

DETAINEE SUBMISSION

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PR DOCUMENTS

PERIODIC REVIEW BOARD INITIAL HEARING, 16 JUN 2016
MOHAMED MANI AHMAD AL KAHTANI, ISN 063
PERSONAL REPRESENTATIVE OPENING STATEMENT

Good morning ladies and gentlemen of the Board. I am the Personal Representative of Mr. Mohamed Mani Ahmad al Kahtani. I will be assisting Mohamed this morning with his case, aided by Mr. Ramzi Kassem.

Mohamed has been overjoyed and eager to participate in the Periodic Review Process. He has maintained a record of perfect attendance for meetings with me and his Private Counsel.

I was favorably impressed by Mohamed's candor. He has proven forthright and honest in his interactions with me.

Mohamed has proven to be engaging and extremely polite throughout his interactions and discussions with me. He is quick with a smile and exudes a warm personality.

Later, Mohamed will discuss both his past life and his desire for a better life for himself in the future. He wishes to be transferred to live his life with his family and parents. Mohamed also wishes to be married and start his own family. He is open to transfer to any country.

I am confident that Mohamed's desire to pursue a better way of life if transferred from Guantanamo is genuine. I remain convinced that he does not pose a continuing significant threat to the security of the United States.

Thank you for your time and attention. I am pleased to answer any questions you have throughout this proceeding.

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DEPARTMENT OF DEFENSE
PERIODIC REVIEW SECRETARIAT

28 MAR 2016

MEMORANDUM FOR Periodic Review Board

FROM: PRS Personal Representative LTC [REDACTED]

SUBJECT: Personal Representative Statement Posted on PRS Website
ICO ISN 063

1. I am aware that any statements I submit or comments that I make may be posted on the public Periodic Review Secretariat website, subject to any U.S. Government clearance procedures.
2. I agree to permit the PR opening statement (read during the media portion of the PRB hearing) to be posted on the PRS public website. I do not agree to permit any other statements/comments that I may make in the PRB hearing to be posted on the PRS public website.

3/28/2016

X [REDACTED]

[REDACTED]
Personal Representative
Signed by: [REDACTED]

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PC DOCUMENTS

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MAIN STREET LEGAL SERVICES, INC.
City University of New York School of Law
2 Court Square, Long Island City, NY 11101



June 6, 2016

Periodic Review Board
c/o Periodic Review Secretariat
U.S. Department of Defense

Re: Statement by Private Counsel for Mohammed al-Qahtani (ISN 063)
Periodic Review Board Hearing Scheduled June 16, 2016

Esteemed Periodic Review Board Members,

We serve as pro bono counsel to Mohammed al-Qahtani (ISN 063). The Center for Constitutional Rights has represented Mr. al-Qahtani since 2005. Professor Ramzi Kassem has represented Mr. al-Qahtani since 2010. We write to provide additional information to inform your decision as to whether Mr. al-Qahtani's continued imprisonment at Guantánamo Bay is "necessary to protect against a significant threat to the security of the United States."¹

It is well known that Mohammed al-Qahtani was tortured in U.S. custody at Guantánamo. In fact, Mr. al-Qahtani is the only prisoner whose torture has been formally acknowledged by a senior U.S. government official. In 2009, Susan J. Crawford, then the Convening Authority in charge of the U.S. Department of Defense's Military Commissions, explained that she had refused to authorize Mr. al-Qahtani's capital trial by military commission in 2008 because "we tortured Qahtani."² The torture left Mr. al-Qahtani in a "life-threatening condition," again by Crawford's admission. He was hospitalized twice during his interrogation at Guantánamo because he was on the brink of heart failure and death.

What is not well known, however, is that long before Mr. al-Qahtani was taken into U.S. custody, he suffered from a number of severe psychiatric disabilities. As the expert witness in this matter, Dr. Emily A. Keram, attests in her separate report, Mr. al-Qahtani suffered from schizophrenia, major depression, and possibly neurocognitive disorder due to traumatic brain injury. He was mentally ill not only prior to his imprisonment and torture at Guantánamo but also long before the period of time when he was alleged to have participated in criminal acts. Dr. Keram's report is based on extensive conversations with Mr. al-Qahtani at Guantánamo, on a telephonic interview with his family in Saudi Arabia, and on her review of records of an involuntary psychiatric hospitalization in 2000 that were independently obtained by his legal team.

¹ Executive Order 13,567 (Mar. 7, 2011), sec. 2.

² Bob Woodward, *Guantanamo Detainee Was Tortured, Says Official Overseeing Military Trials*, The Washington Post (Jan. 14, 2009) (quoting Susan J. Crawford), available at <http://www.washingtonpost.com/wp-dyn/content/article/2009/01/13/AR2009011303372.html> [hereinafter "Washington Post"].

Mr. al-Qahtani developed psychotic symptoms in his childhood, which worsened as he grew into his teens and twenties. His mental troubles trace back to a string of traumatic brain injuries, beginning with one sustained in a car accident when he was only eight years old. His family recalled "episodes of extreme behavioral dyscontrol" over the years, including one when the Riyadh police contacted the family because they had found Mr. al-Qahtani naked in a garbage dumpster, spells of "auditory hallucinations," and an incident where Mr. al-Qahtani threw a new cellular phone out of a moving car because he believed it was affecting his emotional state.

These symptoms persisted and, in late-May of 2000, Mr. al-Qahtani was involuntarily committed in Mecca for "an acute psychotic break." Medical records from the hospitalization reviewed by Dr. Keram reveal that Mr. al-Qahtani was involuntarily committed to the psychiatric unit of a hospital for a period of days after local police arrested him as he was attempting to throw himself onto moving traffic. According to the hospital medical records, Mr. al-Qahtani expressed suicidal wishes, and was given antipsychotic medication and sedatives. As a result of this episode, counsel learned, Mr. al-Qahtani lost his job as a civilian driver at the Armed Forces Hospital in the Saudi city of Kharj.

Perhaps most importantly, Dr. Keram concluded that Mr. al-Qahtani's pre-existing mental illnesses likely impaired his capacity for independent and voluntary decision-making well before the United States took him into custody, and left him "profoundly susceptible to manipulation by others." These findings call into serious question the extent to which it would be fair to hold Mr. al-Qahtani responsible for any alleged actions during that period of his life. They also cast doubt on any claims that Mr. al-Qahtani would have been entrusted with sensitive information about secret plots.

Moreover, Dr. Keram found that "Mr. al-Qahtani's pre-existing psychotic, mood, and cognitive disorders made him particularly vulnerable to [...] the conditions of confinement and interrogation" his U.S. captors inflicted on him at Guantánamo under the guise of the "First Special Interrogation Plan." In fact, according to Dr. Keram, the combination of solitary confinement, sleep deprivation, extreme temperature and noise exposure, stress positions, forced nudity, body cavity searches, sexual assault and humiliation, beatings, strangling, threats of rendition, and water-boarding, amounting to "severely cruel, degrading, humiliating, and inhumane treatment" that Mr. al-Qahtani endured would have profoundly disrupted and left long-lasting effects on a person's sense of self and cognitive functioning "even in the absence of pre-existing psychiatric illness."

Applied to Mr. al-Qahtani, the torture and conditions of his confinement at Guantánamo were nothing short of devastating, exacerbating his pre-existing psychological ailments. Besides taxing him physically to the point that he was on the brink of death and had to be hospitalized twice, they caused psychotic symptoms that included repeated hallucinations involving ghosts and a talking bird. Mr. al-Qahtani also often soiled himself, cried uncontrollably, and conversed with himself and with others who were not present. It appears to be in significant part the undeniable impact that torture and imprisonment at Guantánamo had on Mr. al-Qahtani's health that drove the Convening Authority for the U.S. Department of Defense's Military Commissions, Susan Crawford, to drop the charges against him.

Statement by Private Counsel for Mohammed al-Qahtani (ISN 063)
PRB Hearing Scheduled June 16, 2016

Today, Mr. al-Qahtani's condition is exactly as one would expect for a man who suffered from severe psychiatric illness before being subjected to a systematic and brutal program of physical and psychological torture. "In addition to Mr. al-Qahtani's pre-existing psychiatric diagnoses," which have not subsided, Dr. Keram concludes, "he has developed posttraumatic stress disorder (PTSD)" resulting from his torture, interrogation, and imprisonment. As a doctor with the U.S. Department of Veteran Affairs who has treated patients with PTSD secondary to both combat stress and Prisoner of War confinement for the past 14 years, Dr. Keram found that Mr. al-Qahtani's PTSD symptoms are not only "consistent with those exhibited by survivors of torture," but also that they "have been present for years."

Given the present state of Mr. al-Qahtani's mental health, Dr. Keram believes that he "will likely require lifelong mental health care," at least initially in an "inpatient or residential" setting. In her view, "appropriate treatment" of Mr. al-Qahtani's complex condition "requires a culturally-informed multi-disciplinary approach" that would include "supportive psychotherapy, cognitive-behavioral therapy, skills-based therapy, and psychotropic medication."

Crucially, Dr. Keram concludes "that Mr. al-Qahtani cannot receive effective treatment for his current mental health conditions while he remains in U.S. custody at GTMO or elsewhere, despite the best efforts of available and competent clinicians." Among the factors precluding effective treatment of Mr. al-Qahtani's mental illnesses in U.S. custody is his lack of trust in medical and mental health personnel at Guantánamo owing to their predecessors' involvement in his interrogations and torture. Also, Dr. Keram finds 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."

Dr. Keram's conclusion, therefore, is that Mr. al-Qahtani would receive effective treatment if he is repatriated to the Kingdom of Saudi Arabia. The Saudi Ministry of Interior's custodial rehabilitation and aftercare program for former Guantánamo prisoners would provide Mr. al-Qahtani with the medical attention he direly needs on an inpatient basis, while access to his family would complement his treatment. We have obtained a written assurance from the Saudi Ministry of Interior addressed to the members of this Periodic Review Board, offering security and humane treatment guarantees regarding Mr. al-Qahtani and expressing its readiness to welcome him in its rehabilitation and aftercare program.

Turning to Mr. al-Qahtani's family, as their sworn letters and the videos they recorded for the Board amply attest, they are prepared to provide him with all of the emotional, personal, and financial support and guidance he will need should he be repatriated to Saudi Arabia and committed in its rehabilitation and aftercare program. Mr. al-Qahtani's family includes many relatives who are in the Saudi military and police or otherwise in government service. They have every interest in ensuring Mr. al-Qahtani's successful reintegration into family life and society, if he is ever medically cleared for release from the care of the Saudi rehabilitation program.

Today, you will hear from Mr. al-Qahtani himself. He will probably tell you what he has often told us—that his only wish is to go home and lead a peaceful, steady life. Despite the

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horrific abuse that he barely survived in U.S. custody, Mr. al-Qahtani bears no ill will towards the United States or any other country or government. Proof of that can be found in his record of compliance as a prisoner at Guantánamo and in his good relations with the guard force. In numerous conversations with us over the years, Mr. al-Qahtani has also made it abundantly clear that he does not support al-Qaida's ideology or its methods, and that he abhors wanton acts of violence against civilians, irrespective of their nationality or religion.

In sum, we have no reason to believe that the U.S. government knew of Mr. al-Qahtani's debilitating mental illnesses at the time it took him into its custody, or that it deliberately exploited those ailments in its interrogations of Mr. al-Qahtani. The facts nonetheless remain the same: our government apprehended a severely mentally disabled man, brought him to Guantánamo, and intentionally and systematically tortured him there.

Perhaps more than any other prisoner, Mohammed al-Qahtani's continuing imprisonment at Guantánamo represents everything about the prison that is inconsistent with our proclaimed national values, offending allies and critics alike the world over. To begin to turn the page on this ugly chapter in our country's recent history, surely, our government must release from its custody the one man whose torture it has officially acknowledged.

This Board should repatriate Mr. al-Qahtani to Saudi Arabia, where he will be committed in one of that country's advanced psychiatric facilities—an opportunity that he and his family sadly did not seize in 2000. Once there, Mr. al-Qahtani will receive the treatment that he has needed for far too long and he will not pose a threat to the United States or anyone else.

Thank you for taking into consideration the information we have provided. We remain at your disposal to address any questions you may have regarding Mr. al-Qahtani.

Very truly yours,

Prof. Ramzi Kassem
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Statement by Private Counsel for Mohammed al-Qahtani (ISN 063)
PRB Hearing Scheduled June 16, 2016

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DEPARTMENT OF DEFENSE
PERIODIC REVIEW SECRETARIAT

06 JUN 2016

MEMORANDUM FOR Periodic Review Board

FROM: PRS Personal Representative LTC [REDACTED]

SUBJECT: Private Counsel Statement Posted on PRS Website ICO ISN
063

1. I have advised Mr. Ramzi Kassem, Private Counsel for ISN 063 that his statements, either written or in response to questions during the Board, may be posted on the public Periodic Review Secretariat website, subject to any U.S. Government clearance procedures.

2. Mr. Kassem agrees to permit statements, either written or read during the media portion of the PRB hearing, to be posted on the PRS public website. Mr. Kassem has not agreed to permit any other statements/comments made in the PRB hearing to be posted on the PRS public website.

6/6/2016

X [REDACTED]

LTC [REDACTED]

Personal Representative

Signed by: [REDACTED]

DETAINEE DOCUMENTS

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DETAINEE PARTICIPATION FORM

ISN#: 63

PRB Hearing Date: 14 Jul 16

Date: 8/16/16

Personal Representative(s) (Name/Rank): _____

Translator Required (circle one) YES / NO Language: Arabic

Translator (Name): _____

Yes	No	Detainee Election
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Detainee elected to meet with Personal Representative (PR)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Detainee elects the assistance of Private Counsel (PC), <i>at no cost to the US Government</i> . PC Name(s): _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Detainee elects to participate in the Periodic Review Board (PRB) process or the hearing.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Detainee elects to attend his/her PRB hearing.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The detainee received a copy of the unclassified summary of the factors and information the PRB will consider to determine if he still represents a continuing significant threat to the security of the United States. <i>Date:</i> _____

PR Comments:

PR PRINT & SIGN _____ DATE _____

TRANSLATOR/WITNESS _____ SIGN /DATE 8/16/16

PERIODIC REVIEW BOARD INITIAL HEARING, 16 JUN 2016
MOHAMED MANI AHMAD AL KAHTANI, ISN 063
DETAINEE STATEMENT

To the members of the Periodic Review Board,

I am detainee ISN #063. I am writing this statement in order to describe my personality and explain my conditions in this detention facility. I truly lived a peaceful life among the rest of the detainees in this facility. I am known to be a polite person who respects others. Also, I tend to resolve conflicts between detainees whenever I am able to do so. The administration also knows me for being compliant, calm, respecting the rules and not creating problems.

I am very eager to return to my family and my parents. I am willing to live with them for the rest of my life. Moreover, I suffer severe allergies in addition to psychological problems. Yet, I remain optimistic that you will understand the critical condition I am suffering from. I am in dire need to return to my family and treat my condition.

Thank you,

ISN 063

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AUTHORIZED BY JTF GTMO, JDG FOR ISN: 000063



AUTHORIZED BY JTF GTMO, JDG FOR ISN: 000063

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DEPARTMENT OF DEFENSE
PERIODIC REVIEW SECRETARIAT

06 JUN 2016

MEMORANDUM FOR Periodic Review Board

FROM: PRS Personal Representative LTC [REDACTED]

SUBJECT: Detainee Statements Posted on PRS Website ICO ISN 063

1. I have advised ISN 063 that his statements, either written or in response to questions during the Board, may be posted on the public Periodic Review Secretariat website, subject to any U.S. Government clearance procedures. I have also advised him that other documents relating to his case will be posted, including the government's unclassified summary, the opening statements of his PR and PC, the transcript of the public session of his Board, and the unclassified summary of the final determination of the Board.

2. ISN 063 has agreed to permit the posting of any statement he has submitted, and his responses to the questions asked by the Board, to the PRS public website.

6/6/2016

X [REDACTED]

LTC [REDACTED]
Personal Representative
Signed by: [REDACTED]

WITNESS DOCUMENTS

WRITTEN STATEMENT 4.2

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EMILY A. KERAM, MD
1160 N. DUTTON AVENUE, SUITE 255
SANTA ROSA, CA 95401
TEL: 707.525.0800 FAX: 707.526.8868

June 5, 2016

Ramzi Kassem
City University of New York School of Law
2 Court Square
Long Island City, NY 11101

Re: Mohammed al-Qahtani

Dear Professor Kassem:

At your request, I evaluated Mohammed al-Qahtani, an approximately 36-year-old single Saudi Arabian national, who has been detained under the command of Joint Task Force Guantanamo (JTF-GTMO) since February 2002. I met with Mr. al-Qahtani in Camp Echo for approximately 39 hours from 5/22/15 to 5/27/15. [REDACTED]
[REDACTED]

The following report contains my evaluation and opinions regarding Mr. al-Qahtani. I reserve the right to modify these should additional material become available in the future. I will provide a supplemental report should you request additional opinions in the future. This report contains only unclassified information and information that was obtained through independent investigation.

Qualifications

I am board certified in Psychiatry and Neurology with sub-specialization board certification in Forensic Psychiatry. I have been in practice for over 20 years. I have treated patients with Posttraumatic Stress Disorder (PTSD) secondary to both combat stress and Prisoner of War confinement, at the US Department of Veterans Affairs Community Based Outpatient Clinic in Santa Rosa, CA for 14 years. I also have expertise in treating mood and psychotic disorders, as well as traumatic brain injury (TBI). I have worked as a clinician and a forensic evaluator in a number of jails and prisons in the Federal Bureau of Prisons, state prisons, and local detention facilities in North Carolina and California. I am familiar with accepted standards of conditions of confinement and provision of medical and mental health services to individuals incarcerated in local, state, and federal confinement facilities in the United States.

I have evaluated several GTMO detainees over the past ten years at the request of the Office of Military Commissions-Defense Counsel, the United States District Court,

Re: Mohammed al-Qahtani

District of Columbia, and several habeas attorneys. The following are some of the issues I have evaluated in previous assessments of GTMO detainees:

1. Diagnostic assessment, functional assessment, required treatment, and prognosis
2. Capacity to participate in legal proceedings
3. Whether conditions of interrogation at Bagram and Kandahar Airfields and GTMO were consistent with conditions known to be associated with false confessions
4. Rehabilitative potential
5. Effects of conditions of confinement at GTMO on detainee mental and physical health
6. JTF-GTMO Hunger Strike policy and procedures
7. Joint Medical Group (JMG)-GTMO behavioral health services

With respect to testimony, I have qualified as an expert witness in the States of California and Arizona; U.S. District Courts in California, Washington, North Carolina and the District of Columbia; as well as in the tribunal of the Military Commissions at the U.S. Naval Station Guantanamo Bay, Cuba.

Reason for referral

Mr. al-Qahtani was referred for evaluation and opinion of the following issues:

1. Mr. al-Qahtani's psychiatric diagnoses prior to entering the custody of the United States
2. Effect of Mr. al-Qahtani's pre-existing mental illness on his decision-making
3. Effect of Mr. al-Qahtani's pre-existing mental illness on his vulnerability to conditions of confinement and interrogation while in U.S. custody
4. Impact of conditions of confinement and interrogation on the voluntariness, reliability, and credibility of statements Mr. al-Qahtani made to interrogators
5. Mr. al-Qahtani's current psychiatric diagnoses and their causation
6. Mr. al-Qahtani's treatment recommendations and prognosis

Collateral information

Collateral information reviewed in this matter was obtained from your office and included the following:

1. Medical and psychiatric records, King Abdul Aziz Hospital in the Holy Capital (Mecca), 5/20/2000 to 5/24/2000.
2. In addition, on May 28, 2016, I spoke with [REDACTED], immediate elder brother of Mohammed al-Qahtani by telephone. [REDACTED]

Re: Mohammed al-Qahtani

Medical and behavioral health records from the Joint Medical Group (JMG), JTF-GTMO that were reviewed in this matter will not be discussed in this report.

Classified materials that were reviewed in this matter will not be discussed in this report.

