EXHIBIT A

Petitioner’s Letter Requesting Repatriation or Convening of Mixed Medical Commission (April 28, 2017) (Pet’r’s Letter”)
Re: Request for the Repatriation or Examination of Mohammed al-Qahtani

Dear Secretary Mattis:

Mohammed al-Qahtani, who has been assigned Internment Serial Number (ISN) 063, has been held at the U.S. Naval Base at Guantánamo Bay, Cuba for over 15 years, since February 2002. In 2009, Susan J. Crawford, then-Convening Authority for the military commissions, found that Mr. al-Qahtani’s treatment during his captivity met the legal definition of torture.1 An independent psychiatrist, Dr. Emily Keram, has diagnosed Mr. al-Qahtani with post-traumatic stress disorder (PTSD), schizophrenia, moderate to severe major depression, along with a host of psychotic, mood, and cognitive disorders and physical conditions, some of which she deemed pre-existing.2

Through undersigned counsel, Mr. al-Qahtani now requests repatriation to the Kingdom of Saudi Arabia on account of his gravely diminished health, in accordance with controlling domestic law—Army Regulation 190-8—and those portions of the international agreement that it incorporates, the Geneva Convention Relative to the Treatment of Prisoners of War.3 We ask

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3 See Dep’t of the Army, Army Reg. 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees, and Other Detainees, ch. 3, §12(a) (Oct. 1, 1997) (hereinafter “Army Regulation 190-8”) (“Sick and wounded prisoners will be processed and their eligibility determined for repatriation or accommodation in a neutral third country… according to the procedures set forth…”); Geneva Convention Relative to the Treatment of Prisoners of War, art. 109-110, Aug. 12, 1949, 6 U.S.T. 3316, 75 U.N.T.S. 135 (hereinafter “Third Geneva Convention”) (obligating the repatriation of those who are “[w]ounded and sick who, according to medical opinion, are not likely to recover within one year, whose condition requires treatment and whose medical and physical fitness seems to have been gravely diminished”).
that you forward the entirety of this letter to all other appropriate parties within the Department of Defense and to any relevant government agencies and we respectfully request a prompt written response.

We urge the U.S. government to initiate Mr. al-Qahtani’s repatriation to the Kingdom of Saudi Arabia based on Dr. Keram’s diagnosis and prognosis. Alternatively, if the U.S. government wishes to seek further confirmation of Dr. Keram’s findings, we request that a Mixed Medical Commission evaluate Mr. al-Qahtani to confirm that his illness and prognosis satisfy the criteria for repatriation.

Mr. al-Qahtani is entitled to the benefits and protections granted to enemy prisoners of war under Army Regulation 190-8. As an “other detainee” who has never been classified under any alternative legal status by a competent authority, Mr. al-Qahtani is entitled to the benefits and protections granted to enemy prisoners of war under Army Regulation 190-8. The U.S. government’s designation of Mr. al-Qahtani as an “enemy combatant,” a classification not recognized in Army Regulation 190-8, does not preclude him from being treated as an enemy prisoner of war. As a federal district court noted in Aamer v. Obama, 58 F. Supp. 3d 16, 25 (D.D.C. 2014), the United States “put[s] more weight on ‘enemy combatant’ than the term can bear.” Accordingly, Mr. al-Qahtani qualifies as an “other detainee” and is due the protections and privileges that enemy prisoners of war receive under Army Regulation 190-8.

Prisoners like Mr. al-Qahtani who are, or are being treated as, enemy prisoners of war are “eligible for direct repatriation” if they are ill or injured and their “conditions have become chronic to the extent that prognosis appears to preclude recovery in spite of treatment within 1 year from inception of disease or date of injury.” Dr. Keram’s medical diagnosis and prognosis indicate that Mr. al-Qahtani is eligible for direct repatriation under this standard.

After spending almost 40 hours evaluating his health, Dr. Keram found that Mr. al-Qahtani has developed post-traumatic stress disorder (PTSD) while in U.S. custody. This

