

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

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MOHAMMED ABDULLAH MOHAMMED		:
BA ODAH, <i>et al.</i> ,		:
		:
Petitioners,		:
		:
v.		:
		:
BARACK H. OBAMA, <i>et al.</i> ,		:
		:
Respondents.		:
<hr/>		X

Civil Action No. 06-1668 (TFH)

**DECLARATION OF DR. JESS GHANNAM IN SUPPORT OF  
PETITIONER TARIQ BA ODAH’S MOTION FOR HABEAS RELIEF**

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

1. Among other appointments detailed below, I currently am a Clinical Professor of Psychiatry and Global Health Sciences in the School of Medicine at the University of California, San Francisco (“UCSF”), the former Chief of Medical Psychology at UCSF-Mount Zion Medical Center and have been a licensed clinical psychologist for over twenty years. I am a Qualified Medical Evaluator in the State of California and I carry a TS/SCI clearance from the United States government. I have been retained as a psychiatric expert and consultant in multiple legal proceedings on behalf of individuals detained in Guantánamo Bay and am thus familiar with the medical facilities available at Guantánamo and the medical care available to treat detainees.

2. I submit this Declaration in support of the request for release from custody by Tariq Ba Odah, a prisoner at the U.S. Detention Center at Guantánamo Bay, and offer my assessment about his critical, precarious, and alarming medical and neuropsychological condition.

3. I have spoken with Mr. Ba Odah's habeas counsel, Mr. Omar Farah, and have read summaries of Mr. Farah's correspondence with Mr. Ba Odah and unclassified notes detailing his observations regarding Mr. Ba Odah's physical and mental condition. Given Mr. Ba Odah's roughly 75-pound body weight, and Mr. Farah's descriptions of his condition, I believe Mr. Ba Odah's mental and physical health is in grave jeopardy. As I describe in more detail below, he appears to be suffering from symptoms of severe malnourishment and starvation that are typically seen only in late and end-stage cancer or AIDS patients. This is likely contributing to a serious and emergent risk of neurological and neuropsychological compromise, potential organ failure and other potentially permanent damage, including cardiac arrest, and total body collapse.

4. In addition, the symptoms described to me (detailed below) suggest that Mr. Ba Odah's nourishment has been so seriously compromised that some of his cognitive, neurological and physical functioning have substantially deteriorated and that physical and mental rehabilitation would take many months or longer for them to be restored, if indeed they can be at this stage in his illness. There is also a strong likelihood that the physical, neurological, and neuropsychological damage he is suffering from may be permanent and cause a lifetime of complications or impairments.

5. A reasonable standard of care and clinical protocol in a situation like this would include immediate hospitalization in a critical care unit where his condition could be monitored

and a battery of tests conducted in order to diagnose and treat the underlying condition (or conditions) contributing to his severe weight loss, malnourishment, and neuropsychological symptoms.

6. Additionally, this protocol would include an assessment of his vital organ functioning and/or potential organ failure as well as his cognitive decline. To be clear, this is the minimum that would be required to ensure responsible rehabilitation, which could take months to do in a supervised clinical setting with medical specialists experienced in this kind of emergent and fragile state of deterioration.

7. In my opinion, even putting aside the question of Mr. Ba Odah's lack of trust in the medical staff at Guantánamo – a skepticism that is shared among other detainees there and, as described below, appears reasonable under the circumstances – the current medical facilities at Guantánamo are inadequate to diagnose, treat, and rehabilitate someone in as grave a condition as Mr. Ba Odah.

### **Background and Qualifications**

8. Currently, I am a Clinical Professor of Psychiatry and Global Health Sciences in the School of Medicine at 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. (A copy of my current curriculum vitae is attached as Exhibit 1 to this Declaration).

9. My past appointments include: Director, Geriatric Mental Health Program at the UCSF Center on Aging (1992-2002); Director of Training, Department of Psychiatry, UCSF Stanford Health Care, UCSF-Mount Zion (1989-2000); Staff Psychologist, Department of Psychiatry, California Pacific Medical Center (1991-1999); Assistant Clinical Professor of Psychiatry, Department of Psychiatry, UCSF (1985-2002).

10. I received my Ph.D. in Clinical Psychology from the Department of Psychology at the University of California, Berkeley in 1984, and completed a Post-Doctoral Scholarship at Stanford University's Department of Psychology in 1985. I have a Master's degree in Clinical Psychology from U.C. Berkeley, and a Master's in Medical Science from the Department of Health and Medical Sciences at Berkeley. I graduated Phi Beta Kappa from the University of Michigan in 1979. I have been a licensed psychologist for over twenty years.

11. 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 also have 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 (mTBI). 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, and other neuropsychological disorders and conditions.

12. My areas of research include chronic illness, global health, neurofeedback, neuroplasticity, Post Traumatic Stress Disorder (“PTSD”), mTBI, torture, and solitary confinement.

13. 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 wide 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. I have also treated a number of patients with anorexia nervosa.

14. I am an expert consultant to counsel in a number of cases in Military Commission Proceedings being conducted in Guantánamo Bay. During the course of this consultancy, I have visited Guantánamo seven times, for a period of approximately 50 days. I have also evaluated former detainees from Guantánamo after release and helped design rehabilitation programs for former detainees.

15. 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, though none present with a condition as deteriorated and grave as Mr. Ba Odah’s.

16. I have extensively reviewed a wide range of medical records from detainees at Guantánamo and am aware of the current status of medical facilities there and their limitations. Though I address this in further detail below, at Guantánamo – often times certain basic diagnostic tests – like MRI’s 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 Guantánamo are not equipped to carry out these tests. Frequently, specialists have to be flown-in to Guantánamo because the current medical staff is not trained in certain specialties.

### **Risk of Total Body Collapse**

17. In forming the opinion reflected in this declaration, I spoke with counsel for Mr. Ba Odah, Mr. Omar Farah, regarding his observations about Mr. Ba Odah and reviewed unclassified notes further detailing Mr. Farah's observations about his clients' demeanor, condition and affect, as well as communications Mr. Ba Odah made to counsel regarding his pain, mental function, and physical debilitations. I have also consulted with other experts in internal medicine and reviewed the literature on severe malnutrition.

18. I understand that Mr. Ba Odah has been on a hunger strike for approximately 8 years and 4 months. I further understand that, as a result, Mr. Ba Odah has been fed with a commercial nutritional liquid formula through nasal intubation (passage of a tube through his nasal cavity, through his esophagus and into his stomach) during the entire 8-year period of his hunger strike. I understand that Mr. Ba Odah says he has not ingested any solid food for the entire more than 8-year period of his hunger strike.

19. Normally, it is difficult for any health provider to make diagnoses and prognoses about an individual without an in-person examination and the results from appropriate lab and blood tests – and such an independent examination by a non-military physician is undoubtedly warranted in this case. Nevertheless, there are a few facts reported to me that are both worrisome and conclusive without further analysis: the government informed Mr. Ba Odah's counsel on April 20, 2015, that Mr. Ba Odah weighed 74.5 pounds, and that amounted to 56% of

his ideal body weight. These facts alone are enough to conclude, with reasonable medical probability that Mr. Ba Odah is in medical-psychological crisis and in need of treatment in a facility capable of addressing his emergent and potentially life-threatening condition.

20. A weight of 75 pounds for an adult male is a phenomenon rarely, if ever encountered by the medical profession. It is a level of physical deterioration typically seen in a late-stage cancer or AIDS patient, as it is usually indicative that someone is on the precipice of death due to severe malnutrition, organ failure, and systemic collapse. This physical deterioration presents a serious risk of “total body collapse” – a medical phenomenon in which sickly, but apparently stable patients, rapidly deteriorate and expire from cascading failures of the body’s vital organs and systems.

