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Forensic Psychiatric Evaluation

Name: Suleiman Abdullah Salim
 Date of Birth: September 25, 1972
 Date of Interview: March 10, 2017
 Date of Report: March 24, 2017

Qualifications of Examiner. I graduated in 1965 with an A.B. degree *cum laude* from Amherst College followed in 1969 by an M.D. degree *cum laude* from the University of Vermont College of Medicine. After completing an internship in internal medicine at Boston City Hospital, I went on to train as a resident psychiatrist at the Department of Veterans Affairs (VA) Medical Center in Boston and at the Tufts-New England Medical Center, from 1970-1973. My psychiatric training included diagnosing and treating Vietnam veteran returnees who suffered from what we now recognize as posttraumatic stress disorder (PTSD). Following my residency, I served two years' active duty in the U.S. Naval Reserve as a psychiatrist, treating Marines and sailors returning from combat in Vietnam. I then completed an additional 25 years as a psychiatrist in the VA, where I continued to treat combat veterans with PTSD. During this period, I took a sabbatical to undergo additional training in behavioral neurology at Beth Israel Hospital in Boston.

In 2000, I retired from U.S. Government Service and became employed as a psychiatrist at Massachusetts General Hospital (MGH), which is the major teaching hospital of Harvard Medical School (HMS). At MGH I have continued to specialize in the diagnosis and treatment of persons with PTSD, now mostly civilians. I am a full Professor at Harvard Medical School. I have been conducting clinical research into PTSD for 34 years and have approximately 250 publications in the peer-reviewed medical literature, most on PTSD. I am certified by the American Board of Psychiatry and Neurology in Psychiatry with Added Qualifications in Forensic Psychiatry. I am the first or second author of five book chapters and three articles on PTSD and the law. I also co-authored the chapter on PTSD in the American Psychiatry Association's current *Textbook of Psychiatry, 6th Edition*.

CONFIDENTIAL AGMT

The interview was conducted with the assistance of a Swahili interpreter assisted at a few points by another interpreter, who was the fourth and final person present.

Records. As part of this evaluation, I reviewed records from the following sources:

Complaint and Demand for Jury Trial, October 13, 2015
Medical Report on Suleiman Abdullah Salim, prepared by Sondra S. Crosby, M.D. and Joan Nyanyki, M.D., May 16, 17, 2010
Psychological Report on Suleiman Abdullah Salim, prepared by Dinah Nasimiyu Kituyi, M.A., undated
Report of Dr. Sondra S. Crosby, M.D., November 21, 2016
Expert report of Dr. Matthew Friedman, November 21, 2016
Expert report of Dr. Charles Morgan, November 21, 2016
Memorandum from Jim Mitchell on Subject, "Description of Physical Pressure," July 9, 2002
Plaintiff Suleiman Abdullah Salim's Objections and Responses to Defendants' Interrogatories, November 28, 2016
Injuries for which Plaintiffs Claim Damages, January 2, 2017
Deposition transcript (rough) of Suleiman Abdullah Salim, March 14 and 15, 2017

Chronology. [This was extracted from the report of Plaintiff's expert Dr. Sondra Crosby. I take no position regarding the authenticity of this information, but it appears to provide a sufficiently useful background to my evaluation.] In March 2003, in Somalia, where Mr. Salim was living, he was driving a land cruiser when he stopped to help a truck that appeared to be stuck. Three armed men appeared and pointed guns at his head and accused him of stealing money from a prominent Somali man and beat him harshly. He sustained physical injuries requiring hospitalization. On the second evening of his hospitalization, two Somali men came, bound his hands and ankles in shackles, blindfolded him, and took him to an airstrip. His blindfold was removed at the airport, and what he perceived to be Americans chained him to the floor of an airplane and flew him to a Police Unit in Nairobi, Kenya, where he was interrogated. After 8 days' detention in Nairobi, he was flown to Bosaso, Somalia and then to Djibouti. Mr. Salim was then flown to Afghanistan, where he was detained in three separate facilities. The first, which he calls "the Darkness," was to his understanding under CIA control. Mr. Salim was held there beginning in March 2003, for

be healed? Q. No. What I'm trying to understand is if you go see a doctor and they prescribe medication, why is it that you think that what they're prescribing isn't going to help you? A. I just know by myself that they will not help me ... Q. Is Dr. Brock a doctor treating you? A. Yes. Q. And what is Dr. Brock treating you for? A. Just like if you are -- you have thoughts or if you're trying to think of many things, you need to do this, things like that.

Diagnostic Impressions (DSM-5)

304.30, 304.60, 304.10, 304.90, Substance Use Disorder, pre-captivity; mixed cannabis, inhalant, sedative/hypnotic, and scorpion venom; previously severe, now in sustained remission

309.81. Posttraumatic Stress Disorder (PTSD) previously extreme, currently moderate

296.26. Major Depressive Disorder (MDD), single episode, previously severe, currently in partial remission

300.82 Somatic Symptom Disorder, mild

Opinion

Mr. Salim was not a mentally healthy person prior to his arrest and detention in 2003. He had a 20-year history of multiple, severe substance use disorder. The existence of this disorder and/or the underlying factors that led to it likely placed him at a greater risk of developing PTSD from future traumatic events than he otherwise might have been.

The following are the diagnostic criteria for posttraumatic stress disorder (PTSD) from the American Psychiatric Association's current *Diagnostic and Statistical Manual for Mental Disorders*, fifth edition (DSM-5). The criteria are followed by my comments as to whether Mr. Salim met them, and how.

A) *Directly experiencing an event that involves threatened death, serious injury, or sexual violence.* Criterion met. Mr.

My evaluation also indicates that Mr. Salim has suffered from a mild Somatic Symptom Disorder since his captivity up to the present. This condition is often (mis)termed "psychosomatic" by laymen. A more appropriate medical term is "somatization," which refers to an excessive preoccupation with (actual or imagined) physical complaints. Somatization is not uncommonly found in persons with PTSD.

Mr. Salim reported that he has benefitted from such psychotherapy as he has been able to receive over the years, but this not been much. He needs substantial, further psychotherapy from a competent, doctoral-level provider, which he has not obtained. I envision this therapy as being mostly supportive in nature. If the therapy were to have an exposure component, it would have to be carefully administered by a skilled, experienced therapist due to Mr. Salim's vulnerability. I'm also in doubt as to whether Mr. Salim would want to subject himself to reliving his traumatic events, as he appears to cope best by avoidance. If he were to get into exposure therapy, it would have to be at his own (slow) pace. I estimate a need for one to three years of weekly therapy sessions, depending upon what is undertaken. Following that, he may require periodic booster sessions. I also think there is a potential role for pharmacotherapy, directed for example at Mr. Salim's chronic insomnia. Monthly sessions with a psychiatrist for a year are indicated, after which the frequency may be able to be cut down to bi- and then tri-monthly over another two to five years, if Mr. Salim makes adequate progress.

According to the General Rating Formula for Mental Disorders (38 CFR 4.130), I rate Mr. Salim's psychiatric impairment at the following time points as follows: a) prior to his arrest and incarceration: 30% (due to substance use disorder); b) during his captivity at Cobalt: 80%; currently 50%. I estimate his permanent psychiatric impairment at 40%.

Agreements and Disagreements, with Opposing Experts' Reports. I reviewed the reports of the following Plaintiff's experts. I found nothing in these reports that called for a change in my opinions. I have the following comments.

Dr. Matthew Friedman. There is an assertion in Dr. Friedman's report with which I take issue. On page 14 of his