

Exhibit C

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

SHARQAWI AL HAJJ (ISN 1457),

Petitioner,

v.

DONALD J. TRUMP, *et al.*,

Respondents.

Case No. 09-cv-745 (RCL)

**DECLARATION OF DR. JESS GHANNAM IN SUPPORT OF
PETITIONER SHARQAWI AL HAJJ'S EMERGENCY MOTION**

I, DR. JESS GHANNAM, pursuant to 28 U.S.C. § 1746, hereby declare as follows:

1. I am a Clinical Professor of Psychiatry and Global Health Sciences in the School of Medicine at the University of California-San Francisco (UCSF) and former Chief of Medical Psychology at UCSF-Mount Zion Medical Center. I hold numerous other professional appointments, including serving as faculty in Global Health Sciences Department at UCSF and at the UCSF Comprehensive Cancer Center, Director of Behavioral Medicine and Health Psychology at the Northern California Functional Restoration Program, and Chief of Behavioral Medicine and Health Psychology at the Pain and Rehabilitative Consultants Medical Group in Berkeley, California. I have been a licensed psychologist for over twenty years. I am a Qualified Medical Examiner for the State of California.

2. The majority of my work has been in the area of behavioral medicine, where I have worked in settings with medically ill patients who have chronic pain, cancer, HIV/AIDS, and other chronic medical conditions. I have also worked, and continue to work with patients

with severe Post-Traumatic Stress Disorder, survivors of torture and long-term solitary confinement, and patients who have been subjected to mild traumatic brain injury. I work in the intersection between medicine and psychology and in multidisciplinary settings. In addition, as a medical psychologist I have written and published in the area of brain-behavior relations and have treated (and continue to treat) patients with a range of conditions that include chronic pain, end-stage cancer and HIV/AIDS, mild traumatic brain injury, Hepatitis B and C, and other neuropsychological disorders and conditions.

3. My areas of research include chronic illness, global health, neurofeedback, neuroplasticity, Post-Traumatic Stress Disorder, mild traumatic brain injury, torture, and solitary confinement.

4. In the course of my clinical career at UCSF and my other clinical settings, I have treated, consulted on and evaluated well over 10,000 patients and continue to treat patients on a daily basis. During the course of my consultations, I see patients with a range of medical and psychiatric conditions, including the entire range of psychiatric disorders, neurologic disorders, and chronic medical conditions. This includes treating patients with severe malnutrition because of HIV/AIDS, end-stage cancer, and other chronic end-stage illnesses.

5. I am an expert consultant to counsel in a number of cases in Military Commissions proceedings being conducted at Guantanamo Bay. During the course of this consultancy, I have visited Guantanamo over 15 times, for a period of approximately 50 days. I have also evaluated former detainees from Guantanamo after release and helped design rehabilitation programs for former detainees. Many, if not most, of the detainees were diagnosed with Hepatitis B or C.

6. In my work I have also evaluated and treated numerous prisoners who have engaged in prolonged hunger strikes. Many of these individuals have developed severe chronic health conditions and permanent medical and psychological damage with a lifetime of disability.

7. I have extensively reviewed a wide range of medical records from detainees at Guantanamo and am aware of the current status of medical facilities there and their limitations. Often times certain basic diagnostic tests are not possible because no such facilities exist, and non-detainee individuals are forced to leave to have appropriate diagnostic work-ups. Additionally, certain laboratory tests have to be sent off-island because the facilities at Guantanamo are not equipped to carry out these tests. Frequently, specialists have to be flown in to Guantanamo because the current medical staff is not trained in certain specialties.

8. I am submitting this declaration in support of the emergency motion for medical relief by Sharqawi Al Hajj, who I understand is currently detained in Guantanamo Bay.

Assessment

9. My opinions and conclusions are based on information obtained from Mr. Hajj's counsel. Counsel for Mr. Al Hajj consulted with me about Mr. Al Hajj's health condition based on her mail correspondence, meetings and telephone calls with Mr. Al Hajj, including meetings at Guantanamo from July 31 to August 2, 2017, and a telephone call on August 16, 2017. I have also reviewed excerpts of counsel's unclassified meeting and call notes that pertain to Mr. Al Hajj's health. My opinions and conclusions are also based on my experience in working with current and former detainees at Guantanamo. They are not based on my direct examination of Mr. Hajj nor a review of his medical records. Therefore, my opinions and conclusions should be considered within the context of this limitation.

10. My understanding of Mr. Hajj's medical condition pre-dating his current hunger-strike suggests that he has a number of concerning symptoms and possible conditions that, if untreated, could cause him significant pain and medically emergent states that could be life-threatening. Prior to his hunger strike, he reported jaundice-like symptoms, weakness, abdominal pain, and low energy. Together with his reported diagnosis of Hepatitis B, which I understand he was diagnosed with prior to his detention at Guantanamo, I have significant concerns about his health and potential for decline and a medically emergent collapse. Although I understand that he may have been diagnosed with Gilbert's Syndrome at Guantanamo, which is considered a benign liver condition, this unconfirmed diagnosis does not explain the totality of Mr. Al Hajj's symptoms. Additionally, because Mr. Hajj has a diagnosis of Hepatitis B and is on a hunger strike, I am very concerned about the functioning of his liver, the appearance of jaundice, and lack of treatment.

