

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 [The R.M.C. 803 session was called to order at 0900, 20 September
2 2024.]

3 MJ [Col McCALL]: Commission is called to order.

4 Good morning, Mr. Trivett. Can you please identify who's
5 here on behalf of the United States both in the courtroom and at the
6 RHR?

7 MTC [MR. TRIVETT]: Yes, sir. Good morning. Representing the
8 United States today in the courtroom in Guantanamo is myself,
9 Mr. Clay Trivett; Mr. Christopher Dykstra; Ms. Nicole Tate. Also
10 present, paralegal Rudolph Gibbs, Supervisory Special Agent Ryan
11 McDonald.

12 Representing the United States today in the courtroom -- in
13 the RHR is Colonel Joshua Bearden, Mr. Jeffrey Groharing. Also
14 present are paralegals Ms. Karissa Grippando, Staff Sergeant Samantha
15 Resendiz.

16 We also anticipate Dr. Welner will be present, along with
17 Dr. Thomas Guilmette.

18 Your Honor, these proceedings are being broadcast to CCTV
19 sites in the continental United States pursuant to the commission's
20 orders.

21 MJ [Col McCALL]: All right. Thank you, Mr. Trivett.

22 Good morning, Ms. LeBoeuf.

23 CDC [MS. LeBOEUF]: Good morning, Your Honor. Denise LeBoeuf,

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 representing Mr. Mohammad. I'll be observing today.

2 MJ [Col McCALL]: All right. Thank you.

3 Good morning, Mr. Montross.

4 DC [MR. MONTROSS]: Good morning, sir. William Montross.

5 I'll be observing on behalf of Mr. Bin'Attash today.

6 MJ [Col McCALL]: All right.

7 Good morning, Mr. Connell.

8 LDC [MR. CONNELL]: Good morning, sir. In Courtroom 2 is

9 Defne Ozgediz.

10 In the Remote Hearing Room is myself, James Connell; Alka
11 Pradhan; and Lieutenant Jennifer Joseph.

12 MJ [Col McCALL]: All right. Thank you.

13 Good morning, Mr. Gleason.

14 DC [MR. GLEASON]: Good morning, sir. How are you?

15 MJ [Col McCALL]: I'm good.

16 DC [MR. GLEASON]: Sir, I am representing Mr. Hawsawi in
17 observer status pursuant to your order in AE 960.

18 MJ [Col McCALL]: All right. Thank you.

19 All right. I note that Mr. Mohammad and Mr. Ali are
20 present. Mr. Bin'Attash and Mr. al Hawsawi are not present.

21 Mr. Dykstra, do you have a witness to account for these
22 absences?

23 DMTC [MR. DYKSTRA]: Yes, Your Honor.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 MJ [Col McCALL]: Go ahead.

2 DMTC [MR. DYKSTRA]: Captain, please have a seat.

3 **CAPTAIN, U.S. Navy, was called as a witness for the prosecution, was**
4 **previously sworn, and testified as follows:**

5 **DIRECT EXAMINATION**

6 **Questions by the Deputy Managing Trial Counsel [MR. DYKSTRA]:**

7 Q. For purposes of the record, have you previously testified
8 in these proceedings?

9 A. I have.

10 Q. And what is the pseudonym that you go by?

11 A. Amina.

12 Q. Thank you. Now, did you have the opportunity to advise
13 the accused of their right to be present this morning?

14 A. I did.

15 Q. And I want to focus your attention on Mr. Bin'Attash and
16 Mr. Hawsawi this morning. Did you use any particular form when you
17 so advised them?

18 A. I did.

19 Q. And what is that form?

20 A. The understanding, advisement of rights.

21 DMTC [MR. DYKSTRA]: Your Honor, if I may approach the
22 witness. I'm going to hand her what has been -- previously been
23 marked as Appellate Exhibit 962K (WBA) and 962L (MAH).

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 MJ [Col McCALL]: Go ahead.

2 Q. And approximately what time did you advise Mr. Hawsawi and
3 Mr. Bin'Attash of their right to be -- attend these -- today's
4 proceedings?

5 A. I first advised Mr. Hawsawi at approximately 0643 this
6 morning and followed by advisement of rights of Mr. Bin'Attash at
7 approximately 0650 this morning.

8 Q. And when you advised them, what language did you do so?

9 A. I spoke in English.

10 Q. Did you have a translator present?

11 A. I did.

12 Q. And he's an Arabic translator?

13 A. Yes.

14 Q. Thank you. When you advised them, what did they voice to
15 you as far as their preference to attend or not to attend this
16 morning?

17 A. Each of them indicated they did not want to attend
18 commissions all day today.

19 Q. And did you have any concern regarding the voluntariness
20 of their decisions this morning?

21 A. No.

22 DMTC [MR. DYKSTRA]: Your Honor, I have no further questions
23 for this witness.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 MJ [Col McCALL]: All right. Thank you, Mr. Dykstra.

2 DMTC [MR. DYKSTRA]: Thank you.

3 MJ [Col McCALL]: Do any defense counsel have questions for
4 this witness?

5 Apparently not.

6 All right. Thank you for your testimony. You're excused
7 and can leave the courtroom.

8 **[The witness was excused and withdrew from the courtroom.]**

9 MJ [Col McCALL]: The commission finds that Mr. Bin'Attash and
10 Mr. al Hawsawi have knowingly and voluntarily waived their right to
11 be present at today's session.

12 All right. So yesterday we heard unclassified testimony
13 from Dr. David Hanrahan. Today we'll continue taking testimony in an
14 open session of Dr. Hanrahan.

15 Any administrative matters to take up before we call the
16 witness in?

17 Mr. Dykstra?

18 DMTC [MR. DYKSTRA]: Yes, Your Honor. May I be excused to
19 work on other commission-related business?

20 MJ [Col McCALL]: Of course.

21 DMTC [MR. DYKSTRA]: Thank you.

22 MJ [Col McCALL]: Mr. Connell, I see you. I can't hear you,
23 though.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Okay. Now I can.

2 LDC [MR. CONNELL]: Yeah, thank you.

3 I have one brief matter I wanted to put on the record
4 outside the presence of the witness so that it doesn't interrupt the
5 witness in any way.

6 MJ [Col McCALL]: All right.

7 LDC [MR. CONNELL]: And as the military commission has
8 observed in other contexts, we'll be filing a motion about this
9 relatively soon, but this witness' examination has really illustrated
10 the weaponization of the national security privilege and
11 classification process.

12 For example, the government has prohibited
13 witness -- investigation into witnesses under Protective Order #4 and
14 then cross-examined this witness on lack of collateral witness
15 interviews, which are prohibited.

16 It's retroactively classified the identity of medical
17 providers like WK5I in this case only, not in the Nashiri case, and
18 then crossed on whether the witness has seen records from WK5I when
19 there are no records that are marked Dr. WK5I. Because when those
20 records were created, there was no such thing as a unique medical
21 identifier.

22 And then finally, and perhaps most strikingly in this case,
23 is that the prosecution -- or the government has permanently and

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 extrajudicially redacted the 2006 reports that Ammar made about the
2 head injury and then crosses on the lack of contemporary reporting
3 when there is contemporary reporting which was permanently redacted.

4 So I'm not asking for any remedy at this time. We will be
5 asking for a remedy in the future, but I wanted to contemporaneously
6 point out how these things affect the litigation in real time.

7 MJ [Col McCALL]: All right. I understand.

8 LDC [MR. CONNELL]: Thank you, sir.

9 MJ [Col McCALL]: Thank you, Mr. Connell.

10 Any other matters to bring up?

11 Ms. LeBoeuf?

12 CDC [MS. LeBOEUF]: Yes, Your Honor. With Mr. Mohammad, I'm
13 still trying to sort out what happened on Wednesday ----

14 MJ [Col McCALL]: Okay.

15 CDC [MS. LeBOEUF]: ---- not yesterday, but Wednesday. But I
16 don't want to bring it to Your Honor if I don't have to. So let
17 me ----

18 MJ [Col McCALL]: Okay. I understand that you ----

19 CDC [MS. LeBOEUF]: ---- update you later this afternoon.

20 MJ [Col McCALL]: Understood.

21 CDC [MS. LeBOEUF]: Thank you.

22 MJ [Col McCALL]: Not a problem. Thank you.

23 All right. Let's bring the witness back in the RHR.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 **[Pause.]**

2 DTC [COL BEARDEN]: Good morning, Your Honor.

3 MJ [Col McCALL]: Good morning, Colonel Bearden. How are you?

4 DTC [COL BEARDEN]: Better than I deserve, sir.

5 **DR. DAVID HANRAHAN, civilian, was called as a witness for the**
6 **defense, was previously sworn, and testified as follows:**

7 MJ [Col McCALL]: Dr. Hanrahan, welcome back. Please have a
8 seat. I just remind you you're still under oath.

9 WIT: Yes, sir.

10 MJ [Col McCALL]: All right. Over to you, Colonel Bearden.

11 DTC [COL BEARDEN]: Thank you, Your Honor.

12 **CROSS-EXAMINATION CONTINUED**

13 **Questions by the Deputy Trial Counsel [COL BEARDEN]:**

14 Q. Good morning, Dr. Hanrahan. How are you?

15 A. Good. Good morning, sir.

16 Q. Wonderful. Thank you.

17 I'd like to pick up this morning on a couple of items that
18 perhaps I didn't fully understand and we could get some clarification
19 on regarding your testimony yesterday, if that's okay.

20 You testified yesterday in your direct examination, and I
21 believe I heard you say, quote, we, unquote, were writing the report.
22 Do you recall saying that?

23 A. I do not.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Okay. Was there a "we" in the writing of the report?

2 A. No.

3 Q. It's your testimony before this commission that you and
4 you alone were the sole author of your report?

5 A. Yes.

6 Q. Now, with respect to statements you made about your lack
7 of trust in some of the medical providers, you said that you would
8 not trust a medical officer unless you knew them because medical
9 officers were told not to provide certain information in reports.

10 Do you remember saying that?

11 A. Yes.

12 Q. What were you told about that?

13 A. I was told that medical officers, during the evaluations
14 of Ammar, were told not to ask about his experience in the CIA, his
15 experience with interrogations, the source of his symptoms.

16 Q. Who told you this?

17 A. The defense team.

18 Q. And specifically on the defense team?

19 A. James O'Connell -- James Connell.

20 Q. All right. Now, with respect to notes yesterday, we had
21 some discussion about testing plans and notes and what was available.
22 And in your direct testimony, you said you were not allowed to take
23 notes during your review of the medical records.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Do you recall saying that?

2 A. Yes.

3 Q. Who told you you couldn't take notes?

4 A. Ben Farley.

5 Q. And what was Ben Farley's role again on this?

6 A. He was a lawyer on the defense team who in a way
7 chaperoned me during my experience at Guantanamo.

8 Q. And as a part of this chaperoning, he informed you that
9 under no circumstances could you take notes regarding the medical
10 records that you reviewed?

11 A. Right. He escorted me to the SCIF and that's where I was
12 able to review extensive medical records. And he told me you can
13 read it, take as long as you need, and then when you're done, let me
14 know, but that's it.

15 Q. Thank you. Let me ask you a more pointed question, if I
16 may. Did you take notes when examining Mr. Ali?

17 A. Definitely.

18 Q. And what happened to those notes?

19 A. All my notes I turned in to the defense team.

20 Q. Did you turn them in to someone specific?

21 A. I don't know.

22 Q. But to the defense team generally, the notes that you
23 accumulated relative to your examination were provided to the defense

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 team?

2 A. Yes, I believe that to be the case.

3 Q. Now, with respect to sleep, we had a lot of discussion
4 yesterday about sleep. I don't think anybody here's gotten any,
5 quite frankly.

