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DATE 11/7/05

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

ISA ALI ABDULLA ALMURBATI, *ET AL.*, Petitioners, v. GEORGE WALKER BUSH, *ET AL.*, Respondents.	Civil Action No. 04-1227 (RBW) **DECLARATION OF STUART GRASSIAN, M.D.**

I, STUART GRASSIAN, M.D., declare that:

1. I am a Board Certified Psychiatrist and was a member of the Harvard Medical School faculty for over 25 years. I respectfully submit this declaration in support of Petitioners' Motion for a Temporary Restraining Order and Preliminary Injunction.

2. I have had substantial experience in evaluating the psychiatric effects of solitary confinement. By solitary confinement, I mean the confinement of an individual alone in a cell for all or nearly all of the day, with minimal environmental stimulation and minimal opportunity for social interaction.

3. In addition, I have had experience in evaluating inmates who were accused of terrorist activities and were the subject of stressful interrogation techniques. I have described the adverse impact of such interrogation techniques, and have shared such observations with behavioral specialists from the Federal Bureau of Investigation.

4. It has long been known that severe restriction of environmental and social stimulation has a profoundly deleterious effect on mental functioning. This issue has 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

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issue has also been a very significant concern in military situations, in polar and submarine expeditions, and in preparations for space travel.

5. Upon information and belief, I understand that Petitioner Jumah Al Dossari is held under stringent conditions of solitary confinement at the U.S. Naval Base at Guantánamo Bay, Cuba ("Guantánamo").

6. Upon information and belief, Mr. Al Dossari has no history of psychiatric distress or suicidality prior to his detainment at Guantánamo. I have been informed by counsel to Mr. Al Dossari that since his confinement he has become suicidal. Based upon my understanding of Mr. Al Dossari's behavior and mental state, and my experience with the psychiatric effects of solitary confinement, I conclude to a reasonable degree of medical certainty that the conditions of confinement are the proximate cause of Mr. Al Dossari's deterioration and suicidality.

Professional Background and Experience in Evaluating the Psychiatric Effects of Solitary Confinement

7. I received my B.A., *cum laude*, from Harvard University in 1967, my M.A. in Sociology from Brandeis University in 1969 and my M.D. from New York University School of Medicine in 1973.

8. I am Board Certified from the American Board of Psychiatry and Neurology with added qualifications in Forensic Psychiatry.

9. I have held the following positions in the field of psychiatry:

- *Private Practice in Psychiatry:* Cambridge, MA (1977-1979), Chestnut Hill, MA (1979-Present), Stoneham, MA (1980-2003);
- *Clinical Director, Inpatient Service,* Dorchester Mental Health Center, Boston, MA (1977-1978);
- *Director, Inpatient Service,* WestRosPark Mental Health Center, Boston, MA (1978-1980);
- *Medical Staff, Lecturer*, Glover Memorial Hospital, Needham, MA (1979-1983);
- *Attending Psychiatrist,* Adult & Adolescent Inpatient Services, New

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England Memorial Hospital, Stoneham, MA (1980-1994);

- *Director, Adult & Adolescent Inpatient Services,* Department of Psychiatry, New England Memorial Hospital, Stoneham, MA (1980-1983);
- *Attending Psychiatrist,* Addictions Treatment Unit, New England Memorial Hospital, Stoneham, MA (1983-1994);
- *Supervising Psychiatrist, Outpatient Department,* New England Memorial Hospital, Stoneham, MA (1987-1993);
- *Psychiatric Director, Partnership Recovery Center,* Melrose-Wakefield Hospital, Melrose, MA (Day treatment program for Addiction rehabilitation) (1992-1994).

10. I have attended and lectured at seminars and conferences regarding the effects of solitary confinement. Although I do not have a complete list of those lectures and seminars, they include, among others, lectures at Harvard Medical School-Beth Israel Hospital, Boston; the Federal Capital Defenders Habeas Unit; and the Correctional Association of New York. I have also provided testimony at state legislative hearings in New York State and Massachusetts. Additionally, I have published various articles on the subject of solitary confinement. More details regarding these experiences as well as my other professional achievements can be found in my Curriculum Vitae, attached hereto as Exhibit A.

11. Much of my work with respect to solitary confinement has involved interviewing and observing inmates living in solitary confinement in maximum security prisons in the states of Massachusetts, New York, California, Kentucky, Michigan, Ohio, Florida, Connecticut, Georgia, Maine, New Mexico, Pennsylvania, Texas, Virginia and Washington.

12. My observations and conclusions regarding the psychiatric effects of such confinement have been cited in a number of federal court decisions in the United States, including *Davenport v. DeRobertis*, 844 F.2d 1310 (7th Cir. 1988) and *Madrid v. Gomez*, 889 F. Supp. 1146 (N.D. Ca. 1995).

