

~~FILED UNDER SEAL~~  
~~PROTECTED INFORMATION~~

IN THE UNITED STATES DISTRICT COURT FOR THE  
DISTRICT OF COLUMBIA

<hr/>		)	
TARIQ ALI ABDULLAH BA ODAH,		)	
		)	
	Petitioner,	)	
		)	
	v.	)	Civil Action No. 06-1668 (TFH)
		)	
BARACK H. OBAMA, et al.,		)	
		)	
	Respondents.	)	
<hr/>		)	

RESPONDENTS' OPPOSITION TO PETITIONER'S  
MOTION TO REINSTATE HIS HABEAS PETITION AND  
FOR JUDGEMENT ON THE RECORD

EXHIBIT 1

~~FILED UNDER SEAL~~  
~~PROTECTED INFORMATION~~

UNCLASSIFIED//FOR PUBLIC RELEASE

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

~~(U//FOUO)~~ DECLARATION OF COMMANDER [REDACTED]

Pursuant to 28 U.S.C. § 1746, I, CDR [REDACTED] hereby declare:

1. ~~(U//FOUO)~~ I am a Commander in the United States (U.S.) Navy and have served on both active duty and as a reservist since 1996. I currently serve as the Senior Medical Officer, Joint Medical Group (JMG), Joint Task Force (JTF-GTMO), Guantanamo Bay, Cuba. I am responsible for the medical care provided to 101 detainees at Guantanamo Bay and supervise the operation of the Joint Medical Group that provides medical care to those detainees.<sup>1</sup> I have served in this position since May 1, 2015.

2. ~~(U//FOUO)~~ [REDACTED]

[REDACTED] In May 2015, I deployed to JTF-GTMO as the Senior Medical Officer (SMO) for the JMG.

3. ~~(U)~~ I have personal knowledge of the procedures in place for the operation and application of medical care at JTF-GTMO medical facilities, and am responsible for ensuring that they are followed. I have personal knowledge of, or have received information in the course of my responsibilities and official duties, concerning the matters raised by Mr. Tariq Ali Abdullah Ba Odah (ISN 178) through his counsel in the Petitioner's Motion to Reinstate His Habeas Petition and For Judgment on the Record filed on June 25, 2015. This declaration is based on information made available to me through my official duties, from other JMG medical staff involved in the medical care and treatment of Mr. Ba Odah, and a review of Mr. Ba Odah's medical records. I have attempted to meet with Mr. Ba Odah numerous times since my arrival but he has refused all such attempts.

<sup>1</sup> I do not provide or oversee medical care for the 15 detainees designated as "high-value detainees," or HVDs. HVDs have their own Senior Medical Officer. ISN 178 is not an HVD.

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

UNCLASSIFIED//FOR PUBLIC RELEASE

UNCLASSIFIED//FOR PUBLIC RELEASE

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

4. ~~(U//FOUO)~~ The JMG staff includes licensed, board-certified physicians of different specialties. Specifically, as of July 2015, the medical staff [REDACTED] professionally trained individuals, including 2 family physicians, a physician's assistant, an internist/oncologist, a psychologist, a psychiatrist, a dentist, licensed medical/surgical nurses, corpsmen (formally trained Navy medical personnel akin to a "medic" in the Army), various technicians (lab, radiology, pharmacy, operating room, respiratory therapy, physical therapy and biomedical repair), and administrative staff. The Naval Hospital Guantanamo provides additional consultative services from numerous medical professionals including an anesthesiologist, a general surgeon, an orthopedic surgeon, a licensed dietician, and a physical therapist. We routinely bring in specialists, including medical professionals practicing in the areas of Dermatology, Cardiology, Otorhinolaryngology (Ear, Nose and Throat), Gastroenterology, Urology and Audiology, and have the ability to request specialists from other areas as needed.

5. ~~(U)~~ All military health care personnel, whose duties involve support of detainee operations or contact with detainees, receive advanced training commensurate with their duties prior to seeing detainees. The purpose of this training is to equip military health care personnel to provide quality care in a detention setting by ensuring that they have a working knowledge and understanding of the requirements and standards for providing health care for detainees. Upon arrival at Guantanamo, non-specialists have mandatory orientation that includes classroom time as well as a two-week formal transition between incoming and outgoing personnel. Specialists making their first visit to Guantanamo have another medical staff member with them at all times to help acclimate and to assist in the provision of care. To maintain continuity, we make every effort to have the same specialists visit the detainees. Further, Guantanamo has linguists who have been assigned to the facility for over five years who provide great stability during medical staff turnover.