6 But you mentioned you were familiar with the results of
7 Mr. Ali's sleep study, correct?

8 A. Yes. That has been shown to me.

9 Q. Okay. Are you aware that Mr. Ali had a surgery following
10 that study?

11 A. Yes.

12 Q. And what type of surgery was that, sir?

13 A. I don't remember off the top of my head.

14 Q. Do you recall whether it was a rhinoplasty?

15 A. Yes.

16 Q. Do you know what a rhinoplasty is?

17 A. Yes.

18 Q. What's a rhinoplasty, in layman's terms?

19 A. Surgery to improve airflow through the nose.

20 Q. Is it otherwise called a "nose job"?

21 A. I don't know.

22 Q. Okay. Well, if Mr. Ali's rhinoplasty were to have
23 improved his sleep problems, how would that have affected your

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 diagnosis that relied on sleep disruption as a symptom?

2 A. I would have noted that his sleep improved.

3 Q. If there's documents to that effect, would that have
4 affected your outcome or your diagnosis?

5 A. No.

6 Q. Okay. So your testimony before this commission is if
7 Mr. Ali, in fact, said his sleep improved after the surgery, that
8 would be of no importance to your analysis that sleep in and of
9 itself was a symptom?

10 A. Well, a comorbid issue after TBI is obstructive sleep
11 apnea which impairs sleep, and a rhinoplasty can be a way to reduce
12 the effects of that and improve sleep.

13 Q. With respect to the purpose of your exam, when you were
14 meeting with Mr. Ali and his team of lawyers and the other folks that
15 were in the room, what did you tell Mr. Ali was the purpose of your
16 examination?

17 A. I don't know if I told him the purpose of it.

18 Q. Was that intentional or just you weren't -- or are you
19 saying you're not certain?

20 A. I believe I introduced myself as a psychiatrist who would
21 evaluate him to see if he had symptoms of certain diagnoses, to
22 diagnose that, and then to recommend treatment.

23 Q. A question along that same vein, your testimony yesterday

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 is there was some uncertainty as to what your actual role on the team
2 was at this particular time.

3 A. Yes.

4 Q. Do you recall saying that?

5 With that in mind, what did you tell Mr. Ali your role on
6 the team was? Who did he believe you to be?

7 A. A psychiatrist who had experience treating servicemembers
8 with PTSD and TBI, that I could evaluate him for that, that I was at
9 the forefront of military treatment plans for those illnesses.

10 Q. What did he believe your role to be on this team?

11 A. I don't know. I didn't ask him that.

12 Q. Did you inform him that potentially the results of the
13 examination could come before this commission?

14 A. No.

15 Q. Why not?

16 A. I didn't know if they would.

17 Q. Yesterday during your testimony you characterized Mr. Ali
18 as charismatic. Do you remember saying that?

19 A. Yes.

20 Q. And you would agree with me that charismatic would be
21 exercising a compelling charm which inspires devotion to others?

22 A. Devotion was not in my mind, using that term.

23 Q. If I were to tell you that's the definition by Webster's

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Dictionary, would you have any reason to disbelieve it?

2 A. No.

3 Q. Okay. Now, with that in mind, would it be fair to say
4 that if somebody's charismatic, would be attempting in some instances
5 to use persuasion towards someone to invite them to their cause or
6 action?

7 A. Of course.

8 Q. Are you familiar with the term "executive function"?

9 A. Yes.

10 Q. Tell us what basic executive functions are, sir.

11 A. Functions of the brain that human beings have versus other
12 animals: planning, forethought, prediction.

13 Q. Would it be also a set of cognitive responses that are
14 necessary for the cognitive control of behavior?

15 A. Yes.

16 Q. Okay. What about higher-order executive functions? Can
17 you distinguish what that means from your basic?

18 A. I can't.

19 Q. Okay. Would it be simultaneous use of multiple basic
20 executive functions to help promote a plan for reasoning, problem
21 solving, impulse control?

22 A. Yes.

23 Q. Okay. I'd like to show you a few documents, if I could,

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 that were in the record medically in and around the time that Mr. Ali
2 gave his law enforcement interview to the FBI. Okay?

3 And if I could have Ms. Grippando -- before she brings
4 anything up, let me ask you one more question about executive
5 function.

6 Would you agree that the cognitive areas most commonly
7 affected by mTBI during the acute stage of injury are generally
8 attention, processing speed, and memory; is that fair?

9 A. Yes.

10 Q. All right.

11 DTC [COL BEARDEN]: I'd like to show you what's in the record,
12 Your Honor, with the court's permission, that's been identified as
13 942NNN, MEA-10018-00000217.

14 MJ [Col McCALL]: All right. Go ahead.

15 DTC [COL BEARDEN]: And it's for -- not for public display.
16 My apologies.

17 MJ [Col McCALL]: All right. This will not be displayed to
18 the gallery.

19 Q. Can you see this, sir?

20 A. Yes.

21 Q. At the top of the document here, you'll see under the date
22 18 December 2006 -- now, I want to remind you the LHM that was
23 provided in this case by Mr. Ali was in January of '07.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Do you see the first paragraph in this document, sir?

2 A. Yes.

3 Q. And it says in the second line there -- well, let me back
4 up.

5 In the first line, it says: Detainee requested to speak
6 with medical regarding his medication schedule. Do you see that?

7 A. Yes.

8 Q. And it stated he will be fasting ----

9 Do you see that?

10 A. Yes.

11 Q. ---- during -- and it has a lot of other language there
12 that's not really necessary.

13 Would you agree with me that executive functioning would
14 include the decisionmaking process of your medical prescriptions and
15 medicines?

16 A. Definitely.

17 Q. And would executive function also include having a moral
18 decision to fast during a certain period of time?

19 A. Yes.

20 Q. Okay.

21 DTC [COL BEARDEN]: And if we could bring up 00000218, please.

22 Q. And this one is a little bit more difficult to read, but
23 I'll represent to you that the premise behind what he's saying in

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 this is that he wanted to adjust his medication.

2 A. Yes.

3 Q. Would adjusting a medication based on how you feel about
4 that medication and its ability to work, would that be executive
5 function?

6 A. Yes.

7 Q. Okay. And if I may now ----

8 DTC [COL BEARDEN]: You can bring that down. Thank you.

9 I'd like to bring up, if I could, what's identified in the
10 record as AE 502Y at Attachment R.

11 MJ [Col McCALL]: Go ahead.

12 DTC [COL BEARDEN]: And this is at MEA-220. And it's not for
13 public display.

14 MJ [Col McCALL]: All right.

15 Q. And you have to look really closely here. Under
16 MSE -- this is at the very top, right?

17 A. Yes.

18 Q. I'll give you a chance to read that.

19 **[The witness reviewed the evidence.]**

20 Q. Do you see where it says: Impulse control intact?

21 A. Yes.

22 Q. Is part of executive functioning the requirement to have
23 impulse control?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. Definitely.

2 Q. Okay.

3 DTC [COL BEARDEN]: What I'd like to show now is 00000176.

4 Q. And I'll direct your attention ----

5 MJ [Col McCALL]: Again, are you asking for this to be
6 displayed to the public? Is this ----

7 DTC [COL BEARDEN]: Yes, Your Honor. My apologies. It's not
8 for public display.

9 MJ [Col McCALL]: All right. Again, this will not be
10 displayed to the gallery.

11 Q. And I'll have you read the first line. And, again, I'd
12 direct your attention to the date. This is in the early spring of
13 2007. It says: Detainee interviewed interpreter, but patient
14 preferred to speak in English.

15 Do you see that?

16 A. Yes.

17 Q. Is choosing to speak in a nonnative language a
18 demonstration or a willingness to learn or willingness to
19 acculturate?

20 A. Yes.

21 Q. And would that also be an executive function, to choose
22 how you communicate with people?

23 A. Yes.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 DTC [COL BEARDEN]: Okay. And, Your Honor, if I may, I'd like
2 to also show -- and it's not for public display -- document
3 number 00000200.

4 MJ [Col McCALL]: All right. Go ahead.

5 Q. And if you'll look again under Section O --

6 Do you see that, sir?

7 A. Yes.

8 Q. It's another document, February of 2007: Fluent, no
9 interpreter needed.

10 Back to the original document, if you're speaking and you're
11 choosing to speak in a certain language, that's executive
12 functioning, correct?

13 A. Yes, I agree.

14 Q. Okay.

15 DTC [COL BEARDEN]: You can bring that down.

16 Q. And it's fair to say from your review of these
17 documents -- and this is a handful -- they were in and around the end
18 of 2006 and the beginning of 2007; is that correct?

19 A. Yes.

20 Q. And it's your understanding that the LHM that was given,
21 the statement to law enforcement in this case, by Mr. Ali occurred in
22 January of 2007; is that correct?

23 A. Yes.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Okay. Now, you haven't seen any evidence in the record of
2 an inability to make decisions on the part of Mr. Ali, have you?

3 A. Never.

4 Q. Okay. Now, you stated yesterday that you're -- I believe
5 in your CV -- from Miami?

6 A. Yes.

7 Q. Are you familiar with Tua Tagovailoa?

8 A. Yes.

9 Q. And Tua Tagovailoa is who, sir?

10 A. The quarterback for the football team.

11 Q. Quarterback for the Miami Dolphins.

12 And you would agree with me that over the last few years the
13 quarterback for the Miami Dolphins has suffered multiple head
14 injuries; is that correct?

15 A. Yes.

16 Q. And as I understand it, correct me if I'm wrong, that's a
17 fairly common occurrence in the National Football League, is it not?

18 A. Correct.

19 Q. And would it be fair to say that in the National Football
20 League, very big men oftentimes hit very little men, or even other
21 bigger men, and cause significant damage. Is that a fair statement?

22 A. Yes.

23 Q. Now, if three years from now Mr. Tagovailoa has continued

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 to play football for the Miami Dolphins, is there any reason to
2 believe that if things are okay that he couldn't go back in and
3 renegotiate his contract?

4 LDC [MR. CONNELL]: Your Honor, objection to relevance and
5 speculation.

6 MJ [Col McCALL]: Response?

7 DTC [COL BEARDEN]: It's a hypothetical in the sense of
8 drawing out executive functioning despite the fact if there is an
9 existence of a head injury.

10 MJ [Col McCALL]: Objection overruled. I'll allow it.

11 Q. Could he go in a few years from now and negotiate a
12 contract without the assistance of anyone?

13 A. I don't have experience with that.

14 Q. Understood. In this instance, could he continue to play
15 if he chooses as long as the league does not rule him out?

16 A. I don't have experience with that.

17 Q. Fair enough. You do have experience, however, in dealing
18 with soldiers, am I right?

19 A. **[No audible response.]**

20 Q. Now, how many people over the course of your career would
21 you say you've actually examined for either TBI, PTSD, or PCS?

22 A. Thousands.

23 Q. Thousands. And in this instance, it'd be fair to say,

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 would it not, that a lot of those folks, if not the majority, go on
2 to resume normal lives, do they not?

3 A. Yes.

4 Q. And they go back to work?

5 A. Yes.

6 Q. And they go back to school?

7 A. Yes.

8 Q. And they make executive decisions every day, do they not?

9 A. Yes.

10 Q. And some even actually return back to the battlefield ----

11 A. Yes.

12 Q. ---- is that a fair statement?

13 A. Definitely.

14 Q. For the purposes of this series of questions, what I'd
15 like for you to do is understand it from PTSD, TBI, or PCS. I'm
16 going to ask you a series of questions, and if it applies to all
17 three you can answer in the affirmative. If you have a distinction,
18 please let me know.

19 Are people with those three able to make voluntary decisions
20 for themselves?

21 A. Yes.

22 Q. Are they allowed to vote?

23 A. Yes.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Are they allowed to care for themselves?

2 A. Yes.

3 Q. Can they care for others?

4 A. Yes.

5 Q. Can they make decisions about medical care for their
6 children?

7 A. Yes.

8 Q. Can they sign official documents?

9 A. Yes.

10 Q. Can they advocate for themselves?

11 A. Yes.

12 Q. Can they make decisions regarding their own healthcare?

13 A. Yes.

14 Q. Can they run for public office?

15 A. Yes.

16 Q. Can they act as a juror?

17 A. Yes.

18 Q. Can they serve as a counsel?

19 A. Yes.

20 Q. Can they be competent to stand trial?

21 A. They can be.

22 Q. Can they understand a rights advisement?

23 A. Yes.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Can they make an informed decision whether they want to
2 speak with law enforcement personnel?

