

STATEMENT

Place : NCISRA Guantanamo Bay, Cuba
Date : June 4, 2009

I, [redacted] make the following free and voluntary statement to Special Agent [redacted] whom I know to be a Representative of the United States Naval Criminal Investigative Service. I make this statement of my own free will and without any threats made to me or promises extended. I fully understand that this statement is given concerning my knowledge of the death of Detainee [redacted]

For purposes of identification, I am a black male born on [redacted] in [redacted]. My social security number is [redacted]. I have [redacted] hair and [redacted] eyes. I am [redacted] inches tall and weigh approximately [redacted] pounds. I am currently assigned to the Behavioral Health Unit (BHU), Joint Task Force, Guantanamo Bay, Cuba. [redacted]

[redacted] arrived at Gitmo on 27Apr09. After a brief period of turnover with [redacted] I became the Chief of Behavioral Health Services for Joint Task Force. I provide inpatient, outpatient, and consultative mental health services for all the detainees at the JTF camps. [redacted]

Prior to starting treatment with [redacted], I received pass down information from [redacted] [redacted] informed me that [redacted] had been in the hospital for several months. [redacted] described [redacted] as impulsive and stated that he had made some suicide attempts in the past. I would have to refer to his medical record to provide details of his previous suicide attempts. On 08May09, [redacted] was outside in the recreation yard when he attempted to hang himself with his t-shirt. The guards that were outside watching him were easily able to handle the situation. I was not an eye witness to this incident. [redacted] stated that his suicide attempts were always while guards or staff were present and seemed to be an attention getting mechanism. [redacted] felt his risk was low for successful completion of a suicide. [redacted]

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I started treating 078 on 10May09. My impression of [redacted] was the same as [redacted]. I felt he was prone to unpredictable behavior, but he had established a rapport with most of the BHU staff. Despite his unpredictable behavior, I considered his risk of suicide to be low. [redacted] was leader among the detainees on the tier. For example, the guard force was working with him to get input on detainee recreation and television schedules. He seemed to enjoy doing this. [redacted] really liked working with [redacted]. When I took over his care, he had natural transition response to me. This included some reservations about opening up to me. This transition period is normal when a patient has been working with another mental health professional. There is always an initial trust issue between the new mental health professional and the patient. Over the past month, [redacted] had started to "warm up" to the medical staff. When I initially arrived at Gitmo, [redacted] was on a hunger strike and was being fed with a tube as per protocol for hunger strikers. [redacted] was willingly taking the tube. About two weeks ago, [redacted] went off his hunger strike and started eating again. The medical staff took this as a sign of progress. On 13May09, [redacted] made two additional suicide attempts. He banged his forehead against the recreation yard fence causing a small cut to his forehead. He also tried to hang himself with a t-shirt in the recreation yard. These attempts were handled by the guards who were present. [redacted] later informed me [redacted]

[redacted]

[redacted]

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that he was angry that I did not respond to his needs in what he perceived to be in a timely manner. I can only speculate that [redacted] was acting out to get my attention.

On numerous occasions, [redacted] had expressed reservations to me about going back to Yemen. [redacted] was worried about his safety and the safety of his family if he was returned to Yemen. I referred him to the Staff Judge Advocate's Office because of his concerns with returning to Yemen. After talking to the SJA, he seemed to be a little calmer about his issue with Yemen.

A point of concern for [redacted] and myself was [redacted] continued references to the June 2006 detainee suicides. He seemed to carry some guilt because he stated that he was supposed to be a part of the suicide. [redacted] said he was somehow told not to commit suicide. I'm not sure how this notification occurred because [redacted] did not provide any specifics about how he was notified. The entire medical staff provided him therapy to try and reduce his guilt. He seemed receptive to our treatment but it is difficult to predict a patient's true intent simply based on what verbal statements.