6. ~~(U)~~ According to Department of Defense Instruction 2310.08E, "Medical Program Support for Detainee Operations," health care personnel responsible for the medical care of detainees have a duty to protect detainees' physical and mental health and to provide appropriate treatment. Decisions regarding the appropriate medical treatment of detainees are the province of medical personnel. See DoD Directive 3115.09, sec. 3.4.3. The professional provider-patient treatment relationship between health care personnel and detainees is exclusively for the purpose of evaluating, protecting, and improving detainees' physical and mental health. Health care personnel do not participate in detention-related activities or operations for any reason other than to provide health care services in approved clinical settings, conduct disease prevention and other approved public health activities, advise proper command authorities regarding the health status of detainees, and provide direct support for these activities.

7. ~~(U)~~ The JMG is committed to providing appropriate and comprehensive medical care to all detainees. JMG providers take seriously their duty to protect the physical and mental health of the detainees and approach their interactions with detainees in a manner that encourages provider-patient trust and rapport and that is aimed at encouraging detainee participation in

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

UNCLASSIFIED//FOR PUBLIC RELEASE

UNCLASSIFIED//FOR PUBLIC RELEASE

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

medical treatment and prevention. Detainees receive timely, compassionate, quality healthcare and have regular access to primary care and specialist physicians. The healthcare provided to the detainees being held at JTF-GTMO is comparable to that afforded our active duty service members. All medical procedures performed are justified and meet accepted standards of care. A detainee is provided medical care and treatment based solely on his need for such care. Medical care is not provided or withheld based on a detainee's compliance or noncompliance with detention camp rules or based on his refusal to accept food or drink.

8. ~~(U)~~ Detainees may make a request to guard personnel in the cell blocks or to the medical personnel who make daily rounds on each cell block at any time in order to initiate medical care. In addition to responding to such detainee requests, the medical staff will investigate any medical issues observed by JTF-GTMO guards or staff. In general, health care is provided with the consent of the detainee. See DoD Instruction 2310.08E "Medical Program Support for Detainee Operations" at <http://www.dtic.mil/whs/directives/corres/pdf/231008p.pdf>. The availability of care through ongoing monitoring and response to detainee-initiated requests has resulted in thousands of outpatient contacts between detainees and the medical staff, followed by inpatient care as needed.

9. ~~(U)~~ A [REDACTED] Behavioral Health Services (BHS) staff supports the outpatient mental health needs of the detainees, and runs the [REDACTED] Behavioral Health Unit (BHU) designed for detainees requiring inpatient psychiatric care and monitoring. The BHU staff includes a board-certified psychiatrist and a psychologist, as well as psychiatric nurses and technicians. The BHU staff conducts mental health assessments, provides crisis intervention, develops individualized treatment plans, formulates therapy for management of self-injurious ideations or behavior, and provides supporting care and psychiatric medication therapy, as needed, to treat symptoms for major psychiatric disorders. The medical and BHU staff provide appropriate physical and mental health care for all detainees through a coordinated team approach based on individualized plans that account for each detainee's medical condition and circumstances. Mr. Ba Odah is followed by the BHU due to his long term fasting, however he consistently refuses to meet with BHU staff.

10. ~~(U)~~ It is the policy of the Department of Defense to support the preservation of life by appropriate clinical means and standard medical intervention, in a humane manner, and in accordance with all applicable medical standards. Accordingly, there are procedures and/or protocols for providing medical care to detainees, which are to be followed at all times by all medical personnel at the Joint Medical Group and throughout JTF-GTMO. These procedures include monitoring all detainees for weight loss and medically intervening when necessary to prevent serious bodily injury or death from non-religious fasting. The JTF-GTMO guard force monitors detainee consumption of meals and maintains records of when detainees do not eat the provided meals. These records are shared with JMG staff who then reviews the clinical medical information for any detainee who has been noted as having missed meals. Intervention includes

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

UNCLASSIFIED//FOR PUBLIC RELEASE

UNCLASSIFIED//FOR PUBLIC RELEASE

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

counseling, increased weighing, monitoring of laboratory test results (when permitted to perform the tests by the detainee) and, if necessary, approval for enteral feeding.

