



Shalabi's medical records on an ongoing basis, and granting the request for an independent psychiatric and medical evaluation. (Order, dated June 3, 2009.)

3. In July 2009, Dr. Emily Keram traveled to Guantánamo to conduct the psychiatric evaluation. She observed that Mr. Shalabi exhibited symptoms including, among other things, anhedonia (lack of interest or pleasure in previously enjoyed activities), depression, hypersomnia, anger and irritability, and impaired concentration and memory. (Declaration of Dr. Emily A. Keram, dated Oct. 13, 2009, ¶¶ 13, 15.) She concluded that “[a]s a result of his interrogation and medical treatment experiences while detained at Guantánamo,” Mr. Shalabi suffered from posttraumatic stress disorder and exhibited symptoms of major depression. (*Id.* ¶ 11.) She recommended that Mr. Shalabi not be returned to the restraint chair in order to minimize his posttraumatic stress disorder, as well as his symptoms of major depression. (*Id.* ¶ 17.)¶

4. In August 2009, Dr. Sondra Crosby, a specialist in internal medicine, traveled to Guantánamo to conduct a physical examination of Mr. Shalabi. Following her visit, Dr. Crosby reported that Mr. Shalabi was “dangerously underweight” and was at risk of serious medical complications, including organ failure and death. (Affidavit of Dr. Sondra S. Crosby, dated Oct. 13, 2009, ¶¶ 11.) She observed that nothing in the medical records explained the cause of his “dangerously low” body mass index or his continuing weight loss, and that laboratory and other exams were needed to determine the status of his health. (*Id.* ¶ 25.)

5. Because Mr. Shalabi's condition declined subsequent to Dr. Crosby's August visit, this Court granted his emergency motion to allow Dr. Crosby to travel with Dr. Joseph C. Finley, a military physician and ear, nose, and throat specialist,

to examine Mr. Shalabi and prepare a treatment plan. (Order, dated Nov. 13, 2009; Stipulation and Order, dated Dec. 9, 2009.)

6. Together, and in consultation with the medical staff at Guantánamo and Mr. Shalabi, Dr. Crosby and Dr. Finley developed a number of recommendations. (Report of Dr. Joseph C. Finley, Jr. and Dr. Sondra S. Crosby, filed Jan. 6, 2010 (“Joint Report”).) Most critically, they concluded that Mr. Shalabi’s caloric intake was too low and recommended increasing the volume of Ensure fed to Mr. Shalabi. (*Id.* at 4-6.) The doctors also recommended a gastrointestinal (“GI”) evaluation, including an ultrasound and an upper endoscopy (“EGD”), to determine whether any previously undiscovered medical condition or conditions caused the abdominal pain that lead Mr. Shalabi to limit his intake volume. (*Id.* at 5.) In addition to exploring the causes of his abdominal pain, the doctors recommended treatments for Mr. Shalabi’s acid reflux and constipation, and urged that JMG staff conduct a psychiatric evaluation of Mr. Shalabi and provide ongoing psychiatric monitoring. (*Id.* at 6.) Finally, they observed that the results of the GI examination might warrant modification of the plan. (*Id.*)

7. While the medical staff at Guantánamo appears to have made a good faith effort to comply with the recommendations in the Joint Report, there have been significant delays in implementing certain recommendations. For example, no ultrasound was done until April of this year. Moreover, for the reasons set forth below, it is clear that further evaluation is necessary and the treatment plan outlined in the Joint Report requires updating.

8. The EGD revealed that Mr. Shalabi appears to be suffering from gastroparesis, a medical condition in which the stomach fails to empty properly, leaving

food to remain in the stomach longer than normal. As a result of the delayed emptying, Mr. Shalabi has been unable to tolerate the recommended increase in the volume of Ensure because it causes him abdominal pain and vomiting. (Ex. A, RESP003136; RESP003500.)

9. Based on the medical records and Dr. Crosby's conversations with the medical staff, as well as from conversations with Mr. Shalabi himself, Mr. Shalabi has been unwilling to accept certain treatment options for the delayed gastroparesis, such as taking smaller feedings more frequently. Thus, unable to tolerate larger volumes in his twice-daily feedings, and unwilling to change the frequency of his feedings, Mr. Shalabi's weight has stayed very low, fluctuating between approximately 100 and 114 pounds over the past six months.

