

AFFIDAVIT OF
Y, MD AND YY MD, PhD
IN SUPPORT OF MR. XXX
October 1, 2013

I. EXPERT QUALIFICATIONS

Y, MD (see attached CV, Annex I)

1. I am a licensed physician in Nevada, board certified by the American Board of Internal Medicine, and currently a partner at Cenegenics Medical Institute.
2. Medical Training: Internal Medicine residency Temple University Hospital
3. My expertise in evaluating physical and psychological evidence of torture and ill treatment is based on the following:
 - a. Review of Physicians for Human Rights Asylum Manual and online training materials;
 - b. Review of Physicians for Human Rights Model Curriculum on the Effective Medical Documentation of Torture and Ill Treatment;
 - c. One to one mentoring with Vincent Iacopino MD, PhD (see expert qualifications below) consisting of discussions on selected readings on physical and psychological evidence of torture and ill treatment, clinical case observations of Dr. Iacopino's medical evaluations of asylum applicants, and supervision of my medical evaluations of asylum applicants;
 - d. Diagnosis and clinical treatment of major depression and anxiety disorders in my clinical practice; and
 - e. Medical documentation and treatment of trauma and sexual assault in my medical training and clinical practice.

YY, MD, PhD (see attached CV, Annex II)

4. I am a licensed physician in the State of California and board certified in Internal Medicine. I am Adjunct Professor of Internal Medicine at the University of Minnesota Medical School and currently work as the Senior Medical Advisor to Physicians for Human Rights (PHR), based in New York City, NY, an organization that brings the scientific knowledge and skills of the medical sciences to the investigation and prevention of violations of international human rights and humanitarian law.
5. During the past 20 years, I have represented PHR and/or supervised medical fact-finding investigations to Thailand, Punjab, Kashmir, Turkey, South Africa, Afghanistan, Albania, Macedonia, Kosovo, Chechnya, Sierra Leone, Nigeria, Mexico, Botswana, Swaziland, Iraq, Sudan, Zimbabwe, Chad, Burma, Bahrain, Syria, and the United States and documented the health consequences of a wide range of human rights abuses. In the course of this work, I have evaluated medical evidence of torture in several hundred individuals.
6. I have conducted forensic medical evaluation of alleged torture and ill treatment for more than 22 years, led the UN effort to develop international standards for effective medical and legal investigations of torture and ill treatment and trained hundreds of medical and legal experts on the effective investigation and documentation of torture and ill treatment.

- a. Between 1991 and July 1997, I was Medical Director of Survivors International, San Francisco, California, an organization that provides medical and psychological care to survivors of torture from around the world.
 - b. I have qualified as a medical expert in US Immigration Courts regarding assessment of physical and psychological consequences of torture on more than 80 occasions. I have also qualified in US Immigration Courts on numerous occasions to testify on human rights conditions in countries where I have conducted human rights investigations.
 - c. From 1996 to 1999, I was the principal organizer of a project to develop a UN Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol). The Istanbul Protocol was published by the United Nations in 2001 and represents the first set of international guidelines for the effective investigation and documentation of torture and ill treatment. The Istanbul Protocol also outlines minimum standards for state adherence to ensure the effective documentation of torture in its "Principles on the Effective Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment." On April 20, 2000, the United Nations Commission on Human Rights (now known as the Human Rights Council) unanimously annexed the Principles included in the Istanbul Protocol to resolutions E/CN.4/RES/2000/32 and E/CN.4/RES/2000/43.
 - d. I have organized and participated in Istanbul Protocol capacity building and implementation projects in Mexico, Sudan, Sri Lanka, Uganda, Ecuador, Egypt, The Philippines, Kenya, Turkey, Chile, Thailand, Colombia, Kyrgyzstan, Tajikistan, Kazakhstan, and the United States and trained hundreds of medical and legal experts on the effective medical documentation of physical and psychological evidence of torture and ill treatment.
 - e. I have qualified as a medical expert in US, Canadian and British Immigration Courts regarding the assessment of physical and psychological consequences of torture on many occasions. I have also served as a forensic medical expert in approximately 12 cases of alleged torture of detainees from Guantanamo Bay in federal habeas cases, military commission cases and European Court of Human Rights cases.
 - f. In November 1999, I was selected by the US government to serve as a public member of the United States delegation to the Organization for Security and Cooperation in Europe (OSCE) to speak as an expert on torture practices in OSCE countries and the physical and psychological consequences of torture and ill treatment.
 - g. In addition to authoring a number of basic science and clinical publications, I am the author of 89 publications on health and human rights topics; approximately 47 of these are specifically on torture-related topics.
7. It is on the basis of these qualifications and experience that I have knowledge of the matters stated in this declaration. Where my knowledge is based on information and belief, I have stated the basis of such information and belief.

