

~~PROTECTED INFORMATION - FILED UNDER SEAL~~

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

_____)
MOHAMMED AL-QAHTANI,)
)
)
Petitioner,)
)
v.) Civil Action No. 05-1971 (RMC)
)
DONALD J. TRUMP, *et al.*,)
)
)
Respondents.)
_____)

EXHIBIT 1

Declaration of CDR [REDACTED] MD, Senior Medical Officer (Aug. 21, 2017)

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~~(U//FOUO)~~ DECLARATION OF COMMANDER [REDACTED] MD, FAAFP

Pursuant to 28 U.S.C. §1746, I, [REDACTED] hereby declare:

1. ~~(U//FOUO)~~ I am a Commander in the United States Navy with over 23 years of active and reserve service. I currently serve as the Senior Medical Officer, Joint Medical Group (JMG), Joint Task Force Guantanamo Bay (JTF-GTMO), Cuba. I am responsible for the medical care provided to 26 detainees at Guantanamo Bay and supervise the operation of the JMG that provides medical care to those detainees.¹ I have served in this position since April 21, 2017.

2. ~~(U//FOUO)~~ I completed my residency in Family Medicine in June of 2013 and have been board certified in the United States since that time.

3. ~~(U//FOUO)~~ I have personal knowledge of the procedures that are in place for the operation and application of medical care at JTF-GTMO medical facilities, and I am responsible for ensuring that they are followed. Due to my responsibilities, I have personal knowledge of or have received information in the course of my responsibilities concerning the matters raised by Mr. al-Qahtani (ISN 063) through his counsel in the Petitioner's Motion to Compel Examination by a Mixed Medical Commission filed on August 8, 2017. This declaration is based on information made available to me through my official duties, including discussions I personally had with Mr. al-Qahtani's Primary Care Manager (PCM), the JMG psychiatric consultants treating Mr. al-Qahtani, and who are familiar with his complete medical and mental health history, and other JMG medical staff involved in the medical care and treatment of Mr. al-Qahtani, as well as a review of pertinent medical and mental health records of Mr. al-Qahtani.

4. ~~(U//FOUO)~~ The JMG staff consists of licensed, board-certified physicians of different specialties. Specifically, as of August 2017, the medical staff has [REDACTED] professionally trained individuals, including one board certified family physician, one board certified internist, two board certified psychiatrists, one certified physician's assistant, a general dentist, licensed medical/surgical nurses, hospital corpsmen (formally trained Navy medical personnel akin to a "medic" in the Army), various technicians (lab, radiology, pharmacy, operating room, respiratory therapy, physical therapy and biomedical repair), and administrative staff. The United States Naval Hospital, Guantanamo Bay provides additional consultative services from numerous medical professionals including an anesthesiologist, general surgeon, an orthopedic surgeon, a licensed dietician, and a physical therapist. We routinely bring in subspecialists, including medical professionals practicing in the areas of dermatology, cardiology, otorhinolaryngology (ear, nose and throat), gastroenterology, urology and audiology, and have the ability to request subspecialists from other areas as needed.

5. ~~(U//FOUO)~~ All military health care personnel whose duties involve support of detainee operations or contact with detainees receive advanced training commensurate with their duties prior to evaluating patients. The purpose of this training is to equip them to provide quality care

¹ I do not provide or oversee medical care for the 15 detainees designated as "high-value detainees," or HVDs. HVDs have their own Senior Medical Officer. Mr. al-Qahtani is not an HVD.

in a detention setting by ensuring that they have a working knowledge and understanding of the requirements and standards for providing health care to detainees. Upon arrival at Guantanamo, permanent providers have mandatory orientation that includes classroom time as well as a two-week formal transition between incoming and outgoing personnel. Subspecialists permanently stationed off of the island and making their first visit to Guantanamo to offer subspecialty care have another medical staff member with them at all times to help acclimate and to assist in the provision of care. To maintain continuity of care with the detainee, we make every effort to keep the same subspecialists for their recurring visits to the island. Further, the Joint Task Force has medical linguists who have been assigned to the facility for many years allowing them to provide continuity during medical staff turnover.

6. ~~(U//FOUO)~~ According to Department of Defense Instruction 2310.08E, health care personnel responsible for the medical care of detainees have a duty to protect detainees' physical and mental health and to provide appropriate treatment. According to DoD Directive 3115.09, sec. 3.4.3, decisions regarding the appropriate medical treatment of detainees are the province of medical personnel. The professional provider-patient treatment relationship between health care personnel and detainees is exclusively for the purpose of evaluating, protecting, and improving detainees' physical and mental health. Health care personnel do not participate in detention-related activities or operations for any reason other than to provide health care services in approved clinical settings, conduct disease prevention and other approved public health activities, advise proper command authorities regarding the health status of detainees, and provide direct support for these activities. Per DoD Policy, medical personnel do not have any involvement in the supervision, conduct, or direction of interrogations.

