White Paper
On the Matter of

April Corley
Citizen of the United States of America

Before the Attack of September 13, 2015

After the Attack of September 13, 2015

v.

Government of the Arab Republic of Egypt

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EXECUTIVE SUMMARY

Ms. April Corley is a 41-year-old U.S. citizen who was gravely injured in an unprovoked attack by Egyptian security forces on September 13, 2015 while vacationing in Egypt. At the time, April was eating lunch with her tour group alongside a road in the Western Desert – on a tour of the most popular tourist attractions in the area – when they were ambushed by Egyptian security forces flying a U.S.-approved Boeing AH-64 Apache helicopter. From the Apache helicopter, Egyptian security forces launched rockets and fired on the tourists as they tried to flee. A dozen civilians from the group died, including April’s boyfriend. The remaining victims were left in the desert, most with life-threatening injuries.

In the attack, April suffered numerous broken bones and fractures in her shoulder, arm, and ribs; her body was peppered with bullets and shrapnel; and large pieces of her skin were burned or torn away. Among many other injuries, April suffered a lung contusion, a perforated ear drum, and permanent nerve injuries in her extremities. April lost a great deal of blood, which caused her to become anemic. In the attack’s immediate aftermath, she suffered acute stress disorder, and Post-Traumatic Stress Disorder (PTSD) – which continues to this day.

April was one of the attack’s few survivors. Her injuries were so severe that today, more than four years later, April’s life remains irrevocably altered. Before the attack, April was an accomplished professional athlete and performer as a roller skater who performed in competitions, music videos, and on stage with stars like Madonna. She was also a Pilates instructor and professional cosmetologist in the entertainment industry in Los Angeles, California. Now, as a direct consequence of the life-altering and severe injuries she suffered during the brutal attack in the Egyptian desert, April is unable to work, walk, sit, or even sleep without pain. She cannot perform basic personal tasks for herself, such as washing her own hair, nor can she complete a wide variety of normal household tasks, including cooking or doing laundry. Her severe PTSD and agoraphobia, as well as anxiety and fear of engaging in otherwise normal social situations, have essentially cut her off from the rest of the world. April will require extensive medical care, physically and psychologically, for the rest of her life.

The Egyptian government has failed in nearly every possible way to take responsibility for this unprovoked attack on a civilian tourist group. Victims waited for hours before anyone came to their aid. The Egyptian authorities failed to promptly notify the U.S. and Mexican Embassies of the attack on their citizens. They then spent several days blaming the tourists themselves and their own guides for the attack, rather than launching a credible investigation to hold the perpetrators accountable. To April’s knowledge, no credible investigation into what happened has ever been conducted.

April has one specific request for the Government of Egypt, which has already acknowledged she was present and a victim of the attack. April requests $14,567,320 in compensation for damages incurred by her as a result of the attack. This includes, but is not limited to, reimbursement for her prior and projected medical expenses, lost income and livelihood, and pain and suffering. April prefers an amicable resolution with the Egyptian government and is willing to sign a release waiving further action if the Egyptian government complies with her request.
The Government of Egypt was presented this White Paper in May 2018 and counsel discussed it with its Ambassador Yasser Reda in June. In August 2018, the Government of Egypt totally rejected this counter-offer and said its final offer was the one presented to Ms. Corley in May 2017. That offer was for the Government to pay her $150,000, which would cover only part of the cost of her Medivac – which she paid out of pocket – and provided no compensation for the enormous damages she has suffered and will have to endure for the rest of her life.

In April 2019, a non-governmental tourism group in Egypt claiming to have no connection with the Egyptian government reached out about settling April’s claim. When April contested the initial low amount offered, the group provided a second and final offer still far short of her accumulated damages. Since she rejected that offer in June 2019, all communication with the Government of Egypt and this group has ceased, despite repeated efforts to reengage with both parties.

In addition to monetary compensation, a credible and comprehensive investigation into the attacks is necessary and would be in the interest of all the victims and the Egyptian and U.S. governments, so that those responsible for the attack can be held accountable. Given the gravity of April’s injuries, which will last the rest of her life, the gross negligence on the part of the Egyptian military that led to the attack, and the culture of impunity that has characterized the Egyptian government’s response, April’s monetary request and the need for a proper investigation are more than appropriate and even modest.

In light of the Egyptian government’s unwillingness to settle April’s claim, she is being forced to resolve her situation through other means.

As a start, she intends to:

(1) Take her story to U.S. and international media to share that Egypt’s position is that U.S. military assistance comes with a license to cause irreparable harm to U.S. citizens with U.S.-provided lethal weaponry and that Egypt can refuse to provide appropriate compensation for damages with total impunity;

(2) Urge the U.S. government to withhold all U.S. military assistance that can be withheld from Egypt for failing to meet human rights requirements and to withhold $30 million annually and cumulatively until Egypt resolves her claims. This also includes asking the Trump Administration to delay the $1 billion sale of 10 AH-64E Apache helicopters to Egypt, announced in November 2018; and

(3) Ask the U.S. Congress in Egypt’s annual appropriations process to create a retroactive exemption under the Foreign Sovereign Immunities Act (FSIA) to allow her and any other U.S. citizen intentionally or negligently harmed by the Egyptian government using U.S. military equipment to bring claims for damages against the Egyptian government in U.S. courts.
I. BIOGRAPHY OF APRIL CORLEY

A southern California native, April currently lives in the Los Angeles area. Before the attack, April was a professional athlete, stuntman, and roller skate performer for more than 20 years. She participated in roller skating competitions and was featured in a number of commercials, shows, music videos, and large-venue music concerts that highlighted her talent and athleticism as a skater.

Notably, she served as a roller skating consultant, choreographer, and trainer for one of Katy Perry concert tours; performed stunts for the movie Austin Powers in Goldmember and for an episode of the hit Fox TV show New Girl; and appeared in commercial advertisements for Coca-Cola, Bud Light, Mountain Dew, and Dutch telecommunications company Ziggo. April also performed with world-famous American singer-songwriter Madonna on multiple occasions, served as a body double and roller skating coach for Madonna in the music video Sorry, and worked as a roller skating consultant, trainer, and assistant choreographer for Madonna’s “Confessions on a Dance Floor” tour. At one point, April even performed as a roller skater at a birthday party for Usher. In August 2014, she co-starred in the music video for Chet Faker’s hit song Gold. Gold’s creators were nominated for “Best Music Video” and “Best Cinematography in a Music Video” at Camerimage International Film Festival in 2014, “Best Choreography” at the MTV Video Music Awards in 2015, and the “Grand Jury Award” at the South by Southwest Film Festival.

In addition to her career in performing arts, April was a Pilates instructor and professional cosmetologist in the entertainment industry in Los Angeles, California. Among other things, she worked on major soft drink commercial advertising campaigns as a makeup artist and hairstylist.

II. SEPTEMBER 13, 2015 ATTACK

A. Attack and Immediate Aftermath

On Sunday, September 13, 2015, April was touring Egypt’s Western Desert with the reputable tour company “Windows of Egypt.” She was the only American citizen on the tour. The other 13 tourists were Mexican nationals, including her boyfriend, Rafael Bejarano, and his mother, Marisela Bejarano, who had organized the tour group. Accompanied by a tourist police escort, an experienced Egyptian guide, and Egyptian drivers, the group was driving out to the

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7 Id.
White Desert, a popular tourist area about 200 miles southwest of the capital city of Cairo.\textsuperscript{8} The group’s vehicles were clearly emblazoned with the logos of the tour company on their sides.\textsuperscript{9} According to a number of sources, and as reported by The New York Times and Foreign Policy, the tour group adhered to popular tourist routes, had acquired an official permit from the Egyptian government, and had passed through at least three police checkpoints over the course of the drive from Cairo.\textsuperscript{10}

In the early afternoon, the tour group broke for lunch. The vehicles pulled several hundred yards off the side of the road, giving the tourists a chance to walk around and snap photos while their guides prepared a meal.\textsuperscript{11}

Just after 3:30 pm local time, the Egyptian military appeared in the sky and began an aerial attack on the group without warning. Flying a U.S.-supplied Boeing AH-64 Apache helicopter, the Egyptian military forces launched multiple rocket salvos and fired 30 mm rounds at the unarmed tourists as they frantically scattered and tried to escape.\textsuperscript{12}

The tour group’s Egyptian police escort, along with one of the Egyptian drivers, managed to escape the massacre and reached the main road a short distance away. However, while the two reported the attack to a nearby army checkpoint only minutes later, no Egyptian official or soldier was willing to go to the scene to help the survivors. Finally, around 7:00 pm, a group of Egyptian police special forces arrived at the checkpoint and accompanied the tourist police escort and driver back to the scene of the attack. At that point, the driver contacted a colleague who lived nearby, who immediately came to the scene and drove the survivors to a nearby town.


\textsuperscript{9} \textit{Killing Fields in the Egyptian Desert}, supra note 6.

\textsuperscript{10} \textit{Id.} and \textit{Egyptian Military Fires on Mexican Tourists During Picnic}, supra note 8.

\textsuperscript{11} \textit{Killing Fields in the Egyptian Desert}, supra note 6.

\textsuperscript{12} \textit{Id.}
in private vehicles. From there, the survivors were transported to the hospital Dar Al Fouad, near Cairo.

April’s boyfriend was among those killed, and April received life-threatening injuries. When recalling the experience, she stated in a private communication:

_I watched a person's face blown to pieces in front of me. I experienced a blast by a force that damaged my left eardrum. I was blown backwards from another explosion and had to put out the flesh eating fluid on my right shoulder. I had to make my own tourniquet. I had to be present to my own horror in my body shutting down before any one came to my side._

April was forced to “play . . . dead while lying under 12 bodies” in order to survive. She drifted in and out of consciousness over the course of several hours as she and the other injured members of her party waited for help, unable to access any type of medical aid or assistance. According to media reports, eight Mexican tourists and four Egyptians were killed, and at least eight were injured.

**B. Egypt’s Response**

Over four years later, Egypt has still failed to conduct, complete, and make public the findings of a credible investigation into the attack, failed to take responsibility for the attack, failed to hold accountable the officials responsible for the attack, and failed to provide a full explanation and full apology to the victims and their families.

Egypt promised a full and transparent investigation of the attack, but never delivered. The Government obfuscated the facts and circumstances surrounding the attack through public statements, offered shifting explanations that pinned increasing blame on the victims, and silenced critics and the media who sought the truth. All of this adds up to a shameful conspiracy to sweep under the rug the unprovoked, mass murder of innocent foreign tourists who were only trying to enjoy their holiday.

Egypt’s intent to downplay and escape responsibility for the attack was evident from the beginning. For example, the Egyptian government failed to immediately inform the Mexican and U.S. governments of the attack, ignoring a basic convention of diplomatic courtesy. In fact, it was the private Egyptian tour company that immediately notified the Mexican Embassy, which then contacted Egyptian government officials.