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4 Commanding officers may complete a Certificate of Direct Repatriation to relieve the Mixed Medical Commission of the need to visit EPW patients who are eligible for direct repatriation. See Army Regulation 190-8 at ch. 3, §12(k)(2).
5 See id. at ch. 3, §12(c), (h).
6 See Aamer v. Obama, 58 F. Supp. 3d 16, 22 (D.D.C. 2014) (“Persons in the custody of the U.S. Armed Forces who have not been classified as an [enemy prisoner of war] …, [retained personnel] …, or [civilian internee] … shall be treated as [enemy prisoners of war] until a legal status is ascertained by competent authority” (citing Army Regulation 190-8, ch.3, §1-6(e)(10), Glossary, Section II-Terms)).
7 See Al Warafi v. Obama (Al Warafi II), 716 F.3d 627, 627-29 (D.C. Circ. 2013)(petitioner was similarly deemed an “enemy combatant” and court nonetheless considered whether he qualified as a medic under Army Regulation 190-8); see also Aamer, 58 F. Supp. 3d at 25 (“If Respondents are correct that an ‘enemy combatant’ designation removes Guantanamo detainees from the coverage of Army Regulation 190-8, there would have been no need for the Al Warafi II court to conduct such an analysis.”).
8 The District Court also noted that the Obama Administration jettisoned the term “enemy combatant” years ago, “which raises questions concerning Respondents’ current reliance on it.” Aamer, 58 F. Supp. 3d at 25 (citing Del Quentin Wilber & Peter Finn, U.S. retires ‘Enemy Combatant,’ Keeps Broad Rights to Detain, Wash. Post, Mar. 14, 2009, at A6).
9 Aamer, 58 F. Supp. 3d at 22 (citing Army Regulation 190-8 at ch. 3, §12(l)).
10 Keram Report, supra note 2 at 7-8. While preparing this report, Dr. Keram spent many more hours interviewing members of Mr. al-Qahtani’s family and reviewing various case-related and medical materials.
diagnosis further exacerbates his pre-existing psychiatric diagnoses of schizophrenia, moderate-
to-severe major depression, and traumatic brain injury. Although his lack of regular medical
care at Guantánamo has made it impossible to pinpoint the exact point in time when Mr. al-
Qahtani’s chronic PTSD began, it is clear that he has been suffering from PTSD and other
ailments for years. Mr. al-Qahtani’s prognosis requires a holistic treatment plan that will likely
span multiple years, if not his lifetime. Thus, Mr. al-Qahtani is eligible for immediate transfer
to treatment in an in-patient setting in Saudi Arabia because his illness has become so chronic
that recovery, even with optimal circumstances and care, is precluded within one year.

If the U.S. government is unwilling to authorize Mr. al-Qahtani’s repatriation to the
Kingdom of Saudi Arabia based on Dr. Keram’s findings and Mr. al-Qahtani’s present medical
records alone, Mr. al-Qahtani requests a Mixed Medical Commission examination to verify his eligi-

gility for repatriation to the Kingdom of Saudi Arabia. Such a Commission is available to
those, like Mr. al-Qahtani, who have applied for repatriation. As a U.S. federal district court
has detailed, Army Regulation 190-8 provides that a Mixed Medical Commission will determine
whether a detainee suffers from an illness or injury that satisfies the criteria for repatriation.
If the Mixed Medical Commission determines that a detained individual should be repatriated, the
United States should carry out that decision as soon as possible. Throughout the process, Army
Regulation 190-8 requires that the relevant U.S. parties will arrange all administrative details to
assist, facilitate, and expedite the Mixed Medical Commission to the fullest extent.

Army Regulation 190-8, contemplating an international armed conflict between two
warring nations, sets forth parameters for a Mixed Medical Commission. In accordance with
these parameters, a Mixed Medical Commission is to be comprised of two members from a
neutral country and a medical officer of the U.S. Army selected by the Department of the Army
Headquarters (HQDA). The “conflict” in the context of which Mr. al-Qahtani’s present captivi-
ty rose, however, may or may not have been a conventional war between two nations. The
Authorization for the Use of Military Force (AUMF), the basis for Mr. al-Qahtani’s detention,
gave the Executive wide latitude to use military force against “those nations, organizations or
persons” who were deemed to have been involved in the September 11th attacks. For well over
da decade, the AUMF has been used to detain and attack groups and individuals irrespective of
national belonging or borders. Because there are no “neutral nations” in this conflict, counsel
proposes the appointment of Mr. al-Qahtani’s most recent (and only) independent medical
examiner, Dr. Keram, as a member of the Mixed Medical Commission alongside another
security-cleared civilian U.S. medical expert and an expert from the U.S. military.

11 Id.
12 Id.
13 Id.
14 See Army Regulation 190-8 at ch. 3, §12(c); see also Aamer, 58 F. Supp. 3d at 27 (explaining that receiving a
Mixed Medical Commission examination is part of the Army Regulation’s “regulatory process.”).
15 Aamer, 58 F. Supp. 3d at 22 (“If the Mixed Medical Commission, which is comprised of a medical officer of the
U.S. military and two physicians from a neutral country, id. § 3–12(a)(2), determines that the detained individual
should be repatriated, then the United States must ‘carry out [that] decision[ ] ... as soon as possible and within 3
months of the time after it receives due notice of the decision[,]’ id. § 3–12(f).”) (citing Army Regulation 190-8 at
ch.3, §12).
16 See Army Regulation 190-8 at ch. 3, §12(g)
17 See id. at ch.3, §12(a)(2).
Mr. al-Qahtani’s chronic illness is exacerbated with each passing day he remains imprisoned. As a chronically sick prisoner whose treatment will likely span his lifetime, Mr. al-Qahtani is both entitled to and eligible for repatriation to the Kingdom of Saudi Arabia under both the Third Geneva Convention and Army Regulation 190-8. We urge the U.S. government to initiate the repatriation process with due speed, or alternatively, we request a Mixed Medical Commission to confirm that Mr. al-Qahtani satisfies the criteria for repatriation.

We thank you for your attention to this urgent matter and look forward to a prompt written response.

Respectfully,

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Counsel for Petitioner
EXHIBIT B


Dear Counsel:

This letter responds to your letter of April 28, 2017. Through that letter, Petitioner Mohammed al-Qahtani (“Petitioner”) “requests repatriation to the Kingdom of Saudi Arabia on account of his gravely diminished health,” as determined by an “independent psychiatrist.”¹ Letter at 1. In the alternative, if the U.S. government wishes to confirm the findings of his psychiatrist, Petitioner “request[s] that a Mixed Medical Commission evaluate [Petitioner] to confirm that his illness and prognosis satisfy the criteria for repatriation.” *Id.* at 2.