7. ~~(U//FOUO)~~ The JMG is committed to providing appropriate and comprehensive medical care to all detainees. JMG providers take seriously their duty to protect the physical and mental health of the detainees and approach their interactions with detainees in a manner that encourages provider-patient trust and rapport and that is aimed at encouraging detainee participation in medical treatment and disease prevention. Detainees receive timely, compassionate, quality healthcare and have regular access to primary care and sub-specialist physicians. The healthcare provided to the detainees at JTF-GTMO is comparable to that afforded our active duty service members on island. All medical procedures performed are justified and meet accepted standards of care. A detainee is provided medical care and treatment based solely on his need for such care, and the level and type of treatment is dependent on the accepted medical standard of care for the condition being treated. Medical care is not provided or withheld based on a detainee's compliance or noncompliance with detention camp rules or based on his refusal to accept food or drink. Medical decisions and treatment are not made or withheld as a form of punishment or discipline.

8. ~~(U//FOUO)~~ All detainees, upon arrival at JTF-GTMO, receive a complete physical examination. Medical issues identified during the examination, or identified during subsequent examinations, are monitored by the medical staff. Detainees may make a request to guard personnel in the cell blocks or to the medical personnel who make daily rounds on each cell block at any time in order to initiate medical care. In addition to responding to such detainee requests, the medical staff will investigate any medical issues observed by JTF-GTMO guards or staff. In general, health care is provided with the voluntary and informed consent of the detainee

in accordance with DoD Instruction 2310.08E, Medical Program Support for Detainee Operations, Section 4.7. The availability of care through ongoing monitoring and response to detainee-initiated requests has resulted in thousands of outpatient contacts between detainees and the medical staff, followed by inpatient care as needed. Multiple diagnoses and successful treatments have come out of this intense availability of care for those detainees who have chosen to engage with the medical department. There are many detainees with common medical conditions such as diabetes, hypertension, high cholesterol, and musculoskeletal pains. Quality healthcare metrics consistent with Department of Veterans Affairs/Department of Defense clinical practice guidelines are achieved with medications, physical therapy and provider counseling. Multiple psychiatric diagnoses have been identified and controlled such as depression, anxiety, and schizophrenia, as well as a variety of personality disorders.

9. ~~(U//FOUO)~~ For most medical care requiring inpatient services, detainees are admitted to the JTF-GTMO Detainee Medical Center. This is a [REDACTED] medical facility, which is staffed to provide more intensive, inpatient medical care solely to the detainees at GTMO. An [REDACTED] Behavioral Health Services (BHS) staff supports the outpatient mental health needs of the detainees, and runs the [REDACTED] Behavioral Health Unit (BHU) designed for detainees requiring inpatient psychiatric care and monitoring. The BHU staff includes two board-certified psychiatrists and nine hospital corpsmen organized to support the behavioral health mission. The BHU staff conducts mental health assessments, provides crisis intervention, develops individualized treatment plans, formulates therapy for management of self-injurious ideations or behavior, and provides supporting care and psychiatric medication therapy, as needed to treat symptoms of major psychiatric disorders. The medical and BHU staff provide appropriate physical and mental health care for all detainees through a coordinated team approach based on individualized plans that account for each patient's condition and circumstances.

10. ~~(U//FOUO)~~ As explained below, Mr. al-Qahtani has had long-term daily access to medical and mental health care and often voluntarily has chosen not to seek or actively engage in treatment from the JMG. JMG staff members routinely stop by his cell to discuss any medical concerns or complaints that he might have, but Mr. al-Qahtani has demonstrated an ongoing unwillingness to attend medical appointments with his PCM, to allow outpatient care with specialists, or to meet with BHU staff in a manner that allows him to fully discuss treatment of his mental status and behavior. Despite his frequent refusals to constructively interact with medical staff or to attend medical appointments, JMG medical professionals have advised him on the importance of diagnostic procedures, attempted to provide him with educational materials, and continue to closely monitor his medical conditions. His most recent interaction that included a physical exam with a credentialed provider was April 29, 2017. Following that time he superficially engaged in his living spaces with the medical department for an abbreviated encounter on June 8, 2017 regarding his difficulty sleeping but he declined the appointment offered to him to discuss further. He refused to fully participate in his annual medical review with his PCM in July of 2017. Mr. al-Qahtani has frequent contact with JMG technicians who offer to administer scheduled and as needed medications to him, currently methotrexate, folic acid, sertraline, haloperidol, zolpidem, quetiapine, multivitamin, bisacodyl, cetirizine, diphenhydramine, and magnesium hydroxide.

