EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

Ali Saleh Kahlah Almarri, Plaintiff, v. **Robert M. Gates,** Secretary of Defense, et al., Defendants,	**C/A No. 2:05-cv-2259-HFF-RSC** **CERTIFICATION OF ANDREW J. SAVAGE, III**

I, ANDREW J. SAVAGE, III., ESQ., an attorney duly admitted to practice before the courts of the State of South Carolina, hereby certify as follows:

1. I am a partner at the law firm of Savage & Savage, P.A., attorneys for Plaintiff Ali Saleh Kahlah Almarri.

2. Our Firm has represented Mr. Almarri since July 2004. Since then, I have had the opportunity to meet with Mr. Almarri on average once every six weeks.

3. Mr. Almarri has been confined in isolation in the Special Housing Unit (SHU) in the Naval Consolidated Brig in Charleston, South Carolina ("the Brig"), since he was declared an "enemy combatant" on June 23, 2003.

4. This certification is based on statements made to me by Mr. Almarri and on my observations of Mr. Almarri since October 14, 2004, when he was first allowed access to counsel at the Brig.

5. Mr. Almarri, through counsel, has previously and repeatedly requested documents, records, and recordings pertaining to his detention and confinement at the Brig. But to date, the government has ignored or refused those requests.

Conditions in the SHU Prior to August 2005

6. From June 23, 2003, until October 14, 2004, Mr. Almarri was held completely *incommunicado* at the Brig. He was denied all access to the outside world, including to his attorneys who had been representing him in his criminal proceeding, his family, and to the International Committee for the Red Cross ("ICRC").

7. During this 16 month period, Mr. Almarri had virtually no human contact except during interrogations, in which he was threatened and abused, and very brief interactions with

military personnel when they delivered trays of food through a slot in his cell door or when they escorted him to the shower or to a concrete cage for "recreation." Military personnel had duct tape over their names and did not speak to Mr. Almarri except to give him orders.

8. Prior to August 2005, Mr. Almarri was confined to a 9 by 6 foot cell, and was not permitted outside the SHU or given regular opportunity for physical exercise.

9. When Mr. Almarri was allowed opportunity for exercise outside, it took place in an outdoor cage (approximately 40 square feet in area). When the exercise was inside, Mr. Almarri was kept in hand and leg irons. Mr. Almarri remained alone for the entire time, whether the exercise was outdoors or indoors.

10. When Mr. Almarri was deemed "noncompliant," he was confined in his cell for 24 hours a day, seven days a week, and denied any opportunity to exercise or shower. On several occasions, Mr. Almarri was confined to his cell for long periods of time without recreation or shower.

11. The single window in Mr. Almarri's cell was painted with a dark color so that he was unable to see the outside world or perceive the time of day.

12. Mr. Almarri had no control of the lighting in his cell, and fluorescent lights remained on in his cell from 5:00 AM until 10:00 PM every day.

13. Mr. Almarri's cell contained only a sink, toilet, and a hard, concrete-like bed affixed to the wall. There was no chair, no desk, no table and no pillow or any other soft item inside his cell. He was given only a thin blanket which only partially covered his body.

14. For more than two years, Mr. Almarri was not provided with a mattress in his cell. The bed on which he was forced to sleep had a hard and irregular surface, causing him discomfort and pain whenever he lay on it.

15. After two years, Mr. Almarri was given a thin mattress at night from 10 PM to 5 AM after doctors had recommended it. But the mattress was removed at all other times.

16. Mr. Almarri was denied socks or any footwear for months at a time, including during the winter, forcing him to spend as long as over 20 days in his bed because the floor in his cell was too cold to step or stand on without socks or shoes. Mr. Almarri described the tremendous coldness if he tried to stand or walk and how scared it made him feel to be confined all day and night to his bed, lying under a thin and stiff "suicide blanket."

17. Following his incarceration at the Brig, Mr. Almarri began to experience persistent tingling pain in his leg, neck, and other parts of his body. Although doctors said Mr. Almarri should be given a foam mattress, a cushioned chair, and a table (to lean on when sitting), those items were not provided to him.

18. Mr. Almarri was denied all books, news, magazines, TV, and radio. He had no physical, social, and temporal reference points, and often went days without ever seeing the light of day. He described how hopeless it made it him feel to be so isolated and cut off from the entire world.

19. Mr. Almarri's observance of Islam was severely restricted and degraded. Mr. Almarri's copy of the Quran was periodically removed as part of interrogations and was debased by guards who deliberately threw it on the floor of Mr. Almarri's cell and threw things on top of it. Mr. Almarri's religious practices were also mocked with derogatory comments.

20. Mr. Almarri was denied copies of all other religious texts besides the Quran. He was also denied a prayer rug; denied a cover for his head for use during prayer; denied water to purify himself before prayer; and denied contact with an Imam (or Muslim cleric). When Mr. Almarri attempted to use his shirt as a head cover during prayer, his shirt was taken away as punishment.

21. In addition, Mr. Almarri was not told the direction of Mecca (where Muslims must face while praying) nor was he provided with a prayer schedule, clock or watch. As a result, Mr. Almarri was never sure which way to face when praying or when to pray, which Muslims must do five times per day.

22. Mr. Almarri frequently expressed his feelings of helplessness, frustration, and despair about being prevented from practicing his religion and seeing his religion degraded.

23. Mr. Almarri was repeatedly interrogated before October 2004. During interrogations, Mr. Almarri was forced to remain in painful stress positions, subjected to extreme sensory deprivation, and exposed to extremely cold temperatures for long periods of time.

24. For periods as long as eight days, Mr. Almarri would be placed in a completely bare and cold cell for refusing to answer questions. When Mr. Almarri asked for extra clothing or a blanket because he was freezing, his requests were denied.

25. Mr. Almarri was also threatened during interrogations. Interrogators said they were going to send Mr. Almarri to Egypt or to Saudi Arabia where they would torture and sodomize him and rape his wife in front of him.

26. Interrogators also falsely told Mr. Almarri that four of his brothers and his father were in jail because of him, and promised that they would all be released if he "cooperated" and provided information.

27. In addition, interrogators told Mr. Almarri that they could plant a false story about his escape in the news and then make him disappear so no one knew where he was. They told him the U.S. had made prisoners disappear before and would do so again if he refused to provide information.

28. These threats terrified Mr. Almarri. He feared that the United States had harmed his wife and his children, and was unable to talk to them to find out if they were safe.

29. On several occasions interrogators stuffed Mr. Almarri's mouth with cloth and covered his mouth with heavy duct tape. The tape caused Mr. Almarri serious pain. One time, when he managed to loosen the tape with his mouth, interrogators re-taped it even more tightly. Mr. Almarri started to choke until a panicked FBI or DIA agent in the room removed the tape.

30. Mr. Almarri was denied basic hygienic products, including a toothbrush, toothpaste, soap, toilet paper, and clean clothes.

31. The supply of water to Mr. Almarri's cell was also cut off, sometimes for more than three weeks at a time. During those times, Mr. Almarri could not flush his toilet or wash himself after defecating. When Mr. Almarri wanted water to drink or to wash, he had to press a buzzer in order to call the Brig staff. Often he would have to wait for several hours before any water would be given to him.

32. Mr. Almarri remained under personal and/or video surveillance 24 hours a day, seven days a week, including while using the toilet in his cell or showering.

33. Mr. Almarri has been told that there are cabinets full of tapes of recordings of his confinement at the Brig.

Observations of Mr. Almarri's Mental and Physical State before August 2005

34. My first meeting with Mr. Almarri in the SHU occurred in October 2004. Our early meetings were tightly controlled by the Defense Intelligence Agency, which remained in the room during the entire meeting. These meetings all took place in a non-contact visitation room, and were video and audio recorded. The meetings were conducted through security glass, and I was not permitted to take notes.

35. Throughout these meetings, Mr. Almarri remained handcuffed and shackled around both his stomach and legs, and one chain was attached to the floor so that he could not move his legs at all, preventing him from even bending his knees. The visits were time-restricted. I was debriefed by the Defense Intelligence Agency following my visit with Mr. Almarri.

36. After several visits, Brig personnel began to allow me and Mr. Almarri's other counsel to meet with Mr. Almarri privately and to take notes during our meetings. Those meetings, however, remained subject to continuous audio and video surveillance.

37. During these early encounters, Mr. Almarri told me he was having a difficult time maintaining his grip on reality. He said that he would become angry for no apparent reason and was unable to control his temper, which had never been a problem for him

before he was brought to the Brig, including when he was incarcerated as a material witness and criminal defendant from December 2001 to June 2003.

38. Virtually every aspect of Mr. Almarri's physical environment caused him disorientation, isolation, discomfort, and sometimes pain.

39. When Mr. Almarri was forced to endure wide fluctuations in temperature, including periods when his cell was kept extremely cold. His sleep was continually disrupted, including by guards' banging on the walls and bars of his cell or by opening and shutting doors to empty cells adjacent to his cell.

40. Mr. Almarri frequently complained that noxious odors were being introduced into his cell, which Mr. Almarri compared at various times to car exhaust or sewage.

41. When Mr. Almarri focused his attention on these noxious odors in conversation, they would dominate his thoughts. He would speak about it incessantly in our communications, often preventing us from getting to work on his case. He also began stuffing his vents with food to try to block the smell, which led to his being declared "noncompliant" and punished by the Brig staff.

42. Mr. Almarri also became very disturbed by a portable industrial fan that had been placed near the door of his cell and that remained on 24 hours a day, seven days a week. The fan served no purpose for "moving" air for the benefit of Mr. Almarri. Mr. Almarri said that the speed of the fan—and thus the volume of the sound to which Mr. Almarri was subjected—was randomly adjusted from high to low. Mr. Almarri said that the fan made it difficult for him to think or to sleep. The air would not circulate any differently. Only the pitch of the sound would change.