Furthermore, it took the Egyptian government approximately 12 hours to issue official comments on the attacks. Not until approximately 2:30 am on September 14, 2015 did the Egyptian Ministry of the Interior release a statement. Even worse, this statement placed the

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13 Id.
14 See Appendix 3 for a letter from April’s internist, Gary Cohan, M.D., F.A.C.P.
16 *Egyptian Military Fires on Mexican Tourists During Picnic, supra* note 8.
17 Id.
blame squarely on the tour company and promised to investigate why “a tourist convoy was in a restricted area.”

In the morning of September 14, Egyptian Foreign Affairs Minister Sameh Shoukry reportedly expressed condolences for the loss of life in a call to Mexican Foreign Affairs Minister Claudia Ruiz Massieu. However, Shoukry failed to take responsibility for the attack. The Egyptian Tourism Ministry also deflected responsibility, arguing that the tour company “did not have permits and did not inform authorities” of the group’s travel plan – a blatantly false assertion. Shortly afterward, the tour group’s permit was posted publicly online. On September 15, the Tourism Ministry admitted that the group had a permit, but then doubled down on blaming the tour group by stating that the permit was insufficient for the size of the group.

On September 16, Shoukry submitted an open letter to Mexican newspapers, promising that “an impartial inquiry [was] being held, under the leadership of Egypt’s Prime Minister himself, and that Egypt is prepared to do its utmost to help in any way it can.” However, Shoukry undermined his stated commitment to a full and “impartial” investigation by going out of his way to criticize “some people [who] have chosen to exploit this tragic event to allege that Egyptian law enforcement officials have no strict rules of engagement, act indiscriminately, or do not take the necessary precautions during their operations.”

A military spokesperson also refused to take responsibility, saying, “When it comes to tourists, it is a Ministry of Interior issue, not ours . . . This incident has nothing to do with the army even if the army and police carried out the operation together . . . This is the system of this country, and you don’t have the right to question it.” On September 28, Egyptian President Abdel Fattah el-Sisi perpetuated the myth that the tour group was to blame, claiming that the group was “in an off-limit area very close to the border area with Libya, dangerous areas, where smugglers used to infiltrate with weapons and foreign fighters.” This is contradicted by a Foreign Policy investigation, which confirmed that the attack’s location was in fact “hundreds of miles from the border with Libya.”

Mirroring his government’s refusal to conduct a legitimate investigation, Egypt’s chief prosecutor forbade media coverage of the attack on September 17 – just four days after it occurred – by issuing a wide-ranging statement that banned domestic and international media

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22 Id.
24 Id.
25 Egyptian Military Fires on Mexican Tourists During Picnic, supra note 8.
26 Interview of Egyptian President Abdel-Fattah el-Sisi by Margaret Warner, Egypt’s President on Fighting Islamic State, U.S. Relations, PBS NEWSHOUR, Sept. 28, 2015, available at https://www.pbs.org/newshour/show/al-sisi.
organizations from reporting on it.\textsuperscript{28} The ban directly contradicted contemporaneous statements by Shoukry that Egypt would conduct an investigation, and the move was widely interpreted as a sign that the Government would engage in a cover-up of the attack to avoid embarrassing information from coming to light.\textsuperscript{29}

Mexican President Enrique Peña Nieto had also called for the Egyptian government to investigate the attack.\textsuperscript{30} In early 2016, Ruiz Massieu announced that Egypt had nearly completed its “investigation,”\textsuperscript{31} saying that Egypt had “found that the administrative authorities and the travel agency should have had more clarity on the permit and in that sense would eventually be responsible.”\textsuperscript{32} There is no additional information about this purported “investigation” available publicly.

\textbf{C. Egypt’s Compensation to Mexican Victims}

Following the attack, the Mexican Foreign Ministry issued a statement demanding compensation for the victims: “The Mexican government demands the necessary guarantees so that the victims of the tragic and regrettable attack perpetrated on September 13, all of them innocent civilians and their families, receive full reparations for the damage, including compensation.”\textsuperscript{33}

Based on media reports, at least three families of deceased victims were each paid $140,000 USD by the Egyptian Travel Agents Association “in exchange for their agreeing to drop legal proceedings against Egypt.”\textsuperscript{34}

\textbf{III. INJURIES SUSTAINED BY APRIL}

April suffered severe, painful, and permanent injuries in the September 13, 2015 attack. Bullets and shrapnel riddled her entire body. She had numerous fractures and broken bones in her arm, shoulder, collarbone, and ribs. Explosives lacerated, shredded, and burned her skin. As a result of acute blood loss, she was anemic. She also suffered from acute stress disorder and trauma in the immediate aftermath.


\textsuperscript{29} Id.


\textsuperscript{32} Id.

\textsuperscript{33} La Cancillería Entrega Tercera Nota Diplomática al Gobierno de Egipto, \textsc{SECRETARÍA DE RELACIONES EXTERIORES}, Sept. 17, 2015, \textit{available at} https://www.gob.mx/sre/es/prensa/la-cancilleria-entrega-tercera-nota-diplomática-al-gobierno-de-egipto?idiom=es (“el gobierno mexicano exige las garantias necesarias para que las victimas del trágico y lamentable ataque perpetrado el pasado 13 de septiembre, todas ellas civiles inocentes y sus familiares, reciban la reparación integral del daño, incluyendo la indemnización”).

\textsuperscript{34} \textit{Killing Fields in the Egyptian Desert}, supra note 6.
Over the last four years, April has required intensive medical treatment, including approximately 10 surgeries, dozens of prescription medications, hundreds of medical appointments, countless hours in rehabilitation, and hundreds of thousands of dollars in medical-related expenses. Today, she continues to suffer from both physical restrictions and pain, as well as severe psychological distress, including PTSD and agoraphobia, as a direct consequence of the attack.

According to her doctors, April will never fully recover her life as it was prior to the attack. 35

A. Medical Treatment in Egypt

In the hours after the attack, April received no medical treatment as she lay injured and bleeding at the scene, surrounded by the other injured and dying members of her tour group. April was eventually transported to a nearby town by private Egyptian citizens sometime after 7:00 p.m. and then taken to the Emergency Room of Dar Al Fouad Hospital near Cairo. The journey from the scene of the attack to the hospital took several hours and multiple vehicle transfers. Two other individuals injured in the attack died during that time.

April was admitted for urgent in-patient care at Dar Al Fouad Hospital later that night. She remained there for five days until September 18. During this time, she underwent at least two surgeries, and received a blood transfusion and treatment for some, but not all, of her injuries. Medical records from Dar Al Fouad Hospital only note that April needed (1) debridement (wound care); (2) suturing in her armpit, shoulder and buttocks, (3) surgical drains, and (4) “closure [of] skin with bare area over the wound.” It is unclear, however, precisely what elements of this diagnosed treatment were actually administered. Additionally, a later examination at Cedars-Sinai Medical Center (Cedars-Sinai) in California revealed nerve damage in her arm, likely from a procedure performed at Dar Al Fouad Hospital that is omitted from the Egyptian hospital’s medical records.

While in Dar Al Fouad Hospital, April said she had no one physically present to assist her in understanding her injuries and the required treatment, or to help her cope with having witnessed the horrific murders of her boyfriend and fellow tourists. Additionally, she was isolated in the hospital from the surviving members of her tour group. She was in severe pain, alone, unable to walk or use her hands, and highly medicated. After a few days, she refused to give permission for further medical treatment because she did not fully understand the procedures, and she also requested the hospital staff to stop medicating her.

April’s family arranged for a medical evacuation via plane, costing more than $200,000, to return April to the United States. The airplane had to make nine stops so she could be transported at a low enough altitude so that she would survive the flight.

35 See Appendix 2 for a letter from April’s psychiatrist, Harvey Sternbach, M.D. See Appendix 3 for a letter from April’s internist, Gary Cohan, M.D., F.A.C.P.
B. Emergency Medical Treatment in the United States

April was admitted to Cedars-Sinai in Los Angeles, California on September 19, 2015. She presented with a significant amount of pain upon her arrival, as well as confusion, blurred vision, and depression. Her intake diagnoses included:

- Trauma
- Acute stress disorder
- Multiple burns across the back, shoulder, arms, and legs
- Anemia due to blood loss
- Malnutrition
- Perforated tympanic membrane (ruptured eardrum) in left ear, causing hearing loss

Injuries in her Shoulder and Neck:
- Radiopaque foreign bodies in neck and right clavicular region, causing soft tissue swelling
- Comminuted fractures of the right clavicle bone
- Comminuted fractures of the right scapula and acromion bones
- 7x7 cm open wound on the right shoulder with exposed bone, muscle, and tendon; deltoid muscle missing
- Sutured wound in the right axilla (armpit)
- Radiopaque foreign bodies in right shoulder and axilla, causing soft tissue swelling

Injuries in her Chest and Torso:
- Pulmonary contusion to right upper lung
- Displaced fractures of 3rd and 4th ribs on right side

Injuries to her Arms:
- Comminuted fractures in the left forearm (with longitudinal pin inserted at Dar Al Fouad Hospital)
- Sutured laceration on left forearm with 4x4 cm open wound with muscle exposed
- Overlying degloving injury on left forearm
- Shrapnel fragments in left forearm and elbow

Injuries in her Pelvic Region:
- Radiopaque foreign bodies in the pelvis and left hip, causing soft tissue swelling
- Open wound on left buttock with soft tissue exposure
- Sutured laceration on left buttock with possible infection

Injuries to her Legs:
- Shrapnel fragments in left thigh
- Bullet wound on left thigh

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36 A “radiopaque” object blocks the transmission of one or more types of radiation, rendering the object visible via x-ray or other imaging service. Examples of relevant radiopaque foreign bodies in April’s case might include shrapnel, bullet fragment, small rocks, or sand.

