
INDEPENDENT MEDICAL EVAL. /REPORT OF JOSEPH CARTER, MD FOR SULEIMAN ABDULLAH SALIM

Introduction

1. I have been asked by counsel for Defendants James Elmer Mitchell and John "Bruce" Jessen to prepare an independent medical examination (IME) for Plaintiff Suleiman Abdullah Salim in conjunction with the lawsuit, *Salim, et al. v. Mitchell, et al.*, Case No. 2:15-cv-286-JLQ. Counsel has retained me to determine whether Mr. Salim is suffering from physical injuries as a consequence of his detention, interrogation, and treatment at a U.S. Central Intelligence Agency-run facility where Mr. Salim was held between approximately March 2003 and May 2003, and if so, the nature and extent of his injuries. I am being compensated at the rate of \$500.00 per hour for my work in this matter. My compensation is in no way contingent upon my opinions expressed herein or the outcome of the litigation.
2. To formulate my opinion, I reviewed the following sources of information that were provided to me from the counsel for the Defendants:
 - a. Plaintiff's complaint,
 - b. Dr. Sondra. S. Crosby, M.D. and Joan Nyanyuki, M.D. Medio-Legal Report – May 2010
 - c. Dinah Nasimiyyu Kituyi, M.A. Psychological Counseling Evaluation – 2010
 - d. Detainee Health and Medical Record Summary – August 16, 2003, June 9, 2004, August 8, 2008, and September 30, 2008
 - e. Collection of transcripts and interviews of Mr. Salim and medical experts,
 - f. Expert report of Matthew Friedman, M.D., Ph.D.
 - g. Expert report of Charles A. Morgan, III, M.D., M.A.
 - h. Expert report of Sondra S. Crosby, M.D. which included information obtained from a telephone consultation with Dr. Brock Chisholm – 2016
 - i. Deposition of Plaintiff Suleiman Salim – March 14 and 15, 2017
3. I have read the above reports prepared by Plaintiffs' experts and accept them at face value, but I understand that they are not proven facts. I reserve the right to modify my opinions as more information becomes available.
4. I evaluated Mr. Salim on March 13, 2017, and my clinical examination consisted of:
 - a. Medical history
 - b. Personal history, including his activities and condition prior to and after his arrest and imprisonment
 - c. History of detention and treatment, both in US custody and in the custody of foreign governments, as relayed by Mr. Salim
 - d. Review of symptoms and functioning
 - e. Physical examination
5. My physical examination of Mr. Salim was limited because he was uncomfortable exposing certain parts of his body, and he did not permit invasive examinations such as a rectal examination or a colonoscopy. However, I do not believe these limitations altered my conclusions regarding the injuries I will address in this report.
6. I have formulated my opinions based on a reasonable degree of medical certainty.

- e. cramped confinement,
- f. wall standing,
- g. stress positions,
- h. sleep deprivation,
- i. use of diapers,
- j. waterboarding.

I could not find evidence that the Defendants or the CIA approved anal rape or sexual assault as part of the RDI Program.

55. Mr. Salim has reported that Defendants were not present at any of the detention facilities while he was detained there, and were not personally involved in his detention and/or interrogation.

Factual Bases for Opinion – Physical Examination

56. Through the use of a translator, Mr. Salim was able to answer questions appropriately. As mentioned earlier in this report, my physical examination of Mr. Salim was limited in scope because he was uncomfortable exposing certain parts of his body or permitting invasive examinations (e.g. endoscopy). However, I was able to examine and document the following:

- a. Mr. Salim appears to be a well-developed, somewhat thin, male in no acute distress.
- b. He is missing his lower left incisor.
- c. Abdomen was soft and non-distended, with mild discomfort in the right side of his abdomen with deep palpation.
- d. He has mild discomfort when pushing on either side of his lower back.
- e. Contractures of the little and ring fingers of his right hand.

Factual Bases for Opinion – Current Condition

57. Mr. Salim says he has difficulty eating, and he described the following symptoms:

- a. He experienced episodes of nausea and diarrhea when he eats. These symptoms first began when he was detained, and he still experienced nausea after his release. However, Mr. Salim reported that these symptoms have abated over time, and that he did not experience any episodes of vomiting or diarrhea during the last year.
- b. Mr. Salim also described abdominal bloating when he eats. He says the bloating can begin immediately after he eats a large meal, and can persist for several hours afterward. He can relieve the abdominal bloating when he moves around, passes flatus, or has a bowel movement. Mr. Salim admits that he can avoid the bloated feeling by modifying how he eats, and he acknowledged that during the last month he only experienced bloating when he had a headache. Mr. Salim said that he believes he eats less than other people because he wishes to avoid abdominal bloating.
- c. Mr. Salim drinks water almost exclusively, and consumes between one and two liters a day.
- d. Mr. Salim said that “sometimes I have an appetite, sometimes I don’t.” His preferred foods are fish, rice, japarti, cassava, and bananas, and his favorite meal is fish prepared