11. ~~(U)~~ The JMG Senior Medical Officer (SMO) undertakes a weekly review of detainees who are of interest based on weight loss that includes looking at weight trends, overall nutritional intake, and the detainee's medical conditions. The SMO remains in continual communication with other JMG staff regarding observable detainee weight changes. The ability to monitor a detainee's health, however, is affected by the detainee's willingness to cooperate with medical staff.

12. ~~(U)~~ Joint Medical Group personnel provide extensive counseling and detailed warnings to the detainees concerning the risks of their failure to eat or drink. Medical personnel (including behavioral health professionals) continually remind detainees, who persist in their refusal to consume meals and water, that this behavior could endanger their health or life. During these conversations, the medical personnel explain that their role is to preserve and promote the detainee's life and health, and urge the detainees to voluntarily accept enough nutrients to increase their weight and improve their health. In the past, when Mr. Ba Odah accepted appointments with, and visits from, the former SMO, one of the topics they routinely discussed was the need for Mr. Ba Odah to increase his weight. The former SMO encouraged Mr. Ba Odah to continue to try to eat small amounts of food and discussed necessary adjustments to Mr. Ba Odah's enteral feeds or supplements to help him maintain a healthier weight. In addition, the corpsmen routinely counsel Mr. Ba Odah on the need to accept nutrition either by eating food or drinking supplement.

13. ~~(U)~~ Once a decision has been made to approve a detainee for enteral feeding, JMG staff continues to perform an ongoing assessment of the detainee's medical condition (including laboratory tests if permitted by the detainee) and his need to be enterally fed. Our goal is always to restore a detainee to a normal, healthy weight and foster eating habits that include regular meals. We look at detainee weight trends and other clinical factors, such as meal or calorie intake and medical comorbidities, every day to determine whether detainees should remain approved for enteral feeding. We continually assess what would happen if a detainee stopped his intake of food and fluids, and how his clinical history and other factors bear upon the consequent health risks. Notably, our concern is with ensuring that a fasting detainee consumes proper nutrition, not with enteral feeding per se. So even after a detainee is approved for enteral feeding, he is offered the opportunity to eat a standard meal or consume the liquid supplement orally in advance of every enteral feeding and if he does so, he will not be enterally fed.

14. ~~(U//FOUO)~~ Mr. Ba Odah is presently in poor health, primarily due to his non-religious fast and subsequent weight loss. Mr. Ba Odah has been a non-religious faster requiring regular enteral feedings since February 2007. His records reflect that his weight has steadily declined over the years as a result of his non-religious fasting and his efforts to subvert attempts by the

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

UNCLASSIFIED//FOR PUBLIC RELEASE

~~UNCLASSIFIED//FOR PUBLIC RELEASE~~~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

JMG staff to maintain him at a healthy weight<sup>2</sup>. As of July 15, 2015, Mr. Ba Odah weighed 74 lbs. (56% of ideal body weight).

15. ~~(U//FOUO)~~ Mr. Ba Odah's weight is taken on a weekly basis and closely monitored by JMG staff and myself. Mr. Ba Odah is usually compliant with his weigh-ins; he walks to the weigh scale unassisted and seems to be monitoring his weight in an effort to maintain the weight that he wants. At times Mr. Ba Odah has requested to be weighed even if not scheduled for a weighing. He has also requested that his weight be taken more frequently than once a week. On December 4, 2014 the former SMO discussed with Mr. Ba Odah that it would not be helpful for him to be weighed more frequently than once a week as he would then fixate on normal day to day weight fluctuations; the former SMO noted that Mr. Ba Odah understood this reasoning.