11. ~~(U//FOUO)~~ As of July 19, 2017, Mr. al-Qahtani weighed 184.5 pounds (131.45% ideal body weight, body mass index 29.78). His medical history includes biopsy proven atopic dermatitis (a

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form of eczema) with psoriatic features (lesions) on his face, arms and legs that has been moderately controlled with weekly methotrexate (and daily folic acid supplementation) and as needed topical steroids. He has refused recommended dermatology evaluations (last offered in March of 2017) as well as screening tests for long term methotrexate use (last offered in April of 2017). He was diagnosed with latent tuberculosis infection at in-processing in February of 2002 but has consistently refused treatment (last offered in July of 2017). He remains asymptomatic on annual active tuberculosis screening. He was treated for *Helicobacter pylori* and has a history of occasional dyspepsia (digestion problems) treated with anti-reflux medication (proton pump inhibitor). He has lactose intolerance managed through diet modification and idiopathic, asymptomatic bradycardia (slow heart rate).

12. ~~(U//FOUO)~~ Mr. al-Qahtani has participated in intermittent, long-term non-religious fasting that previously required enteral feeding. His last enteral feed was in May of 2013. There are no concerns for weight loss at this time.

13. ~~(U//FOUO)~~ Mr. al-Qahtani's last routine dental appointment was in July of 2017. His last eye exam was in June of 2013 and he has consistently refused follow up appointments, with his most recent refusal occurring in April of 2017.

14. ~~(U//FOUO)~~ Mr. al-Qahtani completed measles/mumps/rubella, hepatitis A and B series and tetanus/diphtheria immunizations between 2002-2004. He declined a tetanus/diphtheria/acellular pertussis vaccine booster in 2013. He has consistently declined annual influenza vaccination.

15. ~~(U//FOUO)~~ Mr. al-Qahtani has a documented psychiatric history of Adjustment Disorder, Unspecified Anxiety Disorder, Personality Disorder with Borderline and Narcissistic traits, Schizophrenia, and Posttraumatic Stress Disorder. These diagnoses were made in June-September of 2016 based primarily on symptoms that the detainee reported, reports by the guard force, and the detainee's mental health history as reported by letter from his private counsel to the Periodic Review Board in June of 2016. Because the detainee would not constructively engage with BHU providers, it was difficult to assess his condition. Prior to that time period in 2016, Mr. al-Qahtani had exhibited symptoms of Adjustment Disorder with Anxiety and Narcissistic traits and symptoms of Unspecified Anxiety Disorder, but did not meet the clinical criteria for a definitive diagnosis of either. Since June of 2016, the JMG has continued to observe him and has engaged with Mr. al-Qahtani as much as he allows. Based on the BHU's ongoing evaluation of Mr. al-Qahtani, his current diagnoses are Unspecified Psychotic Disorder (this means that his psychotic symptoms do not meet all of the diagnostic criteria for a specific psychotic disorder, such as Schizophrenia) and Unspecified Depressive Disorder (the BHU has been unable to confirm that Mr. al-Qahtani's non-specific symptoms are related to Posttraumatic Stress Disorder, given his refusal to fully participate in BHU services). In addition to one episode of parasuicidal behavior (meaning not intended to cause death) in 2013 (see below), he has a documented history of self-harm without lethal intent (1 cm laceration of left arm repaired with sutures) on one occasion in 2008. He has no history of violent behavior during detention.

16. ~~(U//FOUO)~~ Mr. al-Qahtani was first referred for BHU services in 2007 after he was observed to be "very emotional" in the context of prayer at which time he was given no diagnosis and did not return for recommended follow-up. He was referred again to BHU in 2008 after cutting his arm with his fingernail. In April of 2013 he was admitted to the BHU for parasuicidal behavior

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(he was observed to have tied a shirt around his neck) that his psychiatrist described on May 17, 2013 as “a suicide gesture to gain attention.” He refused BHU follow-up after his discharge. He was engaged again by BHU as a Detainee of Interest (for non-religious fasting) in 2015 but refused follow-up appointments.

