

EXHIBIT 1

3. This declaration is based on information made available to me through my official duties and from the medical records of detainee ISN 025, Majid Abdullah Al Joudi, a.k.a. Majeed Abdullah.

4. Detainee ISN 025, through his attorney, claims that he has been involuntarily fed via nasogastric tube from January 2006 until August 2006. That is false. Detainee ISN 025's involuntary feeding began on November 30, 2005, and his last involuntary feeding occurred on January 4, 2006, and has never resumed; also, he has not been otherwise fed in a restraint chair. If detainee ISN 025 had been involuntarily fed, it would be indicated in his medical record.

5. In the course of falsely claiming that detainee ISN 025 underwent involuntary feeding between January and August 2006, detainee ISN 025 makes several false claims about how involuntary feeding is conducted:

a. Detainee ISN 025 alleges that corpsmen were involved in the insertion of nasogastric tubes. That is not true. This procedure is performed only by physicians and credentialed registered nurses. Enteral feeding is conducted in a humane manner and only after determining that enteral feeding is medically indicated. Our practice equals or exceeds the standard of care available at accredited hospitals in the United States.

b. Detainee ISN 025 alleges that lubrication of the tubes was discontinued once the restraint chair was being used. That is untrue. Lubrication is routinely used when the tubes are inserted, and detainees are always offered a topical anesthetic (such as lidocaine), though they may decline the anesthetic.

c. Detainee ISN 025 alleges that medical personnel routinely remove properly inserted feeding tubes and then reinsert them. That is untrue. It is true that the feeding tube is removed after each enteral feeding session and reinserted for the next feeding session. Enteral feeding is

conducted on a two (2) feeding per day schedule. Medical personnel, however, do not insert or remove feeding tubes in any manner intentionally designed to inflict pain or harm on a detainee. The comfort and safety of the detainee are a priority for the medical staff.

d. Detainee ISN 025 claims that a typical involuntary feeding involved “five cans of Ensure . . . followed by five cans of water and a red liquid that he and other prisoners believed acted as a laxative.” He also claims that on one occasion he was fed an entire carton of Ensure during one feeding and that he was once threatened with being forced to ingest three cartons of Ensure. These allegations do not reflect the practices used by JTF-GTMO Medical Staff with respect to enteral feedings. Medical professionals carefully regulate the amount of liquid administered per feeding and the per feeding amount is typically around 32 ounces, or four (4) 8-ounce cans. No detainee has ever been given 10 cans of any liquid during an enteral feeding. Detainees are not given laxatives in relation to involuntary feeding; fiber-fortified formulas may sometimes be used to enhance digestion.

e. Detainee ISN 025 claims that he vomited during one involuntary feeding, that the end of the feeding tube in his stomach ended up in his mouth and that the nurse then yanked the entire feeding tube out through his nose. That is untrue. During an enteral feeding, the medical staff closely monitors the process, and makes adjustments to the rate and amount of formula and fluids given if there are any indications of discomfort to the detainee. Enterally fed detainees are offered, and given if willingly accepted, medication that may make tolerance of enteral feeding easier, but the vast majority of feedings occur with no discomfort to the detainee. Enterally fed detainees are assessed regularly by a physician to ensure the feeding process is safely administered and being tolerated by the detainee.

f. Detainee ISN 025 claims that JTF-GTMO switched from using 10-French or 12-French tubes and began using 15-gauge tubes on hunger strikers in June 2006. That is untrue. Since September 2005, JTF-GTMO has used only 10-French or 12-French tubes for enteral feeding.

g. Detainees are offered and encouraged to use the restroom before each feeding session. In addition, where a detainee has a demonstrated record of not engaging in attempts to thwart the feeding through purging or other means, they are not required to remain in the restraint chair for observation once the enteral feeding formula has been consumed.

6. The attorney for detainee ISN 025 claims that during a September 6, 2006, visit, she observed detainee ISN 025 having a “visibly swollen” sore throat and a hoarse voice. Detainee ISN 025 claimed he was having respiratory problems from the involuntary feedings between January and August 2006 and that he has open wounds in his throat. A review of the medical record for detainee ISN 025 does not identify any complaints or physical exam findings consistent with this report. On September 7, 2006, in the course of a follow-up behavioral health evaluation, it is documented in detainee ISN 025’s medical record, as part of a routine behavioral health observation, that his “speech was normal in rate, range, and intensity.” There was no mention of detainee ISN 025 complaining of a sore throat or observations of hoarseness.

7. Detainee ISN 025 also claims to have suffered a recent leg injury, and that his leg has “atrophied due to poor nutrition and restricted movement.” A review of the medical record notes a recognized leg length discrepancy due to an injury prior to detention at Guantanamo Bay. Orthotic shoes have been prescribed to detainee ISN 025 for this in the past. X-rays of the pelvis and femur, taken on December 8, 2005, revealed findings consistent with old fractures, including a completely healed femur fracture, accounting for shortening of the femur shaft and the leg

length discrepancy. In August 2006, detainee ISN 025 sustained a left thigh contusion. This contusion did not affect his ability to ambulate normally, without assistance. X-ray studies performed in the evaluation of his injury did not show any changes from the previous studies. He does not show any clinical evidence of poor nutrition. His weight taken in August 2006 was 193 pounds. His in-processing weight in January 2002 was 154 pounds.

8. JTF-GTMO personnel have been and remain aware of the court order regarding detainee ISN 025 and certain other detainees, specifically that notice to the detainee's lawyer must be given within 24 hours if involuntary feeding is reinstated and that certain medical records must then be provided to the counsel.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true, accurate and correct to the best of my knowledge.

Dated: 29 September 2006



Ronald L. Sollock, M.D., Ph. D.