3 A. That is a possibility.

4 Q. Can they provide information that is reliable and
5 trustworthy?

6 A. That is possible.

7 DTC [COL BEARDEN]: I have nothing further, Your Honor.

8 MJ [Col McCALL]: All right. Thank you, Colonel Bearden.

9 Mr. Connell, do you have further questioning?

10 LDC [MR. CONNELL]: I do, Your Honor. Can I have just a
11 couple of moments to coordinate before we do that?

12 MJ [Col McCALL]: Yeah. Let's do this. I know it's a little
13 bit early, but I know you also probably want to get set up.

14 So we will take a ten-minute recess. It's 0930 down here.
15 Let's be back on the record at 0940.

16 **[The witness was excused and withdrew from the RHR.]**

17 MJ [Col McCALL]: The commission's in recess.

18 **[The R.M.C. 803 session recessed at 0930, 20 September 2024.]**

19 **[The R.M.C. 803 session was called to order at 0941, 20 September**
20 **2024.]**

21 MJ [Col McCALL]: Commission is called to order.

22 The parties are present. The accused are absent.

23 I note Mr. Ali is not in the courtroom. Are we good to go

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 ahead and proceed? I understand that he may just be taking a comfort
2 break and will be joining us?

3 CDC [MS. OZGEDIZ]: Yes, Your Honor.

4 MJ [Col McCALL]: All right.

5 **[The witness, Dr. David Hanrahan, resumed the witness stand.]**

6 MJ [Col McCALL]: The witness is on the witness stand.

7 Over to you, Mr. Connell.

8 LDC [MR. CONNELL]: Thank you, sir.

9 **REDIRECT EXAMINATION**

10 **Questions by the Learned Defense Counsel [MR. CONNELL]:**

11 Q. Good morning, Dr. Hanrahan.

12 A. Good morning, sir.

13 Q. So I'd like to start with today, just because the way my
14 notes are organized, and then we'll circle back to yesterday.

15 So you were asked some questions on cross-examination about
16 the notes that you took during your diagnostic interview with
17 Mr. al Baluchi.

18 Do you recall?

19 A. Yes.

20 Q. Okay. So first of all, did everything of significance in
21 those notes make it into your report?

22 A. I don't remember.

23 Q. Okay. Did you leave out anything from your notes into

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 your report?

2 A. I may have.

3 Q. Okay. Did you turn over those notes to us?

4 A. Yes.

5 Q. Would it surprise you to learn that multiple years ago we
6 turned them over to the prosecution?

7 A. No.

8 Q. Okay. You were asked about whether somehow you
9 collaboratively wrote your report with someone else. Did you write
10 your report with someone else?

11 A. No.

12 Q. Okay. Now, you told us, both on direct and
13 cross-examination, that your last meeting with Mr. al Baluchi was on
14 15 October 2018. Does that sound right?

15 A. Yes.

16 Q. And is your report dated 16 October 2018?

17 A. I don't remember.

18 Q. Okay. Let me just show you to refresh your recollection.

19 MJ [Col McCALL]: And while you're doing that, Mr. Connell,
20 Mr. Ali has rejoined us.

21 LDC [MR. CONNELL]: Thank you, sir.

22 Q. I'm going to show you what is in the record at AE 628ZZZZZ
23 Attachment B. Showing you page AAA-EXP-000021.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 LDC [MR. CONNELL]: Not for display.

2 MJ [Col McCALL]: All right. This will not be displayed to
3 the gallery.

4 Q. All right. And I'll direct your attention to discussion
5 of where you've dated the report?

6 A. Yes.

7 Q. Okay. Did you actually write this report essentially
8 right away after your interview?

9 A. Correct, the next day.

10 Q. Okay. Did I even see you in between that time?

11 A. I don't believe so.

12 Q. Okay. Did I somehow coach you or tell you what to put in
13 the report?

14 A. Not at all.

15 Q. Okay. You were asked questions on cross-examination about
16 obstructive sleep apnea. Could you explain to us what obstructive
17 sleep apnea is?

18 A. While sleeping, there's impairment in the flow of oxygen
19 into the lungs due to an obstruction. And that impairs someone's
20 sleep, and they, therefore, have poor sleep.

21 Q. Okay. Now, on -- yesterday morning when we looked at the
22 list of TBI comorbid symptoms, was obstructive sleep apnea one of
23 them?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. Yes.

2 Q. In your experience, what is the comorbidity between
3 obstructive sleep apnea and TBI and PTSD?

4 A. Individuals with TBI and PTSD tend to have obstructive
5 sleep apnea as one of the causes for their insomnia.

6 Q. Now, in your report, you recommended a polysomnograph, a
7 sleep study; is that right?

8 A. Yes.

9 Q. And to your understanding, was a sleep study conducted?

10 A. Yes.

11 Q. Okay. And as a result of the sleep study, you were asked
12 on cross-examination about the septoplasty that Mr. al Baluchi had?

13 A. Yes.

14 Q. Okay. You were actually asked about a rhinoplasty. A
15 rhinoplasty is the exterior of the nose -- right? -- which is why
16 counsel called it a nose job?

17 A. Correct.

18 Q. And what is the septum?

19 A. Further back, but my experience with that is limited.

20 Q. Sure. Is the idea behind a sleep study to address the
21 obstructive sleep apnea through a septoplasty? That's a poor
22 question. Let me rephrase.

23 Is one of the possible outcomes from a high AHI, or

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 apnea-hypopnea index, on a sleep study a septoplasty?

2 A. Yes.

3 Q. Okay. Is that the way it's supposed to work?

4 A. Yes.

5 Q. All right. You were asked questions about what counsel
6 called your role on the defense team. So let's talk about your
7 contacts with the defense team.

8 You initially had contact with -- you testified that you
9 initially had contact with Dan Futrell in 2016; is that right?

10 A. Yes.

11 Q. And then did you hear from us at all until 2018?

12 A. I may have through e-mails or updates, but I don't
13 remember.

14 Q. Okay. Was there any substantial or significant contact?

15 A. No, other to look -- to find out that the MRI had been
16 approved.

17 Q. Okay. And then in 2018 you traveled down here in October,
18 right?

19 A. Yes.

20 Q. And did you really hear from us again until 2024?

21 A. Correct.

22 Q. Okay. And so did you consider yourselves **[sic]** to be part
23 of a defense team at all?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. No.

2 Q. What did you consider your role in this evaluation to be?

3 A. A clinical psychiatrist with experience treating PTSD and
4 TBI for servicemembers, and evaluation, and to do the same for Ammar.

5 Q. Now, have you ever been to court before yesterday?

6 A. Yes.

7 Q. Okay. Have you ever been to this court before yesterday?

8 A. No.

9 Q. Okay. Have you ever come and sat on our side and coached
10 us or whispered -- suggested questions to us?

11 A. No.

12 Q. Have you ever reviewed potential cross-examinations of
13 psychological or psychiatric experts on our behalf?

14 A. No.

15 Q. Have you ever advocated in any way or assisted us in
16 advocating?

17 A. Yes.

18 Q. Okay. How so?

19 A. I can't remember exactly, but we described what my
20 testimony would be and we described my evaluation of Ammar.

21 Q. Sure. Anything other than that?

22 A. No.

23 Q. Okay. Now, counsel read from the dictionary of a

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 definition of the word "charismatic." What did you mean when you
2 testified that Ammar was charismatic?

3 A. He could produce a smile. He could invite me into his
4 cell. He could offer me tea and food. He could communicate well
5 with me. He could present himself well. He presented himself as
6 friendly.

7 Q. Okay. Did you mean that he was trying to lead some kind
8 of a movement or recruit you somehow?

9 A. No.

10 Q. Did he do those things?

11 A. No.

12 Q. So you were asked questions this morning about what people
13 with mild TBI can do. Now, one of the things that we talked about
14 yesterday morning was the enormous number of people, servicemember
15 and others, who come under DoD care with traumatic brain injury.

16 Do you remember that?

17 A. Yes.

18 Q. And you testified that traumatic brain injury and PTSD
19 were the signature wounds of Operation Iraqi Freedom and Operation
20 Enduring Freedom. Do you recall that?

21 A. Yes.

22 Q. Of the thousands of servicemembers that you've evaluated,
23 how many -- roughly, do you have a guess as to how many of those had

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 PTSD or TBI?

2 A. Thousands.

3 Q. Because you've seen a lot of Marines, right?

4 A. Correct.

5 Q. For years that was your job?

6 A. Right.

7 Q. So did you find that people with mild traumatic brain
8 injury could take their medication?

9 A. Yes.

10 Q. Did they always?

11 A. No.

12 Q. Why not?

13 A. They could forget. They could be nonadherent. They could
14 run out and not be able to get to the pharmacy to refill it in time.

15 Q. Okay. Did you find that -- did the fact that they could
16 take their medication, or sometimes not, mean that they didn't have
17 traumatic brain injury?

18 A. No.

19 Q. Now, among the servicemembers that you -- the thousands of
20 servicemembers that you've evaluated, did you find that some could
21 practice their religion?

22 A. Yes.

23 Q. Did that mean somehow that they didn't have a traumatic

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 brain injury?

2 A. No.

3 Q. Now, obviously you were one of these servicemembers'
4 medical providers, right?

5 A. Yes.

6 Q. Did you find that people with mild traumatic brain injury
7 could communicate with their medical providers?

8 A. Yes.

9 Q. Did they always do so well?

10 A. No.

11 Q. Did the fact that they could communicate or sometimes
12 didn't communicate well mean that they didn't have a mild traumatic
13 brain injury?

14 A. No.

15 Q. You were asked about speaking English. Did most of your
16 patients speak English?

17 A. Yes.

18 Q. Did some speak other languages as well?

19 A. Yes.

20 Q. Did the fact that they spoke English with you
21 meant -- that mean that they somehow didn't have a mild traumatic
22 brain injury?

23 A. No.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. And you were asked about playing football, and I'll admit
2 I don't know much about football, but the -- did you find that many
3 of the people that you treated for mild traumatic brain injury were
4 able to engage in sports and recreation?

5 A. Yes.

6 Q. In fact, you testified on cross-examination briefly about
7 that -- a wounded warrior battalion. What's the Wounded Warrior
8 program?

9 A. It's a separate battalion from the command units where
10 servicemembers who've had injuries go for a period of time for
11 evaluation, treatment, and to determine if they can continue in the
12 service or should be medically separated.

13 Q. All right. And among other things, does the wounded
14 warrior battalion have morale, welfare, and recreation like other
15 elements in the military?

16 A. Yes.

17 Q. Does the fact that people can participate in sports and
18 recreation mean that they don't have a mild traumatic brain injury?

19 A. No.

20 Q. Now, you were asked about voluntary decisions and given a
21 whole long list of things that people can do. By itself, does the
22 fact that a person has mild traumatic brain injury, or PTSD, with no
23 other facts as you were asked this morning, mean that they are not

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 able to participate in decisionmaking?

2 A. No.

3 Q. Are some people with traumatic brain injury or
4 post-traumatic stress disorder not able to participate in legal
5 decisionmaking?

6 A. Yes.

7 Q. In fact, are you aware that in this case one of the
8 defendants was found not competent to stand trial because he had
9 PTSD?

10 A. I did not know that.

11 Q. Okay. Now, that's decisionmaking generally. Is there a
12 difference between the capacity to make decisions and the effect of
13 mental health issues on any particular decision?

14 A. Yes.

15 Q. And what's that distinction?

16 A. Capacity relates to specific decisions. Capacities
17 usually look at do they have the capacity to make a medical decision.
18 So can this patient make the medical choice that they should be
19 discharged from the hospital. And if they have had a TBI, that could
20 affect it and it could make the answer yes or no.