The Executive Branch respects the humanitarian principles embodied in medical repatriation provisions of the Third Geneva Convention and takes them into account when determining whether it should continue to detain individuals in the circumstances of the current armed conflict. With respect to Petitioner, the Executive has not determined that the repatriation of Petitioner for the reasons you identified is warranted. As you are aware, Petitioner’s mental health was a factor considered during his Periodic Review Board (“PRB”) reviews. The

¹ Respondents object to any characterization of Dr. Emily Keram, a physician engaged by Petitioner’s counsel, as an independent expert. *See, e.g.,* Letter at 1.
PRB has reviewed Petitioner twice, first in an initial review in which a determination was made on July 18, 2016 that Petitioner’s detention remains necessary to protect against a continuing significant threat to the security of the United States, see Unclassified Summary of Final Determination, http://www.prs.mil/Portals/60/Documents/ISN063/160718_U_ISN063_FINAL_DETERMINATION_PUBLIC.pdf, and a second time in a file review, see Memorandum for Record (Feb. 22, 2017), http://www.prs.mil/Portals/60/Documents/ISN063/FileReview/170118_U_ISN63_FINAL_DETERMINATION_PUBLIC_V1.pdf (PRB determining on file review that “no significant question is raised as to whether the detainee’s continued detention is warranted”). In addition, Respondents disagree with Dr. Keram’s ultimate medical finding that Petitioner “cannot receive effective treatment for his current mental health conditions while he remains in US custody at GTMO or elsewhere.”

Furthermore, in light of the nature of the conflict in which Petitioner has been detained and the nature of the armed forces of which Petitioner was part, Petitioner does not qualify as an “enemy prisoner of war” (“EPW”) and, accordingly, is not entitled to the protections afforded by those provisions of the Geneva Convention that call for the appointment of a Mixed Medical Commission. See Army Regulation 190-8 (“AR 190-8”), Appendix B, Section II – Terms (defining an EPW as a detained person who meets the requirements set forth in Articles 4 and 5 of the Third Geneva Convention, which identify categories of persons entitled to prisoner-of-war status); see also Letter at 3 (acknowledging that AR 190-8 “contemplat[es] an international armed conflict between two warring nations” and that the conflict during which Petitioner was detained is not “a conventional war between two nations”). Additionally, Petitioner does not and cannot qualify as an “other detainee” under AR 190-8. See AR 190-8, Appendix B, Section II – Terms (defining “other detainee” as a detainee whose legal status has not yet been determined and so qualifies to be treated as an EPW in the interim); see infra n.3; compare Department of Defense Directive 2310.01E, ¶ 3(a) (Aug. 19, 2014) (Change 1 May 24, 2017) (detainees who “at a minimum” must be afforded the protections described in the directive, including those set forth in Common Article 3) with id. ¶ 3(g) (detainees who “enjoy protections and privileges under the law of war beyond the minimum standards of treatment established in this directive”). Accordingly, Petitioner’s alternative request for review by a Mixed Medical Commission is not appropriate.

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3 See Factual Return (filed via the CISO Oct. 17, 2008) (alleging that Petitioner was part of al-Qaida); cf. ISN 63 CSRT Record (determining that Petitioner is an “enemy combatant”). On February 7, 2002, President Bush determined that al-Qaida and Taliban forces do not qualify for protection under Article 4. See White House Press Secretary Announcement of President Bush’s Determination Re Legal Status of Taliban and Al Qaeda Detainees (Feb. 7, 2002), http://www.state.gov/s/l/38727.htm.
As you are aware, the Executive continues through the PRB process to conduct regular reviews of certain detainees at Guantanamo Bay, including Petitioner, to determine whether continued detention remains necessary to protect against a continuing significant threat to the security of the United States.

Sincerely,

Kathryn C. Davis
EXHIBIT C

Report of Dr. Emily A. Keram (June 5, 2016)
(“Keram Report”)
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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. Felice Bezri served as translator.

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 (TB). 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:

2. In addition, on May 28, 2016, I spoke with Ahmed al-Qahtani, immediate elder brother of Mohammed al-Qahtani by telephone. Felice Bezri served as translator.
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
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
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
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
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 though 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.
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.

Thank you for referring this matter to me for evaluation and report.

Sincerely,

Emily A. Keram, MD
التقرير الطبي من واقع الملك:

بالرجوع لملف المريض تبين أنه تزود لدينا بتاريخ 5/01/2021 حيث حضر بمذكرة من شرطة العزيزية إذ كان يعاني من أفكار تشكيكية وهياج نفسي وقد أدخل القسم وأعطى العلاج اللازم وخرج بتاريخ 10/2/2021 هـ مع تأكيد تشخيص الاكتئاب الذهني ولم يراجع المستشفى بعد ذلك.

الطبيب

الدكتور

الدكتور حسین عبیدین

مدير مباحث العاصمة المقدسة

سعيدة عليكم ورحمة الله وبركاتكم

إشارة إلى خطاب سعادته رقم 883/18 بتاريخ 10/10/2017، نجد التقرير الطبي عن الوضع اسمه بالعربية 000 ونفقوا دينارا.

