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. EMILY A. KERAM

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. In addition to the qualifications set out in my declaration dated October 13, 2009, I have expertise in the field of consultation-liaison ("CL") psychiatry. From 1992 through 1996, I was the Director of Consultation-Liaison psychiatry at Santa Rosa Community Hospital. From 1993 through 1995, I was the Project Director of the Medical Cost Offset Project for Health Plan of the Redwoods, a CL psychiatry program that provided consultation to primary care physicians. Throughout my employment with the Department of Veterans Affairs, I have provided psychiatric consultation to internists, specialty physicians, and nurses regarding complex patients with both medical and psychiatric diagnoses. I have also provided this type of consultation to jail and prison custodial staff in a variety of local, state, and federal facilities.

3. CL psychiatry is a subspecialization of psychiatry that involves the evaluation and treatment of patients referred from medical and surgical settings. Many

such patients have both psychiatric and medical conditions. Others have emotional and behavioral problems that result from their illness directly, or as a reaction to the illness and its treatment.

4. In addition to direct patient care, CL psychiatrists provide education, consultation, and support to the non-psychiatric clinicians caring for the patient with the goals of improving patient-clinician relationships and increasing patient compliance. CL psychiatrists assist the treatment team in understanding the impact of the patient's psychological status on the patient-clinician relationship and treatment compliance. Additionally, CL psychiatrists assist clinicians in understanding their own responses to complex and, at times, difficult patients, with the goal of lessening interpersonal concerns that may impair the patient-clinician relationship and patient compliance. CL psychiatrists often act as mediators between a patient and a treatment team when the circumstances have led to a disturbance in the patient-clinician relationship.

5. As set forth in my October 2009 declaration, my July 2009 evaluation of Mr. Shalabi's mental health led me to the conclusion that Mr. Shalabi suffers from both Posttraumatic Stress Disorder ("PTSD") and symptoms of Major Depression.

6. There are ongoing indications that Mr. Shalabi continues to suffer from these disorders. In my November 2009 declaration, I noted that in his September 26, 2009 letter, Mr. Shalabi exhibits symptoms of PTSD and Major Depression, including sadness, insomnia, nihilism, helplessness, hopelessness, and irritability.

7. After each of their visits, Mr. Shalabi's attorneys have spoken with me about their direct observations of his psychological status. They have described him as

depressed and anxious, with increased numbing of emotional responsiveness. He appears detached and hopeless, with prominent fatigue.

8. After their June 2010 visit with Mr. Shalabi, his attorneys were sufficiently concerned about his mental state that they asked for advice on how Mr. Shalabi could manage his PTSD symptoms of anxiety, irritability, and hopelessness. They were concerned that his irritability caused him to engage in conflicts that raised his stress levels so much that they resulted in physical collapse. They also feared that he a loss of temper with JTF-GTMO staff would result in his being disciplined.

9. In a letter Mr. Shalabi's attorneys received on July 2, 2010, Mr. Shalabi expressed his concern that JMG clinicians were poisoning him. His concern was objectively documented in the contemporaneous medical notes when clinicians noted their own assessment that the contents of his supplements had a strange taste.

10. Mr. Shalabi has expressed his concerns about JMG-GTMO medical and mental health care. For a variety of reasons he does not view these clinicians as advocates for his health. He is aware of the involvement of JMG clinicians in the interrogation process in the initial years that JTF-GTMO operated. I have also reviewed the medical and interrogation records of other detainees which verifies this involvement. Mr. Shalabi's mistrust of JMG-GTMO medical staff has also resulted from: (1) errors that have occurred regarding the contents of his enteral feedings (also documented in the medical records); (2) JMG clinicians' initial (incorrect) assessment that his gastrointestinal complaints were manipulative, in the absence of their doing an adequate medical work-up; and (4) the repeated lengthy delays in JMG clinicians' ordering and conducting the appropriate work-up. With respect to mental health clinicians, Mr.

Shalabi has expressed his belief that they have little interest in his well-being and little to offer in the way of treatment.

11. Contributing to Mr. Shalabi's view the JMG-GTMO clinicians are not advocates for his health care is the fact that these clinicians are assigned to GTMO for relatively brief periods of time. Tours of duty may last six months. No one physician has been directly involved in Mr. Shalabi's care for any significant period since he started his hunger strike. This means that no physician has direct long-term knowledge of his symptoms, assessment, and treatment. This administrative reality may have contributed to delays in the work-up of Mr. Shalabi's medical complaints and has strained the already difficult circumstances of forming a healthy doctor-patient relationship.

12. I have reviewed Mr. Shalabi's medical and mental health records each week for over one year. The JMG-GTMO procedures for hunger strikers requires weekly contact with a mental health clinician. However, records of these contacts with Mr. Shalabi consist of a boilerplate form, the majority of which is a perfunctory checklist. Over time, this form has consistently failed to provide any useful information about JMG-GTMO's assessment of Mr. Shalabi's mental health. I am concerned that JMG-GTMO mental health clinicians are spending very limited time with Mr. Shalabi at each weekly visit, perhaps only that necessary to gather enough information to fill out the required form.

