professionals and the public about psychology's role in health;
- d. Advocate for funding and policies that support psychology's role in health;
- e. Promote psychology's role in decreasing health disparities;
- f. Promote the application of psychological knowledge for improving overall health and wellness at the individual, organizational, and community levels.

Goal 3: Increase recognition of psychology as a science

Objectives

The APA's central role in positioning psychology as the science of behavior leads to increased public awareness of the benefits psychology brings to daily living.

- a. Enhance psychology's prominence as a core STEM (Science, Technology, Engineering, and Mathematics) discipline;
 - b. Improve public understanding of the scientific basis for psychology;
 - c. Expand the translation of psychological science to evidence-based practice;
 - d. Promote the applications of psychological science to daily living;
 - e. Expand educational resources and opportunities in psychological science.
-

APA CORE VALUES (APPROVED BY COUNCIL - FEBRUARY 2010)

The American Psychological Association commits to its vision through a mission based upon the following values:

- Continual Pursuit of Excellence
- Knowledge and Its Application Based Upon Methods of Science
- Outstanding Service to Its Members and to Society
- Social Justice, Diversity, and Inclusion
- Ethical Action in All that We Do

Main Motion:

Reconciliation of Policies Related to Psychologists' Involvement in National Security Settings

WHEREAS, the large body of at times redundant or conflicting policies in the area of psychologists' involvement in national security settings makes it difficult to discern and communicate coherent and meaningful ethical guidance to inform the work of psychologists in those settings;

WHEREAS, some policies listed in the Council Policy Manual are no longer valid as a result of subsequent policy statements (for example, a central aspect of the Psychological Ethics and National Security—PENS—policy relating to Ethical Standards 1.02 and 1.03 is now incorrect following the 2010 change to the Ethics Code; in addition, a core definitional provision of the 2007 Council resolution related to torture was rescinded and replaced the following year);

WHEREAS, it is difficult to determine how individual policies relate to one another and to the APA Ethics Code, and which policy takes precedence when policies conflict;

WHEREAS, the piecemeal nature of the policies lends itself to viewing individual policies in isolation, out of the context of APA's position in its entirety, and thereby risks APA's position being misinterpreted (for example, the PENS report is still being identified at times as the sole or primary APA policy in relation to psychologist involvement in national security settings);

WHEREAS, interest in APA's policies in these areas extends far beyond APA governance and the APA membership;

WHEREAS, the human rights principles at the heart of these documents can therefore become obscured;

THEREFORE, BE IT RESOLVED: That Council **APPROVES** the attached "APA Consolidated Policy Concerning Psychologists' Consultations in National Security Settings" as APA policy.

BE IT FURTHER RESOLVED: That Council **RECEIVES** the attached "Expanded Policy Statements and Brief Commentary" for posting on the APA Website.

BE IT FURTHER RESOLVED: That the 2007 Council Resolution, Reaffirmation of the American Psychological Association position against torture and other cruel, inhuman, or degrading treatment or punishment and its application to individuals defined in the United States Code as "enemy combatants," along with its 2008 amendment, shall be placed in the APA Policy Archive.

BE IT FURTHER RESOLVED: That the 2005 "Report of the Presidential Task Force on Psychological Ethics and National Security" shall be rescinded.

APA Consolidated Policy Concerning Psychologists' Consultations in National Security Settings

Policy Statement 1: Psychologists may not work in settings where persons are held outside of, or in violation of, either International Law (e.g., the UN Convention Against Torture and the Geneva Conventions) or the US Constitution (where appropriate), unless they are working directly for the persons being detained or for an independent third party working to protect human rights [1].

Policy Statement 2: If the APA *Ethics Code*, as amended in 2010, establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations or other governing legal authority or organizational demands, psychologists make known their commitment to this *Ethics Code* and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

Standard 1.02, Ethical Principles of Psychologists and Code of Conduct, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

Standard 1.03, Ethical Principles of Psychologists and Code of Conduct, Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

Policy Statement 3: Psychologists do not knowingly engage in, assist, tolerate, direct, support, advise, facilitate, plan, design, or offer training in torture or other cruel, inhuman, or degrading treatment or punishment under any and all conditions.

APA defines torture in accordance with Article I of the United Nations *Declaration and Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*:

The term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted upon a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official [e.g., governmental, religious, political, organizational] capacity. It does not include pain or suffering arising only from, inherent in, or incidental to lawful sanctions [in accordance with both domestic and international law].

The APA defines the term "cruel, inhuman, or degrading treatment or punishment" to mean treatment or punishment by a psychologist in accordance with the United States Reservation I.1 of the Reservations, Declarations and Understandings to the United Nations Convention Against Torture, which defines this term as "the cruel, unusual and inhumane treatment or punishment prohibited by the Fifth, Eighth, and/or Fourteenth Amendments to the Constitution of the United States." Application of this definition is not dependent on U.S. citizenship.