43. Mr. Almarri also described his vision as "flickering." He said he would see white spots in front of him, and that he would see things out of the corner of his eye that were not there.

44. Mr. Almarri frequently complained to Brig staff about his treatment and conditions. He filled out complaint forms (or "chits"), often several times a day. His complaints and requests were routinely denied or ignored.

45. As a result of his oppressive conditions of confinement and mistreatment, Mr. Almarri's mental and physical health became progressively worse.

46. By early 2005, Mr. Almarri told me he thought he was losing his mind.

47. On several occasions during that winter and spring, Mr. Almarri spoke of possible imminent death. He said that he did not know how much longer he could take his current situation and feared that something bad was going to happen to him at any time.

Improvement in the Conditions of Confinement after August 2005

48. In August 2005, Mr. Almarri filed a lawsuit challenging his mistreatment and conditions of confinement at the Brig.

49. After the lawsuit was filed, restrictions on Mr. Almarri grew less severe and his conditions gradually began to improve.

50. Mr. Almarri was given a mattress for his cell that he could use during the day. He was allowed daily outdoor recreation and was eventually given access to exercise equipment in the cellblock. Mr. Almarri was also allowed some access to books and newspapers, though that access was heavily restricted. Eventually, he was permitted to construct a makeshift privacy screen around his toilet so he is no longer observed by Brig personnel while showering or going to the toilet. And recently, he was allowed a computer.

51. Restrictions on Mr. Almarri's religious practice began to lift. For example, he was permitted to have a watch and permitted to have a prayer schedule so that he could conduct his daily prayers properly.

52. Mr. Almarri's attorneys were permitted to bring him food and occasionally attorney visits were allowed to be held outdoors. I began to receive regular briefings about Mr. Almarri from Brig personnel whenever I visited the Brig.

53. After August 2005, there was a gradual improvement in the interaction between the Brig staff and Mr. Almarri. Members of the Brig staff helped implement measures to mitigate the harsh effects of Mr. Almarri's complete isolation and other conditions of confinement.

Limits of Post-August 2005 Improvements

54. Despite improvements in the physical conditions of his confinement since August 2005, Mr. Almarri remains completely isolated and is deprived of virtually all human contact. He is the only person housed in the cellblock in which he resides. He remains alone day after day after day, as he has been for his almost five years at the Brig.

55. Mr. Almarri's only contact with non-military personnel is with my assistant Cheryl Savage, my co-counsel in New York, Jonathan Hafetz, representatives from the ICRC, and me. Ms. Savage and I see Mr. Almarri approximately once every six weeks and are allowed telephone contact. Mr. Hafetz speaks with Mr. Almarri by telephone approximately once a week and sees him about once every four months. The ICRC representative sees Mr. Almarri approximately once every three months. This is the entire extent of his contact with the world outside the Brig.

56. The restrictions on Mr. Almarri's contact with his family have not changed materially since he was first incarcerated in the Brig in June 2003. Mr. Almarri's family has not been allowed to visit or speak with him, and aside from one video and a few photocopied photographs of his family, Mr. Almarri has been denied any other visual or audio contact with members of his family, including his parents, his five children, and his wife.

57. Letters to and from Mr. Almarri's family continue to be subject to extraordinary delays due to the government's screening/review process, which takes place at Guantanamo. For example, on December 6, 2007, Mr. Almarri received a package of a few letters from his family members that had been mailed 21 months earlier. Those letters were collected from his wife, children, siblings, and cousins, and sent together in March 2006. They were not approved by the United States at Guantanamo until October 22, 2007, 19 months later. Mr. Almarri did not receive the letters until December 6, 2007, approximately six weeks after they had been approved. On July 30, 2007, Mr. Almarri's wife and 12-year old daughter each sent him a letter. Mr. Almarri did not receive the letter for more than four months due to government's review/screening process. And, a one-page letter Mr. Almarri sent his wife six months ago is still being reviewed by the government.

58. Other correspondence from Mr. Almarri's family suffers from lengthy delays. On or around April 5, 2007, we received a DVD from Mr. Almarri's family containing images of his wife and children and personal family news to help mitigate Mr. Almarri's loneliness and isolation. The government took five months to review the DVD, which Mr. Almarri did not receive until on or around September 6, 2007. We recently received another DVD from Mr. Almarri's family and submitted it to the government for review on or around February 11, 2008. At the current rate, Mr. Almarri will not receive the DVD until the middle of July.

59. Brig staff have suggested that Mr. Almarri's family mail be reviewed in Norfolk, Virginia, rather than being sent to Guantánamo, where it is reviewed now. But the Defense Department has refused.

60. Mr. Almarri was recently informed that he would be permitted one phone call with his family every six months if the calls were made from a U.S. embassy in Saudi Arabia, the country in which his family now resides. However, the nearest embassy to his family is located in Riyadh, approximately 175 miles from Mr. Almarri's family's residence in Hofuf. Mr. Almarri's father (aged 85) and mother (aged 75) are unable to travel to Riyadh safely due to their failing health. The government has refused Mr. Almarri's request to make alternative arrangements, including placing the call, which would be monitored, from the offices of the International Federation of the Red Crescent. The Red Crescent has said that it could verify the identity of the family members. Staff members of the Brig have indicated that accommodating Mr. Almarri's request for regular telephone calls with immediate family members from those family members' home in Saudi Arabia calls would have a minimum impact from a financial, operational, or security perspective.

61. Although Mr. Almarri is now given regular outdoor recreation and fitness equipment, he still remains completely alone when he exercises, as he does at all other times of day.

62. Mr. Almarri remains under personal or video surveillance 24 hours a day, seven days a week except when visiting with counsel or the International Committee for the Red Cross.

63. The newspapers Mr. Almarri receives are heavily redacted, and he is not permitted to watch any news programs. These restrictions increase Mr. Almarri's feelings of isolation from the world.

64. Mr. Almarri's access to books is also restricted. Any book he requests is subject to a review process that can take more than six months to complete. There do not appear to be any standards or guidelines governing this process, and books are denied arbitrarily and without explanation. Recently, for example, Mr. Almarri was denied access to books on Islam written more than five centuries ago, including an Arabic-Arabic dictionary used for explaining different meanings in Hadith, the oral traditions relating to the words and deeds of the Islamic prophet Mohammed, which are the second source of Islamic jurisprudence and practice after the Quran.

65. Moreover, improvements in Mr. Almarri's conditions of confinement fluctuate depending on discretionary decisions by the government.

66. After almost five years, there are still no rules or regulations that govern Mr. Almarri's conditions and treatment at the Brig.

67. Everything Mr. Almarri is allowed to receive or to do is literally considered a "privilege" that can be withdrawn or taken away at will.

68. On numerous occasions since August 2005, many of these "privileges" have been taken away, sometimes for extended periods of time, because of Mr. Almarri's so-called "non-compliance." For example, Mr. Almarri has been denied access to books and newspapers, denied recreation, and locked down in his cell. His doctor-recommended mattress and cushion have both taken away. And he has been denied access to his legal materials.

69. The absence of fixed rules and the discretionary nature of decisions that govern everything in his life, along with his prolonged and complete social isolation, have increased Mr. Almarri's feelings of hopelessness, despair, and utter vulnerability.

Observations of Mr. Almarri's Mental State Since August 2005

70. After conditions began to improve in August 2005, Mr. Almarri's mental and physical condition began to improve as well.

71. Mr. Almarri's sleep cycle returned to normal, his interactions with Brig staff became more positive, and he stopped becoming fixated on aspects of his immediate environment, such as the noxious smells in his cell or the industrial fan outside his cell door.

72. Mr. Almarri's complaints about the tingling and pain in his back and legs became less frequent and severe.

73. Our visits with Mr. Almarri became more relaxed. Sometimes they were held outdoors. Mr. Almarri began to smile and laugh more, as he became more hopeful about his life. Communications became freer, and it became easier for us to focus on the issues in Mr. Almarri's case rather than on some aspect of his environment at the Brig.

74. However, nothing was done to address Mr. Almarri's isolation and, by the Spring-Summer of 2006, Mr. Almarri began to deteriorate again.

75. After the Summer of 2006, Mr. Almarri started become fixated on mundane aspects of his environment and daily life, just as he had before August 2005. He also became increasingly paranoid that Brig staff were intentionally manipulating his surroundings.

76. Typically, these fixations occur abruptly and last for weeks, if not several months. The fixations dominate his thinking and inevitably lead to his engaging in behavior that is noncompliant or harmful to his own physical and mental health, which are reminiscent of his behavior before August 2005. They also dominate our communications and interactions with him, often to the exclusion of our discussion of his legal case.

77. Mr. Almarri periodically becomes fixated on the surveillance camera in his cell. In October 2007, Mr. Almarri attempted to obscure the camera lens with a ball of bathroom tissue soaked in toilet water. Mr. Almarri had previously engaged in this behavior on a number of occasions prior to August 2005, causing the Brig to deem him "noncompliant" and to punish him. This behavior does not appear to be in response to any particular physical or mental mistreatment by the staff or any other provocation.

78. Also, within the last year, Mr. Almarri has developed an intense preoccupation with his food and its preparation. Before then, Mr. Almarri had never expressed concern about his food or any doubts regarding its Halal preparation that he follows as part of his religious observance. Although the galley food has not changed at all over time, Mr. Almarri has become increasingly worried that his food is deliberately being prepared in a manner inconsistent with his religious beliefs. When he becomes fixated on the food preparation, it will dominate his thoughts and our conversation with him, often to the exclusion of all other matters.