16. ~~(U//FOUO)~~ Mr. Ba Odah continues to regularly refuse medical and mental health examinations and treatment, including laboratory tests to assess his metabolic status and all BHU staff visits to assess his mental health. Mr. Ba Odah has recently made comments indicating he has a sense of despair regarding his situation and as a result, I have asked the psychologist to engage with him personally; however, Mr. Ba Odah continues to refuse all engagement from the BHU. Mr. Ba Odah most recently refused to speak with the BHU psychologist on June 8 and July 8, 2015; he refused to speak with a BHU technician at his cell door on June 9, 2015. Mr. Ba Odah refused to see the former SMO on May 7, 2015 and April 23, 2015 prior to the former SMO's departure from GTMO. Since I arrived, consistent with his prior behavior, Mr. Ba Odah has refused to see me numerous times. He refused a follow up dental appointment on June 3, 2015 and May 5, 2015 to complete a cleaning and add a filling (his previous dental appointment was cut short due to an encroaching legal appointment). Mr. Ba Odah most recently refused a blood draw three times on July 3, 2015 when asked for the blood to conduct labs for a Complete Blood Count, Comprehensive Metabolic Panel, and prealbumin (a marker for nutritional evaluation). He also refused a blood draw to conduct labs in order to test for chicken pox, shingles, and HIV on June 9, 2015. He refused a blood draw to conduct labs for a Complete Blood Count, Comprehensive Metabolic Panel, Hepatitis panel, and Lipid Panel (to assess cardiac risk) on August 8, 2014. He refused a blood draw to conduct labs for a Basic Metabolic Panel, Lipid Panel, prealbumin and the levels of certain vitamins, calcium, magnesium, etc. on May 16, 2014. He refused his most recent optometry appointments on July 6, 2015, February 18, 2014, and October 8, 2013. A nutrition consult was requested for Mr. Ba Odah on July 1, 2015 and is scheduled to occur on July 30, 2015. Mr. Ba Odah often refuses to have his vital

---

<sup>2</sup> Upon arrival at Guantanamo in February 2002 Mr. Ba Odah weighed 121 lbs. In December 2007, Mr. Ba Odah weighed 133.5 lbs.; in 2008 his weight ranged from 116 to 134 lbs.; in 2009 his weight ranged from 109 lbs. to 133 lbs.; in 2010 his weight ranged from 103 to 118 lbs.; in 2011 his weight ranged from 104 to 110 lbs., in 2012 his weight ranged from 90 to 105 lbs., in 2013 his weight ranged from 90 to 122 lbs., in 2014 his weight ranged from 74.5 to 110 lbs. Over the past year Mr. Ba Odah continued to lose weight: on June 25, 2014 Mr. Ba Odah weighed 92 lbs., on September 17, 2014 he weighed 80.5 lbs., on March 11 he weighed 76.5 lbs., on May 13 he weighed 76 lbs. and on June 17, 2015 he weighed 77.5 lbs.

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

UNCLASSIFIED//FOR PUBLIC RELEASE

~~UNCLASSIFIED//FOR PUBLIC RELEASE~~~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

signs taken, but they were most recently taken on April 2, 2015, and reflect that his blood pressure, heart rate and temperature are all within normal limits. Mr. Ba Odah continues to be offered medical appointments and BHU staff continues to regularly visit his cell.

17. ~~(U//FOUO)~~ JMG staff continues to make every attempt to consult, observe, and visit Mr. Ba Odah. In the past when Mr. Ba Odah refused appointments with the former SMO, the former SMO would occasionally visit Mr. Ba Odah during his enteral feeding sessions. On September 19, 2014 the former SMO visited Mr. Ba Odah during an enteral feed session because he refused the previous day's appointment. The former SMO noted that they briefly spoke and Mr. Ba Odah denied weakness and any other complaints. The former SMO also visited Mr. Ba Odah during an enteral feed session on November 7, 2014 at which time Mr. Ba Odah expressed frustration that the former SMO had not consulted him prior to adjusting his enteral feeds. The former SMO reminded Mr. Ba Odah that he had refused numerous appointments during which they could have discussed Mr. Ba Odah's medical concerns and any changes needed to improve his nutritional status. After Mr. Ba Odah refused a December 2014 appointment, the former SMO made note that, should Mr. Ba Odah refuse his next appointment, the former SMO planned to visit with him during his enteral feeding. The visit was not necessary because Mr. Ba Odah did meet with the former SMO at their next appointment on December 24, 2014.