II. METHODOLOGY

1. We were requested by Mr. XXX's attorney, XXX, to conduct a medical evaluation to: 1) assess the extent to which Mr. XXX's allegations of abuse may correlate with physical and/or psychological evidence of torture or ill treatment; and 2) describe any current physical and/or psychological symptoms or disabilities likely caused by the torture and/or ill treatment.
2. On 23 September 2013, we conducted a detailed, 4 ½ hour interview with Mr. XXX. The evaluation was conducted in accordance with the principles and guidelines set forth in *The Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (The Istanbul Protocol)*, Office of the United Nations High Commissioner for Human Rights – Professional Training Series No. 8, Geneva, 2001, and included assessments of both physical and psychological evidence of alleged torture and ill treatment. The psychological component of the evaluation included administration of the Harvard Trauma Questionnaire (HTQ) to assess posttraumatic stress disorder (PTSD), the Hopkins Symptom Checklist 25 (HCSL-25) to assess symptoms of anxiety and major depression, and a Brief Mental Status Exam (MSE). Verbal informed consent was obtained prior the evaluation.
3. The interview was conducted in Arabic with translation assistance from Mr. ZZZ, Mr. XXX's son.
4. This medical evaluation was conducted as a component of Dr. Y's training as a forensic medical evaluator of physical and psychological evidence of torture and ill treatment.
5. The following documents were provided to Drs. Y and YY by Mr. XXX's attorney:
 - a. Mr. XXX's I-589 asylum application;
 - b. Statement of Mr. XXX
 - c. Translation of a medical report dated 28 November 2012
6. This affidavit is strictly based on a review of the aforementioned documents and information obtained directly from Mr. XXX.

BACKGROUND INFORMATION

7. Mr. XXX is a 65 year-old originally from Syria. He alleged being detained on November X and tortured by military intelligence personnel. He was subsequently released on the following day and fled to the Syrian border with his wife.

Psychosocial History Pre-Arrest

8. Mr. XXX indicated that he had a happy life and had good relationships with his wife and children as well as his relatives and friends. Mr. XXX's father died when he was 5 years old and does not remember him. This created some financial difficulty, but he described his childhood as happy.
9. Mr. XXX was married in 1981 and has a son (age 30) and 2 daughters (ages 27 and 23). After completing his degree in accounting, he worked in Saudi Arabia for 20 years as an accountant for a bank. After his work ended, he returned to Syria in 2000. He owned and operated several businesses between 2000 and 2009. In 2009, he and another person started a company with approximately 115 employees. He was a very successful business man and felt that he could provide for himself and family indefinitely; because of him, his family could live safely and comfortably and his daughters and son could pursue their own interests independent of him.

10. Mr. XXX considers himself a moderate Muslim and practiced accordingly in Syria. Though describing himself as opposed to the dictatorship in Syria, he stated that he focused on his work and family life and avoided voicing his opinion publicly or privately so as not to subject his family to any harm. He reported never having any problems with police, or military forces prior to being detained in November 2012.
11. Mr. XXX reported that his primary sources of pleasure were his work and family and being with friends and family at his farm and gardening there. He had hopes of diversifying and growing his business and looked forward to supporting his children in their pursuit of their chosen careers.
12. Mr. XXX has not been employed since his arrest and detention, and he and his wife are currently living in X with his son who is employed.

Medical History Prior to Detention

13. Mr. XXX reported being diagnosed with hypertension and treated with medication for the past 5 years. He was also treated for gastritis. His current medications include: 1) Enalapril 10mg, 2) Bizocor Plus 5/6.25mg, 3) Esomeprazole 20mg, and 4) Simply Sleep 25 mg.
14. He smoked several cigarettes/day for approximately 15 years, but stopped smoking many years ago. He denied any use of alcohol, as prohibited by his religion, or use of illegal drugs.
15. He had no history of significant injury, head trauma, surgery or mental illness.