37 In a “comminuted” fracture, the bone is broken or splintered into more than two fragments.

38 The acromion is one of the bones in the shoulder that comprises part of the shoulder blade.

39 A pulmonary contusion is a bruised lung caused by chest trauma.

40 In a “displaced” fracture, the edges of the broken bone are misaligned.

41 In a “degloving” injury, a section of skin is torn off its underlying tissue, as completely as “removing a glove.”
- Shrapnel fragments in left knee
- Bullet wound on left calf, near left knee
- Bullet wound on right knee
- Shrapnel fragments in right and left lower legs
- Shrapnel fragments in right foot
- Bruised left ankle
- Paralysis of left peroneal nerve\textsuperscript{42}

On the following two pages, April’s injuries are mapped graphically on the front and back side of her body:

\textsuperscript{42} The peroneal nerve is a nerve that runs down the leg. It affects a person’s ability to lift their foot at the ankle. Paralysis of this nerve causes “drop foot,” which causes the sufferer to drag one foot while walking.
Injuries Identified on Intake at Cedars-Sinai Medical Center
September 19, 2015 – Six days after Egyptian attack

- **Acute stress disorder:**
  - An anxiety disorder caused by trauma; many sufferers are later diagnosed with PTSD

- **Comminuted fractures of the right clavicle bone:**
  - Collarbone broken into more than two fragments

- **Pulmonary contusion to right upper lung:**
  - A bruised lung caused by chest trauma - blood and other fluids can then accumulate in the lung tissue

- **Displaced fractures of 3rd and 4th ribs on right side:**
  - Two ribs were fractured along the front and sides; the broken edges of the bone then became misaligned

- **Comminuted fractures in the left forearm:**
  - Left arm bone broken into multiple fragments; held together with longitudinal pin inserted at Dar Al Fouad

- **Perforated tympanic membrane in left ear:**
  - Ruptured eardrum causing hearing loss

- **Anemia due to blood loss:**
  - Insufficient blood cells to transport oxygen to the body’s tissues

- **Sutured laceration on left forearm with 4x4 cm open wound with muscle exposed:**

- **Malnutrition:**

- **Bullet wounds and/or lodged bullets**

- **Shrapnel fragments and/or foreign bodies**
Injuries Identified on Intake at Cedars-Sinai Medical Center  
September 19, 2015 – Six days after Egyptian attack

Back

- **Shrapnel fragments and/or foreign bodies**
- **Bullet wounds and/or lodged bullets**
- **Open wound on left buttock with soft tissue exposure:**
  - See Photo (E)
- **Open wound on left forearm:**
  - See Photo (A)
- **7x7 cm open wound on the right shoulder:**
  - Exposed bone, muscle and tendon; deltoid muscle missing
  - See Photo (B)
- **Sutured laceration on left buttock with possible infection:**
  - See Photo (E)
- **Sutured wound in right axilla:**
  - See Photos (C) & (D)
- **Paralysis of left peroneal nerve:**
  - Critical nerve in leg injured, leading to an inability or difficulty lifting the front part of the foot, causing drop foot
  - See Photo (F)
- **Multiple burns across the back, shoulder, arms, and legs**

*See Photos (A)-(F) referenced above in Appendix 1.
During April’s four-week stay at Cedars-Sinai, she underwent a number of significant surgeries:

- **Initial operation on all extremities – Sept. 20, 2015**
  - Left arm: irrigation and debridement of forearm; cleaning and dressing of 20x7 cm open wound (made larger by debridement); application of wound vacuum-assisted closure (VAC)
  - Right shoulder: irrigation and debridement; cleaning and dressing of 9x9 cm open wound (made larger by debridement); application of wound vacuum-assisted closure (VAC)
  - Left Leg: removal of shrapnel from left knee; peroneal nerve exploration and neurolysis
  - Right Leg: removal of shrapnel from right foot

- **Right shoulder operation and skin graft – Sept. 23, 2015**
  - Debridement of right shoulder and armpit; flap rotation of muscle from the back onto the shoulder to replace missing shoulder deltoid; extraction of skin graft (80 cm²) from back of right arm to close open wound in armpit; placement of splint for stabilization

- **Left forearm operation – Sept. 23, 2015**
  - Debridement and irrigation; removal of some hardware placed during previous surgery; insertion of additional hardware (metal plates); and application of wound vacuum-assisted closure (VAC). During surgery, it was discovered that six sutures had been attached to the posterior interosseous nerve, likely inadvertently by the surgeons in Egypt. The operating doctor noted the sutures may have explained April’s loss of nerve function in the left arm.

- **Left forearm operation – Sept. 28, 2015**
  - Debridement and irrigation; application of wound vacuum-assisted closure (VAC)

- **Left forearm, right shoulder and left buttock operation – Oct. 2, 2015**
  - Debridement; continuance of flap rotation of muscle from the back onto the shoulder to replace missing shoulder deltoid; extraction of skin graft (50 cm²) from left buttock to cover left forearm; application of wound vacuum-assisted closure (VAC)

April also underwent a number of other physical exams, tests, imaging services, and consultations to fully determine the extent of her injuries. In addition to the surgeries discussed above, she received consultations for trauma, pain, infectious disease, hearing loss, and malnutrition. Her in-patient medical team included specialists in general internal medicine, hand surgery, orthopedic surgery, pain management, plastic surgery, psychiatry, and trauma surgery.

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43 Debridement is the removal of necrotic, devascularized, or damaged bone and tissue. It can be conducted mechanically, chemically, or with sharp instruments.

44 Neurolysis is the application of physical agents (such as heat or freezing) or chemicals (such as phenol, alcohol or glycerol) to a nerve to cause the temporary degeneration of the nerve's fibers in order to interrupt the transmission of nerve signals. This is usually for pain relief (a neurolytic block).

45 A flap rotation is a technique to transplant tissue from one site to another. It is typically done in stages, and differs from a skin graft in that it maintains blood flow to the muscle.

46 The posterior interosseous nerve is a nerve that runs through the forearm.

47 In this case, another surgical stage of the initial flap rotation of the right shoulder, performed to continue to close the wound while cutting and moving the muscle in a way that maintains blood flow to the muscle.
During April’s in-patient stay at Cedars-Sinai, she was prescribed and administered a complex schedule of medications. These included:

- acetaminophen (OFIRMEV/TYLENOL) (for pain and fever reduction);
- albuterol (VENTOLIN HFA) (to prevent or treat bronchospasm);
- ALPRAZolam (XANAX) (for anxiety);
- bupivacaine (anesthetic);
- cefazolin (ANCEF) (antibiotic to prevent or treat serious bacterial infections);
- cefTRIAXone (ROCEPHIN) (antibiotic);
- dexamethasone (DECADRON) (to treat inflammation);
- esmolol (BREVIBLOC) (beta blocker);
- fentaNYL citrate (SUBLIMAZE) (for severe pain);
- gabapentin (NEURONTIN) (for nerve pain);
- glycopyrrolate (ROBINUL) (to relieve abdominal pain);
- heparin flush (anticoagulant for intravenous catheters);
- HYDROmorphine (DILAUDID) (for moderate to severe pain);
- iron sucrose (VENOFER) (to treat anemia);
- ketamine (KETALAR) (anesthetic);
- lidocaine (XYLOCAINE) (for pain and anesthetic);
- LORazepam (ATIVAN) (for anxiety and insomnia);
- maalox, nystatin, lidocaine (MMX) (for oral pain);
- meperidine (DEMEROL) (for moderate to severe pain);
- methadone (DOLOPHINE) (for moderate to severe pain);
- methocarbamol (ROBAXIN) (for muscle spasms);
- midazolam (VERSED) (sedative);
- neomycin-polymixin-bacitracin (topical antibiotic);
- ondansetron (ZOFRAN) (to prevent nausea and vomiting);
- oxyCODONE (oxyCONTIN/ ROXICODONE) (for moderate to severe pain);
- piperacillin-tazobactam (ZOSYN) (antibiotic to treat infection);
- propofol (DIPRIVAN) (anesthetic); and
- Vancomycin (antibiotic)

April was discharged from Cedars-Sinai on October 16, 2015, but her path to recovery continues to this day and will be arduous and ongoing for the rest of her life. Her course of treatment in the weeks and months after her return to the United States included an extended stay in a physical rehabilitation center immediately after being discharged from Cedars-Sinai, as well as many follow-up visits to Cedars-Sinai and her battery of specialists.

C. Ongoing Medical Treatment in the United States

Since April’s discharge from Cedars-Sinai, she has continued to undergo a lengthy course of medical treatment. Not counting the medical professionals who treated April in Cedars-Sinai, she has been to nearly 20 different doctors and therapists since the end of 2015, and she has been treated by many of these on dozens of separate occasions.
April’s doctors have diagnosed her with a number of serious lingering injuries dating to the attack. These include:

- appetite and weight loss;
- fatigue;
- insomnia;
- pain and severely limited range of motion in right shoulder;
- pain and severely limited range of motion in left foot;
- PTSD; and
- severe anxiety with agoraphobia.

**Specialists**

April continues to seek treatment from a number of medical professionals, including those who specialize in endocrinology, internal medicine, neurology, nutrition counseling, psychiatry, psychotherapy, orthopedic surgery, ophthalmology, and plastic surgery.

**Physical Therapy**

April is undergoing an extensive physical therapy regimen. For example, in 2017 she attended on average 10 physical therapy and chiropractic sessions per month. She still faces significant restrictions in her range of motion, most particularly in her right shoulder and left foot. By early 2018 she had undergone nearly 200 physical therapy appointments, which add up to hundreds of hours and many thousands of dollars in medical expenses.

**Psychiatric Treatment**

April suffers from severe PTSD and agoraphobia. According to her psychiatrist, Dr. Harvey Sternbach, the symptoms of her severe PTSD include:

- suicidal ideation;
- flashbacks and nightmares;
- hypervigilance;
- suspiciousness;
- trouble with concentration;
- depression;
- difficulty eating;
- severe anxiety; and
- severely disturbed sleeping patterns.\(^{48}\)

These symptoms were further confirmed by her internist Dr. Gary Cohan, who added that her “PTSD-associated agoraphobia manifests as intense fear and avoidance of places, situations and interpersonal conversations that might cause her to panic and make her feel trapped and/or helpless, making it impossible for her to engage in normal daily social activities.”\(^{49}\)

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\(^{48}\) Appendix 2, Letter from April’s psychiatrist, Harvey Sternbach, M.D.

\(^{49}\) Appendix 3, Letter from April’s internist, Gary Cohan, M.D., F.A.C.P.
April has been prescribed psychotropic, anti-depressant, and anti-anxiety medications, and has had to make many adjustments in her day-to-day life, discussed below, in an attempt to mitigate these symptoms.

April has been psychiatrically hospitalized twice because of her severe PTSD. At the end of January 2018, Dr. Sternbach informed counsel that April had “decompensated emotionally to the point of being ‘very psychotic’ . . . and was hospitalized on an emergency basis” for about a month.

D. Long-Term Prognosis

April “will continue to suffer from chronic pain in both shoulders, both arms and hands, left ankle and foot, lower back, [and] rib cage[,] as well as chronic headaches, depression, fatigue, and most debilitating of all, severe post-traumatic stress disorder.”50 As a result, she will need lifelong medical and psychiatric care, physical therapy, and pain management.

Additionally, she will also continue to need substantial assistance performing even the most basic daily functions. According to Dr. Cohan, April “has difficulties with talking, walking, sitting, standing, navigating stairs, bending, completing tasks, comprehension, following instructions, and using her hands.”51 For example, April has difficulty completing a wide range of normal daily living activities, including, but not limited to, dressing herself and accomplishing basic personal hygiene requirements such as washing her hair. Due to pain, PTSD, fatigue and limited range of motion, she cannot complete household responsibilities, including laundry, cleaning, and food preparation. Her PTSD can be triggered when eating because the attack occurred during the tour group’s lunch break, which means she often struggles to eat. Because of her diminished ability to concentrate, she finds it difficult to manage her finances and calculate math problems. She is not comfortable driving a car or taking public transportation for fear that her PTSD symptoms will be triggered. It is difficult for her to sit and use a computer due to arm and back pain. As a result of these complications, April has been forced to avail herself of the aid of a personal assistant to help her relearn and complete these basic tasks.

