



To: Health Professional Network
From: Health and Human Rights Team
Date: 27 May 2008

Health Professional Action
Health concern as charges against Mohamed al-Qahtani dismissed
USA: Guantánamo

On 13 May 2008, the US Department of Defense announced that capital charges sworn against Guantánamo detainee Mohamed al-Qahtani in February 2008 had been dismissed. He has been in US custody without trial for six and a half years, all but three months of it without charge. The dismissal of his charges returns him to indefinite detention.

Mohamed al-Qahtani's physical and mental health have long been a cause for concern following his torture and other ill-treatment during interrogation in Guantánamo in late 2002 and early 2003, and his continuing detention. Heightening this health concern is the news from his lawyer that in April 2008 al-Qahtani apparently attempted suicide, and was treated in hospital in Guantánamo. The last time he is believed to have contemplated suicide was in December 2002 after four months in isolation and weeks of 20-hour-a-day torturous and humiliating interrogations.

The effects of intense isolation and interrogation

According to the military, on 8 August 2002 al-Qahtani (detainee number 063) was removed from Camp Delta where most of the detainees were held and taken to an isolation facility. He was held in isolation there until at least 15 January 2003, some 160 days later. A Federal Bureau of Investigation (FBI) memorandum dated 14 July 2004 recalled that "in November 2002, FBI agents observed Detainee #63 after he had been subject to intense isolation for over three months. During that time period, #63 was totally isolated (with the exception of occasional interrogations) in a cell that was always flooded with light. By late November, the detainee was evidencing behavior consistent with extreme psychological trauma (talking to non-existent people, reporting hearing voices, crouching in a cell covered with a sheet for hours)."¹ After such FBI observations and allegations came into the public realm, a military investigation was initiated. An unclassified portion of the resulting Schmidt/Furlow Report was released in mid-2005.

¹ For references and further information on the Mohamed al-Qahtani case and on a second "special interrogation plan" authorized for use against another detainee in Guantánamo considered to have valuable intelligence, see Memorandum to the US Government on the report of the UN Committee Against Torture and the question of closing Guantánamo, June 2006, <http://www.amnesty.org/en/library/info/AMR51/093/2006/en> (to which Amnesty International never received a response) and USA: Rendition – torture – trial? The case of Guantánamo detainee Mohamedou Ould Slahi, September 2006, <http://www.amnesty.org/en/report/info/AMR51/149/2006>.

Mohamed al-Qahtani, the detainee described by the FBI agents as displaying serious mental health problems after three months in isolation, was then subjected to interrogation for the next eight weeks in Camp X-Ray under the Special Interrogation Plan. In an interview he gave to the Department of Army Inspector General (DAIG) on 24 August 2005, the transcript of which was subsequently leaked, the chief investigator, Lieutenant General Randall M. Schmidt, put it thus: “[F]or at least 54 days, this guy was getting 20 hours a day interrogation in the white cell. In the white room for four hours and then back out.” He elaborated that for the four hours a day that Mohamed al-Qahtani was not under interrogation, “he was taken to a white room... with all the lights and stuff going on and everything...” Lt. Gen. Schmidt added that he himself had gone to Guantánamo and seen Mohamed al-Qahtani, just as he was “coming out of this thing” and said that “he looks like hell... He has got black coals for eyes”.

Humiliating treatment

During interrogation Mohamed al-Qahtani was subjected to various forms of humiliation, including being forced to urinate in his clothing when interrogators refused to allow him to go to the toilet. His lawyer has reported that on at least one occasion during an interrogation, Mohamed al-Qahtani was stripped and forcibly given an enema while restrained by guards. According to the *New York Times*, “Pentagon spokesmen said the procedure was medically necessary because Mr. Kahtani was dehydrated after an especially difficult interrogation session. Another official, told of the use of the enema, said, however, ‘I bet they said he was dehydrated,’ adding that that was the justification whenever an enema was used as a coercive technique, as it had been on several detainees.”² Mohamed al-Qahtani has also reported being restrained with very tight handcuffs in painful positions for extended periods of time, both during the day and night, according to his lawyer.

Medical treatment - the involvement of medical personnel

For periods of his interrogation, Mohamed al-Qahtani was refusing food and water, and he was forcibly hydrated intravenously from time to time. An example of the medical treatment that he received – an illustration in the US military’s terms of the “humane” way in which he was treated – is revealed in the leaked log of his interrogation. From 7 December 2002, Mohamed al-Qahtani was given a 24-hour “recuperation” period from interrogation. This was to involve being subjected the whole time to loud music “to prevent detainee from sleeping”. Ten hours into this alleged recuperation period, he was found to be suffering from bradycardia (a heart rate that is too slow – the resulting lack of oxygen can cause dizziness, extreme tiredness, shortness of breath, or fainting). He was subsequently hospitalized for a CT scan and put under observation overnight. On 9 December 2002, he was medically cleared, hooded and shackled for transport back to interrogation. He was allegedly even interrogated during the transportation.

