PERIODIC REVIEW BOARD INITIAL FULL 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.
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.”

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.” 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.

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
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,

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