ALLEGATIONS OF TORTURE AND ILL TREATMENT

Circumstances of Arrest and Detention

16. Mr. XXX described a series of events leading up to his detention on 25 November 2012. He stated that when the unrest began in March 2011, it was confined to a “lower-class” area that did not affect him or his business. His business was in the government controlled area, so he assumed that he would be unaffected and that the unrest would pass. In fact, he visited his son and other relatives in the United States in May and June of 2011 and told his family and relatives that “everything will be okay.” When he returned, the protests increased and undercover police started detaining and beating people. There were check points between X and his farm, which was about 40km from the city. The Army (FSA) captured and controlled more neighborhoods. There were clashes with FSA forces in government controlled areas and he could see the shelling of neighborhoods from his balcony. It was difficult to follow which of the two parties were responsible for physical areas as boundaries were very loose and the parties that controlled specific areas seem to change frequently.
17. Around April 2012, Mr. XXX and his partner were called by military intelligence and told that they must continue their transportation services despite the fuel shortages. Approximately 2 weeks later, the violence spread to the area serviced by their company. Mr. XXX felt that it was no longer safe for his daughter to travel to her teaching job at the university and she subsequently went to live with an uncle in Dubai. He also did not visit the business location as it was not safe to do so.
18. During the summer of 2012, the shelling of neighborhoods and violence came closer to his home. He saw several dead bodies in the streets. He also heard of people who had been abducted and/or killed by the FSA. It became too dangerous to go to the bus area and he had no idea what was going on. The government cut the fuel supply and by September his business stopped functioning. Mr. XXX and his partner suspended all activity at his company with the exception of paying 3 security guards to watch over the buses. Mr. XXX heard that

the area where his bus company was located was captured by the FSA and government forces several times, but by November 25, 2012 it was again controlled by the government.

Allegations of Torture and Ill Treatment

19. Mr. XXX reports being apprehended by 5 plainclothes military intelligence officers on 25 November 2012, and detained at a military intelligence facility for one day. He reports that he was at home on the morning of the event having breakfast with his wife when he heard a rap on the door. He opened the door to see 5 unidentified men in plainclothes, carrying pistols and rifles. One of the men jammed his foot in the door to stop him closing the door. Mr. XXX asked, "Who are you?" One of the men responded that they were with the military and another man slapped him in the face. As he reeled back in shock, the 5 men entered his home. The men then asked him, "Where are you keeping all the weapons? Give us the weapons." He was surprised by these questions and did not know what to say. His wife arrived after hearing the commotion and was told, "Step back or we will search your house and, if we find anything, we will kill you." During this time, 2 of the men were in front of Mr. XXX, slapping him with open hands on his face and fists to his head, whilst the 3 men behind him were hitting him on his back, the back of his neck, and kicking his legs to the point that Mr. XXX felt his entire body shaking. As he was kicked in the back of his knees, he buckled and fell to the floor. At this point 3 men went into the kitchen and searched all the cabinets, refrigerator, dishwasher etc., followed by a search of the living and dining rooms.
20. As they were about to go into the bedrooms, his wife tried to stop them, and was told that, "If you want to get into the bedroom, you can, but you don't know what will happen to you in there." Some of the men escorted Mr. XXX and his wife into the kitchen, and others continued to search the bedroom for about an hour.
21. One of the men who seemed to be in charge told him, "You seem to be a decent man, but don't think you can escape because we can kill you." Mr. XXX was terrified for both himself and his wife, and believed he was going to die.
22. He was then escorted out of the house, downstairs where he saw 2 cars. He was taken into one of the cars with 3 men, and the other 2 men followed in the second car to his business. On arriving at the bus compound, he saw 2 of his employees had been killed lying on the ground with pools of blood around their heads. Mr. XXX described being so terrified and shocked that he urinated in his pants and fell to the ground on his knees.
23. Mr. XXX was then taken to the storage facilities of the business and shown a cache of weapons, a pile of rifles, ammunition, pistols, some which appeared new as they were still in packages. He was asked, "What is this?" He was then taken out of the storage area where he again was beaten with rifles on his arm. The one man who seemed to be in charge, asked the other men to stop hitting him and reportedly said, "We try to take care of the well-to-do people." At some point, a hood was placed over Mr. XXX's head and he was escorted back to the car and taken to another facility.
24. On arrival to this facility compound, his head cover was removed and he saw a pickup truck full of dead bodies. He was taken to a small room with a bed and a table in it, and left there for what he estimates was about an hour. Sometime in the afternoon, he was taken by 2 men to another room. On the way to the room, he saw 2 female officers in uniform, speaking with an accent. They taunted him about being an old man who wanted his freedom. They took their belts off and beat Mr. XXX with the belt buckles. He was left overnight in a smaller

room, approximately 1 x 1 meter). He heard other people shouting and screaming in pain during the night. He heard one voice yelling, "Please let me leave!"