21 Now, a TBI or PTSD could also impact their voluntary
22 decisions. So an example would be a servicemember with PTSD due to a
23 trauma that occurred while in a large crowd would avoid going grocery

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 shopping when the grocery store is most busy and would prefer to go
2 at opening or closing.

3 Q. Did you find, in your ordinary treatment of
4 servicemembers, that TBI or PTSD -- perhaps specifically
5 PTSD -- commonly affected their decisionmaking?

6 A. Yes.

7 Q. All right. I'd like to move back now to yesterday. And I
8 apologize, just the way my notes were organized. So I'd like to move
9 back to before you traveled to Guantanamo.

10 You were asked on cross-examination about having met
11 Dr. Xenakis once on a video call. Do you recall that question?

12 A. Yes.

13 Q. How long did that video call last?

14 A. Half an hour or less.

15 Q. And to clarify -- because there was a little question
16 about the dates -- was that call before or after you were appointed
17 by the convening authority to conduct an evaluation?

18 A. I do not remember.

19 Q. Okay. Do you recall that there was a time where we were
20 trying to convince the convening authority to authorize a
21 neuropsychological evaluation?

22 A. Yes.

23 Q. And was there coordination around that?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. I don't understand the question.

2 Q. Okay. You were shown yesterday a typed list of questions
3 that you had prepared to be given to Ammar before you traveled or
4 were approved. Do you recall that?

5 A. Yes.

6 Q. And was that because there just needed to be some initial
7 baseline information to convince the convening authority to allow you
8 to travel?

9 A. I don't know.

10 Q. Okay. Now, to your knowledge, did Ammar ever receive a 3
11 Tesla MRI?

12 A. Yes.

13 Q. Let me -- I'm just going to -- so he received a 3 Tesla
14 MRI as opposed to a 1.5 Tesla MRI?

15 A. I don't remember what type of MRI he got.

16 Q. Okay. Now, you were asked on cross-examination if the
17 defense provided you some kind of summary of the case or charging
18 information, and your answer was no. Do you recall that?

19 A. Yes.

20 Q. Okay. When you met with Chief Warrant Officer Futrell,
21 did he explain to you that Ammar was charged in the 9/11 case?

22 A. Yes.

23 Q. And when you traveled to Guantanamo, did you know that

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Ammar was alleged to be involved in the events of 9/11?

2 A. Yes.

3 Q. In fact, on cross-examination did you refer to him as a
4 9/11 terrorist?

5 A. Yes.

6 Q. Does the precise nature of the charges, like what under
7 the law of war he's charged under, have anything to do with his
8 symptoms or your diagnosis?

9 A. No.

10 Q. And you testified on cross-examination that the charge
11 sheet itself was not informative to your symptoms and diagnosis. Can
12 you explain that? Why not?

13 A. That would cloud my judgment as a servicemember, I
14 believe.

15 Q. And you testified on cross-examination in response to
16 counsel's questions that you wanted to uphold the standard of
17 treating an enemy as if -- with the same medical care as a friendly;
18 is that right?

19 A. Yes. One of my mentors, who was a World War II physician,
20 told me treat first, then execute.

21 Q. Now, you testified on cross-examination that the defense
22 team had told you to be aware of Ammar's deep trust issues. Why was
23 that information significant to you?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. It prepares me for how the patient is going to behave or
2 respond to who I am.

3 Q. Okay. Now, I'd like to move forward and ask you
4 about -- follow up on the questions that counsel asked you about your
5 meetings with Ammar.

6 On direct examination you had characterized your first
7 meeting with Ammar on 12 October 2018 as a meet and greet. Do you
8 recall that?

9 A. Yes.

10 Q. Okay. Was anything of substance discussed at that first
11 meeting?

12 A. I don't remember.

13 Q. Okay. Do you recall that other than the fact there would
14 be an evaluation, was there anything discussed that was related to
15 mental or physical health?

16 A. I don't believe so.

17 Q. Okay. And counsel suggested that I was signaling to Ammar
18 during that meet and greet. Was there any ----

19 DTC [COL BEARDEN]: Objection, Your Honor. That's
20 mischaracterization of what I said. The question was, was there any
21 evidence of signaling?

22 MJ [Col McCALL]: Objection sustained.

23 If you can rephrase, Mr. Connell.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 LDC [MR. CONNELL]: Sure.

2 Q. Counsel actually asked, were you in a position to see if I
3 was signaling to Ammar. Do you recall that question?

4 A. Yes.

5 Q. Okay. Let me ask the question that counsel just
6 suggested. Was there any signaling of any type?

7 A. No.

8 Q. And you were asked on cross-examination about where we sat
9 during that meet and greet. Do you recall?

10 A. Yes.

11 Q. And you said on cushions. Could you explain that?

12 A. Walking into the room, I first found it unusual that there
13 was no desk or chairs. And I noticed some individuals would be
14 sitting on the floor or almost as if the cushions from chairs had
15 been removed from the legs and were then placed against the wall.

16 Q. And so did you see anyone, for example, sit in white
17 plastic chairs?

18 A. I don't remember that.

19 Q. Okay. And just -- I don't know if this -- but did anyone
20 explain to you why we don't sit in the white plastic chairs?

21 A. That it was a traumatic reminder to Ammar of his
22 interrogations.

23 Q. You were asked on cross-examination if during your

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 meetings Ammar was reading magazines about jihadism. Do you remember
2 that question?

3 A. I do.

4 Q. What would a magazine about jihadism be?

5 A. I don't know.

6 Q. Did you see anything whatsoever to suggest that he was
7 reading magazines about jihadism?

8 A. No.

9 Q. You were asked about legal material in Echo II. Did Ammar
10 have a plastic bin where he kept his legal documents?

11 A. I don't remember.

12 Q. Okay. You testified on cross-examination that a legal
13 team member came in briefly each morning with you to drop you off.
14 Do you recall?

15 A. Yes.

16 Q. Okay. And did you ever see the legal -- that legal team
17 member bring in the legal mail for the day?

18 A. Yes.

19 Q. Now, in the course of your meetings, did you ever ask a
20 question and then see Ammar consult a document and come back to you
21 with an answer?

22 A. No.

23 Q. Did you see anything at all to suggest that the legal mail

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 that came each day had anything to do with the evaluation whatsoever?

2 A. No.

3 Q. Now, the government asked you about the length of time
4 that you spent interviewing Ammar. And you said something like, it's
5 usually a year for that many hours. Do you recall that answer?

6 A. Yes.

7 Q. Can you explain that for us?

8 A. Usually a first evaluation of a patient is about an hour
9 long and then thereafter perhaps 30 minutes to an hour monthly.

10 Q. Okay. And so setting aside the two hours of the meet and
11 greet, since it's monthly, it would usually about -- be 11 or more
12 months before you had accumulated 11 hours with a person; is that
13 right?

14 A. Yes.

15 Q. Did it get intense during those 11 hours with Ammar?

16 A. Yes.

17 Q. Could you explain that?

18 A. Well, sitting on the floor for a long period of time is
19 painful. And being in that environment is anxiety-provoking, where
20 you're in the room as a servicemember alone with a reported 9/11
21 terrorist.

22 And there's no one in there to protect you. And there's
23 someone observing your interaction on a camera, but they're far away

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 and usually a very young enlisted servicemember. And you're supposed
2 to wave to the camera for them to come and get you. So there's a lot
3 of unpredictable aspects to the environment.

4 Q. Sure. And how about the topics that you all were
5 discussing? Did those get emotionally intense sometimes?

6 A. Yes.

7 Q. Can you explain that to us?

8 A. Well, two I remember is, one, asking him about walling,
9 and his response being related to if he wanted me -- if he wanted
10 me -- for him to show me, for him to do that to me. So that was
11 anxiety-provoking. I said no.

12 And then the other one was related to me asking him a
13 question about his role in 9/11.

14 Q. Were there times that he became emotional in discussing
15 his experiences?

16 A. Yes.

17 Q. Do any of those stand out to you?

18 A. Regarding interrogation or what he went through, he would
19 become emotionally disturbed, emotionally labile, evasive. And when
20 asking about 9/11, emotionally disturbed, angry, wanting to shift and
21 change the topic.

22 Q. Now, when you say "evasive," is that the same as avoidant
23 or something different?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. Avoidant to me means like a slow avoidance of a topic.

2 Evasive means a quick deviation on to something else quickly.

3 Q. So when you were asking about -- if I understand what
4 you're saying, when you are asking about interrogations, sometimes he
5 would quickly shift to something else. He didn't want to talk about
6 it?

7 A. Correct.

8 Q. Now, I'd like to show you a paragraph in your report that
9 counsel showed you. And that is at AAA-EXP-000024 at AE 628ZZZZZ
10 Attachment B.

11 LDC [MR. CONNELL]: Your Honor, this is not for display to the
12 gallery.

13 MJ [Col McCALL]: All right. This will not be displayed to
14 the public.

15 Q. I'm putting my pen by it. Counsel asked you about the
16 second sentence in this paragraph, attitude. Do you recall that?

17 A. Yes.

18 Q. Will be also secretive, evasive, suspicious, and state
19 that he is distracted?

20 A. Yes.

21 Q. Could you read the full paragraph to us starting with the
22 word "attitude"?

23 A. A variety of descriptors based upon the topic at hand. Is

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 overall cooperative and friendly. Will also be secretive, evasive,
2 suspicious, and state that he is distracted.

3 Q. Could you explain how those two things worked together?

4 A. Yes. So if we were discussing topics that were not
5 traumatic for him, he would be cooperative, friendly. But if we were
6 discussing topics that he reported to be traumatic, he would be
7 suspicious of why I'm asking that, and I would have to tell him it's
8 important to understand his symptoms; or he would be evasive, not
9 wanting to talk about it because it would cause him further emotional
10 distress; or secretive, not wanting to share anything.

11 Q. Now, counsel asked you a bunch of questions about whether
12 Ammar was somehow histrionically presenting evidence of his trauma.

13 What did you take from the fact that on some topics, like
14 interrogations, Ammar was secretive or evasive clinically?

15 A. Reminded me very much of how servicemembers will behave
16 when asked about their traumas.

17 Q. Now, you were asked a lot of questions on cross about
18 recall of trauma. Can you explain to us how trauma affects memory?

19 A. Some traumatic experiences, due to them being so
20 traumatic, can embed a permanent memory that a person could remember
21 for the rest of their life very vividly. One of the defense
22 mechanisms the brain has while undergoing trauma is dissociation, so,
23 in a way, to separate the mind from the experience and to not

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 consciously have that memory continue. It could still be in the
2 brain and later brought out through treatment or through triggers in
3 the environment that remind one of the trauma.

4 Q. Now, in the thousands of servicemembers that you've
5 treated, have you found that some people have memories of their
6 trauma that is fragmented?

7 A. Yes.

8 Q. Okay. And can you explain what that means?

9 A. Let's say a servicemember is in an IED experience and
10 they'll remember bits and pieces, almost like photos of the
11 experience, that they recollect to you later on.

12 Q. Do they have -- in that situation, the one that you're
13 describing there, are those bits and pieces connected to each other
14 by a coherent narrative?

15 A. No.

16 Q. Is that a -- in your thousands of people
17 that -- servicemembers that you've treated who have undergone
18 traumatic events, is that a common occurrence?

19 A. Yes.

20 Q. Now, I note that on page 25 of your report found at
21 AE 628ZZZZZ Attachment B ----

22 LDC [MR. CONNELL]: Which is not for display to the public.

23 MJ [Col McCALL]: All right.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. ---- I'll notice that you said that there were some
2 deficits when asked about capture and interrogation
3 memories -- interrogation-related memories. Can you explain that
4 statement in your report?

5 A. He did not lay down perfect memory during the course of
6 interrogations, and he did not lay down perfect memory during the
7 capture.

8 Q. And so was Ammar able to give you necessarily complete and
9 coherent narratives of what happened during his interrogation?

10 A. He could give me a narrative, he could describe aspects of
11 it, but it was not complete and full.

12 Q. Now, you were asked questions on cross-examination about
13 whether Ammar had said that conditions at Guantanamo were better or
14 worse than the CIA. In that conversation, were you all referring to
15 2018, his current conditions, or something else?