18. ~~(U//FOUO)~~ Mr. Ba Odah refused scheduled appointments with me on May 21, June 4, and July 24, 2015, so I made several attempts to visit him at his cell door. Mr. Ba Odah vehemently refused to engage with me on all of these occasions. On June 18, 2015 Mr. Ba Odah yelled, cursed, and spit at the linguist who accompanied me on my attempted visit. He then yelled and cursed at me stating clearly that he did not want to speak about any medical concerns. I visited him at his cell again on June 19, June 20, June 21, July 20, and July 24, 2015 and each time Mr. Ba Odah refused to speak with me, often cursing at me. My most recent attempt to visit Mr. Ba Odah at his cell door was on July 29, 2015 and he called me a son of a bitch and told me to go away. I will continue to schedule appointments with Mr. Ba Odah and attempt to engage with him at his cell door in order to discuss any medical concerns he may have and to observe his health. Even though Mr. Ba Odah will not interact with me I continue to closely monitor his health. I requested JDG staff to put Mr. Ba Odah on line of sight for a four day period so that I could monitor his daily activities and find out what he is doing with the food provided to him as I had a suspicion that he was not consuming it as he has represented. JMG and JDG staff witnessed Mr. Ba Odah conducting daily living activities such as walking around his cell, talking with his neighbors, praying, singing and sleeping regularly. They also observed him engaging in deceptive activities such as flushing food he had accepted down the toilet, hiding food and inducing vomiting. Mr. Ba Odah will occasionally partake in recreational time, although not regularly; he most recently went to recreation on June 14 and June 4, 2015. Mr. Ba Odah has a normal energy level, his interactions with staff are often physically vigorous and violent, and he is not bed ridden nor obtunded.

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

UNCLASSIFIED//FOR PUBLIC RELEASE

~~UNCLASSIFIED//FOR PUBLIC RELEASE~~~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

19. ~~(U//FOUO)~~ During enteral feedings JMG staff attempt to obtain the detainee's vital signs, and ask if the detainee is in any pain, feels nauseous, or has experienced vomiting. Mr. Ba Odah's records reflect that for the past year he has consistently denied pain, nausea and vomiting during his enteral feeds, and has not complained of other ailments during his enteral feeding sessions. During his daily feeding sessions Mr. Ba Odah also consistently refuses to have his vital signs checked. Mr. Ba Odah refuses to go voluntarily to his enteral feedings, therefore the guard staff must forced-cell extract him to and from these appointments. Recently, Mr. Ba Odah has been witnessed occasionally purging after his enteral feeds, at times in his cell and other times in front of JMG staff, in an effort to limit his caloric intake.

20. ~~(U//FOUO)~~ JMG staff continue to discuss with Mr. Ba Odah the possibility of adjusting and increasing his enteral feeds, and continue to encourage Mr. Ba Odah to increase his daily caloric intake by consuming some food and drinking cans of Two Cal and/or Ensure in order to gain weight. Mr. Ba Odah is provided cans of Two Cal and/or Ensure as well as honey and olive oil in his cell at his request. While Mr. Ba Odah refuses to interact with JMG, his weight is still consistently monitored and his enteral feeds are adjusted as necessary based on the JMG's observations of his condition in an attempt to have him gain weight. Previously Mr. Ba Odah was permitted to clear (meaning he is waived from) one enteral feed session per day if he consumed an appropriate amount of food, however, in September 2014, after observing a significant loss of weight in Mr. Ba Odah over a one month period of time from August 13, 2014 to September 10, 2014 when he was clearing the majority of his morning enteral feeds through consuming his meals, the former SMO became concerned that Mr. Ba Odah was not actually consuming the reported meals. Accordingly, the former SMO ordered that Mr. Ba Odah no longer be allowed to clear enteral feeds by food calorie counts. The former SMO observed Mr. Ba Odah's weight beginning to improve upon the resumption of enteral feedings and he was transitioned to the Two Cal HN supplement with an increased calorie count, at which time the former SMO allowed Mr. Ba Odah to clear one enteral feed by consuming three cans of Ensure or two and a half cans of Two Calorie HN, which continues to be permitted today.

21. ~~(U//FOUO)~~ Mr. Ba Odah is currently scheduled to be enterally fed two cans of Two Calorie HN and one can of Ensure, twice a day, for a total of 2600 cal/day. Water is also added to the nutritional feed and, per Mr. Ba Odah's request, the amount of water added to the supplement was increased on March 30, 2015 to keep him hydrated as he is refusing to accept water from the guard staff. Mr. Ba Odah is permitted to clear an enteral feeding if he drinks either 3 cans of Ensure Plus or 2 and a half cans of Two Calorie HN. The JMG staff continues to encourage Mr. Ba Odah to consume food and he is offered meals three times daily, often accepting them. However, JTF-GTMO staff is unable to verify whether Mr. Ba Odah consumes the food because he often refuses to return the clamshell in which the food is served, thereby preventing the staff from recording what was eaten to enable monitoring by the JMG. Mr. Ba Odah has been observed pouring Ensure back and forth between cups without drinking it; accepting a full cup of Ensure, placing it on the ground in his cell, and then drinking from an almost empty cup and

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

UNCLASSIFIED//FOR PUBLIC RELEASE

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

presenting that as the original cup; as well as pretending to drink from an empty cup and pouring supplement into the toilet. Recently Mr. Ba Odah has been observed covertly flushing food, olive oil and honey down the toilet as well as hiding food. Mr. Ba Odah also consistently requests that the volume of his feed be reduced, despite the medical judgement that the current volume is required.

