



DEPARTMENT OF THE ARMY  
WALTER REED ARMY MEDICAL CENTER  
WALTER REED HEALTH CARE SYSTEM  
WASHINGTON, DC 20307-5001

MCHL-FPS

07 June 2011

MEMORANDUM FOR Michael Martin, U.S. Attorney's Office, Department of Justice

MEMORANDUM FOR Defense Counsel for [REDACTED]

MEMORANDUM FOR the Honorable Nancy Edmunds, United States District Judge, Eastern District of Michigan

SUBJECT: [REDACTED]

1. IDENTIFYING INFORMATION:

[REDACTED] is a 60 year old (date of birth 16 October 1950), married, male, of Iraqi descent and born in Baghdad, Iraq. [REDACTED] will be married on 21 June 2011.

2. REASON FOR REFERRAL

[REDACTED] was referred for a psychological evaluation by the convening authority, the Honorable Nancy G. Edmunds, United States District Judge, United States District Court, Eastern District of Michigan, Southern Division.

This referral was based upon the case of United States of America v. [REDACTED].

[REDACTED] was referred for a psychological evaluation based upon incidents in his military service which are sometimes associated with Post-Traumatic Stress Disorder. These incidents were initially discussed post-trial, after conviction.

The Honorable Judge Nancy Edmunds posed several clinical questions within this report.

First, that the report includes the Defendant's history and present symptoms.

Second, that the report include a description of psychiatric, psychological, or medical tests that were employed, and their results.

Third, that the report includes the examiner's findings.

Fourth, that the examiner opine regarding diagnosis and prognosis.

Fifth, that the examiner determine if the Defendant has suffered or is suffering from a mental disease or defect as a result of which he is in need of custody for care or treatment in a suitable facility.

And sixth, if the Defendant does not require custody for care or treatment in a suitable in a suitable facility, the report shall include an opinion by the examiner concerning sentencing alternatives that could best accord the Defendant the kind of treatment he medically requires.

3. LIST OF CHARGES:

The list of charges was not relevant to the purposes of this evaluation on the basis that this evaluation did not address issues of competency to proceed to trial or mental responsibility.

4. STATEMENT OF NON-CONFIDENTIALITY:

[REDACTED] was informed of the non-confidential nature of this evaluation. [REDACTED] was informed that per the Court Order, a full report of the evaluation would be sent to defense counsel, trial counsel, and the Court. [REDACTED] was cautioned about stating anything that could violate his rights under the 5<sup>th</sup> Amendment of the Constitution regarding self-incrimination for other potential crimes for which he has not been convicted. [REDACTED] was informed this examiner may be called to testify in court. [REDACTED] voiced an understanding of these warnings and assented to the evaluation.

5. SOURCES OF INFORMATION CONSIDERED:

1. Order Granting the Government's Motion and Ordering Psychological Examination and Report, dated 02MAY11
2. Report of Investigation, U.S. Office of Personnel Management, dated 21AUG08
3. Validation Report, U.S. Office of Personnel Management, dated 05JUN03
4. Certificate of Naturalization to the United States of America, dated 25OCT85
5. Security Clearance Evaluation, U.S. Office of Personnel Management, 28JAN05
6. Federal Bureau of Investigation, interview of [REDACTED], dated 26NOV08
7. Federal Bureau of Investigation, interview of [REDACTED], dated 27JUN06
8. Federal Bureau of Investigation, interview of [REDACTED], dated 30JUN06
9. Federal Bureau of Investigation, interview of [REDACTED], dated 21SEP06
10. Collateral Interview of [REDACTED], by the federal Bureau of Investigation, dated 24FEB10
11. Federal Bureau of Investigation, interview of [REDACTED], dated 29OCT07
12. Federal Bureau of Investigation, interview of [REDACTED], dated 02FEB10
13. Mental Health records provided by [REDACTED], M.S.W., dated 17MAY11
14. Collateral Interview of [REDACTED], dated 03JUN11
15. Collateral with [REDACTED], MSW, dated 03JUN11

6. ALLEGED VIOLATIONS OF UCMJ:

Not applicable as this is a post-conviction evaluation.

7. ACCUSED'S VERSION OF THE OFFENSES:

[REDACTED] shared that throughout his employment with the Army, that he loved his job. He reported that he experienced many mortar attacks while he worked at Abu Ghraib Prison in Iraq. He reported that he worked as an interpreter with the detainees and that he could ensure that they were well treated by his Army unit. He emphasized that he experienced many mortar shells and those Soldiers died. Upon inquiry, he reported that he did not know and was not close to any of

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these Soldiers. He reported that he was not a medic so he did not assist with medical aid during attacks. He recalled attending memorial services and that he felt as though he lost one of his people. He reported that he kept going on with his daily life and tried to the best of his ability to help others. [REDACTED] did not want to praise himself too much because he does not want to gain sympathy. At that time, the Commander at the prison was [REDACTED]; [REDACTED] reported that the Commander knew him well.