APA further unequivocally condemns all techniques considered torture or cruel, inhuman or degrading treatment or punishment under the *United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*; the *Geneva Conventions*; the *Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*; the *Basic Principles for the Treatment of Prisoners*; or the *World Medical Association Declaration of Tokyo*. An absolute prohibition against the following techniques therefore arises from, is understood in the context of, and is interpreted according to these texts:

Mock executions; water-boarding or any other form of simulated drowning or suffocation; sexual humiliation; rape; cultural or religious humiliation; exploitation of fears, phobias or psychopathology; induced hypothermia; the use of psychotropic drugs or mind-altering substances; hooding; forced nakedness; stress positions; the use of dogs to threaten or intimidate; physical assault including slapping or shaking; exposure to extreme heat or cold; threats of harm or death; isolation; sensory deprivation and over-stimulation; sleep deprivation; or the threatened use of any of the above techniques to an individual or to members of an individual's family.

Policy Statement 4: APA affirms that there are no exceptional circumstances whatsoever, whether induced by a state of war or threat of war, internal political instability or any other public emergency, that may be invoked as a justification for torture or cruel, inhuman, or degrading treatment or punishment, including the invocation of laws, regulations, or orders.

Policy Statement 5: Psychologists are alert to acts of torture and other cruel, inhuman, or degrading treatment or punishment and should not torture or other cruel, inhuman, or degrading treatment or punishment evolve during a procedure where a psychologist is present, the psychologist shall attempt to intervene to stop such behavior. If failing that, the psychologist has an ethical responsibility to exit the procedure.

Policy Statement 6: Psychologists are alert to acts of torture and other cruel, inhuman, or degrading treatment or punishment and have an ethical responsibility to report these acts to the appropriate authorities.

Policy Statement 7: Based upon the APA's long-standing commitment to basic human rights including its position against torture, psychologists shall work in accordance with international human rights instruments relevant to their roles, such as the:

- *United Nations Declaration and Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*
- *Geneva Conventions*
- *Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*
- *United Nations Basic Principles for the Treatment of Prisoners*
- *United Nations Principles on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*
- *The World Medical Association Declaration of Tokyo. Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment*

Policy Statement 8: Psychologists who serve in any position by virtue of their training, experience, and expertise as psychologists, including psychologists working in national security settings, are bound by the *APA Ethical Principles of Psychologists and Code of Conduct*, in its entirety.

Based on the Principles and Standards of the *APA Ethics Code*, psychologists working in national security settings shall:

- Abide by the Ethics Code in any professional role, including roles outside traditional health-care provider relationships.
- Seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons.
- Seek to understand individuals' culture and ethnicity to avoid misunderstandings and potential harm.
- Refrain from engaging in multiple relationships such as being both a health care provider and a national security setting consultant.

- 118 • Be aware of and clarify their role in situations where the nature of their professional identity and professional
119 function may be ambiguous.
- 120 • Clarify for themselves the identity of their client.
- 121 • Retain ethical obligations to individuals who are not their clients.
- 122 • Make clear the limits of confidentiality.
- 123 • Be mindful that individuals held in national security settings may not have engaged in untoward behavior and
124 may not have information of national security interest.
- 125 • Be aware that certain settings may instill in individuals a profound sense of powerlessness and may place
126 individuals in considerable positions of disadvantage in terms of asserting their interests and rights.
- 127 • Consult with others when they are facing difficult ethical dilemmas.
- 128 • Be willing to take ethical responsibility for their behavior.

129 Organizational Mandates:

130 APA calls on the United States government—including Congress, the Department of Defense, and the Central Intelligence
131 Agency—to prohibit the use of torture or cruel, inhuman, or degrading treatment or punishment in any interrogation and
132 the APA shall continue to inform relevant parties with the United States government that psychologists are prohibited
133 from participating in such methods.

134 In order to protect against torture and cruel, inhuman, or degrading treatment or punishment, and in order to mitigate
135 against the likelihood that unreliable and/or inaccurate information is entered into legal proceedings, APA calls upon
136 United States legal systems to reject testimony that results from such methods.

137 The APA Ethics Committee shall proceed forthwith in writing and distributing a casebook and commentary that shall set
138 forth guidelines for psychologists that are consistent with international human rights instruments, as well as guidelines
139 developed for health professionals, including but not limited to: Common Article 3 of the Geneva Conventions; The
140 United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment; The
141 United Nations Principles of Medical Ethics Relevant to the Role of Health Personnel, particularly Physicians, in the
142 Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment;
143 and The World Medical Association Declaration of Tokyo: Guidelines for Physicians Concerning Torture and other Cruel,
144 Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment.

145

146

147

148

149

150 [1] It is clarified by a footnote in the Member Petition Resolution that military clinical psychologists could still be provide
151 treatment for military personnel.

152

Expanded Policy Statements and Brief Commentary

Commentary, except citations of the *Ethics Code*, is included to provide guidance for psychologists working in national security settings but does not represent APA policy.

