Exhibit A
1. I am counsel for Sharqawi Al Hajj, a 43 year-old citizen of Yemen who has been detained without charge at Guantanamo since 2004.

2. I have represented Guantanamo detainees since 2007. I began representing Mr. Al Hajj in 2016. Since then, I have been in regular communication with him by mail and telephone, and met with him at Guantanamo on two separate occasions for several days each time. The information herein is based on unclassified letters from Mr. Al Hajj and unclassified notes from my calls and meetings with him, including meetings at Guantanamo from July 31 to August 2, 2017, and a telephone call on August 16, 2017.

3. During my most recent meetings with Mr. Al Hajj from July 31 to August 2, 2017, he told me that he has been on a hunger strike, and that he recently escalated his strike because of deepening despair over chronic health issues and his indefinite detention. He said that in July he “stopped being fed through a tube or drinking Ensure.”
His health “went down after 20 days.” He fell unconscious and was taken “as an emergency” to the hospital. He woke “under machines.” His clothes had been “cut” off his body. The “medical team” told him his blood sugar had dropped to “43” and “reached a point of danger.”

4. Mr. Al Hajj’s physical and mental health had declined appreciably since my last visit with him. He appeared frail, gaunt, and had noticeable difficulty maintaining energy and concentration. I was forced to ask him repeatedly if he was able to continue meeting because he appeared so weak and unwell.

5. Mr. Al Hajj’s pre-existing health problems concern various chronic symptoms, including profound weakness and fatigue, recurrent jaundice, severe abdominal pain, difficult painful urination, and constipation. He was also diagnosed with Hepatitis B prior to his detention at Guantanamo, in the 1990s. His jaundice occurs as often as every day or every week. He has expressed that he has “no energy” and feels weak “most of the time.” He has said that every few days “I feel very tired and I just want to sleep.” His abdominal pain feels like “something cutting me with a knife inside.”

6. Mr. Al Hajj does not have clarity about the root cause of these issues. Despite the persistence of debilitating exhaustion and pain even with prescribed medication, he is generally told after his medical visits that “there is nothing wrong with me” and “everything is fine.” As a result, he says he does not request medical care when he should “because they’ll just say I’m fine and give me vitamins.”

7. Mr. Al Hajj’s confidence in his care has also been affected by the regular rotation of his treating physicians, who change every few months. In his experience, “each deals with you as he sees fit.” While he has had doctors over the years that have
tried to help him, he has not fully benefitted from their care, because recommendations for medical care can depend on approval by other prison camp officials, and certain recommendations for his care have been denied. When it comes to his health, “whatever the doctor says I should be getting, I should get,” but that has not been his experience. “Doctors here don’t have the full right to treat you.”

8. My last contact with Mr. Al Hajj was during a telephone call on August 16, 2017, when he reported that he is still on hunger strike. He is again refusing to be tube-fed or drink Ensure. He is drinking only water, and honey, and eating small solids like “a cookie” or “some nuts” once a day for the purpose of taking medication that he needs in order to be able to urinate. He is not able to take his other prescribed medications. At a weight check a few days prior to the call, he weighed 104 pounds.

9. The week preceding the call, he also had a bout of severe jaundice. “A guard told me, your eyes are very yellow.” He also has “acute stomach pain on a daily basis.” He expects that his condition will rapidly deteriorate as before, that the government will intervene to revive him, and that the cycle will repeat.

10. Mr. Al Hajj retained me to assist him with renewed efforts for his release, including habeas litigation. He has expressed a strong desire to reopen his habeas case and had been engaged in discussions with me to prepare a new challenge to his detention in the coming months. He does not view his hunger strike as voluntary or inconsistent with his desire for habeas relief, because he does not want to harm himself and wants to exercise his rights. During our recent meetings, he stated that he is “worried that my condition will prohibit me from participating” in future proceedings. He said that he has “difficulties paying attention and focusing” and comprehending case-related discussions.
He canceled a scheduled meeting during the course of my recent visit because of pain and exhaustion. He has previously declined habeas and Periodic Review Board meetings because he finds it too physically demanding to be moved from his cell.

11. Mr. Al Hajj’s health concerns also consume a significant portion of our time and energy during phone calls and meetings. Legal discussions about efforts for his release are relegated out of necessity.

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

Dated: September 6, 2017
New York, New York

/s/ Pardiss Kebriaei
Pardiss Kebriaei