مدير مستشفى الملك عبد العزيز بالمملكة المقدسة

الدكتور

سابق حسين

العالي
هاني أحمد بن فهد آل شلالان الغرير
11.03.1971
هالة العامة / 6/11/85
تاريخ الميلاد / 6/7/1377
مكان الميلاد / الرياض
رقم الهوية / 72803
ال адрес / الرياض
الزمن / 08/16/2011
### DISCHARGE SUMMARY FORM

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<th>Date of Admission:</th>
<th>Date of Discharge:</th>
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</thead>
<tbody>
<tr>
<td>14.11.16</td>
<td>15.11.16</td>
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</tbody>
</table>

#### Brief History:

(Translation)

#### Physical Examination:

(Translation)

#### Laboratory Data: Information Available:

(Translation)

#### Laboratory Information Due:

(Translation)

#### Main Problem:

(Translation)

#### Other Problems/Diagnosis:

(Translation)
المملكة العربية السعودية
وزارة الصحة
مديرية الشئون الصحية بالعاصمة المقدسة
(سجلات الطبية)

( إقرار استلام مريض)

اسم المريض
رقم ملف
العمر
الجنسية

أقر أن: مستشفى (ملاحظات)
حفيظة رقم

ال<typename> مصيدة:

تاريخ 26/8/1438 هـ موافق 16/8/2017

أي أن قد استلمت المريض اسماً أعلاه من المستشفى.

اسم المستلم:
توقيع:

تاريخ الاستلام:
محمد طانع لعجفان

مريم صحيفه إسماعيل obliged

المحرر

6

المذكرة 1870/68

الرسالة

هنا نستعرض لاحقًا موضوع بعض النصوص التي تمثل معنى المعنى

طمنا... شكراً قلنا
Case 1:05-cv-01971-RMC   Document 369-1   Filed 08/08/17   Page 26 of 58

CONSULTATION FORM

To Dr. ___________________  Designation & Speciality: ___________________
Date of Admission: 6-2-2017  □ Urgent  □ Not Urgent

OBJECT OF CONSULTATION & CLINICAL NOTES (Including investigations & Findings)

Pt. admitted as a case of psychiatric for
hospitalization. Pt. was agitated, has multi-sensory
superimposed visual and one somatoform
which is Pt. felt that on promotion
for your kindly and helpful
respite. The

Provisional Diagnosis/Problems: ______________________
Physician: ___________________  Signature: ___________________  Date: ___________________
Bleep No.: ___________________  Time: ___________________

CONSULTANT'S REPORT

FINDINGS: ______________________
Pt. seen
was striated in front
as ineffective

RECOMMENDATIONS: ______________________

Name of Consultant: ___________________  Signature: ___________________  Date: ___________________
Time: ___________________

Form No.11
<table>
<thead>
<tr>
<th><strong>KINGDOM OF SAUDI ARABIA</strong></th>
<th><strong>MINISTRY OF HEALTH</strong></th>
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<tbody>
<tr>
<td><strong>HOSPITAL:</strong></td>
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**ACCIDENT & EMERGENCY FORM**

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<tr>
<th>Source</th>
<th>Home</th>
<th>Ref. From</th>
<th>Other</th>
<th>Medico Legal: Yes</th>
<th>No</th>
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</thead>
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**Mode of Arrival**

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<tr>
<th>Ambulance</th>
<th>Wheel Chair</th>
<th>Stretcher</th>
<th>Walk-In</th>
<th>Others</th>
<th>Time of Arrival</th>
</tr>
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**CLINICAL INFORMATION**

<table>
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<tr>
<th>Date of Exam.:</th>
<th>Time of Exam.:</th>
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</table>

**Allergies:**

- Brought by police
- Severe reaction
- Sniffing at feet

**History:**

- LNMP

**Physical Examination:**

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<tr>
<th>Temp.</th>
<th>37</th>
<th>Pulse</th>
<th>80</th>
<th>B.P.</th>
<th>110</th>
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<td>Resp. Rate:</td>
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**Problems / Diagnosis:**

- New problem
- S. P. 6 |

**PLAN**

**Further Investigations:**

- Blood Group & Rh

**Treatment:**

- In sodium. Give
- 2 amp. Sercenov 5 ml
- 15 2.19 (Signature)

**Referred for Consultation To:**

- S. P. 6

**Mode of Disposal:**

- Admitted to: 
- Refer to: 
- Other (Specify): 

**Dr.'s Name:**

- Sign.: 
- Date: 15.2.19 (Hospital Stamp)

**Functionality:**

- Form No.: 2A

**Hospital Stamp:**

- 6 PM. 15.2.19
PHYSICAL EXAMINATION

General
Temp.: 97.5°F Pulse: 88 B.P.: 130/90 R.R.: Weight: Height:
Eyes:
Lips: 5
Throat: 5
Breast:
Mental Status:

Conscious but drowsy

Cardiovascular:

S1 and S2 in all 4 areas
No murmur
No rhythm

Chest Wall:
Normal inspiratory and expiratory movements
No added sounds

Abdomen:
Soft
No masses
No tenderness
No bruising

Genitalia / Pelvic Examination:


Bones & Joints:
Abnormal over face, left upper arm
Femur normal, left foot:

Nervous Systems:
Crude intellect


Signed by Dr. Faris Albas

Physician

Date:

Form No. 4
HISTORY

Chief Complaints: It brought by police at 5 a.m.
It was very excited, available.

