

ATTACHMENT A

Guantanamo -- A Holding Cell In War on Terror; Prison Represents a Problem That's Tough to Get Out Of

[FINAL Edition]

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The newest prison in the war on terrorism is a multi-winged \$31 million complex of gray concrete and steel designed to hold 100 captives for years to come. It stands in stark contrast to the original detention camp here, a collection of chain-link cages used two years ago to hold suspected terrorists and Taliban fighters caught when their sanctuary in Afghanistan collapsed.

Next week, officials will gather at the U.S. Navy base on this parched crescent of land in the Caribbean to commemorate the opening of the new facility, known as Camp 5. The new building signals permanence. It also signifies a problem yet unsolved.

While U.S. officials continue to see this patch of scrub encircled by brilliant blue water as the perfect place to hold prisoners in a war seemingly without end, the facility has evolved into a prison of sorts for the administration. It was easy to get in, but it is proving vexingly difficult to get out.

Today, the government remains responsible for about 600 detainees at the base, half of whom Pentagon officials would send back if they could obtain proper security guarantees from foreign governments. One hundred forty-seven detainees have been returned to their home countries. Six of the 600 have been designated to stand trial before military tribunals. Many of the detainees have been in custody for two years. Only a handful have seen a lawyer, and two have been formally charged.

The open-ended detentions have been condemned by foreign governments and human rights groups and are now being weighed by the U.S. Supreme Court, which is expected to rule by early summer. Some government advisers involved in the evolution of the prison camp are questioning the decision to indefinitely detain the men as enemy combatants, rather than classifying them as prisoners of war.

There are strains with close allies, including Britain. The Saudi government has carried complaints directly to President Bush and has grown frustrated by the lack of progress. "They are in a bind, and they don't know how to get out of it," said a senior Saudi official, who requested anonymity because of diplomatic sensitivities.

U.S. officials counter that they are making changes and releasing captives as quickly as possible, while trying to keep the world safe from terrorist attacks. "We freely admit we're learning this as we go along," said Paul W. Butler, who supervised detainee operations and is now a special assistant to Defense Secretary Donald H. Rumsfeld. "There were no blueprints for this."

The tale of how the Pentagon reached this point is a chronicle of a cascading series of decisions, made on the fly in the face of tremendous pressure. It is a narrative marked by bold moves and false starts, psychological warfare between guards and inmates, threats and incentives, allegations of mistreatment and pleas from families whose loved ones have been gone for months or years without explanation.

Some of the released detainees contended they were treated harshly and forced to falsely confess. But those reports remain unconfirmed, and members of Congress who have visited the base praised the humaneness of the captives' treatment and the professionalism of the troops.

Much of what has happened at Guantanamo has been shrouded in government secrecy, with most of the prison off-limits, detainee interviews prohibited and the names of the captives kept confidential. The Washington Post spent three months examining "Gitmo," touring portions of the prison camp and interviewing the military officials in charge, U.S. and foreign diplomats, congressional staffers, administration advisers and others with firsthand knowledge of the prison camp.

Using news accounts and information from lawyers and Web sites, the newspaper also compiled the largest public list of detainee names, encompassing 370 out of the 745 or so men detained at the camp since January 2002. Most of the detainees identified by name come from countries where al Qaeda has its deepest roots: Afghanistan, Pakistan, Yemen. The largest contingent comes from the country that supplied most of the Sept. 11, 2001, hijackers: Saudi Arabia.

The Guantanamo strategy was crafted in a hurry.

Twenty-six days after the attacks of Sept. 11, 2001, the United States began bombing attacks in Afghanistan, whose Taliban government had sheltered Osama bin Laden and his followers. Soon, U.S. troops were rounding up hundreds of ragtag soldiers and suspected terrorists on the battlefield. Other captives were being turned over by Afghan warlords.

The Pentagon wanted to put the captives out of circulation and find out what they knew.

Exactly how to do that raised novel legal questions for lawyers at the White House, the Pentagon, the Justice Department and the CIA. Should Taliban fighters be granted prisoner-of-war status? What about suspected members of al Qaeda? And where would the military hold the men?

There was little debate over how to classify those suspected of fighting for al Qaeda. The terrorist group was not a country and had never been a party to the Geneva conventions. Moreover, al Qaeda members intentionally killed civilians. Suspected terrorists captured by U.S. forces, the lawyers agreed, should be classified as enemy combatants and not given legal status as prisoners of war.

The status of Taliban fighters was less clear. Some lawyers reasoned that Afghanistan had signed the Geneva conventions and that the Taliban was recognized by some nations as a legitimate government, though not by the United States. These lawyers thought the Taliban fighters should be granted prisoner-of-war status, entitling them to certain rights and protections.

Other lawyers disagreed, arguing that the Taliban fighters should also be classified as enemy combatants.

"They were basically a criminal gang," said a former Justice Department lawyer who participated in the strategy sessions and requested anonymity because of the confidential nature of the deliberations. "They massacred civilians. They summarily executed prisoners. If people violate the core notion of the law, they shouldn't receive prisoner-of-war status. It's reserved for honorable warriors."

That argument prevailed.

The lawyers turned to identifying a detention site that would be outside the jurisdiction of the U.S. legal system, safe from attack and quiet enough for focused interrogations. Prison ships were considered. So were remote Pacific islands and the island of Diego Garcia in the Indian Ocean, where the United States operates a military base under a lease with Britain.

Diego Garcia would have required agreements with the British, and Asian locations were deemed too vulnerable. Planners winnowed their list to include a military facility at Fort Leavenworth, Kan., and Alcatraz, the infamous island prison turned tourist attraction in San Francisco Bay, said Mark R. Jacobson, a former Pentagon official who helped devise the detention operation.

A more attractive choice remained.

The U.S. Navy base at Guantanamo Bay is the country's oldest overseas military installation. It dates to 1903, when the U.S. government leased 45 square miles from Cuba to establish a refueling station. Thirty-one years later, the two nations signed an open-ended agreement granting the United States use of the land and waterways. The U.S. government pays Cuba about \$4,000 a year.

Over the years, Gitmo had served as a port for Navy ships, a holding facility for Haitian and Cuban refugees, and an operations base for U.S. drug interdiction efforts. The government lawyers reasoned that the base was beyond the reach of U.S. courts and could be easily defended. The remote location and the unlikelihood of escape or rescue could also put psychological pressure on the captives, adding to their "desperation" and compelling them to talk, said Jacobson, who is now a visiting scholar at Ohio State University.

The Bush administration approved the plan.

On Jan. 11, 2002 -- four months to the day after the attacks on the World Trade Center and the Pentagon -- a military transport plane touched down at Guantanamo, taxiing alongside a cavernous hangar resembling an old-style roller skating rink. Twenty suspected terrorists and fighters were on board that day. Over the next 10 days, five more planes would bring 140 more captives.

The men were taken to Camp X-Ray through two rows of chain-link fencing topped with razor wire. Unpainted plywood shacks on wooden stilts served as guard towers. A plywood hut doubled as a command center and a place for soldiers to escape the Caribbean sun. The captives were escorted to the cages, each 8 feet by 8 feet. Constructed on slabs of concrete and covered with sheets of metal and wood, the collection of padlocked cages looked like an oversize dog kennel.

A Navy photographer took pictures that were transmitted around the world. Louise Christian, a human rights lawyer in London, recalled seeing the images flash across her television screen.

"I was aghast," Christian said.

One picture showed the captives at Camp X-Ray, shackled and clad in orange jumpsuits, kneeling in the dirt and gravel. The military had strapped muffs over their ears, surgical masks over their mouths and goggles spray-painted black over their eyes. Authorities described the gear as necessary for security during the long plane trip from Afghanistan.

The photographs touched off international protests. A British tabloid declared on its front page: "Torture!"

An infuriated Bush administration went on the offensive. "These are the worst of a very bad lot," Vice President Cheney said.

Human rights groups pressured Britain and other countries that had citizens held at Guantanamo to take a stand. The families of men who went missing during the Afghan war began calling lawyers such as Christian. "The outrage was sparked by those original images," she said.

By the time John R. VanNatta arrived at Guantanamo in May 2002, military contractors were constructing a new, more permanent prison complex called Camp Delta. The warden of a maximum-security prison in Indiana, VanNatta also served as a command sergeant major in the Army Reserves.

The differences between the old and new camps were striking.

"X-Ray was a very primitive camp. It was extremely hard on the soldiers. They were put in tents right next to it. They never had an escape from the wire. The chanting and name-calling continued into the night. They had no relief," he said. "It was also hard on the detainees. The location was further away from the shore, and the less air flow, the hotter it became."

In November 2002, VanNatta was put in charge. By then, there were more than 600 detainees from 42 countries, and Camp Delta was experiencing difficulties.

Military police officers were not trained to work in what had become a maximum-security prison. There was no classification system at the camp -- cooperative captives were commingled with hard cases. There were few consequences for bad behavior.

Factions had also formed in the camp, and detainees were accumulating power. Leaders of the factions were intimidating other captives, threatening to harm their families if they cooperated, VanNatta said. Feces and mixtures of toothpaste and soap were flung at MPs and at detainees suspected of providing information. Detainees stopped up toilets and backed up sewage lines with clothing and pieces of plastic meal containers, creating fetid pools of waste that stewed in the heat of the sun.

Detainees vowed to kill the MPs and their families. Name tags and unit insignias on the MPs' uniforms allowed captives to identify their home regions. The captives called out to the MPs using their last names, threatening to dispatch terrorists to their homes in the United States, VanNatta said.

To bolster security, the chain-link fences of Camp X-Ray were replaced with thick, wire-mesh walls at Camp Delta. Each cell contained a squat-style flush toilet, a blanket, some prayer beads, a Koran and black, spray-painted arrows on the steel bunks pointing the way to Mecca. While conditions had improved, the captives could still communicate by talking through the open-air cages. They discussed who they believed was cooperating, and plotted threats and intimidation.

The International Committee of the Red Cross had largely refrained from publicly criticizing the camp for fear of losing access to the detainees. But on Oct. 9, 2003, a series of suicide attempts prompted the organization to announce that it was troubled by the "deterioration in the psychological health of a large number" of prisoners. "One cannot keep these detainees in this pattern, this situation, indefinitely."

By then, there had been 32 suicide attempts by 21 captives.

The most serious involved a captive from Saudi Arabia last year, said Najeeb Nuaimi, a former justice minister of Qatar who is representing the families of dozens of prisoners. The Saudi was attending school in Pakistan when he was seized in a raid by U.S. and Pakistani forces, Nuaimi said. The man was interrogated and then flown to Guantanamo, where he told authorities he was not a terrorist and had not fought for the Taliban.

"He tried to tell them he would try to kill himself, 'if you don't release me.' " Nuaimi said. "They didn't listen."

The man wrote a letter saying goodbye to his family and tied a makeshift noose around his neck in his cell. MPs cut him down. But he suffered a brain hemorrhage and fell into a coma. The Pentagon considered sending him home, Nuaimi said, but the man's relatives decided that his best chance for recovery rested with the doctors at Guantanamo. He has since come out of the coma and has been slowly regaining his ability to talk and walk with the help of physical therapists. He can now dictate letters to his family, Nuaimi said.

VanNatta said he was concerned by the growing number of suicide attempts.

"If you have no idea what's going to happen to you, that's extremely stressful," he said. "But if the mission is to collect intelligence and get information that is beneficial to our side, then despair and depression may be a good thing."

Some attempts were made by men who were truly despondent, he said. But the vast majority appeared to have been feigned, designed to curry favor with faction leaders. Other captives knew that they would be moved closer to an MP station on the cell block after a suicide attempt, where they could overhear conversations and possibly collect intelligence, VanNatta said.

He said changes at the camp, coupled with a requirement that MPs enter cells during suicide attempts without waiting for response teams, lowered the number of attempts. Over time, the camp also borrowed tricks from U.S. prisons, such as swapping standard military blankets – which can be twisted into garrotes – with foam-like blankets that rip when they are twisted or stretched.

The military worked to transform Delta into a modern-day prison. MPs received better training and their uniforms were "sterilized" -- they placed duct tape over their name plates, and some covered their unit insignias. They fastened green fabric screens to fences throughout the camp, blocking communication between cell blocks and recreation yards.

A reward system was established -- a "disciplinary incentive matrix" that is used in many U.S. prisons. After 30 days of good behavior, detainees could be moved to less restrictive camps that offer perks, such as communal meals and soccer games. Cooperation could earn games of checkers or chess, a religious-themed novel or two desserts at dinner.

Allowing cooperative detainees to swap their bright-orange coveralls with white ones, which look more like traditional Afghan garb, became one of the most productive incentives. MPs make a show of carrying the white clothing through a cellblock, then parading the newly outfitted detainees through the facility.

"It's a big deal for them," said Jacobson, the former Pentagon official.

The new system also improved the flow of intelligence, VanNatta said. "We may have stopped some terrorist attacks."