Despite April’s courage, resilience, and extraordinary efforts to recover, her doctors have independently maintained that April will never make a full recovery.

Indeed, Dr. Cohan concluded:

As a direct consequence of the brutal attack upon [April], she will suffer from permanent, debilitating injuries for the rest of her life that make it impossible for her to hold a job, socialize or live independently as she previously did. Today, more than two years after the attack, it is clear that her lifestyle has been irrevocably altered; she now requires assistance to accomplish the most basic of tasks and endures pain and discomfort almost every moment of the day.

50 Id.
51 Id.
[...]

[April] cannot work, and she reports to me that she has no hobbies nor interests to fill her days. Much of this is due to the mental and emotional consequences of the attack;

[...]

Based on the above, it is my professional opinion that [April], as a result of the injuries she sustained in the Egypt attack on 13 September 2015, will **never** regain full function, medically or psychologically, in terms of her ability to perform activities of daily life that she enjoyed prior to her injuries.

And Dr. Sternbach added:

**In my opinion, there is no question that the diagnosis of severe PTSD directly related to the attack by the Egyptian military on September 13, 2015.** I have not seen signs that [April] will be able to recover from that horrendous experience, and I anticipate she will need lifelong mental health treatment, which will include both psychotherapy and medication. Her ability to lead a normal and functional life has been severely compromised by the PTSD, and I have not seen evidence to suggest that she will be able to work or have a trusting relationship going forward.

In short, as a direct consequence of the brutal attack, April will suffer from permanent and debilitating physical injuries for the rest of her life.

**IV. DAMAGES SUFFERED BY APRIL CORLEY**

Before the attack, April was an active and healthy individual. Now, as a result of the Egyptian military’s attack, she cannot work and will incur enormous medical costs and other expenses for the rest of her life.

As of early 2018, April and her family had already paid almost **$325,000** in out-of-pocket unreimbursed attack-related expenses since the attack. These expenses include the cost of the medevac flight, hospital stays, prescription medications, out-patient care, physical therapy, and other expenses associated with additional services she requires due to her lingering physical and psychological injuries.

**It is critical to note that April’s insurance and medical expenses are not decreasing, but in fact are increasing,** as her significant and ongoing physical and mental injuries require regular attention by medically-trained personnel. Furthermore, according to her physicians, as she ages, her physical injuries from the attack will likely be complicated and exacerbated by the regular effects of aging, causing her further pain and requiring her to seek more extensive, frequent care than other adults in her age cohort.

On May 29, 2017, the Embassy of Egypt in the U.S. conveyed an offer to April of $150,000 in compensation. As illustrated below, **this sum would not even begin to cover the costs of April’s prior expenses and lost wages or even the cost of the medevac flight from Cairo to Los Angeles, let alone what she will need for the rest of her life.**
In order to compensate April for her actual past and projected future medical-related expenses, her past and future lost income and livelihood, and her past, ongoing and future physical and psychological pain and suffering, **April requires at least $14,567,320.**

### A. Overall Damages

This chart shows the total damages incurred for which April requires compensation. Each of these categories of damages requiring payment over time has been discounted to present value using a 1.284 percent discount rate, which is the average annual return on a 10-year Treasury bond from 2013–2017. These figures were calculated in early 2018 based on a review at that time of her financial statements, tax records, medical records, and other relevant materials.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unreimbursed Expenses Already Paid 2015-2017</td>
<td>$324,552</td>
</tr>
<tr>
<td>Lost Income (Lost Salary from 2016-2017 + Projections)</td>
<td>$1,995,239</td>
</tr>
<tr>
<td>Insurance Premiums</td>
<td>$2,471,139</td>
</tr>
<tr>
<td>Out-of-Pocket Medical Expenses</td>
<td>$3,089,229</td>
</tr>
<tr>
<td>Prescription Medication Expenses</td>
<td>$594,909</td>
</tr>
<tr>
<td>Services Expenses</td>
<td>$1,092,252</td>
</tr>
<tr>
<td>Pain and Suffering</td>
<td>$5,000,000</td>
</tr>
<tr>
<td><strong>Total Compensation Required by April</strong></td>
<td><strong>$14,567,320</strong></td>
</tr>
</tbody>
</table>

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52 April and her family have already paid over $325,000 USD in out-of-pocket expenses directly related to the Egyptian attack. This number was calculated from a review of April’s bank statements, credit card statements, and accounting records. See Section IV Introduction for further explanation.

53 As April is no longer able to work due to her physical and psychological injuries, she will need to be compensated for her lost annual salary income. This is the projected salary that April would have made over the course of her projected remaining years of work, using the average age of retirement in the United States of 67 years. Note that this amount has been adjusted to yield net present value. See Section IV Subsection C for methodology and explanation.

54 This is the projected amount that April will need to pay in medical insurance premiums over the course of her projected life span, which is 81 years for a U.S. female. Note that this amount has been adjusted to yield net present value. See Section IV Subsection B(1) for methodology and explanation.

55 This is the projected amount that April will need to pay in out-of-pocket medical expenses over the course of her projected life span, which is 81 years for a U.S. female. Note that this amount has been adjusted to yield net present value. See Section IV Subsection B(2) for methodology and explanation.

56 This is the projected amount that April will need to pay in prescription drug medications over the course of her projected life span, which is 81 years for a U.S. female. Note that this amount has been adjusted to yield net present value. See Section IV Subsection B(3) for methodology and explanation.

57 This is the projected amount that April will need to pay in services expenses over the course of her projected life span, which is 81 years for a U.S. female. Note that this amount has been adjusted to yield net present value. See Section IV Subsection B(4) for methodology and explanation.

58 This is the amount that April needs as compensation for pain and suffering. See Section IV Subsection D.

59 This is the total amount that April needs as compensation from the Egyptian government for its unprovoked attack on her. Note that this amount reflects net present value.
B. Lost Income and Livelihood

April’s severe physical injuries mean that she does not have the physical fitness or ability to earn a living as an athlete and entertainer as she did before the attack. The damage to her right shoulder and left forearm means that she does not have the requisite amount of dexterity to take care of her own hair, let alone resume her job as a cosmetologist. Furthermore, the severity of her PTSD and trauma means that she does not have the emotional capacity to hold down any consistent job whatsoever. Thus, one of the permanent damages inflicted on April by the Egyptian government is the total loss of material income.

Methodology to Project Lost Income and Livelihood

• Base Salary and Rate:

Between 2010 and 2015, April’s average annual earned wages on her tax returns was $51,307. In the United States, the estimated average increase in salaries is expected to be 3 percent in 2018, in keeping with the average annual rate of increase over the last four years.\(^{60}\) Given this pattern, estimating a 3 percent per year increase in the growth of the average annual raise in salaries is entirely reasonable.

• Projected Working Life Expectancy:

For Americans born after 1960, the official age of retirement is 67 years.\(^{61}\) The then-37-year-old April would thus have had 30 more years of working income.

• Projected Amount of Lost Salary:

Estimating a modest annual salary increase of 3 percent per year\(^{62}\) for U.S. workers, applied to April’s average five-year salary of $51,307, a reasonable estimate for April’s lost livelihood between the time of her accident and the date of her retirement is $1,995,239.\(^{63}\)

C. Medical Care and Related Expenses

1. Insurance Premiums

April had purchased quality health insurance before the Egypt attack. However, after the attack, she was forced to upgrade insurance plans because she needed significantly higher medical insurance coverage in order to access sufficient treatment for her many injuries. She

\(^{60}\) See Global Salary Increase Projections for 2018 Infographic, ECONOMIC RESEARCH INSTITUTE, Nov. 2017, available at https://www.erieri.com/infographic/globalsalaryincreaseprojectionsfor2018. This is consistent with reported salary increases of an average of 3% a year from 2014-2017 as published by Aon Hewitt, based on surveys of more than 1,000 companies each year.


\(^{63}\) This amount has already been discounted to yield net present value.
purchased her current, upgraded insurance plan in January 2016. While she has not changed insurance plans since then, the rising cost of health insurance means that her insurance expenses are currently increasing. Nevertheless, April needs to maintain this high-quality medical insurance plan to ensure that she is able to receive the medical care she needs now and in the future.

**Methodology to Project Insurance Expenses**

- **Base Expenses and Rate:**

  In 2016, April paid approximately $512 per month in insurance premiums. In 2017, April paid $590.48 per month. In 2018, she is paying $762.55 per month for the same plan. This is a 30 percent increase in medical premiums for one year alone and a 14.2 percent cumulative annual growth rate (CAGR) when accounting for the last two years. Given this pattern, estimating a 9 percent per year increase in the growth of the annual cost of insurance premiums is extremely conservative.

- **Projected Life Span:**

  Given that the life expectancy for a female citizen of the U.S. is 81.2 years, April can expect to live an additional 42 years from 2015, the year of the attack.

- **Projected Insurance Expenses:**

  Projecting a modest per year increase of 9 percent – which is highly unlikely, as April’s medical insurance premiums increased approximately 30 percent in one year alone – for the next 42 years, a reasonable estimate for the total cost of insurance premiums paid by April from 2018 to the end of her life is approximately $2,471,139, in addition to what she has already paid in insurance premiums from the date of the Egypt attack to date.

2. **Out-of-Pocket Medical Expenses**

As noted, April has already paid tens of thousands of dollars in out-of-pocket expenses, co-pays, and deductibles. These expenses include the cost of physical therapy appointments, chiropractic appointments, doctor appointments, psychiatric appointments and treatment, other therapeutic treatments, and therapeutic and medical devices.

**Methodology to Project Out-of-Pocket Medical Expenses:**

- **Base Expenses and Rate:**

  To reiterate, April’s costs are already shown to increase each year. In 2016, April spent approximately $24,000 out-of-pocket on doctors’ visits and physical therapy. In 2017, she was

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65 This amount has already been discounted to yield net present value.
forced to pay over $41,000. This is more than a 70 percent increase in one year alone. Taking this data into consideration as well as the fact that, in the United States, out-of-pocket medical expenditures from 2011–2016 increased an average of 8 percent annually, estimating a 4 percent per year increase in the growth of the annual cost of out-of-pocket medical expenses is extremely conservative.

- **Projected Life Span:**

  As noted above, April can expect to live an additional 42 years from the date of the attack.

- **Projected Out-of-Pocket Medical Expenses:**

  Projecting a modest per year increase of 4 percent for the next 42 years, a reasonable estimate for the total cost of out-of-pocket medical expenses paid by April from 2018 to the end of her life is approximately $3,089,229, in addition to what she has already paid in insurance premiums between the date of the Egypt attack and today.

3. **Prescription Medication Expenses**

Over the course of April’s treatment, she has been prescribed and administered dozens of different medications, ranging from psychotropic medications to powerful painkillers to give her relief from her physical injuries.