79. Mr. Almarri's fixation on food preparation has also affected his behavior. For example, twice within the last year, Mr. Almarri refused to eat the meals provided for him by the brig switching to an exclusive diet of military-issue Meals Ready to Eat ("MREs") for months because of his fears about food preparation. Mr. Almarri lost weight, had difficulty sleeping, lost color in his skin, and became increasingly irrational. During the Spring of 2007, Mr. Almarri subsisted on MREs for two-and-a-half months without eating anything else. Although his concerns subsided, they returned in the Fall of 2007, and became increasingly severe. Brig staff tried to allay his concerns by describing the food preparation. But Mr. Almarri remained distrustful of how they were preparing his food and once again refused to eat anything but MREs. On one occasion last month, Brig staff became so concerned about Mr. Almarri's increasing paranoia that they granted him an escorted tour of the kitchen at 2:00 AM in an effort to allay his concerns.

80. Mr. Almarri's behavioral shifts often appear to come out of the blue. In early November 2007, I contacted the Brig staff to check on Mr. Almarri's status before leaving the country on a two-week trip. Brig staff told me they were increasingly concerned about Mr. Almarri. I was advised that he was becoming more and more socially isolated, verbally belligerent, and non-cooperative in his interactions with Brig staff. I was also told his sleep was disrupted and that he was not eating galley meals. I requested and was granted permission to see Mr. Almarri on short notice. During my visit, Mr. Almarri seemed happy to see me and we had a pleasant interaction. We talked about his family, life at home, daily routine at the Brig, and other matters. After I left, however, Mr. Almarri wrote me a letter saying he knew that the government was using me as a tool, that they had sent me to manipulate him. This was the first and only time he has expressed suspicion about my relationship to him.

81. I have also noticed how Mr. Almarri becomes fixed on other mundane things, such as a particular book that he wants or a particular Brig staff member who he alleges is mistreating or insulting him. This type of behavior had occurred a number of times before August 2005, and started occurring again with increasing frequency in the Summer of 2007. It inevitably disrupts Mr. Almarri's thoughts and pattern of conversation. We will spend almost an entire visit discussing the issue that is troubling him, making it difficult to discuss matters relevant to his case. During these times, it becomes extremely difficult to break Mr. Almarri's thought pattern and direct his attention elsewhere.

82. Since the Summer of 2006, Mr. Almarri's sleep cycle has again become erratic, as it was before August 2005. He often sleeps in the daytime, including during his recreation period, and refuses to leave his bed. In October and November of 2007, Mr. Almarri had difficulty sleeping at night and would sleep past noon the next day. In the Summer of 2006, his sleeping pattern became so disturbed that some days he would go to sleep at 7:00 AM, other days at 12 PM, and sometimes at 5 PM.

83. Mr. Almarri's tingling and pain tend to increase during times when he has difficulty sleeping, is troubled by the food preparation, or is fixated on some other aspect of his environment. In the Fall of 2007, Mr. Almarri complained that his tingling sensation and pain had become so severe that he would try to "drive himself to exhaustion" so that he could finally fall asleep, which often did not happen until the early hours of the morning.

84. Mr. Almarri also has become focused on the noise from the fluorescent light in in his cell block. In December 2007, he started describing a persistent buzzing noise emanating from the light which he says he cannot get out of his head and which makes it difficult to read or concentrate. He complained to Brig staff about the buzzing. Staff examined the light, and told him there was no problem with it. But Mr. Almarri continues to hear the buzzing.

85. Mr. Almarri has started suffering from severe headaches everyday, and has become increasingly fixated on the most mundane aspects of his surroundings. Recently, for example, he has become preoccupied with the fact that his sink is not draining well and

that the mirror on his cell wall was slightly crooked. Mr. Almarri suggested that staff deliberately created problems with the sink and the mirror "to play games" with him. When Mr. Hafetz and I try to point out that the staff have tried to respond to his concerns, we get the sense that Mr. Almarri suspects that we are on their side and part of a general plot to play with his mind.

86. Recently, the government has said Mr. Almarri will be allowed one telephone call every six months with his family. Mr. Almarri, who has longed to speak to his parents, five children, and wife, suddenly expressed a reluctance to speak with his closest family members. He never expressed this reluctance before, and it was very alarming to me. When I asked him about it, Mr. Almarri said he feared that the pain of his isolation might be redoubled by this brief and fleeting contact.

87. Mr. Almarri has repeatedly told me how difficult it is to be imprisoned alone and without any sense of when, if ever, he will be released. He has said that he wants to return to Qatar or Saudi Arabia, even if it meant being beaten or tortured because at least the uncertainty and indefiniteness of his current situation would end. He says he tries to live day to day but cannot block the terrifying thought from his mind that he may spend years, even decades, alone.

I hereby certify that the following statements made by me are true. I am aware that if any of the statements made by me are willfully false I am subject to punishment.

ANDREW J. SAVAGE, III

Dated: Charleston, South Carolina
March 10, 2008

EXHIBIT B

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

Ali Saleh Kahlah Almarri,	)	
	)	
Plaintiff,	)	
	)	**C/A No. 2:05-cv-2259-HFF-RSC**
v.	)	
	)	**Declaration of Stuart Grassian M.D.**
Robert M. Gates, Secretary of Defense, et al.,	)	
	)	
	)	
Defendants,	)	
	)	

I am a Board-certified psychiatrist, licensed to practice medicine in the Commonwealth of Massachusetts. My curriculum vita is attached hereto.

I have had extensive experience in evaluating the psychiatric effects of stringent conditions of confinement. My observations and conclusions regarding the psychiatric effects of solitary confinement have been cited in a number of federal court decisions, for example: Davenport v. DeRobertis, 844 F.2d 1310, and Madrid v. Gomez, 889F.Supp.1146. I prepared a written declaration for Madrid describing the medical literature and historical experience concerning the psychiatric effects of solitary confinement and of other conditions of restricted environmental and social stimulation. I have prepared the general (non-institution specific) and non-redacted (non-inmate specific) portions of that declaration into a general Statement, which I have entitled "Psychiatric Effects of Solitary Confinement". This paper was published in the Washington University Journal of Law and Policy, 2006, a copy of this paper is attached hereto. It describes the extensive body of literature, including clinical and experimental literature, regarding the effects of decreased environmental and social stimulation, as well as specifically, observations concerning the effects of solitary confinement on prisoners.

In 2005 I was initially consulted by attorneys for Mr. Almarri regarding the conditions of confinement which he had experienced since his incarceration in the naval brig in Charleston, S.C. as well as information regarding observations which Mr. Almarri's attorneys had made of his mental state during this period of confinement. I was consulted again in December 2007 because of his attorneys' increasing concern about

what they perceived as a significant deterioration in his mental state. I was provided a certification prepared by Attorney Andrew Savage concerning these issues, and have been asked to provide an expert declaration regarding these issues. This declaration is thus based upon the information provided in Attorney Savage; as a result, for the sake of clarity and readability, I am incorporating herein material contained in Attorney Savage's certification. I note that some of the information provided by Attorney Savage regarding Mr. Almarri's conditions of confinement comes directly from Mr. Almarri, without other sources of information.

This report will be in four sections:

1. Observations generally regarding the psychiatric effects of solitary confinement.
2. Mr. Almarri's Conditions of Confinement. (This is largely taken from Attorney Savage's certification.)
3. Observations of Mr. Almarri's psychiatric difficulties since incarceration. (Again, mostly taken from Attorney Savage's certification.)
4. Discussion and Expert Opinion.

1. Overview regarding psychiatric effects of prolonged solitary confinement.

It has long been known that severe restriction of environmental and social stimulation has a profoundly deleterious effect on mental functioning; this issue has, for example, been a major concern for many groups of patients including, for example, patients in intensive care units, spinal patients immobilized by the need for prolonged traction, and patients with impairment of their sensory apparatus (such as eye-patched or hearing impaired patients). This issue has also been a very significant concern in military situations and in exploration - polar and submarine expeditions, and in preparations for space travel.

In regard to solitary confinement, the United States was actually the world leader in introducing prolonged incarceration - and solitary confinement - as a means of dealing with criminal behavior; the "penitentiary system" began in the United States in the early 19th century, a product of a spirit of great social optimism about the possibility of rehabilitation of individuals with socially deviant behavior. This system, originally embodied as the "Philadelphia System", involved almost an exclusive reliance upon solitary confinement as a means of incarceration, and also became the predominant mode of incarceration - both for post conviction and also for pretrial detainees - in the several European prison systems which emulated the American model.

The results were catastrophic. The incidence of mental disturbances among prisoners so detained, and the severity of such disturbances, was so great that the system fell into disfavor and was ultimately abandoned. During this process, a major body of clinical

literature developed which documented the psychiatric disturbances created by such stringent conditions of confinement. The paradigmatic disturbance was an agitated confusional state which, in more severe cases, had the characteristics of a florid delirium, characterized by severe confusional, paranoid and hallucinatory features, and also by intense agitation and random, impulsive violence - often self-directed.

The psychiatric harm caused by solitary confinement became exceedingly apparent. Indeed, by 1890, in In re Medley, 10 S.Ct. 384, the United States Supreme Court explicitly recognized the massive psychiatric harm caused by solitary confinement: "This matter of solitary confinement is not ... a mere unimportant regulation as to the safekeeping of the prisoner .... [E]xperience [with the penitentiary system of solitary confinement]demonstrated that there were serious objections to it. A considerable number of the prisoners fell, after even a short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane; others still, committed suicide; while those who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community." 10 S.Ct. at 386.

The consequences of the Supreme Court's holding were quite dramatic for Mr. Medley. Mr. Medley had been convicted of having murdered his wife. Under the Colorado statute in force at the time of the murder, he would have been executed after about one additional month of incarceration in the county jail. But in the interim between Mr. Medley's crime and his trial, the Colorado legislature had passed a new statute which called for the convicted murderer to be, instead, incarcerated in solitary confinement in the State Prison during the month prior to his execution. Unhappily, simultaneously with the passage of the new law, the legislature rescinded the older law, without allowing for a bridging clause which would have allowed for Mr. Medley's sentencing under the older statute.