Non-confidentiality appraisal

At the outset of the evaluation, I explained to Mr. al-Qahtani that we did not have a physician-patient relationship. I informed him that I had been asked by his counsel to evaluate certain aspects of his mental health. I stated that I would not keep material we discussed confidential.

Opinions

The following are my opinions to a reasonable degree of medical probability. Please note that diagnostic criteria for mental illness are taken from the Diagnostic and Statistical Manual, 5th edition, of the American Psychiatric Association.

Mr. al-Qahtani's psychiatric diagnoses prior to entering the custody of the United States

Mr. al-Qahtani had the following psychiatric diagnoses prior to entering the custody of the United States:

1. Schizophrenia
2. Major depression, recurrent, moderate to severe
3. Rule out mild neurocognitive disorder due to traumatic brain injury (TBI)

Schizophrenia

Schizophrenia is a chronic and disabling brain illness that affects the way people think, feel, and perceive the world around them. The diagnostic criteria for schizophrenia include the presence of two or more of the following "active phase" symptoms: delusions (fixed false beliefs); hallucinations (sensory perception in the absence of stimuli, most commonly auditory); disorganized speech; grossly disorganized or catatonic behavior; and negative symptoms (i.e., restricted affect or asociality.) Symptoms impair functioning in major areas and must be continuous for at least six months. Finally, DSM-5 diagnostic criteria for schizophrenia require that other psychotic illnesses, substance use, or general medical conditions have been ruled out as the cause of symptoms.

With respect to his diagnosis of schizophrenia, Mr. al-Qahtani stated he developed psychotic symptoms in childhood. His illness presented with paranoid ideation that worsened in his teens and twenties. His brother recalled episodes of extreme behavioral dyscontrol, citing an example in which the Riyadh police called the family stating that they had found Mr. al-Qahtani naked in a garbage dumpster. Both Mr. al-Qahtani and his brother recall his experiencing auditory hallucinations. His brother recalled an episode in

Re: Mohammed al-Qahtani

which Mr. al-Qahtani threw his new cell phone from a moving car because he believed it was making him "tired." [I note that both Mr. al-Qahtani and his brother used the word "tired" as a euphemism for periods of time during which Mr. al-Qahtani experienced or exhibited psychotic symptoms.]

In May 2000, Mr. al-Qahtani was hospitalized for an acute psychotic break he experienced while in Mecca. He was treated at the King Abdul Aziz Hospital in the Holy Capital (Mecca). Medical records from this admission show that Mr. al-Qahtani was admitted from 5/20/2000 to 5/24/2000 on a memorandum issued by the al-Aziziya Police Station that described Mr. al-Qahtani as having made attempts to throw himself in the middle of the street. Mr. al-Qahtani was admitted to the men's psychiatric unit and treated with the antipsychotic Serenase (haloperidol) and the sedative hypnotic Valium (diazepam). Mr. al-Qahtani reported that he wanted to commit suicide. He reported a past history of treatment and was described as delusional during the admission. He was discharged to the care of his father. [Please see attached records.]

Mr. al-Qahtani described a brief period of outpatient treatment in Riyadh following his return home. As he did prior to the admission, he continued to see a "reader," a traditional healer who used the Koran to exorcise "djins" [spirits or demons] who are believed to cause psychotic symptoms in certain cultures.

Major depression, recurrent, moderate to severe

Mr. al-Qahtani developed episodic depression in response to the impact of schizophrenic symptoms on his life's trajectory. The number and severity of his depressive symptoms support a diagnosis of major depression with recurrent episodes, moderate to severe. The DSM-5 diagnostic criteria for major depression require the presence of five or more symptoms of depression present for at least a two-week period. These symptoms include depressed mood, anhedonia, weight loss, sleep disturbance, psychomotor changes, anergia, worthlessness, impaired concentration, and recurrent thoughts of death. Symptoms must cause significant distress or impairment in functioning. Other causes of mood symptoms must be ruled out to make a diagnosis of major depression. The diagnosis is followed by two specifiers. The first delineates the presence of one or multiple mood episodes. The second specifier indicates the number of symptoms, their severity and their impact on functioning. The specifier "mild" is used when the diagnosis of major depression is made based on the presence of the minimum number of required symptoms and/or when symptoms cause mild distress and impairment in functioning. The specified "severe" is used when the number of symptoms present far exceeds the number required to make the diagnosis and/or when symptoms cause severe distress and impairment in functioning. The specifier "moderate" is used when symptom number and intensity fall in between the mild to severe range.

Mr. al-Qahtani described four to five discrete episodes of major depression beginning in late adolescence and early adulthood. Early episode was precipitated by a significant failure in meeting his expected educational, occupational, or family goals and responsibilities. His more recent episodes were caused by the extreme conditions of his

Re: Mohammed al-Qahtani

confinement and interrogations. Symptoms included "strong depression," anergia, psychomotor changes, worthlessness, hopelessness, increased difficulty with concentration, and thoughts of death. Mr. al-Qahtani experienced more than the minimum number of symptoms required to make a diagnosis of major depression. Mr. al-Qahtani's functioning has experienced moderate to severe distress impairment of functioning during episodes of depression.

Rule out mild neurocognitive disorder due to traumatic brain injury (TBI)

In medicine, the term "rule out" is used to identify diagnoses that may be present but for which additional information may be necessary to make the diagnosis with certainty. For example, in this instance, neuropsychological testing would be helpful in assessing Mr. al-Qahtani's cognitive status.

With respect to the rule out diagnosis of mild neurocognitive disorder due to traumatic brain injury (TBI), Mr. al-Qahtani reported a history of several head injuries in motor vehicle accidents (MVA's). The first TBI occurred when he was approximately eight years old. He was in an MVA in which he was ejected from the vehicle. He experienced a loss of consciousness at the scene. He had a lengthy hospitalization followed by home convalescence before he returned to school.

Mr. al-Qahtani reported severe cognitive decline following the first TBI at eight years old. He developed chronic impairment in concentration, memory, learning and reading. Cognitive impairment negatively affected his academic performance. "It took me six years to finish middle school instead of three." He did not attend university and was not able to maintain employment.

Mr. al-Qahtani experienced a second MVA while in middle school. He hit his head but did not lose consciousness. He experienced another TBI in high school following an MVA in which he was driving. He suffered a loss of consciousness and was hospitalized for several days.

Effect of Mr. al-Qahtani's pre-existing mental illness on his decision-making

Mr. al-Qahtani's capacity for independent and voluntary decision-making was severely impaired by his pre-existing psychiatric diagnoses. At a minimum, the disruption in his educational, occupational, and social functioning, coupled with his cognitive impairment, psychotic symptoms, and mood disturbance left him profoundly unlikely to achieve his previous life goals of a career, friendships, marriage, and raising a family. This likely left him profoundly susceptible to manipulation by others who appear to offer meaningful relationships, a sense of belonging, and the opportunity to be a positive contributor.

Depending on the content of hallucinations or delusions he experienced, he may have also developed an irrational understanding of these relationships and contributions and was likely to be impaired in his ability to learn, understand, make decisions, and plan a successful course of action with respect to group activities. His psychological and

Re: Mohammed al-Qahtani

cognitive deficits would be recognized by others, leading him to be vulnerable to manipulation and coercion.

Effect of Mr. al-Qahtani's pre-existing mental illness on his vulnerability to conditions of confinement and interrogation while in U.S. custody

Included among the conditions of confinement and interrogation to which Mr. al-Qahtani was subjected were periods of solitary confinement, sleep deprivation, extreme temperature and noise exposure, stress positions including short-shackling, forced nudity, body cavity searches, sexual assault and humiliation, beatings, strangling, threats of rendition, and water-boarding. He was not allowed to use the toilet and was forced to urinate on himself repeatedly. Medical and mental health staff members were involved in his interrogations, for example, monitoring his vital signs, administering intravenous fluids, and influencing interrogation approach. This maltreatment took place in various locations, primarily when he was housed in the Brig. Even in the absence of pre-existing psychiatric illness, exposure to severely cruel, degrading, humiliating, and inhumane treatment such as that experienced by Mr. al-Qahtani is known to have profoundly disruptive and long-lasting effects on a person's sense of identity, selfhood, dignity, perception of reality, mood, cognitive functioning, and physiology.

Mr. al-Qahtani's pre-existing psychotic, mood, and cognitive disorders made him particularly vulnerable to disruptions of his sense of self, place, and time due to the conditions of confinement and interrogation he experienced. He described feeling profoundly isolated, hopeless, and helpless. "I can tell you I was all alone in the world. I couldn't find a way to stop the torture. I couldn't find a way to kill myself." Conditions in the Brig and interrogations were particularly difficult. "The intensity I had to kill myself was not the intensity to die, it was the intensity to stop the psychological torture, the horrible pain of solitary confinement...the symptoms of psychological torture were horrific. It was even worse than the effects of the physical torture."

Mr. al-Qahtani experienced psychotic symptoms during solitary confinement and interrogations. He described auditory and visual hallucinations of ghosts. He also frequently heard a bird talking to him from outside the Brig, reassuring him that he was still alive.

Mr. al-Qahtani stated that he found it difficult to find the words to describe the profound destructive effects of solitary confinement. "I need to tell you that solitary confinement has destroyed me. Just to describe it to you in a simple way, I will use simple words but it will mean a lot. Solitary confinement was like a huge mountain that was on top of me. And the pressure on me was so high it squeezed tears out of my eyes." Mr. al-Qahtani stated that he was living outside of time. "I had no sense of it passing, no definition to mark it. I found that I had pooped on myself. I would find myself in hysterics. I was crying and crying and crying. I found myself talking to myself, talking to the interrogators, talking to my family. And then I would feel an internal calmness. I found myself separating myself from myself. The pressure on me was so great." Mr. al-Qahtani described an endless cycle of talking to himself, the interrogators, and his family, then

Re: Mohammed al-Qahtani

finding himself crying, then being overcome by a deep stillness, and then finding that he had soiled himself.

Impact of conditions of confinement and interrogation on the voluntariness, reliability, and credibility of statements Mr. al-Qahtani made to interrogators

It is well established, both in the field and in academic literature, that the conditions of confinement and interrogation experienced by Mr. al-Qahtani are associated with false confessions. The profound physical and psychological torture Mr. al-Qahtani experienced during interrogations, coupled with his inability to control what was happening to him, led him to conclude that he had only two means of ending his suffering: suicide or compliance. He explained that he was unable to successfully suicide and so decided to provide his interrogators with the information he thought they wanted to hear. Thus, Mr. al-Qahtani's statements were coerced and not voluntary, reliable, or credible.

Mr. al-Qahtani's current psychiatric diagnoses and their causation

In addition to Mr. al-Qahtani's pre-existing psychiatric diagnoses, he has developed posttraumatic stress disorder (PTSD) as a result of the severely cruel, degrading, humiliating, and inhumane treatment he experienced during confinement and interrogation while in US custody.

PTSD is a psychiatric disorder caused by experiencing or witnessing a traumatic event that threatens life or physical integrity. Diagnostic criteria define several categories of symptoms. Re-experiencing symptoms include flashbacks, nightmares, and intrusive thoughts, images, or memories. Avoidance symptoms include avoidance of distressing trauma-related thoughts, feelings or external reminders of trauma such as people, places, conversations, etc. Negative alterations in cognitions and mood include traumatic amnesia, negative beliefs and expectations about oneself and the world, distorted blame of self or others, negative trauma-related emotions such as fear, horror, anger, guilt, or shame, anhedonia, feeling alienated from others, and a persistent inability to experience positive emotions. The final category of symptoms involves alterations in arousal and reactivity such as irritability, recklessness, hypervigilance, exaggerated startle response, poor memory, and sleep disturbance. Symptoms must be present for more than one month and cause distress or impairment. Other causes of symptoms must be ruled out.

Mr. al-Qahtani's PTSD symptoms include nightmares, intrusion, attempts to avoid distressing trauma-related thoughts, feelings, and conversations, negative expectations about himself and the world, fear, horror, shame, alienation, and difficulty experiencing positive emotions. He is hypervigilant with an exaggerated startle response. Pre-existing memory disturbance has worsened. Sleep disturbance is often present. These symptoms have been present for years and were present at the time of the current evaluation.

It has long been recognized that many skin disorders have a significant psychosomatic or behavioral component. Skin disorders with a psychophysiologic component are classified as psychocutaneous disorders. It is thought that inflammatory and immune-mediated

Re: Mohammed al-Qahtani

processes are activated in response to stress and anxiety in predisposed individuals. These processes result in the symptoms of psychocutaneous disorders.

Mr. al-Qahtani suffers from a psychocutaneous disorder thought to be either atopic dermatitis or lichen planus. Atopic dermatitis is produced mainly by scratching and flares with stress through psychoneuroimmunomechanisms. Worsening atopic dermatitis can further stress the patient, who then tends to scratch more and further worsen the dermatitis. Lichen planus, an inflammatory pruritic dermatitis, is often triggered or exacerbated by stress. The intense itching and discoloration with hyperpigmentation that typically occur with lichen planus can further fuel the stress.

Mr. al-Qahtani's cutaneous disorder was present throughout my evaluation. Skin lesions worsened in number and severity when discussing extremely traumatic events. These caused Mr. al-Qahtani obvious physical pain and psychological distress.

Mr. al-Qahtani's symptoms of PTSD are consistent with those exhibited by survivors of torture, cruel treatment, and coercion.

Mr. al-Qahtani experiences profound re-traumatization on exposure to reminders of maltreatment. My interview of him was extremely disruptive to his sense of identity and induced deep feelings of anxiety and shame. He often wept. Over the days of our interview he reported experiencing increase in the intensity and frequency of PTSD symptoms. These symptoms were triggered not only by discussion of the interrogations themselves, but also by discussions of subject matter his interrogators sought. Further exposure to these traumatic reminders should be avoided if possible.

Mr. al-Qahtani's treatment recommendations and prognosis

Appropriate treatment of Mr. al-Qahtani's psychiatric diagnoses requires a culturally-informed multi-disciplinary approach. Clinical treatment modalities should include supportive psychotherapy, cognitive-behavioral therapy, skills-based therapy, and psychotropic medication. Ideally this would first be provided in an inpatient setting to allow for a full assessment of his psychological and neurocognitive status and rehabilitation needs. Given his prolonged period of confinement, inpatient or residential treatment will likely be required until Mr. al-Qahtani gains the internal resources necessary to manage the stress of full re-integration into society. Given the nature of his diagnoses of schizophrenia, PTSD, and cognitive impairment, Mr. al-Qahtani will likely require lifelong mental health care.

In addition to clinical treatment, Mr. al-Qahtani requires culturally-informed approaches to understanding and addressing his symptoms. In his culture, symptoms of schizophrenia are thought to be caused by "djins" or spirits. Ridding a person of djins requires that a skilled healer read from the Koran over the affected person. This "reader" also assists in interpreting the person's symptoms in a way that allows them to continue to have a place in the family and society. In the United States, culturally recognized healers are often included in the larger treatment planning for patients with mental illness.

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Re: Mohammed al-Qahtani

Finally, 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. He trusts specific family members who have provided him with care and reassurance in the past. Family members know how to discuss his psychiatric illness with him in a way that supports his recovery. Acceptance of Mr. al-Qahtani back into his family as a loved and valued member will assist in alleviating symptoms such as depression, anxiety, shame, hopelessness, and feelings of alienation and detachment.

It is my opinion that Mr. al-Qahtani would receive effective treatment for his mental health conditions if he were to be repatriated to Saudi Arabia and provided access to medical and mental health care in connection with the Saudi Rehabilitation Program.

It is my opinion that Mr. al-Qahtani cannot receive effective treatment for his current mental health conditions while he remains in US custody at GTMO or elsewhere, despite the best efforts of available and competent clinicians. Several factors preclude effective treatment. These include the inability to develop long-term doctor-patient relationships given the rotation schedule of medical staff, lack of trust in the medical and mental health staff due to previous clinician involvement in interrogations (see page 5 above), lack of culturally-informed treatment modalities, and unavailability of family members to participate in treatment.

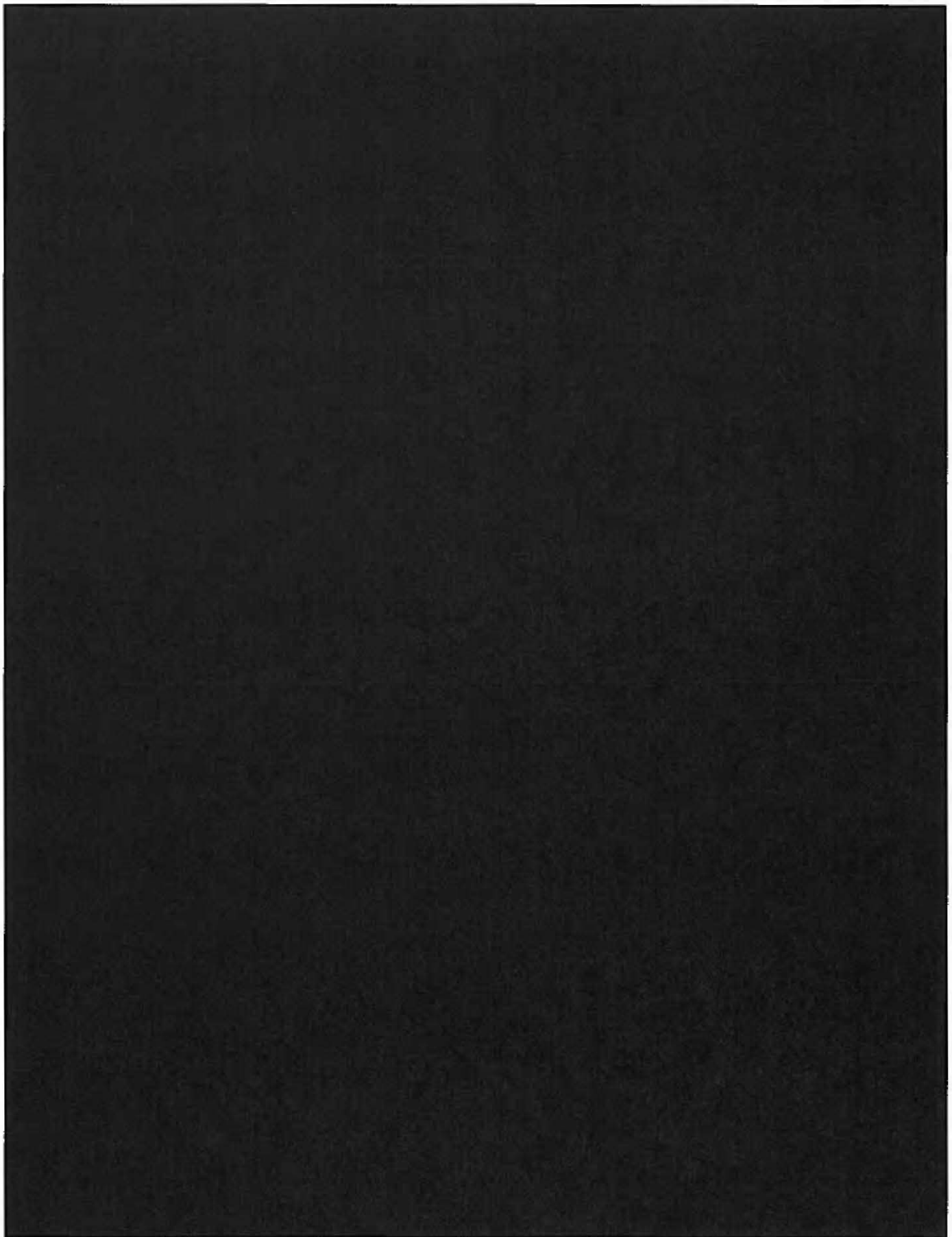
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Sincerely,