History of Present Illness: has history of anxiety due to family and work difficulties.
At same time, he was noted to be in poor condition.
Admitted at psychiatric unit by the staff later.

Ob/Gyn. History: G P A L

Last Menstrual Period: who is changes under the drugs.

Past Medical History: effect.

Hypertension:

Allergies:

Steroids:

Diabetic Mellitus: No, if so, any past illness.

Epilepsy: or psychiatric illness could
be taken from the pt.

Family History:

Personal History:

Social History:
<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Progress Notes</th>
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<tr>
<td>6-2-21</td>
<td>9:00 AM</td>
<td>PT: Still having multi tasking difficulites. Not concentrating.</td>
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Form No. 9 Please Date Time & Sign Each Entry
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<tr>
<th>Date</th>
<th>Time</th>
<th>Progress Notes</th>
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<tbody>
<tr>
<td>15-2-14-21</td>
<td></td>
<td>Pm swung, not clear, must dress.</td>
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<td>15-2-14-21</td>
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<td>Pm not cooperation, ham. pressor.</td>
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<td>Attitude, acquired verbal.</td>
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<td>Cognitive.</td>
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<td>Other palsy from T10, leg.</td>
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<td>Backward, no forward progress.</td>
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<td>No clear testing.</td>
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<td>Drug: Any.</td>
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<td>Any hint of pain.</td>
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<td>Severity.</td>
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<td>Phrenic.</td>
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Form No. 9 Please Date Time & Sign Each Entry
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<tr>
<th>DATE</th>
<th>TIME</th>
<th>DOCTOR'S ORDERS</th>
<th>DOCTORS SIGNATURE</th>
<th>NURSES SIGNATURE</th>
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<td>خبر عیبی نیست</td>
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<td>درمان نمی‌شود</td>
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<td>11/8/17</td>
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Please write date and time - sign each entry
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<th>DATE</th>
<th>TIME</th>
<th>DOCTOR'S ORDERS</th>
<th>DOCTORS SIGNATURE</th>
<th>NURSES SIGNATURE</th>
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<tbody>
<tr>
<td>19-2-1421</td>
<td>800</td>
<td>Pain relief</td>
<td>Signature charted, patient visited.</td>
<td></td>
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<tr>
<td>Nurse Date</td>
<td>Time</td>
<td>Temp</td>
<td>Puls Rate</td>
<td>Resp Rate</td>
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**SPECIFIC NURSING CARE COMMENTS:**


Form No. 43
# Nurses Observation Form

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Temp</th>
<th>Puls</th>
<th>Resp</th>
<th>B.P.</th>
<th>Pupils</th>
<th>Level of Consciousness</th>
<th>Muscle Tone &amp; Reflex</th>
<th>Cough</th>
<th>Response to Stimuli</th>
<th>Perception Pulses</th>
<th>Skin Color</th>
<th>Breaths</th>
<th>Sign.</th>
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**Specific Nursing Care Comments:**

---

Form No. 43
<table>
<thead>
<tr>
<th>DATE</th>
<th>DRUG</th>
<th>DOSAGE</th>
<th>ROUTE</th>
<th>FREQUENCY</th>
<th>TIME</th>
<th>NOTES</th>
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Form No. 42 Please Date & Sign Each Entry
**Biochemistry**

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<th>TEST</th>
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<th>NORMAL RANGE</th>
<th>TEST</th>
<th>RESULT</th>
<th>NORMAL RANGE</th>
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<tr>
<td>Fasting Glu</td>
<td>89</td>
<td>70-110 mg %</td>
<td>Uric Acid</td>
<td>11.39</td>
<td>3.7 mg %</td>
</tr>
<tr>
<td>2 hr Glu</td>
<td>39</td>
<td>10-50 mg %</td>
<td>Albumin</td>
<td>5.66</td>
<td>3.4-5.0 gm %</td>
</tr>
<tr>
<td>Urea</td>
<td>43</td>
<td>0.4-1.2 mg %</td>
<td>Total Protein</td>
<td>8.35</td>
<td>6-8.7 gm %</td>
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<tr>
<td>Creatinine</td>
<td>2.36</td>
<td>1.35-1.52 mEq/l</td>
<td>Cholesterol</td>
<td>196</td>
<td>0.2-1.2 mg %</td>
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<tr>
<td>Sodium</td>
<td>145</td>
<td>135-152 mEq/l</td>
<td>T-Bilirubin</td>
<td>1.00</td>
<td>0-0.34 mg %</td>
</tr>
<tr>
<td>Potassium</td>
<td>3.4</td>
<td>3.5-5.3 mEq/l</td>
<td>D-Bilirubin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chloride</td>
<td>95.105</td>
<td>95-105 mEq/l</td>
<td>Calcium</td>
<td>9.32</td>
<td>8.1-10.4 mg %</td>
</tr>
<tr>
<td>CPK</td>
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<td>M-24-195 U/l</td>
<td>Inorganic</td>
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<td></td>
<td>F-24-170 U/l</td>
<td>Phosphorous</td>
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<tr>
<td>LDH</td>
<td>230</td>
<td>10-220 U/l</td>
<td>Amylase</td>
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<tr>
<td>AST</td>
<td>39</td>
<td>M-up to 37 U/l</td>
<td>Triglyceride</td>
<td></td>
<td>50-200 mg %</td>
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<tr>
<td></td>
<td>35</td>
<td>F-up to 31 U/l</td>
<td>Lithium</td>
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<td>0.3-1.5 mmol/l</td>
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<td>Alkaline Phosphatase</td>
<td>226</td>
<td>98-279 U/l</td>
<td>Iron</td>
<td>37-185 UG/dl</td>
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بطاقة دخول مريض