Mr. Medley appealed his sentencing under the new statute, arguing that punishment under this new law was so substantially more burdensome than punishment under the old law, as to render its application to him ex post facto. The Supreme Court agreed with him, even though it simultaneously recognized that if Mr. Medley was not sentenced under the new law, he could not be sentenced at all. Despite this, the Court held that this additional punishment of one month of solitary confinement was simply too egregious to ignore; the Court declared Mr. Medley a free man, and ordered his release from prison.

Dramatic concerns about the profound psychiatric effects of solitary confinement have continued into the twentieth century, both in the medical literature, and in the news. The alarm raised about the "brainwashing" of political prisoners of the Soviet Union and of Communist China - and especially of American prisoners of war during the Korean War - gave rise to a major body of medical and scientific literature concerning the effects of

sensory deprivation and social isolation, including a substantial body of experimental research.

This literature, as well as my own observations, has demonstrated that, deprived of a sufficient level of environmental and social stimulation, individuals will soon become incapable of maintaining an adequate state of alertness and attention to the environment. Indeed, even a few days of solitary confinement will predictably shift the electroencephalogram (EEG) pattern towards an abnormal pattern characteristic of stupor and delirium.

This fact is, indeed, not surprising. Most individuals have at one time or another experienced, at least briefly, the effects of intense monotony and inadequate environmental stimulation. After even a relatively brief period of time in such a situation, an individual is likely to descend into a mental torpor - a "fog" - in which alertness, attention and concentration all become impaired. In such a state, after a time, the individual becomes increasingly incapable of processing external stimuli, and often becomes "hyperresponsive" to such stimulation; for example, a sudden noise or the flashing of a light jars the individual from his stupor, and becomes intensely unpleasant. Over time, the very absence of stimulation causes whatever stimulation is available to become noxious and irritating; individuals in such a stupor tend to avoid any stimulation, and progressively to withdraw into themselves and their own mental fog.

An adequate state of responsiveness to the environment requires both the ability to achieve and maintain an attentional set - to focus attention - and the ability to shift attention. The impairment of alertness and concentration in solitary confinement leads to two related abnormalities

The inability to focus, to achieve and maintain attention, is experienced as a kind of dissociative stupor - a mental "fog" in which the individual cannot focus attention, cannot, for example, grasp or recall when he attempts to read or to think.

The inability to shift attention results in a kind of "tunnel vision" in which the individual's attention becomes stuck - almost always on something intensely unpleasant - and in which he cannot stop thinking about that matter; instead, he becomes obsessively fixated upon it. These obsessional preoccupations are especially troubling. Individuals in solitary easily become preoccupied with some thought, some perceived slight or irritation, some sound or smell coming from a neighboring cell, or - perhaps most commonly, by some bodily sensation - tortured by it, unable to stop dwelling on it. I have examined countless individuals in solitary confinement who have become obsessively preoccupied with some minor, almost imperceptible bodily sensation, a sensation which grows over time into a worry, and finally into an all-consuming, life-threatening illness.

In solitary confinement, ordinary stimuli become intensely unpleasant, and small irritations become maddening. Individuals in such confinement brood upon normally unimportant stimuli, and minor irritations become the focus of increasing agitation and paranoia.

Individuals experiencing such environmental restriction find it difficult to maintain a normal pattern of daytime alertness and nighttime sleep. They often find themselves during the day incapable of resisting their bed - incapable of resisting the paralyzing effect of their stupor - and yet incapable at night of any restful sleep. The lack of meaningful activity is far compounded by the effect of continual exposure to artificial light, and diminished opportunity to experience natural daylight. And the individuals' difficulty in maintaining a normal day-night sleep cycle is often far worsened by the constant intrusions on nighttime dark and quiet - steel doors slamming shut, flashlights shining in their face, and so forth.

There is, of course, substantial differences in the effects of solitary confinement upon different individuals. Those most severely affected - often individuals with evidence of subtle neurological or attention deficit disorder, or with some other vulnerability - suffer from states of florid psychotic delirium, marked by severe hallucinatory confusion, disorientation, and even incoherence, and by intense agitation and paranoia; these psychotic disturbances often have a dissociative character, and individuals so affected often do not recall events which occurred during the course of the confusional psychosis. Other individuals - generally, individuals with more stable personalities and greater ability to modulate their emotional expression and behavior, and individuals with stronger cognitive functioning - are less severely affected. However, all of these individuals will still experience a degree of stupor, difficulties with thinking and concentration, obsessional thinking, agitation, irritability and difficulty tolerating external stimuli (especially noxious stimuli).

Individuals with stronger cognitive capabilities will often struggle to ward off stupor by generating their own stimulation internally - that is, by their own intellectual processes - but such individuals will almost invariably struggle against the inexorable pull towards obsessional thinking. It is very common for an inmate who spends virtually his entire day alone and without meaningful environmental, social, or occupational stimulation to become obsessively fixated on particular - even minor - features of his environment, and to become increasingly incapable of tolerating any change or increased deprivation in that environment. The inmate has very little to distract his attention from some, even minor, noxious event or stimulus. Inmates in solitary not only experience a deprivation of stimulation, but also experience a sense of helplessness - of loss of control over their environment. They become intolerant of change, of uncertainty, of their own passivity and helplessness in the face of their environment.

Over time, individuals in solitary confinement become increasingly intolerant of stress, increasingly irritable, fearful, impulsively angry - even paranoid. Very commonly, a

vicious cycle develops; the longer the individual is in solitary, the less capable he becomes of maintaining behavioral control. Impulsive anger, sudden destructive or self-destructive outbursts, become increasingly frequent. Eventually, the inmate may "max out" – become caught in a cycle of endless imposition of rigid solitary confinement as punishment for increasingly impulsive and chaotic behavior.

The combination of cognitive impairment, obsessional thinking, and increasing emotional irritability and hyperresponsivity all together create a climate in which the inmate becomes increasingly incapable of rationally cooperating with his attorneys in advancing his legal situation. I have spoken with countless attorneys about their despair that their client's conditions of confinement have made coherent, focused communication almost impossible.

Moreover, during the course of my professional work, I have at times been consulted by or treated individuals who were released from prison after having experienced a prolonged period in solitary confinement. From this clinical experience, I have come to realize that many of the psychiatric difficulties which began in solitary have continued even after release from prison. They continue to have difficulty interacting with people and find that they have become distrustrul, withdrawn - "loners". Interactions with people almost invariably make them tense, and any little quirk they see in another person becomes intensely irritating. They also commonly describe a continuing aversion to any stimulation; noise, lights - the bustling world around them – has become unbearable loud and sharp and disturbing. They have a terrible time figuring out a way of surviving in the larger world outside their own room.

2. Mr. Almarri's Conditions of Confinement.

The terms "segregated confinement", "SHU" (Special Housing Unit) confinement, "solitary confinement", etc. all generally refer to confinement alone in a cell anywhere from about 56-90 square feet, with minimal opportunities for social interaction, conjoint recreation or religious services, minimal education or occupational programming, and very limited environmental stimulation. Administrative and environmental conditions can vary. Radio is often available, television sometimes; the opportunity for non-legal phone calls varies; social visitation, however, is almost invariably non-contact. Some cells have windows affording a view of the outside world, but in many, there either is no window to the outside, or the window is only translucent and affords virtually no opportunity to see the outside world.

From the information made available to me, it is my understanding that Mr. Almarri has been confined in solitary confinement since December 2001, and has been housed in solitary confinement in the Navy Brig in South Carolina continuously since June 2003.

2.1 Conditions of Confinement From June 2003 to August 2005.

Mr. Almarri was first allowed limited access to his attorneys in October 2004. In August 2005, his attorneys filed a lawsuit challenging the conditions of confinement under which he was being held. This began a process by which conditions gradually improved during the next many months.

2.1.1 Conditions in General.

It is my understanding that prior to August 2005, Mr. Almarri was confined in a 9x6 foot cell, with windows blacked out or made sufficiently opaque so that he had no view whatsoever of the world outside his cell. Mr. Almarri also claims that during this period of time, he was denied all books, news, magazines, TV, and radio. He had no physical, social, or temporal reference points. Mr. Almarri remained under personal and/or video surveillance 24 hours a day, 7 days a week, including while using the toilet in his cell or showering. He had no control of the lighting in his cell; fluorescent lights were on from 5:00 AM until 10:00 PM. The cell has only a sink, toilet, and steel plate bed bolted to the wall; there is no chair or table. Moreover, during more than the first two years of his confinement, he was not even provided a mattress or pillow, and when he was eventually provided a mattress, it was a very thin one, not providing relief of the pressure of the metal plate bed.

As a consequence, he developed symptoms of nerve compression causing him to suffer from chronic neuropathic pain. In 2005, after approximately two years, a physician finally examined Mr. Almarri, and recommended diagnostic testing along with the provision of a soft cushion for sitting, a thicker mattress, and a table on watch he could lean while sitting. None of these physician recommendations were followed, and Mr. Almarri has continued up to the present to be continuously in pain with peripheral neuropathies.

2.1.2. Interrogations.

During approximately the first 16 months of his confinement in the Brig, he had virtually no human contact except for interrogations and for very brief interactions with military personnel. Mr. Almarri was repeatedly interrogated before October 2004. He described to his attorneys that he was subjected to extremely harsh conditions during these interrogations. He stated that during interrogations, he was forced to remain in painful stress positions and exposed to extremely cold temperatures for lengthy periods of time. For periods as long as eight days, Mr. Almarri would be placed in a completely bare and cold cell from 5 AM to 10 PM for refusing to answer questions. When Mr. Almarri asked for extra clothing or a blanket because he was freezing, his requests were denied. Mr. Almarri was also threatened during interrogations. Interrogators said they were going to send Mr. Almarri to Egypt or to Saudi Arabia where they would torture and sodomize him and rape his wife in front of him. Interrogators also falsely told Mr. Almarri that four

of his brothers and his fathers were in jail because of him, and promised that they would all be released if he cooperated with them. Interrogators told Mr. Almarri that they could plant a false story about his escape in the news and then make him disappear so no one knew where he was. They told him the U.S. had made prisoners disappear before and would do so again if he refused to provide information. Several times, interrogators stuffed Mr. Almarri's mouth with clothing and covered his mouth with heavy duct tape. One time, when he managed to loosen the tape with his mouth, interrogators re-taped it even more tightly. Mr. Almarri started to choke until a panicked FBI agent in the room removed the tape.