But interrogation experts, psychologists and military lawyers say promises of favors and better treatment can lead captives to concoct tales. "It appears to create a tremendous motive to give the investigators and interrogators what they want," said Navy Lt. Cmdr. Philip Sundel, a military lawyer assigned to defend a captive suspected of being a bodyguard of bin Laden.

Sundel's client, Ali Hamza Ahmed Sulayman al Bahlul of Yemen, has been in solitary confinement at what is called Camp Echo. Sundel said he is concerned that detainees such as al Bahlul may fabricate stories to obtain better treatment.

Camp Echo is off-limits to most visitors. Some who have been there describe it as a collection of small, one-story "sea huts" divided into two rooms. Inside each, a single captive is kept in a cage, guarded by an MP 24 hours a day.

Salim Ahmed Hamdan has been held at Camp Echo since December 2003, court records show. He allegedly admitted that he served as a driver on bin Laden's farm in Afghanistan. His lawyer, Navy Lt. Cmdr. Charles Swift, argues that the planned military tribunals are unconstitutional and that Bush needs congressional approval for them to proceed.

To help examine the case of his client, Swift brought in Daryl Matthews, a psychiatry professor at the University of Hawaii at Manoa who visited Guantanamo last year as part of a Pentagon medical team.

After reviewing a sworn statement by Hamdan, Matthews wrote in an opinion filed in court that the captive was let out for exercise only three times a week. Matthews added that Hamdan was becoming increasingly despondent over his situation.

"The conditions of his confinement make Mr. Hamdan particularly susceptible to mental coercion and false confession," Matthews wrote.

U.S. Army Gen. Geoffrey D. Miller, who commanded the detention operation until recently, dismissed speculation about false confessions and bad information. He said that each piece of information is vetted by a variety of domestic and foreign intelligence sources and databases, and that 90 percent of the intelligence ultimately proves to be valid. Miller is now in charge of the detainee operation in Iraq, where 8,000 prisoners are being held and six American soldiers have been charged with mistreating some of the captives.

Intelligence at Guantanamo is collected by five-member "Tiger Teams." They are composed of interrogators, analysts, translators and representatives from agencies such as the FBI and the CIA. The teams can question captives at any time, escorting them into interrogation rooms in squat white buildings near the cell blocks. The rooms have tables, a few chairs and one-way mirrors. In some, posters in Arabic tell detainees that they are missed by their families and needed back home. The captives can be shackled and chained to steel rings fastened to the floor.

The sessions are not videotaped or tape recorded, Miller said. The interrogations are designed primarily to yield intelligence, not evidence for a court, he said, adding that taping "causes us legal problems." Detainees might gain access to tapes through court proceedings. "Then, it becomes exculpatory," Miller said.

Tiger Team members may not hit or slap a detainee, said Jacobson, the former Pentagon official, who has observed some of the sessions. In fact, the most effective interrogations involve establishing rapport, not intimidation. For example, Jacobson said, an interrogator may praise a detainee's ingenuity in designing a particular bomb. "Interrogation is not screaming at someone for hours," he said.

In one case, an interrogator used a blackboard to list every counterintelligence technique employed by a particular detainee -- such as staring intently at a wall to block out his questioner's voice. Next to each technique, the interrogator listed the page number in a standard al Qaeda manual from which the technique was taken. The detainee eventually lost his composure and smirked, Jacobson said, and a tenuous bond was achieved.

"It is a game; you are playing back and forth," Jacobson said. "And some of these detainees are very tough."

Back in the United States, the value of the intelligence has been met with mixed reviews. While administration officials said it has been significant, some intelligence officers and others familiar with the interrogation sessions said they are not impressed.

One former CIA officer, Peter Probst, said he believes the Tiger Teams at Guantanamo have wrung the detainees dry. Probst said the captives might be of more use after they are released because intelligence agencies could monitor them.

"Even if they were marginal, they would be of interest when released," Probst said. Some released detainees might actually have been enticed into becoming double agents, he said, while others could carry misleading intelligence back to al Qaeda leaders. That could create paranoia and disrupt terrorist operations.

Another U.S. source familiar with Guantanamo said Pentagon officials are in a lose-lose situation with the less-valuable detainees. "After a while, intelligence gets stale and you begin to get the sense that we're just holding these people forever," the source said. "They weren't building cases against them. They were just holding them and keeping them off the street because they were afraid that one or more would do something bad."

The secrecy surrounding the operation has also provided ammunition to critics of the administration. The military has permitted hundreds of journalists to visit the base, but they must adhere to strict rules and be accompanied by handlers at all times. Journalists are required to sign contracts not to speak to detainees. Last year, a detainee shouted to a group of visitors, asking if they were journalists. When the visitors replied that they were from the British Broadcasting Corp., military escorts quickly ended the tour.

Even members of the Senate have had trouble getting responses from the Pentagon. Last December, Sens. Maria Cantwell (D-Wash.), Lindsey O. Graham (R-S.C.) and John McCain (R-Ariz.) visited the base and asked Rumsfeld when

the detainees' status would be resolved.

"We firmly believe it is now time to make a decision on how the United States will move forward regarding the detainees," the senators wrote to Rumsfeld on Dec. 12.

Two months later, Rumsfeld replied that a determination on the status of the detainees was up in the air because "our nation continues to be in an armed conflict. As with any armed conflict, no one can predict when its end will occur."

Butler, the Pentagon official who oversaw Guantanamo, said the administration is doing the best it can under difficult circumstances. He said that nearly a third of the captives are "hard-core" terrorists and Taliban fighters, and that interrogators have collected valuable information from them, enabling intelligence officers to disrupt terrorist cells and figure out how al Qaeda is organized and financed.

"You are balancing two very important concepts: The notion of wanting to provide security and not allowing people to go back to terrorism and do harmful things, against recognizing the fact that we have people in custody . . . and we've got to do something with them," Butler said.

Though the Pentagon remains reluctant to disclose much information about the captives and the intelligence they have provided, Butler released limited descriptions of 10 suspected terrorists without identifying them by name.

One is believed to have links to a financier of the Sept. 11 hijackings. Another is a suspected al Qaeda member who was allegedly planning attacks on oil tankers in the Persian Gulf. A suspected member of an al Qaeda-supported terrorist cell in Afghanistan allegedly took part in a grenade attack on a foreign journalist's car. A fourth is suspected of serving as an explosives expert for al Qaeda and allegedly designed the prototype of a shoe bomb that could bring down an airliner.

Butler called the group "merely illustrative" and "not comprehensive."

The captive with the Sept. 11 link appears to be Mohamed al Qahtani, who investigators suspect was planning to meet lead hijacker Mohamed Atta in Orlando a month before the attacks. Qahtani was prevented from entering the country by an alert U.S. Customs agent and later captured in Afghanistan.

U.S. officials have never disclosed where they are holding their most-valued detainees, including Khalid Sheikh Mohammed and Ramzi Binalshibh, both suspected of masterminding the 2001 terrorist attacks. In addition to Guantanamo, captives are being held at Bagram air base and Kandahar in Afghanistan, and the government has placed others in undisclosed locations.

With political pressure building, the Pentagon began to send some detainees home. On Oct. 27, 2002, three Afghans and one Pakistani were released. Five months later, 18 detainees were set free. In May 2003, 14 more went home, and four Saudis were sent to their country for further detention.

The Pentagon, in an attempt to relieve political pressure, is releasing some suspects who should still be behind bars, Jacobson contended. He said that may be the unavoidable result of not granting the detainees prisoner-of-war status from the beginning. If the Pentagon had followed that route, it could have used a formal legal process to deny rights to those who are truly enemy combatants.

"We were too clever by half on this one," Jacobson said, referring to himself and his colleagues at the Pentagon. "We put ourselves in a more difficult position."

Some of those released became local celebrities. Most denied working for al Qaeda or the Taliban, saying instead that they were in the wrong place at the wrong time. Some said they were forced to fight for the Taliban. Most recounted being taken to U.S. military installations at the Bagram air base or in Kandahar, where they said they were abused during interrogations.

Once in Cuba, most said they were treated well but traumatized by their uncertain fate.

"I was in such a small cell and couldn't go outside for many days," recalled one man from Afghanistan, Sulaiman Shah, who said he was picked up for no reason by U.S. troops. "My toilet was next to my bed, and it was a very bad way to live."

This January, the Pentagon released three juveniles who had been held in a special camp called Iguana, named after

the three-foot lizards that roam the base. One of the boys, Ismail Agha, told The Post in Afghanistan that he was treated well and learned to read and write English during his stay. He said he played soccer, slept in an air-conditioned room and showered twice a day. "Me go to Cuba, speak English now," the 15-year-old said proudly.

But others released recently have told more troubling tales. On March 9, the Pentagon returned five British captives to Britain, where authorities immediately set them free. Three of them said in newspaper interviews that they were roughed up and forced to falsely confess to terrorist activities.

Pentagon officials dismissed the stories as lies. Human rights groups monitoring Guantanamo have found little evidence of mistreatment or the use of "stress and duress techniques," such as depriving detainees of sleep or forcing them to stand for extended periods of time. "We are not getting any information that severe types of stress are being applied at Guantanamo," said Kenneth Roth, executive director of Human Rights Watch, an international group based in New York. "We have some indication that at Guantanamo, over time, they have become more convinced a 'good cop' approach is more effective."

Still, the stories of mistreatment fueled anger overseas.

In recent months, relatives of detainees have traveled to the United States to tell their stories. Azmat Begg's son, Moazzam, has been in U.S. custody for two years, first at Bagram, now at Guantanamo. U.S. officials contend that Begg learned to make chemical bombs at an al Qaeda training camp in Afghanistan and translated motivational speeches for al Qaeda fighters. He is one of the six men designated to stand trial before a military tribunal, but formal charges have not been filed.

His father said that if his son committed a crime, he should be prosecuted.

"I would like to see the charges published against him," Azmat Begg said. "The mother cries. The whole family cries."

Before the 2001 terrorist attacks, the Navy was downsizing Guantanamo. Today, the base is booming. When Camp 5 opens next week, the prison's capacity will rise to 1,100. The military spends about \$118 million a year to run the prison camps and related operations. It has awarded \$110 million worth of work to KBR, formerly Kellogg Brown & Root, a subsidiary of Halliburton Co., to build prison cells and other facilities. Another company, the Dick Corp., has received a \$14.5 million contract to build a headquarters for a criminal investigation task force. Tens of millions of dollars are being spent on new water lines, street lights, power generators, officers' housing and air conditioners for the elementary school of base officers' children.

Butler, the senior Pentagon official, said a review system is now in place to determine who can go home. Many could join the 134 who have already been released and the 13 transferred. Butler said "at least half" of the 600 who remain could be returned to their home countries immediately for further detention or prosecution. That has not happened, he said, because the United States has been unable to secure guarantees from foreign governments.

"There is a large group of that remaining population that we would love to be able to transfer back to their countries," Butler said. "We're really not interested in being the world's jailer."

The Supreme Court may be the deciding factor. By early summer, the justices are expected to rule on whether the U.S. Constitution extends to Guantanamo and if the detainees can be held indefinitely without being charged or provided with lawyers.

VanNatta ended his tour as superintendent of Camp Delta in September. Today, he says he is proud of what he and his troops accomplished.

"That was the most important year I ever spent, because I think we saved lives," said VanNatta, now back running the maximum-security prison north of Indianapolis.

"If it comes out the way I think it will, it will be viewed as the most unique prison environment ever created. If it comes out that the information we collected did save lives, it will be viewed as one of the smartest moves ever made. If it's proven that there was no intelligence, then it's going to be viewed as a superpower using its power unchecked."

Staff writers John Mintz, R. Jeffrey Smith and Dana Priest in Washington and David B. Ottaway in Saudi Arabia contributed to this report.

