

**SUPPLEMENTAL DECLARATION OF DR. EMILY A. KERAM, M.D.  
(February 26, 2021)**

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

**Qualifications**

1. My name is Emily Keram, MD. 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 30 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 21 years. I also have expertise in treating mood and psychotic disorders, as well as traumatic brain injury.
2. I completed a fellowship in Forensic Psychiatry with the United States Department of Justice at the Federal Evaluation Center at the Federal Correctional Institution-Butner in 1992. I am a Past-president of the American Academy of Psychiatry and the Law (AAPL). Over my thirty years of membership in that organization, I founded and chaired a variety of committees, including the Committee on Human Rights and National Security, which works to identify methods of balancing between these two interests.
3. I continue to work as a forensic evaluator in state and federal jurisdictions. 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.
4. I submit this declaration to underscore Mr. al-Qahtani's urgent and immediate need for potentially life-saving appropriate mental health evaluation and treatment.

**Previous Evaluation of Guantánamo Detainees**

5. I have evaluated several Guantánamo (GTMO) detainees over the past seventeen years as an expert retained by the Office of Military Commissions-Defense Counsel and several habeas attorneys, as well as a judge's expert on behalf of this District Court.

**Previous Evaluation of Mohammed al-Qahtani**

6. Over the past seven years I have conducted an ongoing and extensive evaluation of Mohammed al-Qahtani. I have submitted a report and several supplemental declarations regarding his mental illness to this court.
7. In order to obtain Mr. al-Qahtani's psychiatric history prior to his detention at GTMO, I reviewed records from Mr. al-Qahtani's psychiatric hospitalization in Mecca, at the age of 20, during which he was diagnosed with a psychotic disorder. I also spoke with one of Mr. al-Qahtani's older brothers about his childhood and adolescent psychiatric history of psychotic symptoms.
8. With respect to Mr. al-Qahtani's psychiatric history since his detention, I reviewed government documents relating to the conditions of confinement Mr. al-Qahtani was subjected to beginning in 2002. I interviewed Mr. al-Qahtani over the course of approximately two weeks of daily evaluations at Guantánamo in 2015 and 2017. (My notes from those sessions were cleared in their entirety. I base this declaration only on unclassified information.) Additionally, I spoke with him on an unclassified telephone call in December 2017. Mr. al-Qahtani confirmed the physical and psychological torture, as well as sexual abuse, he was subjected to while confined to the GTMO brig, which at one point led to his hospitalization.

9. Based on the information I obtained from the above, I diagnosed Mr. al-Qahtani with Schizophrenia and Posttraumatic Stress Disorder (PTSD). Please refer to my earlier report and declarations for a review of Mr. al-Qahtani's history and symptoms that demonstrates that he meets diagnostic criteria for both of these disorders. As noted in my earlier filings, during my interviews with Mr. al-Qahtani he spoke at length about the participation of JMG clinicians in his interrogation in the brig. Due to their involvement in his torture he has remained unable to develop a doctor-patient relationship with JMG clinicians. He cannot trust JMG clinicians to work in his interest because of their dual agency both to him and to the Joint Detention Group. On this point, specifically, please refer to my previous declarations: Keram Third Suppl. Decl. (Sept. 12, 2017), ECF No. 373, Ex. G, at ¶ 13 and Keram Fourth Suppl. Decl. (Apr. 14, 2018), ECF No. 377, at ¶¶ 13-14, 20.
10. I have previously documented the rationale for my opinion that Mr. al-Qahtani cannot receive appropriate mental health evaluation and treatment while in the custody of the Joint Task Force at Naval Station Guantánamo Bay (JTF-GTMO) and should receive this medically necessary treatment at the Care Rehabilitation Center in Riyadh (CRC), Saudi Arabia, or at another suitable psychiatric facility in that country, on an in-patient basis. In brief, with respect for treatment of PTSD, Mr. al-Qahtani cannot reasonably be expected to form an effective doctor-patient relationship with JMG clinicians given their role in his interrogations, the re-traumatizing nature of his confinement, and the fact that JMG clinicians are not assigned to GTMO for the length of time necessary to deliver such treatment, which should be done by a consistent team throughout treatment. Additionally, JMG clinicians have appeared to be consistently unaware of the torture that Mr. al-

Qahtani was subjected to at GTMO. Based on his report and my review of JMG records, it appears that no clinician has ever asked Mr. al-Qahtani whether he experiences symptoms of PTSD, nor have they diagnosed him with this disorder. Additionally, to my knowledge, Mr. al-Qahtani has never been offered the evidenced-based recommended treatment for PTSD as defined in the Department of Veterans Affairs and Department of Defense Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder (2017). Finally, PTSD treatment should be delivered by culturally-competent clinicians with the involvement of family members. Such treatment is available at the CRC in Riyadh.

#### **Current Evaluation of Mohammed al Qahtani**

11. Since my last declaration to this court in July 2020, Mr. al-Qahtani's already fragile mental health has severely deteriorated. He attempted suicide in or around October 2020 and again at an undetermined later date.
12. Mr. al-Qahtani spoke by telephone with his attorneys Ramzi Kassem and Shayana Kadidal on November 13, 2020. I have reviewed contemporaneous, unclassified notes taken by his attorneys summarizing this conversation. Mr. al-Qahtani stated he was tired and wanted to end the call as soon as possible. He disclosed that he had been in the mental health clinic for a number of days prior to the call, after having been found in an unconscious state after a suicide attempt.
13. Mr. al-Qahtani is quoted as explaining:

“I arrived at a state where I lose control, I can't anymore, I laugh with no reason. I don't know where or who I am. Then suddenly I regain consciousness. I do things that are wrong – stripping clothes, speaking to myself a lot, speaking to

the Djinn [spirits], visual and auditory hallucinations, I imagine wild animals attacking me. I can't take it anymore. I found myself hanging myself. I didn't do it consciously. I didn't have self-control. I found myself sitting there trying to kill myself. I thought I had died. I hung myself and then regained consciousness in the hospital."