16 A. In my mind it was him describing his environment during an
17 interrogation atmosphere versus, like, Guantanamo atmosphere.

18 Q. I see. Okay. Now, one more question -- a couple of
19 questions that I want to ask you about the report.

20 You were asked on cross-examination whether someone
21 fact-checked your report before you sent it to me. Do you recall?

22 A. Yes.

23 Q. Okay. Other than yourself, did anyone have any input into

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 the report of any type before you sent it to me?

2 A. No.

3 Q. Okay. And then counsel has shown you, and I showed you,
4 your report a number of times today as it's in the record. Have you
5 seen any evidence that anybody, me or anybody else, changed the
6 report as you sent it to me?

7 A. No.

8 Q. All right. Now, I'm going to refer you in your report to
9 AAA-EXP-000022 found in the record at AE 628ZZZZZ Attachment B.

10 LDC [MR. CONNELL]: Not for display to the public, sir.

11 MJ [Col McCALL]: All right. Again, it will not be displayed
12 to the gallery.

13 Q. I'm going to zoom in here a little bit because we're going
14 to spend some time on this paragraph.

15 You told us on direct examination that this paragraph are
16 your transcribed notes from Ammar's discussions of his trauma. Do
17 you recall that?

18 A. Yes.

19 Q. Okay. And counsel asked you a lot of questions about
20 individual items that were in here. Do you recall that?

21 A. Yes.

22 Q. Okay. So I want to go through them and talk about what
23 you understood them to mean or what their clinical significance was

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 to you.

2 So the first one is: Emotions meant harm, emotions meant
3 more techniques to be used against you.

4 What did you understand that to mean?

5 A. That during the interrogation atmosphere, if he was to
6 display emotion, the interrogators would use that to make the
7 interrogation experience worse.

8 Q. And the next item is: What hurt most was experimentation.

9 What did you understand that to mean?

10 A. Experimentation of the torture techniques.

11 Q. Okay. And is that connected to the next item, cooking up
12 techniques?

13 A. Yes.

14 Q. Now, counsel made this point a number of times, but is it
15 accurate to recall here that this conversation took place in 2018
16 before Dr. Mitchell testified about NX2's use of unauthorized
17 coercive physical measures?

18 A. This was in 2018.

19 Q. Okay. Now, the next item says: Dilemma of trust when
20 reporting a symptom. Would the doctor treat you or would the doctor
21 tell the interrogators to use it against you. Expressing self will
22 cost you. Utilization of symptoms.

23 You were asked specifically about that on cross. What did

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 you understand that to mean?

2 A. This is very important. That while being interrogated,
3 there is interrogators and there's doctors. And there's a dilemma of
4 if he should trust telling a doctor about a symptom he was having
5 because he did not know if the doctor would take that information or
6 share it with the interrogators.

7 Q. Okay. Now, question for you. What symptoms can occur to
8 the legs from forced standing for a matter of days? What's the
9 reaction to the human body?

10 A. Pain, swelling, paresthesias.

11 Q. What's a paresthesia?

12 DTC [COL BEARDEN]: Your Honor, I would object. Outside the
13 scope of either of the examinations.

14 MJ [Col McCALL]: Response?

15 LDC [MR. CONNELL]: Yes, sir. I'm about to tie it up with the
16 next question, but it's in direct response to the question that
17 counsel asked about: Were there any examples of when a doctor would
18 tell the interrogators to use information against Ammar? That was a
19 cross question.

20 MJ [Col McCALL]: I recall the question.

21 Objection overruled.

22 Q. So, sir, the limited question which is on the table now
23 is, what is a paresthesia?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. Numbness, tingling, sensations being sent down the leg.

2 Q. Okay. Did Ammar tell you, or did you review in the
3 medical records, an experience that when he was chained to the
4 ceiling and his legs were so swollen that he couldn't stand, that
5 doctors checked his legs and then told the interrogators to keep
6 going?

7 DTC [COL BEARDEN]: Objection, Your Honor. Counsel's
8 testifying.

9 MJ [Col McCALL]: Objection overruled.

10 A. I don't remember that specifically.

11 Q. Okay. Next item is: Panic attacks. I would wake up,
12 heart ripping out of my chest and short of breath. It would scare
13 me, let me believe I had a heart problem. Later in the day make me
14 feel guilty for faking.

15 What did you understand that to mean?

16 A. This is also very important. Where he would report
17 symptoms to the doctor and the doctor would lead him to believe that
18 he was having a heart attack. And for a period of time he believes
19 he's having a heart attack or going to die and then later being felt
20 guilty for reporting those symptoms in the first place.

21 Q. And use of the word "faking," what did you understand was
22 part of this technique? What would the doctors accuse Ammar of?

23 A. Faking symptoms.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Now, in your experience, is it actually relatively common
2 for people having a panic attack to think that they were having a
3 heart attack?

4 A. Yes.

5 Q. Now, you were asked on cross-examination for an example of
6 using post-traumatic stress symptoms against Ammar in interrogations.
7 Do you recall that?

8 A. Yes.

9 Q. Is this one?

10 A. Yes.

11 Q. Now, the next item is: Specific memories have multiple
12 scenarios. Memory is so polluted. Remembering the past reminds me
13 of the person Ali. Ali is dead. Identity is dead to make it easier
14 to control me.

15 Now, the government likes to call Ammar "Ali," but did you
16 ever a single time in your interviews with him hear him refer to
17 himself as Ali?

18 A. No.

19 Q. Okay. Did he, in fact, tell you that the person Ali was
20 dead?

21 A. He said that.

22 Q. And he told you that he was Ammar?

23 A. Yes.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. The next item is: Brainwashing, but enhanced. Changed
2 the variations.

3 What did you understand that to mean?

4 A. That the interrogators would use different evolving
5 techniques to change his brain memory.

6 Q. Now, on cross-examination, the government asked you about,
7 quote, brainwashing as an example of a technical medical term. Is
8 brainwashing a technical medical term?

9 A. No.

10 Q. Okay. Is it a term in common parlance, though?

11 A. I think it's very common.

12 Q. Now, I'd like to show you what is found in the record at
13 AE 942Y Attachment B at MEA-10018-00001063, which is a note that
14 Ammar wrote in the medical records.

15 LDC [MR. CONNELL]: Your Honor, this is not releasable to the
16 public.

17 MJ [Col McCALL]: All right. Again, this will not be
18 published to the gallery.

19 Q. It's a little difficult to read, so I'm going to zoom in
20 for you.

21 Can you read that?

22 A. Since last Thursday I've been feeling as if -- and I can't
23 read the rest of that. And then ----

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Can I help you with it?

2 A. Yes.

3 Q. Does it say: If I had antidepression or sedation
4 medicine?

5 A. That makes sense.

6 Q. And then can you read the bottom part?

7 A. I'm really scared, as if I'm going to have brainwash.

8 Q. Now, I'd like to call your attention to the note which is
9 on this medical record. And is that medical -- is that note dated 8
10 December 2006 by the medical staff?

11 A. Yes.

12 LDC [MR. CONNELL]: All right. Back to the report.

13 Q. All right. Back to AAA-EXP-000021. Excuse me, not
14 000021, it is 000022.

15 MJ [Col McCALL]: All right. And again, this will not be
16 displayed to the public.

17 LDC [MR. CONNELL]: Yes, sir. Thank you.

18 Q. The next item says: Feel like I have multiple
19 personalities, but it is something else. Did you see that?

20 A. Yes.

21 Q. What did you understand that to mean?

22 A. He feels like there are multiple personalities but that
23 it's something else.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Okay. Could that be related to the idea that Ali is dead
2 but Ammar survives?

3 A. Yes.

4 Q. Okay. So on cross-examination the government used this
5 reference to multiple personalities as an example of a, quote,
6 technical medical term. Is the sort of pop idea of multiple
7 personalities in common parlance?

8 A. Yes.

9 Q. And did Ammar say, for example, I feel that I have a
10 diagnosable dissociative disorder that might involve a fragmentation
11 of personality?

12 A. No.

13 Q. The next item got a lot of attention on cross. Ammar
14 said: Depatternization and learned helplessness. Do you remember
15 that?

16 A. Yes.

17 Q. Okay. So on cross-examination the government used the
18 word "depatternization" as an example of a technical medical term.
19 Do you recall that?

20 A. Yes.

21 Q. Is depatternization a technical medical term?

22 A. I have never learned that term.

23 Q. Okay. Is depatternization mentioned in the Diagnostic and

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Statistical Manual, for example?

2 A. I do not believe so.

3 Q. Okay. Sir, I will represent to you that I went home and
4 Googled depatternization to find out what it is. And the definition
5 that I received is: Depatternization of personality is the process
6 of uncovering and healing the old patterns that shaped your life so
7 that you can regain control and transform yourself.

8 Do you know whether that definition is accurate or not?

9 A. I do not.

10 Q. Okay. Does that sound -- that definition of
11 depatternization sound like the kind of idea that might be in a
12 self-help book?

13 A. Yes.

14 Q. In your review of medical records, did you become aware
15 that both CIA and DoD provided self-help books to Ammar?

16 A. I do not remember that.

17 Q. Okay. Now, the other part -- sorry.

18 If, as the government mentioned -- implied or mentioned the
19 possibility of, an authority figure told Ammar to falsely describe
20 symptoms to you, would depatternization make any sense as a
21 malingered symptom?

22 A. No.

23 Q. Now, the other part of that note is learned helplessness.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 What relationship does the phrase "learned helplessness" have to the
2 CIA torture program?

3 A. I don't fully know the CIA torture program.

4 Q. Okay. In the next section you recorded: Part of you
5 died, murder, or being killed. Now living in a strange body.
6 Controlled by another person and you lose sense of self. Perceptions
7 and functions are shifted. Your self is absent, strange to you. Me
8 has been murdered. I'm inside a different body.

9 Is there a medical term for the feeling that a person is not
10 real?

11 A. Yes.

12 Q. What is that?

13 A. Depersonalization, derealization.

14 Q. Okay. And are those elements of dissociation?

15 A. Yes.

16 Q. How do those sometimes come into play in trauma?

17 A. They occurred during the trauma and they occur as defense
18 mechanisms later on to protect one's self from remembering the
19 trauma, reexperiencing the trauma.

20 Q. As if that must have happened to a different person; that
21 wasn't me?

22 A. Correct.

23 Q. Now, does the diagnostic criteria for PTSD include numbing

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 symptoms? That's a poorly worded question. Let me put it
2 differently.

3 Can defense mechanisms involving numbing be part of
4 post-traumatic stress?

5 A. I wouldn't use that word.

6 Q. Okay. You were asked on cross-examination whether a
7 person in authority could cause false memories. Do you recall that
8 question?

9 A. Yes.

10 Q. Okay. I'd like to read you the next section which says:
11 Memory implantation, real amnesia, and when I come out of it, told
12 you did well. So I don't know if that is memories being implanted or
13 real.

14 What did you take that to mean?

15 A. That after an interrogation experience, he's told he did
16 very well during it. And so then he doesn't know if that is a real
17 memory that he did well or if they are telling him that to create
18 that memory for him.

19 Q. Okay. Are memory issues common in PTSD?

20 A. Yes.

21 Q. Is one of those memory issues that sometimes people
22 distrust their own memory?

23 A. Yes.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Is that a common occurrence?

2 A. Yes.

3 Q. Does it sometimes happen that people do their best to fill
4 in the gaps in their memory?

5 A. Yes.

6 Q. Is that common as well?

7 A. Very much.

8 Q. Okay. The next item is: My symptoms would inform them of
9 the dose of an interrogation method. What are you feeling?, they
10 would ask me.

11 Now, I know, because I sent it to you and you testified
12 about it, that you read Mitchell and Jessen's testimony about
13 walling. But can you remind us if you read the section of their
14 testimony in which they said they would have fireside chats with
15 prisoners to see how they were feeling?