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ATTACHMENT B

UNITED STATES NAVAL STATION:
GUANTANAMO BAY, CUBA:

AFFIDAVIT

I, Salim Ahmed Salim Hamdan, having been duly sworn, states and deposes as follows:

My name is Salem Ahmed Salem Hamdan and I am a Yemeni citizen. I have been known by the name Sagr. I was born in the village of Khoreiba in the governate of Hadhramout in approximately 1969. In 1980, I moved to Makula, where I lived with relatives and worked odd jobs in the city from age 10 until the age of about 20. From the age of 20 I moved to the capital of Yemen, Sa'ana, where I continued to work and seek better employment opportunities, I was unable to find permanent employment, but continued to work odd jobs. In 1996, I was approached by Ali Al-Yafi who was seeking men to aid Muslims struggling against the communists in Tajikistan. After several meetings I agreed to go with him to Tajikistan to aid my fellow Muslims in their struggle. I traveled to Pakistan and then to Afghanistan where I met with other Muslims who were going to Tajikistan. We traveled by plane then by car and then by foot until we got to Badashaw, the forces at Tajikistan wouldn't allow us to go further, and the weather in the mountains was bad, we turned around and left for Kabul. In Kabul, I told Muhannad, that I wanted to return to Yemen. He asked me why. He said there was no work in Yemen and I should stay here, because he has a job for me. He told me he knew of a job as a driver for me. He took me to a farm in Jalalabad, where I met Osama Bin Laden. Osama Bin Laden offered me a job as a driver on a farm he owned, bringing Afghanis workers from the local village to work and back again. After about seven ~~7~~ months Osama Bin Laden began to have me drive him to various places. During the period that I worked for Osama Bin Laden, I traveled back to Yemen twice, the first time in 1998 was to get married, then in August 2000, I went back to Yemen to attend my brother-in-laws wedding and to attend the pilgrimage to the Hajj. In February 2001, I returned to Afghanistan with my wife to continue work as a driver. I was still working as a driver in October 2001, when the Northern Alliance with American support began its offensive. The last time I was with Bin Laden was in Kabul. I heard that the Northern Alliance was attacking Kandahar where my wife and daughter were living and I feared for my wife. I decided to return to them and

I asked him [Bin Laden] if I could go to Kandahar but regardless of his response, affirmative or negative, I was going to my wife. I was worried about their safety and I decided to take them to Pakistan. I decided to borrow a car to drive my family to Pakistan. After I had taken my family to Pakistan, I tried to return to Afghanistan to return the car to its owner and to return to my house to sell my belongings to get money in order to return with my family to Yemen. But while trying to return, I was stopped by soldiers loyal to the former king Zahir Shah of Afghanistan, who were looking for Arabs to sell to American forces. When they stopped me they had already taken another Arab who they shot and killed. I tried to flee, but I failed and they captured me again. They tied my hands and feet behind me like an animal with electrical wire and they tied me so tight that the wire cut me. They took me to a house. After a day, I was taken to another house for seven (7) days where I was questioned by a man in a military uniform, who spoke Arabic and said he was an American. The Afghan soldiers told me they had gotten \$5,000.00 from the Americans for me, one of the guards who was at the house wanted to see dollars. When the guard showed the money, I saw it too.

While in Afghanistan, I helped and cooperated with the Americans in every way. Despite the fact that I cooperated with the Americans, I was physically abused. I have a bad back from work in Yemen. I told my investigators of this condition but was transported in positions that caused me physical agony in my back. I was dressed in only bright blue overalls in sub-freezing temperatures and was very cold. I was made to sit motionless on benches with other prisoners for days. When I did not know the answers to the investigators questions, the soldiers would strike me with their fists and kick me with their feet, after the investigator left, before they took me back with the other prisoners. When I took them places I had driven Osama Bin Laden, they would threaten me with death, torture or prison when I did not know the answers to their questions. One of their methods to threaten was to put a pistol on the table in front of me and show me the gun and asked, "What do you think?" I went with them to places that Bin Laden lived and where he traveled.

In June 2002, I was flown to Guantanamo Bay, Cuba. In Guantanamo Bay, Cuba, I was put in a large prison with many other men. I was held in a single cell in a cellblock of

48 men. These cells were open to the air and I could talk to the other men. I was given 15 minutes a week of exercise in a 8 meter by 7 meter fenced in area. A Muslim cleric would come and talk to people and I talked with and I could hear the calls to prayer. At Camp Delta, I was questioned by many people from the FBI and Arab police forces. They showed me pictures and asked me to identify the people. On two (2) occasions they allowed me to call my wife on a portable telephone and speak with her and to calm her. I had not heard from her since I left her in Pakistan and I was worried about her. Men from the FBI and investigators from the camp told me that he did not think I had committed any crime and that I am not guilty, but that he wanted me to be a witness against others. He said that if I was willing to be a witness, I could leave Guantanamo Bay and become an American citizen. He let me call my wife again to discuss it. The FBI agent had a written agreement he wanted me to sign. I decided not to because I did not have a lawyer to guarantee that the agreement would be honored. After that I was questioned many times by the FBI and other people.

In December 2003, I was moved from Camp Delta, and put in a new cell, this cell was enclosed in a house, and from that time I have not been permitted to see the sun or hear other people outside the house or talk with other people. I am alone except for the guard in the house. They allow me to exercise three times per week but only at night and not in the day. They gave me the Quran only but not other books. When I asked why I had been moved to this place no one told me anything until I asked for a translator because I do not speak English and the guard does not speak Arabic. The translator is supposed to come twice a week but the translator did not come except when I demanded urgently. He told me that I will have a military trial and will be given a lawyer and I complained that I have medical problems and I asked for a doctor to come check me but he did not come. I have pains in my back and leg and I itch from lack of sunshine. The soldier told me to inform my lawyer when he comes that you asked for a doctor and he did not come. I asked for books from the library, but was told it was closed. I am alone and I do not talk with anyone in my cell because there is no one else to talk to.

On January 30th, I met LCDR Charles Swift, who told me that he had been assigned to defend me before a military commission. I asked my lawyer what the charges against me

were. LCDR Swift told me that no charges against me, but the government sent him a letter that the charges contemplated were conspiracy to commit terrorism. I asked my lawyer why the government had not prepared the charges and when my trial would be.

LCDR Swift told me that the government letter demanded to know whether I would plead guilty to unspecified charges in exchange for a guaranteed sentence. LCDR Swift also told me that in addition to pleading guilty, that I would have to be a witness for the United States as part of the agreement. I do not believe I should plea guilty, because I do not believe I have committed any crime.

Being held in the cell where I am now is very hard, much harder than Camp Delta. One month is like a year here, and I have considered pleading guilty in order to get out of here. I believe that I am a civilian, I have never been a member of Al-Qaeda and I am not a terrorist and I believe I should have a civilian trial, but any trial is better than what I have now. I have asked LCDR Swift to seek a trial as fast as possible and authorized him to act as my next friend in the civilian court, because I have no relatives in the United States. I understand that Professor Neal Kytal will also represent me. My translator, Mr. Charles Schmitz, prepared this statement in Arabic, which I have read and understand to be the truth. My translator, Mr. Schmitz has prepared an English version of my Arabic hand-written statement and based on his review, I have signed and swear to its authenticity.

Further your affiant sayeth not.

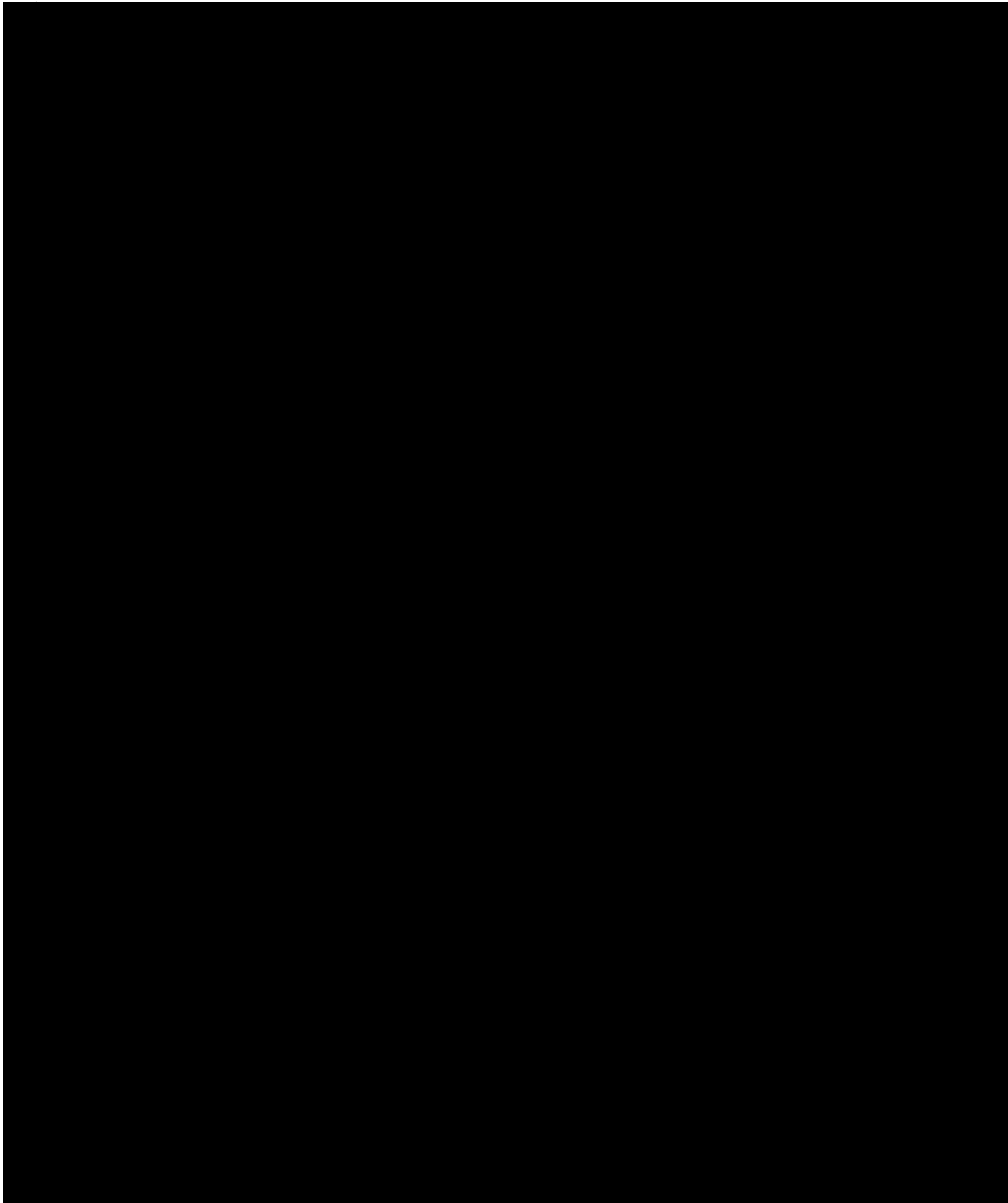
Salim Ahmed Salim Hamdan

Subscribed and sworn before
Me this 9th day of February 2004

JASON E. KREINHOP
Legalman First Class, United States Navy
Notary Public and counsel for the United States
10 U.S.C. 10 44a

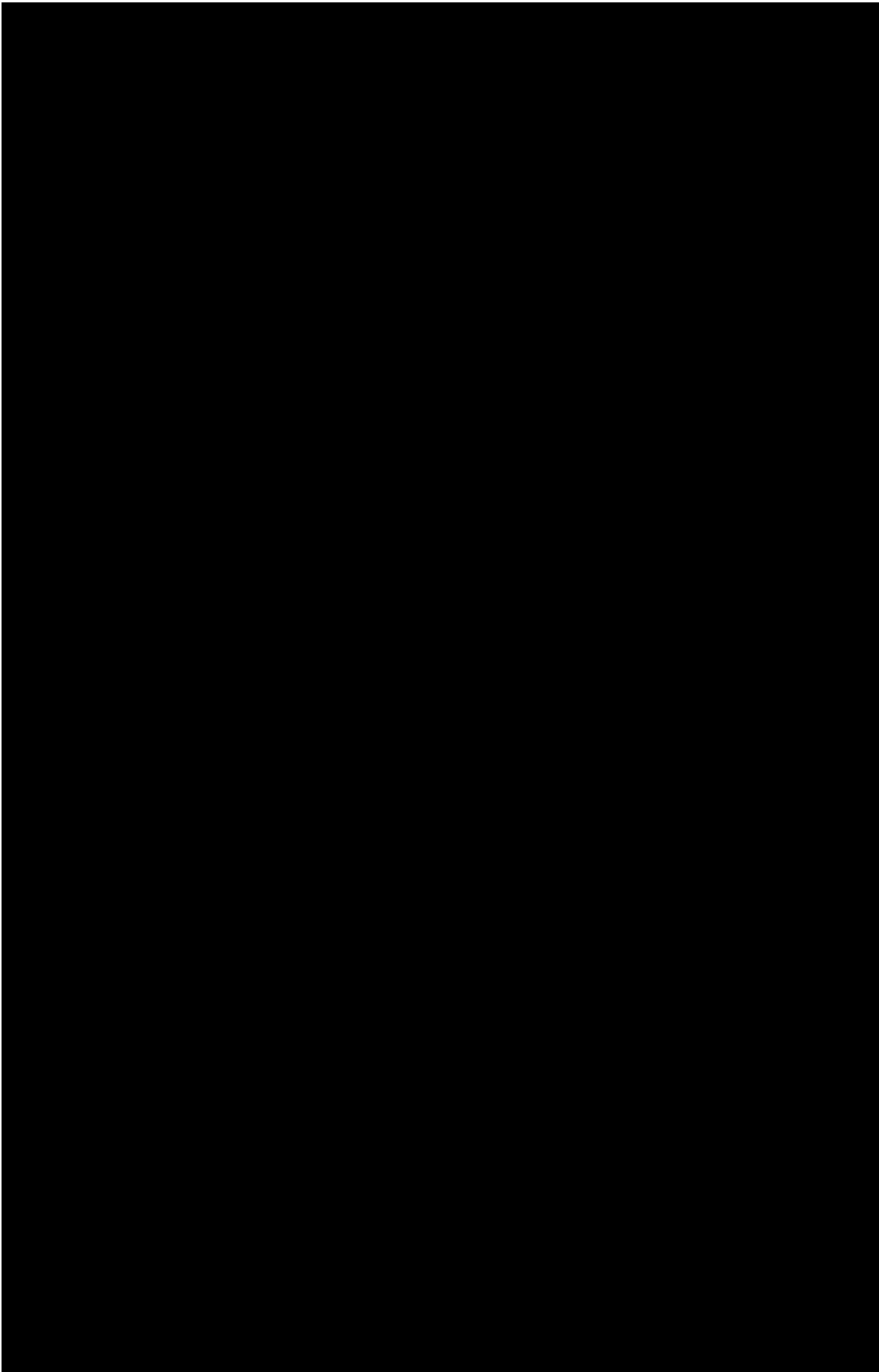
ATTACHMENT C

UNCLASSIFIED//FOR OFFICIAL USE ONLY



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UNCLASSIFIED//FOR OFFICIAL USE ONLY