[REDACTED] reported that while at the prison he saw Soldiers die maybe one or two times. Incoming mortars killed both Soldiers as well as prisoners during these attacks. These events occurred between June 2003 and January 2004. [REDACTED] reported that he actually saw a Soldier die after they were bleeding. One of the Soldiers who died was a driver for a Commander. [REDACTED] recalled that this Soldier had arrived for a one night stay at the prison when the attack occurred. He did not recall the name of the Soldier who died.

[REDACTED] reported that he felt very sad as a result of this death. He further recalled that the next day the unit had memorial service and he grieved for the Soldier. [REDACTED] considered himself a Soldier with the United States Army.

[REDACTED] had no other experiences to share regarding Abu Ghraib. He reported that he also worked with one of the interrogators but has not kept in contact with anyone he knew at the prison. He reported that he also worked with a Corporal and they caught a "bad" person. He also reported that the Military Intelligence interrogators caught an insurgent in Al-Fallujah who had killed some Soldiers. This insurgent was caught but denied working with the insurgency. [REDACTED] as an interpreter, became helpful with U.S. Army Military Intelligence in interrogating this insurgent. As a result, they were able to get the insurgent to confess that he drove a van from Syria to Iraq filled with insurgents.

[REDACTED] was supposed to leave for vacation on 29 January 2006, but did not leave for vacation because a new unit, the 198th National Guard from Mississippi, was replacing the 3-16th Field Artillery, from Fort Hood, Texas. [REDACTED] shared information not relevant to the current topic when he reported that the Commander, [REDACTED], [REDACTED] and [REDACTED] all testified for him at his trial. The new Commanding Officer was [REDACTED] and one week later on about 05JAN06 they were hit by an explosively formed projectile (EFP) type of improvised explosive device (IED) between Najaf and Karbala. [REDACTED] reported that he was in the 2<sup>nd</sup> vehicle and that both the first vehicle and his vehicle passed before the EFP blew up the third vehicle. [REDACTED] reported that several people died and the Commander, [REDACTED] called for a MEDEVAC and waited 35 minutes for 5 body bags. [REDACTED] reported that he admired [REDACTED] for being strong. [REDACTED] reported that he stayed in the vehicle the entire time. [REDACTED] reported that the vehicle that blew up was thrown down the street and peeled open like an onion. [REDACTED] reported that the two doors on the driver's side were gone and the front bullet proof window was full of holes. [REDACTED] reported one of the dead as a Soldier whose rank was Major and that their bodies were all shredded from the EFP.

[REDACTED] reported that he was in shock and tried to be strong. [REDACTED] reported that the Iraqi Police arrived and wanted to take pictures. Local Sheiks and the Iraqi Army also came to

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see what was going on. [REDACTED] reported that he saw Soldiers collecting the body parts of the Soldiers who had been killed once the injured Soldiers had been MEDEVAC'ed.

[REDACTED] reported that after the attack, they had to search a village next to the road for hours. For a week, he did not talk to anyone for a week. He reported that he did not want to talk to anyone. He felt like it (the EFP IED) should have been him.

[REDACTED] did not report any other traumatic experiences as a part of his service to the U.S. military.

#### 8. PSYCHIATRIC HISTORY/MENTAL HEALTH RECORDS:

[REDACTED] denied any history of mental illness, and denied any history of mental illness in his family (to include brothers, sisters, parents, uncles, aunts, and grand-parents).

Mental Health records of one clinical assessment session and two counseling sessions were provided by [REDACTED] M.S.W., on 17MAY11. The initial diagnosis on 11MAR11 follows:

- Adjustment Disorder with Mixed Emotional Features
- Depressive Disorder, not otherwise specified
- Anxiety disorder, not otherwise specified

The intake assessment reports that "[REDACTED] claimed he was found guilty of lying to the FBI..." The session notes dated 06APR11 reported that [REDACTED] discussed "some of his symptoms including paranoid thoughts and hyper-regulation."

Multi-axial assessment notes dated 31MAR11 and 30APR11 provided the diagnosis of Adjustment Disorder with Mixed Emotional Features. A diagnosis of PTSD (without the DSM-IV-TR numerical indicator) was added above the line of these assessment notes.

A message was left for [REDACTED] to call on 03JUN11 at 0932 hours (EDT).