16 A. Yes.

17 Q. What did you take Ammar's statement that my symptoms would
18 inform them of the dose of an interrogation method. What are you
19 feeling?, they would ask me.

20 What did you understand that to mean?

21 A. That during the walling, it is causing symptoms to him and
22 the interrogators are attempting to titrate the severity of the
23 walling based off of the severity of his symptoms.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Okay. And the next item is: Told making it up.

2 Is that describing allegations of malingering as a -- within
3 the CIA program?

4 A. "Told making it up" is being accused of malingering.

5 Q. The next item is: My body odor reminds me of trauma.

6 Is it common for smells to trigger trauma memories?

7 A. Yes.

8 Q. And on cross-examination you were asked about prayer oil.
9 Did you see Ammar use prayer oil to change his odor or the odor in
10 the room?

11 A. He did use prayer oil in the room.

12 Q. The last item is: The chain on the floor reminds me of
13 trauma. I cover it with a towel.

14 Did you actually see that occur?

15 A. Yes.

16 Q. Okay. Is that an example of an avoidant symptom?

17 A. Yes.

18 Q. Now, we talked earlier about legal mail. But did you see
19 Ammar consult some kind of a cheat sheet during any of these
20 conversations?

21 A. No.

22 Q. Did you find Ammar's description -- well, let me say
23 first, these seem to be, you know, a series of individual items that

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 are recorded in your notes; is that fair to say?

2 A. Yes.

3 Q. Were these -- did you learn this all at once or over the
4 course of multiple days?

5 A. Multiple days.

6 Q. Did at some point Ammar give, like, a speech about his
7 trauma, or did you have to ask him questions about it?

8 A. Ask questions.

9 Q. Did you find his -- over these multiple days, did you find
10 his descriptions of his traumatic experiences and his reaction to
11 them to be internally consistent?

12 A. Yes.

13 Q. And did you find them to be coherent when taken as a
14 whole?

15 A. Yes.

16 Q. Now, did Ammar describe to you any symptoms that were not
17 realistic or that were inconsistent with your observations?

18 A. Yes.

19 Q. And what was that?

20 A. He described Guantanamo as, while being better, having
21 many problems related to how he was being treated.

22 Q. Okay. And you didn't see him -- you didn't actually
23 observe any of those. Is that what you mean?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. Correct.

2 Q. Okay. Was there anything else? Did he describe any
3 symptoms, for example, that were unrealistic or inconsistent with
4 your observations?

5 A. Yes.

6 Q. And what was that?

7 A. His perceived notion of his intelligence.

8 Q. What do you mean?

9 A. He perceived that he was no longer intelligent, that his
10 intelligence had been diminished or ruined, but he appeared very
11 intelligent to me.

12 Q. Okay. Anything else?

13 A. No.

14 Q. In the course of the 11 hours that you spent, did you have
15 any reason to believe that Ammar was not telling you the truth as he
16 saw it?

17 A. Definitely not.

18 Q. Now, you testified on cross-examination that both
19 subjective and objective factors are important in diagnosis. Can you
20 explain that?

21 A. Yes. Subjective is what the patient is experiencing or
22 has experienced. And objective is what I can see.

23 Q. Okay. Now, you were asked a lot of questions on

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 cross-examination about your interview of Ammar, which the government
2 called diagnostic report, and you testified that every self-report
3 has some element of bias to it.

4 Can you explain what you meant?

5 A. Yes. Starting from why that patient shows up that day is
6 immediately have a bias to it. Why didn't they show up the day
7 before with these symptoms? Why are they showing up on a Friday
8 afternoon at lunchtime versus a Monday morning at 9:00 a.m.?

9 Well, there's always some bias to how a patient presents to
10 you. And there's always some bias on what they want to share with
11 you.

12 Q. And is that true across your practice?

13 A. It's inherent as a psychiatrist.

14 Q. Sure. And so given it's inherent nature, do you take that
15 bias into account?

16 A. Yes.

17 Q. Okay. And how do you do that?

18 A. By asking them why they're having these symptoms now;
19 asking them what these symptoms mean to them; asking do they think
20 they'll get better, worse, or stay the same; asking what they hope to
21 become of these symptoms or what they hope I can treat for them.

22 Q. Okay. And would it be fair to summarize that as you do a
23 diagnostic interview and ask follow-up questions?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. Yes.

2 Q. Now, you testified on cross-examination that objective
3 collateral history can be found in medical records. Could you
4 explain that?

5 A. Yes. In the medical record, you could see a, for example,
6 a corpsman's note with a date, servicemember just returned back,
7 experienced an IED. That's a collateral, objective information that
8 I could read.

9 Q. Sure. And there were a number of questions about
10 trustworthiness in medical records. Is it the situation that all
11 medical records are not created equal?

12 A. Yes.

13 Q. How so?

14 A. For various reasons, the patient may not want things to be
15 in a medical record. So servicemembers could not want certain
16 symptoms documented at a specific time or else it could mean they
17 can't go on post-deployment leave. Or medical officers embedded with
18 a unit could be told by command, don't document this now, we need him
19 back, or influence the time period of treatment plan or influence the
20 diagnosis.

21 Or medical officers can influence the diagnosis in a fear of
22 war, knowing that servicemembers are only sent home early if they
23 meet a certain diagnosis or a certain criteria. So, therefore, they

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 can adjust that diagnosis in order to get that servicemember back who
2 they know really needs to get back or to keep them there because they
3 know they still really need to be there.

4 Q. Sure. And you testified that in your review of the
5 medical records you found many objective medical records involving
6 documentation of symptoms; is that right?

7 A. Yes.

8 Q. And, in fact, on cross-examination when you were asked how
9 you could verify Ammar's accounts, you mentioned medical records. Is
10 that one way?

11 A. Yes.

12 Q. Okay. Now, you were asked if you reviewed every medical
13 record, and you said no, I didn't. Do you recall that?

14 A. Yes.

15 Q. Okay. Did you have the capacity to review more than
16 10,000 pages of medical records?

17 A. No.

18 Q. Okay. Now, I do want to take a look -- when we went
19 through this, we just breezed past it on direct. But I'd like to
20 take a look at what you did review. So I'm going to show you
21 AE 942SS Attachment C at AAA-EXP, starting at 002219.

22 LDC [MR. CONNELL]: Your Honor, this is not for display to the
23 public.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 MJ [Col McCALL]: All right. Go ahead.

2 Q. So, sir, you testified on direct that this is a list of
3 medical records which you reviewed in that SCIF. Do you recall?

4 A. Yes.

5 Q. Okay. Now, I'm not going to take you through this one by
6 one, but do you see dozens and dozens of psych records reflected
7 here?

8 A. Yes.

9 Q. I'm going to go to the next page. Do you see dozens and
10 dozens more of psych records reflected here?

11 A. Yes.

12 Q. Okay. And then on this last page, do you see another
13 dozen or so psych reports?

14 A. Yes.

15 Q. Okay. Do you see, for example, the reports from the 2006
16 head CT scan?

17 A. Yes.

18 Q. Do you see other psych assessments?

19 A. Yes.

20 Q. And do you see the sleep study?

21 A. Yes.

22 Q. Now, for records that are between 2006, 2007, and after
23 that, was there -- did you find that there was any record that you

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 found referred to or, you know, referenced back that you wanted to
2 see that you weren't given?

3 A. No.

4 Q. Okay. And now I'd like to show you -- you also testified
5 on direct examination and were questioned on cross about whether you
6 received records after your 2018 visit to Ammar. Do you recall that?

7 A. Yes.

8 Q. Okay. And you testified that, yes, this year we had sent
9 you records. Do you recall?

10 A. Correct.

11 Q. Okay. Now, I'd like to show you, at the same record
12 location, AAA-EXP-000222 and '23.

13 LDC [MR. CONNELL]: This is not for display to the public.

14 MJ [Col McCALL]: All right. Go ahead.

15 Q. And, Dr. Hanrahan, is this a list of all the records that
16 you reviewed from the post-2018 period?

17 A. I would not know for sure, but yes.

18 Q. Okay. Does it include dozens and dozens of psych notes?

19 A. Yes.

20 Q. As well as other types of mental health and physical
21 health records?

22 A. Yes.

23 Q. And I'll just show you the second page to that. Does it

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 also include, for example, the redacted OIG report?

2 A. Yes.

3 Q. And the declarations that you received?

4 A. Yes.

5 Q. In your review of those medical records, did you find a
6 reference to any other medical record that you wanted to review but
7 weren't given?

8 A. No.

9 Q. So overall, did you review probably close to a hundred
10 psych records ----

11 A. Yes.

12 Q. ---- from Guantanamo?

13 Now, did you find that since 2017 or so Ammar has
14 been -- did you find whether or not the JTF doctors were diagnosing
15 him with PTSD?

16 DTC [COL BEARDEN]: Objection, Your Honor. Can we have
17 counsel not lead?

18 LDC [MR. CONNELL]: I asked whether or not.

19 MJ [Col McCALL]: Objection overruled.

20 A. Please ask the question again, sir.

21 Q. Sure. Did you find whether or not since 2017 JTF medical
22 health providers have consistently diagnosed Ammar with PTSD?

23 A. I don't remember that.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Okay. All right. Now, the government asked you about
2 three Guantanamo medical records that involved Ammar discussing his
3 medication regime with the -- around fasting, right?

4 Did you find anything in those medical records that was
5 inconsistent with your findings?

6 A. No.

7 Q. Okay. Now, I'm going to set aside for a moment the one
8 CIA summary that the prosecution showed you about Ammar's complaining
9 about concentration. Let's set that one aside for a moment.

10 Other than that, in all the questions about medical records,
11 did the government show you any other medical record at all?

12 A. No.

13 Q. Okay. Did they -- did anything that they asked you about
14 medical records in any way undermine your findings?

15 A. No. I believe I agreed with mostly all of it.

16 Q. Now, I'd like to ask some questions about medical records,
17 and I really want to focus at this point on the 2006 Guantanamo
18 medical records, and I'd like to ask you about things before the
19 October meeting with ICRC staff. Okay? So really just about
20 September and very early October 2006.

21 I'd like to ask you about some symptoms which are listed in
22 those records. I'm not going to go through the records. We spent
23 the first three days of this week doing that. But I'm going to ask

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 you about some specific symptoms, and I would like you to tell me
2 whether -- what clinical significance documentation of those symptoms
3 in September 2006 had to you. Okay?

4 A. Yes.

5 Q. Depressed mood?

6 A. Symptom of PTSD.

7 Q. Acute uncontrollable panic-like anxiety?

8 A. Symptom of PTSD.

9 Q. Decreased concentration?

10 A. Symptom of TBI.

11 Q. Decreased energy?

12 A. Symptom of PTSD.

13 Q. Memory problems?

14 A. Symptom of TBI.

15 Q. Different types of headaches?

16 A. Symptom of TBI or post-concussion syndrome.

17 Q. Mood swings?

18 A. Symptom of PTSD or TBI.

19 Q. Concentration problems?

20 A. Symptom of TBI.

21 Q. Disrupted sleep?

22 A. Symptom of PTSD or TBI.

23 Q. Cognitive distortions?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. Symptom of PTSD.

2 Q. Automatic thoughts?

3 A. Symptom of PTSD.

4 Q. Nightmares?

5 A. Symptom of PTSD.

6 Q. Okay. Now, how did these symptoms that Ammar was
7 reporting in September 2006 compare with what he told you?

8 A. The same.

9 Q. Now, you were asked a question about untreated cat scratch
10 fever and whether left untreated cat scratch fever could cause brain
11 lesions.

12 Do you recall that question?

13 A. Yes.

14 Q. Okay. Typically, cat scratch fever -- what's the ordinary
15 course if a person gets cat scratch fever? Does it normally cause
16 brain lesions?

17 A. No.

18 Q. Okay. But it does sometimes cause inflamed lymph nodes;
19 is that right?

20 A. Yes.

21 Q. Okay. So I'd like to show you a record which is contained
22 at AE 942Y Attachment B at MEA-10018-00001089.

23 LDC [MR. CONNELL]: Not for display to the public.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 MJ [Col McCALL]: All right. Go ahead.