Policy Statement 1: Psychologists may not work in settings where persons are held outside of, or in violation of, either International Law (e.g., the UN Convention Against Torture and the Geneva Conventions) or the US Constitution (where appropriate), unless they are working directly for the persons being detained or for an independent third party working to protect human rights [1].

The American Psychological Association, in recognizing that torture and other cruel, inhuman or degrading treatment and punishment can result not only from the behavior of individuals, but also from the conditions of confinement, expresses grave concern over settings in which detainees are deprived of adequate protection of their human rights, affirms the prerogative of psychologists to refuse to work in such settings, and will explore ways to support psychologists who refuse to work in such settings or who refuse to obey orders that constitute torture.

Commentary from the 2008 APA Petition Resolution Ballot - Rebuttal to the Con Statement [3] concerning the application of this policy statement to domestic (U.S.) sites:

The referendum is specific, provides clear context, and sets a high bar: in settings where people are detained outside of the law – places where treaties such as the Geneva Conventions and Convention Against Torture are ignored or declared not to apply – psychologists can work only for those detained. U.S. “jails, prisons, psychiatric hospitals...” all function within the legal system. Even if they are found to be in violation of the constitution, the finding itself demonstrates that they function within a legal framework, and thus do not meet that bar. No matter how bad conditions might be at these domestic institutions, they can be challenged openly in U.S. courts, and everyone held there holds the rights of habeas corpus; thus they differ significantly from the secret, extra-legal settings that are the subject of this referendum.

Commentary from the *Report of the APA Presidential Advisory Group on the Implementation of the Petition Resolution* [2]:

How is it to be determined whether the policy applies to a particular detention setting and what is meant by the term “outside of, or in violation of, international law?”

A determination of whether a particular detention setting is “in violation of international law” is to be derived from multiple sources. The U.N. and its committees can declare a site to be in violation of international law, as can any international body that the U.N. takes to be authoritative. A setting that has been censured due to reasons reflected by this policy by the Council of Europe, the International Committee of the Red Cross (ICRC), or other internationally accepted body as “outside of, or in violation of, international law” would also be considered a proscribed or prohibited setting. The factors taken into consideration by the U.N. and other internationally accepted bodies in making such a determination may include a lack of habeas corpus rights or other forms of judicial review for detainees, denial of access to the site and to detainees by U.N. monitors, and the use of torture or other forms of cruel, inhuman, or degrading treatment or punishment. The determination of whether a particular detention setting is operating “outside of international law” rests on whether the authority governing the site declares itself to be unbound by the relevant international or constitutional law, thereby indicating its unwillingness to abide by such laws. Relevant examples include a nation stating it will treat detainees in a manner “consistent” with the law rather than in compliance with the law; a state that accepts the law in part or with reservations; and a governing authority that avoids the use of internationally accepted categories, e.g., by naming its detainees “enemy combatants,” a term that does not exist in international law. The presence of any one of these conditions does not automatically mean that a site is unlawful in terms of this policy. But alone, or in combination, they do suggest the

198 possibility that a setting fails to comply with the standards of this policy; their existence provides
199 sufficient basis for concern and further inquiry.

200 *To what authority can psychologists turn for guidance?*

201 Relevant information about whether a specific site operates outside of, or in violation of, international
202 law can be accessed by contacting the APA Office of International Affairs to obtain assistance in
203 reaching the U.N. Office of the High Commissioner for Human Rights or through that office, the
204 Special Rapporteur Against Torture. Information can also be obtained by contacting non-governmental
205 organizations, such as the International Committee of the Red Cross (ICRC), the American Civil
206 Liberties Union, Amnesty International, the Center for Constitutional Rights, or Physicians for Human
207 Rights for information.

208 *How is international law defined?*

209 As a non-governmental organization accredited by the United Nations, the APA acknowledges the U.N.
210 as an international legal entity through which member States are able to define international law as
211 related to principles of human rights and justice. Through a process of lengthy negotiation and
212 consensus building, the U.N. has developed international law in the form of conventions on various
213 areas of human rights and humanitarian law to cover situations of armed conflict or war.

214 *What is meant by the use of the term 'where appropriate' with respect to the U.S. Constitution?*

215 "Where appropriate" refers to settings where the U.S. Constitution is the law of the land and settings to
216 which the U.S. Supreme Court has decided that it applies, including the 50 states, U.S. embassies, and
217 areas within the U.S. maritime and territorial jurisdiction. It also applies to U.S. citizens everywhere.

218 *What does "working directly for the detainee" mean, and what is its significance?*

219 A direct relationship is one in which the psychologist is acting independently and working at all times
220 for the sole benefit and in the interests of the person being detained. This would include a psychologist
221 being hired by and for detainees (e.g., by a detainee's attorney to evaluate the mental health status of
222 the detainee), in much the same way independent attorneys have worked to represent detainees at sites
223 like Guantánamo. An independent psychologist is one without conflicts of interests or dual loyalties as
224 related to this policy.