[REDACTED] called at 1200 hours on 03JUN11 and reported that the reason for adding PTSD above the first line was that he believed that based upon [REDACTED]'s report, that [REDACTED] may have PTSD like symptoms. Upon inquiry, [REDACTED] reported that he was not sure if these symptoms were reflective of experiences in Iraq or experiences as a result of [REDACTED] being actively investigated by the FBI. [REDACTED] assumed that the depression and anxiety were the result of [REDACTED]'s experiences in Iraq. [REDACTED] was surprised that at their final session that [REDACTED] came in and stated that he no longer wanted therapy. [REDACTED]

[REDACTED] felt as though he was still developing a therapeutic relationship with [REDACTED] at the time [REDACTED] terminated therapy.

#### 9. COLLATERAL INFORMATION DATA:

Collateral Interview of [REDACTED]

A collateral telephone interview was conducted with [REDACTED] (office: [REDACTED]), U.S. Army, on 03JUN11 for 15 minutes. The limits of

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confidentiality were explained within a forensic evaluation and he voiced an understanding of these limits and consented to the interview. [REDACTED] reported that [REDACTED] was in the lead vehicle in that convoy which was escorting [REDACTED] from one forward operating base to another forward operating base in Iraq. [REDACTED] reported that it is the third vehicle of five that was hit by the EFP and that five Soldiers died that day. [REDACTED] reported that [REDACTED] was 200 to 300 meters away from the blast site because [REDACTED]'s duty was to serve as an interpreter for [REDACTED]. The concern at that time was a "daisy chain" of IED's or a follow on complex attack (of small arms, mortars, and rockets). Thus, because the remaining convoy had to protect [REDACTED], and provide support to the survivors of the EFP. [REDACTED] was clear that [REDACTED] was not anywhere near the scene of the aftermath of the blast event.

#### 10. MEDICAL HISTORY:

[REDACTED] reported a number of medical problems including high blood pressure, high cholesterol, gout on a finger, and a knee problem.

#### 11. LEGAL HISTORY:

##### *Juvenile Legal History*

None

##### *Adult Legal History*

None before the FBI investigation

[REDACTED] reported a DUI offense in 1985. He paid a fine in court.

##### *Military Legal History*

None

#### 12. ALCOHOL, TOBACCO, AND SUBSTANCE ABUSE HISTORY:

##### *Alcohol:*

[REDACTED] drinks one glass of once every 2 to 3 days. He may drink a beer every once in a while when he does yard work.

[REDACTED] denied any history of problems with alcohol.

##### *Tobacco:*

No smoke, no dip.

##### *Illegal Drugs:*

[REDACTED] denied any history of illegal drug use.

He denied any history of using THC, cocaine, crack cocaine, meth-amphetamines, ecstasy, heroin, shrooms (*sic*), peyote, etc.,

#### 13. SOCIAL, EDUCATION, AND MILITARY HISTORY:

*Early Upbringing/Family History*

[REDACTED] was born in Baghdad, Iraq and was raised outside of Baghdad where his Dad worked for British Petroleum Oil Company which was then taken over by the Iraqi Petroleum Company. [REDACTED] reported that his Dad worked there for 33 years. He described a good childhood and fit in well with the populations in that region of the country. [REDACTED] reported that there were both Christian and Muslim families and little friction at that time. [REDACTED] reported that he was Catholic Christian. He was the oldest of his brothers and sisters. He reported that his parents took good care of him and his siblings. He has 3 brothers and 3 sisters. His oldest brother was born in 1954, a sister born in 1958, a brother in 1960, a brother born in 1962, a sister born in 1964, a sister born in 1965, and a sister born in 1970. They all live in San Diego and all followed [REDACTED] and his brother when they arrived to the United States in 1980. [REDACTED] originally left Iraq in 1979 and went to Detroit in 1979 because an uncle lived there. He came to San Diego the following year because he had other relatives in San Diego and could not find a job in Detroit. He originally left Iraq in 1979 because the situation in Iraq was unstable. He denied any history of physical, emotional, or sexual abuse.

*Educational*

Elementary School: [REDACTED] attended elementary school in Iraq and denied any problems while in grade school. He reported that he obtained average grades. He denied any suspensions or expulsions while in middle school.

High School: [REDACTED] completed an Iraqi German technical school in Baghdad. He again reported that he obtained average grades while in high school. He denied any suspensions or expulsions while in high school in Iraq.

