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CA: This Periodic Review Board is being conducted at 0918 hours on 24 July, 2018, with regard to the following detainee: Mohamed Mani Ahmad al Kahtani, ISN 063.

As a reminder, the unclassified portions of these proceedings are being recorded for the purpose of generating a transcript to be posted on the PRS website.

CA: GTMO can you hear us? Give me a thumbs up or a thumbs down.

PR: Can you repeat the sentence please?

CA: Alright.

PR: It's not very clear.

CA: Alright. That was just the opening statements. As a reminder, the unclassified portion of these proceedings are being recorded for the purpose of generating a transcript to be posted on the PRS website. We're utilizing your linguist down there to translate these proceedings.

PR: Can you hear him?

TRANS: Well it's not clear, but I think I can

PR: He's saying it's not clear.

PC: [REDACTED] can they hear us?

PR: They can hear us.

PC: Okay, great. Guys the sound quality is just a little bit rough right now. We can hear you just not entirely clear.

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PR: Go head. Do you want to translate what he just said? It's this portion right here.

TRANS: **[TRANSLATION OF ABOVE]**

CA: Representatives from the following agencies are present and are members of the Board including:

**DEPARTMENT OF DEFENSE;**

**DEPARTMENT OF STATE;**

**DEPARTMENT OF JUSTICE;**

**DEPARTMENT OF HOMELAND SECURITY;**

**OFFICE OF THE DIRECTOR OF NATIONAL INTELLIGENCE; and the**

**OFFICE OF THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF.**

The following personnel are also present:

**LEGAL ADVISOR TO THE BOARD;**

**CASE ADMINISTRATORS;**

**PERSONAL REPRESENTATIVE;**

**PRIVATE COUNSEL;**

**TWO TRANSLATORS;**

**THE DETAINEE; and,**

**SECURITY FORCES.**

TRANS

: **[TRANSLATION OF ABOVE]**

CA: The detainee's Personal Representative, Private Counsel,

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the detainee, and one translator, correction two translators, are located at the detention facility, U.S. Naval Station Guantanamo Bay, Cuba. They are attending via video teleconference and the detainee waived translation of the unclassified summary, and Personal Representative's and Private Counsel's opening statements. These documents have been posted on the Periodic Review Secretariat website. This session is being observed by foreign, national and local media; Foreign Government Officials; and Representatives from Non-Governmental Organizations.

TRANS: **[TRANSLATION OF ABOVE]**

PM: This Board is convened to determine whether continued law of war detention is warranted for Mohamed Mani Ahmad al Kahtani (ISN 63) to protect against a continuing significant threat to the security of the United States. From here on forward, we will refer to the detainee as Mohamed. This session of the hearing is unclassified.

TRANS: **[TRANSLATION OF ABOVE]**

PM: Mohamed, this is your Periodic Review Board to determine whether continued law of war detention is warranted in your case. Continued law of war detention will be warranted if it is necessary to protect against a continuing significant threat to the national security of the United States. The focus of this hearing is on the threat you may pose to the United States and its interests if

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transferred or released from U.S. custody. It is not on the lawfulness of your detention.

TRANS: **[TRANSLATION OF ABOVE]**

PM: The Personal Representative and Private Counsel are your representatives to assist you during this process. Finally, the translators ensure that everyone understands your statements and that you understand what is being said during the hearing.

TRANS: **[TRANSLATION OF ABOVE]**

PM: Personal Representative and Private Counsel, has the detainee had an opportunity to review the Unclassified Summary?

TRANS: **[TRANSLATION OF ABOVE]**

PR: Yes, sir.

PC: Yes.

TRANS: **[TRANSLATION OF ABOVE]**

PM: Thank you. I will now read the unclassified summary. Mohammad Mani Ahmad al-Qahtani (ISN-063), who traveled to Afghanistan for jihad in September 2000 and received basic and advanced training from al-Qa'ida, tried to enter the US on 4 August 2001, after senior al-Qa'ida members selected him to be the 20th hijacker in the 9/11 attacks.

TRANS: **[TRANSLATION OF ABOVE]**

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PM: Do the Personal Representative and Private Counsel wish to make unclassified opening statements at this time?

TRANS: **[TRANSLATION OF ABOVE]**

PR: Yes, sir.

PC: Yes.

PM: I would like to remind all participants that any information shared at this time must be unclassified. If there is a concern about the classification of the information, I will indicate such and will stop the proceedings until we resolve the issue. Has the detainee had the opportunity to review your statements?