225 *What is meant by the reference to a psychologist working for "an independent third party working to
226 protect human rights?"*

227 The new policy envisions two possibilities in the case of an independent internationally recognized and
228 authorized third party: (1) that an organization such as the International Committee for the Red Cross
229 (ICRC) might gain access to a site covered by the policy and that psychologists working within that
230 independent organization would be allowed to evaluate the mental health of detainees; or (2) that such
231 an independent organization would bring psychologists into such a site as human rights monitors or to
232 provide treatment for, or engage in the assessment of, a detainee. In either case, the psychologists are
233 not working "directly for the detainee."

234 **Policy Statement 2:** If the APA *Ethics Code*, as amended in 2010, establishes a higher standard of conduct than is
235 required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with
236 law, regulations or other governing legal authority or organizational demands, psychologists make known their
237 commitment to this *Ethics Code* and take steps to resolve the conflict in a responsible manner in keeping with basic
238 principles of human rights [4].

239 Standard 1.02, Ethical Principles of Psychologists and Code of Conduct, Conflicts Between Ethics and Law,
 240 Regulations, or Other Governing Legal Authority

241 If psychologists' ethical responsibilities conflict with law, regulations or other governing legal authority,
 242 psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take
 243 reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics
 244 Code. Under no circumstances may this standard be used to justify or defend violating human rights.

245 Standard 1.03, Ethical Principles of Psychologists and Code of Conduct, Conflicts Between Ethics and
 246 Organizational Demands

247 If the demands of an organization with which psychologists are affiliated or for whom they are working are in
 248 conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to
 249 the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and
 250 Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend
 251 violating human rights.

252 The American Psychological Association is an accredited non-governmental organization at the United Nations and so is
 253 committed to promote and protect human rights in accordance with the United Nations Charter and the *Universal*
 254 *Declaration of Human Rights*.

255 **Commentary:**

256 The American Psychological Association Human Rights Advocacy webpage provides information about human
 257 rights. The website states:

258 APA's vision statement includes serving as an effective champion of the application of psychology to
 259 promote human rights. In order to support that vision, APA seeks to promote attention to the critical
 260 role of human rights in the work of psychologists across the broad range of the field and identify
 261 resources for educating psychologists about human rights at all levels of professional development,
 262 with particular attention to the identification of materials appropriate for psychology graduate training
 263 programs. APA aims to ensure that the next generation of psychologists has resources that will help
 264 inform them about the role of human rights in their careers.

265 This site provides access to APA human rights policies as well as activities, resources, and links.

266 <http://www.apa.org/about/gr/issues/human-rights/index.aspx>

267 Additional information also can be found on the United Nations Human Rights webpage.

268 <http://www.un.org/en/rights/>

269 **Policy Statement 3:** Psychologists do not knowingly engage in, assist, tolerate, direct, support, advise, facilitate, plan,
 270 design, or offer training in torture or other cruel, inhuman, or degrading treatment or punishment under any and all
 271 conditions.

272 The American Psychological Association defines torture in accordance with Article 1 of the United Nations *Declaration*
 273 *and Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*:

274 The term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally
 275 inflicted upon a person for such purposes as obtaining from him or a third person information or a confession,
 276 punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating
 277 or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or
 278 suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other

person acting in an official [e.g., governmental, religious, political, organizational] capacity. It does not include pain or suffering arising only from, inherent in, or incidental to lawful sanctions [in accordance with both domestic and international law] [5].

The APA defines the term "cruel, inhuman, or degrading treatment or punishment" to mean treatment or punishment by a psychologist in accordance with the United States Reservation I.1 of the Reservations, Declarations and Understandings to the United Nations Convention Against Torture, which defines this term as "the cruel, unusual and inhumane treatment or punishment prohibited by the Fifth, Eighth, and/or Fourteenth Amendments to the Constitution of the United States" [6]. Application of this definition is not dependent on U.S. citizenship.

The American Psychological Association further unequivocally condemns all techniques considered torture or cruel, inhuman or degrading treatment or punishment under the United Nations *Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*; the *Geneva Conventions*; the *Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*; the *Basic Principles for the Treatment of Prisoners*; or the *World Medical Association Declaration of Tokyo*. An absolute prohibition against the following techniques therefore arises from, is understood in the context of, and is interpreted according to these texts:

Mock executions; water-boarding or any other form of simulated drowning or suffocation; sexual humiliation; rape; cultural or religious humiliation; exploitation of fears, phobias or psychopathology; induced hypothermia; the use of psychotropic drugs or mind-altering substances; hooding; forced nakedness; stress positions; the use of dogs to threaten or intimidate; physical assault including slapping or shaking; exposure to extreme heat or cold; threats of harm or death; isolation; sensory deprivation and over-stimulation; sleep deprivation; or the threatened use of any of the above techniques to an individual or to members of an individual's family.

The American Psychological Association unequivocally condemns torture and cruel, inhuman, or degrading treatment or punishment, under any and all conditions (applicable to all individuals, in all settings and in all contexts without exception), including detention and interrogations of any individuals regardless of designation (e.g., lawful and unlawful enemy combatants as defined by the *US Military Commissions Act of 2006* [7] or privileged vs. unprivileged enemy belligerent as defined by the *US Military Commissions Act of 2009* [8]).