DEPARTMENT OF DEFENSE
HEADQUARTERS, JOINT TASK FORCE-GUANTANAMO
GUANTANAMO BAY, CUBA APO AE 09360

REPLY TO ATTENTION OF


JTF-GTMO-CG

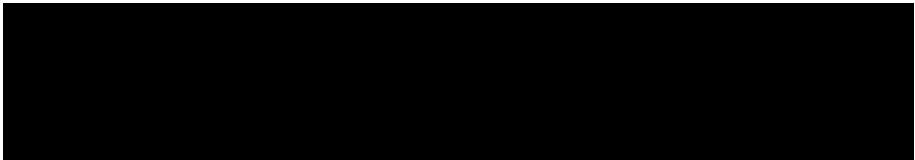
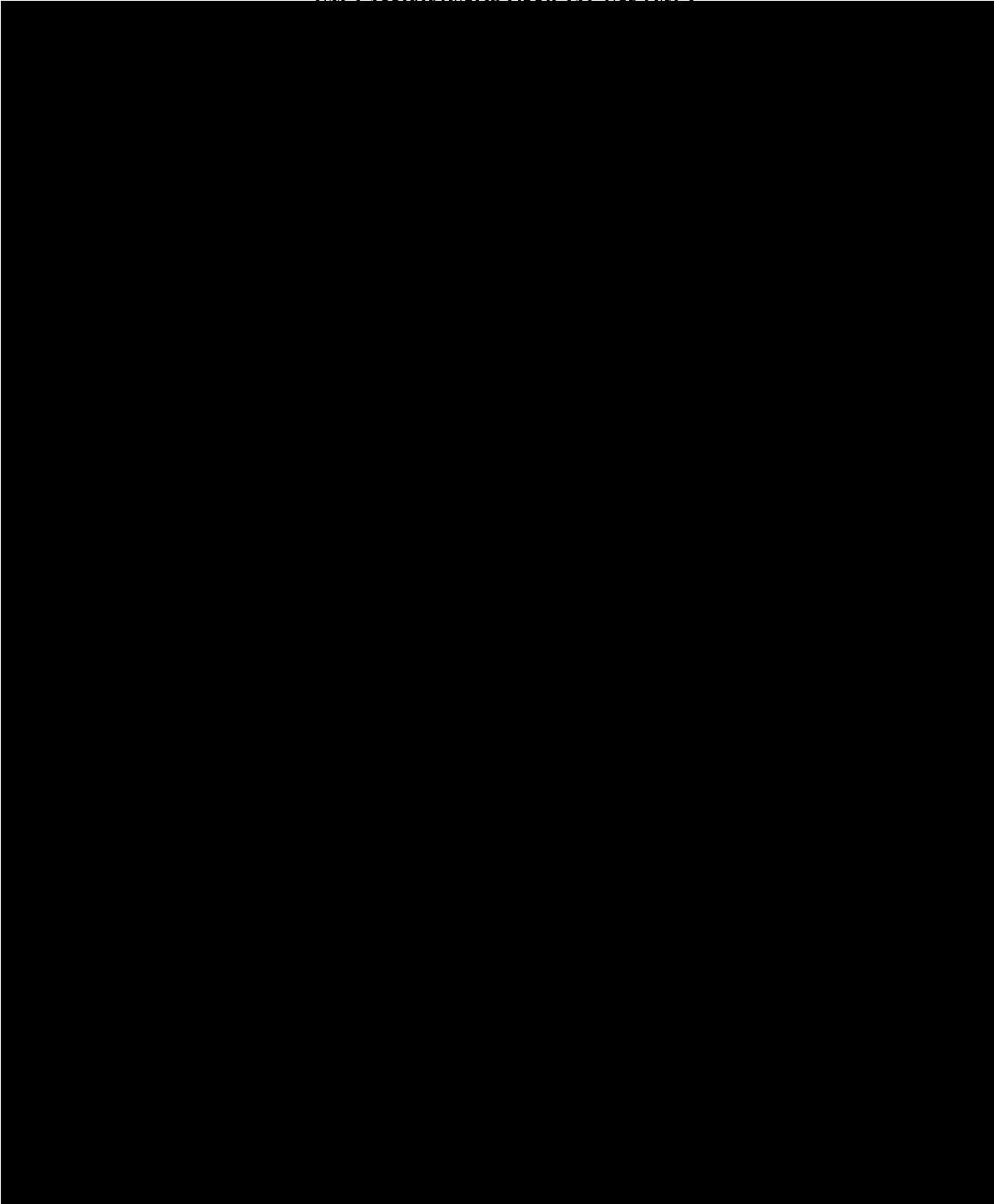
27 March 2003

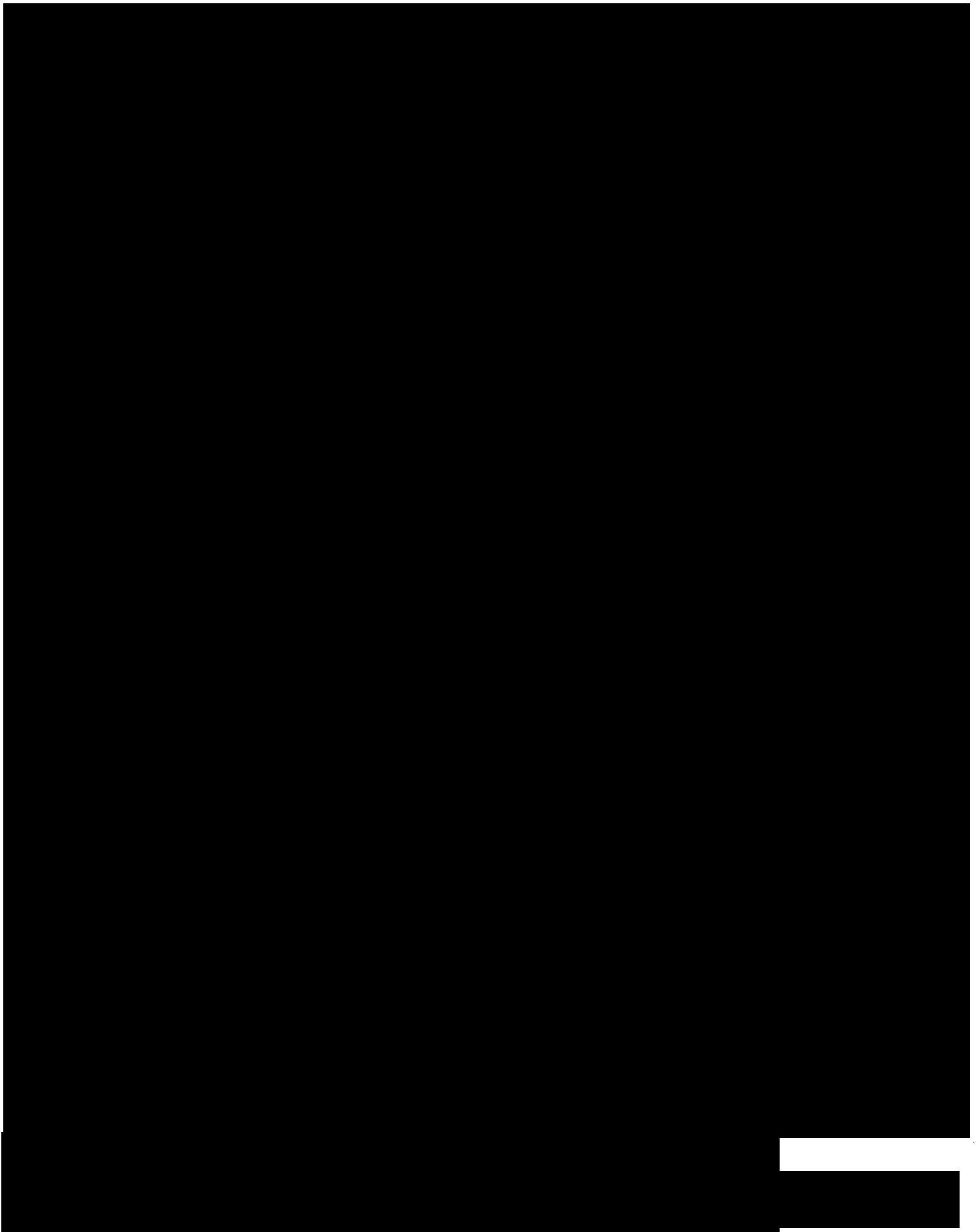
MEMORANDUM FOR ALL PERSONNEL

SUBJECT: Approval of Camp Delta Standard Operating Procedure (SOP)

1. The Camp Delta Standard Operating Procedures (SOP), dated 28 February 2003, is approved for immediate implementation. Commanders and Directors are responsible for briefing their personnel on the operating procedures contained in this SOP. Failure to comply with this prohibitions and mandatory requirements of this SOP by military personnel is a violation of Article 92, Uniform Code of Military Justice. Violations by civilian employees may result in administrative or disciplinary action.
2. The point of contact for this matter is the Commander, Joint Detention Operations Group (JDOG).


GEOFFREY D. MILLER
Major General, U.S. Army
Commanding





ATTACHMENT D

119

Detainee Mail

Type Outgoing mail
Format Outgoing Army mail
Item number: T005194
ISN Number: JJJADI
Date on mail (if any) 30 / 10 / 2002

Sender's Name: HAMED SALIM

Addressee: MOHAMMED ALI KASSEM
Address: TUNIS STREET, IN FRONT OF YOURMOUK STATION, BEHIND SALEH
AL-DIYAN BLG, SANAA'
Country: YEMEN

Language Used: Arabic
Date translated: 14 / 11 / 2002

Text: greetings.i;m sending you this letter days before Ramadan because the Americans are treating us so bad from food to clothing.i only received three letters from you because they take them and they don't give us anything.they beat us up and torture us.don't believe the news on television,they are luying.mom,please tell everybody in the family to pray for us here, we need prayers so badly.i don't think i'll be able to write to you anymore because the bad treatment we get here.they play their music and torture us,they make fun of the Qur'an and the Islamic religion.i have problems with them everyday because these kind of things.that's how it is in jail here.i try to tell them during interrogatons but they did not listen, so now no one talk to them anymore.we don't even get our human rights anymore.i'm telling you the truth, and eveybody here send their family letters like this one.peace.

Interpreters Comments on the main envelope there is couple notes sending regards to his family.

Has all handwritten information been translated? Yes

Family? Yes

Name: Skaff
Rank: A1C

HOLD
FALSE
STATEMENT
MISTREATMENT

DA FORM 2667-R, May 82

EDITION OF 1 JUL 63 IS OBSOLETE

For use of this form, see
the proponent agency is DCSPER

(Fold on this line)

DO NOT WRITE HERE

(Fold on this line)

Province or Department

Country

City

Street

To

Language

MAIL

LETTER

(Fold on this line)

SENDER:

Name (Last, first MI) Hamed, Salim

Internment Serial Number UUADI

Date and Place of Birth

Name of Camp GTMO

County where posted

149
30 at 10/14/82
48

7005194

00149-001500

DO NOT WRITE BEYOND HEAVY LINES

30-10-2002

بسم الله الرحمن الرحيم

الحمد لله رب العالمين

الحمد لله رب العالمين والصلوة والسلام على سيدنا محمد وآله الطيبين الطاهرين

والسلام على من اتبع الهدى

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الجمهوريّة اللبنانيّة

لبنان

دستورنا ، اقامه مخططه الى مسلك ، خلفه على مصالح الضمانات
ومنته الى ديت

محمد علي صالح

مجلس
الوزراء
الجمهوريّة اللبنانيّة

30-10-2002

T-005194

الوزير
المستشار
المستشار

ATTACHMENT E

PROGRESS NOTES

20 AUG 02

P.T. NOTE

5: 20 LAB

001: (1) Ambulatory to Clinic & Antalgic Unit.

A: It's to l. for wife.