21. In addition, I understand that Mr. Ba Odah has been in held in solitary conditions – that is without sustained contact with other prisoners and allotted limited outdoor recreation – almost continuously for five years. This is a strong exacerbating factor to his already precarious condition. Prolonged solitary confinement is frequently associated with poor medical and psychological outcomes, and in Mr. Ba Odah’s extreme case is cause for additional concern.

22. Without the ability to review relevant records, blood work and some basic diagnostic tests, I cannot opine whether Mr. Ba Odah is currently suffering from the severe organ and nerve damage that is frequently associated with such a low body weight and corresponding malnutrition. Nor can I opine if there is damage to his gastro-intestinal system that currently prevents the absorption of nutrients from the regime of nasal intubation and feeding. These deficiencies are quite possible given Mr. Ba Odah’s extremely low body-weight. Nevertheless, I would need a comprehensive diagnostic work-up and medical monitoring to determine conclusively how severe his condition has become.

23. Despite my inability to diagnose Mr. Ba Odah, I can state with confidence that his current weight is not sustainable without immediate intervention and rehabilitation. If a doctor is informed that a patient has a blood pressure of 60/40 systolic over diastolic, the doctor can confidently state that the individual's medical condition is not sustainable and that immediate medical intervention is required, even without knowing the underlying cause of such an alarmingly aberrant blood pressure reading. In much the same way, as a medical health professional, it is plain to me that the fact of Mr. Ba Odah's weight signals that he is in grave danger, and faces a serious risk of permanent neuropsychological damage, and possible organ failure or total body collapse. I do not believe his condition is sustainable absent rapid, appropriate and humane medical intervention.

#### **Risks of Neuropsychological Impairment**

24. The level of malnutrition associated with Mr. Ba Odah's body weight and body-mass index is alone sufficient to indicate a substantial risk of cognitive impairment and of long-term neurological damage. The human brain and a body's neuropsychological functions depend on adequate nutrition, i.e. absorption of adequate vitamins and sufficient calories to make cognitive functioning possible and sustainable. Just like insufficient oxygen to the brain can cause neurological impairment, so can persistent and long-term insufficient ingestion of nutrients and calories. Prolonged solitary conditions can also lead to neuropsychological impairment and damage.

25. I can state that Mr. Ba Odah is presently at risk of potentially permanent neuropsychological impairment from his sustained malnutrition and, though a full diagnostic evaluation would be necessary to confirm, he may already be suffering from a variety of



neuropsychological impairments. I would expect these impairments to include permanent damage to his central nervous system, cognitive impairment, and persistent and potentially long-term psychiatric symptoms, including severe and debilitating anxiety, depression, and PTSD. In my clinical experience, impairments of this kind and degree are not uncommon in patients who present with the constellation of symptoms Mr. Ba Odah now complains of.

26. The foregoing judgment I can form simply from understanding Mr. Ba Odah's severely depleted body weight, his grossly distorted body-mass index and the length of his detention in solitary conditions. In addition, Mr. Ba Odah's counsel has related to me other concerning symptoms that are themselves suggestive of current neuropsychological impairment.

27. Mr. Ba Odah reports losses of short-term memory as well as poor attention and concentration. For example, Mr. Ba Odah reported to his lawyer, "Usually when I return from a meeting with you I forget all, except from some brief parts of the information I receive from you and that is due to my poor memory." Relatedly, Mr. Farah reports that Mr. Ba Odah periodically looks lost or "vacant" in client meetings and is unable to focus on or comprehend what Mr. Farah is saying to him without repetition.

28. According to his counsel, Mr. Ba Odah is overtaken by debilitating exhaustion. Mr. Ba Odah also reports suffering with severe, migraine-like headaches and a sensation of dizziness, which, among other symptoms, causes him to remain lying down or inactive for extended periods throughout the day.

29. He reports weakened vision and persistent stiffness in his joints that prevents him from feeling that he can walk confidently on his own power. He reports that even sitting upright causes him back pain.

30. Mr. Ba Odah also reports that he is losing sensation in his extremities, specifically that his hands and feet are now persistently numb requiring him to “move them to resume circulation.”

31. These symptoms are concerning and could be indicative of severe neuropsychological damage. The fact that Mr. Ba Odah complains that he has suffered from these symptoms for years and that some appear to be worsening over time all point to an emergent condition requiring immediate assessment and intervention, and may reflect the emergence of permanent damage.

32. I also understand that Mr. Ba Odah has almost always been kept in solitary, non-communal cells since 2009. According to my own experience and understanding of Guantánamo, which comports with information I have received from Mr. Farah, that means Mr. Ba Odah is confined in a cell that measures 5 feet by 8 feet, typically for between 20-22 hours a day. Because he is so fatigued and depleted, I understand he is frequently unable to take advantage of the outdoor recreation time he is allotted. As a result, I understand Mr. Ba Odah has reported going long stretches, sometimes multiple days at a time, with little to no direct human contact other than with the personnel at Guantánamo charged with feeding him and monitoring his cell.

33. The effects of long term solitary confinement on an individual’s mental and physical health are well documented in the medical and psychological literature. They include risk of developing multiple chronic medical illnesses, depression, anxiety, sleep disorders, and permanent neuropsychological damage. These symptoms often persist beyond the duration of the solitary confinement and often become permanent.

34. In Mr. Ba Odah's case, the pronounced risk for psychological and medical decline is grave and imminent given how long he has been malnourished and the length of his imprisonment in solitary conditions. Also, individuals with such apparent psychological fragility are more likely to suffer from serious *medical* consequences. Prolonged solitary confinement has been reported to increase the level of stress hormones, like cortisol, which have been linked with the suppression of the immune system and the development of serious chronic health conditions. Additionally, these individuals frequently have such severe symptoms of depression and anxiety that their ability to engage in self-care is compromised, resulting in progressive physical decline.

#### **Necessary and Immediate Intervention**

35. The effects of malnutrition, starvation, and prolonged isolation have placed Mr. Ba Odah's body and mind in crisis. The protocol for someone who presents with Mr. Ba Odah's body weight (and corresponding symptoms) would be immediate hospitalization, presumably in an intensive care unit. Critical Care Specialists, whose primary function in a clinical setting is to immediately stabilize a patient to avert their sudden death, would thereafter perform a range of tests to assess the effects of such long-term malnutrition on his organs and attempt to diagnose any underlying medical conditions exacerbating the effects of malnutrition. This would certainly include the full complement of blood work to test for the severity of vitamin deficiency, endocrine imbalances, electrolyte levels and a range of diagnostic evaluations regarding the functioning of vital organs and systems, including the cardiovascular and central nervous systems.

36. Regarding neurological and neuropsychological functioning, there would need to be substantial diagnostic evaluation and remediation, including Magnetic Resonance Imaging

(MRI), Functional MRI (fMRI), Electroencephalography (EEG), and a full neuropsychological assessment. This would determine the full extent of his impairment and damage, and would facilitate his rehabilitation.

37. I am concerned that all of the necessary tests to evaluate and treat Mr. Ba Odah are not available to him at Guantánamo. I have served as a psychiatric expert or consultant on behalf of six other Guantánamo detainees who are facing, or have faced charges and sentencing by military commission. In connection with that work, I have acquired knowledge of the medical and psychiatric facilities available to personnel at Guantánamo. I have been involved in attempting to secure medical and psychiatric care for current detainees. Many diagnostic tests are not possible to conduct at Guantánamo. For example, it is well known that Guantánamo does not have an MRI, an essential and basic diagnostic tool available at most civilian and military hospitals. Additionally, surgical and medical specialists have had to be flown in to diagnose and treat detainees with complex conditions. In my opinion, the hospital, clinics, and laboratory facilities at Guantánamo do not have the required medical equipment or personnel to fully diagnose, treat and rehabilitate the complex and potentially grave problems apparent and latent in Mr. Ba Odah.