2.1.3 Visitation, Exercise, Hygiene, Punishment.

During that period of time, he was allowed no visits whatsoever, even with his attorneys or with representatives of the International Committee for the Red Cross. Mr. Almarri states that during approximately the first two years of his confinement, he had virtually no contact even with the military personnel guarding him; that they even put duct tape over their name tags and never spoke to Mr. Almarri except to give him orders.

I have been informed that during that period of time, he was not provided any regular opportunity for exercise, and even when this was provided, it was provided either outside, in a tiny, bare concrete cage without any exercise equipment or opportunity to have any sight of his environment, or else inside, where he would be required to "exercise" while bound in hand and leg irons. Even while exercising, he was entirely alone. Moreover, whenever Mr. Almarri was deemed "noncompliant," he was confined in his cell for 24 hours a day, 7 days a week, and denied any opportunity to exercise or shower. On several occasions, Mr. Almarri was confined to his cell for months at a time without recreation or shower.

I have been informed that after he finally was allowed access to his attorneys, he and his attorneys requested that he provided with some document explaining what he must do to be deemed "in compliance", but the staff refused to provide him with this. He and his attorneys were informed that the list of requirements for compliance were, instead, posted in the Day Room of his tier. However, there was no accommodation made for the fact that Mr. Almarri had never been allowed into that area of the tier, and thus had no opportunity whatsoever to read the document.

Yet the consequences for being deemed to be out of compliance were extremely harsh. When deemed to be out of compliance, he was often deprived of virtually everything - toothpaste, toothbrush, any clothes other than boxer shorts, toilet paper and soap, as well as access to shower, to exercise, to water in his cell for washing or flushing the toilet.

At times the air conditioning thermostat would be turned to a very low setting in order to further punish him by rendering the cell very cold. Deprived of even shoes and socks

for months at a time, including during the winter months, he had no choice but to lie on his bunk all day under a thin, stiff "suicide blanket". Mr. Almarri described the tremendous coldness if he tried to stand or walk and how scared it made him feel to be confined all day and night to his metal bed.

Water would be turned off from his toilet for periods which ranged up to 20 days in a row; he at times resorted to defecating onto his food tray so that he would not have to live with his own filth lying in an empty toilet, without any ability to flush it away. He reports that at times he was even deprived of access to toilet paper. He stated that he spent up to 20 days in a row in his cell in such conditions, and that even when he did have access to water, he had to press a buzzer for the staff, often having to wait hours in order to receive any soap with which to wash himself. As a result of the deprivation of basic hygienic materials, he developed a rash on his buttocks which itched and burned, tormenting him.

Mr. Almarri described other techniques used to further "punish" him. An industrial fan was kept on 24 hours a day, 7 days a week, just outside his cell. It provided no air circulation, but created a great deal of noise, and the Brig staff increased the speed and noise level when they deemed him to be "noncompliant". At times, a staff member would go into the adjacent cell and flush the toilet repeatedly, or bang on the walls, or shake Mr. Almarri's door, in order to wake him up and disturb him.

2.1.4 Religious Observance.

Mr. Almarri stated that his observance of Islam was severely restricted and degraded. According to Mr. Almarri, his copy of the Quran was periodically removed as part of interrogations and was debased by guards who deliberately threw it on the floor of Mr. Almarri's cell and threw things on top of it. Mr. Almarri's religious practices were also mocked with derogatory comments. Mr. Almarri informed his attorneys that he was denied copies of all other religious texts besides the Quran. He was also denied a prayer rug; denied a cover for his head for use during prayer; denied water to purify himself before prayer; and denied contact with an Imam (or Muslim cleric). When Mr. Almarri attempted to use his shirt as a head cover during prayer, he was punished by taking his shirt away. In addition, Mr. Almarri was not told the direction of Mecca (where Muslims must face while praying) nor was he provided with a prayer schedule or clock or watch. As a result, Mr. Almarri was never sure which way to face when praying or when to pray, which Muslims must do five times per day. Mr. Almarri frequently expressed his feelings of helplessness, frustration, and despair about being prevented from practicing his religion and seeing his religion degraded.

2.2 Improvement in the Conditions of Confinement after August 2005, Limitations Thereof.

Mr. Almarri was finally given the opportunity to meet with counsel beginning in October 2004, and in August 2005, Mr. Almarri filed a lawsuit challenging his mistreatment and conditions of confinement at the Brig. After the lawsuit was filed, restrictions on Mr. Almarri gradually grew less severe and his conditions gradually began to improve.

Thereafter, Mr. Almarri was given a mattress for his cell that he could use during the day. He was allowed daily outdoor recreation and was eventually given access to exercise equipment in the cellblock. Mr. Almarri was also allowed access to books and newspapers, though that access was heavily restricted. Restrictions on Mr. Almarri's religious practice began to lift. For example, he was given a watch and permitted to have a prayer schedule so that he could conduct his daily prayers properly.

After August 2005, there was a gradual improvement in the interaction between the Brig staff and Mr. Almarri. Members of the Brig staff helped implement measures to mitigate the harsh effects of his complete isolation and other conditions of confinement. Mr. Almarri's attorneys were permitted to bring him food and occasionally attorney visits were allowed to be held outdoors.

Despite improvements in the physical conditions of his confinement since August 2005, Mr. Almarri remains completely isolated and is deprived of virtually all human contact. He is the only person housed in the cellblock in which he resides. He remains alone day after day after day, as he has been for the almost five years.

Mr. Almarri's only contact with non-military personnel is with his counsel - in person approximately every six weeks, and by phone approximately weekly - and with representatives from the International Committee for the Red Cross approximately once every three months. This is the entire extent of his contact with the world outside the Brig.

The restrictions on Mr. Almarri's contact with his family have not changed materially since he was first incarcerated in the Brig in June 2003. Mr. Almarri's family has not been allowed to visit or speak with him, and aside from one video and a few photocopied photographs of his family, Mr. Almarri has been denied any other visual or audio contact with members of his family, including his parents, his five children, and his wife. Letters to and from Mr. Almarri's family continue to be subject to extraordinary delays due to the government's screening/review process, which takes place at Guantanamo. For example, on December 6, 2007, Mr. Almarri received a package of a few letters from his family members that had been mailed twenty-one months earlier. Those letters were collected from his wife, children, siblings, and cousins, and sent together in March 2006. They were not approved by the United States at Guantanamo until October 22, 2007, nineteen months later. Mr. Almarri did not receive the letters until December 6, 2007, approximately six weeks after they had been approved. On July 30, 2007, Mr. Almarri's wife and twelve-year old daughter each sent him a letter. Mr. Almarri did not receive the letter for more than four months due to government's

review/screening process. And, a one-page letter Mr. Almarri sent his wife seven months ago is still being reviewed by the government.

Other non-legal mail also suffers from extensive delays. For example, a Muslim woman from Pennsylvania who had read about Mr. Almarri's case in the newspaper mailed Mr. Almarri a one-page letter in English on January 18, 2007. The letter was not cleared and delivered to Mr. Almarri until July 13, 2007, almost six months later.

Although Mr. Almarri is now given regular outdoor recreation and fitness equipment, he still remains completely alone when he exercises, as he does at all other times of day. Mr. Almarri remains under personal or video surveillance 24 hours a day, 7 days a week except when visiting with counsel or the International Committee for the Red Cross. The newspapers Mr. Almarri receives are heavily redacted, and he is not permitted to watch any news programs. These restrictions increase Mr. Almarri's feelings of isolation from the world. Mr. Almarri's access to books is also restricted. Any book he requests is subject to a review process that can take more than six months to complete. There do not appear to be any standards or guidelines governing this process, and books are denied arbitrarily and without explanation. Recently, for example, Mr. Almarri was denied access to books on Islam written more than five centuries ago, including an Arabic-Arabic dictionary used for explaining different meanings in Hadith, the oral traditions relating to the words and deeds of the Islamic prophet Mohammed, which are the second source of Islamic jurisprudence and practice after the Quran.

Moreover, improvements in Mr. Almarri's conditions of confinement fluctuate depending on discretionary decisions by the government. After almost five years, there are still no rules or regulations that govern Mr. Almarri's conditions and treatment at the Brig. Everything Mr. Almarri is allowed to receive or to do, including his access to his attorneys, is literally considered a "privilege" that can be withdrawn or taken away at will. On numerous occasions since August 2005, many of these "privileges" have been taken away, sometimes for extended periods of time, because of Mr. Almarri's so-called "non-compliance." For example, Mr. Almarri has been denied access to books and newspapers, denied recreation, and locked down in his cell. The mattress and cushion recommended by his doctor have both taken away. And he has been denied access to his legal materials. Mr. Almarri's attorneys have described how the absence of fixed rules and the discretionary nature of decisions that govern everything in his life, along with his prolonged and complete social isolation, have increased Mr. Almarri's feelings of hopelessness, despair, utter vulnerability, and his increasing irritability.

3. Observations of Mr. Almarri's Mental and Physical State

3.1 Before August 2005

Mr. Almarri was first allowed to have contact with his attorneys in October 2004. Initially, these meetings all took place in a non-contact visitation room, through security glass, though eventually this restriction was lifted and contact meetings were allowed. All these meetings were, however, subject to continuous audio and video surveillance. At these meetings, Mr. Almarri told his attorneys that he was having a difficult time maintaining his grip on reality. He stated that he feared he was losing his mind. He said that he would become angry for no apparent reason and was unable to control his temper, which had never been a problem for him before he was brought to the Brig, including when he was incarcerated as a material witness and criminal defendant from December 2001 to June 2003. On several occasions Mr. Almarri spoke of possible imminent death. He said that he did not know how much longer he could take his current situation and feared that something bad was going to happen to him at any time.