17. ~~(U//FOUO)~~ Starting in March of 2016, and continuing through the summer, reports of his behavior from the guard force were concerning for an underlying psychotic process (picking at the air, talking to himself, and sitting or standing in one position for hours at a time). Also, the JMG was provided the June of 2016 PRB letter of Mr. al-Qahtani’s counsel which indicated that he had a remote history of psychosis pre-dating his detention at Guantanamo Bay. He was started on an antipsychotic medication in September of 2016, namely aripiprazole. He gained approximately 40 pounds after starting aripiprazole and he reported that it was not effective. He refused to take approximately half of the doses of aripiprazole prescribed to him. Aripiprazole was, therefore, changed to haloperidol in April of 2017 with the hope that he would eventually consent to taking its long-acting injectable formulation to improve adherence, given that he has a history of refusing to take medication. Sertraline (an anti-depressant) was started in March of 2017 for the long-term management of his symptoms of depressed mood and anxiety with the plan to discontinue diazepam which had been prescribed for that same indication. Mr. al-Qahtani has refused to take these current medications daily as advised.

18. ~~(U//FOUO)~~ Mr. al-Qahtani has frequently complained of insomnia to medical and psychiatric providers. He has been educated about helpful sleep habits and has been prescribed medication for the treatment of insomnia but he often does not adhere to the prescribed medication regimen for his insomnia.

19. ~~(U//FOUO)~~ Mr. al-Qahtani is currently prescribed, but often refuses, psychiatric medications including haloperidol for symptoms of psychosis, sertraline for depressed mood and anxiety, zolpidem as needed for insomnia, and quetiapine as needed for insomnia.

20. ~~(U//FOUO)~~ Currently Mr. al-Qahtani’s psychiatric condition is stable and has been since he began treatment in 2016 after the incidents discussed above. Subsequent to the change in antipsychotic medication that took place in April of 2017, Mr. al-Qahtani’s symptoms attenuated and guard staff no longer report observing the behaviors described above. Additionally, Mr. al-Qahtani reported a subjective sense of symptomatic improvement at that time. In spite of his baseline partial adherence to treatment recommendations and his complete refusal of all psychiatric medications during Ramadan 2017 (May 27, 2017 – June 24, 2017), his condition did not deteriorate. There are no indications at this time that his mental health condition affects his ability to perform his activities of daily living or otherwise function normally in the context of detention. The JMG is currently equipped and manned for the purpose of delivering psychiatric treatment above the standard of care for a continental United States military treatment facility for Mr. al-Qahtani’s psychiatric condition.

21. ~~(U//FOUO)~~ Although Mr. al-Qahtani often refuses to constructively interact with medical and mental health care providers and regularly refuses to attend appointments, the JMG continues to closely monitor Mr. al-Qahtani’s current physical and mental health status and continually makes special efforts to engage with him. For example, BHU personnel routinely

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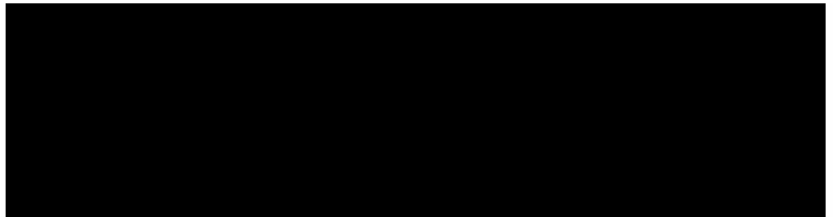
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visit Mr. al-Qahtani at his cell rather than in the medical space because he refuses to come to his appointments on a routine basis but will often speak to them cell-side. During those conversations Mr. al-Qahtani displays good hygiene, is engaged and maintains good eye contact, speaks articulately, usually in English, and is calm. Mr. al-Qahtani is able to discuss with BHU personal events occurring in his daily life that impact him (such as his PRB results and his relationships with other detainees) and he often discusses his medication regimen with them, discussing the effect certain medications have on him. It is the opinion of the JMG psychiatric consultants that Mr. al-Qahtani's condition is currently well managed with minimal residual symptoms and even if his condition were more severe, the JMG has capability in excess of what he would need to be treated. While Mr. al-Qahtani is not fully compliant with the providers' treatment plans as it relates to his mental illness, that is not uncommon for individuals with his illnesses either in detention or outside of a detention environment.

22. ~~(U//FOUO)~~ The JMG will continue to recommend appropriate evaluation and treatment to Mr. al-Qahtani as necessary for his medical and/or mental health conditions.

I declare under penalty of perjury under the laws of the United States of America that the forgoing is true, accurate and correct.

Dated: 21 Aug 2017



Commander, Medical Corps, U.S. Navy

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