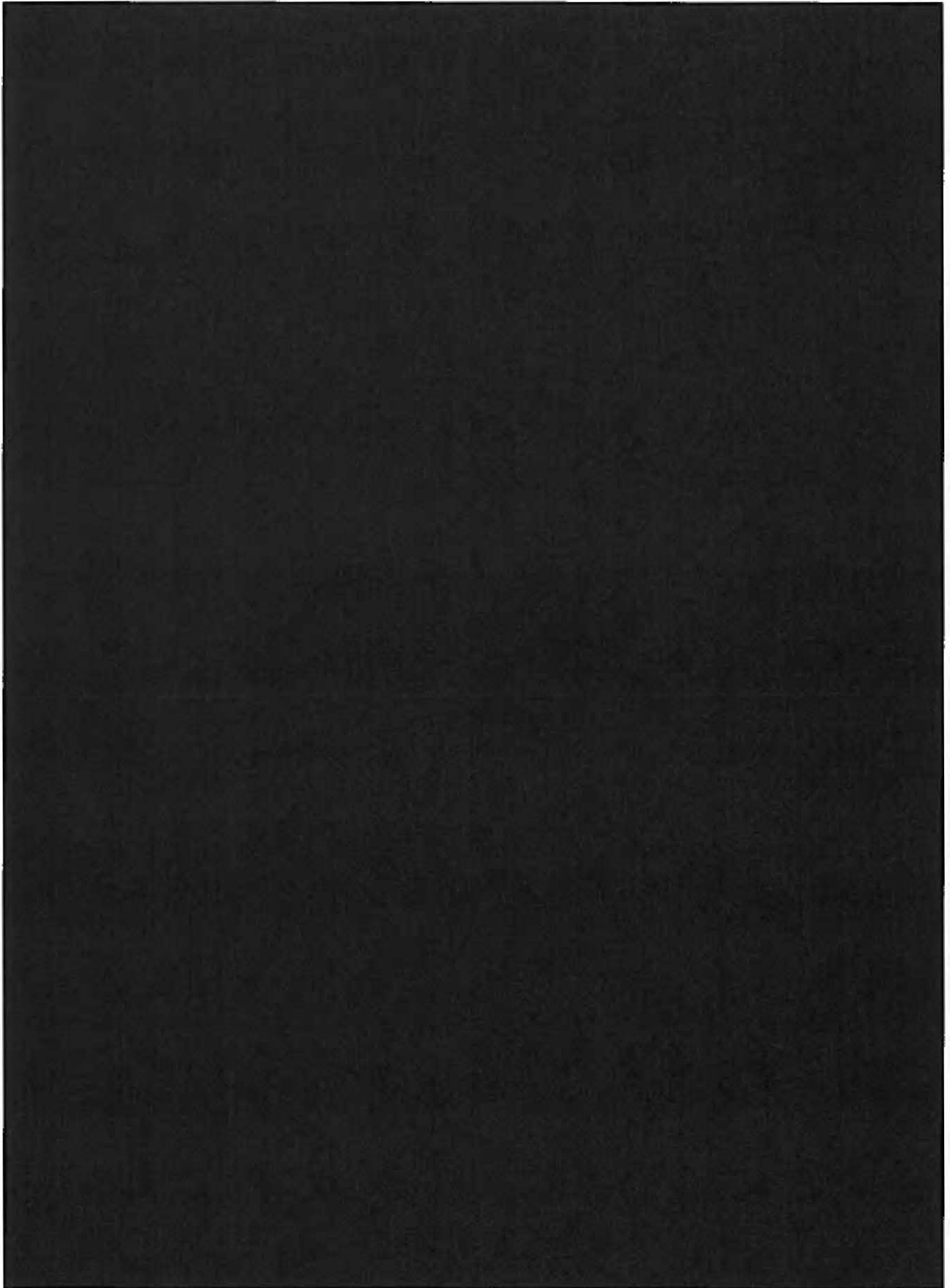
Emily A. Keram, MD

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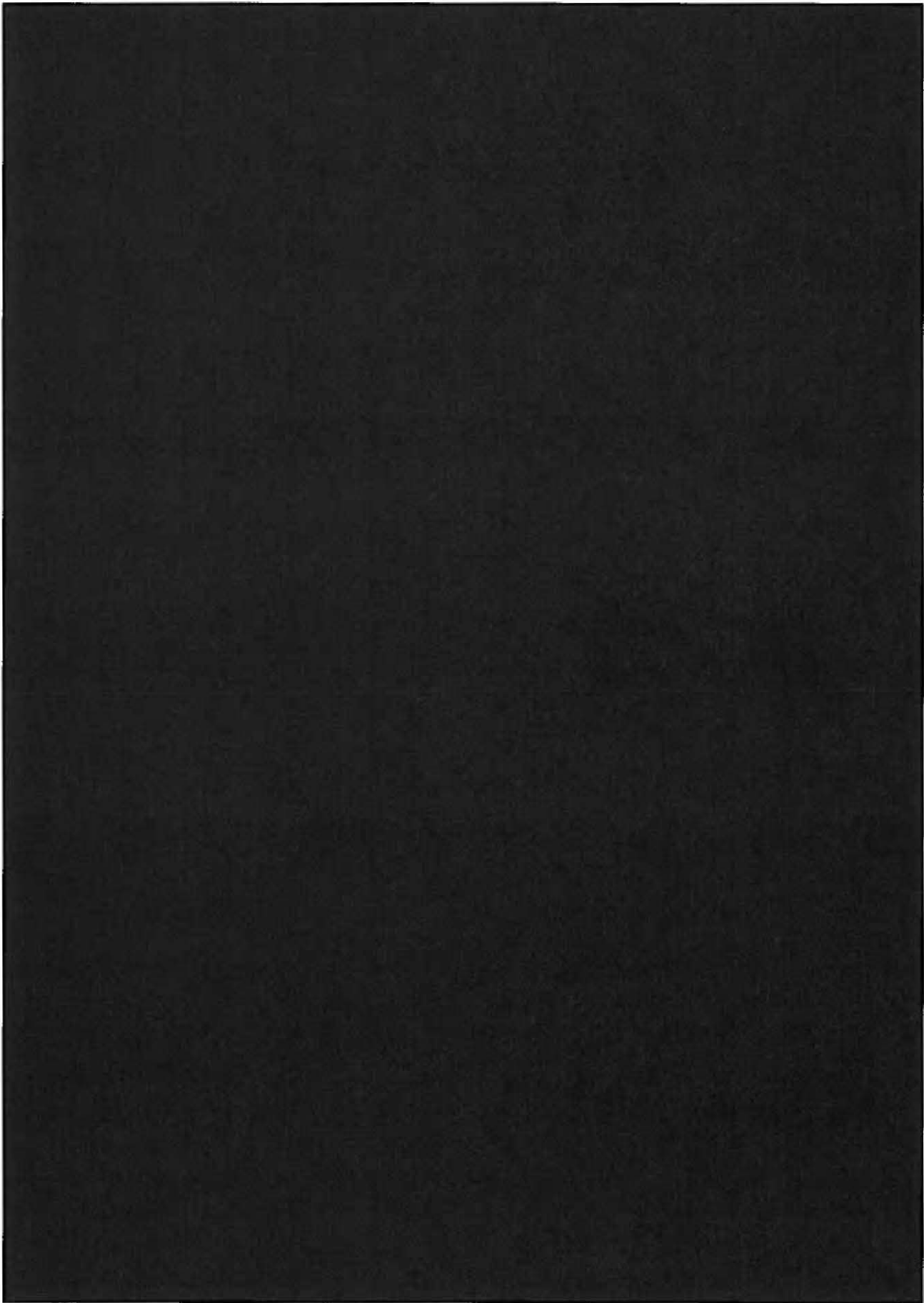
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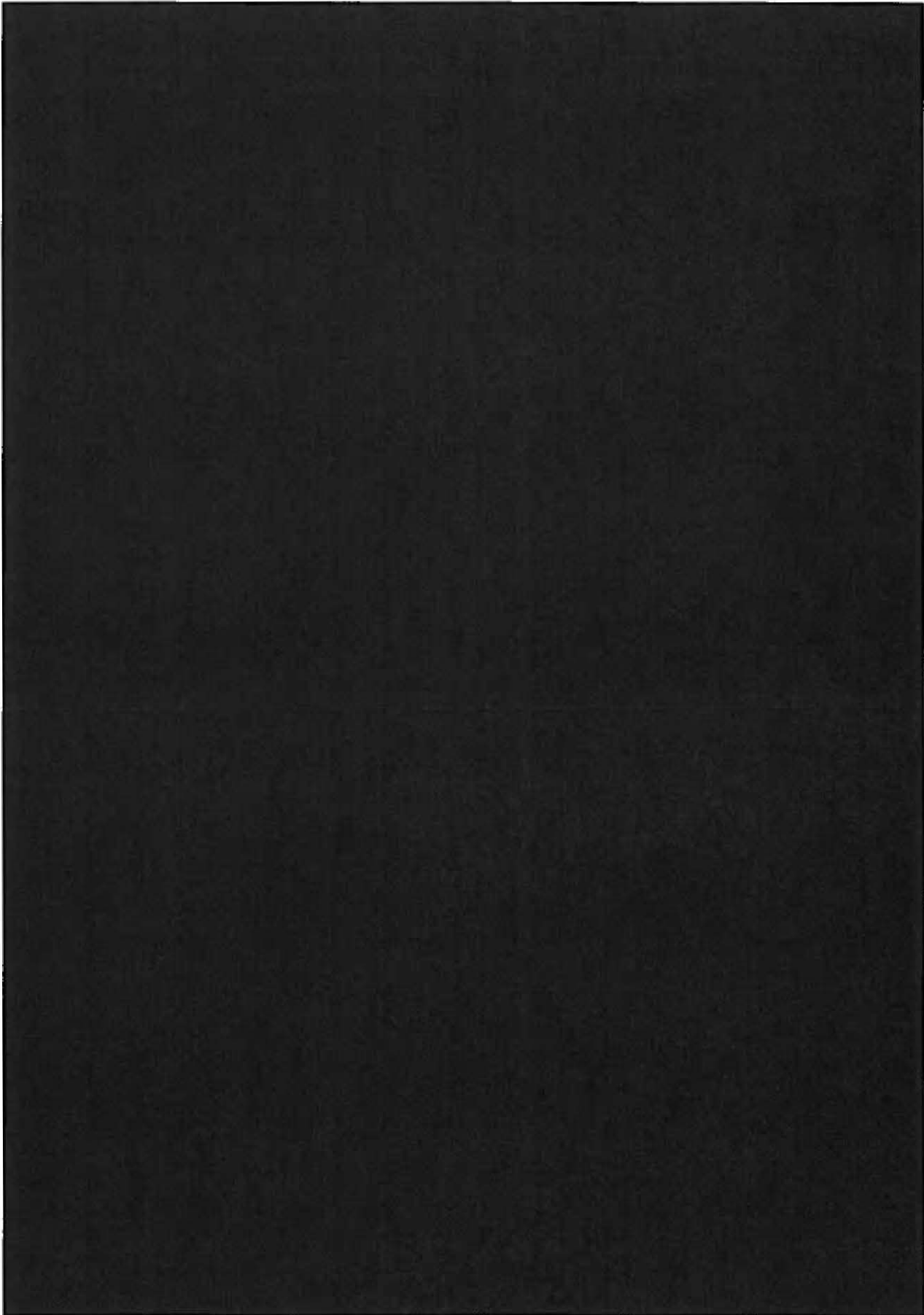
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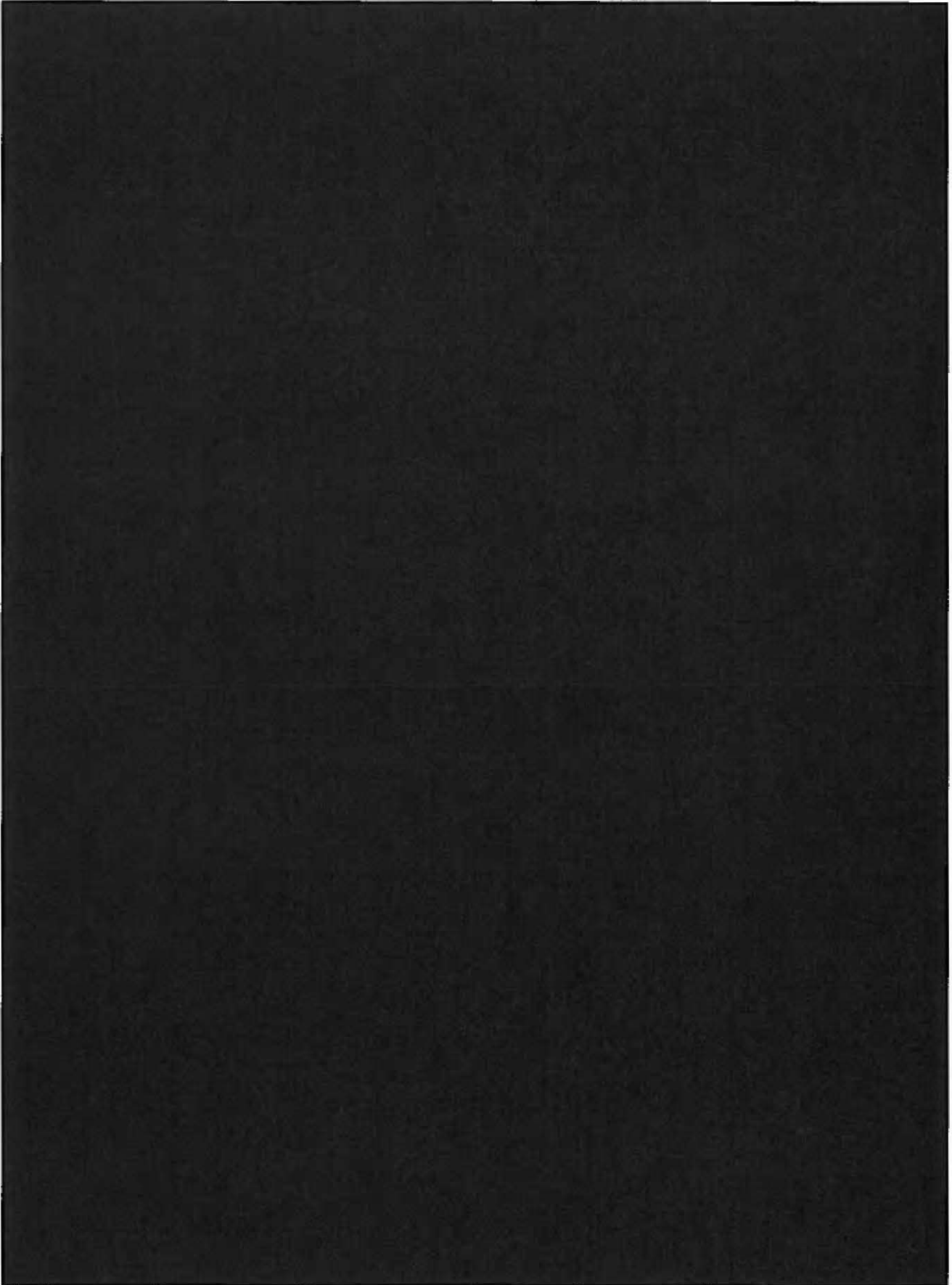
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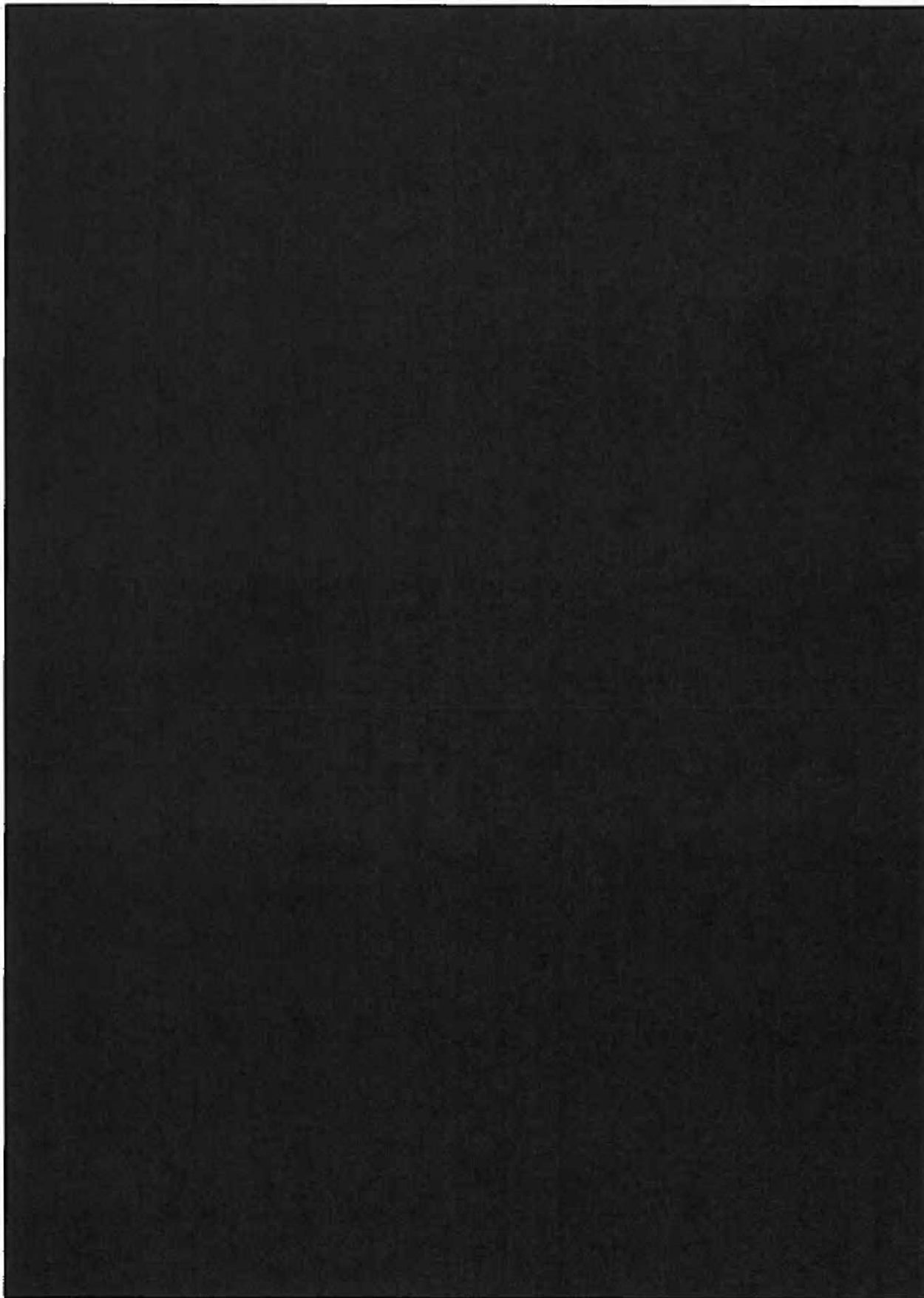
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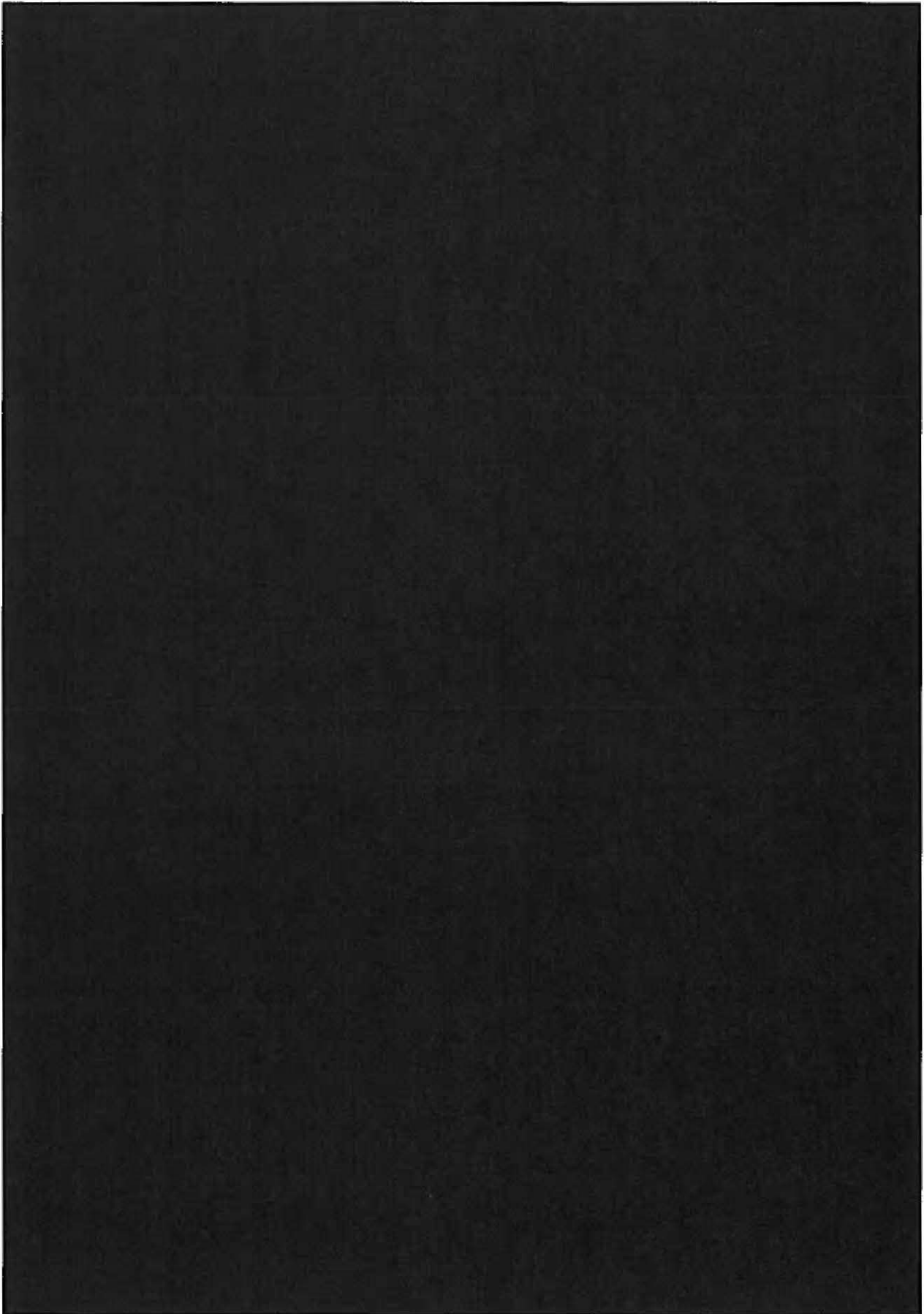
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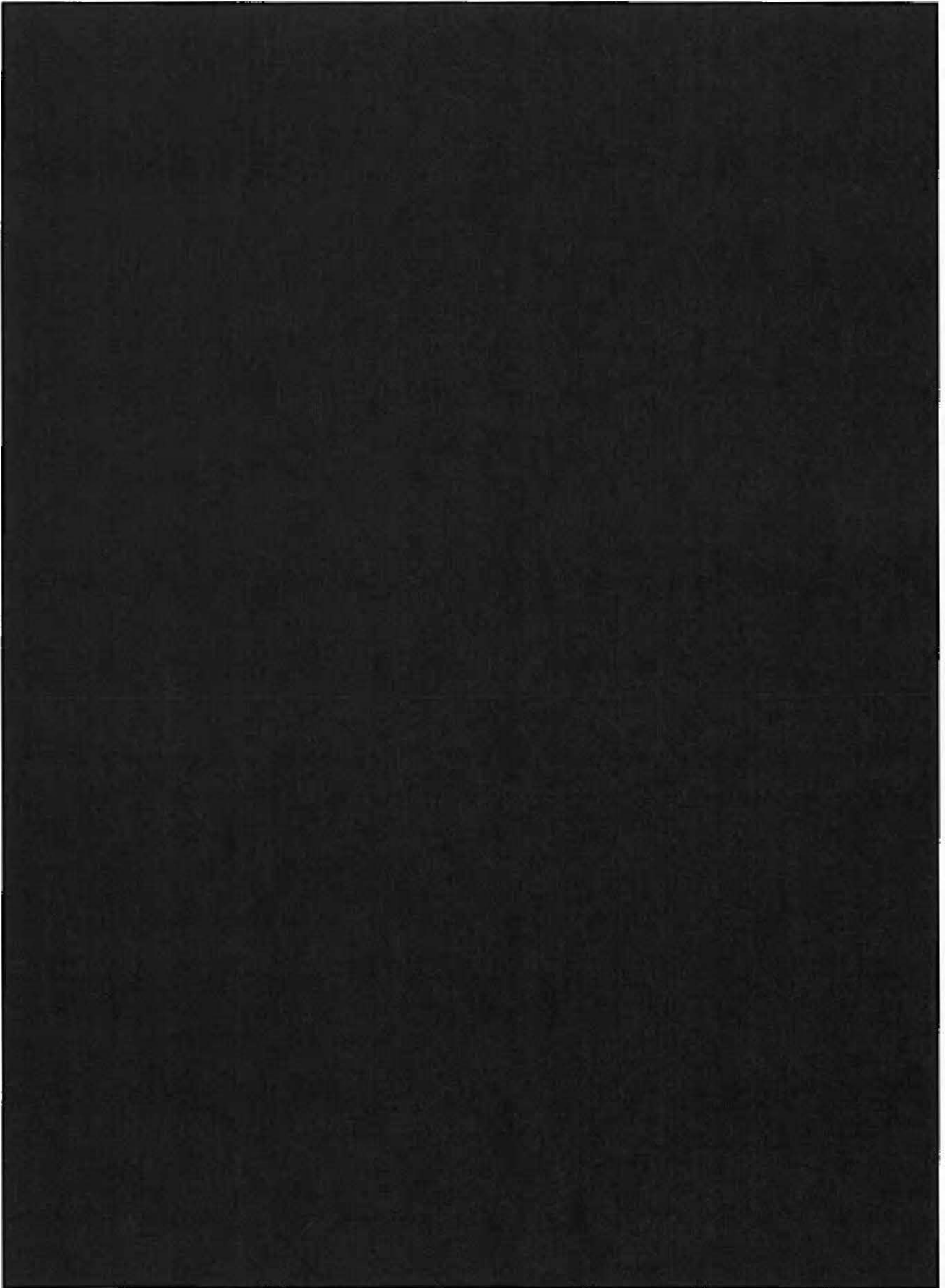