38. I also understand that Mr. Ba Odah has expressed mistrust in the medical personnel at Guantánamo Bay. As a psychological phenomenon, this is not at all surprising; on the contrary, it is common. Ultimately, medical staff performs Mr. Ba Odah's forcible feedings; they are done against his will in a manner he finds painful and coercive, often requiring his immobilization in a restraint chair. Mr. Ba Odah has told his counsel that the medical personnel have substantially increased the amount of feeding – potentially in response to his dramatically low body weight. Mr. Ba Odah reported to his counsel he believes he is now receiving double or

triple the volume of prior feedings, which sometimes causes him to vomit. From my clinical experience, and as reported by Mr. Ba Odah to his counsel, his feeding is extremely invasive. Because it is nonconsensual, Mr. Ba Odah also reports that his feeding is humiliating. It is therefore both physically and psychologically damaging

39. Mr. Ba Odah has also reported that he regards the medical staff as an extension of the guard force and custodial apparatus at Guantánamo. He reports to his counsel that medical staff at Guantánamo is harsh and at times has withheld care in order to pressure him to abandon his strike (which, if true, suggests an ethical compromise). Mr. Ba Odah has also told his counsel that he fears medical staff has withheld information from him about his health. I understand he has also informed his counsel that he feels as though he is a “guinea pig” who is being used for experimentation. As a result, he has informed his counsel that sometimes he refuses to cooperate with the instructions of Guantánamo medical staff because he does not trust the instructions provided to him.

40. The essential foundation, however, of any successful doctor-patient relationship is trust. Without trust, the possibility of viable and successful treatment is unlikely, if not impossible. Without trust and consent, medical treatment becomes coercive and punitive.

41. Mr. Ba Odah’s mistrust and unwillingness to cooperate with Guantánamo medical staff is predictable and clinically explained by the circumstances of his custodial detention. The relationship cannot be immediately repaired or reversed in the context of Guantánamo, where Mr. Ba Odah feels that he has been abused by doctors, health care providers, and the military alike.

42. This reality – that an individual would refuse medical intervention – may be hard for individuals to understand who are not incarcerated, impaired or have traditionally

experienced positive relationships with medical providers. However, it is a common experience and reality among individuals who feel mistreated and coerced by health providers and institutions.

43. Treatment cannot be coerced, nor withheld as punishment. It must be voluntary and accepted by the patient to succeed. Based on what I have been told about Mr. Ba Odah's attitudes toward the medical staff at Guantánamo, which are regrettably not based on personal conversation but otherwise seem reasonable in my experience with detainees who have been in Guantánamo, I do not believe he can receive effective medical care in Guantánamo.

#### **Long Term Rehabilitation**

44. Severe and sustained malnutrition can cause serious damage to the body and neurological functioning. Mr. Ba Odah will not be returned to better and more stable health or avoid continued acute medical and neurological risks simply by a command to start eating. That is counter-indicated. In his condition, and in light of the damage he has likely suffered, I believe he requires specialized sustained, measured, long-term medical and psychological rehabilitation.

45. Even with an adequate, humane treatment regimen supervised by an experienced internist and psychiatric staff, it could take several months or years for him to emerge from his current, precarious state, and likely many more months to recover to a stable body weight and resume the possibility of normal physical functioning such as walking, standing or light exercise.


46. In addition, as described above, some of his neuropsychological damage may not be remediable at this stage at all. Mr. Ba Odah's experience has few, if any, analogues that I am aware of in the clinical setting, but based on the symptoms he complains of, he may be facing permanent impairment in his ability to process information and damage to his short-term memory. In addition, he will most likely be left with permanent and potentially challenging

symptoms of depression, anxiety, and PTSD – which will result in Mr. Ba Odah struggling to overcome sensations of perpetual fear, hopelessness, and despair. My clinical experience dictates that if he survives this emergency – and his present weight causes me concern that he may not – it will be an extremely long and difficult rehabilitative process for Mr. Ba Odah before he can recover from the physical and psychological challenges he now faces.

47. The protocol for his rehabilitation should include intensive physical, medical, and psychological intervention initially in an inpatient setting followed by an intensive day-treatment program for a prolonged period. In my experience, this could likely take up to 6 months, then potentially to be followed by a life-time of outpatient monitoring, rehabilitation and treatment, depending on the severity of Mr. Ba Odah's underlying state. Long-term complications, however, are of secondary importance in light of my fear, based on my years of clinical experience, that without immediate intervention outside of Guantánamo, Mr. Ba Odah could perish in a relatively short period of time.

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

Dated: San Francisco, California  
June 21, 2015

Respectfully submitted,  
  
Dr. Jess Ghanam

# Exhibit 1



Ghannam, Jess  
CV  
February, 2105

## **CURRICULUM VITAE**

### **JESS GHANNAM**

#### **University Address**

University of California San Francisco  
Global Health Sciences  
3333 California Street, Suite 285  
San Francisco, California 94118

#### **Office Address/Mailing Address**

1939 Divisadero, Suite 3  
San Francisco, California 94115  
415.921.8096 (Tel)  
415.354.3377 (Fax)

Place of Birth: Detroit, Michigan

#### **Education**

*Post-Doctoral Scholar*  
Department of Psychology  
Stanford University  
Stanford, California 1984-1985

*Post-Doctoral Fellow*  
Department of Psychiatry  
Mount Zion Hospital and Medical Center  
San Francisco, California 1984

*PhD – Clinical Psychology*  
Department of Psychology  
University of California, Berkeley  
Berkeley, California 1984

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*MSc – Medical Science*

Department of Health and Medical Sciences  
University of California, Berkeley  
Berkeley, California 1983

*MA – Clinical Psychology*

Department Of Psychology  
University of California, Berkeley  
Berkeley, California 1981

*AB – Psychology, Philosophy*

LS&A College of Honors  
University of Michigan  
Ann Arbor, MI 1979

**Licenses/Certifications**

Licensed Clinical Psychologist, California, PSY9261, 1986  
Qualified Medical Evaluator, California, 2007  
Certified for National Security Cases requiring TS/CI Clearance

**Professional Positions/Employment**

Clinical Professor of Psychiatry, Department of Psychiatry, University of California, San Francisco, 1989-Current

Chief, Medical Psychology, UCSF-Mount Zion Medical Center, University of California, San Francisco, 1993-Current

Faculty, Global Health Sciences, University of California San Francisco, 2004-Current

Director, Behavioral and Health Psychology, Northern California Functional Restoration Program, Emeryville, CA 2005- Current

Chief, Behavioral Medicine and Health Psychology, Pain and Rehabilitative Consultants Medical Group, Berkeley, CA 2002-Current

Adjunct Professor of Ethnic Studies, San Francisco State University, San Francisco, California, 2002-2012

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Faculty, UCSF Comprehensive Cancer Center, 1997-Current

Director, Geriatric Mental Health Program and Clinic, UCSF Center on Aging,  
University of California, San Francisco, 1992-2002

Director of Training, Department of Psychiatry, UCSF Stanford Health Care, UCSF  
Mount Zion, San Francisco, 1989-2000

Assistant Clinical Professor of Psychiatry, Department of Psychiatry, University of  
California, San Francisco, 1985-2002

Visiting Professor, Department of Psychology, University of California, Berkeley,  
Berkeley, California, 1989,1990

Guest Editor, American Psychiatric Press, 1995-Current

Member, Board of Directors, Lacanian School for Psychoanalysis, Berkeley,  
California, 1996-Current

Member, Academic Board, Gaza Community Mental Health Programme, 1997-  
Current

Staff Psychologist, Department of Psychiatry, Outpatient Services, California  
Pacific Medical Center, 1991-1999

Assistant Director of Training, Crisis Clinic, Department of Psychiatry, Mount Zion  
Hospital and Medical Center, 1986-1991

Crisis Clinic Supervisor, Crisis Clinic, Department of Psychiatry, Mount Zion  
Hospital and Medical Center, 1984-1991

Assistant Research Psychologist and Residential Scientist, Department of  
Psychiatry, University of California, San Francisco, 1985-1989

Adjunct Professor of Psychology, San Francisco State University, San Francisco,  
1983-1990

Staff Psychologist, Children's Comprehensive Crisis Service, Children's Hospital  
and Medical Center, San Francisco, 1983-1984

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### **Special Honors and Awards**

Champion of Diversity Award, for outstanding contribution to diversity at UCSF, 2004.