He stated that virtually every aspect of his physical environment caused him disorientation, isolation, discomfort, and sometimes pain. He reported that he was forced to endure wide fluctuations in temperature, including periods when his cell was kept extremely cold. His sleep was disrupted, including by guards' banging on the walls and bars of his cell or by opening and shutting doors to empty cells adjacent to his cell.

Mr. Almarri frequently complained that noxious odors were being introduced into his cell, which Mr. Almarri compared at various times to car exhaust, sewage, and cigarette smoke. When Mr. Almarri focused his attention on these noxious odors in conversation, they would dominate his thoughts. He would speak about it incessantly in his communications with his attorneys, often preventing them from getting work done on his case. He also began stuffing his vents with food to try to block the smell, which led to his being declared "noncompliant" and hence punished by the Brig staff with increasingly harsh and stringent conditions of isolation.

Mr. Almarri also became very disturbed by the industrial fan that had been placed near the door of his cell and that remained on 24 hours a day, seven days a week. He reported that the fan made it difficult for him to think or to sleep. Mr. Almarri also described his vision as "flickering." He said he would see white spots in front of him, and that he would see things out of the corner of his eye that were not there.

3.2 Observations of Mr. Almarri's Mental State Since August 2005.

After conditions began to improve in August 2005, Mr. Almarri's mental and physical condition began to improve as well, at least for a number of months. Mr. Almarri's sleep cycle returned to normal, his interactions with Brig staff became more positive, and his visits with his attorneys became more relaxed; especially after the staff allowed those meetings to be held outdoors, Mr. Almarri seemed to begin to relax, even smile and laugh, and to become more hopeful about his life.

At the same time, he stopped becoming fixated on aspects of his immediate environment, such as his preoccupation with what he experienced as noxious smells in his cell or the industrial fan outside his cell door. And although he continued to suffer from neuropathic pain in his back and legs, his preoccupation with these complaints became less frequent and severe. During attorney visits, he was more able to focus on the issues in Mr. Almarri's case rather than on some aspect of his environment at the Brig.

However, nothing was done to fundamentally address Mr. Almarri's isolation and by the Spring-Summer of 2006, Mr. Almarri's mental state began to deteriorate again. He began again to become fixated on mundane aspects of his environment and daily life, just as he had before August 2005. He also became increasingly paranoid that Brig staff were intentionally manipulating his surroundings.

These fixations would occur abruptly and last for weeks, if not several months. The fixations would dominate his thinking and inevitably would lead to his engaging in behavior that was deemed noncompliant or harmful to his own physical and mental health; this is a pattern which is reminiscent of his behavior before August 2005. Anger and obsessional preoccupations have again dominated his attorneys' communications and interactions with him, often to the exclusion of any meaningful discussion of his legal case.

For example, Mr. Almarri would periodically become fixated on the surveillance camera in his cell. In October 2007, Mr. Almarri attempted to obscure the camera lens with a ball of bathroom tissue soaked in toilet water. Mr. Almarri had previously engaged in this behavior on a number of occasions prior to August 2005, causing the Brig to deem him "noncompliant" and to punish him. This behavior does not appear to be in response to any particular physical or mental mistreatment by the staff or any other provocation.

Also, within the last year, Mr. Almarri has developed an intense preoccupation with his food and its preparation. Before then, Mr. Almarri had never expressed concern about his food or any doubts regarding its Halal preparation that he follows as part of his religious observance. Although the galley food has not changed at all over time, Mr. Almarri has become increasingly worried that his food is deliberately being prepared in a manner inconsistent with his religious beliefs. When he becomes fixated on the food preparation, it will dominate his thoughts and his conversations with his attorneys, often to the exclusion of all other matters.

Mr. Almarri's fixation on food preparation has also affected his behavior. For example, twice within the last year, Mr. Almarri refused to eat the meals provided for him by the Brig, switching to an exclusive diet of military-issue Meals Ready to Eat ("MREs") for months at a time because of his fears about food preparation. Mr. Almarri lost weight, had difficulty sleeping, lost color in his skin, and became increasingly irrational. During the Spring of 2007, Mr. Almarri subsisted on MREs for two-and-a-half months without

eating anything else. Although his concerns subsided, they returned in the Fall of 2007, and became increasingly severe. Brig staff tried to allay his concerns by describing the food preparation. But Mr. Almarri remained distrustful of how they were preparing his food. On one recent occasion, Brig staff became so concerned about Mr. Almarri's increasing paranoia that they granted him an escorted tour of the kitchen at 2:00 AM in an effort to allay his concerns.

Mr. Almarri's emotional shifts are generally abrupt and without any clear cause. In early November 2007, Brig staff informed Attorney Savage they were increasingly concerned about Mr. Almarri, that he was becoming more and more socially isolated, verbally belligerent, and non-cooperative in his interactions with Brig staff; his sleep was erratic and that he was not eating galley meals. His attorney was granted an emergency visit with his client. During the visit, Mr. Almarri seemed comfortable and had a pleasant interaction with the attorney. Yet after the attorney left, Mr. Almarri wrote him a letter reflecting paranoid concerns - that he knew that the government was using his attorney as a tool, sent me to manipulate him. Attorney Savage was stunned; Mr. Almarri had never before expressed such distrust of his own attorney.

Moreover, Mr. Almarri became fixated again on other mundane things, such as a particular book that he wanted to obtain or a particular Brig staff member who he felt was mistreating or insulting him. This type of behavior had occurred a number of times before August 2005, and started occurring again with increasing frequency in the Summer of 2007. It inevitably disrupts Mr. Almarri's thoughts, and thus impairs attorney-client communication. Sometimes an entire visit would be spent discussing such an issue, instead of focussing on matters central to his case. His attorneys report that during these times, it becomes extremely difficult to break Mr. Almarri's thought pattern and direct his attention elsewhere.

Since the Summer of 2006, Mr. Almarri's sleep cycle has again become erratic, as it was before August 2005. He often sleeps in the daytime, including during his recreation period, and refuses to leave his bed. For example, in October and November of 2007, Mr. Almarri had difficulty sleeping at night and would sleep past noon the next day. In the Summer of 2006, his sleeping pattern became so disturbed that some days he would go to sleep at 7:00 AM, other days at 12 PM, and other days at 5 PM.

Mr. Almarri's preoccupation with his neuropathic pain, or with the food preparation, or with some other aspect of his immediate condition, has increased again, especially during times when he is more agitated. In the Fall of 2007, Mr. Almarri complained that his neuropathic pain had become so severe that he would try to "drive himself to exhaustion" so that he could finally fall asleep, which often did not happen until the early hours of the morning. Mr. Almarri also became fixated on the noise from the fluorescent light in the day room in his cell block. In December 2007, he started describing a persistent buzzing noise emanating from the light which he became an oppressive preoccupation; he cannot get out of his head and this makes it difficult to read or

concentrate. He complained to Brig staff about the buzzing; they were actually quite responsive, examining the light and informing him that there was no problem with the light. His preoccupation with the buzzing sound was not relieved by this feedback.

He has begun suffering from headaches everyday, and his obsessional preoccupations have become more widespread. He has recently become obsessively preoccupied with relatively trivial issues regarding his cell – that his sink is not draining well, and the mirror on his wall was slightly crooked. Of increasing concern, too, is a growing paranoia. He expressed suspicion that the slow sink draining and the crooked mirror were done intentionally by the staff, "to play games" with him. His attorneys try to point out that the staff have actually been fairly responsive to his plight, but they fear that if they push this point with too much vigor, Mr. Almarri will come to believe that they, too, are part of a plot to cause him psychoiogical harm.

Attorney Savage reports that recently, the government has said Mr. Almarri will be allowed one telephone call every six months with his family. Mr. Almarri, who has consistently expressed his longing to speak to his parents, five children, and wife, suddenly expressed a reluctance to speak with his closest family members. He never expressed this reluctance before. Attorney Savage found this change quite alarming. When Attorney Savage asked his client about this change in decision, Mr. Almarri expressed an increasing fear that he could not bear the emotional impact of his continuing confinement, and he was frightened that the pain of his isolation might be redoubled by this brief and fleeting contact with family. Mr. Almarri has repeatedly confided to his attorney that it is becoming increasingly unbearable for him to be imprisoned alone and without any sense of when, if ever, he will be released. He has said that rather than being maintained in the Brig, he would prefer to be extradited to Qatar or Saudi Arabia, even if he might be beaten or tortured in those countries; at least then the uncertainty and indefiniteness of his current situation would end. He says he tries to live day to day but cannot block the terrifying thought from his mind that he may spend years, even decades, alone. The endless years of confinement, the lack of any goal, any time limit, any hope, has become utterly unbearable.

4. Discussion, Expert Opinion.

During the course of my professional experience, I have evaluated quite a large number of individuals incarcerated in solitary confinement, but have only very uncommonly encountered an individual whose confinement was as onerous as Mr. Almarri's, except for individuals who had been incarcerated brutally in some third-world countries.

In my writings, I have described the most severe psychiatric consequence of such prolonged confinement - an agitated, confusional, hallucinatory psychosis. Mr. Almarri's psychiatric condition clearly has not reached such a state of disintegration, a fact which likely in part reflects fairly strong premorbid emotional and cognitive functioning. Yet he

clearly is suffering quite profoundly from increasingly severe symptoms related to his prolonged incarceration in solitary. Moreover, the symptoms which he manifests are strikingly specific and detailed, and they are indeed symptoms which, while quite rare in other settings, are very specifically associated with the psychopathological effects of solitary confinement.

