

UNITED STATES DISTRICT COURT
DISTRICT OF COLUMBIA

NASHWAN AL-RAMER ABDULRAZZAQ,

Petitioner,

v.

DONALD J. TRUMP, et al.

Respondents.

Civil Action No.
Case 1:17-cv-01928 (EGS)

DECLARATION OF
SENIOR MEDICAL OFFICER
CAMP VII

~~(U//FOUO)~~ DECLARATION OF SENIOR MEDICAL OFFICER, CAMP VII

Pursuant to 28 U.S.C. §1746, I, the Senior Medical Officer (SMO)¹, hereby declare:

1. ~~(U//FOUO)~~ I am a Major in the United States Army with over 10 years of active and reserve service. I completed my residency in 2014. I currently serve as the Senior Medical Officer, Joint Medical Group (JMG), Joint Task Force Guantanamo Bay (JTF-GTMO), Cuba, with responsibility for the medical care provided to the 15 detainees referred to as “high-value” or “TS/SCI” detainees (to include Petitioner) and I supervise the operation of the JMG that provides medical care to those detainees. I have served in this position since 30 October 2017.

2. ~~(U//FOUO)~~ I have personal knowledge of the procedures that are in place for the operation and application of medical care at JTF-GTMO medical facilities relative to these 15 detainees, and I am responsible for ensuring that they are followed. Due to my responsibilities, I have personal knowledge of or have received information in the course of my responsibilities concerning the matters raised by Petitioner, Nashwan Al-Ramer Abdulrazzak (ISN 10026), through his counsel in Petitioner’s habeas corpus case, and related motions filed with the military commission.

3. ~~(U//FOUO)~~ This declaration supplements my previous declaration dated 16 November 2017, and is based on information made available to me through my official duties, including

¹ My name is not being used in this declaration in order to protect my identity. Given the sensitivity of the position in which I serve and potential threats to the safety of myself and my family that may result from my service in that position, either presently or in other positions in which I may serve in the future, it is the policy of JTF-GTMO that my name not be used or disclosed in litigation-related or other public filings.

discussions I personally have had with Petitioner and with my predecessor SMO, board certified Neurosurgical, Orthopaedic, Physical Medicine and Rehabilitation specialists treating him, and other JMG medical staff involved in his medical care and treatment, as well as a review of Petitioner's pertinent medical records.

4. ~~(U//FOUO)~~ As reported in the 16 November 2017 declaration, on 13 November, a C3-T2 posterior fixation was performed on Petitioner by a multi-disciplinary surgical team. The procedure was successful. A routine post-operative CT scan was obtained on 15 November 2017 that showed the hardware was in the appropriate position.

5. ~~(U//FOUO)~~ The Petitioner has had an uneventful immediate post-operative period and has transitioned to outpatient rehabilitation status. He continues to wear a cervical thoracic orthosis (CTO) to provide post-operative stability. He is able to ambulate with a walker but still requires some assistance with activities of daily living and is continuing to deal with routine post-operative muscle pain. He will begin extensive outpatient physical therapy at approximately 8 weeks post-operative. The next routine x-rays will occur at 4-6 weeks post-operative. However, due to the orthopaedic provider leaving the island this week, he has requested a set of x-rays be obtained on 29 or 30 November so he can view them prior to his departure. A replacement orthopaedic provider is on island and transitioning with the current provider.

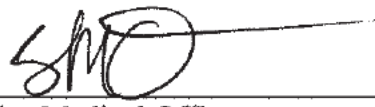
8. ~~(U//FOUO)~~ As previously noted by my predecessor, Petitioner's lumbar spine may require further stabilization surgery in the future. Lumbar x-rays obtained on 5 November 2017 showed no change from his previous post-operative images. He will need follow-up in the future as determined by Orthospine specialists.

9. ~~(U//FOUO)~~ Based on his current status and discussions with the surgeons regarding the natural course following this procedure, it is my medical opinion that Petitioner should not be moved for counsel meetings until medically appropriate, a decision I will make based on his post-operation recuperation in collaboration with his surgical team.

10. ~~(U//FOUO)~~ Absent extraordinary circumstances, forced cell extraction of Petitioner is not medically advised at this time. Given his current and foreseeable medical conditions, the risks and benefits of a forced cell extraction would have to be closely weighed. From a medical standpoint, it should only be considered in cases where dire safety or immediate potential loss of life are foreseeable. I have relayed this information and my opinion to the Commander, Joint Detention Group.