*Occupational*

[REDACTED] reported that he obtained his first job for a beer company in 1975. He liked the job and was a maintenance supervisor for the brewery. He was at this job until 1978 and left because for a better job. He reported that he started another beer company South of Baghdad from 1978 until he left Iraq in 1979. He then went to Greece and worked 3 jobs within 1 year. He changed from job to job depending on who paid him better. These jobs were all technical and included working for a trucking company as a welder. He then worked at a factory as a common laborer. The last job he held in Greece was one in which he worked as a welder for a water heater company. He then left for the United States. [REDACTED] worked as a welder for 1 year when he first arrived in the United States. He then worked for food markets for 3 years. In 1983, he bought his own store, and kept it until 1994. He sold the store because he got tired working long hours. He then managed the store until 1997. He then moved to Michigan and worked as a pager, and wine salesman, and left for a better job. He was then a clerk and a front desk manager a Days Inn Motel. The owner then had him work as a maintenance man; he then quit because he did not like the way he was treated. He then managed a "Dollar Store" chain of three stores. In 1999 he went to work for Chrysler as a security and fire prevention officer. He left that job in 2003 because he applied to work as a translator in Iraq because it was adventurous and he wanted to help the United States. He was there for one year and returned in June 2004. He then returned with the original company and went back to Iraq. He then returned in January 2005 and stayed through 2006. In 2006, he visited his Dad in San Diego; when he returned to Michigan he found out he had been discharged. He then came to San Diego to open up "Greek Town Buffet" and lost all his savings within two years. In 2008, while in the last few months of

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his restaurant business, he applied as an analyst for a company in Iraq. He checked with the security clearance and found that there was no negative data against his name. He then applied for a job and three months later his security clearance was declined. He then queried why his security clearance was initially approved. He was then contacted by the FBI and they investigated him shortly afterwards. He was then out of work for over 7 months and received unemployment. Since then, he has worked with a company named Dandee as a salesman. He also works at a pizza shop his brother owns.

*Relevant Military Performance Data:*

[REDACTED] served in the Iraqi Army for three years (1973 through 1975) where he his specialty was working as a welder. In 1977 he served in the Iraqi Army Reserves for 9 months (he was able to keep his job in beer company) due to requirements under the Saddam Hussein regime.

*Deployments:*

[REDACTED] has three deployments as an interpreter for the United States, in 2003 (1 year), 2005 (1 year and ½), and 2008 (less than 3 months).

*Marital/ Sexual History:*

[REDACTED] was age 29 when he first started dating and met his wife in Greece. His wife had gone to Greece to visit her half-sister when [REDACTED] and she met. He reported that they fell in love, and married in San Diego on 21 June 1981. This is first marriages for both [REDACTED]. They have no children due to fertility problems. He reported that his wife had a hysterectomy and he had a low sperm count.

14. FAMILY MEDICAL AND PSYCHIATRIC HISTORY

[REDACTED] denied any history of mental illness by any biological relative. [REDACTED] denied that any biological relative had a history of inpatient psychiatric stays.

15. CURRENT MEDICATIONS:

Medication and doses are listed below:

High blood pressure medication: Avilide, 12.5 mg 1 x day

Cholesterol medication: Vitorine, 20 mg 1 x day

Knee pain medication: Inbuprofin: 300 or 800 mg 2 x day. He needs a replacement but does not have medical insurance

Gout on finger: Allprunal, he forgot dose.

16. MENTAL STATUS EXAMINATION:

[REDACTED] presented as an obese Iraqi American male, who looked his stated age of 60. He was alert and oriented to person, place, time, and situation. He was dressed in clean casual yet conservative clothing. He was over 25 minutes late for the appointment and thought the entire evaluation would only last 1 hour. He reported that he obtained this information from his attorney. He appeared to present as having average intelligence. His immediate, short-term

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memory and long-term memory were intact. No abnormalities of fine or gross motor movements were noted. He denied any current mental health complaints. Eye contact was good throughout the evaluation. He did not appear to be responding to any internal. His speech was unremarkable and he spoke with normal rate, rhythm, and appropriate volume for the entire evaluation. [REDACTED] mood and affect were euthymic and congruent during the course of the evaluation. His thought process was logical, linear, and goal oriented. His thought content was void of current or past suicidal or homicidal ideation, plan or intent. He denied experiencing current or past auditory or visual hallucinations. His verbal intellectual abilities appeared to be in the average range although English was clearly a second language for [REDACTED]. He reported having no memory or concentration difficulties and demonstrated good recall for details pertaining to his legal case and personal history. His judgment and insight were good during this evaluation.

[REDACTED] denied any history of head injury, to include any traumatic brain injury as a result of his service to the U.S. military in Iraq. He denied any concussions, loss of consciousness, alteration of conscious, direct blows to the head, vestibular symptoms, penetrating or non-penetrating head injuries, problems with vision, and problems with balance, gait, or any other symptoms which could possibly be related to traumatic brain injury secondary to an IED event.