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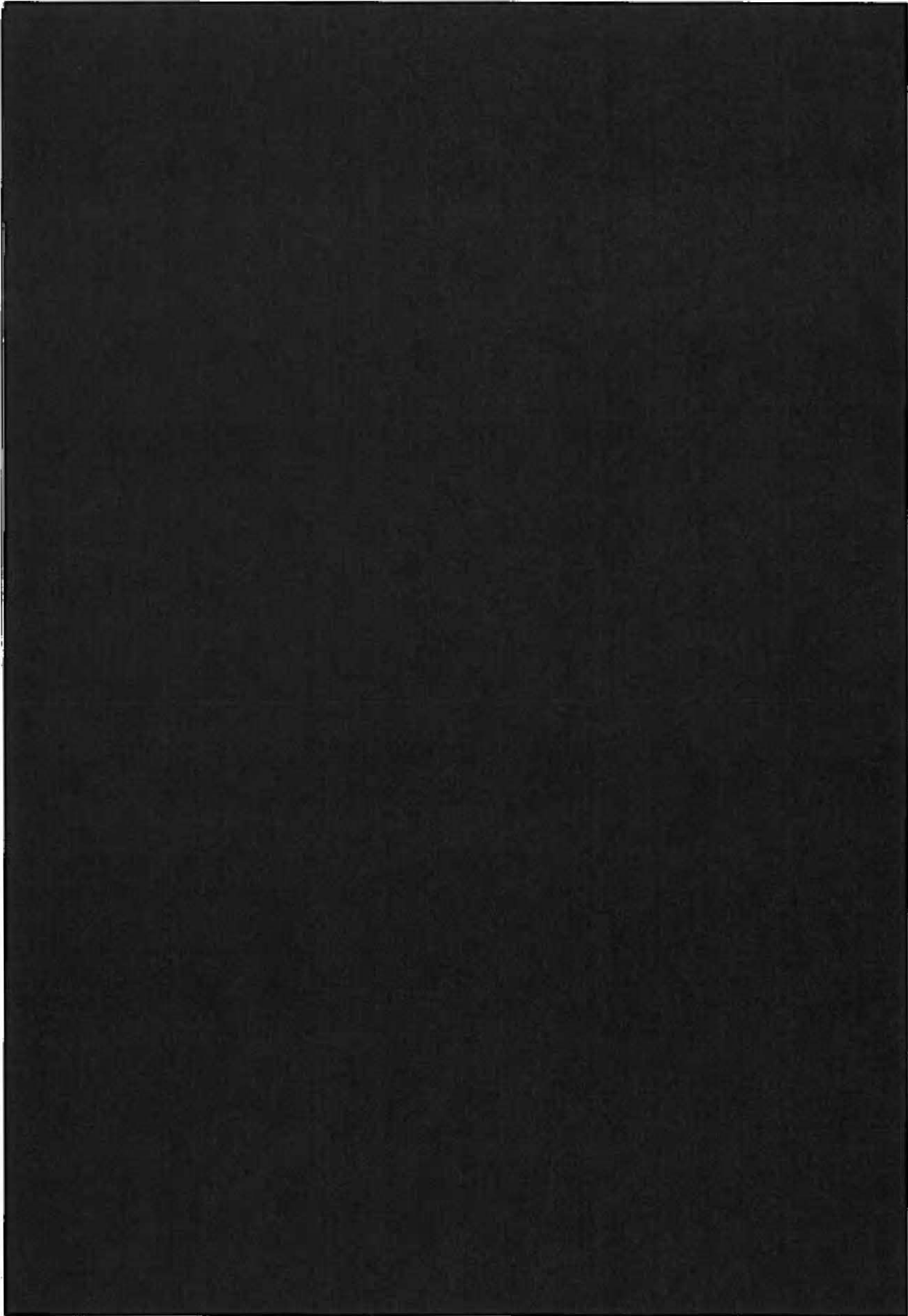
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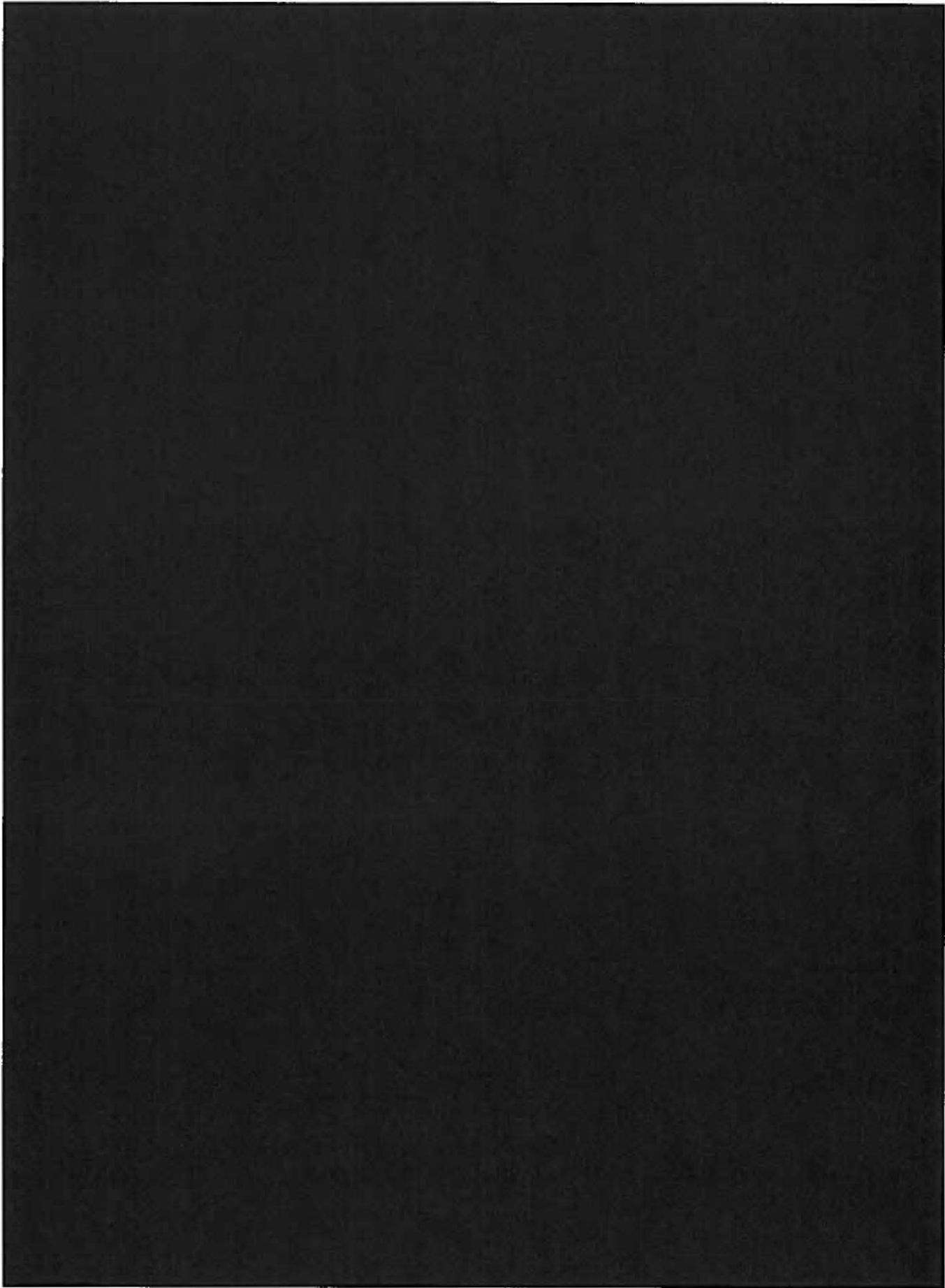
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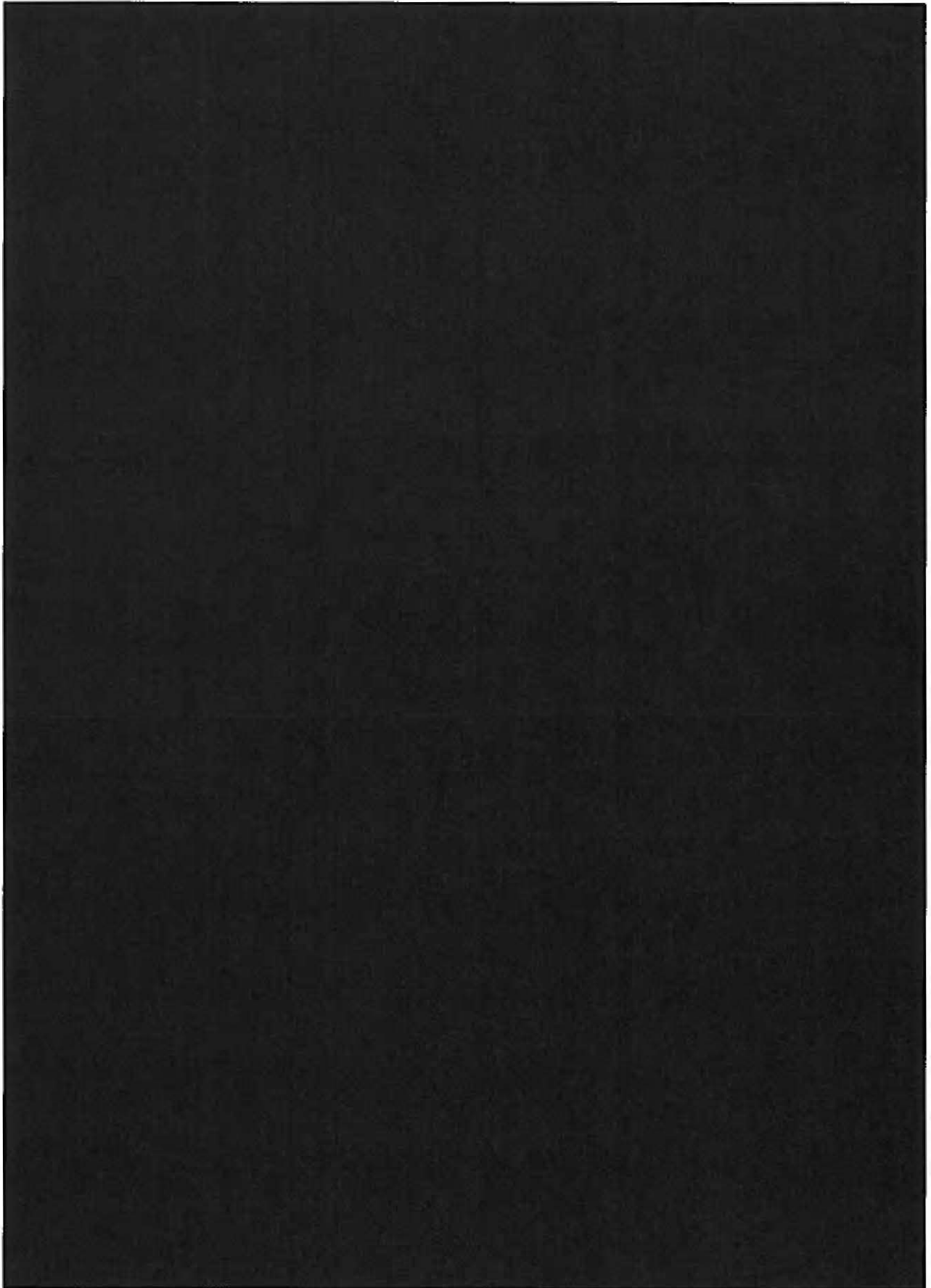
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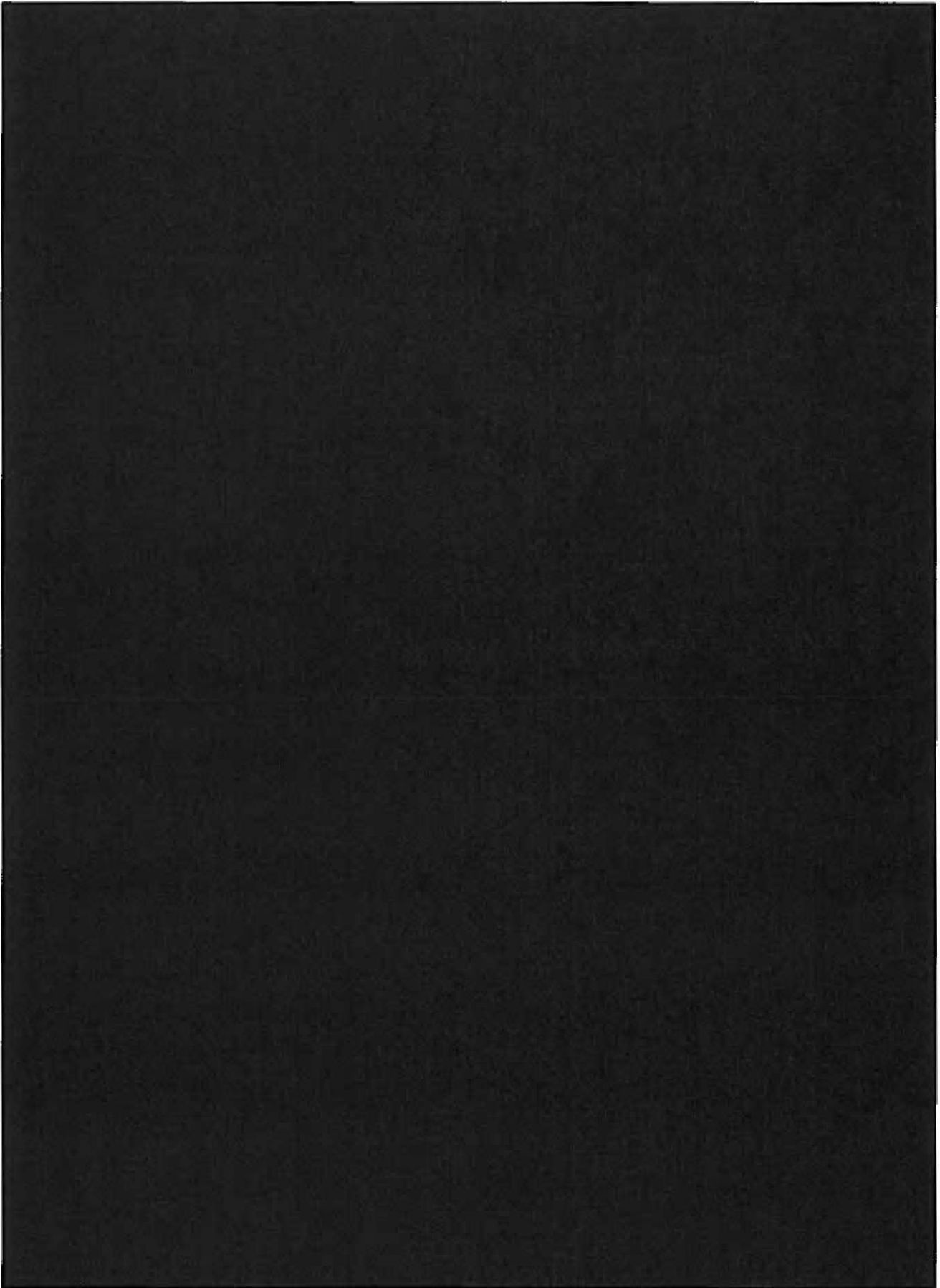
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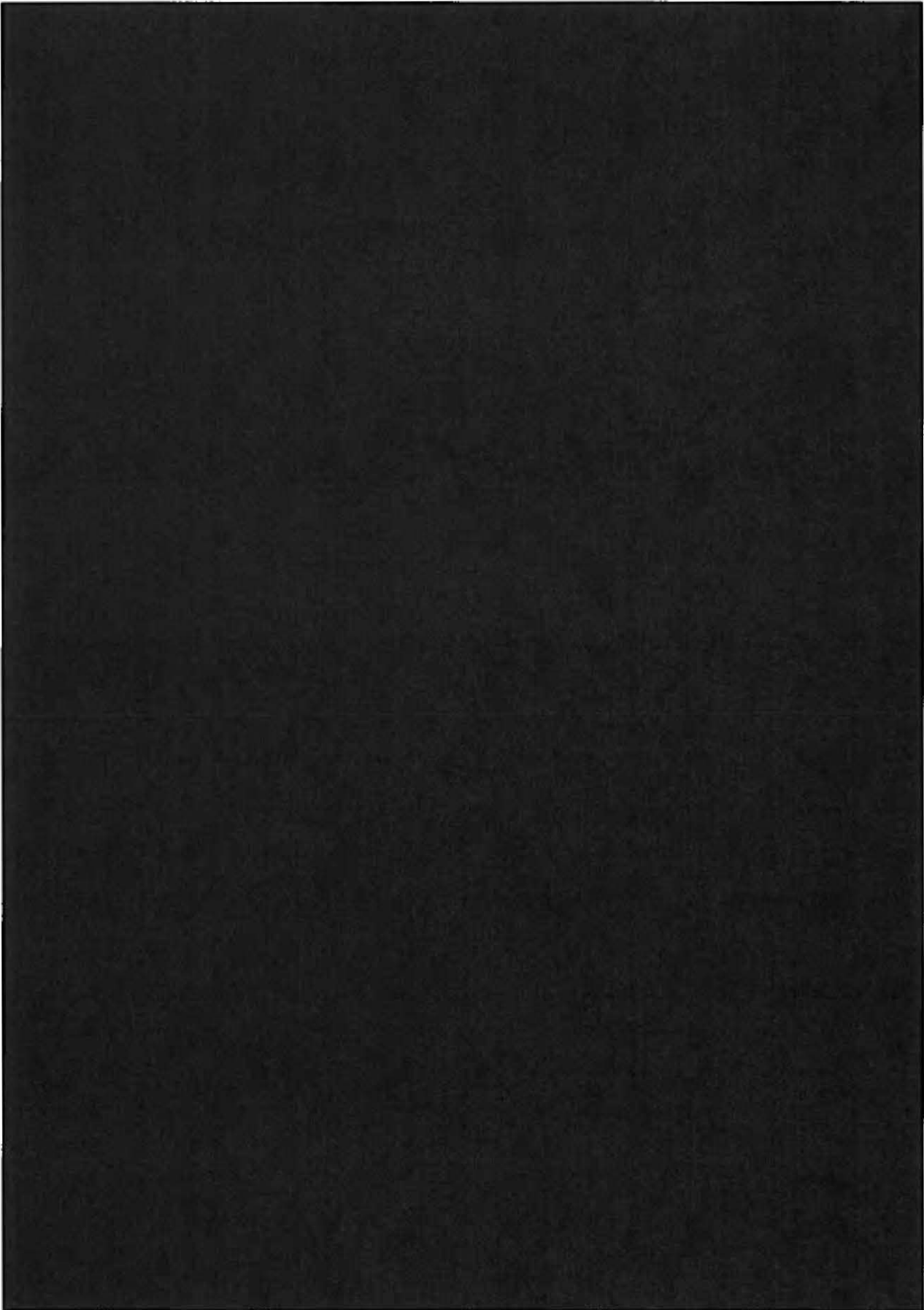
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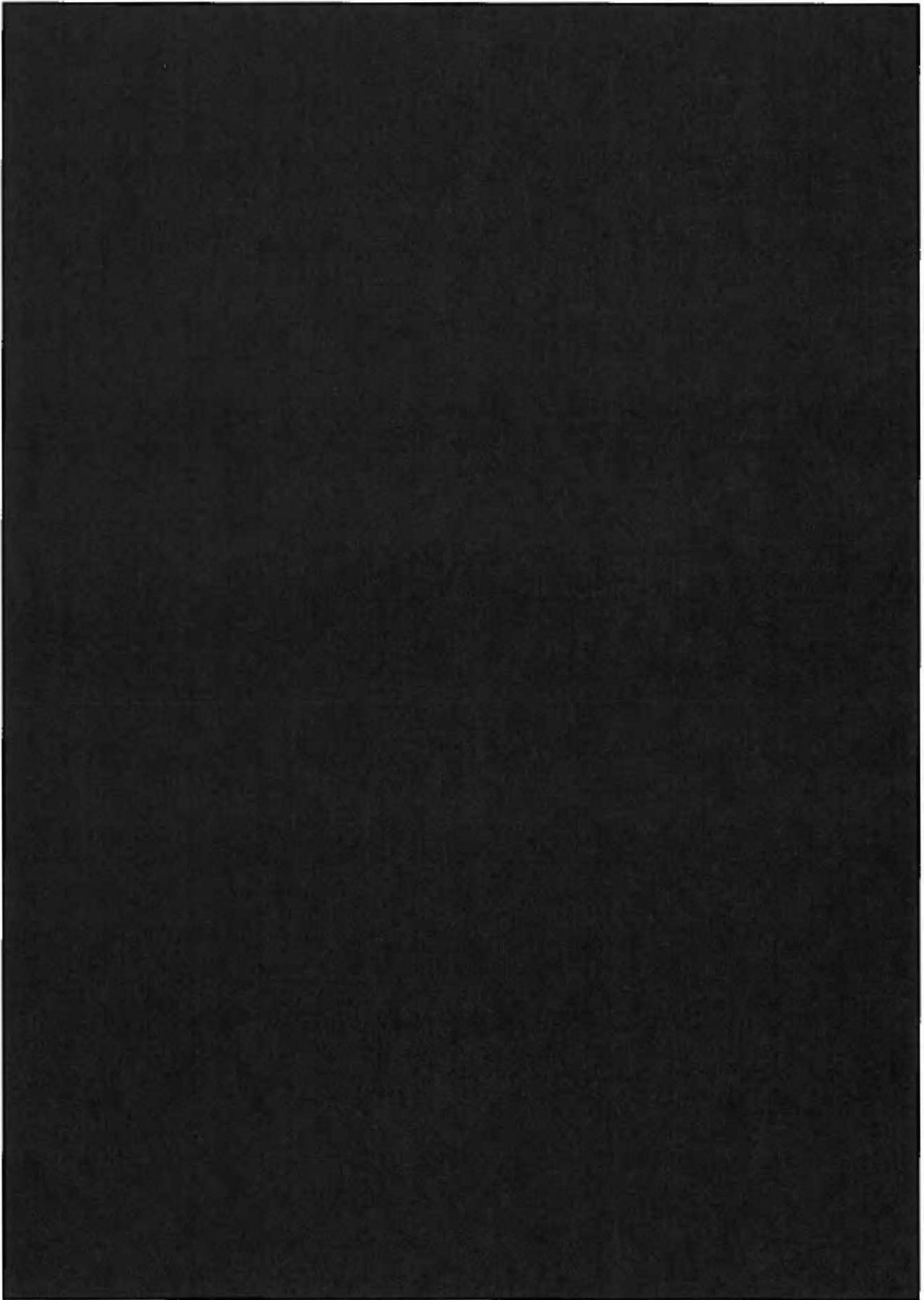
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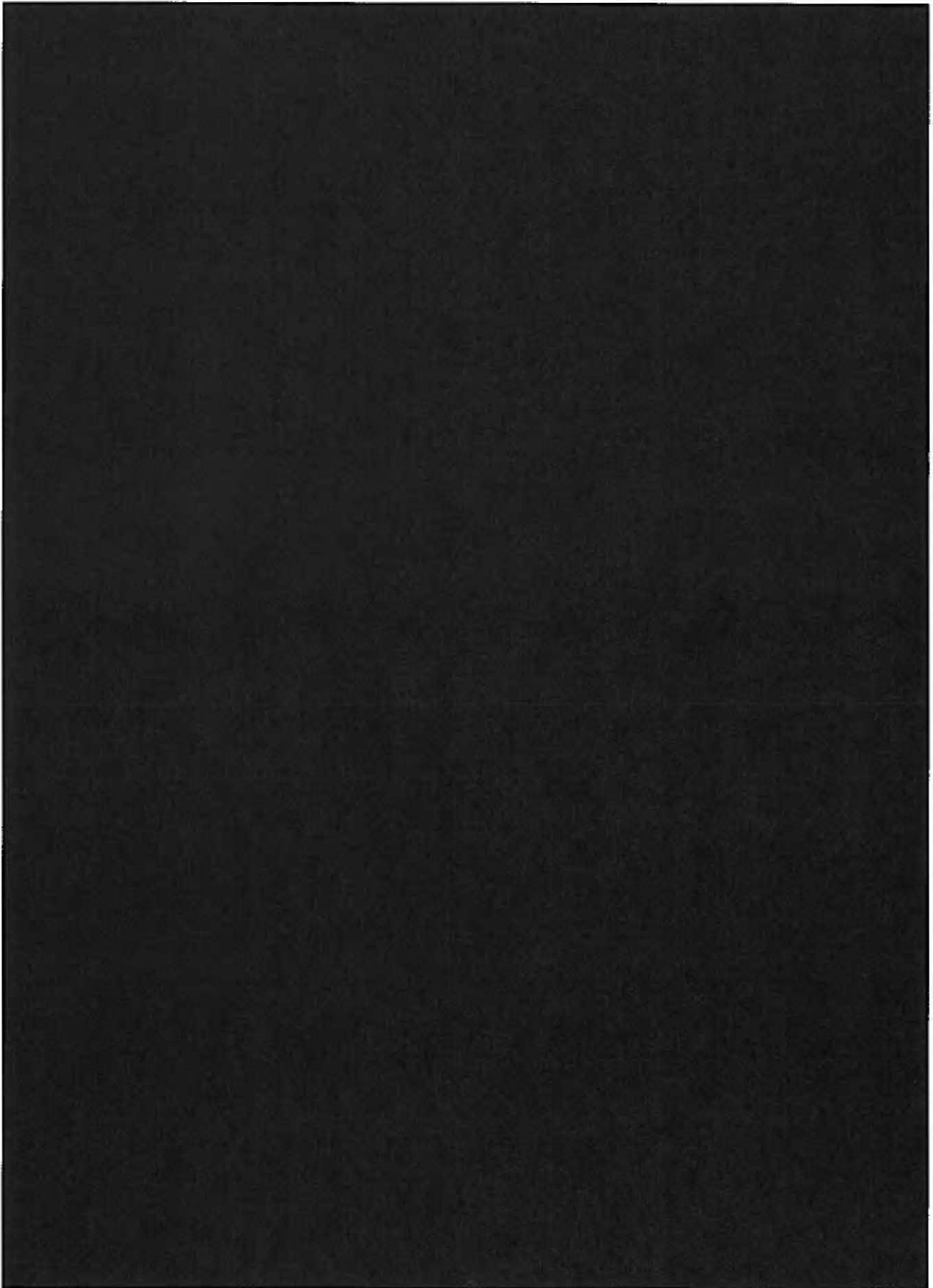