**Methodology to Project Prescription Medication Expenses:**

- **Base Expenses and Rate:**

  April’s medical insurance covers some, but not all, of the cost of her prescription medications. Therefore, in 2016 and 2017 alone, April paid approximately $12,500 in out-of-pocket prescription medication expenses total. U.S. prescription drug medication expenses are projected to increase 11 percent in 2017 and another 10 percent in 2018. Given these projections, estimating a 5 percent per year increase in the growth of the annual cost of prescription medication expenses is extremely conservative.

- **Projected Life Span:**

  As noted above, April can expect to live an additional 42 years from the date of the attack.

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67 This amount has already been discounted to yield net present value.

Projected Prescription Medication Expenses:

Projecting a modest per year increase of 5 percent for the next 42 years, a reasonable estimate for the total cost of prescription medication expenses paid by April from 2018 to the end of her life is approximately $594,909,\textsuperscript{69} in addition to what she has already paid in prescription expenses between the date of the Egypt attack and today.

4. Service Expenses

Before the attack, April was an independent individual who could perform most tasks for herself independently. However, as a direct result of the permanent injuries she incurred during the attack, her lifestyle has completely been altered and she relies on friends, family, and service providers to perform a variety of basic tasks for her. These include shopping (she cannot carry anything), cleaning, cooking, driving, washing her own hair (she often cannot lift her arm above her head), laundry, personal care, and more.

Methodology to Project Service Expenses:

- Base Expenses and Rate:

  In 2017 alone, April spent nearly $15,000 on services to hire outside personnel to assist her with basic functions that she previously could perform on her own. This does not attempt to commodify the significant amount of material and emotional support she receives from friends and family, which greatly supplements what her paid service providers and assistant are able to do for her. Projecting this trend into the future, and accounting for the fact that her reliance on paid service providers will (1) increase as she ages and (2) increase in cost with inflation over the next several decades, estimating a 4 percent per year increase in the growth of the annual cost of services is extremely conservative.

- Projected Life Span:

  As noted above, April can expect to live an additional 42 years from the date of the attack.

- Projected Service Expenses:

  Projecting a modest per year increase of 5 percent for the next 42 years, a reasonable estimate for the total cost of service expenses paid by April from 2018 to the end of her life is approximately $1,092,252,\textsuperscript{70} in addition to what she has already paid in services between the date of the Egypt attack and today.

D. Pain and Suffering

Damages awarded for “pain and suffering” constitute an effort to calculate the non-economic cost of an injury for which a victim should be compensated monetarily. In the United

\textsuperscript{69} This amount has already been discounted to yield net present value.

\textsuperscript{70} This amount has already been discounted to yield net present value.
States, there is no official formula or methodology to calculate the cost of pain and suffering to an individual, though the figures awarded to plaintiffs often number in the tens or hundreds of millions of dollars. Calculations for pain and suffering take into consideration both physical and mental injury, and are based not only in past and present suffering, but also the lingering consequences of an injury that the victim is likely to continue to experience in the future.

In April’s case, an award for pain and suffering is a critical component of her effort to seek restitution from the Egyptian government. Today, more than three-and-a-half years after the attack, April’s lifestyle has been irrevocably altered. She now requires assistance to accomplish the most basic of tasks and endures pain and discomfort almost every moment of the day.

April’s injuries make it difficult to dress herself in the morning and to accomplish basic personal hygiene requirements such as washing her own hair. She also struggles to eat for fear of triggering her PTSD. She can no longer prepare food for herself due to PTSD, limited range of motion in her right shoulder, and pain, and thus must rely on family and friends or purchase already-prepared food for meals. She cannot perform simple household tasks such as laundry and cleaning due to fatigue, pain, PTSD, and limited range of motion. She cannot manage her own finances because she can no longer concentrate or calculate math. She is not comfortable driving a car or taking public transportation because they trigger her PTSD symptoms. It is difficult for her to sit and use a computer due to arm and back pain. Even her sleep is impacted, as she continues to suffer from pain, positional discomfort, nightmares, flashbacks, and fear at night.

As explained by Dr. Cohan:

*While Ms. Corley enjoyed a vibrant, active life prior to the attack, today she cannot do any of the prior activities she devoted her time to, including roller-skating, cosmetology, or travel. She cannot work, and she reports to me that she has no hobbies nor interests to fill her days. Much of this is due to the mental and emotional consequences of the attack; she cannot sustain concentration for more than 15 minutes and reports being easily distracted. Socially, her PTSD means that she has difficulties sustaining any social relationships, including getting along with family members, friends and neighbors. Ms. Corley’s PTSD-associated agoraphobia manifests as intense fear and avoidance of places, situations and interpersonal conversations that might cause her to panic and make her feel trapped and/or helpless, making it impossible for her to engage in normal daily social activities. Ms. Corley has difficulties with talking, walking, sitting, standing, navigating stairs, bending, completing tasks, comprehension, following instructions, and using her hands. She continues to take medication for her mental, emotional, and physical injuries, and will have to take these medications for the rest of her life.*

For pain and suffering, April is asking for a modest sum of $5,000,000.

V. U.S. FRAMEWORK FOR PROVISION OF MILITARY ASSISTANCE

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71 See Appendix 3 for a letter from April’s internist, Gary Cohan, M.D., F.A.C.P.
A. Foreign and Military Aid to Egypt

The United States and Egypt have long enjoyed a strong bilateral relationship. One indicator of the strength of this relationship is that Egypt has received more than $76 billion dollars in U.S. foreign aid since 1948. The vast majority of those funds have been allocated in military assistance, which encompasses procurement and funding for U.S.-issued military equipment, training, and joint military exercises. Since 1987, Egypt has received $1.3 billion annually in U.S. military assistance.

The United States is not obligated to provide Egypt with any amount of military or economic assistance. Nevertheless, the United States has regularly appropriated aid to Egypt in keeping with the mutual interest of preserving peace and stability in the region. Because the United States and Egypt have no memorandum of understanding between them pledging an amount of aid, any military assistance to Egypt must be allocated on an annual basis.

Over the past few years, the diplomatic relationship between the two countries has become strained. Despite President Trump’s warm rhetoric toward Sisi and Egypt, many voices in the U.S. government and civil society strongly advocate a wholesale recalibration of the U.S.-Egypt relationship. In a recent opinion piece in The New York Times, prominent Egypt researcher Andrew Miller and his colleague Richard Sokolsky contend that the two countries’ “interests are increasingly divergent” and that U.S. military assistance should be reduced to more accurately capture the value of the bilateral relationship to the United States.

Of particular concern are consistent rights abuses committed by the Egyptian government and military. Numerous independent parties and analysts have noted that Egyptian security forces have a long record of failing to uphold minimal security standards and accountability efforts. These rights abuses radicalize extremists, destabilize the region as a whole, and directly oppose U.S. geostrategic goals.

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73 Id.
74 Id.
75 There is a misconception the U.S. is obligated to provide assistance to Egypt under the 1979 Egypt-Israel Peace Treaty. The U.S. is not a party to the Treaty, and therefore the Treaty does not obligate the U.S. to provide foreign military aid to Egypt. The only two legal parties to the Treaty are Egypt and Israel. EGYPT: BACKGROUND AND U.S. RELATIONS, supra note 72.
76 Id.
77 Id.
80 Actually, Egypt is a Terrible Ally, supra note 78.
B. Grounds to Suspend Assistance Under H.J.Res.31 Sec. 7041(3) (FY 2020)

The U.S. Congress appropriates and authorizes foreign assistance in its annual budget.\textsuperscript{81} Budget legislation governing Egyptian foreign aid contains a set of requirements relating to democratic governance and human rights that the Egyptian government must meet in order to receive the full amount of appropriated aid. Congressional appropriators added this language in response to deep concerns about the state of human rights abuses in Egypt, especially abuses of the Egyptian security forces and military.

Today, the requirements are:

(i) Strengthen the rule of law, democratic institutions, and human rights in Egypt, including to protect religious minorities and the rights of women, which are in addition to steps taken during the previous calendar year;

(ii) Implement reforms that protect freedoms of expression, association, and peaceful assembly, including the ability of civil society organizations, human rights defenders, and the media to function without interference;

(iii) Release political prisoners and provide detainees with due process of law;

(iv) Hold Egyptian security forces accountable, including officers credibly alleged to have violated human rights;

(v) Investigate and prosecute cases of extrajudicial killings and forced disappearances; and

(vi) Provide regular access for United States officials to monitor such assistance in areas where the assistance is used.\textsuperscript{82}

In each of the past several appropriations bills, a portion of appropriated annual U.S. foreign military assistance to Egypt is withheld until the U.S. Secretary of State certifies to the U.S. House and Senate Committees on Appropriations that Egypt is taking effective steps to meet these requirements.\textsuperscript{83} The Secretary of State does, however, have the ability to issue a national security waiver that permits the Administration to waive the certification requirement if doing so satisfies U.S. national security interests.\textsuperscript{84}

In fiscal year 2017, 15 percent of the allocated $1.3 billion in military assistance to Egypt was subject to withholding pending the Secretary of State’s certification.\textsuperscript{85} In fiscal years 2018,

\textsuperscript{81}\textit{Egypt: Background and U.S. Relations}, supra note 72.
\textsuperscript{83} Id., at § 7041(a) Egypt, (3)(A).
\textsuperscript{84} Id., at § 7041(a) Egypt, (3)(B).
2019, and 2020, $300 million – or approximately 23 percent of the allocated $1.3 billion – was made subject to this same certification.\(^{86}\)

There is no doubt that Egypt is failing to make progress on all six of these requirements that preclude the full disbursement of military aid. In the case of the attack on April, requirements (iv) and (vi) of this subsection of the law are directly relevant. Because of these failures, April’s case alone is sufficient reason to postpone or deny the $300 million in foreign military assistance to Egypt that is contingent upon Egypt meeting the minimum requirements set forth by U.S. law for military assistance disbursement.


The Egyptian government has failed to “hold Egyptian security forces accountable, including officers credibly alleged to have violated human rights.” Specifically, Sisi has failed to hold members of his security forces responsible for this unprovoked attack on the civilian tourist group that resulted in April’s injuries and damages. Furthermore, to our knowledge, Egypt has failed even to credibly investigate the attack.

In addition to a credible investigation, the Egyptian government must provide reparations to victims of human rights abuses to show its commitment to accountability. April has not received an offer for adequate compensation for the injuries and damages she suffered at the hands of the Egyptian security forces. The offer of $150,000 USD by the Egyptian government does not even cover the costs of April’s medical evacuation to the United States, much less begin to compensate for the permanent and irreversible damages she is suffering and will suffer for the rest of her life.