*Military Bearing:* Not applicable.

#### 17. PSYCHOLOGICAL ASSESSMENT MEASURES:

##### MEASURES ADMINISTERED:

*Structured Interview of Reported Symptoms- II (SIRS-II)*

*Test of Memory Malingering (TOMM)*

*Minnesota Multiphasic Inventory – 2 (MMPI-2)*

*Booklet Category Test (BCT)*

*Trails Making Test*

##### Response Style:

The Structured Interview of Reported Symptoms (SIRS-II) was administered as a means of directly assessing the presence of malingered psychiatric symptomatology. The SIRS-II consists of 156 items and provides the evaluator with data on eight primary scales of malingering and five supplementary scales as well. Scores on each primary malingering scale are rated by severity of malingered response as "Definite," "Probable," "Indeterminate," and "Genuine." The SIRS-II professional manual indicates that interpretation of results may be performed at the individual scale level, or consideration of scores on all the primary scales as a whole. Via consideration of the 8 primary scales, the SIRS professional manual provides response type classification based on a combination of elevated scores on multiple scales. The presence of multiple scores in the probable feigning category increases the likelihood that a particular individual is feigning and decreases the likelihood that an honest responder will be misclassified. The SIR-II Decision Model determines whether the results are indicative of feigning, indeterminate-evaluate, indeterminate-general, or disengagement - indeterminate evaluate.



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This measure was originally planned on being administered but determined to be not required in the opinion of this evaluator. [REDACTED] did not present any symptoms which could be construed as malingering. Thus, the rationale for administering this measure was not supported.

The Test of Memory Malingering (TOMM) was also administered to address response style with respect to cognitive functioning. The TOMM is a two-alternative, forced-choice test of memory recognition. It was designed to assist in discriminating malingerers from those with genuine memory impairments. Subjects are shown 50 consecutive line drawings. They are then asked to point to the drawings they had been previously shown from a two-choice alternative, where one choice is correct and the other is incorrect. The test subject is given immediate feedback about whether their choice was correct or not. Subjects are then shown the same 50 line drawings again, and a second round of recognition testing is administered using the same procedures. Normative data indicate that groups of cognitively impaired and traumatic brain injured patients tend to score above 90% correct (a score of 45 out of 50) on this test. Hence, the TOMM manual states that "Any score lower than 45 on Trial 2 or the Retention Trial (a third optional trial) indicates the possibility of malingering."

As with the SIRS-II described above, the theoretical rationale for administering this measure is suspected memory malingering. [REDACTED] did not present any symptoms which could be construed as malingering. Again, the rationale for administering this measure was not supported.

Another method of assessing response style in a structured manner was via administration of the MMPI-2. The MMPI-2 is a 567-item, true-false, objectively scored personality test. It is the most widely used personality inventory in North America. The MMPI-2 has multiple validity indices which assess the client's test-taking attitude. The MMPI-2 validity indices measure whether the client has endorsed the test items in some distorted manner. If the client has provided a consistent and accurate self-description when responding to the MMPI-2 items, the profile is considered to be valid.

The average time to complete the MMPI-II, assuming an 8th grade level of education (although research supports giving the MMPI-II to participants with even a 5<sup>th</sup> grade level of education) is between 60 and 90 minutes. [REDACTED] required over two hours and five minutes, and asked the meaning of words several times during the administration of the test. This established the foundation for questioning whether any psychological assessment measure, established and normed on English speaking populations, were valid for use with someone of Iraqi heritage where both language and cultural differences may invalidate the measure.

[REDACTED] produced a valid profile on the MMPI-II. The validity results found that [REDACTED] understood the measure and was very consistent in his manner of responding to the measure. He further did not exacerbate psychological distress at any point during administration of the measure. [REDACTED] produced a mildly defensive pattern of responding indicating that he was very careful in what he conveyed. The 9 primary validity indices of clearly indicate that [REDACTED] understood the measure.

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The clinical indices of the MMPI-II were all within normal ranges except for a mild elevation on paranoid ideation (essentially that someone is trying to get him). The score is reflective of actual perceptions (given [REDACTED]'s investigation by the FBI) and was not elevated such that paranoid delusions would be a concern.

Cognitive/Neuropsychological:

The Booklet Category Test (BCT) is one component of a more comprehensive neuropsychological battery (the Halstead-Reitan Battery). The BCT requires a complex set of cognitive skills, including the ability to accurately perceive stimuli, form hypotheses about which patterns of stimuli are varying, incorporate and remember feedback from the examiner about their performance, and modify their hypotheses based on examiner feedback. Thus, it is a test of abstract concept formation which requires intact other lower-order cognitive functions. The BCT is an effective screen of gross neuropsychological dysfunction. Scores on this measure have the highest correlation with overall Halstead-Reitan impairment indices of any of its component measures.