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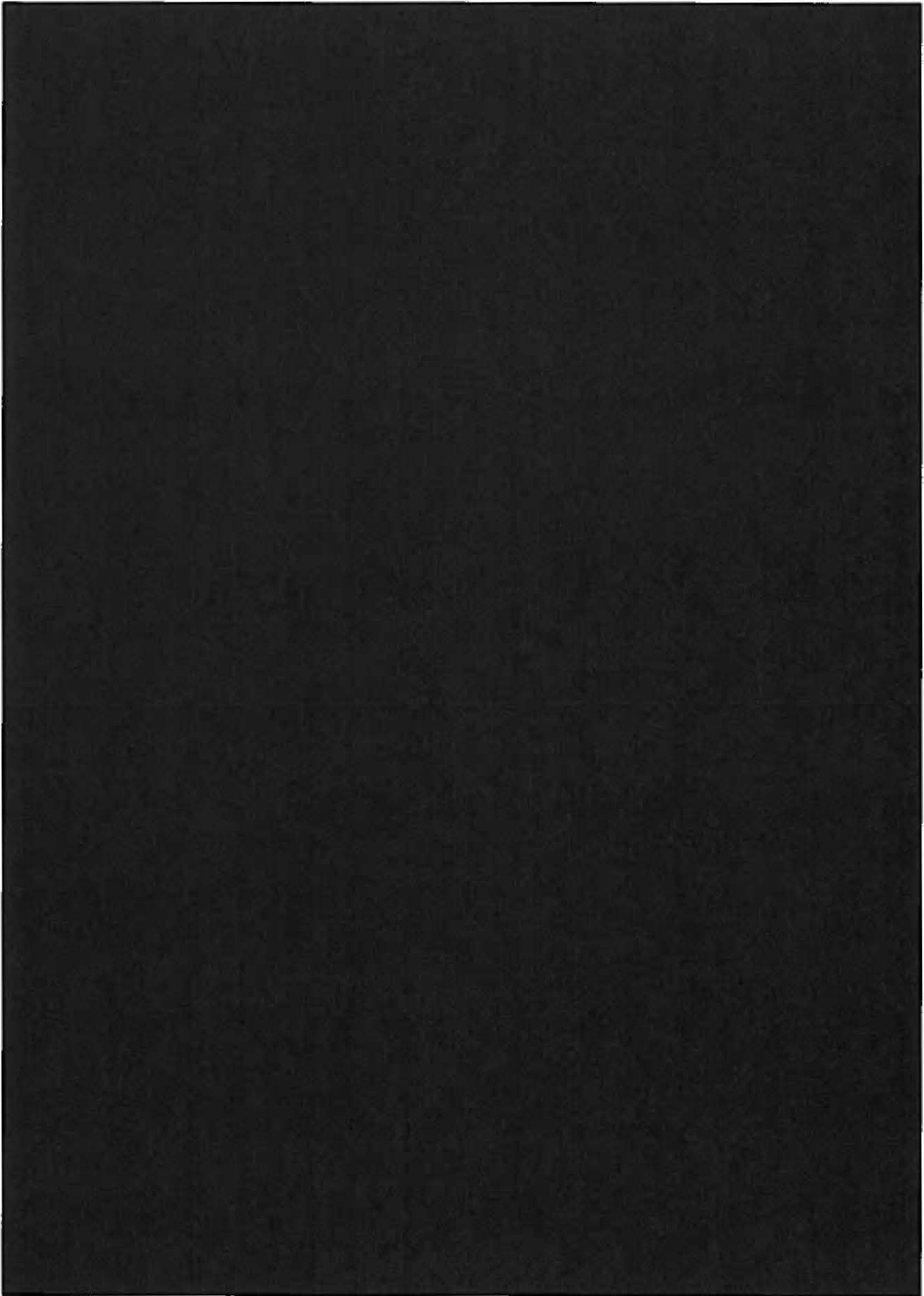
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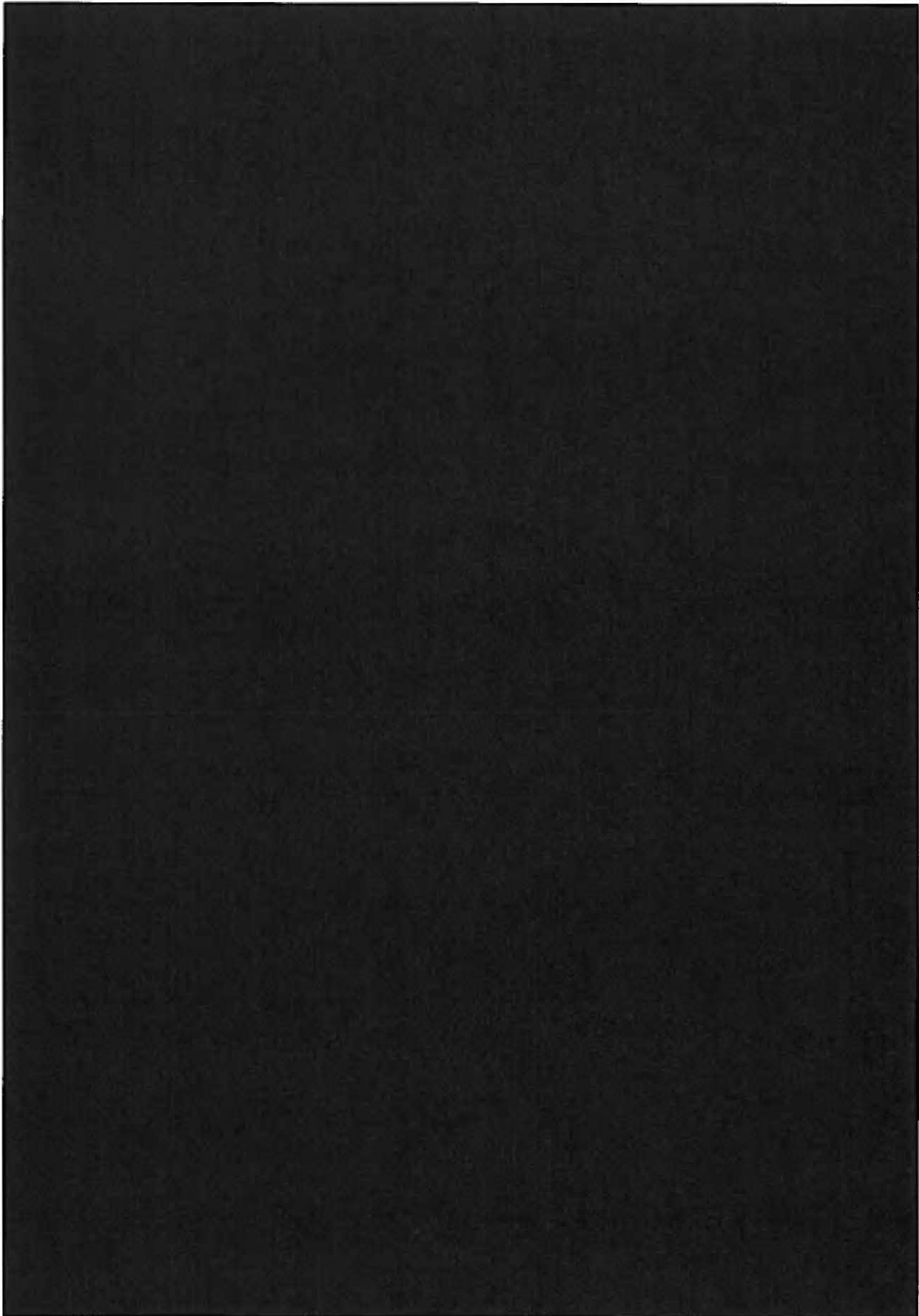
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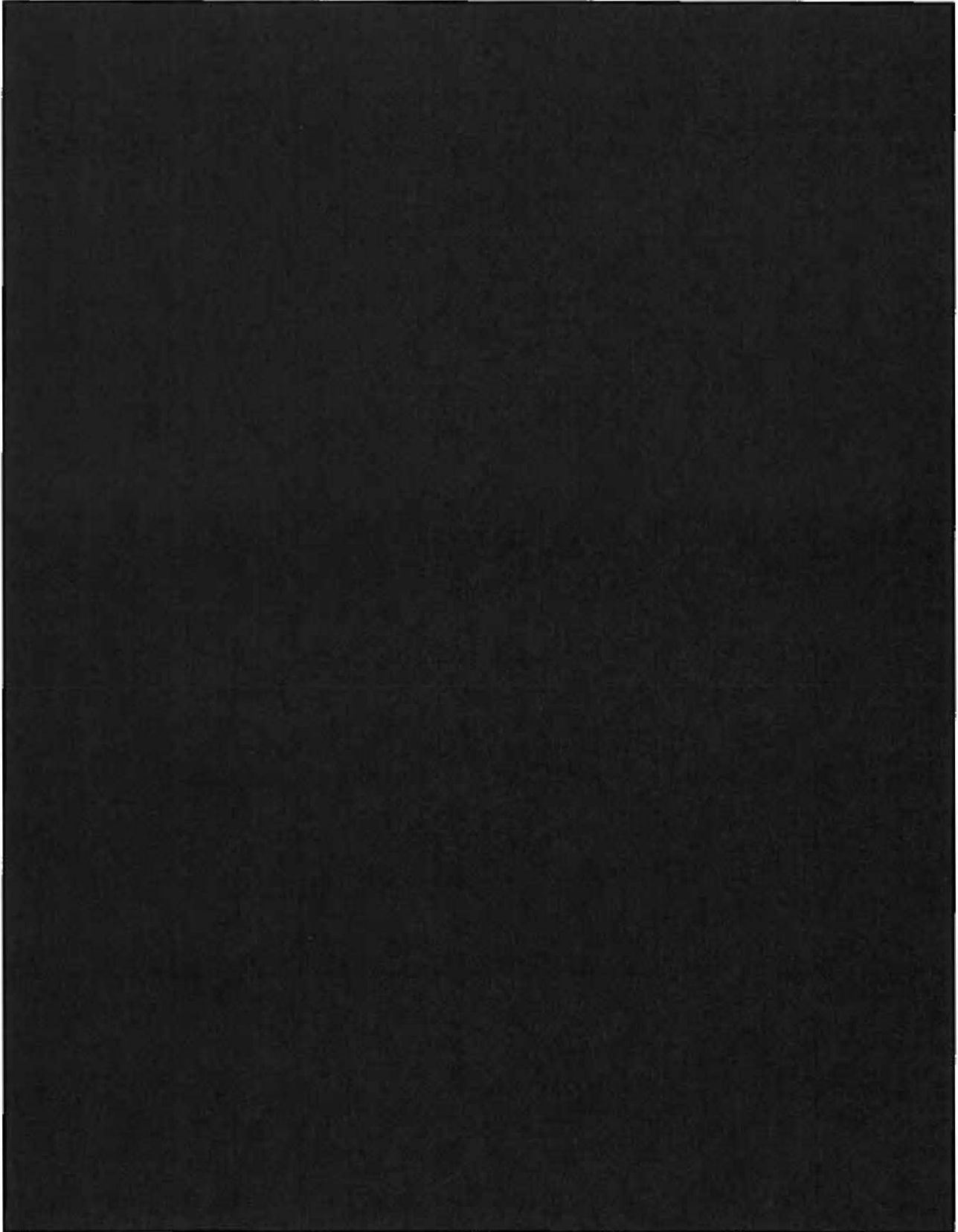
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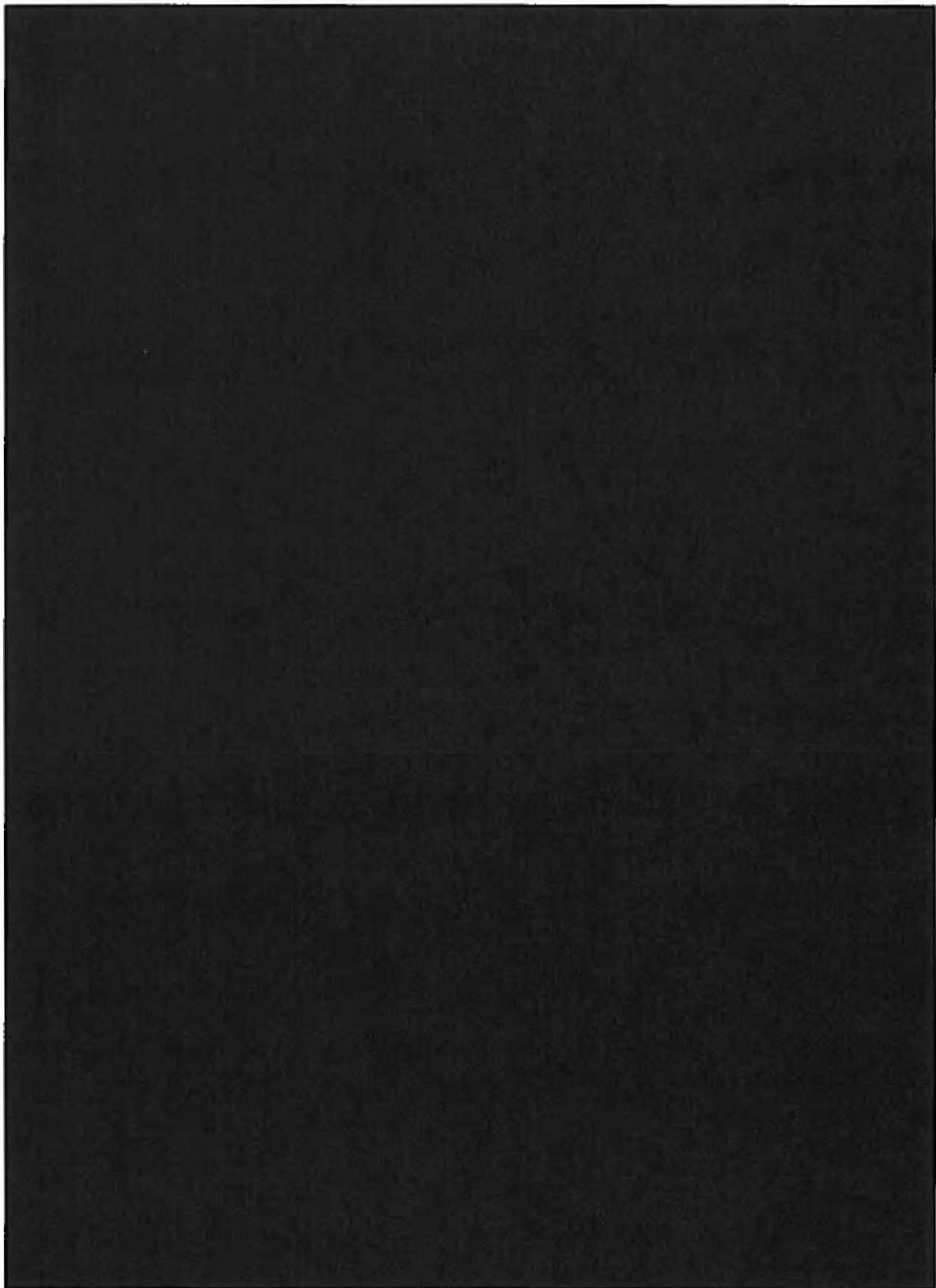
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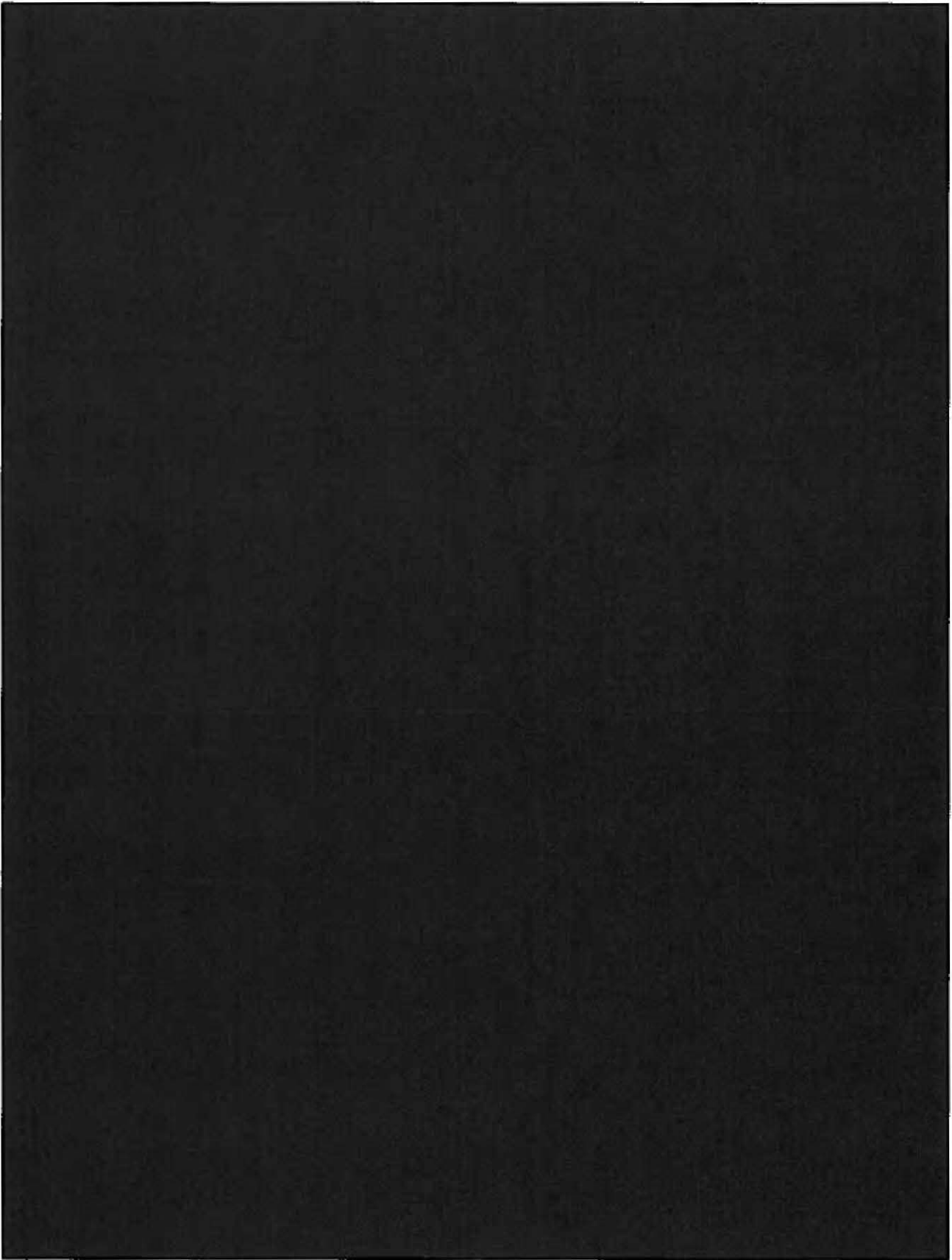
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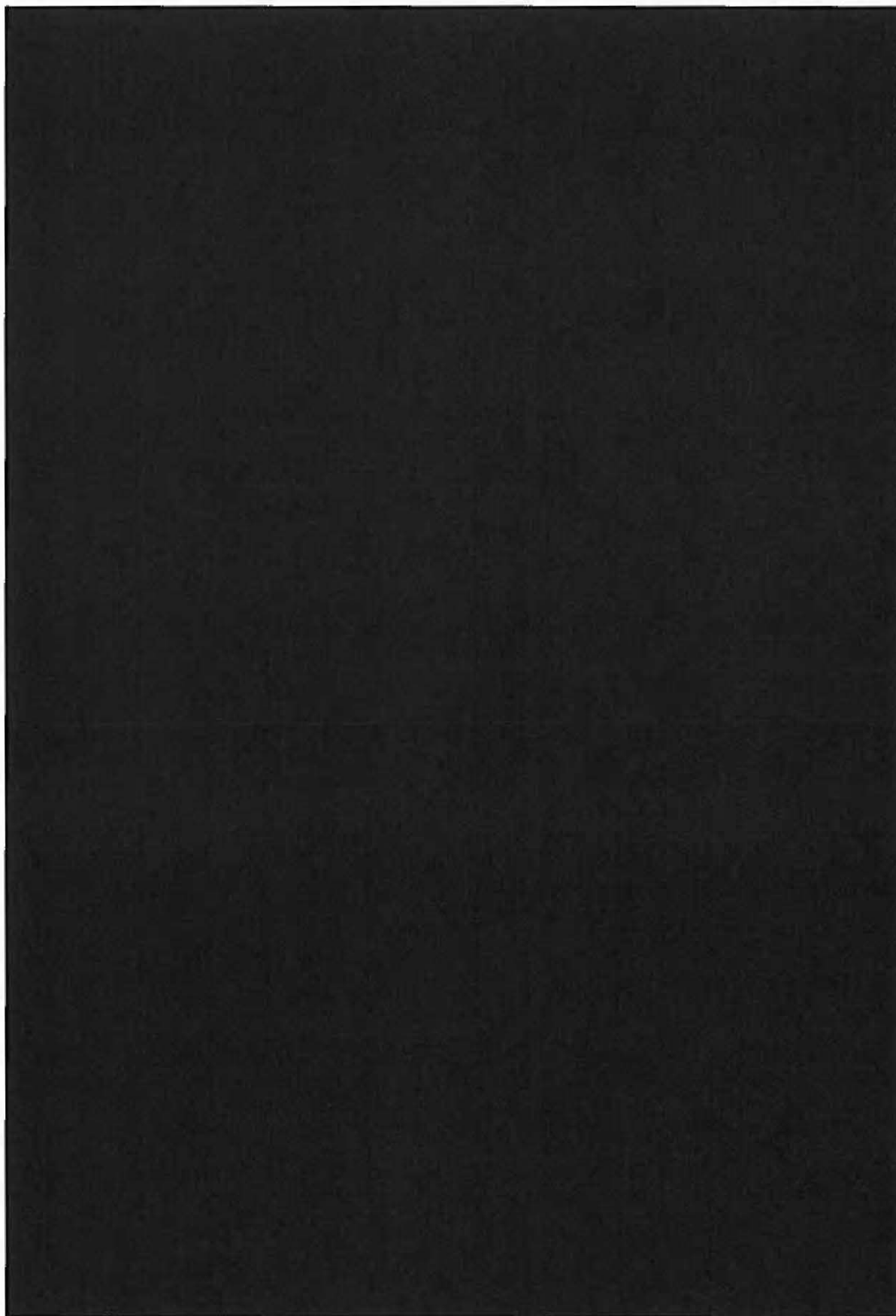
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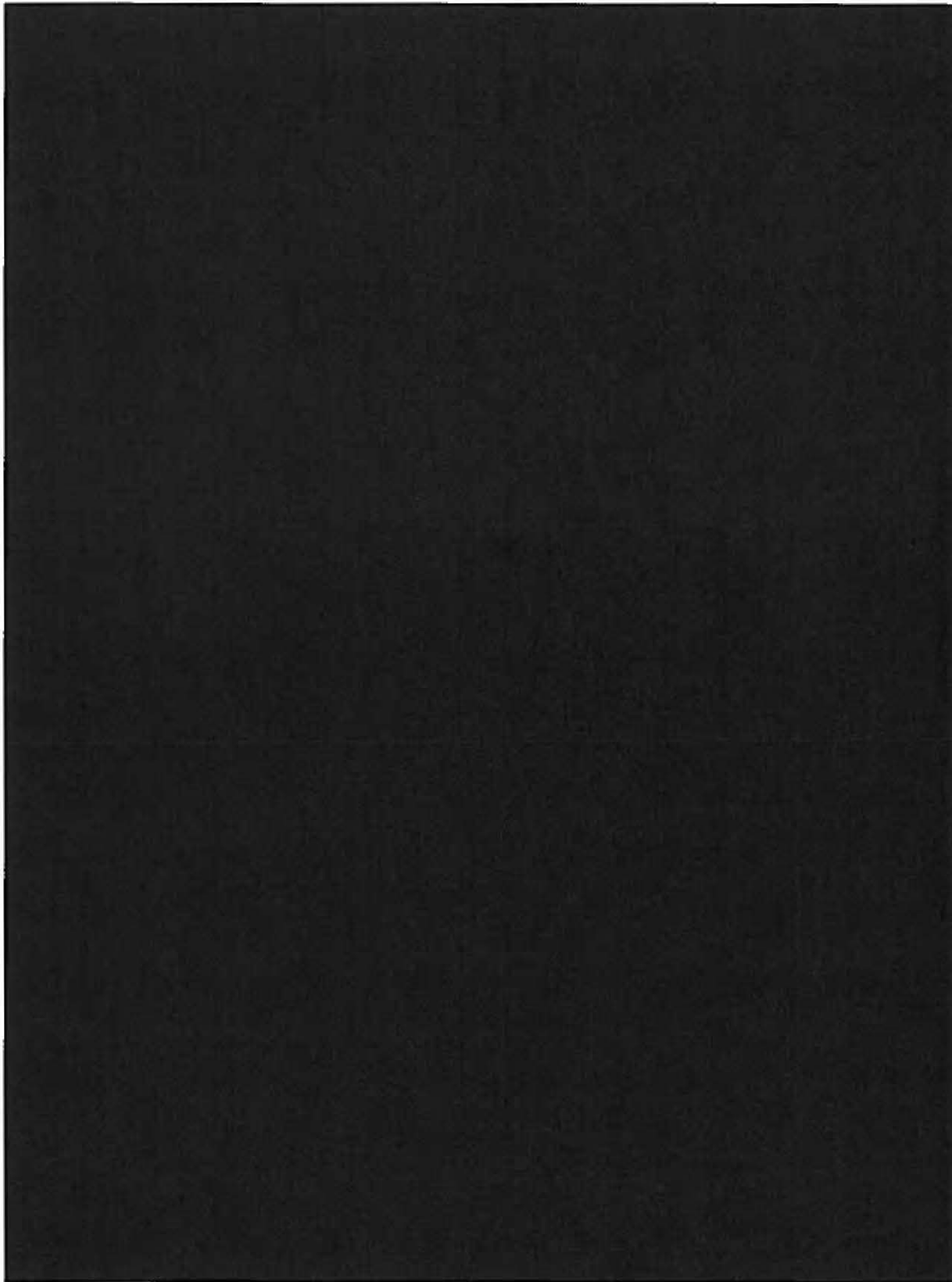