TRANS: **[TRANSLATION OF ABOVE]**

PR: Yes, sir.

PC: Yes.

TRANS: **[TRANSLATION OF ABOVE]**

PM: Personal Representative, please proceed.

PR: Good morning ladies and gentlemen of the Board, I am the Personal Representative for Mr. Mohammad Mani Ahmed al-Qahtani. I have been Mohammad's PR for the past three years. He is polite and tries to engage in our meetings, but I do not feel that he fully understands the process. He continues to face challenges due to his medical condition. He is exhausted and not always able to participate fully in our meetings. Mohammad struggles with the constant change of

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medical professionals here in GTMO. It takes him a little while to build rapport with his medical team, but they rotate so quickly that this is constantly starting a new process. In addition, Mohammed suffers from PTSD, a condition that is not being treated in GTMO, causing a whole new set of challenges. Mohammad has a large family, who have committed support upon his repatriation. They are standing by to support him both financially and emotionally. The family understands the severity of his condition, and they realize that Mohammad requires long term care, and that he will most likely be committed to a psychiatric hospital. The Kingdom of Saudi Arabia has affirmed that they are ready and willing to receive Mohamed. Saudi Arabia has indicated it will place him in custodial psychiatric care in the government supported rehabilitation and aftercare programs. Mohammad is here today to answer your questions about his condition and share his hopes for the future. Mohammed longs to marry and start a family of his own. He realizes that he must go into the rehabilitation program in Saudi Arabia and that he will likely be committed to a long term medical facility where the doctors will treat his PTSD and psychosis and get him on a path to wellness. We feel that under the watchful eye of the Saudi Arabian government and, the al-Qahtani family, and with specialized medical care, Mr. al-Qahtani will get the help he needs. With this long term

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care, I believe that Mohammad will not pose a significant or continuing threat to himself or the safety and security of the United States. Thank you.

PM: Private Counsel, you may proceed with your unclassified opening statement.

TRANS: **[TRANSLATION OF ABOVE]**

PC: Thank you and good morning. To the Members of the Periodic Review Board, Mohammed al Qahtani was last before this Board for a full hearing in June 2016. That hearing was the first occasion for the outside world to learn that he suffered from schizophrenia, and that he had suffered from that condition for years before he found himself at Guantanamo. No one any longer doubts al Qahtani's diagnosis. The records of his hospitalization in Mecca, Saudi Arabia in May 2000 indicate he was diagnosed with "psychotic depression," confirming a long prior history of schizophrenic symptoms also described in forensic psychiatric expert Dr. Emily Keram's first submission and testimony to this Board. All this was long before he was ever alleged to have associated with criminals or traveled to Afghanistan. As early as his first year at Guantanamo in 2002, the FBI observed him "talking to non-existent people, reporting hearing voices" and "crouching in a corner of the cell covered with a sheet for hours on end" before the implementation of the torture plan on

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him by military interrogators and psychiatrists. Dr. Keram was appointed by the district court to conduct a psychiatric evaluation of Mr. al Qahtani and after a series of visits beginning in 2015, she confirmed his diagnosis of schizophrenia and major depression, now combined with post-traumatic stress disorder or PTSD caused by his torture and abuse in confinement. Since the last full hearing before this Board in 2016, the military has finally acknowledged that his symptoms, as observed by the guard force and Joint Medical Group mental health professionals, are consistent with schizophrenia and has begun efforts to dispense antipsychotic medications to him including Aripiprazole, also known as Abilify, Quetiapine, and Haldol. Schizophrenia is a chronic disorder. It is permanent; it may eventually be manageable, but is not curable. The goals of appropriate treatment are symptom management not cure. Sorry, that's quoting one of Dr. Keram's supplemental declarations. As Dr. Keram correctly predicted, even managing the symptoms of his schizophrenia according to accepted medical best practices has proven impossible at Guantanamo. Even during the two years since the initial PRB hearing prompted the military to acknowledge the reality of al Qahtani's schizophrenia, the efforts of Guantanamo medical staff to manage his schizophrenia have been complicated by a number of factors. To begin with, antipsychotic drugs all have severe side effects. Beyond that