2 Q. So this record, which is dated 25 October 2006, contains
3 the notification: Cat scratch fever S/P cervical LN removal.

4 Do you see that?

5 A. Yes.

6 Q. Does "LN" stand for lymph nodes?

7 A. Yes.

8 Q. Is that the treatment for -- a treatment for cat scratch
9 fever, lymph node removal?

10 A. That makes sense.

11 Q. Okay. Do you -- did you find anything in these medical
12 records to suggest that Ammar had untreated cat scratch fever?

13 A. No.

14 Q. All right. So I'd like to ask you -- I'd like to follow
15 up on some questions the government asked you about contemporary
16 collateral reports.

17 Do you remember those questions? They asked you about is
18 there anything -- they probably used the word "objective" but I
19 hesitate to use that word about the CIA. So let's say contemporary
20 reports of head injury?

21 A. Yes.

22 Q. And you testified on cross-examination that you had
23 reviewed declassified portions of the OIG report; is that right?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. Yes.

2 Q. Okay. So I'd like to read you some cites from that, and
3 you can tell me if you consider those to be contemporary reports that
4 are consistent with what you learned or not. Okay?

5 A. Okay.

6 Q. All right. Ammar always had some medical problem,
7 particularly digestive complaints, headaches, and difficulty
8 sleeping.

9 Is that consistent or inconsistent with what he told you?

10 A. Consistent.

11 Q. Okay. And throughout the black sites, Ammar has
12 consistently mentioned to medical personnel that he has headaches.

13 Is that consistent or inconsistent with what ----

14 A. Consistent.

15 Q. ---- he told you?

16 With respect to sensitivity of noise, for example, Ammar
17 said that hearing the noise of a cell door might make him begin to
18 think that the security officers were coming for him. Strange sounds
19 or other unrelated activities would also make him think that he might
20 be harmed.

21 Was that consistent or inconsistent with what he told you?

22 A. Consistent.

23 Q. With respect to dizziness, Ammar claimed that his

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 dizziness was not the result of fasting and that he had also felt
2 dizzy at the previous black site.

3 Is that consistent or inconsistent with what he told you?

4 A. Consistent.

5 Q. With respect to abdominal pains, in late 2004 Ammar was
6 assessed to have gastrointestinal dysfunction, probably irritable
7 bowl syndrome, and mild nasal allergies.

8 Is that consistent or inconsistent with what he told you
9 about reporting abdominal pain?

10 A. Consistent.

11 Q. Now, with respect to panic attacks and intrusive memories,
12 the CIA noted that Ammar had begun to imagine increasingly harsh
13 punishments. Ammar explained that he had similar thoughts throughout
14 his detention but the thoughts were increasing in frequency,
15 intensity, and duration, and that he was having startle morning
16 awakenings occasionally accompanied by night sweats, increased heart
17 rate, and stomach tensions.

18 Is that consistent or inconsistent with what he told you?

19 A. Consistent.

20 Q. With respect to sleep, Ammar had been experiencing sleep
21 problems. He had increased feelings of anxiety accompanied by
22 intrusive thoughts of imagined potential mistreatment while confined.

23 Is that consistent or inconsistent with what he told you?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. Consistent.

2 Q. With respect to concentration, B7F indicated that the
3 detainee was complaining of, quote, subclinical anxiety, and, quote,
4 is an anxious individual by character. He noted Ammar's attention
5 difficulties which previous assessments noted.

6 Is that consistent or inconsistent with what he told you
7 about concentration?

8 A. Consistent.

9 Q. And finally the CIA noted that Ammar had trouble sleeping,
10 relaxing, and refraining from obsessing over his inability to focus.

11 Is that consistent or inconsistent with what Ammar told you?

12 A. Consistent.

13 Q. Now, are these summaries of summaries that the CIA noted,
14 are those items from the pre-Guantanamo period suggestive of
15 traumatic stress symptoms?

16 A. Yes.

17 Q. Are they similar to the symptoms that he reported to you
18 and that you observed?

19 A. Yes.

20 Q. Now, you were asked a lot of questions on
21 cross-examination about contemporary documentation of Ammar's
22 experience of walling. Do you recall that?

23 A. Yes.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Okay. So I'd like to read some elements from the Office
2 of Inspector General report to you and ask if they are consistent or
3 inconsistent with what Ammar told you about his experience of
4 walling.

5 A. Okay.

6 Q. Ammar was naked for the proceedings. Is that consistent
7 or inconsistent?

8 A. Consistent.

9 Q. Okay. According to four interrogators -- no, excuse me.
10 According to one interrogator, three other interrogators
11 took turns walling Ammar. The interrogators took turns because
12 fatigue would set in for the interrogator doing the walling. He
13 explained that although no set time limit existed for walling
14 sessions, typically a walling session did not last for more than two
15 hours at a time.

16 Is that consistent or inconsistent with what Ammar told you?

17 A. Consistent.

18 Q. X7Q said that all the interrogation students lined up to
19 wall Ammar so that NX2 could certify them on their ability to use the
20 techniques.

21 Is that consistent or inconsistent with what he told you?

22 A. Consistent.

23 Q. MA2 said that students seeking their certification

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 probably would not bang the detainee against the wall once and then
2 stop. Such a practice would neither demonstrate the student's
3 proficiency nor extract information from the detainee.

4 Is that consistent or inconsistent with what he told you
5 about walling?

6 A. Did not tell me anything regarding that.

7 Q. Okay. Now, you were asked about whether there was any
8 contemporary documentation of side effects or effects of the walling.
9 Do you recall those questions?

10 A. Yes.

11 Q. So I'd like to read you a statement from the CIA Office of
12 Inspector General report and ask if it's consistent or inconsistent
13 with your findings. Okay?

14 According to reporting from Location 2, Ammar said that
15 after investigators walled him, he could not recall complete memories
16 because he didn't -- tended to daydream. Ammar said that he hoped
17 that he would not have a similar problem in the future if he was
18 walled again.

19 Is the idea that he could not recall complete memories after
20 a walling event consistent or inconsistent with your findings?

21 A. Consistent.

22 Q. Now, you told us earlier that as a clinician you are
23 cognizant of the possibility of secondary gain when you're doing a

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 diagnostic interview.

2 A. Yes.

3 Q. And you gave us a whole bunch of examples of secondary
4 gain that one might have in or outside the legal system.

5 Can you imagine -- can you think of any secondary gain that
6 a person might have from describing their symptoms when asked in a
7 CIA black site with no access to legal, administrative, judicial,
8 family support?

9 A. Yes.

10 Q. What's that?

11 A. A hope to elicit a response from the interrogator to
12 reduce further interrogations.

13 Q. Sure. Because one of the things that we know is that
14 people will say anything to stop from being abused, right?

15 A. Yes.

16 Q. Okay. Now, after the actual physical coercion is done,
17 that particular -- does that particular secondary gain persist?

18 A. I don't believe so.

19 Q. The elements that I read you from the Office of Inspector
20 General report, which were documented in 2003 to the 2006 time
21 period, in your mind are those -- to the extent that they're -- that
22 we have anything at all, are those objective indicators of Ammar's
23 experience?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. Please repeat the question.

2 Q. Sure. Is documentation in an Office of Inspector General
3 report objective indicators of Ammar's experience?

4 A. Yes.

5 Q. Now, would it be better if we could interview the people
6 who are -- whose summaries are summarized in those reports?

7 A. Yes.

8 Q. Okay. Why would that be better?

9 A. Very similar to the medical record, when someone
10 summarizes something else, things get lost in translation.

11 Q. Sure. Do their own biases come into play?

12 A. Yes.

13 Q. So when you reviewed -- so let me give you another
14 example. I'm going to read to you from a CIA -- a summary of a CIA
15 cable, which is found in the record at AE 628ZZZZZ - CORRECTED COPY
16 Attachment C, and which says -- which I think is the basis for that
17 OIG summary. Okay? But I'm not testifying to that, I just think, in
18 case it sounds familiar.

19 Ammar al Baluchi also said that he was worried he might have
20 made up partial answers to the questions posed by his interviewers
21 after they had used enhanced techniques. Specifically he said he was
22 not able to recall complete memories because he tended to daydream.
23 Ammar al Baluchi said he hoped this would not happen again in the

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 future if he were walled again.

2 So that moves us one -- I think moves us one step closer.
3 Is closer to original information better than summaries of summaries?

4 A. Yes.

5 Q. Okay. And would the best source of information being able
6 to interview the person who was -- the actual witness, the person who
7 was there?

8 A. Yes.

9 Q. Now, one more -- I'd like to read you one more from that
10 cable, which is: Ammar said that his symptoms began after being
11 walled and that, subsequent to the walling, he began to have
12 difficulty keeping his mind on the questions being asked during the
13 interrogation. He said that he feared he would fill in the blanks
14 with fictional data.

15 Is that consistent or inconsistent -- is that report from
16 2003, May of 2003, consistent or inconsistent with your findings?

17 A. Consistent.

18 Q. How so?

19 A. Related to his memory and his report of symptoms.

20 Q. Okay. Now, you've talked to us about that there can be
21 bias in records, whether those be medical or otherwise. I would like
22 to read you one other statement from the CIA OIG report and ask if
23 that's consistent or inconsistent with your views.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 The OIG found that medical providers for Ammar reported,
2 quote, characterological issues and downplayed the possibility of,
3 quote, genuine mental health concerns.

4 Is that consistent or inconsistent with the idea that biases
5 may infect records?

6 A. Consistent.

7 Q. And might those biases be a reason to minimize reporting
8 of details of enhanced measures?

9 A. Yes.

10 Q. It might be one reason to minimize or leave out entirely
11 mentions of loss of consciousness, for example; is that right?

12 A. Yes.

13 Q. Now, the government asked you about one summary in
14 particular -- and this is the only CIA summary they showed
15 you -- which is MEA-10018-00003117, found at AE 655A (AAA)
16 Attachment B. And I'd like to show that to you again.

17 LDC [MR. CONNELL]: Your Honor, this one is appropriate for
18 display to the public.

19 MJ [Col McCALL]: All right. You can display it to the
20 public.

21 Q. Now, sir, I know this is probably unusual format for you,
22 but this is how the summaries of cables come to us. And I would
23 like -- the -- I'm just going to underline the sentence that the

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 government asked you about out of this.

2 I have underlined a sentence there which says: He is still
3 complaining of chronic concentration problems which has been
4 lifelong.

5 Do you see that?

6 A. Yes.

7 Q. Okay. Now, looking at this summary, can you tell who
8 wrote it?

9 A. No.

10 Q. Okay. Can you tell the qualifications of the author?

11 A. No.

12 Q. Can you tell the motivations of the author?

13 A. No.

14 Q. Can you understand the context in which it was written?

15 DTC [COL BEARDEN]: Objection, Your Honor. The
16 characterization, as if this hasn't been approved by the court, is
17 misleading.

18 MJ [Col McCALL]: Objection overruled.

19 Q. The question on the table is: Can you understand the
20 context in which it was written?

21 A. No.

22 Q. Now, what do you make of the subject-verb disagreement,
23 which is he is still complaining of chronic concentration problems

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 which has been lifelong?

2 A. I'm not good at grammar.

3 Q. Okay. Fair enough. Now, I would like you to -- can you
4 tell from reading this whether the complaining is of chronic
5 concentration problems, which would be attributed to Ammar, or
6 whether the problems being lifelong was a statement by Ammar or of
7 the person who wrote this cable? Can you tell whose opinion that is?

8 A. No.

9 Q. Okay. Now, based on this document, could you locate and
10 interview the author?

11 A. No.

12 Q. Could you look for corroboration of this document from
13 other sources?

14 A. No.

15 Q. Okay. To be honest, do you have any reason to trust this
16 document at all?

17 A. It's good to read it.

18 Q. Okay. Now, I'd like you to read the next sentence after
19 the one that the government showed you: Previous evaluations have
20 strongly suggested that Ali Abdul Aziz Ali may have a form of
21 Attention Deficit Disorder, ADHD.