المملكة العربية السعودية
وزارة الصحة
لغة الإحصاء والمعلومات بالحج

المستشفى: [الاسم]

رقم تسلسل المريض: [رقم]

تاريخ الوصول: [التاريخ]

ساعة الوصول: [الساعة]

وسيلة الوصول: [الوسيلة]

نوع الحالة: [الحالة]

العمر: [العمر]

الكالة: [الكالة]

تاريخ الإصدار: [تاريخ الإصدار]

نوع الإعفاء: [نوع الإعفاء]

 цель الإعفاء: [غرض الإعفاء]

ملاحظات: [ملاحظات]

اسم المستشفى: [اسم المستشفى]

رقم الحساب: [رقم الحساب]

رقم السفر: [رقم السفر]

(الأسماء والمعلومات)

التشخيص المبكر: [التشخيص المبكر]

الوبة: [الوباء]

النزاع: [النزاع]

دكتور مسؤول: [الدكتور]

توقيع: [توقيع]

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DISCHARGE SUMMARY

تاريخ الخروج: [تاريخ الخروج]

العمر: [العمر]

الصلاة: [الصلاة]

النوع: [النوع]

الإبادة: [الإبادة]

الإعفاء: [الإعفاء]

الرجوع: [الرجوع]

النزاع: [النزاع]

الوبة: [الوباء]

الطب: [الطب]

توقيع: [توقيع]

سبب الإبادة: [سبب الإبادة]

الدكتور مسؤول: [الدكتور]

توقيع: [توقيع]
**Case 1:05-cv-01971-RMC   Document 369-1   Filed 08/08/17   Page 44 of 58**

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<td><strong>ساعة الوصول</strong></td>
<td>؛ صباحاً</td>
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<td><strong>وحدة الوصول</strong></td>
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| **نوع الخروج** | غرجر |**Provisional Diagnosis:**

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<tr>
<td>** пациنة:**</td>
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| **Date of Discharge:** | 1/4/2016 |

**DISCHARGE SUMMARY**

**Date of Discharge:** 1/4/2016

**Cause of Referral:**

**Signature:**

**Locality:**

**Doctor In-charge:**

**Recovered & Disch.**
### REFERRAL FORM

**TO DR.:**

**DEPT.:**

**FROM DR.:**

**DEPT.:**

**HOSPITAL / PHC**

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<table>
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<th>PROBLEMS/DIAGNOSIS:</th>
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<th>Stable</th>
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<th>Unconscious</th>
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<th>Treatment</th>
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<tr>
<th>Further Investigation</th>
<th>Others (Specify)</th>
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<th>Air</th>
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<th>Sig.:</th>
<th>Date:</th>
<th>Hospital's Stamp</th>
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<tr>
<th>Received By:</th>
<th>Designation:</th>
<th>Signature:</th>
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Form No: 1 | A

[Handwritten notes and signatures]
REFERRAL FORM

TO DR.: .................. DEPT.: ..................

DESIGNATION: HOSPITAL / PHC

FROM DR.: .................. DEPT.: ..................

DESIGNATION: HOSPITAL / PHC

CLINICAL HISTORY:

PHYSICAL EXAMINATION:

INVESTIGATIONS:

PROBLEMS/DIAGNOSIS:

TREATMENT/PROCEDURES DONE SO FAR: ..............................

PATIENTS CONDITION: □ Stable □ Critical □ Conscious □ Unconscious

REASON FOR REFERRAL:

□ Consultation □ Admission □ Treatment

□ Further Investigation: □ Others (Specify)

TRANSPORTATION: □ Ambulance □ Helicopter □ Air □ Other

ESCORT: □ None □ Doctor □ Nurse □ Relative □ Other

DOCUMENTS SENT: □ Med. Report □ Lab. Result □ X-ray □ Other

Dr.'s Name: .................. Sig.: .................. Date: / / Hospital's Stamp

PHC's Stamp

Date & Time Received: ..................

Received By: .................. Designation: .................. Signature:

Form No.: 1
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<td><strong>Occupation</strong></td>
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<td><strong>Address &amp; Tel. No.</strong></td>
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<td><strong>Time of Admission</strong></td>
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**Health Care No:**

**Name:**

**Age:**

**Sex:**

**Nationality:**

**Consultant In-Charge:**

**Unit:**

**KINGDOM OF SAUDI ARABIA**

**MINISTRY OF HEALTH**

**HOSPITAL:**

**I. C. D. No.**

---

**Date:**

**Unit Head:**

**Signature:**
GENERAL CONSENTS

I, ...........................................................................

the undersigned consent to my admission to the hospital and to all examinations, tests and treatments recommended by the physician including emergency, operation and procedures if required.