13. In doing this work, I have evaluated the psychiatric effects of solitary confinement in over 200 prisoners in various penitentiaries. On average, these inmates lived in a

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cell of roughly 50-80 square feet, remained there approximately 22.5 hours per day, and exercised one hour per day 5-7 times per week.

Background of Literature and Research on Solitary Confinement

14. The information presented below constitutes an overview of relevant findings with respect to solitary confinement. Attached hereto as Exhibit B is an overview on the psychiatric effects of solitary confinement, which has additional detail and contains citations to the relevant literature.

15. 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. This system, originally known as the "Philadelphia System," involved an almost exclusive reliance upon segregated confinement as a means of incarceration. 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.

16. During this time, 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, which was often self-directed.

17. Dramatic concerns about the profound psychiatric effects of such conditions of confinement continued to be raised into the twentieth century, both in the medical literature and in the news. The alarm raised about the "brainwashing" of political prisoners in the Soviet Union and Communist China – and especially of Allied 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.

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18. This literature, as well as my own observations, have 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.

19. 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.

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

21. First, 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;

22. Second, 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. Individuals in isolated confinement also easily become preoccupied

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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.

23. The lack of meaningful activity is significantly 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 constant intrusions on nighttime dark and quiet, such as steel doors slamming and light being illuminated constantly.

24. There are, 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.

25. The inmates that I have interviewed during my career reported specific psychiatric symptoms that were strikingly consistent, including obsessive thoughts and primitively aggressive fantasies; paranoid and persecutory fears; and random and impulsive acts of violence upon themselves, including slashing their own wrists.

26. Many of the prisoners I interviewed suffered from problems with impulse control generally. Several of these prisoners reported impulsive self-mutilation. One prisoner stated, "I cut my wrists many times in isolation. Now it seems crazy. But every time I did it, I wasn't thinking—lost control . . . ." Other inmates reported smearing themselves with feces, incoherently mumbling and screaming all day and night, and, in a few instances, eating parts of their own bodies.

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The Conditions of Mr. Al Dossari's Detention

27. The following factual statements regarding Mr. Al Dossari are upon information and belief. I have learned these facts from communications with Mr. Al Dossari's counsel.

28. Upon information and belief, Mr. Al Dossari has lived under stringent conditions of solitary confinement for nearly two years.

29. In fact, I have been told that Mr. Al Dossari has lived under conditions a good deal more restrictive than those relevant to many of the inmates I have studied, who generally remained in their cells for approximately 22.5 hours per day and exercised one hour per day 5-7 times per week.

30. I have been informed that from early January 2004 through May 2004, Mr. Al Dossari spent approximately five months in complete isolation in what is known as the [redacted] Block in Camp Delta. Mr. Al Dossari was not permitted to leave his cell during those five months other than for a handful of interrogations and weekly showers.

31. Upon information and belief, Mr. Al Dossari's cell was maintained at a cold temperature, and the cold was exacerbated by the fact that Mr. Al Dossari was not given a mattress, blanket or clothes other than shorts during the first several months at [redacted] Block.

32. Upon information and belief, during the first few months in [redacted] Block, a man who identified himself as a psychiatrist, and who was known as "Dr. [redacted]," visited Mr. Al Dossari weekly. A sergeant told Mr. Al Dossari that the reason Mr. Al Dossari was not given a mattress, additional clothing or toilet paper was because Dr. [redacted] had ordered that Mr. Al Dossari not be provided with these items. Mr. Al Dossari's requests to Dr. [redacted] for changes in his conditions of confinement were ignored.

33. Upon information and belief, Mr. Al Dossari was transferred to Camp Five in or around May 2004, where he has been kept in isolation to date.

34. Upon information and belief, Mr. Al Dossari cannot see other detainees or even see out of his cell. The door to Mr. Al Dossari's cell at Camp Five has one small window.

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However, Mr. Al Dossari cannot see out of this window because it is made of one-sided glass and is covered from the outside.

35. Upon information and belief, I understand that Mr. Al Dossari is generally unable to communicate with other detainees. In fact, only if the extremely loud industrial fan that normally runs outside Mr. Al Dossari's cell is turned off is he able to speak to other detainees, and then only by shouting.

36. I have been informed that sleep is very difficult for Mr. Al Dossari. His cell is kept at a very cold temperature through the use of an air conditioner. The lights in his cell remain on continuously. Also, military personnel speak loudly and play radios during the night and the large fan referenced above also creates noise.

