IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

SALEH ABDULLA AL-OSHAN, *et al.*,	)	
Petitioners,	)	
v.	)	**Civil Action No. 05-0520 (RMU)**
BARACK H. OBAMA, *et al.*,	)	
Respondents.	)	

DECLARATION OF DR. SONDRA S. CROSBY

Pursuant to 28 U.S.C. § 1746, I hereby declare the following:

1. I submit this Declaration in support of Petitioner's Motion to Compel Medical and Psychiatric Visits.

2. Dr. Joseph C. Finley (a military ear, nose, and throat physician) and I visited Mr. Shalabi in December 2009. I have continued to receive and review Mr. Shalabi's medical records on a weekly basis. On July 8, 2010, Dr. Finley and I spoke with medical staff at Guantánamo regarding Mr. Shalabi's ongoing health problems. I have also had conversations with Mr. Shalabi's attorneys after their visits with Mr. Shalabi, and have reviewed certain written correspondence from Mr. Shalabi regarding his health.

3. Since Dr. Finley's and my visit to Guantánamo to evaluate Mr. Shalabi in December 2009, Mr. Shalabi's physical and psychological distress has worsened. He has been diagnosed with gastroparesis (delayed stomach emptying) which has caused abdominal pain and inability to increase the volume of feedings. Mr. Shalabi has had episodes of severe abdominal pain resulting in two documented "code yellow"

events and occasional vomiting, as well as persistent, severe constipation and reports of rectal bleeding.

4. Mr. Shalabi continues to receive enteral feedings for three out of four days. In addition to the enteral feedings, he is also reported to be eating food in a pattern that is not consistent with medical recommendations. For example, medical records show that he is eating peanut butter, ice cream, and cheese, foods high in fat which can exacerbate gastroparesis and are thus not recommended. Additionally, he is not eating small, frequent meals which would help ease the symptoms of gastroparesis. His weight remains low, generally fluctuating between 100 and 114 pounds.

5. The cause for Mr. Shalabi's gastrointestinal disorder is not completely clear. The gastrointestinal doctor who has examined Mr. Shalabi explained to me that he believes that Mr. Shalabi's gastroparesis is related to his long-term enteral feeding and low caloric intake. While I agree that there may be a connection between Mr. Shalabi's feeding pattern and the delayed stomach emptying that Mr. Shalabi experiences, it may not fully explain all of his symptoms. His inability to gain weight could be related to malabsorption due to atrophy of the villi in his gastrointestinal mucosa, or he could be suffering from a small bowel partial obstruction.

6. Mr. Shalabi's other symptoms, such as his chronic constipation, may be related to his gastric dysmotility, however, other causes must be considered and evaluated. The standard of care for evaluation of rectal bleeding and severe constipation dictates evaluation with either a flexible sigmoidoscopy or colonoscopy. His severe constipation, despite an aggressive bowel regimen (including treatment with Golytely),

and his malnourished state, raises concerns that he is at increased risk for bowel perforation, which could be life-threatening.

7. According to the medical records and my phone conversation with the GTMO medical staff, Mr. Shalabi is unwilling to accept treatment of the presumed gastroparesis or further evaluation of the rectal bleeding and constipation. For example, he has refused dietary modification, which is likely the best treatment for his disorder, as well as treatment with Reglan (a prokinetic agent that speeds up stomach emptying).

8. Mr. Shalabi's decisions not to accept treatment or further evaluation is not in the best interests of his medical care. It is impossible to evaluate fully why Mr. Shalabi is making these decisions, however, because he has consistently refused a mental health evaluation. For example, although Reglan has serious side effects, including central nervous system side effects, Mr. Shalabi's decision not to take Reglan may also be based, in part, on mistrust rather than rational decision making. Mr. Shalabi has frequently communicated mistrust of GTMO staff in general, and recently there have been several documented incidents in which he has refused food due to concern about his food being poisoned, including one in which he feared "an assassination attempt" by the medical staff. (*See* Letter from Mr. Shalabi, received July 2, 2010, attached as Ex. A.)

9. I am concerned that Mr. Shalabi's decisions and noncompliance with treatment have resulted in physical harm to him and will continue to result in physical harm including complications such as persistent malnutrition, bowel perforation, or possibly, a missed diagnosis of a colonic lesion.

10. During our December 2009 visit, Dr. Finley and I were able to convince Mr. Shalabi to agree to necessary medical evaluations and a treatment plan. I

believe that a follow up visit with Mr. Shalabi is necessary and it is very likely that as "outside" doctors, Dr. Keram and I may be able to successfully encourage Mr. Shalabi to accept the necessary medical care.

11. I wish to state explicitly that my belief that Mr. Shalabi would be receptive to outside care in no way reflects on the intentions or medical competence of the current JMG staff. Mr. Shalabi's particular historical circumstances at Guantánamo in the earlier years of his detention have severely compromised the doctor-patient relationship between Mr. Shalabi and JMG staff. My experience with Mr. Shalabi and the JMG staff has been that my serving as a liaison and consulting on his care has been appreciated by both parties and has led to greater cooperation by Mr. Shalabi.

12. The facts set forth herein are based on my personal knowledge or have been verified by me after appropriate inquiry.

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

Executed on August 23, 2010.

Sondra Crosby M.D.

DR. SONDRA S. CROSBY, M.D.