Certificate of Appreciation, UCSF-Mount Zion Hospital and Medical Center, for outstanding community service contribution, 1990

Certificate of Appreciation, San Francisco Police Department, for outstanding contribution to community work with the Psychiatric Liaison Unit, 1989

University of California, San Francisco, School of Medicine, Nomination for Outstanding Teacher by 1st year medical students, 1989

University of California, San Francisco, School of Medicine, Nomination for Outstanding Teacher by 1st year medical students, 1988

Sigma XI Scientific Society, 1984

Honor Roll, University of California, Berkeley, 1979-1984

National Institute of Mental Health Fellowship, Bethesda, Maryland, 1979-1982

Angell Scholar, University of Michigan, 1980

Phi Beta Kappa, University of Michigan, 1979

Pillsbury Award for Outstanding Honors Thesis, University of Michigan, 1979

Special Instructional Aide Fellowship, Department of Psychology, University of Michigan, 1978

Institute for Human Adjustment Quarter-time Fellowship, University of Michigan, 1978

College Honors, University of Michigan, 1975-1979

### **Hospital and Medical Group Affiliations**

Member, UCSF Medical Staff, San Francisco, 1992-Current

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Member, Summit Medical Center, Medical Staff, 2005-Current

Member, Alta Bates Medical Center, Medical Staff, 2001-Current

Member, UCSF-Stanford Health Care Medical Group, San Francisco 1998-2000

Member, Brown and Toland Medical Group, San Francisco, 1996-Current

Attending Medical Staff, Department of Psychiatry, Mount Zion Hospital and Medical Center, 1986-2000

Attending Medical Staff, Department of Psychiatry, San Francisco Veterans Administration Hospital, 1988-1990

San Francisco Medical Group, Affiliate, San Francisco, 1990-1999

### **Professional and Society Memberships**

Member, Health Professionals Against Torture

Member, Phi Beta Kappa Honor Society

Member, Division 39; American Psychological Association

Member, American Psychological Association

Member, Sigma XI Scientific Society

Member, International Society for Psychotherapy Research

Member, California Society of Industrial Medicine and Surgery

Member, Psychologists for Social Responsibility

### **Internships**

Pre- and Post-Doctoral Fellowship, Department of Psychiatry, Mount Zion Hospital and Medical Center, San Francisco, 1982-1984

Psychology Intern, Psychology Clinic, University of California, Berkeley, 1981-1982 (APA Approved)

Psychology Intern, Psychology Clinic, University of California, Berkeley, 1980-1981 (APA Approved)

Neuro-psychology Intern, Departments of Rehabilitation and Neurology, University of Michigan, 1978- 1979

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### **Clinical and Consultation Experience**

Consultant and Expert Witness, Department of Defense, OMC. For National Security Cases involving PTSD and Torture, 2006-Current

Consultant for the Center for Constitutional Rights, Guantanamo Detainee Project for Rehabilitation and Resettlement, 2005-Current

Consultant for REPRIEVE, Guantanamo Detainee Project for Rehabilitation and Resettlement, 2005-Current

Consultant for Survivors International on Cultural Competence in working with Torture Survivors from the Middle East, Arab and Muslim World, 1996-current

Consultant for the IRCT and RCT on Cultural Competence in working with Torture Survivors from the Middle East, Arab and Muslim World, 2000-current

Psychiatric Consultant, Alta Bates Medical Center, 4E Oncology Service, 2000-Current

Psychiatric Consultant, Summit Medical Center, Oncology Service, 2004-Current

Consultant, San Francisco Art Institute, Center for Individual Learning, 2000-2002

Psychiatric Consultant, UCSF, Department of Surgery, 1997-Current

Psychiatric Consultant, UCSF, Cancer Center, 1996-Current

Psychiatric Consultant, Senior Health Program, UCSF Institute on Aging, San Francisco, 1996-2002

Psychiatric Consultant, Bayview-Hunter's Point Adult Day Health Program, San Francisco, 1994-1995

Psychiatric Consultant, Alzheimer's Day Center, Institute on Aging, San Francisco, 1992-2002

Psychiatric Consultant, CORF Program, Institute on Aging, San Francisco, 1992-2002

Consultant, Research Center, UCSF Institute on Aging, San Francisco, 1988-2002

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Neuropsychological and psychiatric consultation-liaison, Lakeside Senior Health Program. University of California, San Francisco, San Francisco, 1990-2000

Neuropsychological and psychiatric consultation-liaison with Pediatric Rehabilitation Program, Department of Pediatrics, University of California, San Francisco, San Francisco, 1990-2001

Psychiatric Consultant, Adult Day Health Center, UCSF Institute on Aging, San Francisco, 1989-2002

Neuropsychological and psychiatric consultation-liaison with Rehabilitation Unit, Mount Zion Hospital and Medical Center, University of California, San Francisco, 1988-2001

Neuropsychological and psychiatric consultation-liaison with AIDS Unit, Mount Zion Hospital and Medical Center, University of California, San Francisco, 1988-1996

### **Publications**

Subbaraman, R., Nolan, L., Shitole, T., Sawad, K., Shitole, S., Sood, K., Nanarkat, M., Ghannam, J., Betancort, T., Bloom, D., Patil-Deshmukh, A. The psychological toll of slum living in Mumbai, India: A mixed methods study. *Social Science & Medicine*. Vol 18. pp 155-169, 2014.

Subbaraman, R., Nolan, L., Shitole, T., Sawad, K., Shitole, S., Sood, K., Nanarkat, M., Ghannam, J., Betancort, T., Bloom, D., Patil-Deshmukh, A. The psychological toll of slum living – an assessment of mental health, disability, and slum-related adversities in Mumbai, India. *The Lancet Global Health*. Vol. 2. p 26, 2014.

Sinhaab, Rakhi., Andrews, Allen A., Lawrence, Robert S.,& Ghannam, Jess. Refugees' Right to Employment and Evolving Responsibilities of Host Countries: The Urgency of Iraqi Refugees to Realize Economic, Social, and Cultural Rights. *Journal of Immigrant & Refugee Studies*; Volume 10, Issue 4, 2012

Ghannam, J. Human Rights in the Middle East: Frameworks, Goals, and Strategies. Mahmood Monshipouri (ed.) *Health and Human Rights in Palestine: The Siege and Invasion of Gaza and the Role of the Boycott, Divestment and Sanctions Movement*. 2012.

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Bailony, M. R., Hararah, M. K., Salhab, A. R., Ghannam, I., Abdeen, Z., & Ghannam, J. (2011). Cancer registration and healthcare access in West Bank, Palestine: A GIS analysis of childhood cancer, 1998–2007. *International Journal of Cancer*, 129(5), 1180-1189.

Ghannam, J. Palestine—A Nation Traumatized. In, "Psycho-Political Aspects of Suicide Bombers, Terrorism and Martyrdom", J. Marvasti (Ed.). C.C. Thomas: Springfield, 2008

Elbedour, S., Onwuegbuzie, T., Ghannam, J., Hallaq, E., & Abu-Saad, A. Preliminary Investigation of the traumatic Effects of War on Children: A Psychological Report From Jenin, In Press

Hein, F. A., Elbe, S., Onwuegbuzie, A. J., Ghannam, J., & Whitcome, J. A. (2007). Posttraumatic stress disorder, depression, and anxiety among Gaza Strip adolescents in the wake of the second uprising (Intifada).