P: cont. 60 p. 12. 1103. 1104. 1. 6

20/11/02 c/o back pain, not relieved - OT comm - 1442

with trial Foldene 20a, 9d #30

LTJ E. W. Hickock, FNP-2

8128102

Bengali to lower box - when cover is
made $50000 = 50000$

request for medical

authentic \Rightarrow pay PPT: (BTL)

Covett (x780) / JSH Key Code

MEDICAL RECORD

PROGRESS NOTES

DATE

Smo

2/19/84

1438

(3) Distance seen today. Hrs c/o "Joint pain".
The pt has a h/o sciatica but has
had 5 refills of Naprosyn in the
past week. Also getting Neurak 300 q12s
c/o stomach upset w/ Naprosyn

(4) gk: woman 8' in MMS; just awake;
speaks in English but being
difficult w/ interview.

(AP) 1. Sciatica

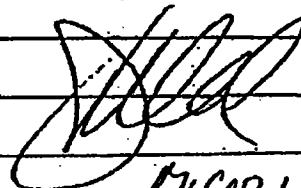
- Dis Naprosyn

- Replace w/ Celebrex 200, PO qd
(less harsh on stomach)

- Continue Neurak.

2. No free time per Intel

Start detainee on MVI qd.


M. C. C. P.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate;
hospital or medical facility)

REGISTER NO.

WARD NO.

D- [REDACTED]

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 7-81)
Prescribed by GSA/ICM (201-111-100-1001-0-20)

000995

ATTACHMENT F

May 1, 2005

Inquiry Finds Abuses at Guantánamo Bay

By **NEIL A. LEWIS** and **ERIC SCHMITT**

WASHINGTON, April 30 - A high-level military investigation into accusations of detainee abuse at Guantánamo Bay, Cuba, has concluded that several prisoners were mistreated or humiliated, perhaps illegally, as a result of efforts to devise innovative methods to gain information, senior military and Pentagon officials say.

The report on the investigation, which is still a few weeks from being completed and released, will deal with accounts by agents for the Federal Bureau of Investigation who complained after witnessing detainees subjected to several forms of harsh treatment.

The F.B.I. agents wrote in memorandums that were never meant to be disclosed publicly that they had seen female interrogators forcibly squeeze male prisoners' genitals, and that they had witnessed other detainees stripped and shackled low to the floor for many hours.

Although the Pentagon has issued other reports about accusations of abuse in Iraq, Afghanistan and Guantánamo, the new investigation, by Lt. Gen. Randall M. Schmidt of the Air Force, is intended to be the first major inquiry devoted solely to determining what interrogation practices were used at Guantánamo. The investigation was initiated in response to the disclosure of F.B.I. messages that especially concerned Pentagon officials because the bureau's complaints carried great credibility.

It remains unclear, however, how high up the chain of command the report's authors will assign responsibility for the abuses. Pentagon officials have been criticized for absolving high-level officers in previous investigations.

The new report by General Schmidt also comes as an increasing number of Guantánamo prisoners who have been released are providing accounts of their treatment for the first time to journalists and supportive American lawyers.

One recently released detainee, interviewed by telephone from Kuwait, said he had witnessed or learned from fellow inmates about many of the abusive practices that have been described in previous reports by nongovernmental groups like the International Committee of the Red Cross.

But that detainee, Nasser Nijer Naser al-Mutairi, also said in a series of interviews with The New York Times that detainees sometimes prevailed over the authorities after protesting conditions with campwide hunger strikes.

Mr. al-Mutairi said there were three major hunger strikes in his more than three years of imprisonment at Guantánamo. He said that after one of them, a protest of guards' handling of copies of the Koran, which had been tossed into a pile and stepped on, a senior officer delivered an apology over the camp's loudspeaker system, pledging that such abuses would stop. Interpreters, standing outside each prison

block, translated the officer's apology.

A former interrogator at Guantánamo, in an interview with The Times, confirmed the accounts of the hunger strikes, including the public expression of regret over the treatment of the Korans.

The military has long contended that abuses at Guantánamo were aberrations for which soldiers have been disciplined. But in a separate report being released Sunday, Physicians for Human Rights, a group of health professionals based in Cambridge, Mass., says that "since at least since 2002, the United States has been engaged in systematic psychological torture" of Guantánamo detainees.

The physicians' group said that it believed that the practices of soldiers in Guantánamo had "led to devastating health consequences for the individuals subjected to them."

Its report was based mostly on publicly available reports by other organizations and news accounts, but the group's investigators said that they used someone they identified as a confidential source at Guantánamo to corroborate some facts. The group did not describe the source's position or responsibilities at the prison.

The physicians' group said its investigators were confident of the veracity of news media accounts of female interrogators flaunting their sexuality to humiliate devout Muslims, including smearing red fluid said to be menstrual blood on prisoners.

The report by General Schmidt is intended to cover such accusations, and officials said that some former female interrogators had been questioned.

Lt. Col. Jim Marshall, a spokesman for the United States Southern Command, said Friday that General Schmidt submitted an initial report March 31; the report's authors were still writing their findings, and military lawyers were reviewing them. A final version will probably be approved in two or three weeks by Gen. Bantz J. Craddock, the head of the command, Colonel Marshall said.

A senior Pentagon official, who spoke on condition of anonymity because the report has not been completed, said that the inquiry centered on what procedures were used at Guantánamo and why interrogators thought they were acceptable. The official said there was no evidence of physical mistreatment, but investigators were examining whether interrogators improperly humiliated prisoners or used psychological abuse.

The Pentagon official said that the Schmidt report found that some interrogators devised plans that they thought were legal and proper, but in hindsight and with some clearer judgment might have been found to violate permissible standards.

"People determined which interrogation technique they would use, made interrogation plans and wrote them out," the Pentagon official said. "In retrospect, however, how they applied those judgments to a particular technique is what one might want to question."

Confusion among interrogators and military commanders over how to employ interrogation techniques permitted by the Army's field manual has emerged as a persistent problem in several of the military's investigations into the abuse of prisoners at the Abu Ghraib prison outside Baghdad, and at other military detention centers in Iraq and Afghanistan. The Army is preparing to issue a new interrogation manual that expressly prohibits harsh techniques that were revealed during the detainee-abuse scandal.

Mr. al-Mutairi, the released Kuwaiti detainee, described the camp environment as one in which authorities sought to keep prisoners thoroughly obedient.

He said the first hunger strike, which spread through word of mouth, was generally caused by the prisoners' despondency over not knowing what would eventually happen to them. It lasted several days, he said, and ended after the authorities released the first handful of detainees and transferred them back to Afghanistan.

He said that guards and interrogators used that transfer as an example to give people hope. "They said, 'This could be you,' and people started to eat again," Mr. al-Mutairi said through an interpreter.

The second hunger strike was to protest treatment during interrogations, including the use of sexual taunting by female interrogators. It ended more ambiguously, he said. The International Committee of the Red Cross, in a confidential June 2003 report, said the use of sexual taunts by female interrogators was prevalent in 2002 and early 2003, but stopped abruptly in the middle of that year.

The third hunger strike was over the treatment of the copies of the Koran, given to each prisoner as part of a package of religious items that the military publicizes as evidence of its religious tolerance.

Mr. al-Mutairi said that the treatment of detainees improved the most just before tribunals began last year. In the tribunals, each prisoner was allowed to go before a three-officer panel to determine if he had been properly imprisoned as an unlawful enemy combatant.

"In general, everybody was behaving very good then," he said, "very professional. Maybe they got orders from the top, but I don't know why."

ATTACHMENT G

January 1, 2005

Fresh Details Emerge on Harsh Methods at Guantánamo

By NEIL A. LEWIS

WASHINGTON, Dec. 31 - Sometime after Mohamed al-Kahtani was imprisoned at Guantánamo around the beginning of 2003, military officials believed they had a prize on their hands - someone who was perhaps intended to have been a hijacker in the Sept. 11 plot.

But his interrogation was not yielding much, so they decided in the middle of 2003 to try a new tactic. Mr. Kahtani, a Saudi, was given a tranquilizer, put in sensory deprivation garb with blackened goggles, and hustled aboard a plane that was supposedly taking him to the Middle East.

After hours in the air, the plane landed back at the United States naval base at Guantánamo Bay, Cuba, where he was not returned to the regular prison compound but put in an isolation cell in the base's brig. There, he was subjected to harsh interrogation procedures that he was encouraged to believe were being conducted by Egyptian national security operatives.

The account of Mr. Kahtani's treatment given to The New York Times recently by military intelligence officials and interrogators is the latest of several developments that have severely damaged the military's longstanding public version of how the detention and interrogation center at Guantánamo operated.

Interviews with former intelligence officers and interrogators provided new details and confirmed earlier accounts of inmates being shackled for hours and left to soil themselves while exposed to blaring music or the insistent meowing of a cat-food commercial. In addition, some may have been forcibly given enemas as punishment.

While all the detainees were threatened with harsh tactics if they did not cooperate, about one in six were eventually subjected to those procedures, one former interrogator estimated. The interrogator said that when new interrogators arrived they were told they had great flexibility in extracting information from detainees because the Geneva Conventions did not apply at the base.

Military officials have gone to great lengths to portray Guantánamo as a largely humane facility for several hundred prisoners, where the harshest sanctioned punishments consisted of isolation or taking away items like blankets, toothpaste, dessert or reading material. Maj. Gen. Geoffrey D. Miller, who was the commander of the Guantánamo operation from November 2002 to March 2004, regularly told visiting members of Congress and journalists that the approach was designed to build trust between the detainee and his questioner.

"We are detaining these enemy combatants in a humane manner," General Miller told reporters in March 2004. "Should our men or women be held in similar circumstances, I would hope they would be treated in this manner."

His successor, Brig. Gen. Jay W. Hood, told reporters in November that he was "satisfied that the detainees here have not been abused, they've not been mistreated, they've not been tortured in any way."

Journalists who were permitted to view an interview session from behind a glass wall during General Hood's tenure were shown an interrogator and detainee sharing a milkshake and fries from the base's McDonald's and appearing to chat amiably. It became apparent to reporters comparing notes in August, however, that the tableau of the interrogator and prisoner sharing a McDonald's meal was presented to at least three sets of journalists.

In addition to the account of Mr. Kahtani's treatment, the new interviews provide details and confirm some of the accounts in other recent disclosures about procedures at Guantánamo: the November report in which the International Committee of the Red Cross complained privately last summer to the United States government that the procedures at Guantánamo were "tantamount to torture"; memorandums from F.B.I. officials, most of which were released in December as part of a lawsuit brought by the American Civil Liberties Union; and another set of interviews with The Times in October in which other former Guantánamo officials described coercive and abusive techniques regularly employed there.

The information from the various sources frequently matched, providing corroboration of the use of specific procedures, which included prolonged sleep deprivation and shackling prisoners in uncomfortable positions for many hours. One F.B.I. agent wrote his superiors that he saw such restraining techniques several times. In the most gruesome of the bureau memorandums, he recounted observing a detainee who had been shackled overnight in a hot cell, soiled himself and pulled out tufts of hair in misery.

Military officials who participated in the practices said in October that prisoners had been tormented by being chained to a low chair for hours with bright flashing lights in their eyes and audio tapes played loudly next to their ears, including songs by Lil' Kim and Rage Against the Machine and rap performances by Eminem.

In a recent interview, another former official added new details, saying that many interrogators used a different audio tape on prisoners, a mix of babies crying and the television commercial for Meow Mix in which the jingle consists of repetition of the word "meow."

The people who spoke about what they saw or whose duties made them aware of what was occurring said they had different reasons for granting interviews. Some said they objected to the methods, others said they objected to what they regarded as a chaotic and badly run system, while others offered no reason. They all declined to be identified by name, some saying they feared retaliation.

Lt. Col. Leon H. Sumpter, the spokesman for the military command at Guantánamo, said in a statement that officials would not comment on accusations about the treatment of any individual detainee including Mr. Kahtani, who was captured in Afghanistan.

"We do not discuss specific interrogation techniques nor do we identify any specific detainee," Colonel Sumpter said in a statement. "All detainees are safeguarded and are assured food, drink, clothing, shelter, health care and basic rights, all in accordance with the Geneva Convention. The U.S. does not permit, tolerate or condone torture by any of its personnel or employees."

Colonel Sumpter said that the interrogation regimen at Guantánamo had produced useful intelligence "based on trust and not out of fear or duress."

The intelligence officials who spoke with The Times said that the interrogation personnel and their assigned prisoners were divided into five groups. Four were geographically based - one for Saudi Arabia, one for the Gulf States, another for Pakistan and Afghanistan and the last for Asia, Europe and the Americas. The fifth, termed "special projects," included Mr. Kahtani.

There was a high confidence among military intelligence officials that Mr. Kahtani was a dangerous operative of Al Qaeda. The federal commission investigating the Sept. 11 attacks concluded in its June report that he was denied entry into the United States on Aug. 4, 2001, at the Orlando airport, the same day that Mohamed Atta, the plot's ringleader, was there and most likely intended to meet him.