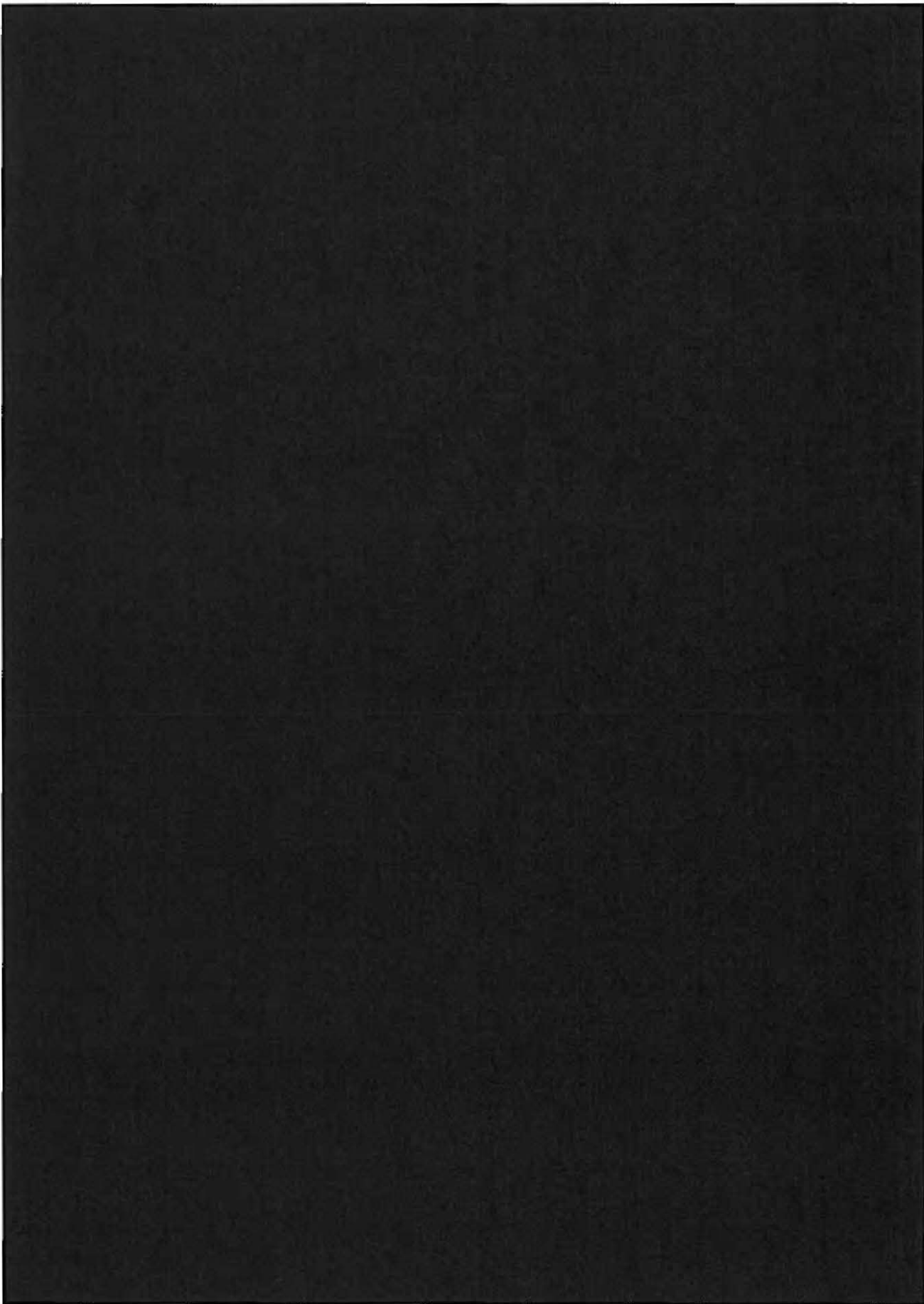
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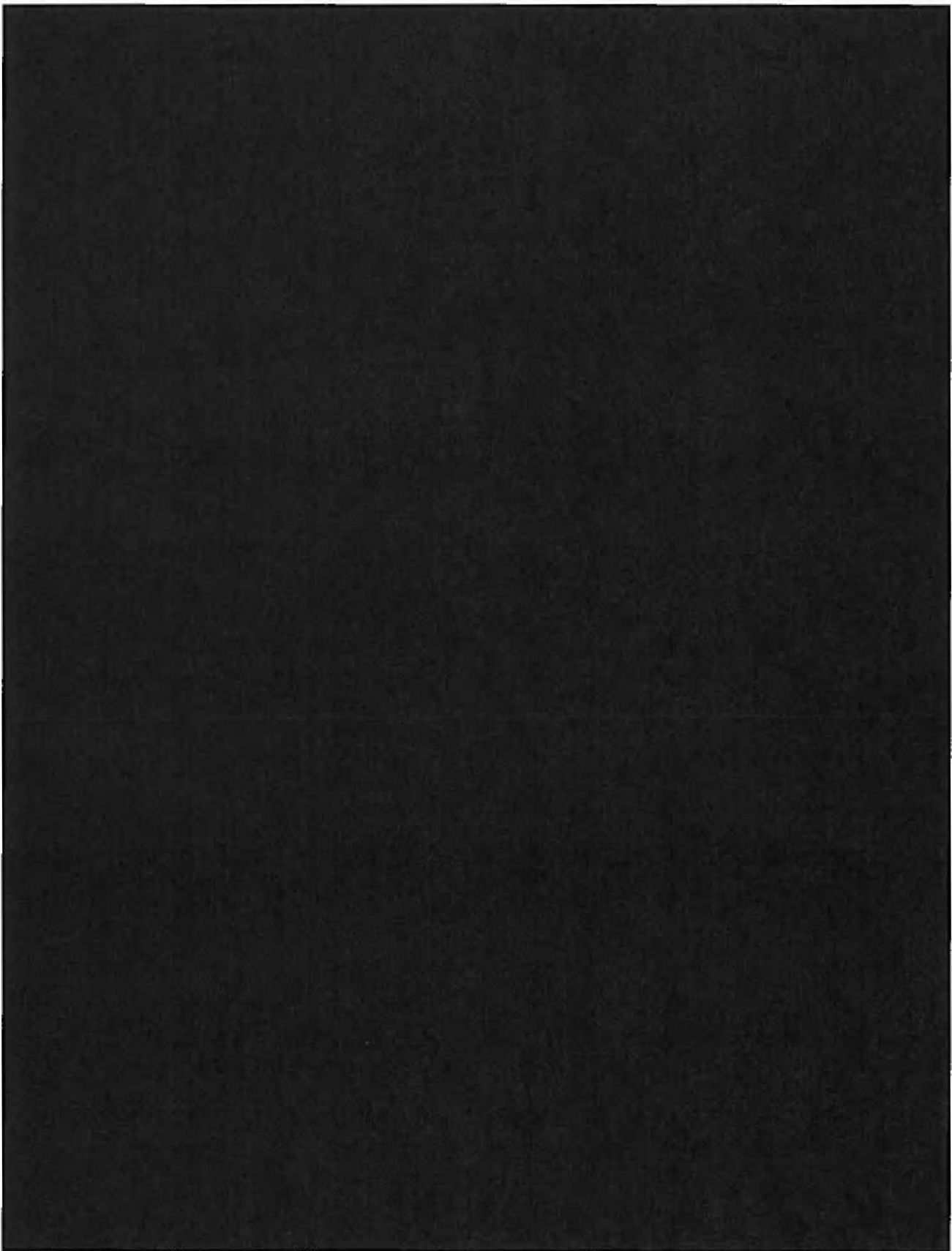
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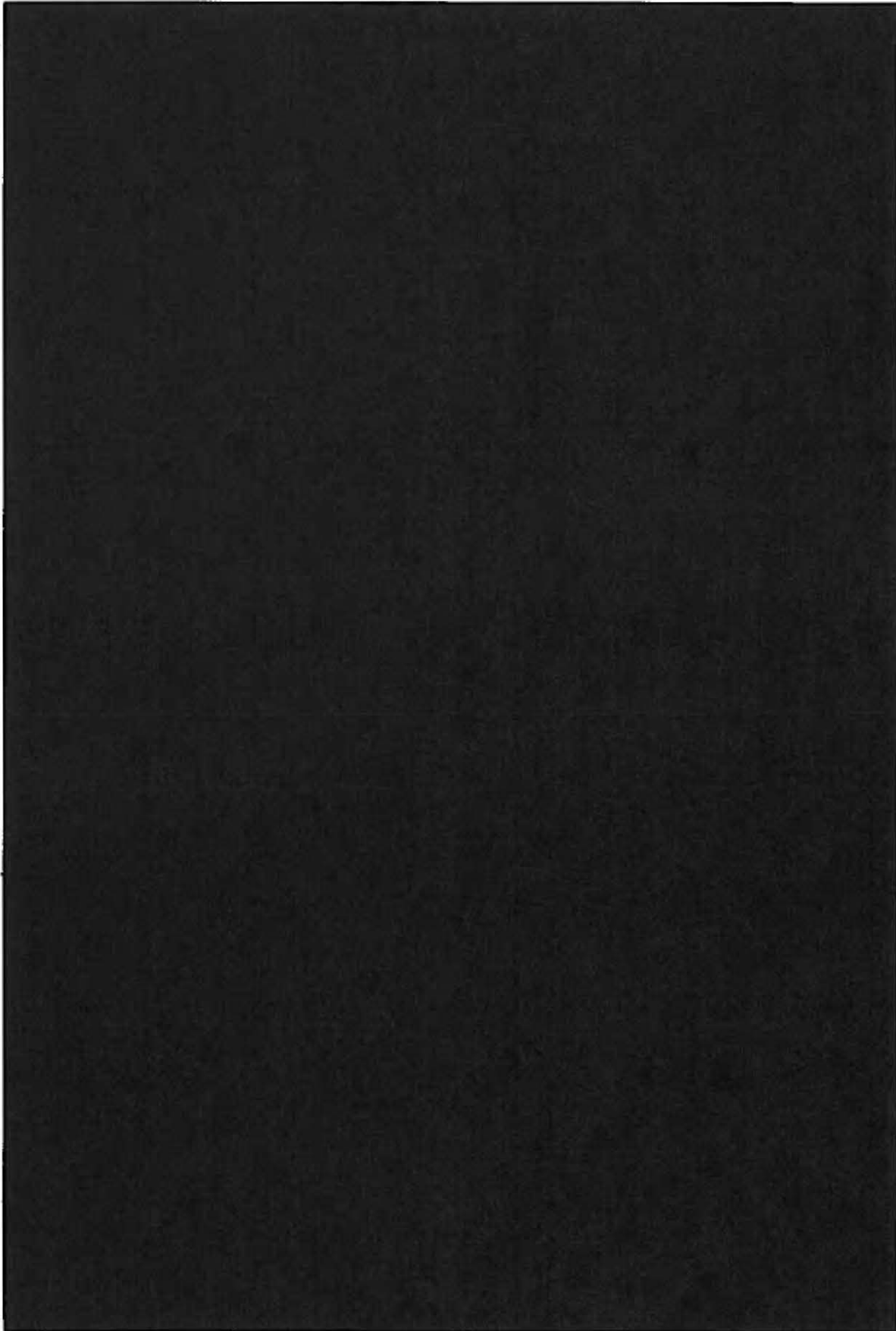
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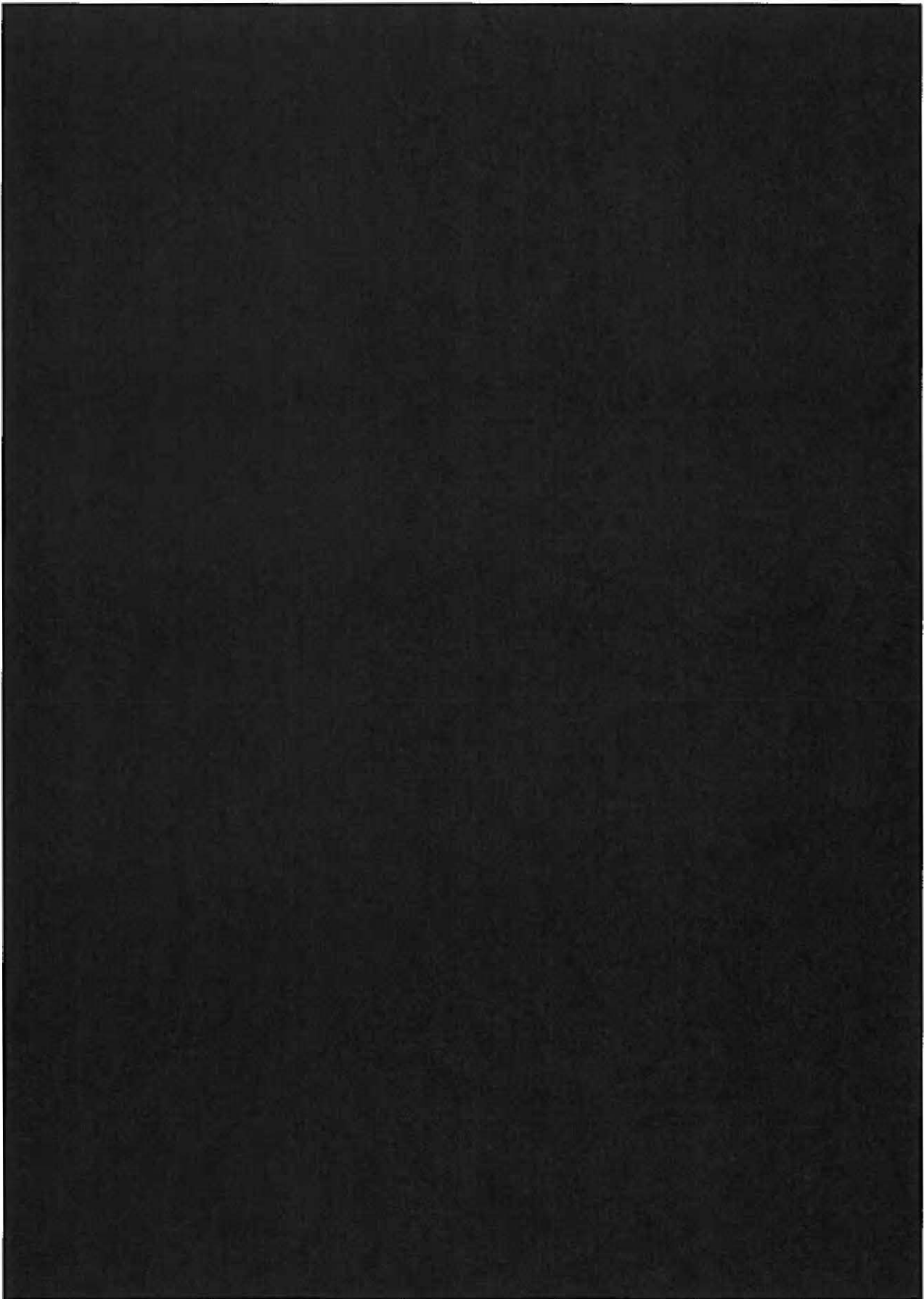