25. The next morning, he was taken to another, bigger room and saw 2 people sitting at a big desk in front of him, and 2 men behind him, whilst he was standing. He was asked questions to provide specific information about the weapons, from whom they were obtained, to whom they were being transferred, how long he had been doing this, etc. Their tone went from nice to rough, and every time the officers tone was rough, he was hit by men behind him, on his head, back of the neck, back, and back of the knees. Mr. XXX does not remember losing consciousness or bleeding, but did fall many times as he was hit in the back of the knees, and his legs buckled. This went on for about one and a half hours. During this time, he was repeatedly told if he did not cooperate, he and his wife and daughter would be "wiped out."
26. Mr. XXX was not given any food or water during his detention and his only access to relieve his bowels or bladder was a hole in the floor.
27. One of the interrogators then went out for about a half hour and returned to tell him, "'You seem to be a good guy, a respected man. We are confident you are going to help us. We understand you may be terrified of the other party, but we will let you go home and think about all this for a day or 2, and then we will come back for the information."
28. He was then taken by 3 men out to a car with his hands tied together by a plastic zip tie. On his way to the car, he was told, "Nobody leaves this compound alive, or without broken bones; you're getting special treatment. Our supervisor is a nice guy." They then talked amongst themselves. One of them said, "Do you think the boss will let him go if he pays 1 or 2 million pounds [about USD 10,000 – 20,000]." Mr. XXX stated that they likely said this in front of him to prepare Mr. XXX for a subsequent attempt to extort money from him. He was dropped off at home with strict instructions to not leave home.

Post-Torture Experiences

29. On his arrival home, Mr. XXX stated that he felt so badly that, "If there was a hole in the ground, I would have thrown myself in it" and he began to cry. His wife saw his bruises, but he hid them from his daughter by avoiding contact with her. Although they suspected that something bad happened to him, he did not tell them the details of his mistreatment or the threats to kill him and his family. His wife told him the men who had detained him had taken about USD 35,000 in cash and about USD 60,000 in jewelry when they had searched the bedroom the previous day.
30. Mr. XXX decided that he and his family were not safe and would be killed if he and his family remained in Syria. He told his wife and daughter to gather their important documents and that they were leaving. They left their house at about 10 pm on 26 November and stayed with relatives for several days. During that time, he heard from relatives and friends that the FSA believed that Mr. XXX had cooperated with the government and blamed him for the death of the 2 security guards at the bus compound as they had apparently joined the FSA.
31. Mr. XXX explained that he hired a driver to make their way to the border and managed to avoid many checkpoints where they might be detained. Once they arrived to the border, officials allowed them to travel to Istanbul and then to United States. He arrived in New York on December 31, 2012.
32. Mr. XXX sought medical attention from a private physician after he, his wife and daughter fled from their home to their friend's house. They told the physician that he was beaten by employees as they could not be sure that this physician was not employed by the government.

He was given anti-inflammatory medicines and sedatives for about a month, which improved his symptoms of pain, anxiety, and sleeping difficulties. He was able to secure a second month supply of the medicines. Mr. XXX's attorney provided us with a translation of a medical report, dated 28 November 2012 stating:

On Wednesday 28 November, Mr. XXX has bruises in his face and other parts of his body. The patient is in need of treatment and a rest for three weeks.

Mr. XXX stated that the doctor recommended he have a chest x-ray as he was suffering from pain in his ribcage bilaterally with breathing and rolling over to his sides in bed, suggesting possible fractures of the ribs, but he did not go to the hospital due to fear of being arrested and tortured, or possibly killed.

PHYSICAL SYMPTOMS AND DISABILITIES

33. Acute and Chronic Physical Symptoms Following Torture:

- a) Multiple bruises on his face, neck, back, arms and legs: These injuries resulted in pain and swelling and black and blue discoloration of the skin. It took about 1-2 weeks for these symptoms to resolve. He did not notice any scar formation and no photos were taken. In fact, Mr. XXX reported that he used cosmetics to conceal his injuries as he did not want anyone to know that he had been detained as this was a liability for further detention and abuse.
- b) Left knee pain: After being kicked behind his left knee, Mr. XXX noticed marked swelling behind his knee. It took about one month for this to resolve, but he continues to experience pain behind his left knee after sitting for long periods of time.
- c) Right elbow pain and hand numbness: Mr. XXX stated that his right elbow was struck with a rifle butt, after which he experienced pain and swelling and numbness in the tips of his fingers with the exception of his thumb. The pain in his elbow is exacerbated by swimming and a twisting motion of his right arm.
- d) Chest pain: Mr. XXX described having pain on both sides of ribcage with breathing and rolling over to his sides in bed, suggesting possible fractures of the ribs. This resolved after several weeks.
- e) Mr. XXX described having a ringing sensation in his right ear for 1 to 2 days after being slapped in the head and face. This symptom has not recurred.

