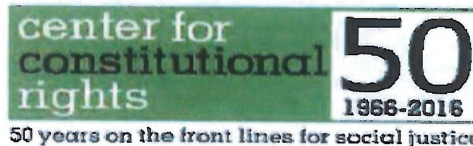


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June 22, 2018

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 Subsequent Full Review Scheduled 24 July 2018**

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 Guantánamo.

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. *See* Keram Report (Jun. 5, 2016) at 3-4. 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 Guantánamo 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 him by military interrogators and psychiatrists.<sup>1</sup> 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 confirmed his diagnosis of schizophrenia and major depression, now combined with post-traumatic stress disorder (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 (Abilify), Quetiapine, and Haldol).<sup>2</sup>

Schizophrenia is a chronic disorder. It is permanent; it may be eventually manageable, but it is not curable. *See* Keram Supplemental Declaration (Apr. 14, 2018) at 17 (al Qahtani's schizophrenic symptoms "will be present throughout his lifetime. [The] goals of appropriate

<sup>1</sup> *See* T.J. Harrington, Dep. Asst. Director, Counterterrorism Division, FBI, *Letter re. Suspected Mistreatment of Detainees to Army Criminal Investigative Command* (Jul. 14, 2004) at 2 (publicly released in redacted form via FOIA).

<sup>2</sup> *See* Declaration of Cdr. [redacted] MD, Senior Medical Officer (Aug. 21, 2017), Doc. 372-2, *Al Qahtani v. Trump*, Case No. 05-cv-1971 (D.D.C. Sep. 26, 2017), at ¶¶ 15, 17-20 (filed on public docket); Keram Supplemental Declaration (Sep. 12, 2017) at ¶ 19 (Quetiapine).

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treatment are symptom management, not cure.”). As Dr. Keram correctly predicted, even managing the symptoms of his schizophrenia according to accepted medical best practices has proven impossible at Guantanamo. *See id.* at ¶¶ 18, 20; Keram Report at 8. 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, 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 US DoD and VA clinicians.” Keram Supplemental Declaration (Apr. 14, 2018) at ¶ 14; *see also* Keram Supplemental Declaration (Sep. 12, 2017) at ¶¶ 16-18. It is not clear that any of these cognitive/behavioral therapeutic methods are available to detainees at Guantanamo. *Id.* at ¶ 17.

Dr. Keram’s prior 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 Guantanamo. *See* Keram Report (Jun. 5, 2016) at 6, 9; Keram Supplemental Declaration (Jul. 12, 2016), ¶ 5; Keram Supplemental Declaration (Dec. 2, 2016), ¶ 6. (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.<sup>3</sup>) Despite Mr. al Qahtani’s particular mistrust of *military* mental health staffers, he has made efforts to interact with Guantanamo’s psychiatric staff, consistent with this Board’s encouragement to “cooperate with mental health officials” in its decision on his initial review. *See* Unclassified Summary of Final Determination (Jul. 18, 2016). However, those efforts have been severely hampered by the frequent turnover among psychiatric staff at Guantanamo. 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.” Keram Supplemental Declaration (Apr. 14, 2018) at ¶ 7. The new doctors often seek to begin treatment from scratch, stopping medication prescribed by departed doctors in order to observe

<sup>3</sup> *See* Keram Supplemental Declaration (Jul. 12, 2016) at ¶ 7.

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the effects of their preferred 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. *Id.* ¶ 11. 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.

Keram Supplemental Declaration (Apr. 14, 2018) at ¶ 20. Despite his "strong desire to reduce his symptoms of PTSD and schizophrenia," "[h]e is unable to be effectively treated while he is detained at [Guantánamo]." Keram Supplemental Declaration (Sep. 12, 2017) at ¶ 22.

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, ch. 3, §12. 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; the remedy provided for in the regulation is repatriation. 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 (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:

... 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 know, you're sick; and since you're so sick and you don't want to take 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. ... [D]on't argue that it's his own fault [that he

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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.

Tr. of Motion Hearing, *Al Qahtani v. Trump*, Case No. 05-cv-1971 (D.D.C. Apr. 19, 2018) at 51-52.

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": "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," as well as "culturally-informed approaches to understanding and addressing his symptoms," taking into account the traditional understanding of schizophrenia in Saudi culture. Keram Report at 8. 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." *Id.* at 9. All this would only be available in Saudi Arabia.

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 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 future violence." Keram Supplemental Declaration (Jul. 12, 2016) at ¶ 8.

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.<sup>4</sup> This Board is now

<sup>4</sup> 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." Bob Woodward, *Guantanamo Detainee Was Tortured, Says Official Overseeing Military Trials*,

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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 sixteen 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. We remain at your disposal to assist with any questions you may have regarding Mr. al-Qahtani.

Very truly yours,

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Wash. Post (Jan. 14, 2009) (quoting Susan J. Crawford), *available at* <http://www.washingtonpost.com/wp-dyn/content/article/2009/01/13/AR2009011303372.html>.

Statement by Private Counsel for Mohammed al-Qahtani (ISN 063)  
PRB Subsequent Full Review Scheduled 24 July 2018

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**PERIODIC REVIEW BOARD FILE REVIEW, 24 JUL 18  
MOHAMMAD MANI AHMAD AL-QAHTANI, ISN 063  
PERSONAL REPRESENTATIVE STATEMENT**

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 3 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 is not always able to participate fully in our meetings.

Mohammad struggles with the constant change of medical professionals here in GTMO. It takes him a little while to build rapport with his medical team, but they rotate so quickly that he 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 care, I believe that Mohammad will not pose a significant or continuing threat to himself or the safety and security of the United States.

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