22. ~~(U//FOUO)~~ At this time, I consider Mr. Ba Odah to be clinically stable though his weight is certainly at a very low and dangerous point. Mr. Ba Odah has had long-term daily access to medical and mental health care and often has voluntarily chosen not to seek or actively engage in treatment from the JMG. JMG staff members, including myself, routinely stop by his cell to discuss any medical concerns or complaints that he might have, but Mr. Ba Odah has demonstrated an ongoing unwillingness to attend medical appointments with the SMO, to allow outpatient care with specialists, or meet with Behavioral Health Unit staff to discuss his mental status and behavior, including his decision to maintain his non-religious fast despite the risk to his health. For instance, on April 7, 2015 a corpsman was called to respond to Mr. Ba Odah's complaint of pain; when the corpsman arrived to assess Mr. Ba Odah's complaint Mr. Ba Odah pushed the corpsman and told the corpsman to "go away you idiot." During a separate instance, on August 12, 2014 Mr. Ba Odah was returning from the Detention Medical Clinic and stated he felt fatigued, and then slid down to the floor. JDG staff carried Mr. Ba Odah, on a backboard, to the medical space and JMG staff took his vitals. Mr. Ba Odah complained of back pain but refused all medical care and food when offered.

23. ~~(U//FOUO)~~ Mr. Ba Odah is aware that he may express concerns for his health and receive proper treatment for his conditions; and in fact, on occasion Mr. Ba Odah does engage with the JMG staff regarding health issues. In November 2014, Mr. Ba Odah requested an appointment with the former SMO, after refusing numerous prior appointments, to discuss a painful lump in his right gluteal cleft which the nurse examined for him the previous day. The former SMO examined the lump and discussed with Mr. Ba Odah the incision and drainage procedure to remove the cyst. Mr. Ba Odah consented to the treatment and the cyst was successfully removed and the wound healed. In December 2014, Mr. Ba Odah complained of pain in his lower back and requested to see the former SMO; an appointment was scheduled but Mr. Ba Odah subsequently refused this appointment. The former SMO visited Mr. Ba Odah a week later during one of his enteral feeding sessions. Mr. Ba Odah did not express any complaints of pain but did use this time to express his frustrations with the guard force, specifically that the juice served with his meals was warm and that he was not permitted to keep dental care items in his cell. From November 2014 through January 2015, Mr. Ba Odah was engaging more frequently with the SMO but starting in February 2015, Mr. Ba Odah again began consistently refusing appointments. Mr. Ba Odah most recently met with the former SMO on April 2, 2015, an appointment made at Mr. Ba Odah's request through a letter he wrote to the former SMO which the guard staff delivered on March 30, 2015. In his letter and during his discussion with the former SMO, Mr. Ba Odah expressed frustrations with the guard staff, made requests for

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

UNCLASSIFIED//FOR PUBLIC RELEASE

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

adjustments to his enteral feeds and mentioned aching in his knees and elbows. The former SMO acted on Mr. Ba Odah's enteral feed adjustment requests but was unable to discuss his aches and pains as Mr. Ba Odah spent the majority of the time talking about complaints about the guard staff before prayer time brought the meeting to an end. The former SMO was unable to follow up on the issue as Mr. Ba Odah refused subsequent appointments, most recently on April 23 and May 7, 2015. While in his motion he now complains of multiple symptoms—extreme exhaustion, decreased vision, swollen feet, stiff joints, migraine-like headaches, nervousness, agitation, muscle and nerve shivering, needle-like pain in his heart, a racing heartbeat, loss of sensation in his hands and feet, dizziness, back pain, and decreased ability to mentally focus—he has brought few of these symptoms to the attention of Joint Medical Group personnel, and he has not permitted JMG staff to treat any of them.