37. Upon information and belief, Mr. Al Dossari is removed from his cell for between thirty minutes to one hour per week to exercise by himself in a small cage. Mr. Al Dossari is also removed from his cell to shower every five or six days and typically is taken to the shower by himself. Otherwise, I understand that he leaves his cell as a general matter only for interrogations.

38. Upon information and belief, Mr. Al Dossari is prevented from communicating meaningfully with his family. He cannot call his family, and family letters arrive irregularly and are often censored.

39. Upon information and belief, Mr. Al Dossari is not provided means of engaging in meaningful intellectual activity. Beginning in early 2005, Mr. Al Dossari was not permitted to have any reading materials in his cell, other than the Koran, attorney-client letters and old family letters. I understand that he was not permitted to have copies of children's fairy tales, such as *Cinderella* and *Puss in Boots*.

40. Upon information and belief, interrogators have told Mr. Al Dossari that he will be detained in Guantánamo for the rest of his life. Interrogators have also told Mr. Al Dossari that he would be sent to Saudi Arabia, Jordan, Egypt or Israel to be tortured, and that they were planning to kidnap Mr. Al Dossari's only child and to attack his family. I have been

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informed that in another incident, a female interrogator stood naked over Mr. Al Dossari (who had been stripped of his clothing), and removed a tampon that she had been wearing, causing what Mr. Al Dossari understood to be menstrual blood to drip onto Mr. Al Dossari's genitals, face and chest.

41. On information and belief, Mr. Al Dossari has also suffered purely physical harm. For example, I have been informed that Mr. Al Dossari was once beaten until he was unconscious.

Mr. Al Dossari's Psychiatric Difficulties Since His Confinement

42. I have been informed by Mr. Al Dossari's attorneys that Mr. Al Dossari has attempted to commit suicide on multiple occasions since his confinement in Guantánamo.

43. I have also been informed that Mr. Al Dossari had no history of psychiatric distress and suicidality prior to his detention at Guantánamo.

44. In fact, it has been reported that many detainees in Guantánamo have attempted suicide, self-mutilation, or other self-destructive acts. Many currently require anti-depressants and treatment for more serious mental illness.

45. Given these facts, I conclude to a reasonable degree of medical certainty that Mr. Al Dossari's conditions of confinement have caused serious deterioration in his mental state and have led to his self-destructive, suicidal behavior.

The Effects of Solitary Confinement Can be Reduced If Conditions Are Ameliorated

46. As discussed above, individuals held in solitary confinement suffer extreme psychiatric effects and frequently engage in acts of self-harm, including suicide attempts. The deprivation of opportunities for social interaction and for intellectual stimulation are major contributors to this harm.

47. As stated above, in my opinion Mr. Al Dossari's recent suicide attempt is the direct result of his conditions of confinement, including his nearly complete isolation from other human beings, the fact that he is not permitted to engage in appropriate intellectual activity, and the fact that he is not allowed reasonable physical exercise. Mr. Al Dossari is thus in grave

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need of additional interaction with other people (not in the course of interrogation), of intellectual stimulation and of regular exercise outside of his cell.

48. There is no reason to believe that Mr. Al Dossari's condition will improve absent such measures. In fact, if his conditions of confinement remain as they are, Mr. Al Dossari's mental state will likely continue to deteriorate and there will remain a great likelihood that he will again attempt to harm himself physically.

49. It is my opinion that there are a range of specific measures that would be beneficial for Mr. Al Dossari. These measures would include allowing him to communicate regularly with his family (and his lawyers); providing him with appropriate reading materials that interest him; allowing him to exercise daily; and providing regular opportunities for interaction with other detainees.

50. It would also improve Mr. Dossari's condition if the lights in Mr. Al Dossari's cell were turned off or at least dimmed during sleeping hours, to allow him to sleep more easily.

51. In addition, Mr. Al Dossari needs to be relieved of the stressful interrogation techniques to which he has been subjected.

52. The ameliorative measures recommended herein are, in my opinion, minimal measures – far less than is ordinarily provided to inmates in solitary confinement – and are entirely necessary from a medical and psychiatric perspective, as a means of decreasing the intensity of Mr. Al Dossari's self-destructive feelings, and decreasing the likelihood of further suicidal behavior.

53. While the measures recommended above are clearly indicated, given the seriousness of Mr. Al Dossari's psychiatric difficulties, a more comprehensive psychiatric evaluation is clearly indicated. Given the conditions of his confinement and the nature of his interactions with the Guantánamo staff, it is not realistic to expect that he would be able to trust a government psychiatrist sufficiently to allow him to expose his psychiatric difficulties to such an individual.

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I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

EXECUTED this 31 day of October, 2005 in Chestnut Hill, Massachusetts.

STUART GRASSIAN, M.D.