10. Currently, Mr. Shalabi's weight fluctuates around 104 pounds, 31 pounds less than he weighed at the time of this Court's June 3 Order, (Ex. A, RESP004082; RESP003977), and 30% less than a man of his height would be expected to weigh. The discrepancy between what he should weigh and what he does weigh is troubling. As Dr. Crosby has explained previously, a weight loss of this magnitude compromises a person's ability to survive. (*See Crosby Aff.*, dated Oct. 13, ¶ 11.) Severe malnutrition, which manifests in symptoms including weakness and dizziness, persistent sensation of feeling cold, and abdominal pain, may eventually lead to blindness, organ failure, and death. (*Id.*) For months, Mr. Shalabi's weight has hovered around a dangerous line.

11. Troublingly, over the past few months, Mr. Shalabi has experienced intense, debilitating episodes of pain in his heart, stomach, and abdomen,

often in connection with high stress incidents. One recent incident took place on March 9, 2010, when, following a verbal disagreement with a hospital guard, Mr. Shalabi got upset and felt pain shoot throughout his body. The pain affected his vision, made him dizzy, and eventually caused him to collapse on the ground. Due to his complaints of chest pain, an EKG was done. (Ex. A, RESP003631.)

12. Just over two weeks later, the medical records reflect that a “Code Yellow” was called when Mr. Shalabi got out of bed, complained of severe abdominal pain, and simply collapsed on the floor. (Ex. A, RESP003734.)

During one week in May, Mr. Shalabi experienced a number of serious events several days in a row. On May 24, he was “found on floor clutching abdomen[,] apparently crying.” (Ex. A, RESP003435.) The notes reflect that staff were initially unable to get a blood pressure reading due to muscle tremors in his arm and body, and he was unable to respond to questions. (*Id.*) The following day, he was again found “lying in bed crying[,] clutching his abdomen and crying” and had to be taken to the trauma bay via a backboard. (Ex. A, RESP003430.) On May 26, he was found in bed, totally unresponsive, and an emergency code was called. (Ex. A, RESP003426.) After he was “cleared” by the nurse, the records show that he spit “blood tinged fluid” in his cell. (Ex. A, RESP003437.) Mr. Shalabi continued to experience pain in the following days, and was treated with Vicodin. (Ex. A, RESP003442.)

13. The records suggest that, in addition to pain, Mr. Shalabi had difficulty eating and was either on nasal rest or skipped most of his feedings after the 24th. (*Id.* RESP003422; RESP003426.) He attempted to eat again on the 28th, but after the feeding was initiated, he was found in bed with the tube hanging out of his mouth,

vomiting. (*Id.*, RESP003418.) Mr. Shalabi confirmed that he temporarily dropped down to 100 pounds because he was unable to eat anything for days. These episodes of abdominal pain—although they have caused several emergency calls—have not been fully investigated or explained.

14. In addition to the abdominal pain, Mr. Shalabi has continued to suffer severe constipation and rectal bleeding. These complaints are reflected throughout the medical records, but do not appear to have been addressed in a systematic way.

15. Unsurprisingly, Mr. Shalabi's mental health has declined in tandem with his physical health. As Dr. Crosby previously wrote, his "profound depleted nutritional status would reasonably be expected to influence his mood, concentration, memory, and ability to rationally manipulate complex data and make decisions." Supplemental Declaration of Dr. Sondra S. Crosby, dated Nov. 2, 2009, ¶ 12.) Mr. Shalabi has acknowledged to counsel that he gets upset more easily and is generally more irritable than he has been in the past. He also reports heightened sensitivity to conflict and experiences intense abdominal and heart pain when upset with others.

16. Mr. Shalabi has also informed counsel that he has begun to suffer from short-term memory loss. For example, in a February 2010 meeting, Mr. Shalabi reported a growing inability to keep track of his prayers in any given prayer session. He complained of this problem again during the June 2010 meeting.

17. Mr. Shalabi also reports feelings of sadness, hopelessness, and depression, and has felt very isolated during his stay in the hospital. Although the hospital is undoubtedly the best place for Mr. Shalabi given his physical condition, isolation has also made him vulnerable to depression and anger.