Haj-Yahia, M.; Quota, S. Punamaki, R., Montgomery, E.; Sarraj, E., Elbedour, S., Ghannam, J., Abu Heine, F. Challenges in studying the psychological effects of Palestinian children's exposure to political violence and their coping with this traumatic experience: Commentary. *Child Abuse & Neglect*. July 2007, vol. 31, No. 7, Pages 691-719.

Elbedour, S., Onwuegbuzie, A., Ghannam, J., Whitcome, J., & Abu Hein Posttraumatic Stress Disorder, Depression, and Anxiety Among Gaza Strip Adolescents in the Wake of the Second Uprising (Intifada), F. *Child Abuse and Neglect*, 2007; Volume 31, Issue 7, July 2007, Pages 719-729

Ghannam, J. (2005). The use of psychoanalytic constructs in the service of empire: Comment on Baruch (2003).

Ghannam, J. Courageous Analysis. *ObGynNews*, Vol 42(20), p.9 (2007).

Ghannam, J. (2005). The Use of Psychoanalytic Constructs in the Service of Empire; *Psychoanal. Psychol.*, 22:135-138.

Lifton, R., Ghannam, J. & Bein, J. Definitions of Terrorism. *Journal of the American Medical Association*, 2003:2254.

Shevrin, H., Ghannam, J. and Libet, B. (2002) "A Neural Correlate of Consciousness Related to Repression". *Consciousness and Cognition*, Vol 11(2), 334-341.



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Shevrin, H., Ghannam, J. and Libet, B. (2002) "Response to Commentary on: A Neural Correlate of Consciousness Related to Repression". *Consciousness and Cognition*, Vol 11(2), 345-346.

Ghannam, J.H. Chateau Pommard: Reflections on Jean-Louis La Planche, (1995) Vol1. #1, Fort Da.

Ghannam, J.H. What is Attention Deficit Disorder? (1996) View. p.3.

Ghannam, J.H. What is Depression? (1995) View. p.4.

Jones, E.E., Ghannam, J.H., Nigg, J.T., Dyer, J.T.; (1993), A Paradigm for Single Case Research: A Time Series Study of a Long-Term Psychotherapy for Depression. *Journal of Consulting and Clinical Psychology*, 61(3): 381-394.

Horowitz, L. M., Locke, K. D., Morse, M. B., Waikar, S. V., Dryer, D. C., Tarnow, E., & Ghannam, J. (1991). Self-derogations and the interpersonal theory. *Journal of Personality and Social Psychology*, 61(1), 68.

Horowitz, M., Merluzzi, T., Ewert, M., Ghannam, J., Hartley, D., and Stinson, C. (1991), Role-Relationship Model Configurations In M.. Horowitz (Ed.) *Person Schemas and Maladaptive Interpersonal Patterns*. Chicago: University of Chicago Press.

Horowitz, M., Markman, H., & Ghannam, J.(1990). A classification theory of defense. In Jerome L. Singer (Ed.) *Regression and Dissociation: Implications for Personality Theory. Psychopathology and Health*, Chicago: University of Chicago Press.

Horowitz, M. J., Merluzzi, T. V., Ewert, M., Ghannam, J. H., Hartley, D., & Stinson, C. H. (1988). Rote-Relationship Modets Configuration. *Psychodynamics and Cognition*, 115.

Ghannam, J.H. and Gresham, G. (1989) The anatomy of duty-to-warn: Clinical and legal implications. *The California Psychologist*, vol.23, #3, p9, p.14.

Ghannam, J.H. and Gresham, G. (1989) Supreme Court to review consent with involuntary psychiatric patients. *The California Psychologist* vol .23 #2, p. 5

Gresham, G. and Ghannam, J.H. (1988) A preliminary exploration of informed consent in involuntarily detained patients. *The California Psychologist* vol. 22,#4, p 18.

Ghannam, Jess  
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Ghannam, J.H. (1988) Structural change: A text analytic approach. Proceedings of the International Society for Psychotherapy Research. Santa Fe, New Mexico.

Ghannam, J.H. (1987) The Traumatized Self. A Look at Trauma and Its Vicissitudes. Contemporary Psychiatry. 6(3), 184- 185.

Ghannam, J.H. and Horowitz, M. (1987) The Social and Psychological Structure of Disaster. Contemporary Psychiatry. 6(2), 133-134.

Ghannam, J.H. (1987). A Method for Characterizing Representations of Self and Other from Clinical Transcripts. Proceedings of the Psychotherapy Research Meeting. Ulm, West Germany.

Gevins, A.S., Doyle, J.D., Cutillo, B., & Ghannam, J.H. (1981). Electrical Potentials in Human Brain During Cognition: New Methods Reveal Dynamic Patterns of Correlation. Science, 213., 918-922.

Papsdorf, J.D., & Ghannam, J.H. (1978). Anxiety and Hemispheric Specialization: Implications for EEG Biofeedback. In L. Kimmel (Ed.) Biofeedback and Self-Regulation, LEA: New York.

### **Published Abstracts**

Ghannam, J.H. (1984c). Language and the Psychotherapeutic Process: An Empirical Exploration. DOCTORAL DISSERTATION; University of California, Berkeley.

Ghannam, J.H. (1983). A Critical Analysis of Neurobiological Plasticity. Criteria for a New Model. MASTER'S THESIS, University of California, Department of Health and Medical Sciences.

Ghannam, J.H. (1981). Human Hippocampal Correlates of Memory Function and Dysfunction. MASTER'S THESIS, University of California, Department of Psychology

### **Papers Presented**

Ghannam, J. Empowering Communities and Individuals: Building Mental Health Capacity in the MENA Region. 7<sup>th</sup> International Conference: Health Issues in Arab Communities. Muskat, Oman. March 2015.

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Ghannam, J. Planning Future Community Mental Health Programs in Gaza: The Therapeutic Playground. 7<sup>th</sup> International Conference: Health Issues in Arab Communities. Muskat, Oman. March 2015.

Ghannam, J. The Psychiatric and Psychological Effects of Detention at Guantanamo: A Review. University of California, Berkeley, School of Public Health, March 2010.

Ghannam, J. (2013, November). Mental health in a state of war: An intervention and service model for the children of gaza. In *141st APHA Annual Meeting and Exposition (November 2-November 6, 2013)*. APHA.

Ghannam, J. Health, Human Rights, and Social Responsibility: The Humanitarian Crisis in Gaza. California State University Fresno. March 2010.

Ghannam, J. The Health Consequences of War and Occupation. UCSF Medical School and Medical Center, 2003,2004,2005,2006, 2007, 2008, 2009, 2010

Ghannam, J. The Effects of Racialization, Profiling, and Special Registration on Muslim-American Identity. University of California, Berkeley Conference on Islam in America, 2003

Ghannam, J. The Mental Health Consequences of War and Occupation. University of California, Berkeley, School of Public Health, 2003.2004,2005,2006

Ghannam, J. Mental Health and Human Rights, Physicians for Human Rights, Stanford Medical School, Stanford, California. 2002,2003.

Ghannam, J.H. and Abdel Hamid Afana, A. Mental Health Training in Palestine: Current Perspectives and Future Considerations. (1997). International Conference on Mental Health and Human Rights. Gaza Community Mental Health Programme, Gaza.

Ghannam, J.H. Oppression and Torture: Psychoanalysis Under Occupation.

(1996). Association for Psychoanalysis, Society and Culture. Washington, D.C.

Ghannam, J.H., & Mergenthaler, E. (1989). Heart Rate Correlates of Conflictual Topics in Psychotherapy Text, European Society for Psychotherapy Research, Berne, Switzerland

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Ghannam, J.H. (1989) Physiological Correlates of Different Themes in Psychotherapy, Society for Psychotherapy Research, Annual Convention, Toronto, Canada

Ghannam, J.H. & Gresham, G.L. (1989). Informed consent to receive antipsychotic medication in involuntarily detained patients. American Society of Law and Medicine Annual Convention, London.