13. It is not acceptable for clinicians merely to accept refusals on Mr. Shalabi's part to engage in mental health assessment. It is incumbent upon clinicians to develop and implement a variety of approaches to forming a therapeutic relationship with Mr. Shalabi. There is no documentation in the records that mental health clinicians have

attempted to do so. Rather, each week, boxes are checked on the boilerplate form that state: "Continue with current TX [treatment] plan"; "Follow-up is scheduled weekly"; and "Encourage fluid intake & eating." Despite the box checked "Continue with current [treatment] plan," I have never seen any mental health treatment plan in Mr. Shalabi's records. This is unusual. For example, at the Santa Rosa VA clinic where I am a staff psychiatrist, every patient's treatment plan is updated at least every six months. A mental health treatment plan consists of the following sections:

a. Problem List: Lists all past and present medical and psychiatric diagnoses.
b. Problems Treated Elsewhere: Lists which of these diagnoses are treated in settings other than the mental health setting.
c. Problems Treated in This Clinic: Lists the diagnoses treated in the mental health setting.
d. For each psychiatric diagnosis, the treatment plan contains the following sections;
    i. Diagnosis
    ii. Assessment: Describes the impact of that diagnosis on the patient's current functioning
    iii. Symptoms
    iv. Interventions: Therapeutic steps aimed at reducing those symptoms and their impact
    v. Goals/Time Frame: A statement of the goals of intervention and expected time frame needed to attain those goals

vi. Staff: Staff members responsible for specific interventions

e. A statement that the patient participated in, was educated about, and understands the treatment plan.

14. The Behavioral Health boilerplate note contains check boxes labeled, "Observe and document behavior," and "Discuss case at next treatment team." (*See* Ex. A.) These boxes have never been checked in Mr. Shalabi's records throughout the time of my involvement in his case. There is no evidence that Mr. Shalabi's mental health care has ever been discussed with the mental health treatment team. Of note, there is also no evidence that Mr. Shalabi's non-psychiatric clinicians have ever requested a CL psychiatrist's involvement in their assessment and treatment of his case. Both of these interventions would ordinarily be done with a complex patient who has a variety of clinicians involved in their care.

15. It is my opinion that Mr. Shalabi and his clinicians would benefit from the input of a CL psychiatrist. Consultation to the mental health and medical clinicians involved in his care would: (1) increase their understanding of his psychiatric status and its impact on his psychiatric and medical care; (2) assist clinicians in developing approaches that would be more likely to result in his treatment compliance; (3) identify and mitigate interpersonal and administrative issues that impair the clinicians' ability to optimize their care of him; and (4) ultimately assist clinicians in developing more meaningful assessment and treatment of Mr. Shalabi's mental health and medical issues.

16. It is my opinion that Dr. Crosby and I offer a valuable resource to JMG-GTMO mental health and medical clinicians. We recognize the difficulties these clinicians face in providing care to Mr. Shalabi. We respect the efforts they have made

on his behalf. At the same time, we recognize the limitations that exist from a variety of sources that often hamper these efforts. Mr. Shalabi views Dr. Crosby and me as advocates for his medical care. During our visits with him, we have been able to convince him to participate in medical treatment and evaluations recommended by JMG-GTMO staff that he had previously refused due to his concerns about their intentions. Dr. Crosby and I have served as an effective bridge between Mr. Shalabi and JMG-GTMO clinicians in a manner that resulted in a clearer understanding of his medical condition. We can continue to function as an effective bridge in the future.

17. It is my opinion that Mr. Shalabi and his JMG-GTMO clinicians would benefit from a visit by Dr. Crosby and me. Dr. Crosby's declaration has outlined her goals for this visit. My goals are to assess Mr. Shalabi's current psychiatric status, make appropriate treatment recommendations, and provide CL consultation to Mr. Shalabi's mental health and medical clinicians (and custodial staff as needed) to accomplish the items described in paragraph 16 above.

18. 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 24, 2010

Emily A. Keram, M.D.

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EMILY A. KERAM, M.D.

EXHIBIT A

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

Detention Hospital, JTF-GTMO, Cuba

DATE: 11 AUG 10
TIME: 1245

DETAINEE #: ISN 042
CAMP/BLOCK/CELL: (b)(2)
VISIT: ☒ Scheduled ☐ Unscheduled
LANGUAGE: ☒ Arabic ☒ English ☐ Farsi ☐ French ☐ German ☐ Italian ☐ Pashto ☐ Persian ☐ Punjabi ☐ Russian ☐ Spanish ☐ Turkish ☐ Ugher ☐ Urdu ☐ Uzbek

SUBJECTIVE: PSYCHIATRIC TECHNICIAN HUNGER STRIKER WEEKLY FOLLOW UP: Psych Tech met with the Detainee with guard staff present. The Detainee nodded his head up and down (answering "Yes), when asked if he knew this Tech and why she was visiting. When asked if he was feeling mentally and physically well, the Detainee nodded his head up and down (indicating "yes"). Tech asked the Detainee if there were any complaints or stressors he would like to express, to which he responded by shaking his head from left to right (indicating "No"). Tech concluded the interview at this time.