2. **Requirement (3)(vi): Failure to Permit Monitoring Access**

The Egyptian government has failed to “provide regular access for United States officials to monitor such assistance in areas where the assistance is used.” U.S. attempts to monitor how and when Egypt uses U.S.-provided military assistance have been blocked and denied consistently. In mid-2016, the U.S. Government Accountability Office (GAO) published a detailed study on mechanisms for end-use monitoring and human rights vetting in Egypt\(^{87}\) and found that the Egyptian government had failed to cooperate with the U.S. government despite accepting U.S. aid on a consistent basis. Indeed, the GAO found that Egyptian authorities engaged in a pattern of blocking efforts to investigate and deny U.S. personnel and monitors access to storage facilities.\(^{88}\)

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\(^{88}\) Id.
C. The United States Has a Record of Withholding Aid to Egypt Because of Rights Abuses

After President Mohamed Morsi’s removal in 2013, President Barack Obama announced a review of U.S. foreign assistance to Egypt because of concerns that continued aid to Egypt might violate U.S. law prohibiting assistance to governments that remove democratically-elected leaders by military coup or decree. Ultimately, the United States suspended the sale of military weapons for the next year-and-a-half, cancelled planned cash transfers, and cancelled Operation Bright Star, the annual joint U.S.-Egyptian military exercise conducted nearly every year since the early 1980s. The United States maintained suspension on the delivery of large-scale military systems, such as Boeing AH-64 Apache helicopters, tanks, and missiles, until March 31, 2015.

In August 2017, President Donald Trump’s administration announced it would delay or divert the transfer of nearly $300 million dollars in foreign assistance, citing “serious concerns regarding human rights and governance in Egypt.” Former U.S. Secretary of State Rex Tillerson issued a waiver putting $195 million in military assistance from fiscal year 2016 into a reserve fund, pending improvement in the area of democracy. Another $65.7 million in military assistance was to be redirected “for Egypt elsewhere.” In January 2018, the Trump administration informed Congress that it would only obligate $1.039 billion in fiscal year 2017 foreign military financing out of the $1.3 billion that had been appropriated.

In March 2018, Congress passed a federal budget for fiscal year 2018. Under this law, the percentage of foreign military funding subject to conditionality increased from 15 percent to approximately 23 percent, reflecting increased fears in Congress that Egypt’s human rights situation is deteriorating even further.

On July 25, 2018, the Trump Administration released $195 million in military assistance to Egypt from fiscal year 2016, allowing the Egyptian Government to access the funds Washington had withheld the previous year. This move was condemned by rights activists as

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91 Id.
92 Id.
95 Id.
96 Id.
giving a “green light [to Egypt] to carry on with the repressive policies.” And on September 7, 2018, the Trump Administration announced it was notifying Congress that Secretary of State Mike Pompeo had signed national security waivers allowing $1.2 billion in U.S. military assistance to be spent, which included $1 billion for fiscal year 2018, and $195 million appropriated for 2017 that would have had to be returned to the Treasury if it not spent by September 30, 2018.

In February 2019, Congress passed a federal budget for fiscal year 2019. Within this law, the percentage of foreign military funding subject to conditionality remained at the approximately 23 percent established in 2018, reflecting continued concerns and lack of progress in the situation of human rights in Egypt. On August 8, 2019, Secretary of State Mike Pompeo waived the human rights certification requirement in the interest of national security, allowing the full $1.3 billion allocated for fiscal year 2019 to be released. Similar to the year prior, the decision was met with criticism from human rights defenders.

In December 2019, the federal budget for fiscal year 2020 passed by Congress preserved the $300 million human rights contingency.

The Egyptian government has consistently expressed outrage in response to efforts to hold them accountable for abuses. In August 2017, the Egyptian Foreign Ministry said the Trump administration’s decision to suspend aid showed a “misjudgment of the nature of the strategic relations that have bound the two countries for decades” and claimed that the move “reflects a lack of careful understanding of the importance of supporting the stability and success of Egypt, as well as the size and nature of the security and economic challenges faced by the Egyptian people.” On December 31, 2017, The New York Times published a letter by Egyptian Ambassador to the United States Yasser Reda defending its aid allocation, arguing that the United States “reaps many benefits from supporting Egypt” through foreign assistance and that Egypt is entitled to aid simply because it is a U.S. ally.

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99 U.S. to Release $1.2 Billion in Military Aid to Egypt, ASSOCIATED PRESS, Sept. 9, 2018.


Nevertheless, as the U.S. government has clearly demonstrated over the last year, foreign aid to Egypt, particularly military assistance, can be withheld in response to human rights abuses perpetrated by the Egyptian government.

VI. REQUESTS OF APRIL CORLEY

1. **Full Compensation for Injuries and Medical Care, Loss of Income and Livelihood, and Pain and Suffering**

   April requests full compensation for damages suffered in the Egyptian attack of September 13, 2015 in the amount of **$14,567,320**.

2. **Comprehensive and Credible Investigation of the September 13, 2015 Attack**

   Apart from the request for compensation, April believes it would be in the best interests of all concerned if Egypt were to conduct a comprehensive and credible investigation into the events of September 13, 2015. An investigation is a first step toward holding individuals in the Egyptian security forces accountable for rights violations, which is a requirement for Egypt to receive aid under Sec.7041(3).

VII. U.S. Government Support for April Corley

While April has focused her efforts on private negotiation with the Government of Egypt, over the past couple years, dozens of members of the U.S. government have demonstrated their concern for April’s plight. Below is a summary of public advocacy efforts made by U.S. officials on April’s behalf.

In May 2018, *Al-Monitor* reported that Senator Patrick Leahy (D-VT) had cited Egypt’s refusal to properly compensate April as a justification to demand that the Trump Administration withhold $300 million in military aid to Egypt – including $195 million subject to human rights conditionality and an additional $105 million specifically held in connection with April’s case and other rights abuses."^^106

On July 24, 2018, the Middle East and North Africa Subcommittee of the House Foreign Affairs Committee invited an attorney for April Corley with expertise in human rights to testify at a hearing entitled “Egypt: Security, Human Rights, and Reform.”^^107

On December 12, 2018, a bipartisan group of 46 members on Congress sent a letter to Secretary of State Mike Pompeo urging him to take action on April’s case, writing, “[W]e are troubled by Egypt’s refusal to provide appropriate compensation to April Corley…. The Egyptian government has admitted it “accidentally” targeted the tour group. Ms. Corley is in constant pain and will never be able to work again. Yet it is our understanding that Egypt refuses

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to provide compensation that would, at a bare minimum, meet April’s needs, offering a take it or leave it amount that is less than half of what she paid for the Medivac.”

In January 2019 while on an official trip to Egypt, Secretary Pompeo raised April’s case with senior Egyptian officials. Pompeo confirmed that he had done so on January 14, 2019 in remarks to the traveling press corps.

On February 15, 2019, President Trump signed a spending bill that contained a provision requiring Secretary of State Pompeo to report back within 60 days to Congress about the status of negotiations between April and the Government of Egypt. The report was submitted to relevant members of Congress on April 17, 2019 and stated the following:

At this time, we understand that Ms. Corley’s representatives continue to pursue compensation from the Government of Egypt, and confidential discussions between Ms. Corley’s representatives and the Government of Egypt are ongoing. While the substance of those discussions has not been publicly disclosed, the Department continues to meet with Ms. Corley’s representatives and to raise her desire for fair compensation at senior levels of the Egyptian government. We stand ready to brief Members of Congress on those interactions.

Unfortunately, this report is inaccurate; at that time, there were no ongoing discussions with the Government itself. Rather, in April 2019, a non-governmental tourism group in Egypt claiming to have no connection with the Egyptian government reached about settling April’s claim. When April contested the initial low amount offered, the group provided a second and final offer still far short of her accumulated damages. Since her rejection of the second offer in June 2019, all communication with the Government of Egypt and this group has ceased, despite repeated efforts to reengage with both parties.

On December 20, 2019, President Trump signed a spending bill that contained a provision requiring Secretary of State Pompeo to report back within 30 days to Congress about the progress towards the resolution of April’s claim with the Government of Egypt, and every 60 days thereafter until the case is resolved. The first report was published in late February 2020 and stated the following:

We understand April Corley’s lawyers continue to pursue compensation from the Egyptian government. According to Corley’s lawyers, Egypt ceased negotiations after

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111 REPORT TO CONGRESS ON ACTIONS TAKEN BY THE GOVERNMENT OF EGYPT TO PROVIDE FAIR COMPENSATION TO AMERICAN CITIZEN APRIL CORLEY, U.S. DEP’T OF STATE, Apr. 17, 2019 (on file with author).
the most recent offer in May 2019. As of January 30, Egypt had told the Department it was open to resuming negotiations.\textsuperscript{113}

In response, April’s attorneys reached out to the Egyptian Ambassador in an attempt to resume negotiations, but have not received a response.

\textbf{VIII. APRIL HAS BEEN LEFT WITH NO CHOICE BUT TO:}

\textbf{1. Go Public With Her Experience and Claims}

As the sole U.S. citizen injured in this attack, April will command strong and significant U.S. media interest by telling her story publicly, and it is no overstatement that her doing so could singlehandedly jeopardize the provision of lethal weaponry to Egypt. Thus far, April’s case has only been covered in a limited way by the media. She has refrained from going public with her full story in the interest of arriving at a private, confidential settlement with Egypt. Yet, as her damages increase and as U.S. military assistance to Egypt receives increasing public scrutiny,\textsuperscript{114} remaining silent is no longer an option for April.

Egypt has long maintained that its $1.3 billion annual appropriation of U.S. military assistance is central to its national security. However, no American will support Egypt’s position that U.S. assistance comes with a license to cause irreparable harm to American citizens with U.S.-provided lethal weaponry and that it can refuse to appropriately compensate a U.S. citizen for damages with total impunity. Egypt’s settlement offer of $150,000 and its failure to hold anyone accountable for its gross negligence and recklessness in carrying out the attack will spark outrage and condemnation from the public, elected officials, and other policymakers in the United States.

\textbf{2. Advocate for Military Assistance to Be Withheld}

After years of the Egyptian government stonewalling, April and her legal team are taking her case to Capitol Hill and the Administration to advocate for Secretary Pompeo to decline certifying that Egypt is taking sufficient steps under Sec.7041(a)(3) to justify disbursing the contingency-related funds in U.S. military assistance to Egypt. She will also urge the U.S. Congress to withhold $30 million annually and cumulatively, tying the withholding to the requirement that the Egyptian government must properly compensate her and conduct a credible independent investigation to hold accountable those responsible for the attack. April’s plight is proof that Egypt is unwilling or unable to meet its obligations to protect and prioritize human rights. Egypt is failing to ensure that U.S.-supplied weaponry is used responsibly, failing to hold security forces accountable for rights violations, and failing to permit access to U.S. officials to monitor the effects of U.S. assistance in Egypt as required by U.S. law.

April is also asking the Trump Administration to delay closing the $1 billion sale of 10 AH-64E Apache helicopters to Egypt until she is fairly compensated. The sale was approved by

\textsuperscript{113} \textit{REPORT TO CONGRESS ON ACTIONS TAKEN BY THE GOVERNMENT OF EGYPT DURING THE PREVIOUS 60 DAYS TO FAIRLY COMPENSATE APRIL CORLEY AND RESOLVE HER CASE, U.S. DEP’T OF STATE, Feb. 24, 2020} (on file with author).