For example, in my article in The American Journal of Psychiatry, I described "hyperresponsivity to external stimuli, with an increasingly dysesthetic (painful) response to stimuli". Mr. Almarri's increasing inability to tolerate the buzzing of a fluorescent light is a very typical example of this phenomenon, and I have in fact seen precisely the same problem with other inmates whom I have evaluated. Indeed, at times I have witnessed an inmate literally incapable of engaging in conversation with me because he could not distract himself from his maddening fixation on the slight buzzing of an overhead light - a buzzing sound which I literally had not noticed at all.

Similarly, when Mr. Almarri is more symptomatic, he begins complaining about noxious odors in his cell, and over time he has become increasingly – maddeningly - preoccupied with them. Once again, this is a typical example of the hyperresponsivity to external stimuli specifically associated with solitary confinement, and is virtually unheard of in the more typical psychiatric illnesses.

Mr. Al-Marri has also described other perceptual difficulties typical of solitary - for example, white spots and flickering lights.

Even in regard to his neuropathic pain, it is clear that during the period of several months beginning August 2005, when Mr. Almarri seemed brighter and more alert, he was more able to distract himself from the pain - less obsessively focused on it.

As stated in the first section of this report, disturbing obsessional preoccupations are exceedingly common in solitary. Mr. Almarri has demonstrated severely increasing difficulty with obsessive preoccupations about the preparation of his food, and with perceived slights by Brig staff (perceived insults, the difficulty obtaining a book, etc.) His capacity to maintain an adequate level of attention and orientation to the environment is clearly becoming increasingly impaired.

As an individual increasingly succumbs to the neuropsychological stress of solitary confinement, he will typically become more agitated, more impulsive, and more distrustful and isolative. Over time, there is an inevitable wearing away of whatever resilience the individual had when he first entered solitary. Mr. Almarri has been subjected to solitary confinement continuously for almost seven years (including his initial 16 months detention in MCC New York and in Peoria, prior to being transferred to the Charleston Brig), and has experienced some of the most severe conditions seen in any American prison setting. His ability to tolerate this confinement is clearly eroding severely.

Thus, for example, it is very worrisome that Mr. Almarri has recently begun manifesting paranoid thoughts, both about the Brig staff (especially, regarding food preparation) and even about his own attorneys. There has been increasing concern that he is becoming more irritable, distrustful, and withdrawn. And with this, his behavior has increasingly been deemed "noncompliant", leading to punishment by even

further environmental deprivation. This is the classic "vicious cycle" in solitary, an enormously harmful situation.

Over time, individuals in solitary actually become increasingly intolerant of stimulation – hyperresponsive to it. This is quite commonly especially the case in regard to social stimulation; the individual becomes a loner; he begins withdrawing from people, finding it increasingly difficult to interact with people. It is thus worrisome that Mr. Almarri has suddenly chosen to decline pursuing the possibility of being able to speak with his family by phone. His need to numb himself, to withdraw, is clearly worsening.

Another point should be raised. As described in the general discussion above (the first section of this report) the psychiatric impairments associated with solitary confinement will almost inevitably compromise the inmate's ability to cooperate with and assist counsel in pursuing his legal rights. Clearly, the very fact of Mr. Almarri's indefinite confinement without specific charge has raised very significant legal questions, and yet his ability to work together with his attorneys in pursuing relief is becoming increasingly compromised, potentially hobbling his ability to pursue any appropriate legal remedy..

In summary, Mr. Almarri has experienced extremely severe and prolonged conditions of incarceration in solitary, and there is clear evidence that his psychological resilience has eroded to a worrisome degree; he is becoming increasingly withdrawn, at times paranoid, as well as increasingly irritable and impulsive, and increasingly obsessional. As described above, this symptomatic presentation is strikingly consistent with published descriptions of the particular psychopathologic disturbance associated with solitary confinement.

This is of especial concern because my experience has shown that individuals exposed to such prolonged stress will not fully recover even after their release from incarceration. Impairments – especially, social withdrawal, irritability, and intolerance of stimulation - continue for a prolonged period of time, or even indefinitely.

Signed under pains and penalties of perjury, this 6th day of March, 2008.

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Born: June 29, 1946

EDUCATION, TRAINING, FACULTY POSITIONS.

1963-1967 Harvard Club Scholar, Harvard University, Cambridge, MA

1967 B.A. Cum Laude, Harvard University, Cambridge, MA

1967-1969 NIMH Fellow in Sociology, Brandeis University, Waltham, MA

1969 M.A., Sociology, Brandeis University, Waltham, MA

1970 NSF Fellow in Psychiatry, Bellevue Hospital, NY

1973 M.D., New York University School of Medicine, NY

1973-1974 Intern (Medicine), New York University Medical Center, NY

1974-1977 Resident in Psychiatry, Beth Israel Hospital, Boston, MA.
Teaching Fellow in Psychiatry, Harvard Medical School.

1977-2003 Clinical Instructor in Psychiatry, Harvard Medical School.

1978-1980 Assistant Clinical Professor of Psychiatry, Tufts University School of Medicine.

1982-1986 Suffolk University Law School; J.D. 1986; Daniel Fern Award.

1986 Bar Examination completed; entry into Massachusetts Bar.(remain on “retired” status through present.)

LICENSURE.

1974- Massachusetts Medical License #37749.

BOARD CERTIFICATIONS

1979 Diplomate, American Board of Psychiatry and Neurology (ABPN) in Psychiatry.

1994 Diplomate Certification, ABPN, Added Qualifications in Addiction Psychiatry.

1996 Diplomate Certification, ABPN, Added Qualifications in Forensic Psychiatry

MAJOR PROFESSIONAL ACTIVITIES

1977 - Private practice in Psychiatry: Cambridge, MA (1977-1979), Chestnut Hill, MA (1979-), Stoneham, MA (1980-2003)

1977-1978 Clinical Director, Inpatient Service, Dorchester Mental Health Center, Boston, MA

1978-1980 Director, Inpatient Service, WestRosPark Mental Health Center, Boston, MA

1979-1983 Medical Staff, Lecturer, Glover Memorial Hospital, Needham, MA

1980-1994 Attending Psychiatrist, Adult & Adolescent Inpatient Services, New England Memorial Hospital, Stoneham, MA

1980-1983 Director, Adult & Adolescent Inpatient Services, Department of Psychiatry, New England Memorial Hospital, Stoneham, MA

1983-1994 Attending Psychiatrist, Addictions Treatment Unit, New England Memorial Hospital, Stoneham, MA

1987-1993 Supervising Psychiatrist, Outpatient Department, New England Memorial Hospital, Stoneham, MA

1992-1994 Psychiatric Director, Partnership Recovery Center, Melrose-Wakefield Hospital, Melrose, MA (Day treatment program for Addiction rehabilitation)

CONSULTATIONS, AFFILIATIONS, BOARD MEMBERSHIPS

1979- Massachusetts Correctional Legal Services. (Psychiatric Effects of Solitary Confinement, Psychiatric Effects of Strip Search Procedures)

1980- Massachusetts Civil Liberties Union. (Psychiatric Effects of Strip Search Procedures, Psychiatric Effects of Solitary Confinement)

1993- Massachusetts Department of Corrections, Stress Management Unit. (Occupational Stress among Correctional Staff)

1993-4 Board of Trustees, New England Memorial Hospital, Stoneham, MA.

1995 Consultation to Psychiatric Expert/Special Master; Madrid v Gomez Federal District Court, Northern District, CA #C-90-3094TEH. (Psychiatric Effects of Solitary Confinement)

1995- Consultant to Massachusetts Professional Recovery Committee, and to Substance Abuse Rehabilitation Program of the Massachusetts Board of Registration in Nursing. (Addictive Disorders, Impaired professionals)

1997 Botech Corporation, Cambridge, MA. (Effects of Solitary Confinement)

1998 Psychiatric Expert in Compliance Monitoring; Eng v Coombe Federal District Court, Western District, NY, CIV #80-385-S. (Effects of Solitary Confinement)

2000-2 The Desisto School, Lenox MA

2001- Consultant, Florida Department of Corrections. (Solitary Confinement and Mental Health Issues in Florida State Prisons.)

2001- Board of Advisors, Correctional Association of New York, (Mental Health Issues in New York State Prisons).

2002-4 Board of Directors, Massachusetts 9/11 Fund.

2002-4 American Boyschoir School, Princeton, NJ.

2002-3 Poly Prep School, Brooklyn, NY.

(Note: As a result of my experience with the effects of stringent conditions of confinement, I have had a large number of other affiliations and consultations, which have not been separately listed. The following is not a complete list: American Friends Service Committee, Amnesty International, The Capital Habeus Unit of the Defender Services Division of the United States Courts, The Center for Constitutional Rights, The Correctional Association of New York, Federal Public Defender - of E. Dist VA, of Tennessee, of the State of Washington, and of Washington, DC, The Legal Aid Society of New York, National Defenders Investigators Association, The National Prison Project of the ACLU, Prisoners Legal Services of Michigan, of New Mexico, and of New York, Public Defenders Office of Connecticut, and of Maine, etc.)

PROFESSIONAL SOCIETY/COMMITTEE/STAFF MEMBERSHIPS

1974-2003. Member, American Psychiatric Association &
Massachusetts Psychiatric Society

Committee Memberships.
Inpatient Psychiatry Committee (1981-1984)
Private Practice Committee (1992-1995)
Chair, Presidents Task Force on Managed Care (1993-1994)
Steering Committee, Managed Care Retreat (1993-1994)

1974-1977 Resident in Psychiatry, Beth Israel Hospital, Boston, MA.
Clinical Fellow in Psychiatry, Harvard Medical School.

1977-2003 Courtesy Staff, Beth Israel Hospital, Boston, MA
Assistant in Psychiatry (1977-1991)
Associate in Psychiatry (1991-2003)
Clinical Instructor in Psychiatry, Harvard Medical School.