"They took me and ran a number of exams...Then they put me in the clinic. They let me out, back to the cell block, but then took me back to the clinic. Only yesterday was I brought back to the clinic."

"I don't want to lose my life. I don't want to go insane. I want to go home before this happens to me. Life would have no value if I go home crazy."

"I have only moments of lucidity. Then I lose my ability to think clearly or even control my own actions. These states of madness grip me far more frequently now. I'm afraid to lose my life here or to become completely insane."

"The guards tell me I asked them for things but I don't remember. I tell the guards I'm hearing banging on the walls so I complain to the guards but they tell me there's no one banging on the walls."

"I am a human being. I need some care. Even at the psych ward, the BHU [Behavioral Health Unit], the doctors say I'm sick, but they still mistreat me. They put me in solitary for 24 hours straight for days and nights on end. Only two hours of exercise a day. That only makes me worse. The rest of the time, I'm trapped in that cell. I don't know how long I was in there. Solitary increases the pain."

14. Mr. al-Qahtani reported experiencing auditory hallucinations during the telephone call. He stated he had started taking a medication for hallucinations, but didn't know if it was helpful or harmful. He was described as confused throughout the phone call, requiring frequent prompting to continue the discussion. It was extremely difficult to communicate with him. At times he screamed for the voices he was hearing to stop.

15. Mr. al-Qahtani spoke again with Ramzi Kassem on February 1, 2021. I have reviewed Mr. Kassem's contemporaneous, unclassified notes documenting this discussion. Mr. al-Qahtani is described as having long periods of silence and losing his train of thought. He required frequent prompting to re-direct his attention to the matters at hand.

16. Mr. al-Qahtani described his current mental state:

“I feel so much worse. Unnatural feelings. I tried to kill myself again. I was in a state of madness. I don't know what I did.”

17. Mr. al-Qahtani described his latest suicide attempt using pieces of broken glass:

“I used it to cut my veins in my arms and I ate some of the glass too. I bled a lot and then fainted. They came and got me and took me for urgent treatment. I can't remember exactly when this happened.”

“Even the psychiatrists here told me I've reached a stage where I might kill myself without realizing it. These are dangerous behaviors. They put me in the clinic at first and now I'm back in the cellblock with one other prisoner.

They're watching me but it's as if they are just waiting for me to kill myself.”

“I'm trying to kill myself by any means I can at any time.”

## Opinions

18. It is my opinion, to a reasonable degree of medical certainty, that Mr. al-Qahtani's psychiatric symptoms have severely worsened since the fall of 2020. He is at high risk for suicide due to his underlying diagnoses of schizophrenia and PTSD, his indefinite detention, and the JMG's inability to deliver effective treatment given the constraints of providing care at Guantánamo. Mr. al-Qahtani's ongoing confinement brings him no relief from memories of his torture. The constraints of providing care to a suicidal patient at GTMO cause Mr. al-Qahtani to be confined in a locked solitary cell when he is most at risk, worsening his psychiatric symptoms. When not in acute care, where he is confined to a single cell, Mr. al-Qahtani's conditions of confinement offer no relief to the intensity of his symptoms and hopelessness. He cannot tolerate living with even one or two other detainees as exposure to even that level of noise and contact is extremely over-stimulating, causing an exacerbation of Mr. al-Qahtani's symptoms of schizophrenia and PTSD. Under the conditions of Mr. al-Qahtani's confinement, his symptoms are not effectively treated or even managed at a safe baseline.
19. I have treated veterans from World War II through the current conflicts diagnosed with PTSD for 21 years. Throughout that period I have also treated veterans diagnosed with schizophrenia. Based on the psychiatric literature and this experience, it is my opinion that without timely access to appropriate care, Mr. al-Qahtani is at extreme risk of experiencing worsening symptoms of PTSD and schizophrenia. His symptoms already negatively impact his ability to work with his attorneys. This impact is very likely to worsen over time. More importantly, the prolonged delay in allowing Mr. al-Qahtani

access to effective treatment is highly likely to significantly limit the degree of his eventual recuperation.

20. Even with effective treatment, Mr. al-Qahtani will not recover from his psychiatric diagnoses within one year. Schizophrenia is a lifelong disorder; the goal of treatment is symptom management, not cure. Similarly, the severity and length of Mr. al-Qahtani's PTSD symptoms have left him with a chronic form of this diagnosis. He can reasonably be expected to suffer chronic and significant symptoms that will require lifelong care.
21. As I have discussed in previous declarations to this court Mr. al-Qahtani requires multi-disciplinary treatment of his symptoms of schizophrenia and PTSD, which involves the support and active involvement of his family. The CRC in Riyadh has a long history of expertise in providing this treatment.
22. It is my opinion that Mr. al-Qahtani requires urgent, immediate and potentially life-saving mental health treatment. Appropriate and effective treatment for Mr. al-Qahtani's psychiatric diagnoses must include the type of multi-disciplinary, culturally appropriate, and family-inclusive reintegration program delivered at the CRC in Riyadh, Saudi Arabia, or that would be available at other suitable psychiatric facilities in that country, on an in-patient basis.
23. As noted above and in my prior declarations, the JMG is not capable of providing this appropriate and effective care to Mr. al-Qahtani.

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

Executed on this 26th day of February, 2021.

A handwritten signature in cursive script, appearing to read "Emily A. Keram, M.D.", with a stylized flourish at the end.

EMILY A. KERAM, M.D.  
1200 Coddington Center, #6654  
Santa Rosa, CA 95406