\textsuperscript{114} \textit{See US, Citing Human Rights, Cuts Some Egypt Aid, supra note 93, and Senate Panel Slashes Military Aid to Egypt, AL-MONITOR, Sept. 7, 2017.
the U.S. State Department and announced in November 2018. The AH-64 series is the very attack helicopter that led the brutal assault on April’s tour group in September 2015.


Under the Foreign Sovereign Immunities Act (FSIA), a private U.S. citizen cannot, as a general rule, sue a foreign government in a U.S. court. However, there are exceptions to foreign sovereign immunity under U.S. law.

April is requesting the creation of a new category of exception with retroactive application to be inserted into the annual Egyptian foreign assistance appropriations bill that would enable any American to bring a suit against the Government of Egypt in a U.S. court for damages sustained by the use of U.S.-supplied lethal weaponry. The proposed language reads:

The Government of Egypt shall not be immune from the jurisdiction of courts of the United States or of the States in any case in which money damages are sought against the Government of Egypt for personal injury or death of a U.S. citizen directly caused by the Government of Egypt’s intentional or negligent use of United States military equipment provided to the Government of Egypt by the United States.

IX. CONCLUSION

In summary, if Egypt takes responsibility for its attack on April and provides her with $14,567,320 in compensation for her damages, it will demonstrate to the U.S. government that Egypt is “taking steps” to hold its security forces accountable for rights abuses, as required for the transfer of military aid to Egypt under U.S. law.

However, if Egypt proves unwilling to compensate her and punish those responsible for the attack, April will advocate for the United States to withhold further military assistance to Egypt in keeping with U.S. law governing the disbursement of said assistance to Egypt and will seek an FSIA exemption to obtain the compensation she needs.

117 Id., at §§ 1605(a)(1–6), 1605(A)(a)(1), and 1605(b).
APPENDIX 1 – PHOTOS

Photo A: Healing Degloving Injury on Left Forearm

Photo B: Right Shoulder, Post-Rotation Flap and Skin Graft (with tape over open wound in axilla)
Photo C: Packed Wound in Right Axilla (with surgical tape over lower laceration)

Photo D: Healing Wound in Right Axilla (also showing site of skin graft on back of right arm)
Photo E: Open Wound and Healing Laceration on Left Buttock

Photo F: Surgical Site of Peroneal Nerve Exploration on Left Knee
APPENDIX 2 - LETTER BY DR. HARVEY STERNBACH, M.D.

February 10, 2018

Joshua P. Galper, Esq.
Davis Goldberg & Galper PLLC
1700 K Street, N.W., Suite 825
Washington, D.C. 20006

Re: Ms. April Corley

Dear Mr. Galper,

I am writing this letter regarding my patient and your client, April Corley, who first consulted me on August 17, 2017 for psychopharmacologic management of Post-Traumatic Stress Disorder (PTSD), on the recommendation of her psychologist Dr. Stephen Sideroff.

By way of background, I am a doctor of psychiatry and have been in private practice in Los Angeles, California since 1984. I earned a B.A. in Psychobiology at New York University in 1973, and graduated from the Rutgers Medical School with an M.M.S. in 1975 and an M.D. in 1977. Licensed in California and New Jersey, I completed my medical internship at the Wadsworth V.A. Hospital and the University of California-Los Angeles (UCLA) Neuropsychiatric Institute in Los Angeles in 1978. I completed my Psychiatry residency in 1981 at the UCLA Neuropsychiatric Institute in Los Angeles, where I am currently affiliated, and have served as Clinical Professor of Psychiatry since 1999. I also serve as a Diplomat of the American Board of Psychiatry and Neurology, and have been named a Fellow (1991), a Distinguished Fellow (2003) and a Distinguished Life Fellow (2014) of the American Psychiatric Association.

Ms. Corley came to me with a history of PTSD caused by an attack by the Egyptian military on the tour group with which she had been traveling in Egypt on September 13, 2015. Ms. Corley’s boyfriend and his mother, who were Mexican nationals, were also part of the group. Shortly after they stopped for lunch, the Egyptian military attacked the tourists, apparently in the mistaken belief they were terrorists. During this aerial attack, Ms. Corley was severely injured, and her boyfriend was killed. Ms. Corley can recall the explosions and fire of the attack, as well as the sounds of the others in her group. She was apparently in and out of consciousness. Hours passed before she was transported to a hospital in Egypt, and days passed before she was med-evacuated to Cedars-Sinai Hospital in Los Angeles, California.
Ms. Corley described her physical injuries to me as including, but not limited to, a dropped left foot, a bullet in her right toe, wounds to her pelvis, missing bone and muscle in her right shoulder, a rod placed in her left forearm, and other injuries. I would refer to the opinion letter of Dr. Gary Cohan for a summary of these injuries. Psychiatrically, Ms. Corley has all the signs and symptoms of severe PTSD, including flashbacks and nightmares, hypervigilance, suspiciousness, and complicated by problems eating, suicidal ideation, trouble with concentration, depression, severe anxiety, and severely disturbed sleeping patterns (sleeping anywhere between 2-8 hours/night). The difficulty with eating became conditioned as the direct result of the military attack having occurred during the groups’ lunch break.

When I first examined Ms. Corley, she was taking gabapentin, 600mg three times/day, the antipsychotic tranquilizer Seroquel 50mg at bedtime and medical marijuana at night to additionally help with insomnia. I should note that Ms. Corley was psychiatrically hospitalized at Las Encinas Hospital (Pasadena) due to worsening fear/terror. At times, her PTSD would be activated by smells (e.g., gas), sounds (e.g., fireworks on July 4th) and sights. Ms. Corley would live with different friends but would sometimes sleep on the street due to fear of returning home and being alone. Additionally, Ms. Corley found it difficult to use eating utensils due to her physical injuries and, although she had been a vegetarian prior to the attack, she needed to start eating meat for the protein, which she did not want to do but needed to regain lost weight.

Ms. Corley had taken other psychotropic medication, including trazodone for sleep, Wellbutrin for depression, and Xanax for anxiety. Ms. Corley prefers not to take psychotropic medication and, as a result, I have modified her medication regimen which is now gabapentin 600mg three times/day and 300mg at bedtime with Seroquel 37.5mg at bedtime and the adjunctive use of N-Acetyl-Cysteine an antioxidant with anti-depressant and anti-anxiety effects. When I examined Ms. Corley on December 14 2017, I referred her to physicians for evaluation of bleeding from her gastrointestinal tract, which began in the aftermath of the attack and stems from the injuries during the attack. She was continuing to experience frequent flashbacks and nightmares about the attack and remained hypervigilant and mistrustful of others. At that appointment, I adjusted medications to address the increase in flashbacks and nightmares, using Seroquel 12.5mg at bedtime, an increase in clonidine to 0.05mg twice a day and started her on L-Methyl-Folate 15mg/day. Ms. Corley continued to see Dr. Sideroff, as well as her physical therapist, used an assistant to help her and would take an extra 12.5mg of Seroquel for breakthrough symptoms.

I have subsequently seen Ms. Corley on December 26, 2017, January 18, 2018, January 24, 2018 due to continuing PTSD symptomology. Unfortunately, Ms. Corley decompensated emotionally to the point of being “very psychotic” (the words of the psychiatrist with whom I spoke at UCLA) and was hospitalized on an emergency basis at the UCLA Medical Center January 30, 2018.
In my opinion, there is no question that the diagnosis of severe PTSD directly related to the attack by the Egyptian military on September 13, 2015. I have not seen signs that Ms. Corley will be able to recover from that horrendous experience, and I anticipate she will need lifelong mental health treatment, which will include both psychotherapy and medication. Her ability to lead a normal and functional life has been severely compromised by the PTSD, and I have not seen evidence to suggest that she will be able to work or have a trusting relationship going forward. The date of September and her physical injuries will always be a haunting reminder of the attack and the death of her boyfriend.

Respectfully submitted,

[Signature]

Harvey Sternbach
21 February 2018

VIA EMAIL

Joshua P. Galper, Esq.
Davis Goldberg & Galper, PLLC
1700 K Street, NW – Suite 825
Washington, D.C. 20006

Re: April Corley (DOB: 05/23/1978) Medical Summary

Dear Mr. Galper:

I am a board-certified Internal Medicine physician with offices in Beverly Hills, California. I have been treating Ms. April Corley since 23 November 2015.

My professional credentials are as follows: I am a board-certified Doctor of Medicine (M.D.), specialize in Internal Medicine, have extensive experience in pain management and have been in private clinical practice since 1990. I earned dual B.A. degrees in Biology and English at Amherst College in Massachusetts (1982) and graduated with my medical degree (M.D.) from the University of Pennsylvania School of Medicine in Philadelphia (1987). I completed my Internal Medicine residency training in Philadelphia (1990) and was in a private Internal Medicine practice in Philadelphia for 2 years before moving to Beverly Hills, CA (1992). I have been practicing Internal Medicine in a private clinical practice setting at the same address in Beverly Hills (listed below) for the past 25+ years. After many years of pre-clinical research, academic teaching and public service, I was named a Fellow of the American College of Physicians (F.A.C.P.) in 2003. I have held an appointment to the active attending medical staff at Cedars-Sinai Medical Center in Los Angeles since 2004.

The following summarizes Ms. April Corley’s injuries - sustained in an unprovoked Egyptian military attack while traveling as a tourist in Egypt on 13 September 2015 - her subsequent medical evaluations, diagnoses and treatments, current medical status and my professional opinion regarding her future medical prognosis and ability to function. As will be explained herein, as a direct consequence of the brutal attack upon Ms. Corley, she will suffer from permanent, debilitating injuries for the rest of her life that make it impossible for her to hold a job, socialize or live independently as she previously did.
In sum, no part of her body was spared injury in terms of shrapnel or other injuries, and she sustained shattered bones. The blast force of the munitions resulted in a concussive injury. She suffered severe psychological effects as well, having witnessed the violent deaths of her boyfriend and 11 other people who were part of her group. Indeed, Ms. Corley believes she survived the attack in part by “playing dead while lying under 12 bodies.”

One of the most severe consequences of the aforementioned attack on Ms. Corley has been severe post-traumatic stress disorder (“PTSD”). The symptoms of PTSD that she is experiencing can be divided into four general categories:

- Behavioral: agitation, irritability, hypervigilance and social isolation
- Psychological: flashbacks, fear, severe anxiety, emotional detachment, unwanted thoughts and mistrust
- Mood: loss of interest or pleasure in activities, guilt and loneliness
- Sleep: insomnia and nightmares

After the attack, Ms. Corley was among a number of severely wounded survivors taken by Egyptian authorities to Dar Al Fouad Hospital in 6 October City near Cairo. At Dar Al Fouad Hospital, Ms. Corley was diagnosed with the following injuries:

- Bullets within the soft tissue of the right knee
- Lacerations to right shoulder, right buttock and left axilla
- Left foot drop with suspected peroneal nerve injury
- Left radial shaft comminuted fracture with degloving injury
- Right glenoid fracture involving the right humeral head
- Right lung contusion with surgical emphysema and embedded bullets noted

The records indicate that Ms. Corley underwent at least several operations at Dar Al Fouad hospital for her multiple injuries:

- Debridement of her right shoulder
- Closure of wounds in the right axilla
- Open reduction and internal fixation of a fracture of her left arm radius bone
- Wound care

Ms. Corley was discharged from Dar Al Fouad hospital on 18 September 2015 and returned to the United States via medical evacuation air transport services, disembarked at LAX and was immediately admitted to Cedars Sinai Medical Center (“CSMC”) in Los Angeles, California on 19 September 2015.