This unequivocal condemnation by the American Psychological Association includes an absolute prohibition against psychologists' knowingly planning, designing, participating in or assisting in the use of all condemned techniques at any time and that psychologists may not enlist others to employ these techniques in order to circumvent this policy's prohibition.

Moreover, psychologists shall not provide knowingly any research, instruments, or knowledge that facilitates the practice of torture or other forms of cruel, inhuman, or degrading treatment or cruel, inhuman, or degrading punishment.

Psychologists shall not knowingly participate in any procedure in which torture or other forms of cruel, inhuman, or degrading treatment or cruel, inhuman, or degrading punishment is threatened.

Commentary: This policy statement conforms to the *Ethical Principles of Psychologists and Code of Conduct*: Principle A, Beneficence and Nonmaleficence ("Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons . . ."), and Ethical Standard 3.04, Avoiding Harm ("Psychologists take reasonable steps to avoid harming . . . others with whom they work, and to minimize harm where it is foreseeable and unavoidable.").

Policy Statement 4: APA affirms that there are no exceptional circumstances whatsoever, whether induced by a state of war or threat of war, internal political instability or any other public emergency, that may be invoked as a justification for torture or cruel, inhuman, or degrading treatment or punishment, including the invocation of laws, regulations, or orders.

Commentary: This policy statement is in keeping with Article 2.2. of the *United Nations Declaration and Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*.

Policy Statement 5: Psychologists are alert to acts of torture and other cruel, inhuman, or degrading treatment or punishment and should torture or other cruel, inhuman, or degrading treatment or punishment evolve during a procedure where a psychologist is present, the psychologist shall attempt to intervene to stop such behavior. If failing that, the psychologist has an ethical responsibility to exit the procedure.

Policy Statement 6: Psychologists are alert to acts of torture and other cruel, inhuman, or degrading treatment and have an ethical responsibility to report these acts to the appropriate authorities.

The American Psychological Association asserts that any APA member with knowledge that a psychologist, whether an APA member or non-member, has engaged in torture or cruel, inhuman, or degrading treatment or punishment, including the specific behaviors listed in Policy Statement 3 above, has an ethical responsibility to abide by Ethical Standard 1.05, Reporting Ethical Violations, in the *Ethical Principles of Psychologists and Code of Conduct* (2010) and directs the Ethics Committee to take appropriate action based upon such information, and encourages psychologists who are not APA members also to adhere to Ethical Standard 1.05.

The American Psychological Association commends those psychologists who have taken clear and unequivocal stands against torture and cruel, inhuman or degrading treatment or punishment, especially in the line of duty, and including stands against the specific behaviors (detailed in Policy Statement 3) or conditions listed above; and that the American Psychological Association affirms the responsibility of psychologists under the *Ethics Code* (2010) to disobey law, regulations or orders when they conflict with ethics.

The American Psychological Association asserts that all psychologists with information relevant to the use of any method of interrogation constituting torture or cruel, inhuman, or degrading treatment or punishment have an ethical responsibility to inform their superiors of such knowledge, to inform the relevant office of inspector generals when appropriate, and to cooperate fully with all oversight activities, including hearings by the United States Congress and all branches of the United States government, to examine the perpetration of torture and cruel, inhuman, or degrading treatment or punishment against individuals in United States custody, for the purpose of ensuring that no individual in the custody of the United States is subjected to torture or cruel, inhuman, or degrading treatment or punishment.

Commentary: The ethical responsibility to report is rooted in the *Ethics Code* Preamble, “Psychologists respect and protect civil and human rights...the development of a dynamic set of ethical standards for psychologists’ work-related conduct requires a personal commitment and lifelong effort to act ethically [and] to encourage ethical behavior by...colleagues,” and Principle B, Fidelity and Responsibility, which states that psychologists “are aware of their professional and scientific responsibilities to society and to the specific communities in which they work” and Ethical Standard 1.05, Reporting Ethical Violations, “If an apparent ethical violation has substantially harmed or is likely to substantially harm a person.”

Policy Statement 7: Based upon the APA’s long-standing commitment to basic human rights including its position against torture, psychologists shall work in accordance with international human rights instruments relevant to their roles.

Psychologists working in this area are obligated to review essential human rights documents, such as Common Article 3 of the *Geneva Conventions*; the *United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*; the *Geneva Conventions*; the *Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*; the *Basic Principles for the Treatment of Prisoners*; the *United Nations Principles on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*; and the *World Medical Association Declaration of Tokyo, Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment*.

- *United Nations Declaration and Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*
<http://www2.ohchr.org/english/law/cat.htm>

- *Geneva Conventions*
<http://www.icrc.org/ihl.nsf/full/305?opendocument>

Commentary: Article 3 is the most commonly cited Article in relation to treatment of prisoners. It states:

Art. 3. Prisoners of war are entitled to respect for their persons and honour. Women shall be treated with all consideration due to their sex. Prisoners retain their full civil capacity.