18. Mr. Shalabi's relationship with the JMG medical staff is strained at best. The circumstances of Mr. Shalabi's initial detention and treatment at the hospital may have severely strained Mr. Shalabi's ability to establish a rapport with the medical staff at Guantánamo. (Declaration of Dr. Emily A. Keram, dated Aug. 24, 2010 ¶ 12; Crosby Decl. Nov. 2, 2009, ¶ 13.)

19. Mr. Shalabi's relationship with medical staff is also complicated by the fact that medical staff are also rotated out of Guantánamo on a regular basis, preventing Mr. Shalabi from developing stronger relationships with them. Conversely, it may be difficult for the health care providers to learn the complexities of Mr. Shalabi's case before they are transferred out, leaving new providers to start from scratch. That it takes time to understand Mr. Shalabi's case and establish a minimal doctor-patient relationship with him is not necessarily a reflection on the quality of the providers, but rather the result of the unusual nature of his case and the circumstances of his detention.

20. Cumulatively, these issues have led to a breakdown in the doctor-patient relationship between Mr. Shalabi and the JMG staff, which is essential to ensuring that Mr. Shalabi's physical and mental health is preserved.

21. Accordingly, rather than trusting the motives of the staff, Mr. Shalabi is inclined to impute malicious intent to their actions. For example, on July 2, 2010, counsel received a disturbing letter from Mr. Shalabi in which he described what he believed to be either an assassination attempt or gross negligence by the JMG staff. (See Ex. B.) In this letter, Mr. Shalabi reported experiencing intense abdominal pain during one of his feedings. Mr. Shalabi asked the nurse to pour the remaining Ensure from his bag into a bowl so that he could compare it with an unopened can of Ensure.

Noticing a discernable difference in taste between the two bowls of Ensure, with the Ensure he had partially consumed tasting acidic, he concluded that someone was trying to poison him. In fact, the medical records suggest that the cause may have been that a small quantity of vinegar was inadvertently been left in the bowl used to mix Mr. Shalabi's food, causing a strange acidic taste. (Ex. A, RESP003554.)

22. Mr. Shalabi is similarly wary of the Behavioral Health Unit staff at Guantánamo, waiving them away each week without discussion. As the accompanying declaration of Dr. Keram explains, it appears that the staff have made little effort to address Mr. Shalabi's concerns or adopt any new approaches to forming a therapeutic relationship with him. (Keram Decl. Aug. 24, 2010 ¶¶ 12-14.) Instead, the records suggest that the staff accept Mr. Shalabi's refusal to engage and stay with him only long enough to fill out a mental health checklist. (*Id.* ¶¶ 13-14.)

23. In contrast to the medical and mental health care providers at Guantánamo, Mr. Shalabi has been persuaded to accept medical care when Dr. Crosby has encouraged him to do so. For example, during the April 2010 meeting with counsel, Mr. Shalabi was persuaded to consent to blood tests after being gently reminding that Dr. Crosby wanted him to do the labs so she could monitor the results. He also initially refused both the ultrasound and EGD and only relented once he understood that Dr. Crosby wanted him to undergo the procedures.

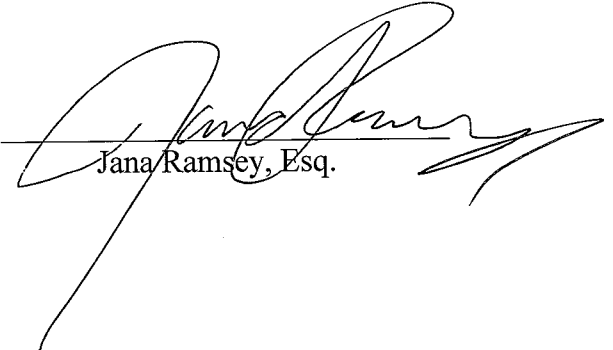
24. Similarly, Mr. Shalabi has met with Dr. Keram and discuss things openly with her because he accepts that Dr. Keram is working as an advocate on his behalf. Given Mr. Shalabi's resistance to treatment options offered by JMG staff against his own best interests, it is critical that Dr. Keram, a competent consultation-liaison



psychiatrist, be permitted to work with Mr. Shalabi, Dr. Crosby, and JMG staff in order to improve the patient-provider relationship between Mr. Shalabi and JMG staff.