REVIEW OF MEDICAL RECORDS

34. No medical records were available for review other than the translation of the 28 November 2012 medical report mentioned above.

PSYCHOLOGICAL ASSESSMENT

Methods of Assessment

35. The psychological evaluation component of our medical evaluation was conducted over approximately 2 hours. The assessment included 1) a review of past and current psychological symptoms, 2) temporal trends in psychological symptoms, and 3) a review of social functioning.

36. Mr. XXX received formal assessments of current symptoms of anxiety and depression using the Hopkins Symptom Checklist 25 (HCSL-25), and current and past PTSD using the Harvard Trauma Questionnaire (HTQ).

Review of Psychological Symptoms

37. Emotional reactions in response to alleged torture: During the time of alleged torture, Mr. XXX reported intense fear and thought, that he would be killed or “disappear” forever. He worried that some harm may come to his wife and daughter, that he may never see them again. These thoughts caused him a great deal of anxiety and a feeling of helplessness. While in Syria, Mr. XXX’s fear and anxiety were extreme. He experienced panic attacks at some of the checkpoints that he and his family passed through on their way to the border, as he was convinced he would be captured either by the government’s paramilitary forces - Shabiha, or the rebel forces. When asked, “At what point, did you feel safe again?” Mr. XXX began to cry. It took about 1 minute for him to regain his composure. He then replied, “When I landed in New York.” He is terrified of the prospect of returning to Syria and said that, “Suicide is better than going back to torture.” He denied any active thoughts of suicide, however.
38. Mr. XXX has not received any mental health services for his psychological symptoms. His psychological symptoms are likely exacerbated by his lack of social support and religious beliefs. He explained that he has not shared his traumatic experiences with family members because he does not want to burden them. It was clear during the interview that Mr. XXX’s son was learning about some of his father’s experiences for the first time and that the interview was very painful for both of them.
39. In addition, Mr. XXX explained that he believes that whatever happens is God’s will. Mr. XXX said, “Everything in my life was turned upside-down.” He asks himself, “Why did this happen to me? What did I do to have this happen to me?” He does not blame himself for what happened; he said, “It is not my fault; maybe it is my destiny.” The difficulty of reconciling his belief in God’s will and not deserving what happened to him appears to have limited Mr. XXX’s capacity to cope with his experience and/or to mitigate his psychological symptoms.
40. Since Mr. XXX was detained in November 2012, he has experienced psychological symptoms of PTSD and major depression. These symptoms began while he was detained and have persisted up to the present. Although some of his symptoms improved gradually after arriving in the United States, he continues to exhibit diagnostic criteria for both major depression and PTSD.
41. Posttraumatic Stress Disorder: The results of Mr. XXX’s Harvard Trauma Questionnaire indicate diagnostic criteria for PTSD following the alleged torture and currently in the United States. His symptoms were most prominent while in Syria, but have persisted significantly in the United States as well:
- a. *Nightmares*: These occurred nightly after Mr. XXX was detained. The nightmares have persisted, but less frequently since being in the US, approximately twice weekly. The content of the nightmares sometimes refers specifically to his experiences of abuse in detention such as being beaten. Mr. XXX often awakens sweating and fearful and cannot get back to sleep again. The frequency of his nightmares increases when watches TV news related to Syria, receives phone calls from his brother in Syria, and when he has interactions related to his asylum case.