- *Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*
<http://www2.ohchr.org/english/law/medicaethics.htm>

Commentary: The American Psychological Association policy conforms to and upholds the provisions outlined in the *United Nations Principles of Medical Ethics* for psychologists working in a health care capacity. The *Principles* include:

Principle 1: Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

Principle 2: It is a gross contravention of medical ethics, as well as an offence under applicable international instruments, for health personnel, particularly physicians, to engage, actively or passively, in acts which constitute participation in, complicity in, incitement to or attempts to commit torture or other cruel, inhuman or degrading treatment or punishment. (a)

Principle 3: It is a contravention of medical ethics for health personnel, particularly physicians, to be involved in any professional relationship with prisoners or detainees the purpose of which is not solely to evaluate, protect or improve their physical and mental health.

Principle 4: It is a contravention of medical ethics for health personnel, particularly physicians:

(a) To apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect the physical or mental health or condition of such prisoners or detainees and which is not in accordance with the relevant international instruments; (b)

(b) To certify, or to participate in the certification of, the fitness of prisoners or detainees for any form of treatment or punishment that may adversely affect their physical or mental health and which is not in accordance with the relevant international instruments, or to participate in any way in the infliction of any such treatment or punishment which is not in accordance with the relevant international instruments.

Principle 5: It is a contravention of medical ethics for health personnel, particularly physicians, to participate in any procedure for restraining a prisoner or detainee unless such a procedure is determined in accordance with purely medical criteria as being necessary for the protection of the physical or mental health or the safety of the prisoner or detainee himself, of his fellow prisoners or detainees, or of his guardians, and presents no hazard to his physical or mental health.

Principle 6: There may be no derogation from the foregoing principles on any ground whatsoever, including public emergency.

(a) See the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (resolution 3452 (XXX), annex).

(b) Particularly the Universal Declaration of Human Rights (resolution 217 A (III)), the International Covenants on Human Rights (resolution 2200 A (XXI), annex), the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (resolution 3452 (XXX), annex) and the Standard Minimum Rules for the Treatment of Prisoners (First United Nations Congress on the Prevention of Crime and the Treatment of Offenders: report by the Secretariat (United Nations publication, Sales No. E.1956.IV.4, annex I.A)).

- *United Nations Basic Principles for the Treatment of Prisoners*
<http://www2.ohchr.org/english/law/basicprinciples.htm>

- *United Nations Principles on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*
<http://www2.ohchr.org/english/law/investigation.htm>
- *The World Medical Association Declaration of Tokyo. Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment*
<http://www.wma.net/en/30publications/10policies/c18/>

Commentary: The American Psychological Association policy conforms to and upholds the provisions outlined in *The World Medical Association Declaration of Tokyo. Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment* for psychologists working in a health care capacity. The Principles include:

1. The physician shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offense of which the victim of such procedures is suspected, accused or guilty, and whatever the victim's beliefs or motives, and in all situations, including armed conflict and civil strife.
2. The physician shall not provide any premises, instruments, substances or knowledge to facilitate the practice of torture or other forms of cruel, inhuman or degrading treatment or to diminish the ability of the victim to resist such treatment.
3. When providing medical assistance to detainees or prisoners who are, or who could later be, under interrogation, physicians should be particularly careful to ensure the confidentiality of all personal medical information. A breach of the Geneva Conventions shall in any case be reported by the physician to relevant authorities. The physician shall not use nor allow to be used, as far as he or she can, medical knowledge or skills, or health information specific to individuals, to facilitate or otherwise aid any interrogation, legal or illegal, of those individuals.
4. The physician shall not be present during any procedure during which torture or any other forms of cruel, inhuman or degrading treatment is used or threatened.
5. A physician must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible. The physician's fundamental role is to alleviate the distress of his or her fellow human beings, and no motive, whether personal, collective or political, shall prevail against this higher purpose.
6. Where a prisoner refuses nourishment and is considered by the physician as capable of forming an unimpaired and rational judgment concerning the consequences of such a voluntary refusal of nourishment, he or she shall not be fed artificially. The decision as to the capacity of the prisoner to form such a judgment should be confirmed by at least one other independent physician. The consequences of the refusal of nourishment shall be explained by the physician to the prisoner.
7. The World Medical Association will support, and should encourage the international community, the National Medical Associations and fellow physicians to support, the physician and his or her family in the face of threats or reprisals resulting from a refusal to condone the use of torture or other forms of cruel, inhuman or degrading treatment.

Policy Statement 8: Psychologists who serve in any position by virtue of their training, experience, and expertise as psychologists, including psychologists working in national security settings, are bound by the *APA Ethical Principles of Psychologists and Code of Conduct*, in its entirety.

Based on the Principles and Standards of the *APA Ethical Principles of Psychologists and Code of Conduct*, psychologists working in national security settings shall:

- Abide by the *Ethics Code* in any professional role, including roles outside traditional health-care provider relationships.

- Seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons.

Commentary: This principle conforms to *Ethics Code*, Principle A: Beneficence and Nonmaleficence. “Psychologists strive to benefit those with whom they work and take care to do no harm.”

- Seek to understand individuals’ culture and ethnicity to avoid misunderstandings and potential harm.

Commentary: Failure to understand aspects of individuals’ culture and ethnicity may generate misunderstandings, compromise the efficacy of work in national security settings, and potentially result in significant mental and physical harm. (Principle E, “Psychologists are aware of and respect cultural, individual, and role differences, including those based on...race, ethnicity, culture, national origin... and consider these factors when working with members of such groups”; Ethical Standard 2.01(b), Boundaries of Competence, “Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with...race, ethnicity, culture, national origin...is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals...”; and Ethical Standard 3.01, Unfair Discrimination, “In their work-related activities, psychologists do not engage in unfair discrimination based on...race, ethnicity, culture, national origin...”)

- Refrain from engaging in multiple relationships such as being both a health care provider and a national security setting consultant.

Commentary: This policy statement conforms to *Ethics Code* Standard 3.05, Multiple Relationships, “A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists,” as well as the *Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*.

- Be aware of and clarify their role in situations where the nature of their professional identity and professional function may be ambiguous.

Commentary: Psychologists have a special responsibility to clarify their role in situations where individuals or other professionals may have an incorrect impression that psychologists are serving in a healthcare provider role. (Ethical Standards 3.07, Third-Party Requests for Services, “When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist . . . an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality”; and 3.11, Psychological Services Delivered to or Through Organizations, “(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality.”)

Regardless of their role, psychologists who are aware of an individual in need of health or mental health treatment may seek consultation regarding how to ensure that the individual receives needed care. (Principle A, Beneficence and Nonmaleficence)

- Clarify for themselves the identity of their client.

Commentary: This policy statement conforms to *Ethics Code* Standard 3.07 Third-Party Requests for Services, “When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist . . . an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.”

- Retain ethical obligations to individuals who are not their clients.

Commentary: Regardless of whether an individual is considered a client, psychologists have an ethical obligation to “avoid harming their . . . organizational clients and others with whom they work, and to minimize harm where it is foreseeable and unavoidable” (Ethical Standard 3.04, Avoiding Harm). Psychologists’ ethical obligations are especially important where, because of a setting’s unique characteristics, an individual may not be fully able to assert relevant rights and interests. (Principle A, Beneficence and Nonmaleficence, “In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons . . .”; Principle D, Justice, “Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices”; Principle E, Respect for People’s Rights and Dignity, “Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making”; Ethical Standard 3.08, Exploitative Relationships, “Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority . . .”)

- Make clear the limits of confidentiality.

Commentary: Psychologists take care not to leave a misimpression that information is confidential when in fact it is not. (Ethical Standards 3.10, Informed Consent, and 4.02, Discussing the Limits of Confidentiality, “(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities.”)

- Be mindful that individuals held in national security settings may not have engaged in untoward behavior and may not have information of national security interest.

Commentary: Ethical obligations are not diminished by the nature of an individual’s acts prior to detainment or the likelihood of the individual having relevant information. At all times psychologists remain mindful of and abide by the absolute prohibitions against engaging in or facilitating torture and other cruel, inhuman, or degrading treatment. (Principle E, Respect for Peoples’ Rights and Dignity, “Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making”; and 3.01, Unfair Discrimination, “In their work-related activities, psychologists do not engage in unfair discrimination based on . . . race, ethnicity, culture, national origin . . .”)

- Be aware that certain settings may instill in individuals a profound sense of powerlessness and may place individuals in considerable positions of disadvantage in terms of asserting their interests and rights.

Commentary: Psychologists are mindful that prisoners represent a vulnerable population. (Principle E: Respect for People's Rights and Dignity, "Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making." Also, Ethical Standards 1.01, Misuse of Psychologists' Work, "If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation," and 3.08, Exploitative Relationships, "Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority . . .")

- Consult with others when they are facing difficult ethical dilemmas.

Commentary: Preamble to the Ethics Code, "The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically...and to consult with others concerning ethical problems"; and Ethical Standard 4.06, Consultations.

- Be willing to take ethical responsibility for their behavior.

Organizational Mandates:

APA calls on the United States government—including Congress, the Department of Defense, and the Central Intelligence Agency—to prohibit the use of torture or cruel, inhuman, or degrading treatment or punishment in any interrogation and the APA shall continue to inform relevant parties with the United States government that psychologists are prohibited from participating in such methods.

In order to protect against torture and cruel, inhuman, or degrading treatment or punishment, and in order to mitigate against the likelihood that unreliable and/or inaccurate information is entered into legal proceedings, APA calls upon United States legal systems to reject testimony that results from such methods.