The officials who spoke about the detainees' treatment said, however, that very few of the other prisoners had much value. "So much of the questioning was about Afghanistan," one intelligence official said. "Most of it was dated. Information about facilitators and recruiters was useful only in style, not in facts."

The clearest indication that senior commanders at Guantánamo were aware of and supported what was occurring may be in some F.B.I. memorandums. One, dated May 10, 2003, and written by an unidentified agent, describes a sharp exchange between bureau officials and General Miller and Maj. Gen. Michael Dunlavey, who was in charge of the intelligence operations at Guantánamo then.

"Both sides agreed that the bureau has its way of doing things and the D.O.D. has their marching orders from SecDef," the memorandum said, using abbreviations for the Department of Defense and the secretary of defense. "Although the two techniques differed drastically, both generals believed they had a job to do."

The frustration caused by Mr. Kahtani's refusal to cooperate set off a high-level review of allowable interrogation techniques, according to documents released earlier by the Pentagon. After officials at Guantánamo asked for more leeway in dealing with Mr. Kahtani, Defense Secretary Donald H. Rumsfeld in December 2002 approved a list of 16 techniques for use there in addition to the 17 methods in the Army Field Manual. He suspended those approvals the next month after some Navy lawyers complained that they were excessive and possibly illegal. But after a review, Mr. Rumsfeld issued a final policy in April 2003, approving 24 techniques, some of which needed his permission to be used.

None of the approved techniques, however, covered some of what people have now said occurred. Mr. Kahtani was, for example, forcibly given an enema, officials said, which was used because it was uncomfortable and degrading.

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.

In order to carry on the charade that he was not at Guantánamo, the military arranged it so Mr. Kahtani was not visited by the Red Cross on a few of its regular visits, creating a window of several months, said a person who dealt with him at Guantánamo. Officials at the Washington office of the Red Cross, which makes periodic visits to each of the Guantánamo detainees, said they would not discuss their meetings with any prisoners as part of their agreement with the United States government.

Two interrogators confirmed several of the complaints in the Red Cross report, including the notion that interrogators were able to obtain prisoners' medical records easily, which human rights groups say

could discourage inmates from seeking medical care. The interrogators also discussed another factor in the Red Cross report, the use of a Behavioral Science Consultation Team, known as Biscuit, comprising a psychologist or psychiatrist and psychiatric workers. The team was used to suggest ways to make prisoners more cooperative in interrogations.

"They were supposed to help us break them down," one said.

The same former interrogator said the Red Cross report was correct in asserting that some female interrogators used sexual taunts to harass the detainees.

It is unclear whether the Justice Department's new, broader definition of torture, posted on the department's Web site late Thursday, would have affected operations at Guantánamo.

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ATTACHMENT H

MiamiHerald.com 

Posted on Thu, Mar. 06, 2008

Spain: Freed detainees too damaged to extradite

BY DANIEL WOOLLS

A Spanish judge dropped terror charges Thursday against two former Guantánamo Bay detainees who recently returned home to Britain, saying their mental health had deteriorated so badly they were suicidal and it would be cruel to prosecute them.

In a 10-page order, Judge Baltasar Garzon said he was abandoning an extradition request and the original indictment he issued in 2003 against Palestinian-Jordanian Jamil el Banna, 45, and Libyan-born Omar Deghayes, who is 38.

The men spent more than four years at the U.S. camp for terror suspects in Cuba without being charged or tried.

They returned to Britain in December under a deal between the United States and Britain, but were briefly detained under an international arrest warrant issued by Garzon, who accused them of belonging to an al Qaeda cell in Spain from 1999 to 2001.

They were freed from detention in Britain but since then have been awaiting the results of extradition proceedings.

Garzon said Banna spent more than five years in secret prisons in Gambia and Afghanistan and later Guantánamo Bay, and had undergone torture and mistreatment that led to "progressive deterioration of his mental health."

Deghayes met a similar fate in jails in Islamabad, Pakistan, and Bagram, Afghanistan, and then in Guantánamo, the judge wrote.

Those experiences caused "grave deterioration of the mental health of the suspects" and this "makes it impossible, because it would be inhumane," to proceed with the arrest warrants and the rest of the case, Garzon wrote.

"It's good. It's happy news," Deghayes said from his home in Brighton, on England's southern coast. "I always knew they would realize their mistake and give up the case."

"I still have problems with immigration as the authorities have taken away my resident status, but this is a relief, of course," Deghayes said.

Garzon said he was acting on the basis of medical examinations of the suspects that were carried out by British physicians and made public on Feb. 12.

These doctors -- identified as Derek Fluxman and Helen Bamber of Harrow Road Health Centre in London -- concluded that Banna suffers from post-traumatic stress syndrome, severe depression, diabetes, hypertension, back pain and other physical ailments.

Deghayes also suffers from post-traumatic stress syndrome, severe depression, blindness in his right eye and fractures to his nose and right index finger, the judge said, citing the British physicians.

The doctors concluded both suspects showed suicidal tendencies, Garzon said.

Garzon had accused the suspects of belonging to an al Qaeda cell led by Imad Yarkas, who is serving a 12-year jail

term in Spain on terrorism charges.

The cell allegedly sent people to terrorist training camps in Afghanistan and recruited for the cause of radical Islam, according to Garzon.

The judge wrote that after indicting Banna and Deghayes in 2003 and asking U.S. authorities to extradite them, he never heard from the Americans.

"Unfortunately, and incomprehensibly, the extradition request was not even rejected," Garzon said. "It was just ignored."

Clive Stafford Smith, founder of campaigning group Reprieve, who represented Banna and Deghayes, said Garzon had acknowledged "these guys have suffered enough. They have been psychologically scarred from what happened to them in Guantánamo and before."

"This is obviously a humane and sensible response from the Spanish authorities, albeit belated," Stafford Smith said.

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ATTACHMENT I

FILED ENTERED
LODGED RECEIVED

APR 06 2004 MR

AT SEATTLE
CLERK OF DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY DEPUTY

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

Lieutenant Commander CHARLES SWIFT, a
resident of the State of Washington, as next
friend for SALIM AHMED HAMDAN,
Military Commission Detainee,
Camp Echo,
Guantanamo Bay Naval Base,
Guantanamo Bay, Cuba,

Petitioner,

v.

DONALD H. RUMSFELD, United States
Secretary of Defense; JOHN D.
ALTENBURG, Jr., Appointing Authority for
Military Commissions, Department of Defense;
Brigadier General THOMAS L.
HEMINGWAY, Legal Advisor to the
Appointing Authority for Military
Commissions; Brigadier General JAY HOOD,
Commander Joint Task Force, Guantanamo,
Camp Echo, Guantanamo Bay, Cuba;
GEORGE W. BUSH, President of the United
States,

Respondents.

NO. CV 04-07877L

DECLARATION OF
DARYL MATTHEWS, M.D., Ph.D.

DECLARATION OF DARYL MATTHEWS, M.D., Ph.D.

DARYL MATTHEWS, M.D., Ph.D., hereby declares and states as follows:

1 1. I am over the age of eighteen (18) years. The following is true and correct to
2 the best of my knowledge. I have personal knowledge of the matters stated herein and, if
3 called upon to testify, could competently testify thereto.
4

5 2. My qualifications to render expert psychiatric opinions include my education
6 and training and my professional experience, set forth in detail in my curriculum vitae,
7 which is attached as Exhibit A.
8

9 3. I received my M.D. degree in 1973 from the Johns Hopkins University
10 School of Medicine. My postgraduate medical education included a residency in psychiatry
11 at Johns Hopkins Hospital from 1973 to 1976 and a fellowship in forensic psychiatry at the
12 University of Virginia Schools of Law and Medicine. I am board certified in psychiatry and
13 forensic psychiatry by the American Board of Psychiatry and Neurology, serve as an
14 Examiner for that Board, and as a member of the Board's Forensic Psychiatry Examination
15 Committee.
16

17 4. I have held faculty positions in medicine and public health at the Johns
18 Hopkins University, Boston University, The University of Virginia, and the University of
19 Arkansas, and am currently Professor of Psychiatry and Director of the Forensic Psychiatry
20 Program at the John A. Burns School of Medicine at the University of Hawaii.
21

22 5. I have conducted psychiatric evaluations of more than 1,000 patients or
23 forensic examinees, hundreds of them within the confines of jails, prisons, and similar
24 facilities. These have included scores of facilities in 12 states, of all security levels,
25 operated by local, state, civilian federal, and military authorities.
26

27 6. My evaluations and expert opinions have been admitted into evidence in
28 more than 500 legal proceedings, including commitment hearings, civil trials, and criminal
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1 trials. I have been admitted to testify as an expert at trial by state and federal courts and
2
3 military courts-martial in 20 states.

4
5 7. My sources of information in this matter are:

6
7 (a) Affidavit of Mr. Salem Ahmed Salem Hamdan, (translated by Mr. Charles
8 Schmitz), of February 9, 2004, and

9
10 (b) Representations made to me by Mr. Hamdan's attorney, LCDR Charles
11 Swift.
12

13
14 8. According to his affidavit and his attorney, Mr. Hamdan is approximately 34
15 year-old married Yemini male, father of two children ages 4 and 2, who is currently
16 confined at the U.S. Naval Base, Guantanamo Cuba.
17

18
19 9. Since December 2003 Mr. Hamdan has been confined alone in a cell, in a
20 house that is guarded by a single non-Arabic-speaking guard. A translator is rarely
21 available. He receives 60 minutes of exercise outdoors three times a week, only at night.
22

23
24 10. Mr. Hamdan has met his attorney, but he has not been charged with any
25 offense. He has been told that he is facing trial before a military commission, but does not
26 know when this is to occur. He understands that, even if acquitted, he potentially faces
27 indefinite confinement at the discretion of the U.S. government.
28

29
30 11. Mr. Hamdan has described his moods during his period of solitary
31 confinement as deteriorating, and as encompassing frustration, rage (although he has not
32 been violent), loneliness, despair, depression, anxiety, and emotional outbursts. He asserted
33 that he has considered confessing falsely to ameliorate his situation. LCDR Swift has
34 described Mr. Hamdan's condition to me, as observed during their meetings, as initially
35 agitated and withdrawn, with a brightening mood as the visit proceeds, but ending with
36 Mr. Hamdan begging him not to leave.
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1 12. Mr. Hamdan's past history includes the death of both parents before he was
2
3 12 years old, followed by periods of non-supervision and homelessness.

4 13. The medical literature has described the harmful mental effects of solitary
5
6 confinement at least since 1854; the recent literature confirms their presence. Adverse
7
8 effects include hypersensitivity to external stimuli, hallucinations, perceptual distortions,
9
10 derealization experiences, depression, anxiety, mood liability, difficulties in concentration
11
12 and memory, paranoid thinking, and problems with impulse control. The extent of these
13
14 appears to vary with the length of solitary confinement and the degree of isolation
15
16 experienced. There is evidence that some prisoners suffer long term psychological damage
17
18 as a result of such confinement.
19

20 14. It is my opinion, to a reasonable medical certainty, that Mr. Hamdan's current
21
22 conditions of confinement place him at significant risk for future psychiatric deterioration,
23
24 possibly including the development of irreversible psychiatric symptoms. Additionally the
25
26 conditions of his confinement make Mr. Hamdan particularly susceptible to mental coercion
27
28 and false confession in conjunction with his case.
29

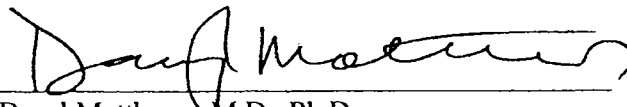
30 15. The conditions of confinement described by Mr. Hamdan and his legal
31
32 counsel may also cause deterioration to the point of significant impairment of his ability to
33
34 assess his legal situation and assist defense counsel. His array of pre-isolation stressors
35
36 place him at particularly high risk, as does the psychological stress of the uncertainty he
37
38 faces over his lack of charges and about the nature and duration of his future confinement.
39

40 16. It is my medical opinion that a release from solitary confinement and a return
41
42 to the general population combined with a definite advisement as to potential charges and
43
44 proceedings would significantly mitigate the risk of mental impairment/coercion in
45
46 Mr. Hamdan's case.
47

1 17. These opinions were reached without my conducting a personal examination
2 of Mr. Hamdan due to government restrictions preventing access to Mr. Hamdan for all but
3 cleared persons.
4
5
6

7 I declare under penalty of perjury under the laws of the State of
8 Washington that the foregoing is true and correct to the best of my
9 knowledge and belief.
10

11
12 DATED this 31 day of March, 2004.
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18 Daryl Matthews, M.D., Ph.D.
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State of Illinois

County of Cook.

Signed and sworn (or affirmed) to before me on March 31, 2004 (date)
by (name) Daryl Matthews.

Martha A. Ortiz
Signature of Notary Public



Exhibit A

Curriculum Vitae

DARYL BRUCE MATTHEWS, M.D., Ph.D.