11. Mr. Al Hajj has provided his counsel with a list of medications he has been prescribed, including Nexium, Flomax, Pyridium, Proctofoam, Bentyl, Flexeril, and Dulcolax. Despite these medications, his attorney reports that he continues to experience severe chronic pain, physical disability, and sleep problems. Based on the review of his current complaints and medications, I am concerned that Mr. Hajj may not be receiving the accepted standard of care for his conditions. It has been well documented that Joint Task Force Medical Services indicates that detainees are afforded the same standard of care that is available to military and civilian personnel at Guantanamo. Given his current complaints and the list of the medications offered to Mr. Hajj, it is my opinion that his current medication regimen is not addressing all of his current complaints, nor does it address his history of Hepatitis B. I am especially concerned that his Hepatitis B is not being treated and this could be causing his condition to worsen.

12. Prior to his arrival in Guantanamo, I understand from public filings in Mr. Al Hajj's prior habeas case that he was detained in secret prisons for over two years. In his habeas pleadings, he recounts and describes a consistent pattern of torture – both severe physical and mental abuse – before arriving at Guantanamo. His descriptions of torture are consistent with my review of the literature and from my own direct examination of detainees with the same trajectory before arriving at Guantanamo. I have described a condition, referred to a “Guantanamo Syndrome,” where individuals subjected to severe torture in Pakistan, Afghanistan, and Jordan develop a wide range of significant medical and psychiatric symptoms and conditions that are debilitating and disabling. The symptoms include sleep difficulties, cognitive difficulties, gastro-intestinal difficulties, chronic pain, chronic headaches, fatigue, and general physical impairment. These symptoms are present in individuals who are not on hunger strikes and can cause severe physical and neuropsychological damage. In the midst of a hunger strike, these symptoms can lead to total bodily collapse and medically irreparable harm. It is my opinion, with reasonable medical probability, that Mr. Hajj may very well be on the precipice of total bodily collapse.

13. I understand that Mr. Al Hajj reported during meetings with his counsel from July 31 to August 2, 2017, that he is on a hunger strike, which he has recently escalated. I understand that Mr. Al Hajj was admitted on an emergency basis to the hospital at Guantanamo last month after falling unconscious, and that he was told that his glucose level had dropped to “43,” considered to be a medically emergent level. I understand that as of his counsel's most recent phone call with Mr. Al Hajj on August 16, 2017, he is still on a hunger strike, and refusing to be “tube-fed or drink Ensure.” I understand that he is only drinking water with honey and taking

small solids once a day so that he can take medication to assist him with urination. I understand that he intends to continue his hunger strike.

14. Prolonged hunger strikes can exact a deleterious toll on the physical and cognitive functioning of individuals. Sometimes the effects of a prolonged hunger strike are life-long and irreparable. For Mr. Hajj, with his history of severe torture and other chronic medical problems, the risks for long-term irreparable harm are greatly increased. Simply put – honey and water or other force-fed nutrition are not adequate substitutes to heal, to thrive, or stabilize an already weakened system – as is the case for Mr. Hajj.

15. In the absence of medical records and a careful comprehensive examination of Mr. Hajj, with the current descriptions of his current state and symptoms, his condition is tenuous, fragile, and imminent irreparable harm is likely if not addressed. There is substantial risk that his pre-existing medical conditions may be exacerbated without immediate intervention. My direct knowledge of medical facilities and capabilities in Guantanamo are such that Mr. Hajj would not be able to access the necessary laboratory and diagnostic tests, and treatments to accurately diagnose and treat him in an emergency. If a service member or civilian were in a similar condition in Guantanamo, they would, most likely, be flown off-island for diagnostic tests and emergency treatment.

16. It is my opinion, with reasonable medical probability, that an independent medical assessment of Mr. Al Hajj's fragile and potentially life-threatening condition must be made. Because the medical staff at GTMO are associated with his abuse and previous torture, the essential trust required of one's physician and health-care providers is not possible under current conditions, thereby denying Mr. Hajj one of the foundational elements of effective medical care

– trust in one’s treating doctor. In fact, I understand that Mr. Al Hajj does not request medical care when he needs to because he does not feel it will help him.

17. In my opinion, with reasonable medical probability, the potential consequences of inaction are grave, irreparable, and pose a risk of imminent harm to Mr. Hajj.

I declare under penalty of perjury, that the foregoing is true and correct.

Dated: August 29th, 2017
San Francisco, California

A handwritten signature in black ink, appearing to read 'Jess Ghannam', written over a horizontal line.

Dr. Jess Ghannam