Ghannam, J.H. (1988). Structural Change: A Text Analytic Approach. Society for Psychotherapy Research. Santa Fe, New Mexico.

Ghannam, J.H. & Metzler, T. (1988). Threshold Determination in Pathological Grief, Social Phobia & Controls. Experimental Studies Group. MacArthur Foundation Project on Conscious and Unconscious Mental Processes. University of California, San Francisco.

Ghannam, J.H. & Marmar, C.R. (1987). Experimental Probe Studies of Unconscious Mental Processes. Swedish Research Society, Umea, Sweden.

Ghannam, J.H. (1987). Representations of Self and Other From Clinical Transcripts: A Quantitative Approach for Characterizing Schemas. Paper Prepared to the Society for Psychotherapy Research Meeting, Ulm, West Germany.

Horowitz, M.J., Markman, H., Tunis, S., & Ghannam, J.H. (1986). Towards a Theory of Defense Classification. Paper presented at Yale University, MacArthur Foundation Conference on Repression, 1986.

Ghannam, J.H. (1985). Psychoanalysis as a Science: Ontology Versus Methodology. American Psychological Association Annual Convention, Los Angeles, California.

Ghannam, J.H. (1984b). The Function of Speech in Psychoanalysis: An Empirical Study. American Psychological Association Annual Convention, Toronto, Canada.

Ghannam, J.H. (1984a). Speech Clarity: A Measure of the Psychotherapeutic Process. international Society for Psychotherapy Research, Annual Convention; Banff, Canada.

Ghannam, J.H. (1983). Research in Psychoanalysis: A Methodological Evaluation. American Psychological Association Annual Convention; Anaheim, California

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Ghannam, J.H. (1983). A Critical Evaluation of Neurobiological Plasticity: Criteria for a Comprehensive Model for the Recovery of Function. International Neuropsychological Society Convention, Lisbon, Portugal.

Ghannam, J.H. (1983). Theoretical Perspectives on the Recovery of Cognitive Functions after CNS Insult. California State Psychological Association Annual Convention, San Francisco, California.

Papsdorf, J.D. & Ghannam, J.H. (1978). Asymmetric Digit Response to Test Anxiety Imagery. Southeastern Psychological Association National Convention, Atlanta, Georgia.

Papsdorf, J.D. & Ghannam, J.H. (1978). Test Anxiety and Hemispheric Specialization: Implications for Research. Southeastern Psychological Association National Convention, Atlanta, Georgia.

Papsdorf, J.D. & Ghannam, J.H. (1977). Test Anxiety and Lateral Eye Movements. American Psychological Association, Annual Convention, San Francisco, California.

### **Invited Lectures and Panels**

American Studies Association Annual Meeting, The Indivisibility of Justice: Palestine in the American Imaginary. The Health Effects of the Gaza Invasion and Siege on Palestinians, San Antonio, November, 2010.

Psychologists for Social Responsibility, Panel Discussion, New Directions for The Anti-Torture Movement, July 2010

The Psychiatric AME/QME Report and the GAF. California Association of Applicant Attorneys. Oakland, California. July 2010.

International Day in Support of Victims of Torture, Panel Discussion, Amnesty International, San Francisco, CA, June, 2010

Western Regional International Health Conference, "War & Global Health: Transforming our professions, Changing our World". Health Professionals and Torture: Perpetrators, Activists, and Healers, University of Washington, April, 2010

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University of California Berkeley, School of Public Health. "The Mental Health Effects of Torture in Guantanamo". March 2010

Commonwealth Club, San Francisco. The Quest for Palestinian National Identity, Panel discussion, 2009

University of California San Francisco, School of Medicine, Physicians for Social Responsibility, "Health, Human Rights and Social Responsibility: The Humanitarian Crisis in Gaza, 2009.

Claremont Collage, Scripts Campus, "Health, Human Rights and Social Responsibility: The Humanitarian Crisis in Gaza, 2009.

University of California Davis, "Health, Human Rights and Social Responsibility: The Humanitarian Crisis in Gaza, 2009.

UC Berkeley, Boalt Law School, Symposium on "Overcoming Divisions Within Communities of Color, February, 2008.

UCSF School of Medicine Symposium on Health Effects of War, "The Psychiatric Effects of War and Occupation", 2007,2008

University of Nevada, Reno School of Medicine. "Health and Mental Health Effects of War and Occupation", 2007.

University of California, San Francisco Global Health Sciences, Seminar on Global Health, "Mental Health Research and Practice Globally", 2004, 2005, 2006, 2007,2008,2009, 2010, 2011, 2012, 2013, 2014, 2015.

Department of Psychiatry, UCSF, "Cultural and Clinical Competence in Working with Arab and Muslim Americans." 2002,2003, 2004

Tenderlion Clinic, "Cultural and Clinical Competence in Working with Arab and Muslim Americans." 2001, 2002, 2003

Department of Equal Employment (EEOC), San Francisco, "Cultural and Clinical Competence in Working with Arab and Muslim Americans." 2002

Department of Psychiatry, San Francisco General Hospital, Psychiatric Emergency Services, "Traumatic Effects of Racial Profiling and Hate Crimes", October, 2002

Department of Psychiatry, San Francisco General Hospital Grand Rounds, "Traumatic Effects of Racial Profiling and Hate Crimes", 2001

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School of Social Welfare, University of California, Berkeley, "Psychoanalytic Perspectives in Working With Older Adults", 2000

San Francisco Psychoanalytic Institute, Friends Society, "Money, Class, and Resistance", 2000

Department of Orthopedic Surgery, UCSF, Grand Rounds, "Psychological Care of the Poly-Traumatized Patient", 1998

American Academy of Orthopedic Surgeons, "Psychological Care of the Poly-traumatized Patient", San Francisco, 1997

Wright Institute, Berkeley, California. "What is Psychoanalysis", 1995, 1996, 1997, 1998

Pacific Gas, & Electric Company, System Wide Symposium on "Coping with Depression in the Workplace". 1997

UCSF Brown Bag Lecture. "Advances in the Treatment of Depression". 1997

UCSF Healthy Aging Series, UCSF Medical Group. "Coping with Loss and Change". 1994, 1995, 1996

UCSF Center on Aging, Geriatric Noon Conference, "Depression in the Elderly". UCSF Mount Zion Medical Center, 1996

UCSF Mount Zion, Department of Medicine, Noon Conference, "Advances in the Treatment of Depression", 1996

University of California, San Francisco, Center on Aging, Symposium on Chronic Illness and Depression in the Elderly. "The Treatment of MDD in the Elderly Cardiac Patient". 1994

Eureka General Hospital and Mad River Community Hospital, "Diagnostic Psychological Evaluations", Medical Grand Rounds, 1991

The Wright Institute, Berkeley, "Crisis Intervention", 1990

University of California, Berkeley, Department of Psychology Colloquium, "Informed Consent with Involuntarily Detained Psychiatric Patients", 1989.

University of California, Berkeley, Department of Psychology, Clinical Psychology Program Conference, "Epidemiology and Psychodynamics of Suicide ", 1989

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San Francisco General Hospital, Department of Psychiatry, Consultation-Liaison Service, Post-Traumatic Stress Disorder and Severe Personality Pathology, 1988.