- b. *Intrusive Recollections*: During the period of time following his detention, Mr. XXX's waking hours often turned to thoughts of his persecution – the abuse he experienced, the loss of his work, home, role as the family provider, and his future. The intrusive recollections were more prominent in Syria, but continue to persist. The recollections are often precipitated by watching TV news related to Syria, seeing any form of violence in movies, or hearing the siren of a police car or ambulance.
- c. *Distress at exposure to cues that symbolize or resemble the trauma (flashbacks)*: After being detained, Mr. XXX had flashback symptoms of his experiences in detention, but these have decreased considerably since being in the United States. In detention, this happened at times when he was fearful of being captured by government or rebel forces.
- d. *Hypervigilance*: While in Syria, Mr. XXX noticed “feeling on guard all the time in Syria” as he was constantly in fear of being detained, tortured, and/or killed. This has improved significantly since being in the United States given his Mr. XXX's increased sense of security.
- e. *Exaggerated Startle Response*: While in Syria, Mr. XXX noticed that if he heard a door open or an unusual sound in the house that he would become startled and frightened; this has persisted in the United States with some improvement.
- f. *Isolation/Social Withdrawal*: Before being detained in Syria, Mr. XXX enjoyed being with his family and friends, especially at his farm house. After the being detained, however, he became progressively withdrawn. He noted that, while in Syria, he had contact with more people and, therefore, felt less isolated. In the United States, he has had fewer contacts with people and has not wanted to interact with anyone, including family members. He finds himself wanting to be alone.
- g. *Concentration*: Mr. XXX has noted only mild difficulty concentrating since being detained both in Syria.
- h. *Difficulty Sleeping*: Mr. XXX has had considerable difficulty getting to sleep and staying asleep, due to intrusive recollection of abuse and frequent nightmares. He sometimes sleeps several hours in the daytime because of nighttime sleeplessness.
- i. *Outbursts of Anger*: Following his detention, Mr. XXX noted that he would become angry easily, especially in his interactions with his wife. This has improved somewhat in the United States.
- j. *Avoidance Thoughts and Actions*: Mr. XXX has used avoidance as a coping mechanism to limit symptoms of PTSD and depression. He described specifically avoiding contacts with Syrians and avoiding hearing news regarding Syria. He sometimes swims at a local gym to take his mind off of things, but this is not very effective or long-lasting.
- k. *Associated Symptoms of Guilt and Shame*: Mr. XXX did not endorse any feelings of guilt or shame for what had happened to him. He explained that he did not do anything wrong and that what happened to him and his family was not his fault.
- l. *Inability to remember traumatic events*: Mr. XXX did not endorse having difficulties recalling traumatic events. This is not surprising given his meticulous attention to detail, the recency of traumatic events, the limited time of detention, and the relative lack of disorientation during detention (i.e. prolonged hooding,

sleeplessness, loss of consciousness, etc.).

- m. *Interest in daily activities*: Mr. XXX's interest in daily activities had decreased considerably since being detained in Syria, especially regarding sexual interest or pleasure. He reports no joy in being with his wife and family. This has not improved since being in the United States.
 - n. *Sudden emotional or physical reaction when reminded of traumatic events*: After being detained in Syria, Mr. XXX experienced having an upset stomach when he thought about his traumatic experiences, followed by diarrhea. This improved considerably once he was in the United States.
 - o. *Somatic Complaints and Anxiety Symptoms*: After his release, Mr. XXX stated that he had headaches with a tingling sensation of his head. This improved however. He also reported suddenly feeling scared for no apparent reason, for example that a car could hit him at any time. He also indicated feelings of unexplained restlessness while in Syria. These symptoms have improved since being in the United States.
42. Symptoms of major depression: Following his release, Mr. XXX described experiencing symptoms of major depression which have persisted with minimal improvement. Although he has had improvement in symptoms of sadness, hopelessness and worthlessness, most of his symptoms of depression have worsened (i.e. feeling low in energy, crying easily, feeling lonely, feelings of being trapped, worrying too much, and feeling everything is an effort). The intensity of Mr. XXX's symptoms has fluctuated depending on his level contact with others, his sense of safety, and the status of his asylum case.
43. Mr. XXX endorsed symptoms of depression on the Hopkins Symptom Checklist-25 for the time period after detention and currently in the United States. These symptoms exceed diagnostic criteria for major depression (1.8 in detention and 2.1 in the United States).
44. Mr. XXX's symptoms of depression in the United States are likely compounded by his lack of interactions with others and his unwillingness to share his experiences with other family members. The prospect of returning is extremely distressing to Mr. XXX. He stated that he "...would rather die than go back to Syria," but would not kill himself as suicide is prohibited in his faith.
45. Despite some improvement in Mr. XXX's feeling of self-worth and hope for the future, his feelings of isolation and general lack of interest in things have worsened. When asked if he had feelings of sadness or was feeling depressed, he cried and said "...all the time. I have no interest in anything. I just want to stay at home and be alone." At this point, Mr. XXX asked to take a break. His son, who was also tearful, explained that he felt guilty and helpless that he did not know what his father had been going through and wished that he was able to have prevented this from happening.
46. **Mental Status Examination:**
- a. General appearance – Mr. XXX was well groomed and cooperative during the interview. He was very polite and engaging. He was calm and composed at the outset of the interview, but in discussing some of the most traumatic elements of his experience, he broke down a number of times and was visibly distressed.
 - b. Motor activity – There was no obvious psychomotor retardation. He was somewhat agitated and sad at times but able to tolerate the long interview.