The BCT was not administered on the rationale that [REDACTED] did not report any symptoms that could be indicative of neuropsychological dysfunction, either from his experiences in Iraq or from any other potential source of traumatic brain injury.

Trail Making Test

The Trail Making Test (TMT) is one of the most popular neuropsychological tests and is included in most test batteries. The TMT provides information on visual search, scanning, speed of processing, mental flexibility, and executive functions. The TMT consists of two parts. TMT-A requires an individual to draw lines sequentially connecting 25 encircled numbers distributed on a sheet of paper. Task requirements are similar for TMT-B except the person must alternate between numbers and letters (e.g., 1, A, 2, B, 3, C, etc.). The score on each part represents the amount of time required to complete the task.

As with the other measures, the Trail Making Test was not administered on the rationale that [REDACTED] did not report any symptoms consistent with neuropsychological dysfunction.

Psychological Assessment Measures: Conclusions

In conclusion, most of the forensic psychological measures this examiner was prepared to give were not relevant to this evaluation on the simple rationale that [REDACTED] did not present symptoms consistent with any form of malingering (either an exacerbation or minimization of psychological symptoms). The broader theoretical question which arose was the applicability of any measure given the language and cultural differences which emerged during this evaluation.

The one measure which was administered, the MMPI-II, found that [REDACTED] currently presents with mild paranoid beliefs as a result of his current legal adjudication.

18. DIAGNOSTIC ASSESSMENT:

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Psychiatric diagnosis is made along five dimensions per the DSM-IV-TR: Axis I describes major clinical syndromes; Axis II described long-term personality functioning; Axis III describes medical conditions related to psychiatric functioning; Axis IV describes psychosocial stressors; and Axis V describes global assessment of functioning (GAF).

A number of issues require discussion prior to presenting the actual diagnosis.

First, the court order mandated a review of symptoms based upon [REDACTED] experiences in Iraq. Thus, the diagnostic assessment is retrospective to that period of time. However, [REDACTED] reported symptoms based not upon his experiences while in Iraq or resulting from his experiences in Iraq, but resulting rather from his investigation by the FBI and the guilt phase of his trial. Thus a second diagnostic assessment is presented retrospective to that period in time. And lastly, a third diagnostic impression is provided for the current symptoms at the time of this evaluation. This is important for the reason that by this time, [REDACTED] has had time to process his legal experiences and adjust to these stressors. As such, they are no longer acute stressors.

Second, the central clinical issue of this evaluation and the psycho-legal question based on [REDACTED] report becomes: As a result of these experiences, while serving as a civilian with the U.S. military in Iraq, did these experiences result in [REDACTED] meeting the clinical criteria for post-traumatic stress disorder?

The first criteria for PTSD follows: The person has been exposed to a traumatic event in which both of the following have been present:

- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- (2) the person's response involved intense fear, helplessness, or horror.

It is clear that based upon [REDACTED] report in section 7 above, that [REDACTED]'s self-reported experiences clearly meet this criteria for PTSD. It is important to note that in forensic settings, self-reports are highly suspect and collateral data is required to corroborate the examinee's report.

[REDACTED]'s reported experiences at Abu Ghraib Prison are consistent with many other reports this evaluator has received about daily mortar and rocket attacks upon Abu Ghraib during that time period.

[REDACTED]'s reported that he was in a convoy that experienced an EFP IED attack and this was corroborated by [REDACTED]. This examiner also recalled an EFP IED attack on 05JAN06 while located at Forward Operating Base, Taji, Iraq. Thus, [REDACTED] has two independent sources to corroborate his presence in this IED. [REDACTED] and [REDACTED] both reported that [REDACTED] stayed with the Commander in the lead vehicle about 200 to 300 meters away from the blast site. The concern at that time, based on this examiners experience was the concern of a "daisy chain of IED's" or a complex insurgent attack in which the insurgents would follow n the EFP IED attack with mortars, rockets, and small arms (i.e., automatic rifles).

This examiner opines that [REDACTED] clearly met the initial criteria of PTSD.