I, the undersigned declare that:

I authorized the performance of any emergency operation which maybe deemed necessary by the treating specialists, in accordance with (my condition / the condition of the patient). I take full responsibility for all the consequences of the operation and anaesthesia. I also agree to provide whatever blood deemed necessary for the patient.

I, also declare that I don't carry any valuable or money during stay in the hospital. Accordingly, no claim for lost property will be made against the hospital.

Patient Or Guardian’s Signature: ...........................................

Date: / / Time: ..............................................

I, the undersigned refuse admission to the Hospital and all examinations, tests, and treatments that are recommended by the physicians.

Patient or Guardian’s Signature ...........................................

Date: / / Time: ..............................................

This is to certify that I, ...........................................................................

getting discharged against the advice of the attending physician. I acknowledge that I have been informed of the risks involved and hereby release the attending physician and the hospital from all responsibility for any consequences which may result from such discharge.

Patient or Guardian’s Signature ...........................................

Date: / / Time: ..............................................

Form No. 12A.

نموذج رقم ١٢١
EXHIBIT D

Supplemental Declaration of Emily A. Keram, MD (July 12, 2016) ("Keram Supplemental Decl.")
SUPPLEMENTAL DECLARATION OF EMILY A. KERAM, MD
REGARDING MOHAMMED AL-QAHTANI

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 Emily A. Keram.

2. I am a medical doctor and board certified in psychiatry and neurology with subspecialization 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 U.S. Department of Veterans Affairs Community Based Outpatient Clinic in Santa Rosa, CA for 16 years. I also have expertise treating patients with schizophrenia.

3. I have previously provided the Periodic Review Board with a written report dated June 5, 2016 and stemming from my evaluation of Mohammed al-Qahtani and related information. I also testified before the Periodic Review Board on June 16, 2016 during Mr. al-Qahtani’s hearing. I respectfully offer this declaration to supplement my report and testimony.

4. Despite the availability of competent clinicians at Guantánamo, Mr. al-Qahtani cannot receive effective treatment from them and would not achieve therapeutic benefit from treatment there or in any other U.S. custodial setting.

5. It is impossible for Mr. al-Qahtani to form an effective doctor-patient relationship with clinician members of the Joint Medical Group (JMG). Mr. al-Qahtani’s chronic symptoms of PTSD are the result of his confinement and the torture he suffered during interrogations at Guantánamo. Detention and medical personnel were involved in his confinement and interrogations. It is not realistic to believe that Mr. al-Qahtani would be able to benefit from treatment provided by clinicians whom he associates with the cause of his suffering.

6. Mr. al-Qahtani requires multi-modal treatment for his symptoms of PTSD and schizophrenia. Medication, although helpful in improving the frequency and intensity of some of his symptoms, is not sufficient to provide meaningful relief from his suffering. It may be possible to convince Mr. al-Qahtani to accept medication from JMG clinicians whom he does not trust, or from other visiting doctors. However, at best, medication would provide modest PTSD symptom improvement without fully addressing their underlying causes. It is also highly likely that Mr. al-Qahtani will continue to experience episodic worsening of symptoms as his indefinite detention continues. As a result, medications would likely need to be increased over time and would only be considered palliative. An effective, multi-disciplinary approach, away from the location in which PTSD-related trauma occurred and which involves his family, is necessary for him to repair the rending of his sense of self, dignity, and humanity. This rending underpins his underlying symptoms of depression, anxiety, and existential crisis.
7. As noted above, Mr. al-Qahtani does not trust medical personnel as a result of their involvement in his interrogations. This mistrust has generalized beyond JMG clinicians. I am aware that Mr. al-Qahtani would not meet with the original mental health expert retained by the defense. He was initially resistant to meet with me as well. Defense counsel and Mr. al-Qahtani have explained that his fear of meeting with defense mental health experts was based on JMG clinicians’ participation in his torture.

8. During my testimony, the Board asked what current protective factors are in place that argue against the possibility of Mr. al-Qahtani engaging in future violence. I replied that Mr. al-Qahtani eschews violence and has accepted the limitations in occupational and social functioning imposed by his psychiatric illnesses. I also noted that 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.

9. I would like to add another factor that further decreases Mr. al-Qahtani’s risk for future violence. Protecting one’s family honor is an individual duty whose primacy cannot be underestimated in Saudi culture. Mr. al-Qahtani is well aware of the shame that any sort of proscribed behavior on his part would bring to his family. His need to protect his family’s honor will be a powerful factor in his future decision-making. It is my opinion that, had he known that his previous history could bring shame upon his family, it is highly unlikely that he would have engaged in any such activity.

10. Finally, I authorize the publication by the Periodic Review Secretariat of my testimony during the June 16, 2016 hearing.

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

Executed on this 12th day of July, 2016.

EMILY A. KERAM, M.D.
1160 N. Dutton Avenue, Suite 255
Santa Rosa, CA 95401
EXHIBIT E

SUPPLEMENTAL DECLARATION OF EMILY A. KERAM, M.D.
 REGARDING MOHAMMED AL-QAHTANI

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 Emily A. Keram.