- c. Speech – His speech was logical and goal directed. He was able to express his emotions and ideas well and was very meticulous in providing specific details of events and clarifying information.
- d. Mood and affect – At the outset of the interview, Mr. XXX was calm and reserved and somewhat somber in his demeanor. His range of affect was limited until we discussed his detention experiences, his escape to the border, and subsequent experiences in the United States. His range of affect was appropriate with respect to the content of the interview. Mr. XXX cried and was visibly distraught when recalling a number of experiences:
 - i. Upon recalling urinating on himself after seeing the 2 murdered security guards at the bus compound;
 - ii. Describing being “randomly” beaten from behind during interrogation
 - iii. Describing that he only felt safe once he landed in New York; and
 - iv. In describing his feelings of sadness “all the time” his feelings of isolation and “wanting to be alone.”
- e. Thought content – His thoughts focused primarily on the tasks at hand – recounting what had happened to him in the past and how it affected his life.
- f. Thought process – There is no evidence of paranoia, delusions, referential ideation or other disturbance of thought.
- g. Suicidal and homicidal ideation – Mr. XXX did not demonstrate any desire to harm himself or others. Although he stated that it would be better to die than go back to Syria, he stated that he does not countenance suicide.
- h. Cognitive exam – Mr. XXX was oriented and alert. He knew the proper date and place. He does not have difficulty with long or short term recall. His overall global cognitive function did not appear to be impaired.

Assessment of Social Functioning

- 47. Mr. XXX’s social functioning is limited by his symptoms of depression, PTSD, feelings isolation, and uncertainty regarding his future. Although Mr. XXX has a long history of being a successful business man and a devoted father, he is no longer in the role of family provider and feels he has lost all that he has worked for in his life. He is now dependent on his working son and is terrified of the thought of returning to Syria.
- 48. As mentioned above, Mr. XXX’s ability to cope with his situation is further compromised by his difficulty in reconciling his belief in God’s will and knowing that he did not do anything to deserve what happened to him. His isolation from family and friends precludes meaningful interactions with and potential mitigation of psychological symptoms and improved social functioning.

Neuropsychological Testing: Not indicated.

PHYSICAL EXAMINATION

- 49. Mr. XXX was moderately overweight and healthy in appearance. His blood pressure was 150/90. A limited physical examination was conducted based on the specific allegations of physical abuse. Appropriate instruments and an examining room were available. The physical examination was notable for the following findings:
 - a. General Appearance: Well-nourished well-developed male.

- b. Skin: No scars or lesions on the face, neck, back, chest, elbows, knees.
- c. Face/Head: Normal, no callous (bone deposition from a healed fracture or calcification of a soft tissue injury) palpated
- d. Eyes/Ears/Nose/Throat: Normal, no sign of tympanic membrane (eardrum) rupture or scars present.
- e. Oral Cavity/Teeth: Deferred
- f. Chest/Abdomen: Normal
- g. Genitourinary System: Not indicated
- h. Musculoskeletal System: Grossly Normal, except for a positive “Anterior Drawer Test of the left knee (indicating increased laxity of the anterior cruciate ligament) and increased swelling of the left posterior knee joint, commonly known as a Baker’s Cyst (a collection of fluid in the back of the knee joint).
- i. Neurological: Not indicated

PHOTOGRAPHS

50. Not indicated.

DIAGNOSTIC TESTS

51. Not indicated.

CONSULTATIONS

52. Not indicated.

INTERPRETATION OF FINDINGS

Physical Evidence

- 53. Multiple bruises on his face, neck, back, arms and legs: These injuries are consistent with contusions resulting from blunt trauma. They reported resolved within 2 weeks which is consistent with a typical healing of such injuries.
- 54. Left knee pain: The alleged trauma to the left knee is supported by reported history of pain and swelling as well as persistent symptoms of pain under certain circumstances and joint laxity and a Baker’s cyst on physical examination. A Baker’s cyst can develop after knee trauma. The fact that Mr. XXX was unaware of this persistent cyst is not surprising; it not visible to him and require a training medical examiner to detect such abnormalities.
- 55. Right elbow pain and hand numbness: Mr. XXX’s allegation of trauma to his right elbow and subsequent numbness in his right fingers is consistent with trauma to the ulnar nerve. While the ulnar nerve is normally protected by surrounding tissues; at the elbow, it is close to the surface of the skin and subject to injury. Mr. XXX continues to have persistent symptoms of pain and numbness related to the alleged injury.
- 56. Chest pain: Mr. XXX’s description of bilateral rib pain is consistent with rib contusions given the nature of the pain and the time it took to heal.
- 57. Ringing in the ear: Mr. XXX’s report of ringing in the right ear for 1-2 days is consistent with blunt trauma to the head and face. Given the limited duration of the alleged symptom, one would not expect to see any permanent signs of injury of the tympanic membrane as is the case for Mr. XXX.