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the symptoms of the disease themselves vary in intensity over time. Like every patient who suffers from schizophrenia, al Qahtani has periods of greater and lesser severity of symptoms, amplified by the challenging prison environment. These challenges, deriving from his illness, themselves have affected his ability to adhere to a medication regimen. Al Qahtani's PTSD exacerbates these difficulties. Despite that fact, he has not received therapeutic interventions for PTSD that have been proven effective when applied to our own soldiers returning from the traumas of war. As Dr. Keram has noted in a supplemental declaration filed with the district court just two months ago, "al Qahtani has still not been offered effective evidence-based psychotherapy for PTSD recommended in United States Departments of Defense (DoD) and Veterans Affairs (VA) PTSD treatment guidelines," including "Prolonged Exposure Therapy, Imagery Rehearsal Therapy for Nightmares, or Cognitive-Behavioral Therapy for Insomnia," and "has also not been taught skills that are helpful for managing anxiety and autonomic arousal symptoms such as progressive relaxation, mindfulness, grounding, and breathing. These skills are routinely taught to PTSD patients who are cared for by U.S. DoD and VA clinicians." And that's all quoting from Dr. Keram's Declarations. It is not clear that any of these cognitive/behavioral therapeutic methods are available to detainees at Guantanamo. Dr. Keram's prior

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declarations and testimony to this Board documented the most significant difficulty Mr. al Qahtani will have with receiving appropriate treatment while in U.S. custody; the vast deficit of trust that exists between al Qahtani and military mental health providers, owing (in part) to their colleagues' close involvement in his abusive interrogations and torture at Guantánamo. For a very long time this level of induced mistrust applied to all mental health professionals, including experts retained by counsel, but al Qahtani managed through great personal effort to overcome it and meet with Dr. Keram. Despite Mr. al Qahtani's particular mistrust of military mental health staffers, he has made efforts to interact with Guantánamo's psychiatric staff, consistent with this Board's encouragement to "cooperate with mental health officials" in its decision on his initial review. However, those efforts have been severely hampered by the frequent turnover among psychiatric staff at Guantánamo. As Dr. Keram's last declaration filed with the district court stated, al Qahtani's "JMG psychiatrists [have] continued to change every 3 to 6 months. He sees them once a week to once a month with the frequency determined by the different psychiatrists. Each visit lasts approximately one hour." The new doctors often seek to begin treatment from scratch, stopping medication prescribed by departed doctors in order to observe the effects of their preferred

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drug regimens against his untreated baseline. All the while he has continued to experience symptoms of his psychosis and PTSD including insomnia, "visions of being chased by ghosts during the day," and so forth. As Dr. Keram has consistently concluded, "As per the analysis set forth in my previous report and declarations, it remains my opinion that, despite their clinical competence and desire, [Joint Medical Group] clinicians are unable to provide appropriate treatment to Mr. al Qahtani for his diagnoses of PTSD and Schizophrenia. As previously set out, it remains my opinion that Mr. al Qahtani would receive appropriate treatment for these diagnoses were he to be repatriated to the Kingdom of Saudi Arabia, where his family resides." Despite his "strong desire to reduce his symptoms of PTSD and schizophrenia, he is unable to be effectively treated while he is detained at [Guantánamo]." And again that's from one of Dr. Keram's Supplemental Declarations in 2017. Accordingly, in April 2017 undersigned counsel asked the U.S. government to repatriate Mr. al Qahtani on medical grounds or, in the alternative, to convene a Mixed Medical Commission under Army Regulation 190-8. A Mixed Medical Commission is a panel comprised of three medical experts tasked with determining whether a prisoner is so sick that he cannot recover within a reasonable timeframe while in detention. Al Qahtani's psychosis clearly qualifies him under this provision of domestic law;

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the remedy provided for in the regulation is repatriation. While the government refused to convene a Mixed Medical Commission, I'm sorry, when the government refused to convene a Mixed Medical Commission, we moved the district court to order the government to do so. Argument on this motion took place on April 19, 2018, and decision remains pending. One particular moment during the hearing is worthy of note here: Judge Collyer spontaneously took issue with the government's insinuation, which was embodied in the declaration of the Senior Medical Officer of the Joint Medical Group, that the fact al Qahtani's schizophrenic symptoms continue is primarily a result of his own failure to consistently take the antipsychotic medications JMG only recently began prescribing him. As Judge Collyer put it and I'll give an extended quote from her here: "... I find it extraordinarily difficult for the government to argue that Mr. al Qahtani, who, admittedly, has some mental problems, doesn't always take his medicine, and so, therefore, it's his own fault if he's not getting better at Guantanamo Bay. I'm sorry, that is a sign of his illness. It's not as if he had a broken bone and refused to allow a doctor to set it. That argument would have some bearing in that situation. It does not have bearing to accuse a person with a mental illness of having a mental illness. I mean I find that so callous. It just makes me shiver that the United States would say, "Well, you