11. ~~(U)~~ I declare under penalty of perjury under the laws of the United States of America that the foregoing is true, accurate and correct.

Dated: 29 Nov 17



Senior Medical Officer
Camp VII

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3. ~~(U//FOUO)~~ This declaration supplements the previous declaration dated 1 November 2017 signed by my predecessor SMO, and is based on information made available to me through my

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official duties, including discussions I personally have had with Petitioner and with my predecessor SMO, board certified Neurosurgical, Orthopaedic, Physical Medicine and Rehabilitation specialists treating him, and other JMG medical staff involved in his medical care and treatment, as well as a review of Petitioner's pertinent medical records.

4. ~~(U//FOUO)~~ As reported in the 1 November 2017 declaration, on 18 September, a C3-4/C4-5/C5-6 Anterior Cervical Discectomy and Fusion was performed on Petitioner. The procedure was successful in decompressing his cervical spine. Routine cervical spine x-rays were obtained on 23 October 2017 which demonstrated displacement of the anterior cervical plate. My predecessor discussed the results of the x-rays with Neurosurgery and Orthopaedic spine specialists on 23 October 2017. In order to provide a more accurate diagnosis, a follow-up cervical spine computerized tomography (CT) scan was conducted on 24 October 2017 and confirmed loosening of the fixation screws of C3-C5 with anterior displacement of the fixation plate by up to 7mm and development of a compression fracture of the superior endplate of C6. My predecessor discussed these findings with Neurosurgery and Orthopedic spine specialists who, given Petitioner's otherwise clinically stable exam, recommended a cervical collar be worn at all times to maintain cervical mobilization. Petitioner generally has complied with that advice since 23 October 2017. At that time, a follow up cervical CT scan was anticipated to occur in approximately two weeks.

5. ~~(U//FOUO)~~ The repeat CT scan was originally scheduled for 6 November 2017. Due to Petitioner complaints for increased radicular symptoms and decreased muscle strength on 5 November, the CT scan was obtained that evening in addition to Flexion/Extension Cervical x-rays. The Orthopaedic specialists and I personally reviewed the films and discussed the results with the on-call radiologist. The films showed that the status of the plate and spine were unchanged since the last CT scan. The films were then sent to the Neurosurgical team for review.

6. ~~(U//FOUO)~~ Several multi-disciplinary teleconferences then occurred to formulate a comprehensive, safe, and methodical operative plan for the Petitioner. A multi-disciplinary team arrived at GTMO on 13 November 2017 and the surgery was conducted the following day. The medical team removed the anterior hardware and then fused his cervical spine from C3-T2 and widened the C5 nerve root foramen in order to provide for stabilization of the spine to reduce the chance of future spinal cord impingement and to improve his radicular symptoms which were likely due to nerve root compression. Petitioner was fully advised on his medical status throughout this process and was in agreement to proceed with the operation.

7. ~~(U//FOUO)~~ Petitioner is currently recovering in a post-operative ward. He was extubated post-operatively and his airway remains patent. A post-operative CT scan was obtained on 15 November 2017 that showed the hardware was in appropriate position. He is stable and has begun taking clear liquids. He is wearing a cervical thoracic orthosis (CTO) to provide post-operative stability. A decision on when he can return to his prior location in the medical facility will depend on the progress of his recovery over the coming days.

8. ~~(U//FOUO)~~ As previously noted by my predecessor, Petitioner's lumbar spine may require further stabilization surgery in the future. Lumbar x-rays obtained on 5 November 2017 showed no

change from his post-operative images. He will need follow-up in the future as determined by Orthospine.

9. ~~(U//FOUO)~~ Based on his immediate post-operative status, it is my medical opinion that Petitioner should not be moved for counsel meetings until medically appropriate, a decision I will make based on his post-operation recuperation.

10. ~~(U//FOUO)~~ Absent extraordinary circumstances, forced cell extraction of Petitioner is not medically advised at this time. Given his current and foreseeable medical conditions, the risks and benefits of a forced cell extraction would have to be closely weighed. From a medical standpoint, it should only be considered in cases where dire safety or immediate potential loss of life are foreseeable. I have relayed this information and my opinion to the Commander, Joint Detention Group.

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

Dated: 16 Nov 17



Senior Medical Officer
Camp VII