58. Historical Information: The historical information presented in Mr. XXX's testimony is entirely consistent with what I would expect given the methods of torture alleged including his description of the nature and duration of healing of injuries. It is worth noting that without medical knowledge of human anatomy and pathophysiology, most individuals would not be able to provide such accurate historical information.

Psychological Evidence

59. Mr. XXX endorsed diagnostic criteria for both PTSD and Major Depression. Mr. XXX symptoms of PTSD and major depression have persisted and, in some cases worsened, likely due to his isolation, limited coping abilities, and persistent fear of returning to Syria.
60. The onset of Mr. XXX's psychological symptoms is temporally related to his allegation of detention and abuse. His allegations of abuse are also corroborated by reported fluctuations of his symptoms under the mitigating (being in the United States) and/or exacerbating (recalling events for his asylum case) circumstances that Mr. XXX described. Psychological symptoms of survivors of torture often fluctuate over time depending on the stresses an individual is exposed to.
61. In addition, many of Mr. XXX's PTSD symptoms refer specifically to the abuse he alleged rather than other traumatic experiences, for example the content of his nightmares, triggers for intrusive recollection, reliving experiences, and avoidance reactions. While his PTSD symptoms have improved since being in the United States, he continues to meet diagnostic criteria for PTSD and is in need of therapeutic intervention for both major depression and PTSD.
62. Mr. XXX social functioning has been significantly compromised by his current psychological symptoms of major depression, PTSD as well as marked social isolation, his religious beliefs and the prospect of being returned to Syria.
63. Mr. XXX is likely to experience psychological symptoms and disabilities for many years, and perhaps throughout his entire life as is the case for many survivors of torture. His experiences are likely to affect his self-concept, personality, and result in difficulty in family and social interactions. These problems, in turn, may adversely affect his physical and mental health and that of his family. In addition, the stigma of having been detained and exiled will likely have significant discriminatory effects for Mr. XXX and his family, and consequently exacerbate and prolong his psychological symptoms.

Assessment of Credibility of Medical Evidence

64. The medical information that Mr. XXX provided was highly credible from a medical perspective. The information was internally consistent and specific for the individual meaning that Mr. XXX has assigned to his experience. For example:
- a. Mr. XXX answered all questions in a straightforward manner.
 - b. There was no evidence of defensive or suspicious behavior.
 - c. There was no over-endorsement of physical and/or psychological symptoms.
 - i. Mr. XXX demonstrated selective endorsement of psychological symptoms that reflects his individual experience of the alleged abuse. For example, he did not endorse any symptoms of self-blame or guilt for what happened to him as he ultimately attributed his situation to the will of God. This also has considerable bearing on his capacity as unique individual to cope with

his circumstances as it has left him with the unanswered question of why God "allowed this to happen to him."

- ii. Similarly, he endorsed physical symptoms that were corroborated by had physical findings on our examination and his specific allegations of injury and trauma.
- iii. Mr. XXX's observed affect (emotional state) during the interview was congruent with the content of the evaluation. For example, he became tearful and/or cried several times during the interview when describing particularly painful experiences such as urinating on himself when he saw the 2 murdered security guards and the feeling of insecurity until landing in New York.

CONCLUSIONS

- 65. Based on our knowledge of methods of torture and their physical and psychological effects, it is our judgment that Mr. XXX's allegations of torture are highly consistent with and supported by the physical, and psychological evidence included in this affidavit.
- 66. Mr. XXX continues to have significant symptoms of major depression and PTSD and has difficulties in social functioning. He is likely to experience psychological symptoms and disabilities for many years, and perhaps throughout his entire life as is the case for many survivors of torture.
- 67. We advised him to consider mental health treatment at the Program for Torture Victims in Los Angeles. Mr. XXX was receptive to the suggestion and expressed his intention to follow-up accordingly. We have contacted our colleagues at the Program for Torture Victims in Los Angeles who have agreed to see Mr. XXX in the next week or two.
- 68. We declare under penalty of perjury, pursuant to the laws of the United States, that the foregoing is true and correct and that this affidavit was executed on 28 September 2013 in Las Vegas, Nevada.
- 69. We received no financial compensation for this medical evaluation.

Y, M.D., Date _____

YY, M.D., Ph.D. Date _____