The second criteria of PTSD follows: The traumatic event is persistently re-experienced in one (or more) of the following ways:

- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
- (2) recurrent distressing dreams of the event.
- (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated).
- (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

[REDACTED] reported that he did not experience any symptoms of re-experiencing events either from his service at Abu Ghraib or from the EFP IED attack. This examiner proceeded through each of the six sub-categories of the re-experiencing criteria with negative responses from [REDACTED]. [REDACTED] denied any symptoms consistent with flash backs, denied any recurrent dreams of the attack, denied any behaviors consistent with re-experiencing the attack (i.e., such as lying on the ground at the sound of fireworks). [REDACTED] denied any psychological or physiological distress at any cues that reminded him of the attack. [REDACTED] however, did experience symptoms consistent with bereavement after the death of Soldiers he knew during the EFP IED attack. These symptoms included mild depression and self-isolation and began to alleviate about one week after the EFP IED experience and memorial for the Soldiers who were lost during the attack. [REDACTED] reported that if he talks about the attack that he then becomes sad and tearful; he knew over 15 people who were killed in Iraq. In sum, [REDACTED] did not meet the second criteria for PTSD. [REDACTED] therefore does not meet the clinical criteria for PTSD. This evaluator will continue will the remainder of the criteria to provide clarity to the court.

[REDACTED] did report a confound to this evaluator by reporting anxiety symptoms resulting from the investigation by the FBI. In [REDACTED]'s view the FBI kept coming to visit him regarding his security statements. [REDACTED] emphasized that his intent was to help the U.S. Army mission in Iraq. [REDACTED] reported that he would wake up 2 or 3 times per night after the FBI investigation began. He also reported that he felt depressed because of these legal problems. He reported that he no longer thinks about the FBI investigation. [REDACTED] is currently concerned about going to Michigan for sentencing and the outcome of that hearing. These symptoms are consistent with the clinical notes of the attending Social Worker therapist, [REDACTED].

The third criteria for PTSD follows: Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (2) efforts to avoid activities, places, or people that arouse recollections of the trauma

- (3) inability to recall an important aspect of the trauma
- (4) markedly diminished interest or participation in significant activities
- (5) feeling of detachment or estrangement from others
- (6) restricted range of affect (e.g., unable to have loving feelings)
- (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

[REDACTED], upon inquiry, denied all symptoms of avoiding stimuli associated with the trauma and numbing of general responsiveness. [REDACTED] denied avoiding talking about things which remind him of the trauma. [REDACTED] denied avoiding activities, places, or people that remind him of the trauma. [REDACTED] denied that any activities have diminished as a result of the trauma. [REDACTED] reported that he does not have any feeling of being detached from others. [REDACTED] reported a normal level of emotionality and enjoys his work. [REDACTED] reported that he does not have a sense of fore-shortened future, and instead would help the U.S. Army again in Iraq if he could.

The fourth criteria of PTSD follows: Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- (1) difficulty falling or staying asleep
- (2) irritability or outbursts of anger
- (3) difficulty concentrating
- (4) hyper vigilance
- (5) exaggerated startle response

[REDACTED] reported that he does not have trouble falling asleep because he works hard and often works late. He denied bad dreams about the traumatic events and denied frequent wakening. [REDACTED] reported that since the trauma he does not have anger outbursts or is irritable. On the contrary, he feels as if he has assisted the United States in this war. [REDACTED] denied any problems concentrating, or hyper vigilance, or an exaggerated startle response as a result of the trauma.

The fifth criteria of PTSD follows: The duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.

It is clear from [REDACTED]'s report that he does not meet the clinical criteria of the second third and fourth areas of PTSD, and therefore, the fifth criteria is moot.

The sixth and final criteria of PTSD follows: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

[REDACTED] was very clear that the traumas in Iraq are not currently affecting his life.

Additional orthogonal data regarding the absence of PTSD as a diagnosis for [REDACTED] comes from the results of the MMPI-II. As indicated earlier, the results of the MMPI-II were quite benign and normal, except for persecutory ideation (consistent with his current legal adjudication). The MMPI-II profile was absent of what is commonly called a "floating PTSD

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profile.” Typically, individuals experiencing severe PTSD experience symptoms in all areas of their lives, which when reflected on a MMPI-II profile, elevate most if not all the clinical scales of the MMPI-II resulting in the term, a “floating profile.” The absence of this profile is another data point leading away from a diagnosis of PTSD.

In sum, [REDACTED] did not meet the clinical criteria for PTSD after his experiences in Iraq, or at any point in time afterwards.

Related to this, a broader clinical question for anyone serving in Iraq who has experienced mortars, rockets, or IED’s (including the EFP type of IED) also presents itself. This question is whether the individual has suffered some degree of mild traumatic brain injury? This was explored as a part of this evaluation.