References to checks by medical personnel during the weeks of Mohamed al-Qahtani’s interrogation occur frequently in the leaked interrogation log. For example, during interrogation on 6 December 2002, a “medical representative” checked al-Qahtani’s blood pressure and weight and “cleared the detainee for further interrogation.” Similarly on 13 December 2002, at a quarter to midnight, a check of Mohamed al-Qahtani’s vital signs concluded that his blood pressure was high and his pulse low. A doctor was called and said “operations could continue”. The involvement of medical personnel in this degrading and abusive interrogation was accepted without question by the Schmidt/Furlow report which noted, for example, that in relation to the use of temperature manipulation as an interrogation technique, no action was needed because “there are no medical entries indicating [Mohamed al-Qahtani] ever experienced medical problems related to low body temperature.” In his October 2005 DAIG interview, General Hill recalled that “I didn’t feel any problems” with the al-Qahtani interrogation as it had been “watched very carefully and monitored very carefully” including by “a doctor standing there watching it”.

Health remains a cause for serious concern

Meanwhile, Mohamed al-Qahtani’s physical and psychological health remains a cause for serious concern, greatly heightened by the just-released report of his recent apparent suicide attempt. According to his lawyer, Gitanjali Gutierrez of the Center for Constitutional Rights in New York, al-Qahtani cut himself several times in April 2008 as he grew increasingly hopeless. On his third attempt, he cut his arm deeply and had to be taken

² Fresh details emerge on harsh methods at Guantánamo. *New York Times*, 1 January 2005.

to the hospital.³ The military never notified his family or his lawyers. Ms Gutierrez has said that because of the involvement of medical personnel in his torture and other ill-treatment, al-Qahtani has been afraid to seek medical attention for years. During Ms Gutierrez's last meeting with him in early May 2008, she observed an alarming decline in his health and saw the scars from his recent suicide attempt. "The threat of the death penalty and the shock of the charges against him had a devastating impact upon Mohamed al-Qahtani's already badly compromised physical and mental condition", she told Amnesty International. "I am concerned that he will not survive Guantánamo and we have appealed to the Kingdom of Saudi Arabia to intervene immediately on Mohamed's behalf."

Recommended action

a) Please write to the US authorities:

- explaining that you are a health professional concerned about human rights;
- expressing deep concern about Mohamed al-Qahtani's health and well-being, particularly in view of his recent apparent suicide attempt;
- calling on the authorities to ensure Mohamed al-Qahtani has immediate and continuing access to fully independent medical care, including appropriate counselling and rehabilitation;
- expressing deep concern that there has been no independent investigation conforming to international standards into, and no accountability for, the torture and other ill-treatment to which Mohamed al-Qahtani was subjected in late 2002 and early 2003, calling for anyone involved in these human rights violations to be brought to justice;
- calling for an independent investigation of the apparent involvement of medical personnel in the torture of Mohamed al-Qahtani in breach of United Nations, World Medical Association, American Medical Association and American Psychiatric Association standards;⁴
- calling for Mohamed al-Qahtani to be released from US custody and returned to Saudi Arabia if he is not to be promptly charged with recognizable criminal offences and brought to trial before an independent and impartial court in full accordance with international fair trial standards, including the exclusion of any information extracted under torture or other cruel, inhuman or degrading treatment. There should be no recourse to the death penalty.

b) Please write to the government of Saudi Arabia:

- explaining that you are a health professional concerned about human rights;
- calling on the authorities to seek Mohamed al-Qahtani's repatriation if the USA does not promptly recharge him for trial in an independent and impartial court, not a military commission;
- raising the question of his psychological health and well-being and his recent apparent attempted suicide;
- calling on the Saudi Arabian authorities to treat his case as a matter of urgency.

Addresses

a) US authorities

³ There have been four reported suicides of detainees in Guantánamo. There are reported to have been many other suicide attempts.

⁴ For further information see: United Nations General Assembly, Principles of medical ethics relevant to the protection of prisoners against torture, 18 December 1982. Available online at: http://www.cioms.ch/1983_texts_of_guidelines.htm; World Medical Association, Declaration of Tokyo: Guidelines for medical doctors concerning torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment, 1975 (revised 2006). Available online at: <http://www.wma.net/e/policy/c18.htm>; American Medical Association, AMA Council on Ethical and Judicial Affairs. Statement on interrogation of prisoners, 7 July 2006. Available online at: <http://pn.psychiatryonline.org/cgi/content/full/41/13/4-a>; American Psychiatric Association, Psychiatric participation in interrogation of detainees, 21 May 2006. Available online at: <http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/200601.aspx>

The Honorable Condoleezza Rice, Secretary of State
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Salutation: Dear Secretary of Defense

The Honorable Michael Mukasey, US Attorney General
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Salutation: Dear Attorney General

The Honorable Mike Leavitt, Secretary of Health and Human Services
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Salutation: Dear Secretary of Health and Human Services

b) Government of Saudi Arabia

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Please also send copies to a) the US embassy or b) the Saudi Arabian embassy accredited to your country.

If you receive no reply within six weeks of sending your letter, please send a follow-up letter seeking a response. Please send copies of any letters you receive to the International Secretariat, attention of Health and Human Rights Team, 1 Easton Street, London WC1X 0DW or e-mail: health@amnesty.org