25. I declare, under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed this 10 day of September, 2010  
Washington D.C.



Jana Ramsey, Esq.

**FOLIO**

In the Name of God, the Most Merciful, the Most Gracious

Ms. Julia,

I write you this letter and I would like to inform you of a very dangerous incident that took place with me. I faced an assassination attempt and negligence by the administration here. I do not know if it was intentional or just negligence.

On Friday, June 18 at (8:00) in the evening, the nurse [female] and the feeding person came for feeding usual. They entered the cell and had the enteral feeding bag full, mixed ready for feeding. It was written on it: 3 cans of Ensure, normal type, of course, as they claim; along with 40 ml of honey.

After they fit in the equipment for feeding, they left and I was being fed normally. However, in the middle of the feeding process, I felt pain in my stomach. I thought that it was a normal thing and I continued being fed. But before the end of the feeding by 200 ml, I felt the pain increase. I felt severely light headed and dizzy and sweating. I stopped being fed and asked for the nurse. When she came, I asked her what did you put in the food today as it is different. She denied and said that she put nothing in it. The feeding person is the one who prepared it, I am a supervisor on him, he put nothing in it except Ensure and honey.

I asked her to bring a new unopened can of Ensure. When she brought it, she emptied it in a glass and emptied the remaining contents of the enteral feeding bag in another glass. I tasted both the glasses, the difference was very obvious. The Ensure that was premixed with something that was not honey and was in the enteral feeding bag initially had a very bad taste, something acidic or [illegible].

I asked the nurse to taste both the glasses and see the difference between the two. After I forced her to taste, she acknowledged that there is something strange in the initial contents and she does not know what it is. She did not see the feeding person put the contents in the enteral feeding bag.

I asked her to call that person to ask him what he put in it. When he came, I asked him, did you prepare this feeding. He said yes. I asked him, what did you put in it beside Ensure and honey? He said that he put nothing. I showed him the two glasses and asked him to come and taste these, as they are different, what did you put in it.

He got frightened and scared and denied. He said that it was not him who prepared the feeding material today. However, a while ago, he had said that it was him who had prepared it. When we asked him who prepared it, he said it was prepared by the other person who distributes the feeding.

I asked the nurse, how can you say that you saw him prepare the feeding and he said earlier that he prepared the feeding and then deny it and now says that the other person prepared it and he does not know about this?

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**FOLD**

As a result of this, the nurse became nervous and was unable to respond. I asked to see the other person who distributes the feeding. When she came, I asked her if she prepared this feeding. She said yes. I asked her, what did you put in this feeding beside Ensure and honey? She said nothing. I showed her the two glasses and asked her to taste them and notice the obvious difference.

She became frightened and refused to even bring the two glasses close to her and left the cell. Of course, the guards were there and saw everything that took place. I pulled the feeding tube out and refused the second feeding until the chief doctor will come and investigate the issue. He is an officer at the camp.

I want to know what did they put in the feeding and why were they frightened when I confronted them and what was the thing that made me light headed and dizzy and sweating. Was it poison? Was it a poisonous chemical material? Is there somebody at the camp who has interest in getting me killed or within the medical team?

You know what happened to (Abdul Rahman Al-Amri) who was killed in camp five two years ago, hanging while his hands were tied behind his back, and he was in solitary confinement. The door of his cell would not open except through the central control system or by the guards. When the Americans released the news of his death, they said that they found him dead in his cell and he was on hunger strike and they covered up the crime.

Now, they could have put something in my feeding, while no one saw them. Then, I would take that feeding normally and nobody would know what they put. In the morning they would find Abdul Rahman Shalabi dead and nobody would know how he died and stay quiet about their crime.

My life is in danger. I plead you to please investigate this issue and take the appropriate action.

If they want to feed me, they have to fill the bag in front of me as they used to do before to enable me to know what are they feeding me and there would be no doubts or messing around.

Note: I made the chief guard and the nurse (Spider) [TN: I have no idea why he used this word in brackets, the phonetic word "spider" is used] to taste the two glasses, they agreed and said, yes, there is an obvious difference between the two.

Note: This incident took place on the same day on which the Red Cross representative left the island.

[signed] Abdul Rahman Shalabi

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