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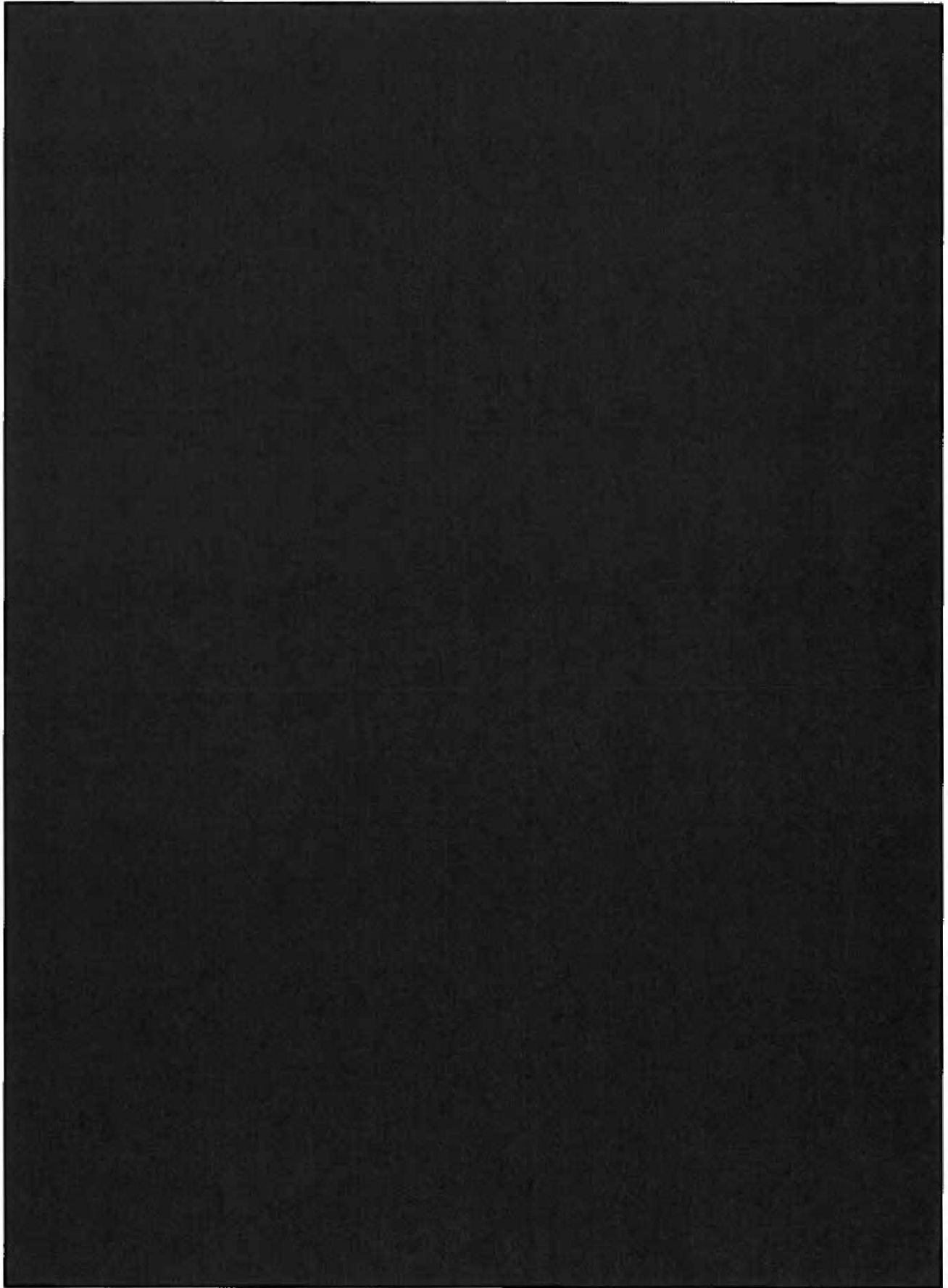
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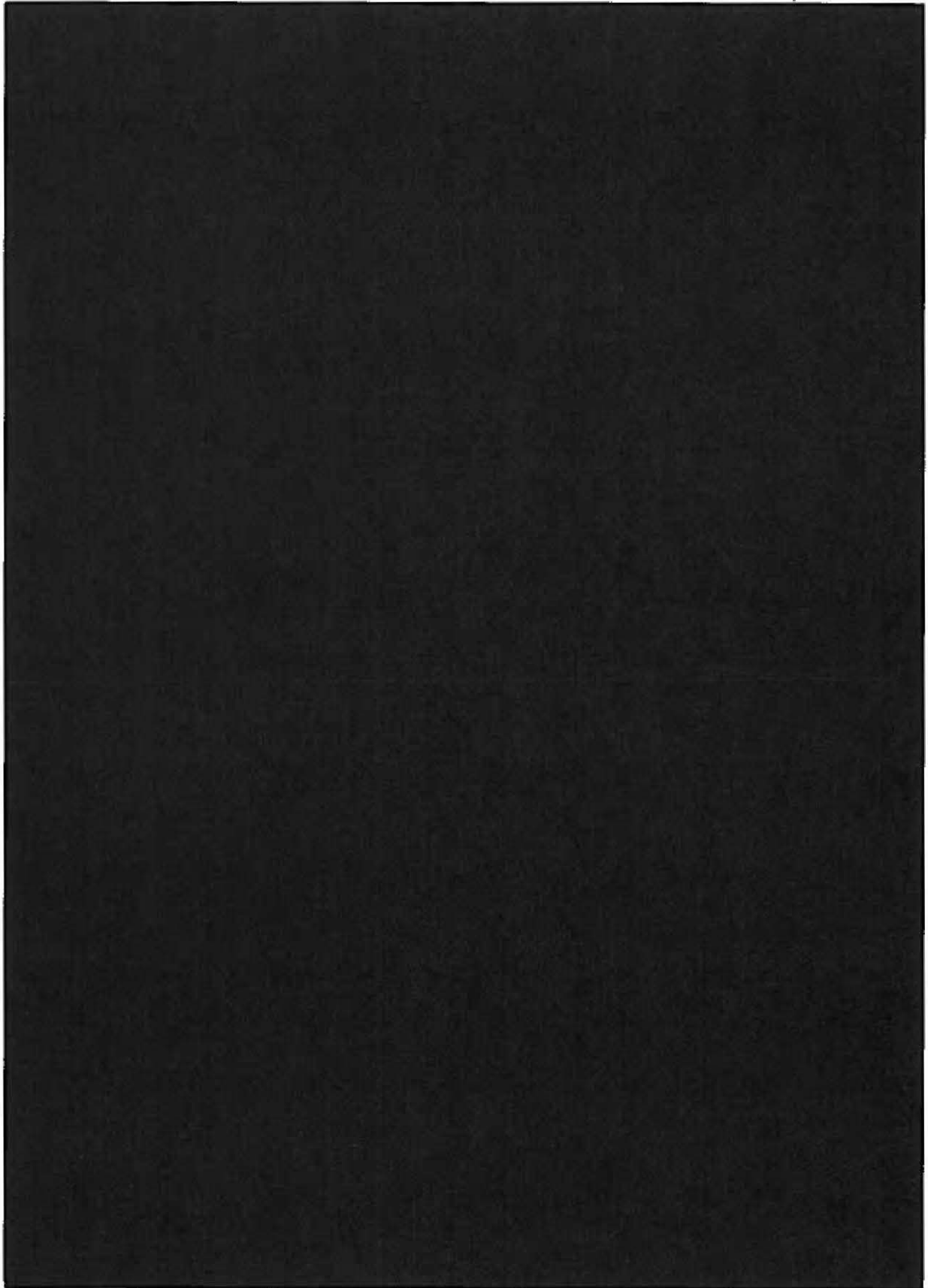
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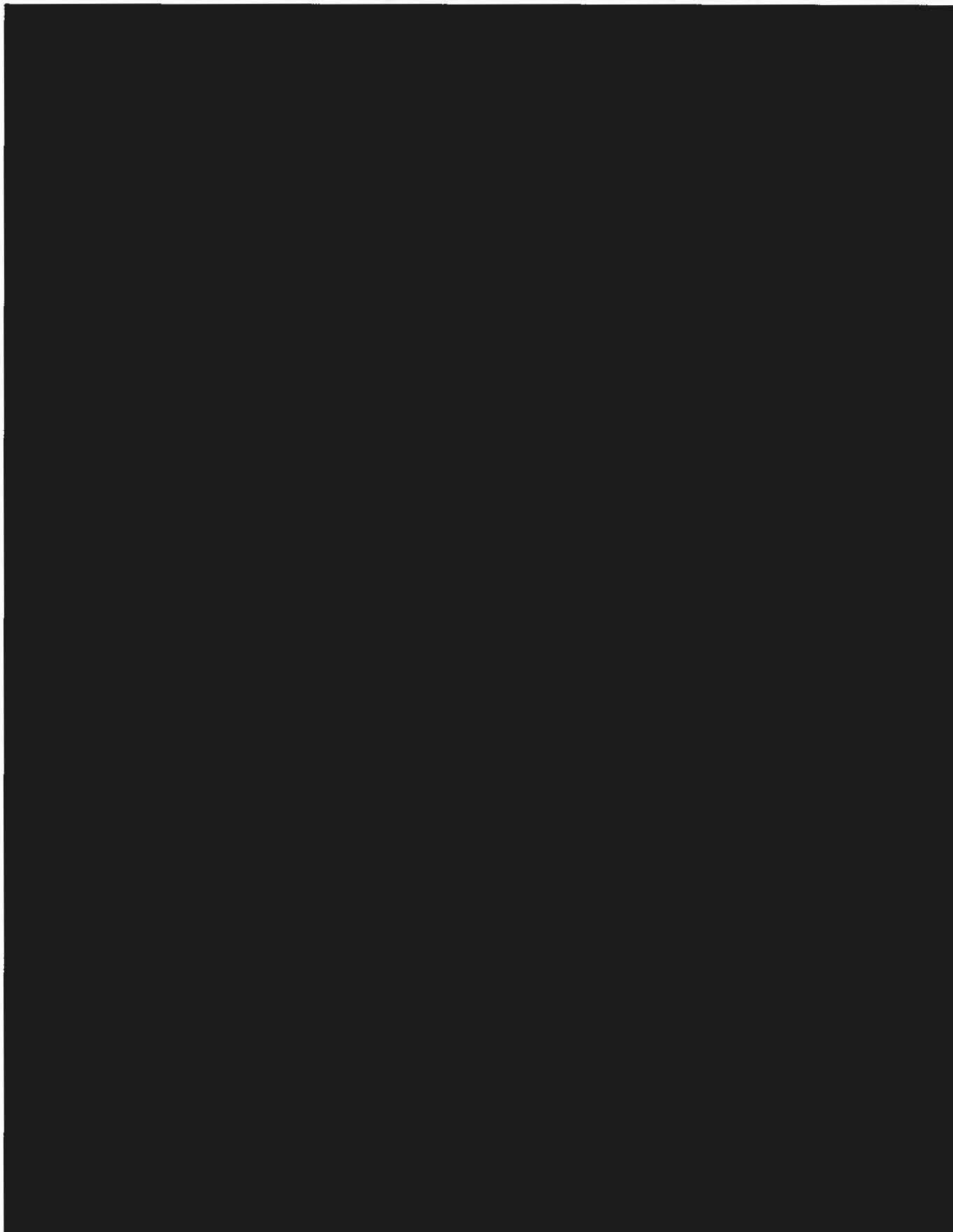