Right around Memorial Day (23-24 May), [redacted] approached me and said that [redacted] wanted her present on or around the 10th of June. I assumed [redacted] wanted her in the tier on that date. [redacted] said she tried to get additional details from [redacted] about why he wanted her present but he refused to provide more information. I did some research about the significance of the date 10 June and found that it was the anniversary of three detainee suicides in 2006. I informed the JTF medical and detention leadership about [redacted] statements and my thoughts about the significance of the date. The leadership of medical and detention were well aware of anniversary date. [redacted] had not made any specific statements about wanting to hurt himself so we continued to care for his needs the same way we managed the other detainees on the tier. We remained aware of the upcoming anniversary date.

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On 01 Jun 09, I saw [redacted] three times. At 0900, I saw [redacted] in the TV room. I asked him about his conversation with [redacted] about wanted her to be present on the tier on June 10th. This is the first time I made him aware that I knew of his conversation with [redacted] initially dismissed me and said he was just talking [redacted]. I indicated to him that I was confused because it seemed that he was informing [redacted] about something that was very important to him. He then mockingly told me that I was confused. I asked him if he was doing okay and he said yes. I then concluded the conversation.

I saw [redacted] again at 1600 when he requested my presence in the recreation yard. I went outside and had a conversation with him. [redacted] said he didn't want to talk to me earlier in the TV room because he felt it wasn't private enough. I asked him about the significance of his conversation with [redacted] said [redacted] physically reminded him of a family member (a niece) and he felt close to her. [redacted] said he felt he could trust [redacted] and said she had promised him that she would keep his secret in confidence. He then proceeded to tell me a story that symbolized [redacted] betrayal of his trust. I emphasized to him that [redacted] had a duty to inform the medical staff of any information pertaining to his safety and the safety of the other detainees. I told [redacted] that [redacted] was duty bound to inform the medical staff of his request for her presence on the 10th. I then asked him again about the importance of the 10th of June. He wouldn't provide specific details about the 10th, but assured me that he had no intention of hurting himself or any of the other detainees. This conversation ended.

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The third time I had contact with [redacted], at approximately 1800, I was watching the guard staff inform him that the camp conduct rules were going to be enforced at the BHU. As background, the guard force had been instructed to enforce camp detainee conduct rules at the BHU in an ongoing effort to standardize camp operations. I was going to have some flexibility within the conduct rules to facilitate treatment of the BHU detainees. [redacted] was informed that his conduct record was going to be wiped clean as of 02Jun09 and he would get a fresh start. This angered [redacted] and he wanted the medical staff to leave because, in his mind, the BHU was now the same as the camps. I emphasized to him that even at a hospital there had to be some rules in place. He then said he felt was being tortured. This is a normal response to a verbal disagreement between staff and a detainee. In this case, to avoid an argument with [redacted] I walked away from him without a response. This is what I usually do when a detainee accuses staff of torture. I left the tier and had no further contact with [redacted]. This incident lasted only a few minutes and was the last time I saw [redacted] alive.

[redacted] was notified at midnight that there had been a suicide at the BHU. I responded to the scene and everything had already been taken care of. I had some brief contact with some of the first responders. I did not talk to any of the detainees. Upon my arrival, all the detainees were in a line of sight status with the guards.

Since I have been assigned to the BHU, I have not observed or been made aware of any physical abuse of detainees by the guard force. The guard force and medical staff work well together in a very tough environment. I have observed nothing but professional behavior by all of the BHU staff. My counseling sessions with the detainees at the BHU have not indicated that any physical abuse is occurring. The detainees regularly complain of torture but their complaints of torture seem to be centered on enforcement of rules and verbal disagreements with staff. In my opinion, there has been no physical or mental abuse of detainees which I would consider to be torture.

This statement, consisting of this page and 2 other page(s) was typed for me by [redacted] and we discussed its contents. I have read and understand the above statement. I have been given the opportunity to make any changes or corrections I desire to make and have placed my initials over the changes or corrections. This statement is the truth to the best of my knowledge and belief.

Signature: [redacted]

Sworn to and subscribed before me this 4 day of JUNE in the year 2009 at NCISRA Guantanamo Bay, Cuba

Witnessed: [redacted]

Representative, Naval Criminal Investigative Service
AUTH: DERIVED FROM ARTICLE 136,
UCMJ (10 U.S.C. 936) AND 5 U.S.C. 303

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nothing follows