24. ~~(U//FOUO)~~ Mr. Ba Odah has not expressed fear or concerns for his safety over the past year. To the contrary, Mr. Ba Odah regularly acts out when he disagrees with the actions of the JMG or JDG staff. For instance, on February 3, 2015, Mr. Ba Odah was displeased with what he perceived as a delay in the delivery of his honey so he covered his cell window and stated he would stop drinking and would require that JMG enterally feed him every time. During this incident Mr. Ba Odah denied any safety concerns. Mr. Ba Odah expressed his displeasure to the former SMO via letter and requested an increase in his supply of oil, honey and Ensure so that he could reduce interaction with the guard force. Mr. Ba Odah also decided to stop taking water from the guards as a method of protest against what he perceives as the guards' poor treatment of him.

25. ~~(U//FOUO)~~ Mr. Ba Odah does engage with JMG staff who administer over-the-counter medications to him. He is fairly routinely provided Mylanta, Metamucil, and Milk of Magnesia to address his stomach pain for example, as well as Sudafed for nasal congestion, Cepacol lozenges for a sore throat, and Tylenol and Motrin for minor aches and pains. In addition to medicinal treatments, Mr. Ba Odah has also been issued extra thermal shirts, pants and blankets to keep in his cell due to his chronic low weight. Mr. Ba Odah has also been issued a hemorrhoid pillow to increase his comfort while sitting and a blue mattress to provide extra cushion and support and alleviate the symptoms of a pressure ulcer he suffered from in November 2014. The mattress allows him better positioning to avoid another pressure ulcer, a potentiality increased by his malnourished state. Mr. Ba Odah has refused basic treatments and preventative measures such as the influenza vaccination, TDap, and isoniazid (INH) to treat his latent tuberculosis.

26. ~~(U//FOUO)~~ I do not take the seriousness of Mr. Ba Odah's weight loss lightly. However, the fact that he has maintained a consistent weight range since September 2014 and is functioning normally in his daily life leads me to believe that the current manner of managing his non-religious fast remains appropriate. I continue to closely monitor his weight and his overall health as did the previous SMOs and all JMG staff. Mr. Ba Odah's current condition is the consequence purely of his own effort but that has not and will not dissuade the efforts of the

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

UNCLASSIFIED//FOR PUBLIC RELEASE

UNCLASSIFIED//FOR PUBLIC RELEASE

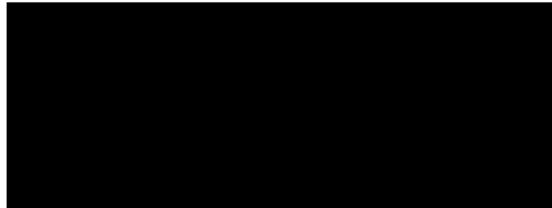
~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

JMG to continue to care for and treat him. In the event of a significant change in his weight for the worse, I am prepared to admit him into the Detainee Acute Care Unit (DACU) where he would be placed on a continuous enteral feed and restricted to a bed with a scale under him. This would allow us to provide him a slower enteral feed which would limit his ability to purge significant amounts of the nutritional supplement. Any observed deterioration will be carefully considered in assessing whether involuntary laboratory testing is needed, for example, alterations in his level of consciousness, syncope, dyspnea, or profound weakness.

27. ~~(U//FOUO)~~ In summary, Mr. Ba Odah's weight remains an active concern for the JMG. Mr. Ba Odah continues to refuse ongoing medical appointments, refuses to allow medical tests to verify his physical condition, and even refuses attempts to discuss his health at his cell door. The JMG will continue to observe Mr. Ba Odah and to monitor his weight, offer meals and nutritional supplements and proceed with enteral feeds when necessary. Mr. Ba Odah has been observed walking without difficulty, speaking clearly and fluently, and otherwise engaging in activities of daily living such as grooming, cleaning, dressing himself, eating, going to the bathroom, sleeping, praying, singing, reading and talking with his neighbors. Although Mr. Ba Odah often refuses to interact with medical and mental health care providers or to attend appointments, the JMG continues to closely monitor Mr. Ba Odah's current physical and mental health status, and will continue to recommend that he seek further diagnostic evaluation and treatment for any unresolved medical conditions.

I declare under penalty of perjury under the laws of the United States of America that the forgoing is true, accurate and correct.

Executed on 30 July 2015.



CDR, MC, USN  
Senior Medical Officer

~~UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

UNCLASSIFIED//FOR PUBLIC RELEASE