Ms. Corley complained of the following symptoms to the CSMC Emergency Department physicians on 19 September 2015 upon intake:

- Left elbow and forearm pain with decreased sensation
- Left foot drop
- Left hearing loss
- Left hip pain
- Right chest pain, exacerbated by deep inspiration
- Right foot pain
- Right shoulder pain
- Visual blurring intermittently

On initial examination by CSMC Emergency Department physicians on 19 September 2015, Ms. Corley was determined to have:

- Trauma
- Acute stress disorder
- Multiple burns across the back, shoulder, arms, and legs
- Anemia due to blood loss
- Malnutrition
- Perforated tympanic membrane (ruptured eardrum) in left ear, causing hearing loss
- Shoulder and Neck:
  - Radiopaque foreign bodies in neck and right clavicular region, causing soft tissue swelling
  - Comminuted fractures of the right clavicle bone
  - Comminuted fractures of the right scapula and acromion bones
  - 7 cm x 7 cm open wound on the right shoulder with exposed bone, muscle, and tendon. Deltoid muscle missing.
  - Sutured wound in the right axilla (armpit)
  - Radiopaque foreign bodies in right shoulder and axilla, causing soft tissue swelling
- Chest and Torso:
  - Pulmonary contusion to right upper lung
  - Displaced fractures of 3rd and 4th ribs on right side
- Arms:
  - Comminuted fractures in the left forearm (with longitudinal pin inserted at Dar Al Fouad)
  - Sutured laceration on left forearm with 4 cm x 4 cm open wound with muscle exposed
  - Overlying degloving injury on left forearm
  - Shrapnel fragments in left forearm and elbow
- Pelvic Region:
  - Radiopaque foreign bodies in the pelvis and left hip, causing soft tissue swelling
  - Open wound on left buttock with soft tissue exposure
  - Sutured laceration on left buttock with possible infection
- Legs:
  - Shrapnel fragments in left thigh
  - Bullet wound on left thigh
  - Shrapnel fragments in left knee
  - Bullet wound on left calf, near left knee
- Bullet wound on right knee
- Shrapnel fragments in right and left lower legs
- Shrapnel fragments in right foot
- Lodged bullet in right foot
- Bruised left ankle
- Paralysis of left peroneal nerve

Ms. Corley underwent the following surgeries/procedures at CSMC for her injuries:

- 20 September 2015:
  - Irrigation and debridement of wounds and exploration of her left peroneal nerve
- 23 September 2015:
  - Irrigation and debridement and open reduction and internal fixation for her left arm radius fracture
  - Right shoulder wound closure using a pedicled right latissimus dorsi flap, a skin to skin graft with tie over bolster in right axilla and a right axillary exploration
- 28 September 2015:
  - Irrigation and debridement of left forearm
- 02 October 2015:
  - Debridement of skin, subcutaneous tissues and muscles
  - Split-thickness skin graft from right buttock to left forearm
  - Readvancement of latissimus dorsi myocutaneous flap of her right shoulder

Ms. Corley’s CSMC inpatient physician team included specialists in:

- General internal medicine
- Hand surgery
- Orthopedic surgery
- Pain management
- Plastic surgery
- Psychiatry
- Trauma surgery

Ms. Corley’s CSMC hospital course was also notable for, among other things:

- Extensive wound care with surgical drains in traumatized areas
- Severe pain in the aforementioned injured areas, controlled with opioid medications and multiple other pain management modalities
- Severe anxiety with post-traumatic stress disorder (See hospital psychiatric consultation and outpatient attending psychiatrist letter authored by Dr. Harvey Sternbach)

During Ms. Corley’s hospital stay at CSMC, she was administered a wide variety of medication which included the following:

- acetaminophen (OFIRMEV/TYLENOL) (for pain and fever reduction)
- albuterol (VENTOLIN HFA) (to prevent or treat bronchospasm)
- alprazolam (XANAX) (for anxiety)
- bupivacaine (anesthetic)
- cefazolin (ANCEF) (antibiotic to prevent or treat serious bacterial infections)
- ceftriaxone (ROCEPHIN) (antibiotic)
- dexamethasone (DECADRON) (to treat inflammation)
- esmolol (BREVIBLOC) (beta blocker)
- fentanyl citrate (SUBLIMAZE) (for severe pain)
- gabapentin (NEURONTIN) (for nerve pain)
- glycopyrrolate (ROBINSUL) (to relieve abdominal pain)
- heparin flush (anticoagulant for intravenous catheters)
- hydromorphone (DILAUDID) (for moderate to severe pain)
- iron sucrose (VENOFER) (to treat anemia)
- ketamine (KETALAR) (anesthetic)
- lidocaine (XYLOCAINE) (for pain, anesthetic)
- lorazepam (ATIVAN) (for anxiety and insomnia)
- Maalox, nystatin, lidocaine (MMX) (for oral pain)
- meperidine (DEMEROL) (for moderate to severe pain)
- methadone (DOLOPHINE) (for moderate to severe pain)
- methocarbamol (ROBAXIN) (for muscle spasms)
- midazolam (VERSED) (sedative)
- neomycin-polyoxymethyl bacitracin (topical antibiotic)
- ondansetron (ZOFRAN) (to treat and/or prevent nausea and vomiting)
- oxycodone (oxyCONTIN/ ROXICODONE) (for moderate to severe pain)
- piperacillin-tazobactam (ZOSYN) (antibiotic to treat infection)
- propofol (DIPRIVAN) (anesthetic)
- Vancomycin (antibiotic)

Ms. Corley was discharged from CSMC on 10/16/2015 with an extensive prescription medication regimen that included the following:

- Alprazolam 0.5 mg by mouth four times daily
- Ceftiraxone 1.0 gram administered intravenously every 24 hours
- Diphenhydramine 25 mg by mouth every 8 hours
- Gabapentin 300 mg by mouth three times daily
- Hydromorphone 0.5 mg intravenous push every 3 hours as needed for breakthrough pain
- Lidocaine 2% viscous solution 3 times daily as needed for mouth pain
- Methocarbamol 500 mg by mouth 3 times daily as needed for muscle spasms
- Oxycodone CR 20 mg by mouth every 12 hours
- Oxycodone IR 10 mg by mouth every 3 hours as needed for breakthrough pain
- Ranitidine 150 mg by mouth twice daily as needed
- Vancomycin 250 mg administered intravenously every 6 hours
Ms. Corley first consulted with me on 23 November 2015. After careful history and physical examination, I determined that Ms. Corley continued to suffer from:

- Appetite loss and weight loss
- Fatigue
- Insomnia
- Pain and severely limited range of motion* in right shoulder (*flexion, extension, internal and external rotation)
- Pain and severely limited range of motion** in left ankle/foot (**dorsiflexion, plantar flexion, lateral rotation)
- Post-traumatic stress disorder
- Severe anxiety with agoraphobia

On presentation to me, Ms. Corley was taking the following medications:

- OxyContin (sustained release) 20 mg by mouth twice daily
- Oxycodone (immediate release) 5 – 10 mg by mouth every 4 hours as needed for breakthrough pain
- Gabapentin 300 mg by mouth twice daily
- Robaxin (methocarbamol) 500 mg, 2 tablets by mouth four times daily as needed for muscle spasm
- Alprazolam 0.5 mg by mouth four times daily

I have re-examined and met with Ms. Corley on numerous occasions since 23 November 2015 through today and have referred her to a number of other physicians or therapists, including, but not limited to:

- Hand surgery
- Neurology
- Nutrition counseling
- Orthopedic surgery
- Ophthalmology
- Physical therapy
- Psychiatry
- Psychotherapy

**CURRENT STATUS**

Ms. Corley’s pre-trauma professional/personal activities included full functional capacity as a professional roller skater, hair stylist, make-up artist, and yoga instructor. As a direct consequence of the brutal attack upon Ms. Corley, she will suffer from permanent, debilitating injuries for the rest of her life that make it impossible for her to hold a job, socialize, or live independently as she previously did. Today, more than two years after the attack, it is clear that her lifestyle has been irrevocably altered; she now requires assistance to accomplish the most basic of tasks and endures pain and discomfort almost every moment of the day.
Ms. Corley’s injuries make it difficult for her to dress herself in the morning and to accomplish basic personal hygiene requirements such as washing her own hair, shaving, and using the toilet. Due to a combination of recurring pain, PTSD, fatigue, and limited range of motion in her right shoulder and left leg, she cannot perform simple household tasks such as doing laundry, cleaning or preparing food for herself. Ms. Corley cannot manage her own finances because she can no longer concentrate or calculate math, nor is she comfortable driving a car nor taking public transportation because these activities trigger PTSD symptoms. It is difficult for her to simply sit and use a computer, due to arm and back pain. Her sleep is also severely impacted, as she continues to suffer from pain, positional discomfort, nightmares, flashbacks, and fear at night.

While Ms. Corley enjoyed a vibrant, active life prior to the attack, today she cannot do any of the prior activities she devoted her time to, including roller-skating, cosmetology, or travel. She cannot work, and she reports to me that she has no hobbies nor interests to fill her days. Much of this is due to the mental and emotional consequences of the attack; she cannot sustain concentration for more than 15 minutes and reports being easily distracted. Socially, her PTSD means that she has difficulties sustaining any social relationships, including getting along with family members, friends and neighbors. Ms. Corley’s PTSD-associated agoraphobia manifests as intense fear and avoidance of places, situations and interpersonal conversations that might cause her to panic and make her feel trapped and/or helpless, making it impossible for her to engage in normal daily social activities. Ms. Corley has difficulties with talking, walking, sitting, standing, navigating stairs, bending, completing tasks, comprehension, following instructions, and using her hands. She continues to take medication for her mental, emotional, and physical injuries, and will have to take these medications for the rest of her life.

**CONCLUSIONS**

Based on the above, it is my professional opinion that Ms. Corley, as a result of the injuries she sustained in the Egypt attack on 13 September 2015, will never regain full function, medically or psychologically, in terms of her ability to perform activities of daily living that she enjoyed prior to her injuries.

In the long term, she will continue to suffer from chronic pain in both shoulders, both arms and hands, left ankle and foot, lower back, rib cage as well as chronic headaches, depression, fatigue, and most debilitating of all, severe post-traumatic stress disorder (see list on page 2).

Ms. Corley will, as a direct result of her injuries, require lifelong medical and psychiatric care as well as ongoing physical therapy and pain management.

Sincerely,

Gary R. Cohan, M.D.