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know, you're sick; and since you're so sick and you don't want to take your medicine, it's your own fault that you're still sick. "What are you talking about? Now, please, don't do that to me, okay? Don't go there, because I find that so chilling. That's not humane at all. Don't argue that it's his own fault that he has not stayed on a regular course of medication. That is so callous. That is so inhumane. It really is not worthy of the United States, even today." And again that's a long quotation from District Judge Rosemary Collyer in the hearing that was held on April 19, this year. Representatives of the Embassy of the Kingdom of Saudi Arabia were present at the hearing in district court, and the Saudi government remains ready to accept al Qahtani into its rehabilitation program, through which appropriate custodial inpatient psychiatric treatment is available. As Dr. Keram noted in her initial evaluation, any successful program of treatment would have to be "multimodal"; as she put it "Appropriate treatment of Mr. al-Qahtani's psychiatric diagnoses requires a culturally-informed multidisciplinary approach. Clinical treatment modalities should include supportive psychotherapy, cognitive-behavioral therapy, skills-based therapy, and psychotropic medication," as well as "culturally-informed approaches to understanding and addressing his symptoms," taking into account the traditional understanding of schizophrenia in Saudi

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culture. Finally, Dr. Keram concluded that, "given the unique role of family in Mr. al-Qahtani's previous episodes of psychiatric illness, it is imperative that his family members actively participate in his treatment." And again all of this would only be available in Saudi Arabia. Now, like many mentally ill people, for most of his life Mr. al Qahtani was in

denial about his illness. He (like his family) understood it not in psychiatric terms as a permanent illness but as a form of possession, for which the likely cure was religious ministrations and prayer. The family now understands that Mr. al Qahtani has a medical illness, and was not simply passing through a difficult stage of life. Mr. al Qahtani's father understands that he made a mistake checking him out of psychiatric hospitalization in Mecca in May 2000, against medical advice, and taking him home to be treated with prayers and love rather than psychotherapy and medication. Most importantly, Mr. al Qahtani himself now fully accepts that he has a psychiatric illness and needs medical treatment for it back home in Saudi Arabia. These factors all bode well for his ability to maximize outcomes from custodial psychiatric treatment in Saudi Arabia. Moreover, as Dr. Keram noted after the first hearing before this Board, "from the perspective of a forensic psychiatric Violence Risk Assessment, Mr. al-Qahtani's psychiatric diagnoses do not place him at risk for

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future violence." Finally, it bears repeating that Mr. al Qahtani remains the only detainee whose abuse a senior U.S. government official has admitted was "torture." In making that admission, Judge Susan Crawford, then the Convening Authority for the Military Commissions, effectively conceded that his torture rendered al Qahtani untriable for any criminal offense. This Board is now left to decide what the appropriate resolution is for a case where our government took a man suffering from schizophrenia and traumatic brain injury and then systematically tortured him. We submit that the answer is obvious. Al Qahtani is a mentally-ill torture victim, not a knowing criminal, and he does not deserve to be punished further than he already has been in over 16 years at Guantánamo. The most appropriate outcome from every party's perspective would be to send him home to custodial psychiatric treatment in Saudi Arabia. Thank you for taking into consideration the information we have provided and we remain at your disposal to assist with any questions you may have regarding Mr. al-Qahtani. Thank you.

PM: Board Members may reserve questions until detainee and witness statements have been presented in their entirety. Does anyone have a question at this time?

TRANS: **[TRANSLATION OF ABOVE]**

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PM: With no questions, this concludes this portion of the hearing. I ask that all remain seated until further instructed by the Case Administrator.

TRANS: [TRANSLATION OF ABOVE]

CA: Okay, we will take a 15-minute recess to prepare for the remaining sessions.

TRANS: [TRANSLATION OF ABOVE]

[The public session closed at 0943, 24 July 2018.]

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ABBREVIATION AND ACRONYM KEY

BM: BOARD MEMBER  
CA: CASE ADMINISTRATOR  
DET: DETAINEE  
PC: PRIVATE COUNSEL  
PM: PRESIDING MEMBER  
PR: PERSONAL REPRESENTATIVE  
TRANS: TRANSLATOR (LOCATED AT GUANTANAMO BAY)

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