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DEPARTMENT OF DEFENSE
PERIODIC REVIEW SECRETARIAT

06 JUN 2016

MEMORANDUM FOR Periodic Review Board

FROM: PRS Personal Representative LTC [REDACTED]

SUBJECT: Witness Statement Posted on PRS Website ICO ISN 063

1. I have advised Dr. Emily Keram, that her statement either written or in in response to questions at the Board, may be posted on the public Periodic Review Secretariat website, subject to any U.S. Government clearance procedures.
2. Dr. Emily Keram has agreed to post her statement on the public PRS website.

6/6/2016

X [REDACTED]

LTC [REDACTED]
Personal Representative
Signed by: [REDACTED]

EXHIBITS

EXHIBIT 5.1

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Mohamed Mani Ahmad Al Qahtani (ISN 063) Family Tree

Number	Name	Age	Relationship	Residence	Profession
1.			Father		
2.			Mother		
3.			Brother		
4.			Brother		
5.			Brother		
6.			Brother		
7.			Brother		
8.			Brother		
9.			Brother		
10.			Brother		
11.			Maternal Uncle		
12.			Maternal Uncle		
13.			Maternal Uncle		
14.			Maternal Uncle		
15.			Maternal Uncle		
16.			Maternal Uncle		
17.			Maternal Uncle		
18.			Brother-in-Law		
19.			Paternal Cousin		
20.			Paternal Cousin		
21.			Brother-in-Law		
22.			Brother-in-Law		
23.			Paternal Cousin		
24.			Paternal Cousin		
25.			Paternal Cousin		
26.			Paternal Cousin		
27.			Maternal Cousin		
28.			Maternal Cousin		
29.			Paternal Cousin		

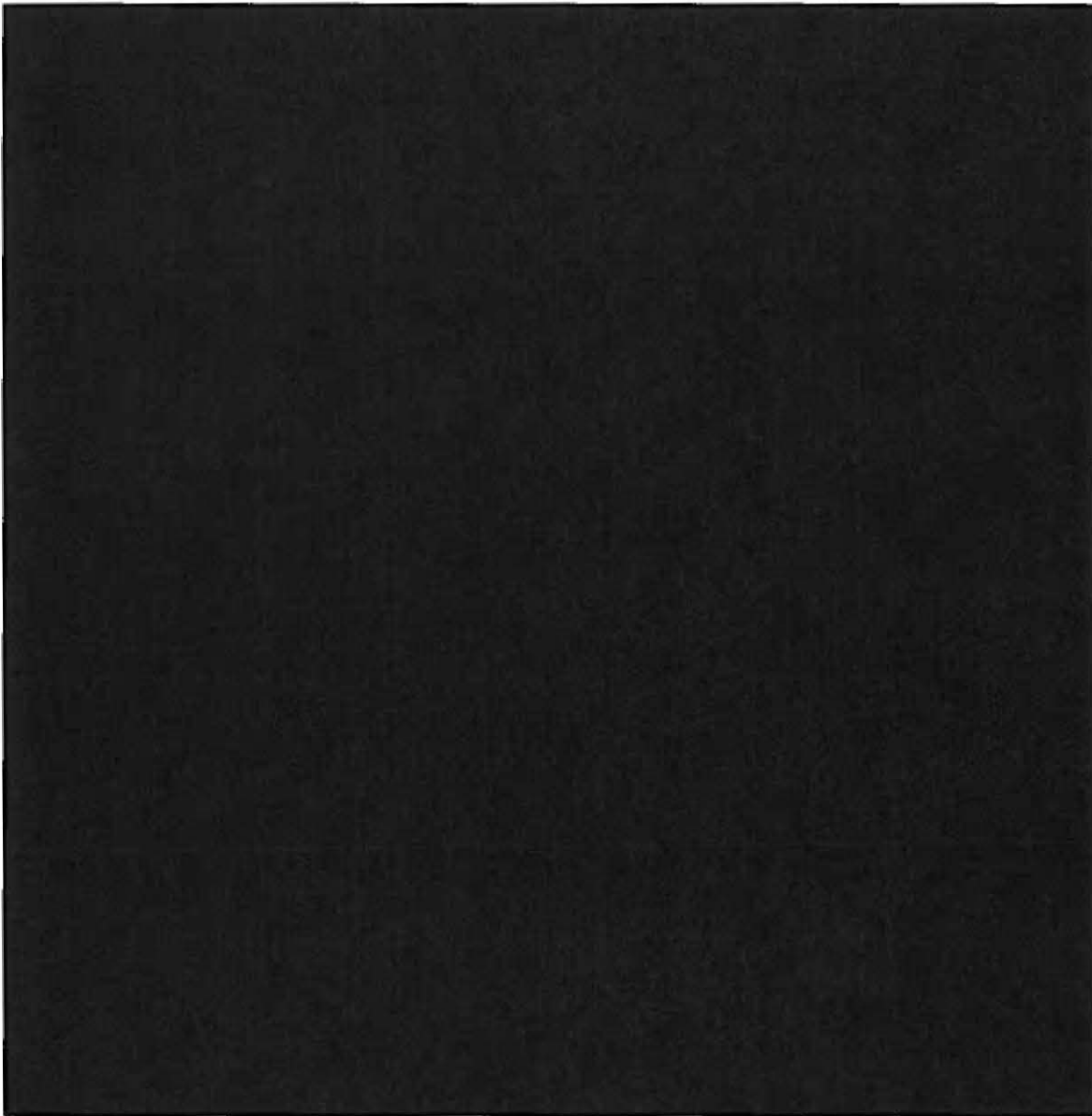


EXHIBIT 5.2

DECLARATION OF RAMZI KASSEM REGARDING
MOHAMMED AL-QAHTANI'S PRIVATE INFORMATION

Pursuant to 28 U.S.C. § 1746, I certify that the following is true and correct to the best of my knowledge:

1. My name is Ramzi Kassem.
2. I am a professor of law at the City University of New York School of Law where I direct the Immigrant & Non-Citizen Rights Clinic, a component of Main Street Legal Services, Inc., through which my students and I serve as pro bono counsel for Mohammed al-Qahtani before the Periodic Review Board as well as in U.S. federal court.
3. Mr. al-Qahtani is a Saudi Arabian national who has been imprisoned at the U.S. Naval Station at Guantánamo Bay, Cuba ("Guantánamo") without charge since 2002. The U.S. military has assigned Internment Serial Number (ISN) 063 to Mr. al-Qahtani.
4. I write to attest that, in my exchanges with Mr. al-Qahtani, he has made it unequivocally clear that he does not wish for the redaction or withholding of any private information concerning him that is contained in the statement and other materials I have submitted on his behalf as Private Counsel for review and consideration by the Periodic Review Board.
5. In other words, Mr. al-Qahtani would like information about his current state of health and life story to appear in my statement and other materials as he has conveyed it to me and as I have independently collected it, unredacted.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 30th day of May, 2016.



RAMZI KASSEM
Main Street Legal Services, Inc.
City University of New York School of Law
2 Court Square
Long Island City, NY 11101
(718) 340-4558

EXHIBIT 5.3

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Standing Committee for Transfer of
Sentenced Persons

**RE: Request for transfer of detainee at Guantanamo Bay Detention Center:
Mohammed M. Al-Qahtani**

To: Periodic Review Board for Mohammed M. Al-Qahtani .

Esteemed Periodic Review Board Members,

We write to affirm that the Government of the Kingdom of Saudi Arabia is willing to receive its detained citizen Mohammed M. Al-Qahtani in Saudi Arabia should he be approved for transfer.

We take this opportunity to state that for over a decade, the government of Saudi Arabia has provided appropriate security and humane treatment assurances to facilitate the transfer of over 100 detainees from Guantanamo to Saudi Arabia. We hereby affirm the validity of these guarantees and assurances, which include a government-supported rehabilitation and aftercare program. Our country's rehabilitation program is among the most successful in the world, as evidenced by a low recidivism rate and continued repatriation of former detainees from Guantanamo to Saudi Arabia.

If Mr. Al-Qahtani is approved for transfer to Saudi Arabia, we look forward to receiving him in our rehabilitation and aftercare program. We affirm that we will accommodate Mr. Al-Qahtani's rehabilitation and integration into society as we have done for other former Guantanamo detainees.

The Standing Committee for Transfer of Sentenced Persons at the Ministry of Interior of the Kingdom of Saudi Arabia would like to take this opportunity to express to you its deepest respect and appreciation for your kind consideration of this letter.

Yours truly,


Director-General of Legal Affairs & International Cooperation
Chairman of the Standing Committee for Transfer of Sentenced Persons
Ministry Of Interior
Riyadh, Saudi Arab

August 16, 2015


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EXHIBIT 5.4

MAIN STREET LEGAL SERVICES, INC.
City University of New York School of Law
2 Court Square, Long Island City, NY 11101



June 2, 2016

Periodic Review Board
c/o Periodic Review Secretariat
U.S. Department of Defense

Re: Questioning During Periodic Review Board Hearing for Mohammed al-Qahtani

Esteemed Periodic Review Board Members,

We, the undersigned, serve as counsel on a volunteer basis to Mohammed al-Qahtani (ISN 063) before the Periodic Review Board and in U.S. federal court. Our client's Periodic Review Board hearing is presently scheduled to take place on June 16, 2016. Mr. al-Qahtani very much looks forward to the conversation with the Board members. We write in anticipation of his hearing to clarify certain parameters for that conversation.

Mohammed al-Qahtani is the only prisoner whose torture in U.S. Department of Defense custody at Guantánamo Bay has been formally acknowledged by a senior U.S. government official. In fact, Mr. al-Qahtani was almost tortured to death by U.S. interrogators at Guantánamo. In 2009, Susan J. Crawford, then the Convening Authority in charge of the U.S. Department of Defense's Military Commissions, explained that she had earlier refused to refer Mr. al-Qahtani's case for trial before a military commission because "we tortured Qahtani."¹ According to Crawford, that torture included:

- Sustained isolation: "For 160 days his only contact was with the interrogators."²
- Sleep deprivation: Mr. al-Qahtani was interrogated for 18 to 20 hours a day for 48 of 54 consecutive days.³
- Nudity and sexual abuse: Mr. al-Qahtani was made to "[s]tand[] naked in front of a female agent. Subject to strip searches."⁴
- Humiliation: Mr. al-Qahtani was "forced to wear a woman's bra and had a thong placed on his head during the course of his interrogation," and was led around the room with a leash "and forced to perform a series of dog tricks."⁵

¹ Bob Woodward, *Guantanamo Detainee Was Tortured, Says Official Overseeing Military Trials*, The Washington Post (Jan. 14, 2009) (quoting Susan J. Crawford), available at <http://www.washingtonpost.com/wp-dyn/content/article/2009/01/13/AR20090113033372.html> [hereinafter "Washington Post"].

² *Id.* (quoting Susan J. Crawford).

³ *Id.*

⁴ *Id.* (quoting Susan J. Crawford).

⁵ *Id.* (quoting Susan J. Crawford).

- Mr. al-Qahtani was threatened with a military working dog.⁶
- Mr. al-Qahtani suffered prolonged exposure to cold.⁷

U.S. interrogators at Guantánamo also visited numerous other forms of physical and psychological abuse on Mr. al-Qahtani, as described extensively in the public record.⁸

The torture left Mr. al-Qahtani in a “life-threatening condition,” again by the admission of Ms. Crawford. He was hospitalized twice during his interrogation at Guantánamo because he was on the brink of heart failure and death. After he survived that ordeal, Ms. Crawford noted that Mr. al-Qahtani recanted any self-incriminating statements he may have given his interrogators in order to make the abuse cease.⁹

In light of these facts, we do not expect that the members of this Periodic Review Board will rely on any information obtained during Mr. al-Qahtani’s interrogations. *See* Directive-Type Memorandum 12-005, *Implementing Guidelines for Periodic Review of Detainees*, att. 3, sec. 6(k)(1) (“The PRB shall not rely on information obtained as a result of torture or cruel, inhuman, or degrading treatment.”); *see also* Executive Order 13,567 (Mar. 7, 2011), sec. 10(c) (“This order shall be implemented ... consistent with applicable law including: the Convention Against Torture; Common Article 3 of the Geneva Conventions, the Detainee Treatment Act of 2005.”); *id.*, sec. 3(a)(6) (“The PRB shall consider the reliability of any information provided to it in making its determination.”).

Moreover, as the Board is well-aware, the U.S. government attempted to bring charges against our client before a military commission, seeking the death penalty, in the past. As detailed above, the Convening Authority refused to refer those charges to a military commission in 2008 because Mr. al-Qahtani was tortured in U.S. custody. Given the risk of a renewed attempt to prosecute our client in the future, we cannot allow him to answer all questions before the Board in the absence of no-prosecution and no-use guarantee letters from both the Chief Prosecutor of the Office of Military Commissions as well as from the U.S. Department of Justice.¹⁰

⁶ *Id.*

⁷ *Id.*

⁸ *See, e.g.*, Decl. of Gitanjali S. Gutierrez, Esq., Lawyer for Mohammed al-Qahtani (Oct. 2006) (same), available at <https://ccrjustice.org/sites/default/files/assets/Gutierrez%20Declaration%20re%20Al%20Qahtani%20Oct%202006%20.pdf>; Adam Zagorin and Michael Duffy, *Inside the Interrogation of Detainee 063*, Time Magazine (June 20, 2005) (detailing torture endured by Mr. al-Qahtani while in U.S. custody), available at <http://time.com/3624326/inside-the-interrogation-of-detainee-063/>.

⁹ Washington Post.

¹⁰ As part of its overall plan to close the prison at Guantánamo Bay, the U.S. government has not ruled out the possibility of prosecuting (or transferring to third countries for prosecution) prisoners who are PRB-eligible, like Mr. al-Qahtani. *See* U.S. Dept. of Defense, *Plan for Closing the Guantanamo Bay Detention Facility* (Feb. 23, 2016) (noting that if prisoners are transferred States-side “it may be possible to prosecute some of them” by military commission or in Article III court and that another option is “transfer to a foreign country, including for foreign prosecution”), available at http://www.defense.gov/Portals/1/Documents/pubs/GTMO_Closure_Plan_0216.pdf.

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In any event, Mr. al-Qahtani would have great difficulty discussing with the Board some of the U.S. government's accusations. This is because Mr. al-Qahtani's torturers at Guantánamo interrogated him at length about those accusations and he was severely traumatized by those abusive interrogations. As our expert witness, Dr. Emily A. Keram, will attest, questioning by Board members that echoes his interrogations would put Mr. al-Qahtani at risk of profound re-traumatization.

While we recognize that the Board generally seeks to ask forward-looking questions, and that prisoners are not obligated to respond to questioning during Board hearings,¹¹ we nonetheless wanted to share our thinking with the Board in advance of the hearing, in order to streamline the proceeding. We pray the Board will not mistake the performance of our professional duty for an indication of anything less than a sincere desire on Mr. al-Qahtani's part to engage in a free and frank exchange with the Board.

Thank you for taking into consideration the information we have provided. We remain at your disposal to assist with any questions you may have regarding Mr. al-Qahtani.

Very truly yours,

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¹¹ See Private Counsel Procedures Applicable to the Periodic Review Board Process, sec. 12 ("[T]he detainee-client is not obligated to respond.").

Private Counsel Letter to PRB Regarding al-Qahtani (ISN 063)
PRB Hearing Scheduled June 16, 2016

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