The APA Ethics Committee shall proceed forthwith in writing and distributing a casebook and commentary that shall set forth guidelines for psychologists that are consistent with international human rights instruments, as well as guidelines developed for health professionals, including but not limited to: Common Article 3 of the Geneva Conventions; The United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment; The United Nations Principles of Medical Ethics Relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment; and The World Medical Association Declaration of Tokyo: Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment.

[1] It is clarified by a footnote in the Member Petition Resolution that military clinical psychologists could still be provide treatment for military personnel.

[2] *Report of the APA Presidential Advisory Group on the Implementation of the Petition Resolution*. Retrieved from www.apa.org/ethics/advisory-group-final.pdf

[3] 2008 APA Petition Resolution Ballot - Rebuttal to the Con Statement, Retrieved from <http://www.apa.org/news/press/statements/work-settings-con-rebuttal.aspx>

[4] *Ethical Principles of Psychologists and Code of Conduct*, Retrieved from <http://www.apa.org/ethics/code/index.aspx>

[5] United Nations *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* – <http://www2.ohchr.org/english/law/cat.htm>

[6] Specifically, United States Reservation I.1 of the Reservations, Declarations and Understandings to the United Nations Convention Against Torture stating, "the term 'cruel, inhuman or degrading treatment or punishment' means the cruel, unusual and inhumane treatment or punishment prohibited by the Fifth, Eighth, and/or Fourteenth Amendments to the Constitution of the United States."

Amendment V.

No person shall be held to answer for a capital, or otherwise infamous crime, unless on a presentment or indictment of a Grand Jury, except in cases arising in the land or naval forces, or in the Militia, when in actual service in time of War or public danger; nor shall any person be subject for the same offence to be twice put in jeopardy of life or limb; nor shall be compelled in any criminal case to be a witness against himself, nor be deprived of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

Amendment VIII.

Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.

Amendment XIV.

Section 1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

[7] Defined as both unlawful enemy combatants and lawful enemy combatants as set forth in the U.S. Military Commissions Act of 2006 (Chapter 47A; Subchapter I: § 948a. Definitions)

“(1) UNLAWFUL ENEMY COMBATANT.—

(A) The term ‘unlawful enemy combatant’ means—

“(i) a person who has engaged in hostilities or who has purposefully and materially supported hostilities against the United States or its co-belligerents who is not a lawful enemy combatant (including a person who is part of the Taliban, al Qaeda, or associated forces); or

“(ii) a person who, before, on, or after the date of the enactment of the Military Commissions Act of 2006, has been determined to be an unlawful enemy combatant by a Combatant Status Review Tribunal or another competent tribunal established under the authority of the President or the Secretary of Defense.

“(B) CO-BELLIGERENT.—In this paragraph, the term ‘cobelligerent’, with respect to the United States, means any State or armed force joining and directly engaged with the United States in hostilities or directly supporting hostilities against a common enemy.

“(2) LAWFUL ENEMY COMBATANT.—The term ‘lawful enemy combatant’ means a person who is— ‘

‘(A) a member of the regular forces of a State party engaged in hostilities against the United States; ‘

‘(B) a member of a militia, volunteer corps, or organized resistance movement belonging to a State party engaged in such hostilities, which are under responsible command, wear a fixed distinctive sign recognizable at a distance, carry their arms openly, and abide by the law of war; or

“(C) a member of a regular armed force who professes allegiance to a government engaged in such hostilities, but not recognized by the United States.

[8] Defined as both privileged belligerent and unprivileged enemy belligerent as set forth in the U.S. Military Commissions Act of 2009 (Chapter 47A; Subchapter I: § 948a. Definitions)

“(6) PRIVILEGED BELLIGERENT.—The term ‘privileged belligerent’ means an individual belonging to one of the eight categories enumerated in Article 4 of the Geneva Convention Relative to the Treatment of Prisoners of War.

688 “(7) UNPRIVILEGED ENEMY BELLIGERENT.—The term ‘unprivileged enemy belligerent’ means an
689 individual (other than a privileged belligerent) who—
690 “(A) has engaged in hostilities against the United States or its coalition partners;
691 “(B) has purposefully and materially supported hostilities against the United States or its coalition partners; or
692 “(C) was a part of al Qaeda at the time of the alleged offense under this chapter.
693

GUIDELINES FOR COUNCIL RESOLUTIONS

These guidelines apply to all resolutions submitted to Council for consideration. The following information must be provided: (1) The purpose and rationale for the resolution stated clearly, and documenting its relevance to psychology or psychologists; (2) The issue's importance to psychology or to society as a whole; (3) Representative scientific or empirical findings related to the resolution; (4) The likelihood of the resolution having a constructive impact on public opinion or policy.

Resolutions approved by Council are understood to reflect what APA values or believes and, in most cases, does not commit APA to any action. If approval of the resolution requires that specific action be taken, the following information must also be provided: (5) Suggestions on how it should be implemented, if it is passed; (6) Breakdown of staff resources or association funds needed to implement the resolution.

DESIGNATE COSPONSOR(S):