1980-1999 Active Staff, Boston Regional Medical Center, Stoneham, MA

Committee Memberships
Credentials Committee (1986-1990)
Chair, Bylaws Committee (1987-1990)
Medical Staff Executive Committee (1989-1992)
Chief of Staff (1990-1992)
Board of Trustees (1990-1992)

1992 - Active/Courtesy Staff, Melrose-Wakefield Hospital, Melrose, MA

1993-2000 Psychiatric Network of Massachusetts
Committee Memberships
Steering Committee (1993-1994)
Chairman, Board of Directors (1994-1995)

AWARDS

2005. National Alliance for the Mentally Ill (NAMI). Exemplary Psychiatrist Award,
Presented at Annual Meeting, American Psychiatric Association, May 2005.

TEACHING APPOINTMENTS, PRESENTATIONS

1967 Teaching Fellow, Harvard Graduate School of Education, Cambridge, MA

1967-1969 Teaching Fellow, Department of Sociology, Brandeis University, Waltham, MA

1973 Clinical Fellow in Psychiatry, New York University Medical Center, New York, NY

1974-1977 Clinical Fellow in Psychiatry, Harvard Medical School, Boston, MA

1975-1976 Consultant and Lecturer, Human Resources Institute, Brookline, MA

1977-2003 Clinical Instructor, Department of Psychiatry, Harvard Medical School, Boston, MA

1978-80 Assistant Clinical Professor, Department of Psychiatry, Tufts University Medical Center, Boston, MA

1987 Faculty, Third International Conference on Restricted Environmental Stimulation, New York, NY: "Effect of REST In Solitary Confinement and Psychiatric Seclusion"

1987 Guest Lecturer, Suffolk University School of Law, Boston, MA: "Commitability and the Right to Refuse Treatment"

1988 Faculty, 32nd Institute on Hospital and Community Psychiatry, Boston, MA

1990 Massachusetts Bar Association Symposium, Boston, MA: "Drugs and Alcohol on Campus"

1992 - Faculty, American Academy of Psychiatry and Law, Boston, MA: "Effects of Childhood Sexual Abuse"

1993 Faculty, Massachusetts Department of Corrections Stress Unit, Statewide Seminar, MA: "Stress Awareness for Managers"

1993 Massachusetts Continuing Legal Education Seminar, Boston, MA: "Psychiatric Effects of Physical and Sexual Assault"

1994 Massachusetts Academy of Trial Attorneys Seminar, Boston, MA: "Psychiatric Evaluation of Victims of Violent Crime"

1994 Beth Israel Hospital/Harvard Medical School, Boston, MA: "Psychiatric Consequences of Solitary Confinement; "Effects of Sensory Deprivation and Social Isolation in a Vulnerable Population"

1994 Massachusetts Medical Society, Committee on Managed Care, Waltham, MA: "Ethics of Managed Care"

1994 Prison Psychiatric Group, Albany, NY: "Criminality and Mental Illness, Revisited: Disorders of Volition". (Lecture sponsored by Pfizer Pharmaceuticals)

1995 Suffolk University Advanced Legal Studies, Boston, MA: "Sexual Abuse: Memory, Truth and Proof"

1995 Massachusetts Association of Trial Attorneys Seminar, Boston, MA: "Premises Liability/Negligent Security: Psychiatric Testimony and the Role of the Psychiatric Expert"

1996 New England Society for the Study of Dissociation, McLean Hospital, Belmont, MA: "Impact of Forensic Issues on Treating Victims of Violence"

1996 Harvard Medical School, Children's Hospital Family Violence Seminar, Boston, MA: "Trauma and Memory"

1996 Trauma and Memory: An International Research Conference, Durham, NH: "Factors Distinguishing True and False Memory of Childhood Sexual Abuse"

1996 Trauma and Memory: An International Research Conference, Durham, NH: "Memory of Sexual Abuse by a Parish Priest"

1997 Correctional Association of New York, NY: "Psychiatric Effects of Solitary Confinement".

1998 Massachusetts Board of Registration in Medicine and Northeastern University Conference, Substance Abuse and The Licensed Professional, Boston, MA: "Addictions and Compulsions: Disorders of Volition"

2000 Human Rights Watch and American Civil Liberties Union Foundation Conference. Washington, D.C. "Super-Maximum Security Confinement in the United States."

2003 Capital Habeus Unit Training Conference of the Defender Services Division of the United States Courts, San Antonio, TX. (lecture regarding death row confinement and its effects on post-conviction appeal process.)

2003 NAACP Legal Defense Fund Conference, Airlie, VA. 7/03. Lecture regarding mental health issues and solitary confinement of prisoners.

2005 Vera Institute. National Commission on Safety and Abuse in Prisons. Newark NJ, July 2005. Effects of Isolation.

2005. NAACP Legal Defense Fund, Airlie Conference, Va. July 2005. "'Volunteers' in Death Row".

2006 University of California at Davis, Symposium - The Neurobiology of Torture. "What is Known about the Neurobiological Effects of Solitary Confinement."

MEDIA, PUBLIC AFFAIRS PRESENTATIONS

1988 NBC-TV, Today Show "Small Group Confinement of Female Political Prisoners at the Federal Penitentiary in Lexington, KY"

1990 NPR-TV, News Interview Program: "Psychiatric Effects of Small Group Confinement"

1990 PBS-TV, Point of View "Through the Wire", Documentary regarding women confined for politically motivated crimes

1991 WBZ-TV, Boston, MA: Channel 4 Nightly News "Statute of Limitations on Cases of Childhood Sexual Abuse"

1992 Boston Globe, New York Times, etc.: "Effects of Childhood Sexual Abuse by a Catholic Priest"

1992 Boston Globe, New York Times, San Francisco Chronicle, Los Angeles Times, etc.: "Psychiatric Effects of Solitary Confinement"

1993 New England Cable News, Newton, MA: Commentator regarding insanity defense in Kenneth Sequin trial

1993 Massachusetts House of Representatives, Judiciary Committee testimony: Proposed change in Statute of Limitations in cases of childhood sexual abuse

1993 CBS-TV, 60 Minutes "Pelican Bay – Psychiatric Effects of Solitary Confinement in California's High-Tech Maximum Security Prison"

1993 New England Cable News, Newton, MA: News Night "False

Memory and Recovered Memory of Childhood Sexual Abuse"

1993 WCVB-TV, Boston, MA: Chronicle "Sentencing of Father Porter – The Effect on the Victims"

1994 WHDH-TV, Boston, MA: Boston Common "False Memory Syndrome".

1994 FOX-TV, Boston, MA: At Issue "Psychiatric Effects of Solitary Confinement"

1996 New England Cable News, Newton, MA: News Night "The Insanity Defense"

1998 ABC-TV, Nightline with Ted Koppel; Primetime Live "Crime and Punishment"

1998 WBZ-TV, Boston, MA: Channel 4 Nightly News "Perpetrators of Sexual Abuse: Dangers to the Community"

1999 ABC-TV, 20/20 "Effects of Solitary Confinement"

2003 Discovery Channel. "Mohammed Atta: Profile of a Terrorist".

2003 Invited Testimony, Joint Legislative Hearing, New York State Assembly, New York City, November 2003. "Disciplinary Confinement and Treatment of Prison Inmates with Serious Mental Illness."

2004 Invited Testimony, Massachusetts State Legislature. Joint Committee on Public Safety. "The Cost of Corrections".

MAJOR INTERESTS IN FORENSIC PSYCHIATRY

1. Psychiatric Effects of Solitary Confinement

Psychiatric expert in large number of cases including several large class action suits and other lawsuits in Federal and State Courts in California, Connecticut, Florida, Georgia, Massachusetts, Maine, New Mexico, New York State, Texas, Virginia, the State of Washington, and in Washington, D.C. Decisions in some of those cases, and my published findings, have been cited in Federal Appellate decisions, and have also generated significant national media interest. Issues have included: mental illness among inmates so confined; effect on ability to assist in inmate's own legal defense (both pretrial and postconviction); "volunteering" for execution; impact on inmate's ability to cooperate with government in debriefing and testifying.

Peer-Reviewed Medical Publications:

"Psychopathological Effects of Solitary Confinement", Am J Psychiatry 140:11, 1983.

"Effects of Sensory Deprivation in Psychiatric Seclusion and Solitary Confinement", Intl J Law & Psychiatry 8:49, 1986.

Law Journals:

"Psychiatric Effects of Solitary Confinement", Washington Univ. Journal of Law & Policy Vol 22: pp. 325-383, 2007.

2. Strip Search Procedures, Sexual and Physical Assault

Psychiatric expert in a number of strip search cases in Federal and Massachusetts state courts. Testimony has been cited by the Federal Appeals Court in Cole v Snow. Consulted in settlement of two class action suits.

Psychiatric expert in cases of rape, sexual and physical assault. Substantial experience in evaluating the effects of childhood sexual abuse, and the processing over time of memories of that abuse. Evaluated approximately 100 victims of childhood sexual abuse, including many of the plaintiffs in the clergy sex abuse scandals in Massachusetts. Consulted to private schools around such issues.

Research and Presentations:

Principal Investigator, Beth Israel Hospital, Department of Psychiatry, Boston, MA.
“Psychiatric and Addictive Problems in Survivors of Childhood Sexual Abuse Perpetrated by Father Porter.”

“Recovery of Memory of Childhood Sexual Abuse and Creation of False Memories; Can These Processes be Distinguished?”.

3. Addictive Disorders

Testimony in a number of criminal and civil cases. My testimony in a highly publicized case, In re Cockrum, helped to establish that an individual who was otherwise highly competent, was not competent to act in his own behalf in appealing his murder conviction, as a result of an underlying addictive suicidal compulsion.

4. Civil Rights Issues

Expert in a number of cases regarding racial and sexual harassment in employment and housing situations, including cases brought by Civil Rights Division of the United States Department of Justice, and by Greater Boston Legal Services, and in strip search procedures by law enforcement and prison personnel.

(updated 2/10/07)