Highland General Hospital, Department of Medicine, Grand Rounds, "Post-Traumatic Stress Disorders in Medical Practice, 1988

Mount Zion Hospital and Medical Center, Department of Psychiatry , Grand Rounds. "Research into the Supervisory Experience." (with Drs. Schupak and Marrott), 1988

San Francisco State University, Department of Psychology, Clinical Case Conference. Invited consultant to clinical graduate students, 1988

University of California, Berkeley, Department of Psychology. "Suicide: Theory, Assessment, and Intervention." Presented to faculty and graduate students in clinical psychology, 1987

Wells Fargo Employee Assistance Services, "Psychodynamic Principles of Individuals in Organizations." Presented to the clinical staff, 1987

San Francisco State University, Department of Psychology. "Psychoanalytic Psychotherapy. Theory and Technique." Presented to advanced graduate students in clinical psychology, 1987

Tenderloin Clinic, San Francisco, "Psychodynamic Treatment of Severe Personality Disorders." Presented to staff and trainees, 1986

Wells Fargo Employee Assistance Services, "Psychodynamic Principles of individuals in Organizations." Presented to the clinical staff, 1986

San Francisco State University, Department of Psychology, "Psychoanalytic Psychotherapy: Theory and Technique." Presented to advanced graduate students in clinical psychology, 1986

San Francisco Psychoanalytic Institute, "The Evolution of the Theme of Castration in Freud's Writings." Presented to first year candidates, course on Oedipal Development, 1985

San Francisco State University, Department of Psychology, "Psychoanalytic Psychotherapy: Theory and Technique." Presented to advanced graduate students in clinical psychology, 1985



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San Francisco Psychoanalytic Institute, "The Evolution of the Theme of Castration in Freud's Writings." Presented to first year candidates, course on oedipal development", 1984

San Francisco State University, Department of Psychology, "Psychoanalytic Psychotherapy. Theory and Technique." Presented to advanced graduate students in clinical psychology, 1984

San Francisco State University, Department of Psychology, "Psychoanalytic Psychotherapy. Theory and Technique." Presented to advanced graduate students in clinical psychology, 1983

### **Teaching Experience**

Health Consequences of Occupation and War, University of California, Berkeley, School of Public Health. Course Instructor and Lecturer. 2010

Post-Colonial Formulations of Arab and Arab American Identity, SFSU Ethnic Studies, 2003, 2004, 2005, 2006, 2007

Advanced Seminar in Geropsychology. Post-Doctoral Fellows, UCSF Institute on Aging, 1999-2002

Continuous Case Conference, Advanced Interns, UCSF-Stanford Health Care, Department of Psychiatry, 1995-2000

Introduction to Clinical Psychology and the DSM4, Diploma Programme, Gaza Community Mental Health Programme, Gaza, 1996-Current.

Introduction to Psychoanalysis, Department of Psychiatry, University of California, San Francisco, Mount Zion Campus, 1992-2000

Psychoanalytic Theories: Five Perspectives. Department of Psychiatry, California Pacific Medical Center, 1991-1995

Core Readings and Case Conference in Psychoanalytic Psychotherapy. Department of Psychiatry, Mount Zion Hospital and Medical Center of UCSF, 1990-2000

Introduction to the Work of Lacan Mount Zion Crisis Clinic, 1991

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Theoretical and Technical Considerations in the Treatment of Character Pathology, Department of Psychiatry, Mount Zion Hospital and Medical Center, 1989, 1990

Diagnostic Neuropsychological and Psychological Differential Diagnosis  
Department of Psychiatry, Crisis Clinic, Mount Zion Hospital and Medical Center, 1989-1990

Fundamentals of Psychopathology Third year Clerkship in Psychiatry, Department of Psychiatry, University of California, San Francisco, 1989-1994

Introduction to Clinical Psychology, Department of Psychology, University of California, Berkeley, 1989

Treatment of Severe Personality Disorders. Department of Psychiatry, Mount Zion Hospital and Medical Center, San Francisco, 1988

Psychiatric Aspect of Medical Practice. University of California, San Francisco and Mount Zion Hospital, 1987, 1988

Seminar Leader, Psychiatry 100A and 100B - Introduction to Psychiatry.  
Department of Psychiatry, University of California, San Francisco, 1986, 1987, 1988

Introduction to Masochism and Object Relations, Department of Psychiatry, Mount Zion Hospital and Medical Center, 1986,1987

Training Seminar, Crisis Clinic, Department of Psychiatry, Mount Zion Hospital and Medical Center, 1986, 1987, 1988

Teaching Associate, Seminar on Research Methods. Department of Health and Medical Sciences, University of California, Berkeley, Winter 1981, Spring 1981, Fall 1981, Winter 1982, Fall 1982, Winter 1983, Spring 1983

Teaching Assistant, Introduction to Psychology-Department of Psychology, University of California, Berkeley, Fall 1980, Spring 1981, Fall 1981, Winter 1982

Teaching Assistant, Department of Psychology, University of Michigan, Fall 1978, Winter 1979

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## **Research-Experience**

Project on the Psychological and Psychiatric Consequences of Detention and Release from Guantanamo, Collaborative project with the UC Berkeley School of Law International Human Rights Law Clinic and Human Rights Center, 2009-Current.

Project on Differential Cancer Rates Using GIS in Palestine, UCSF, 2008-Current

Project on the Traumatic Effects of War and Occupation, Gaza Community Mental Health Program, 1996-Current

Project on Burnout Among Medical Residents, Hamad Medical Center, Doha, Qatar, 2013-Current

Project on Quality of Life Outcomes in Differential Treatments of Lung Cancer, with David Jablons, UCSF Department of Surgery, 1997-2000.

Project on Psychiatric Co-morbidity of Dermatology Disorders, with Tim Berger, Department of Dermatology, UCSF, 1995-2000

Member, Alzheimer's Project, Center for Clinical Aging Services Research, UCSF Institute on Aging, San Francisco, 1990-2000

Member, Geriatric Depression Project, Institute on Aging and Department of Psychiatry, University of California, San Francisco, 1990-2000

Member, Berkeley Psychotherapy Project, Department of Psychology, University Of California, Berkeley, 1989-1992

Co-Director, Project on Duty to Warn with Psychiatric Liaison Unit, 1988-1991

Co-Director, Project on the Study of Informed Consent, Department of Psychiatry, Mount Zion Hospital and Medical Center, San Francisco, 1988-1991

Residential Scientist, MacArthur Foundation Program on Conscious and Unconscious Mental Processes, Langley Porter Psychiatric Institute, University of California, San Francisco, 1984-1989

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Joint Project on Neural Correlates Unconscious Mental Processes (with Drs. Ben Libet and Howard Shevrin), University of California, San Francisco and University of Michigan, 1981-1988

Research Project on Medical Student Supervision (with Dr. Mel Schupack), Department of Psychiatry, Mount Zion Hospital and Medical Center, 1984-1989

Communication Mismatches in Depression, Department of Psychology, Stanford University, 1984-1985

Interpersonal Correlates of Process and Outcome in Psychotherapy (with Dr. Leonard Horowitz), Stanford University and Kaiser Hospital, 1984-1985

Co-Director, Project on the Use of Computer Technology in the Rehabilitation and Recovery of Cognitive Functions After Central Nervous System Insult, Departments of Psychiatry, Neurology, and Rehabilitative Medicine, Mount Zion Hospital and Medical Center, 1983-1984

Psychotherapy Research Project (with Dr. Enrico Jones), Department of Psychology, University of California, Berkeley, 1983-1984

Member (with Drs. Weiss and Sampson), Mount Zion Psychotherapy Research Group, 1981-1989

Staff Research Associate I (with Alan Gevins), EEG Systems Laboratory, Langley Porter Psychiatric Institute, University of California, San Francisco, 1980-1982

Research Assistant (with Dr. Enoch Callaway), Department of Psychiatry, University of California, San Francisco, 1980

Research Assistant (with Dr. Sheldon Korchin), Department of Psychology, University of California, San Francisco, 1980

Research Assistant (with Dr. Howard Shevrin), Adult Psychiatric Hospital, University of Michigan, 1979

Research Assistant (with Dr. Aaron Smith), Neuropsychological Laboratory, University of Michigan, 1979