2. I am a medical doctor and 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 U.S. Department of
Veterans Affairs Community Based Outpatient Clinic in Santa Rosa, CA for 16 years. I
also have expertise treating patients with schizophrenia.

3. I have previously provided the Periodic Review Board with a written report dated June
5, 2016 and stemming from my evaluation of Mohammed al-Qahtani and related
information. I also testified before the Period Review Board on June 16, 2016 during
Mr. al-Qahtani’s hearing. I respectfully offer this declaration to supplement my report
and testimony, and in support of a request for an early second hearing before the Board.

4. I am aware that the Board’s July 2016 decision was difficult for Mr. al-Qahtani to
process. He initially reacted by withdrawing to his cell, attempting self-harm, and
manifesting other forms of discouragement. His reaction was entirely expectable,
especially in the context of the following factors:

   a. The length of his current indefinite detention;

   b. His strong desire to be reunited with his family;

   c. The fact that there has been an acceleration in the release of detainees;

   d. The availability of the Saudi Rehabilitation program; and

   e. The sincerity of his original statement to the Board.

5. Given that these factors underpinned his hope for a favorable outcome, I believe the
implications of his reaction are that he sustained a period of increased depression,
hopelessness, and awareness of his lack of control over his life.

6. That Mr. al-Qahtani was able to work through his initial response to the Board’s
decision likely reflects that he still has some hope that he will eventually be released.
He then focused on the content of the Board’s explanation of their decision, understood
their reasoning, and accepted their recommendations. I believe this was likely an
extremely difficult decision for Mr. al-Qahtani to make for the following reasons:

   a. His mistrust of Joint Medical Group (JMG) personnel; and
b. Exposure to JMG personnel is a likely reminder of being tortured given their participation in his interrogation. This means he likely experiences some increase in PTSD symptoms of intrusion (unwanted and painful thoughts, memories, and images of torture and other trauma), nightmares, anxiety, depression, insomnia, and hypervigilance with exposure to JMG staff.

7. His acceptance of the Board’s recommendations is the strongest possible evidence of his resolve and commitment to get well and rejoin his family. The change is so significant that it warrants review of his case now. Factors to assess in the next review would include the following:

   a. Treatment compliance;

   b. His treatment team’s assessment of his response to treatment; and

   c. The extent to which he has been able to develop trust in JMG staff, learn that they are different from JMG staff present during his torture, and can accept help from them.

8. It remains my opinion that, despite the availability of competent clinicians at Guantánamo and Mr. al-Qahtani’s best efforts, he cannot receive effective treatment from them and would not achieve lasting therapeutic benefit from treatment there or in any other U.S. custodial setting. This is because he remains in the environment in which he was tortured, exposure to this environment causes continued symptoms, and the most effective treatment requires the involvement his family members.

9. It remains my opinion that Mr. al-Qahtani requires multi-modal treatment for his symptoms of PTSD and schizophrenia. Medication, although helpful in improving the frequency and intensity of some of his symptoms, is not sufficient to provide meaningful relief from his suffering. Although Mr. al-Qahtani is taking medication prescribed by JMG clinicians, at best, medication would provide modest PTSD symptom improvement without fully addressing their underlying causes.

10. It remains my opinion that it is also highly likely that Mr. al-Qahtani will continue to experience episodic worsening of symptoms as his indefinite detention continues. As a result, medications would likely need to be increased over time and would only be considered palliative. An effective, multi-disciplinary approach, away from the location in which PTSD-related trauma occurred and which involves his family, is necessary for him to repair the rending of his sense of self, dignity, and humanity. This rending underpins his underlying symptoms of depression, anxiety, and existential crisis.

11. It remains my opinion that there are protective factors in place that argue against the possibility of Mr. al-Qahtani engaging in future violence. These include Mr. al-Qahtani’s rejection of violence and his acceptance of the limitations in occupational and social functioning imposed by his psychiatric illnesses. I also remain of the opinion that, from the perspective of a forensic psychiatric Violence Risk Assessment, Mr. al-
Qahtani’s psychiatric diagnoses do not place him at risk of engaging in violence in the future.

12. It remains my opinion that Mr. al-Qahtani’s desire to uphold his family’s honor is an additional factor that further decreases his risk for future violence. Protecting one’s family honor is an individual duty whose primacy cannot be underestimated in Saudi culture. Mr. al-Qahtani is well aware of the shame that any sort of proscribed behavior on his part would bring to his family. His need to protect his family’s honor will be a powerful factor in his future decision-making. It is my opinion that, had Mr. al-Qahtani known that his previous history could bring shame upon his family, it is highly unlikely that he would have engaged in any such activity.

13. In its decision, the Board noted that a “lack of information prevented the Board from understanding how and to what extent his psychiatric condition contributed to his decisions” in the past. In late-January 2017, I plan to travel to Guantánamo to complete my evaluation of Mr. al-Qahtani. That will enable me to testify again before the Board to address this question during a second hearing.

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

Executed on this 2nd day of December, 2016.

EMILY A. KERAM, M.D.
1160 N. Dutton Avenue, Suite 255
Santa Rosa, CA 95401
EXHIBIT F

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,

Mohammed A. Al-Muttairi

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

August 16, 2015