Office Address: 4224 Waialae Avenue, Suite 5
Honolulu, Hawaii 96816
Telephone: (808) 734-8920
Facsimile: (808) 735-6164
email: dmatthews@jh.u.edu

Date of Birth: September 26, 1947 (Cleveland, Ohio, U.S.A.)

Citizenship: United States of America

FORMAL EDUCATION

1971-1977	The Johns Hopkins University <u>Doctor of Philosophy (Sociology)</u>
1969-1973	The Johns Hopkins University <u>Doctor of Medicine</u>
1967-1969	The Johns Hopkins University <u>Bachelor of Arts (Human Biology)</u>
1965-1967	Dartmouth College

POSTGRADUATE MEDICAL EDUCATION

1981-1982	Fellow in Forensic Psychiatry Institute of Law, Psychiatry, and Public Policy Schools of Law and Medicine The University of Virginia
1973-1976	Resident in Psychiatry The Johns Hopkins Hospital
1973-1976	Fellow in Psychiatry and Behavioral Sciences The Johns Hopkins Hospital

MEDICAL QUALIFICATIONS

Licensure: Active: Hawaii, Arkansas, Tennessee
Inactive: Maryland, Massachusetts, Virginia

Certification: American Board of Psychiatry and Neurology
Psychiatry, 1984
Subspecialty of Forensic Psychiatry, 1994
American Board of Forensic Psychiatry, 1986

CURRENT APPOINTMENTS

2002- Professor of Psychiatry and Director,
Forensic Psychiatry Program
John A. Burns School of Medicine
University of Hawaii
Honolulu, Hawaii

1995- Consultant, U.S. Army Medical Command, and
Co-Director of Training in Forensic Psychiatry
Tripler Army Medical Center
Honolulu, Hawaii

PRIOR POSITIONS

1995-2001 Clinical Professor of Psychiatry
John A. Burns School of Medicine
University of Hawaii
Honolulu, Hawaii

1990-1995 Professor and Director of Education
Department of Psychiatry
University of Arkansas for Medical Sciences
Little Rock, Arkansas

1994-1995 Adjunct Faculty
School of Law
University of Arkansas at Little Rock
Little Rock, Arkansas

1987-1990 Associate Professor of Psychiatry
John A. Burns School of Medicine
University of Hawaii

1982-1987 Associate Clinical Professor of Psychiatry
John A. Burns School of Medicine
University of Hawaii

1982-1984 Chief, Kauai Community Mental Health Center
Lihue, Hawaii

1981-1982 Associate Professor of Behavioral Medicine
and Psychiatry
University of Virginia School of Medicine

1976-1981 Assistant Professor of Psychiatry and of
Socio-Medical Sciences and Community Medicine
Boston University School of Public Health

1973-1976 Lecturer in Behavioral Sciences
 The Johns Hopkins University
 School of Public Health

OTHER PROFESSIONAL ACTIVITIES

2002- Director, Forensic Psychiatry Evaluation Service
 Department of Psychiatry
 University of Hawaii School of Medicine

2001- Training Director
 Forensic Examiner Certification Program
 State of Hawaii, Department of Health

2001- Forensic Psychiatry Consultant
 State of Hawaii, Department of Health

2001- Forensic Psychiatry Committee
 American Board of Psychiatry and Neurology

1999 Visiting Professor of Psychiatry
 University of Madrid, Spain

1998-2002 Admissions Interviewer
 John A Burns School of Medicine
 University of Hawaii

1998-2000 Education Co-Chair
 Scientific Program Committee
 World Psychiatric Association
 Conference on Forensic Psychiatry
 Madrid, Spain

1996- Specialist Site Visitor in Forensic Psychiatry
 Residency Review Committee for Psychiatry
 Accreditation Council for Graduate Medical Education

1995-1998 Hawaii State Task Force on Individuals with Mental
 Illness in the Criminal Justice System

1995- Private Practice of Forensic Psychiatry

1993-1995 Arkansas Attorney General's Committee
 on Anti-Stalking Legislation

1993 Visiting Professor
 Department of Psychiatry
 John A. Burns School of Medicine
 University of Hawaii

1992-1995 Medical Ethics Faculty
Division of Medical Humanities
University of Arkansas for Medical Sciences

1992- Editorial Board
Psychiatry Resident in Training Examination
American College of Psychiatrists

1992- Article Referee
Bulletin of the American Academy of
Psychiatry and the Law; Journal of the American
Academy of Psychiatry and the Law

1991 Visiting Professor
Tripler Army Medical Center
Honolulu, Hawaii

1990-1995 Medical Expert
Department of Health and Human Services
Social Security Administration

1989 Article Referee
Journal of Forensic Sciences

1988-1990 Chairman
Kauai Service Area Board for
Mental Health and Substance Abuse

1988-1990 Steering Committee
Certification Program in Forensic Mental Health
Department of Health, State of Hawaii

1988- Examiner in Psychiatry
American Board of Psychiatry and Neurology

1987- Psychiatric Consultant
Threat Assessment Group, Inc.
Newport Beach, California

1985-1990 Medical Advisory Committee
Department of Commerce and Consumer Affairs
State of Hawaii
(psychiatric consultant in matters affecting
professional and vocational licensure)

1983-1985 Board of Editors
Law, Medicine & Health Care

1982-1990	Private practice of general and forensic psychiatry
1981-1983	Associate Editor Law, Medicine & Health Care
1981-1982	Member Commissioner's Committee on Forensic Services Virginia Department of Mental Health
1981-1982	Certified Forensic Examiner State of Virginia
1980-1981	Member of the Council (Medicine) American Society of Law and Medicine
1980	Chair Special Studies Institutional Review Board Bridgewater State Hospital Bridgewater, Massachusetts
1979-1981	Associate Editor Medicolegal News
1979-1980	Chair, Admissions Committee Boston University School of Public Health
1979-1980	Consulting Psychiatrist Complaint Committee Massachusetts Board of Registration in Medicine
1976-1981	Associate Director of Undergraduate Education Division of Psychiatry Boston University School of Medicine

HOSPITAL STAFF APPOINTMENTS

2001-	Academic Medical Staff Hawaii State Hospital Honolulu, Hawaii
1995-2001	Courtesy Medical Staff Hawaii State Hospital Honolulu, Hawaii
1990-1995	Medical Staff University Hospital Little Rock, Arkansas

1990-1992	Consulting Staff North Little Rock Veterans Administration Hospital North Little Rock, Arkansas
1983-1990	Courtesy Medical Staff G.N. Wilcox Memorial Hospital Lihue, Hawaii
1989-1990; 1982-1986	Active Medical Staff Samuel Mahelona Memorial Hospital Kapaa, Hawaii
1981-1982	Visiting Physician University of Virginia Medical Center Charlottesville, Virginia
1981-1982	Psychiatric Consultant Forensic Evaluation Unit Western State Hospital Staunton, Virginia
1976-1981	Assistant Visiting Physician University Hospital, Boston, Massachusetts

HONORS, AWARDS, & LISTINGS

Outstanding Teacher 2002-2003, University of Hawaii, Department of Psychiatry

Distinguished Fellow, American Psychiatric Association, 2003

Fellow, American Psychiatric Association, 1999

Member, American College of Psychiatrists, 1999

Emile Eckart Award for Excellence in Resident Education, University of Arkansas for Medical Sciences, 1995

Arkansas Institute of Continuing Legal Education:
Best of CLE 1992

Who's Who of Emerging Leaders in America

West's Who's Who in Health & Medical Services

Who's Who Among Human Services Professionals

Who's Who in Medicine and Healthcare

Who's Who in Science and Engineering

Who's Who in the South and Southwest

Who's Who in the West

Sol. W. Ginsburg Fellow, Group for the Advancement of Psychiatry

Commonwealth Fund International Fellow in Medical Care

Haas Memorial Fund Scholar

PROFESSIONAL ORGANIZATIONS

American Academy of Forensic Sciences

American Academy of Psychiatry and the Law

Councilor, 1996-1999

Education Committee, 1991-1997; 1999-

Chair, 1994-1997

Ethics Committee, 1995-1999

Chair, 1995-1999

Nominating Committee 1997-1999

Learning Resource Committee, 1994-1996

Program Committee, 1994-1997

Awards Committee, 1994-1997

Task Force on Practice Guidelines

for Forensic Evaluations, 1995-1999

Liaison to Spanish Society for Legal Psychiatry, 1999-

Committee on Computers and Forensic Psychiatry, 2003-

American Association of Directors of Residency Training in
Psychiatry

American Association for Social Psychiatry

American College of Psychiatrists

Psychiatry Resident in Training Exam, Editorial Board, 1999-2005

American Psychiatric Association

Committee on Confidentiality, 1999-2000

Fellow, 2000-2003

Committee on Judicial Action 2002-2005

Distinguished Fellow 2003-

Arkansas Psychiatric Society 1990-1995

President, 1993-1994

President-elect, 1992-1993

Secretary, 1991-1992

Local Arrangements Chairman, 1991-1992

Program Committee, 1990-1992

Association of Directors of Forensic Psychiatry Fellowships

Hawaii Psychiatric Medical Association 1982-1990; 1995-
Legislative Committee 1999-
Task Force on Involuntary Medication 1999-2000
Chair, Forensic Committee 2001-

International Academy of Forensic Mental Health Services

International Academy of Law and Mental Health

Sociedad Española de Psiquiatría Legal

SELECTED (1990-) PRESENTATIONS AND ABSTRACTS

1990

"Psychotropic Medications and Malpractice," Defense Research Institute,
San Francisco, California, March.

"Stalking Behavior," National Academy of Sciences, Institute of
Medicine, Washington, DC, April.

"Cults that Kill," University of Hawaii, John A. Burns School
of Medicine, Department of Psychology, grand rounds, Honolulu, Hawaii,
April.

"Forensic Psychiatry and Mental Injury," Pulaski County Bar Association,
Little Rock, Arkansas, October.

1991

"Current Liability Issues in Mental Health Care," Health Services
Research Center, special conference series, Little Rock, Arkansas,
February.

"Malpractice Issues for Community Mental Health Professionals," Mental
Health Council of Arkansas, 19th Annual Mental Health Institute, Hot
Springs, Arkansas, August.

"The Insanity Defense," Arkansas Institute for Continuing Legal
Education, criminal law seminar, Little Rock, Arkansas, October.

"Mental Health Issues in Capital Sentencing," Arkansas Psychological
Association, annual meeting, Little Rock, Arkansas, November.

"Patient-Therapist Sexual Relations and the Law," Arkansas Psychiatric
Society, annual meeting, Little Rock, Arkansas, November.

1992

"The Tarasoff Case," Youth Home of Arkansas, Little Rock, Arkansas, January.

"The Role of Forensic Psychiatry in Civil Litigation," Arkansas Trial Lawyers' Association, midwinter conference, Little Rock, Arkansas, February.

"Current Issues in Forensic Mental Health Training in State Mental Health Systems and University Settings," American College of Forensic Psychiatry, annual meeting, San Francisco, California, April.

"The Insanity Defense," Arkansas Institute for Continuing Legal Education, Little Rock, Arkansas, June.

"The Defense of Mental Disorder," Arkansas Bar Association, annual meeting, Little Rock, Arkansas, June.

"Recent Developments in the Law of Insanity," Louisiana State University Medical Center, Shreveport, Louisiana, September.

1993

"The Insanity Defense and the Role of the Forensic Psychiatrist," UALR School of Law, Little Rock, Arkansas, February.

"Something Special for Our Residents: Propranolol?," Association for Academic Psychiatry, annual meeting, Tucson, Arizona, March.

"Duty to Protect" Arkansas Psychological Association, annual meeting, Little Rock, Arkansas, April.

"Testifying in Court," St. Vincent Infirmary Medical Center, Little Rock, Arkansas, April.

"Malpractice Issues in Managed Care," American Psychiatric Association, annual meeting, San Francisco, California, May.

"Malpractice Liability and Managed Care," Mental Health Council of Arkansas, 21st Annual Mental Health Institute, Hot Springs, Arkansas, August.

"Murder, Madness, & Medicine," BridgeWay Hospital, North Little Rock, Arkansas, August.

"Implications of DSM-IV for Forensic Psychiatry," American Academy of Psychiatry and the Law, 24th annual meeting, San Antonio, Texas, October.

1994

"The Videotaped Good-Bye of the Perpetrator of a Mass-Murder/Suicide," University of Arkansas for Medical Sciences, Department of Psychiatry, grand rounds, Little Rock, Arkansas, January.

"A Cluster of Multiple Personality Disorder Cases in a State Forensic Hospital," American Academy of Forensic Sciences, 46th annual meeting, San Antonio, Texas, February.

"Developments in the Law of Sanity and DSM-IV," University of Arkansas at Little Rock School of Law, Criminal Law Association, program entitled Psychiatric Issues in Criminal Trials, Little Rock, Arkansas, March.

"Workplace Violence," Arkansas Division of Mental Health Services, First Annual Forensic Conference, Arkansas Department of Mental Health Services, North Little Rock, Arkansas, April.