Consultant, Mental Health Unit, Milan Federal Prison, 1978-1979

Research Assistant (with Dr. James Papsdorf), Laboratory of Applied Psychology, University of Michigan, 1977-1979

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Research Assistant (with Dr. Howard Shevrin), Neuropsychiatric Institute,  
Department of Psychiatry, University of Michigan, 1978-1979

Research Fellow (with Dr. James Papsdorf), Institute of Human Adjustment,  
University of Michigan, 1977-1978

### **Supervision Experience**

Supervision of Psychiatric Residents, Department of Psychiatry, University of  
California, San Francisco, 1986-Current

Supervision of UCSF Medical Students, Department of Psychiatry, Mount Zion  
Hospital and Medical Center, San Francisco, 1983-2009

Supervision of Pre- and Post-Doctoral Students, Department of Psychiatry, Mount  
Zion Campus, University of California, San Francisco, 1989-2000

Supervision of Interns, Wright Institute, Berkeley, CA, 1992-Current

Supervision of Psychology and Psychiatry Trainees, Department of Psychiatry,  
California Pacific Medical Center, 1991 -1993

Supervision of Psychology Trainees, Department of Psychiatry, San Francisco  
veterans Administration Hospital, 1988-1992

Supervision of Trainees, Department of Psychiatry, Mount Zion Hospital and  
Medical Center, San Francisco, 1983-1989

Supervision of Post-Doctoral Trainees, Outpatient Department of Psychiatry,  
Mount Zion Hospital and Medical Center, San Francisco, 1984-1989

Supervision of Clinical Graduate Students, Department of Psychology, San  
Francisco State University, San Francisco, 1983-1985

### **Workshops**

Cultural and Clinical Competence in Working with Arab and Muslim Americans,  
San Francisco Community Mental Health and the San Francisco Department of  
Public Health, 2002,2004.

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Psychoanalysis and Art: The Re-Embodiment of Desire. Morphos Gallery and Somar, 1994. Co-Chair.

California State Psychological Association, Current Trends in Mental Health and the Law, San Francisco, 1989, Chair

Protection and Advocacy Services, Informed Consent, Invited Address, 1989

California State Psychological Association, The Anatomy of Duty-to-Warn: Clinical and Legal Foundations, San Francisco, 1989, Chair

Society for Psychotherapy Research, Text Analytic Approaches in Psychotherapy, Toronto, 1989, Participant

### **Committees**

Chancellor's Committee on Climate and Diversity, University of California, San Francisco, 2010-Current

University Community Partnerships Council, University of California, San Francisco, 2010-Current

Geriatric Advisory Committee, UCSF-Stanford Health Care, 1997-2000

HIV Advisory Committee, Mount Zion Medical of the University of California, San Francisco, 1991-1997

Collaborative practice committee, AIDS Unit, Mount Zion Hospital and Medical center of UCSF, 1990-1997

Collaborative practice committee, 4 East Telemetry Unit, Mount Zion Hospital and Medical center of UCSF, 1990-1997

Chairman, Utilization Review Committee, Crisis Clinic, Department of Psychiatry, Mount Zion Hospital and Medical Center, 1986-1991

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### **Organizational Consultation**

Hospital consultant for administration, nursing, and medical staff, Mount Zion Hospital and Medical Center of UCSF, 1990-1997

Hospital consultant for administration and nursing, Moffitt-Long Hospital, University of California, San Francisco, 1991-1997

Consultant, Employee Assistance Services, Wells Fargo Bank, 1986, 1987, 1995

Consultant, Mental Health Unit, Milan Federal Prison, Milan, Michigan, 1978-1979

### **Radio and Television Experience**

Commonwealth Club

KPOO Radio

BBC Radio and Television

Al Jazeera English

Air America Radio WBAI, New York, Invited Guest, 2004

Free Speech Radio, Invited Guest, 2004

WorldLink TV, Invited Guest

KQED Radio, Invited Guest on Perspectives on the War

KCSM TV, Invited Guest on Racial Profiling

KALW Radio, Invited Guest on Racial Profiling

KQED Radio, Invited Guest on Racial Profiling

BAY TV, Invited Guest on Depression in the Elderly

BAY TV Invited Guest on Seasonal Affective Disorder

KGO Talk Radio, Invited Discussant on Depression

KCBS Radio, Invited discussant on Depression

KGO Talk Radio, Invited discussant on Addictions

KQED Radio, Invited discussant on Work Stress

### **Medical-Legal Experience**

Expert Witness, National Security Cases Requiring TS/SCI Level Clearance  
Worker's Compensation, Evaluation, Treatment, and Testimony.

Expert Witness, Testimony, Evaluation, and Deposition, State and  
Federal Courts.

Qualified Medical Evaluator, Agreed Medical Evaluator, Independent Medical

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Evaluator

### **Grants and Awards**

Mount Zion Hospital and Medical Center Research Fund, San Francisco, for studying the informed consent process in psychiatric patients, 1988

Mount Zion Hospital and Medical Center Research Fund, San Francisco, for studying the characteristic of HIV infected individuals in emergency psychiatric facilities, 1989.

Fluoxetine/Placebo Trial in Geriatric Patients with MDD. Eli-Lilly, 1990

Mount Zion Health Systems, Grant for the implementation of psychiatric services for Russian Immigrants, 1994-1998.

A Placebo Controlled Comparison of Nefazadone and Fluoxetine in the Treatment of Elderly Patients with Major Depressive Illness. Bristol-Meyers Squibb 1991

An Open Label Multicenter Trial of Nefazodone in the Treatment of Patients with Mood Disorders. Bristol-Myers Squibb. 1991

A Multicenter Trial of t Efficacy of Extended-Release Oral Physostigmine in Alzheimer's Disease and Senile Dementia of t Alzheimer Type. Forest Laboratories, 1993

Efficacy and Safety Study of Besipirdine hydrochloride (HP 749) in Patients with Alzheimer's Disease. Hoechst-Roussel Pharmaceuticals, Inc., 1993

A Multicenter, Double-Blind Trial to Evaluate the Efficacy and Safety of Two Dose Ranges of Buspirone HCl (15-35mg and 40-60mg) Compared to Placebo in the Management of Agitated Behavior in Patients with Dementia of the Alzheimer's Type, Multi-Infarct Dementia, or Mixed-Type Dementia. Bristol-Myers Squibb Company, 1994

Longitudinal Study of Adrenocorticoids & Functioning in Alzheimer's Disease. Alzheimer's Association, 1995

Double-Blind Controlled Study of Venlafaxine and Fluoxetine in Geriatric Outpatients with Major Depression, 1996

A 48 Week Study to Compare Efficacy and Safety of Propentofylline (HW A285) with Placebo in Outpatients with Alzheimer's Disease, 1996



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A 24 Week Study to Compare Efficacy and Safety of Propentofylline (HW A 285) with Placebo in Outpatients with Vascular Dementia, 1996

A Randomized, Double-Blind, Placebo Controlled Evaluation of t Effects of Donepezil Hydrochloride (E2020) in the Management of Patients in a Nursing Home Facility, Eisai, Inc., 1996

Evaluation of the Efficacy and Safety of Donepezil Hydrochloride (E2020) in Patients with Dementia Associated with Cerebovascular Disease. Pfizer Pharmaceutica1s, 1996

A Multicenter, Double-Blind Comparison of Efficacy and Safety of Seroquel, Haloperidol, and placebo in the treatment of elderly subjects residing in nursing homes or assisted care facilities and presenting with Alzheimer's Dementia and psychoses or other selected psychoses. Zeneca Pharmaceuticals, 1997

### **Community Service**

Numerous and extensive invited talks on depression, coping with stress, adjustment issues related to aging and coping with hate crimes. These activities have taken place in community centers and places of secondary education in San Francisco, Marin, and Alameda counties.

Professional References: Available upon request