22 Do you see that?

23 A. Yes.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Q. Okay. Did you find any evidence of ADHD when you
2 interviewed Ammar?

3 A. There is symptom overlap between ADHD and TBI.

4 Q. Okay. I'd like to take you down to the bottom and read:
5 Ali Abdul Aziz Ali's complaints are most likely due to anxiety and
6 ADHD.

7 Do you agree with that opinion?

8 A. Anxiety is a symptom of PTSD. ADHD and TBI have a lot of
9 overlap. Sometimes individuals could be incorrectly diagnosed with
10 what might be called adult-onset ADHD after a TBI occurs if the
11 doctor doesn't know about the TBI.

12 Q. Okay. All right. So I'd now like to show you what
13 is ----

14 MJ [Col McCALL]: Mr. Connell, how much longer are you going?
15 Otherwise I'll go ahead and take a short recess.

16 LDC [MR. CONNELL]: Sir, this is my last page.

17 MJ [Col McCALL]: All right.

18 LDC [MR. CONNELL]: I don't know if you can see this, but this
19 is my last document.

20 MJ [Col McCALL]: Pretty good timing. All right.

21 LDC [MR. CONNELL]: Very good timing, sir.

22 MJ [Col McCALL]: Press on.

23 Q. I'd like to show you MEA-10018-00003133, which is found in

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 the record at 502Y Attachment H.

2 LDC [MR. CONNELL]: And this is appropriate for display to the
3 public.

4 MJ [Col McCALL]: All right. Go ahead. It can be displayed
5 to the gallery.

6 Q. All right. So this is three pages, so we're going to have
7 to work through it. But the -- I'd like to show -- draw your
8 attention first to this portion of this summary that says:
9 Background. The following background information was obtained to
10 address previous concerns that Ali Abdul Aziz Ali may suffer from an
11 attentional deficit hyperactivity disorder.

12 All right. Do you see that?

13 A. Right.

14 Q. Does that seem to refer back to the previous report that
15 just suggested ADHD as a reason for symptomology?

16 A. Yes.

17 Q. Okay. And I'm not going to take you through it altogether
18 because we did it with WK5I, but the -- I'll let you read it if you
19 want. But the -- I'll also represent to you that this report goes
20 through Ammar's history of success in school and other factors to
21 determine what his baseline level of cognitive functioning was
22 experientially before coming into the CIA program. Or -- is
23 that -- can you accept that from what you've seen?

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 A. Yes.

2 Q. Okay. Okay. So after that I'd like to bring forward to
3 this item which says: Adjustment and coping. And it says: Ali
4 Abdul Aziz Ali's current capacity to effectively cope with sustained
5 confinement has diminished. It should be noted that Ali Abdul Aziz
6 Ali attributes his current difficulties to anxiety and uncertainty
7 pertaining to his confinement.

8 And moving forward from there, I'd like you to review this
9 top paragraph to yourself on the third page, which is 00003135.

10 **[The witness reviewed the evidence.]**

11 A. Yes.

12 Q. Okay. Now, can you work your way through this paragraph
13 and tell us -- which is a CIA report from prior to Guantanamo, and
14 tell us what you find of clinical significance to your opinion that
15 Ammar suffered from TBI and PTSD?

16 A. Anxiety and dysphoria, PTSD. Problems with sleep during
17 the past three months, PTSD. Increased feelings of anxiety,
18 intrusive thoughts of imagined potential mistreatment while confined,
19 PTSD.

20 Denied that staff had mistreated him, explaining instead
21 that he becomes fearful of making a request in the wrong way, PTSD.
22 Imagining increasingly harsh physical punishments, PTSD.

23 Had similar thoughts throughout his detention, increasing in

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 frequency, intensity, duration, PTSD. Startle a.m. awakenings,
2 nights -- startle a.m. awakenings, PTSD. Content of his dreams
3 remain unchanged, PTSD. Satisfaction gained from other activities,
4 PTSD.

5 Selective about which symptoms he endorsed goes to previous
6 topics about trusting medical.

7 Q. Okay.

8 LDC [MR. CONNELL]: Thank you so much for your testimony, sir.

9 Your Honor, that completes my examination.

10 MJ [Col McCALL]: All right. Thank you, Mr. Connell.

11 Colonel Bearden, do you have any follow-up questions?

12 DTC [COL BEARDEN]: Your Honor, may we have a moment to
13 confer? And we can maybe perhaps take a break and ----

14 MJ [Col McCALL]: Yeah, let's do that.

15 DTC [COL BEARDEN]: ---- come back and let you know.

16 MJ [Col McCALL]: No, that's fine.

17 Let's take a ten-minute recess and then we'll come back on
18 the record.

19 **[The witness was excused and withdrew from the RHR.]**

20 MJ [Col McCALL]: Commission is in recess.

21 **[The R.M.C. 803 session recessed at 1111, 20 September 2024.]**

22 **[END OF PAGE]**

23

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 [The R.M.C. 803 session was called to order at 1121, 20 September
2 2024.]

3 MJ [Col McCALL]: Commission is called to order.

4 The parties are present, to include Mr. Ali.

5 [The witness, Dr. David Hanrahan, resumed the witness stand.]

6 MJ [Col McCALL]: The witness is on the witness stand.

7 Colonel Bearden.

8 DTC [COL BEARDEN]: Your Honor, very briefly.

9 MJ [Col McCALL]: Go ahead.

10 **RECROSS-EXAMINATION**

11 **Questions by the Deputy Trial Counsel [COL BEARDEN]:**

12 Q. Doctor, you testified in your redirect examination that
13 upon arriving at GTMO that you had an occasion to have a conversation
14 with Mr. Ali about his role in 9/11.

15 Do you remember that testimony?

16 A. Yes.

17 Q. And it was your testimony that Mr. Ali chose not to
18 describe to you what his role in 9/11 was, correct?

19 A. Correct.

20 Q. Could that be evidence of guilt, shame, or avoidance?

21 A. That is evidence of avoidance.

22 DTC [COL BEARDEN]: I have nothing further, Your Honor.

23 MJ [Col McCALL]: All right. Thank you, Colonel Bearden.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 Mr. Connell?

2 LDC [MR. CONNELL]: No, thank you, sir.

3 MJ [Col McCALL]: All right. Dr. Hanrahan, thank you for your
4 patience and your testimony as we've gone through this.

5 So there's a possibility that you may be brought back to
6 testify later during these pretrial proceedings or during the trial
7 itself. So in the interim, please don't discuss the subject matter
8 of your testimony with counsel for any of the parties unless you get
9 prior authorization from the commission.

10 Do you understand?

11 WIT: Yes, sir.

12 MJ [Col McCALL]: All right. But thank you for your
13 testimony, and you can go ahead and leave the RHR.

14 LDC [MR. CONNELL]: Your Honor, could I have just a recess in
15 place for just a moment just to talk to Dr. Hanrahan about travel?

16 MJ [Col McCALL]: Okay. That's fine.

17 **[Pause.]**

18 DTC [COL BEARDEN]: Your Honor, if we could get a
19 clarification on the record. I'm not sure whether the admonishment
20 to Dr. Hanrahan was to not have conversations with just counsel or to
21 have no conversations with anyone.

22 MJ [Col McCALL]: To anyone, to include counsel. I'm sorry if
23 I misspoke.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 DTC [COL BEARDEN]: Yes, Your Honor. Thank you.

2 **[The witness was warned, was excused, and withdrew from the RHR.]**

3 **[Pause.]**

4 MJ [Col McCALL]: All right. I see Mr. Connell is back.

5 So any housekeeping matters to take up?

6 I don't believe we have anything else to take up today. So
7 my plan would be to go ahead and recess for the weekend and be back
8 on the record 0900 Monday starting with Dr. Guilmette.

9 Mr. Connell?

10 LDC [MR. CONNELL]: Yes, sir. Understood. I just wondered if
11 there were any guidance as to what we should expect from here.

12 MJ [Col McCALL]: So I do want to take a look at the pleadings
13 that have come in as far as on Dr. Welner. I haven't made a decision
14 on that. I do want to -- we'll probably discuss that potentially on
15 Monday.

16 LDC [MR. CONNELL]: Yes, sir.

17 MJ [Col McCALL]: So TBD.

18 LDC [MR. CONNELL]: Yes, sir.

19 And second, because this is sometimes an issue, may
20 Mr. al Baluchi have permission to stay in the courtroom after the end
21 of the commissions today?

22 MJ [Col McCALL]: Absolutely.

23 LDC [MR. CONNELL]: Okay. Thank you.

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 MJ [Col McCALL]: All right. Anything else from any other
2 parties?

3 Ms. LeBoeuf?

4 CDC [MS. LeBOEUF]: Your Honor, if I can.

5 MJ [Col McCALL]: Go ahead.

6 CDC [MS. LeBOEUF]: First, we would also like permission for
7 Mr. Mohammad to stay until 4:30 and also to be allowed to have prayer
8 together at the lunch prayer.

9 MJ [Col McCALL]: I have no problem with that.

10 CDC [MS. LeBOEUF]: And then just very briefly to put on the
11 record what did happen on Wednesday.

12 MJ [Col McCALL]: Go ahead.

13 CDC [MS. LeBOEUF]: Which is the -- what was it? -- the 18th.
14 We recessed early, as you remember.

15 Mr. Mohammad was told -- I'm sure this was just an error,
16 but he was told he could not be brought to the commission because the
17 commission had recessed, and, in addition, because he had canceled
18 meetings at the other location, the normal location for meetings.

19 Of course, we don't ask for attorney visits during
20 commissions hearings because he has a complete right to be brought to
21 commissions, so we don't request hearings.

22 So in the future, I will give him a copy of Your Honor's
23 order so that he can show them that that is, in fact, inaccurate,

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 that even though the commission had recessed, he should have been
2 transported.

3 MJ [Col McCALL]: All right. Thank you, Ms. LeBoeuf.

4 CDC [MS. LeBOEUF]: Thank you.

5 MJ [Col McCALL]: Understood.

6 LDC [MR. CONNELL]: And Your Honor?

7 MJ [Col McCALL]: Yes, Mr. Connell.

8 LDC [MR. CONNELL]: On that point -- and I know how hard it is
9 to get up here.

10 On that point, we -- we had the situation that I -- again
11 this week that I had brought up before which was Mr. al Baluchi's
12 medical appointments being canceled because of perceived conflicts
13 with the military commission. And, in fact, he didn't come to
14 military commission, but they still canceled his medical appointment
15 because the scheduler did so.

16 And I know that Your Honor said before that -- that he could
17 have -- you were not -- did not think the medical appointments should
18 be canceled simply because of the existence of a military commission
19 hearing, and I wondered if you might repeat that for the benefit of
20 the new guard force.

21 MJ [Col McCALL]: Yeah. And, again, I know this has come up a
22 few times when there were -- I know at one point before I was the
23 judge, there were ICRC visits that had been scheduled the same time

UNOFFICIAL/UNAUTHENTICATED TRANSCRIPT

1 as a session and then a question on how to try to accomplish both.

2 Obviously, when we are in session, the accused has the right
3 to be here. But the accused also has the right to waive that
4 presence if they want to try to have, like, some type of legal
5 meetings, sometimes. Sometimes they don't wish to come. Perhaps
6 they have a medical appointment.

7 Again, I would hope that they could schedule any medical
8 appointments for the weekends or the evening when we are not in
9 session. I would not want the guard force or the JTF to cancel
10 medical appointments just because we were in session. Again, this
11 should be where the accused is given the option on what they want to
12 do.

13 Is that clear enough, Mr. Connell?

14 LDC [MR. CONNELL]: Yes, sir. Thank you so much.

15 MJ [Col McCALL]: All right. All right.

16 So again, we'll be back in open session 0900 on Monday the
17 23rd of September to hear the testimony of Dr. Guilmette.

18 Commission's in recess.

19 **[The R.M.C. 803 session recessed at 1128, 20 September 2024.]**

20 **[END OF PAGE]**

21