Based on [REDACTED]’s report, the possibility existed that at either Abu Ghraib or the EFP IED attack, that he may have experienced non-penetrating mild or moderate traumatic brain injury (TBI). For the purposes of categorizing mild or moderate TBI within a military combat setting, this examiner adopted the United States Army CENTCOM (Central Command) Directive Type Policy Memorandum (DTM) (updated MAR11). This DTM requires a TBI evaluation by a qualified medical provider if: 1) the service member is in a vehicle associated in a collision, roll over, or IED event; or 2) if the service member is within 50 meters of an IED event; or 3) if the service member has experienced a blow to the head or a change in consciousness; or 4) whenever directed for an evaluation by the service member’s Commander.

Based, on [REDACTED]’s report, the vehicle he was riding in was well beyond the vehicle hit by the EFP IED. However, since [REDACTED] was in a vehicle “associated” with an IED event, this examiner explored symptoms associated with mild or moderate non-penetrating TBI. These mild symptoms included:

- Headache
- Dizziness
- Loss of balance
- Visual disturbances
- Fatigue
- Depression
- Frustration
- Difficulty thinking
- Memory problems
- Attention deficits
- Concentration deficits
- Irritability
- Mood swings
- Sleep problems

Moderate symptoms explored included:

Mild TBI symptoms, plus:

- Persistent Headache
- Unilateral/bilaterally dilated pupils

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- Nausea/vomiting
- Slurred speech
- Muscle weakness
- Loss of coordination
- Confusion
- Restlessness/agitation
- Arousal difficulty
- Convulsions

[REDACTED] denied experiencing any of these symptoms. Therefore, mild or moderate non-penetrating TBI was ruled out as a potential diagnosis.

Lastly, the broader ethical question when conducting any type of clinical or psycho-legal evaluation, is whether the defendant is experiencing any other form of mental illness. This was also explored as part of this evaluation.

The data obtained during the course of this evaluation indicates that [REDACTED] is not experiencing any other form of mental illness.

#### 19. DIAGNOSIS

Axis I: Diagnosis at the time of [REDACTED]'s experiences in Iraq:

- I. V62.82 Bereavement
- II. V71.09 No diagnosis on Axis II
- III. No medical conditions related to psychological factors
- IV. Stressors associated with combat
- V. 75 – transient symptoms which are expectable reactions to stressors

Axis I: Diagnosis at the time of [REDACTED]'s experiences while being investigated by the FBI and the Court Process:

- I. 309.28 Adjustment Disorder with mixed anxiety and depressed mood
- II. V71.09 No diagnosis on Axis II
- III. No medical conditions related to psychological factors
- IV. Stressors associated with adjudication in the legal system
- V. 75 – transient symptoms which are expectable reactions to stressors

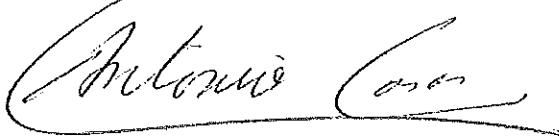
Axis I: Present Diagnosis

- I. V71.09 No diagnosis on Axis I
- II. V71.09 No diagnosis on Axis II
- III. No medical conditions related to psychological factors
- IV. Stressors associated with adjudication in the legal system
- V. 80 – transient symptoms which are expectable reactions to stressors

20. CONCLUSIONS

Most of questions posed by the convening authority have already been addressed throughout the body of this report. The fourth question posed by the convening authority orders that the examiner opine regarding diagnosis and prognosis. Given that [REDACTED] currently does not meet the clinical criteria for any mental disorder, diagnosis and prognosis become moot issues. The fifth question posed by the convening authority orders that the examiner determine if the defendant has suffered or is suffering from a mental disease or defect as a result of which he is in need of custody for care or treatment in a suitable facility. Mental disease in forensic settings typically refers to clinical diagnosis on Axis I of the multi-axial assessment. [REDACTED] did not meet the clinical criteria for any significant clinical diagnosis at any time during the retrospective period or current period of assessment. Mental defect, in forensic settings, typically refers to mental retardation, other pervasive developmental disorders, or personality disorders, typically diagnosed on Axis II of the multi-axial assessment. [REDACTED] has not ever met the criteria for any mental defect. Therefore, the issue of custodial care in a suitable treatment facility also becomes moot. Lastly, the sixth question orders the examiner to determine that if the defendant does not require custody for care or treatment in a suitable in a suitable treatment facility, the report shall also include an opinion by the examiner concerning sentencing alternatives that could best accord the defendant the kind of treatment he medically requires. Based upon the previous responses, this last order also becomes a moot issue.

21. Questions regarding this case can be directed to LTC Antonio Casas at private 254-535-9950.



PEDRO ANTONIO CASAS, Ph.D.  
LTC, MS, USA  
Forensic Psychologist  
Clinical Psychologist  
California License # 19668  
Washington, D. C. License # PSY1000519  
Privileged by the Department of Psychology  
Walter Reed Army Medical Center