"Workplace Violence," Violence in Today's Society, first annual forensic conference, North Little Rock, Arkansas, April.

"Update on Malpractice Issues in Managed Care," American Psychiatric Association, annual meeting, Philadelphia, Pennsylvania, May.

"Impaired Drivers, HIV, and Abandonment," Arkansas Psychiatric Society and Arkansas Psychological Association (joint meeting), Little Rock, Arkansas, June.

1995

"Lecture Attendance and Performance on NBME Shelf Examination in Sophomore Behavioral Sciences Course," Association for Academic Psychiatry, annual meeting, San Antonio, Texas, March.

"Professional Ethics in Mental Health," Arkansas Psychological Association, spring conference, Little Rock, Arkansas, April.

"On-Line Database Searching in Forensic Psychiatry" in Course, "Computers in Forensic Psychiatry: An Introduction," American Academy of Psychiatry and Law, 26th Annual Meeting, Seattle, October.

1996

"Medicolegal Aspects of Inpatient Violence," Grand Rounds, Tripler Army Medical Center, Honolulu, February.

"Ethical Practice in Forensic Psychiatry: The AAPL Ethical Guidelines" American Academy of Psychiatry and Law, 27th Annual Meeting, San Juan, October.

"Medicolegal Issues in Inpatient Psychiatry," Grand Rounds, Tripler Army Medical Center, Honolulu, November.

1997

"Social Policy Issues in Severe Mental Illness," University of Hawaii School of Social Work, Honolulu, February.

"Current Issues in Psychiatry and Criminal Law," Annual Symposium, State of Hawaii, Office of the Public Defender. Honolulu, May.

"The Use and Misuse of Psychiatrists in Criminal Cases," Annual Meeting, Association of Government Attorneys in Capital Litigation, San Antonio, July.

"Physician Sexual Misconduct," Physicians Insurance Company, Defense Counsel Seminar, Seattle, October.

"Multiple Homicide," VIIth National Congress, Sociedad Española de Psiquiatría Legal, Avila, Spain, October.

"Ethics and Pre-Arrestment Psychiatric Evaluations," American Academy of Psychiatry and Law, 28th Annual Meeting, Denver, October.

"Psychiatric Issues in Sex Offenses," Kauai Community Mental Health Center, Lihue, December.

1998

"Evaluation of Mental State at the time of Alleged Offense," University of Hawaii, School of Social Work, Honolulu, February

"Psychiatric Illness and Occupational Stress," State of Hawaii, Department of Education, Honolulu, July.

"Murder Followed by Suicide," G.M. Wilcox Memorial Hospital, Lihue, Hawaii, August.

"Murder Followed by Suicide," Department of Psychiatry and Psychological Medicine, University of Madrid, Spain, September.

"The Analysis and Presentation of Forensic Data," VIIIth National Congress, Sociedad Española de Psiquiatría Legal, San Sebastian, Spain, October.

1999

"Multiple Homicide," University of Hawaii School of Social Work, Honolulu, March.

"Malpractice Liability for Suicide," Department of Psychiatry and Psychological Medicine, University of Madrid, Spain, July.

2000

Stalking and Murder/Suicide, University of Hawaii School of Social Work, March.

Competency for Execution, Psychiatric Grand Rounds, Tripler Army Medical Center, May.

The Forensic Evaluation of the >False Memory Syndrome= World Psychiatric Association Conference on Forensic Psychiatry, Madrid, Spain, June.

The Weed Becomes a Rose: The Development of Forensic Training and Practice in the United States of America, World Psychiatric Association Conference on Forensic Psychiatry, Madrid, Spain, June.

Psychiatric Issues in Capital Litigation, Capital Litigation Symposium, Office of Legal Education, Executive Office for United States Attorneys, U.S. Department of Justice, National Advocacy Center, Columbia, South Carolina, October.

2001

Psychiatric Evaluations in Workplace Homicides: The Honolulu Xerox Shooting, University of Hawaii, School of Social Work, Honolulu, February.

Forensic Issues in Psychiatric Social Work, Department of Social Work, Hawaii State Hospital, Kaneohe, May.

Assessing Competency to Stand Trial, Psychiatric Grand Rounds, Hawaii State Hospital, Kaneohe, June.

2002

Psychiatry and the Death Penalty, Department of Psychology, Reed College, Portland Oregon, April.

Assessing the Risk of Violence in Psychiatric Patients; Hawaii State Department of Health, Kauai and Maui, Hawaii, May.

Criminal and Civil Litigation Involving Selective Serotonin Reuptake Inhibitors, Sociedad Española de Psiquiatría Legal, Oviedo, October.

2003

Barriers to Culturally Competent Forensic Exams for Guantanamo Detainees, American Academy of Psychiatry and the Law, October.

Forensic Psychiatry in the Evaluation of Clergy Sexual Misconduct, Sociedad Española de Psiquiatría Legal, Almagro, November.

Ethical and Cultural Issues in the Forensic Evaluation of the Guantanamo Detainees, Sociedad Española de Psiquiatría Legal, Almagro, November.

Absence of U. S. Criminal Law Protections in the Trials of the Guantanamo Detainees: Implications for Professional Ethics, New College, Oxford University, UK, November.

PUBLICATIONS

Books

D. Matthews, Disposable Patients: Situational Factors in Emergency Psychiatric Decisions, Lexington Books, 1980.

N. Scotch, J. Swazey, and J. Sorenson, with D. Matthews and C. Kavanagh, Reproductive Pasts, Reproductive Futures: Genetic Counseling and Its Effectiveness, Alan R. Liss, 1981.

W. Tseng and D. Matthews, Cultural Competency in Forensic Psychiatry, Brunner/Routledge, forthcoming 2004.

Chapters

R. Hingson, D. Matthews, and N. Scotch, "The Use and Abuse of Psychoactive Substances," in H. Freeman, S. Levine, and L. Reeder (eds.) Handbook of Medical Sociology (Third Edition), Prentice-Hall, 1978.

P. Dietz, S. Platman, and D. Matthews, "The Organization and Delivery of Mental Health Services," in G. Balis et al. (eds.) The Psychiatric Foundations of Medicine, Butterworth, 1978.

D. Matthews and W. Tseng, "Forensic Psychiatry" in W. Tseng and J. Streltzer (eds.) Cultural Competency in Psychiatry, American Psychiatric Press, Inc., In press.

Articles

D. Matthews, "The Noncompliant Patient," Primary Care, Vol. 2, No. 2 (June, 1975).

D. Matthews and R. Hingson, "Improving Patient Compliance: A Guide for Physicians," Medical Clinics of North America, Vol. 61, No. 4 (July, 1977).

D. Matthews and P. Dietz, "Labeling Theory and the Family Dynamics of Schizophrenia," Child Psychiatry Quarterly, Vol. 11, No. 4 (October, 1978).

D. Matthews, "Where There's Smoke There's Ire," Medicolegal News, Vol. 7, No. 4 (Winter, 1979).

C. Kavanagh, D. Matthews, J. Sorenson, and J. Swazey, "Multi-Institutional Review of a Genetic Counseling Study," I.R.B.: A Review of Human Subjects Research, Vol. 1, No. 2 (April, 1979).

D. Matthews, "The Right to Refuse Psychiatric Medication," Medicolegal News, Vol. 8, No. 2 (April, 1980).

D. Matthews and P. Coyne, "Arbeit Macht Frei: Vocational Rehabilitation and Virginia's Criminally Insane," University of Richmond Law Review, Vol. XVI, No. 3 (Spring, 1982).

P. Dietz, D. Matthews, J. Warren, C. Van Duyne, T. Stewart, J. Crowder, and D. Martell, "Threatening and Other Inappropriate Letters to Hollywood Celebrities," Journal of Forensic Sciences, Vol. 36, No. 1 (January 1991).

P. Dietz, D. Matthews, D. Martell, T. Stewart, D. Hrouda, and J. Warren, "Threatening and Other Inappropriate Letters to Members of Congress," Journal of Forensic Sciences, Vol. 36, No. 5 (September 1991).

K. Rost, G. R. Smith, D. Matthews, and B. Guise, "The Deliberate Misdiagnosis of Major Depression in Primary Care," Archives of Family Medicine, Vol. 3 (April 1994).

S. Tisza, J. Mottl, D. Matthews, "Current trends in workers' compensation stress claims," Current Opinion in Psychiatry, In Press.

revised 11/03

3

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ATTACHMENT J

UNITED STATES OF AMERICA

v.

SALIM AHMED HAMDAN

Defense Motion
for Relief from Punitive Conditions of
Confinement and for Confinement Credit, or,
Alternatively, Abatement

Declaration of Emily A. Keram, M.D.

1 February 2008

I, Emily A. Keram, M.D., declare pursuant to 28 U.S.C. § 1756, that the following information is true and correct:

1. I am a clinical and forensic psychiatrist retained by the defense for Salim Hamdan in the case of *United States v. Hamdan* to formulate and render opinions related to various aspects of Mr. Hamdan's mental state and its effects on his behavior.

2. My experience as a forensic psychiatrist is as follows:

- a. I completed a Fellowship in Forensic Psychiatry with the United States Department of Justice in June 1992.
- b. I am Board Certified in Psychiatry and Neurology with added Board Certification in Forensic Psychiatry.
- c. Throughout my career, the majority of my professional activity has consisted of the clinical evaluation and treatment of patients.
- d. Over the past fifteen and a half years I have conducted hundreds of civil and criminal forensic evaluations as an expert witness in the field of psychiatry.
- e. I have conducted the majority of these evaluations as a court-appointed expert. My involvement in the remainder of the evaluations arose from

consultations initiated by the defense and prosecution/plaintiff in approximately equal numbers.

- f. I have qualified as an expert witness in psychiatry in United States District Courts in North Carolina and the Northern District of California, and California Superior Courts in Sonoma and San Francisco Counties.

3. I have spent approximately seventy (70) hours with Mr. Hamdan in order to formulate and render opinions related to various aspects of Mr. Hamdan's mental state and its effects upon his behavior.

4. At each of my meetings with Mr. Hamdan I assessed his psychiatric symptoms. At each meeting Mr. Hamdan met diagnostic criteria for Posttraumatic Stress Disorder and Major Depression.

5. At each meeting, I saw Mr. Hamdan in Camp Echo, where he had been previously kept in solitary confinement. During the days over which I met with Mr. Hamdan he was similarly kept in solitary confinement. During the course of my interviews with Mr. Hamdan, I observed symptoms of Posttraumatic Stress Disorder including nightmares, intrusive thoughts, memories and images, amnesia for details of traumatic events, lack of future orientation, anxiety, irritability, insomnia, poor concentration and memory, exaggerated startle response, and hypervigilance. I also observed symptoms of Major Depression including depressed mood, sleep and cognitive disturbances as above, anergia, anhedonia, hopelessness, and helplessness. At times his symptoms impaired his ability to participate in the evaluation. These symptoms were severely exacerbated by his incarceration in solitary confinement. At one point during my preliminary evaluation, Mr. Hamdan was housed in the general population at Guantanamo Bay. In advance of

our meetings, he was moved to isolation in Camp Echo. The effects of even one night of isolation on Mr. Hamdan's mental state were so pronounced that I advised his counsel to request that Mr. Hamdan be returned to the general population each night to minimize his time in solitary confinement and to permit me to work with him.

6. I have been advised that Mr. Hamdan has been in solitary confinement in Camps 6, 1 and 5 since December 2006.

7. Solitary confinement has profound effects on a person's personality. In addition to exacerbating any ongoing psychiatric symptoms, solitary confinement has been found to be associated with depression, anxiety, irritability, panic attacks, hopelessness, helplessness, suicidal ideation, poor concentration and memory, hypersensitivity to perceptual stimuli, perceptual distortions, illusions, and thought disorder. Persons so confined may develop paranoia, obsessional thoughts, and primitive thoughts of harm to self and others, which may be acted upon. Impulse control may be impaired. Solitary confinement may lead to psychotic symptoms including delusional thinking and hallucinations. Persons kept in solitary confinement may develop chronic psychiatric symptoms which do not resolve once they are removed from such confinement. In addition to the above-mentioned symptoms, persons kept in solitary confinement may develop intolerance of interaction with others, which may impair their ability to function effectively in future roles in which contact with others is necessary.

8. I have spoken with Andrea Prasow, Assistant Detailed Defense Counsel, regarding Mr. Hamdan's behavior during her visit with him on January 24 and 25, 2008. Her description of his behavior is consistent with my observations of Mr. Hamdan's

9. Based on my personal interviews with Mr. Hamdan, my preliminary assessment at that time, and my conversations with counsel regarding his behavior over the last several months, I believe Mr. Hamdan is unable to materially assist in his own defense.

10. I believe that if Mr. Hamdan remains in solitary confinement, his condition will deteriorate and he will be at risk for developing more serious psychiatric symptoms as described in paragraph 7 above. These include the risk of suicidal thoughts and behavior.

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

By: /s/ Emily A. Keram, M.D.

Date: February 1, 2008