OBJECTIVE: Upon approach, the Detainee sat on his bed in white clothing watching television. The Detainee nodded his head to respond to all of this Tech's inquiries. The Detainee never removed his head phones while interacting with this Tech. Tech concluded the interview after confirming that the Detainee was not interested in a therapeutic interaction. The Detainee did not display any signs of SI/HI or AVH.

MENTAL STATUS EXAM:

Appearance: Appeared well groomed wearing white clothing

Distinguishing Features: None Observed

Alert/Orientation: A & O x3

Speech: Unable to assess

Eye Contact: Good

Communication: Limited

Motor Skills: Appeared intact

Memory: Fair

Mood: Okay

Affect: Flat

Thought Content: Logical

Thought Process: Linear

Thought Perception: Not attending to internal/external stimuli

Attention/Concentration: Good

Impulse Control: Fair

Insight/Judgment: Unable to assess

Self-Injurious Behavior: None noted

SCREENING (Diagnosis by Licensed Independent Practitioner):
There is currently no psychiatric disorder requiring treatment. No evidence that detainee's decision to hunger strike is secondary to an underlying Psychiatric Disorder

PLAN:
Continue to offer BHS Hunger Strike Weekly Follow Up, per BHS protocol.

☒ Continue with current TX plan
☐ Offer medications and medicate as ordered
☒ Follow-up is scheduled weekly.
☐ Initiate or maintain pre-cautions
☐ Recommend medication evaluation.
☒ Encourage fluid intake & eating
☐ Provide safe environment
☐ Observe and document behavior
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3)10 USC 130 B;(b)(6)

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

Detention Hospital, JTF-GTMO, Cuba

DATE: 04 AUG 10
TIME: 1535

DETAINEE #: ISN 042
CAMP/BLOCK/CELL: (b) (2)
VISIT: ☒ Scheduled ☐ Unscheduled
LANGUAGE: ☒ Arabic ☒ English ☐ Farsi ☐ French ☐ German ☐ Italian ☐ Pashto ☐ Persian ☐ Punjabi ☐ Russian ☐ Spanish ☐ Turkish ☐ Ugher ☐ Urdu ☐ Uzbek

SUBJECTIVE: PSYCHIATRIC TECHNICIAN HUNGER STRIKER WEEKLY FOLLOW UP: Psychiatric Technician met with Detainee with guard staff and interpreter present. Upon approach detainee was sitting on his bed with head phones on. Tech greeted detainee and asked how he was feeling via interpreter. Detainee responded to interpreter "I am good, I don't need anything". Tech inquired Detainee which time is best for BHU to contact him during the Ramadan period. Detainee stated, "Anytime as long it's not in the morning". Tech informed the Detainee that if he wanted any services provided by the Behavioral Health Unit or experineced any changes to inform the guard staff. Detainee nodded his head and continued to watch television.

OBJECTIVE: The Detainee was appropriately dressed in white clothing. Detainee observed sitting on his bed on approach of tech and interpreter. Detainee smiled throughout interaction. The Detainee did not display any obvious symptoms of pain and did not verbalize any complaints or acute mental or physical concerns. Detainee did not display any signs or symptoms of suicidal ideation, homicidal ideation, or audio/visual hallucinations. During the interview no self-injurious behavior was noted.

MENTAL STATUS EXAM:

Appearance: appeared well groomed wearing white clothing

Distinguishing Features: None Observed

Alert/Orientation: A & O x3

Speech: Normal R/R/V

Eye Contact: Good

Communication: Good

Motor Skills: Appeared intact

Memory: Fair

Mood: "good"

Affect: Congruent

Thought Content: Logical

Thought Process: Linear

Thought Perception: Not attending to internal stimuli

Attention/Concentration: Good

Impulse Control: Fair

Insight/Judgment: Fair

Self-Injurious Behavior: None noted

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(b)(3)10 USC 130 B;(b)(6)

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

Detention Hospital, JTF-GTMO, Cuba

DATE: 28 Jul 10
TIME: 1000

DETAINEE #: ISN 042
CAMP/BLOCK/CELL: (b) (2)
VISIT: ☒ Scheduled ☐ Unscheduled
LANGUAGE: ☒ Arabic ☒ English ☐ Farsi ☐ French ☐ German ☐ Italian ☐ Pashto ☐ Persian ☐ Punjabi ☐ Russian ☐ Spanish ☐ Turkish ☐ Ugher ☐ Urdu ☐ Uzbek

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Thought Perception: Not attending to internal stimuli

Attention/Concentration: Good

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