

**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 distrustful, 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 which 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 be 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 psychological 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.

Stuart Grassian, M.D.