- in soup or with coconut gravy. He usually eats by himself, and he typically eats only twice a day.
- e. Mr. Salim stated that he has a bowel movement approximately every two or three days and that he usually strains with his movements and passes hard stool. He reported that he occasionally experienced rectal bleeding with his bowel movement, but the last time he passed a large amount of blood from his rectum was around two years ago.
 - f. Mr. Salim also reports rectal pain that occurs with bowel movements, especially when he passes hard stool. He also reported perianal itching and burning that are worse when he passes hard stool.
 - g. Mr. Salim stated that he does not experience incontinence on a regular basis, but he did have a single episode over a year ago. Overall, he does not worry about losing control of his bowels, and he does not restrict his activities because of a fear of soiling himself.
 - h. Mr. Salim does not normally weigh himself, but subjectively he believes his weight has been constant during the last few years.
 - i. He reported that several months ago he started using herbal medication, including garlic and ginger mixed with hot water. He acknowledged that taking those medications has helped with several of his medical problems, including his abdominal symptoms.
58. Mr. Salim stated that he also experienced headaches, which he described as pain around his jaws and eyes. He says the headaches can be associated with abdominal pain, but they can also occur independently. Mr. Salim stated that bright lights do not trigger his headaches. He also reported that he usually treats the headaches with ibuprofen or herbal medications. In her medical report from 2016, Dr. Crosby wrote that Mr. Salim experienced headaches approximately twice during the last year.
59. Mr. Salim reported that he also experienced ringing in his ears, which he described as either a "sharp noise" or an "intermittent sounds." He said those symptoms occur approximately every two weeks, and that the sound in his ears was not associated with headaches.
60. Mr. Salim stated that he has difficulty sleeping for more than a few hours at a time, and that he experienced headaches when he tried to sleep during the day.
61. Mr. Salim also reported that he experienced pain in his jaw when he laughs or chews for long periods of time. In her medical report from 2016, Dr. Crosby wrote that this symptom had resolved.
62. Mr. Salim also described pain in his upper back, lower back, arms, and shoulders as a result of his detention. He also said that he experienced pain in the little and ring fingers of his right hand from the fractures he sustained during his arrest in March 2003.
63. Mr. Salim reported that he has trouble engaging in activities with other people. For example, he said that every day he feels like his family wants to go outside but he is unable to join them. In addition, Mr. Salim cannot remember the happiest moment he experienced during the last year. He said that his favorite activities are fishing and caring for his birds, and that he enjoyed cooking fish. Mr. Salim also admitted that he does not think about the future.
64. Mr. Salim admitted that he does not seek medical care for these symptoms. The stated that he went to a doctor around one year ago in order to evaluate pain in his ears and itching, pain, and

photophobia in his eyes. The doctor prescribed him medications for his eyes and ears and glasses for his vision, but he did not adhere to those recommendations.

Expert Medical Opinion

65. Based on the information documented above, I do not have enough information to assign a specific diagnosis for Mr. Salim's complaints of intermittent nausea, emesis, diarrhea, abdominal bloating, and loss of appetite. In order to adequately assess those symptoms, Mr. Salim requires further evaluation including invasive tests that include, but are not limited to, upper and lower endoscopy. But, it is not possible to determine to a reasonable degree medical certainty that the RDI Program did or did not cause Mr. Salim's alleged injuries.
66. I believe that Mr. Salim did not experience significant injury to his gastrointestinal organs as a result of his treatment in the RDI program. Evidence of such injuries would include, but would not be limited to, peritonitis, bowel perforation, or internal hemorrhage. Given the absence of those findings in his history, I do not believe that Mr. Salim experienced laceration or disruption to his gastrointestinal tract or other abdominal organs while he was detained.
67. Mr. Salim admitted he has maintained his weight for several years, and that he has seen improvement of his gastrointestinal symptoms since he started taking herbal medications. Mr. Salim also reported that he can minimize his symptoms by regulating his food intake, which suggests that further improvement could be achieved. However, Mr. Salim has not sought medical attention for his symptoms, and he has not been compliant when medical treatments have been prescribed to him.
68. It is likely that Mr. Salim's gastrointestinal symptoms are related to his emotional well-being, which included depressed mood, devitalization, and an inability to look forward to the future. Although I cannot render a psychologic diagnosis for Mr. Salim, he has demonstrated that his gastrointestinal symptoms have improved along with his mental state. In fact, Mr. Salim acknowledged that several of his complaints, including diarrhea, have completely resolved since he was released from detention in 2008.
69. Overall, I believe that Mr. Salim would continue to improve, if not resolve, several of his gastrointestinal complaints if he were to receive proper medical and psychologic evaluation, and if he were to comply with the recommended treatments.
70. Regarding Mr. Salim's symptoms of intermittent rectal pain, swelling, itching, and bleeding, my evaluation is limited because I could not perform an adequate physical exam. A complete evaluation would include:
 - a. Visual inspection of the anus and gluteal region,
 - b. Digital examination,
 - c. Anoscopy,
 - d. Proctoscopy or flexible sigmoidoscopy.
71. However, I believe that Mr. Salim's symptoms of rectal pain, swelling, itching, and bleeding are consistent with symptomatic hemorrhoids. When Mr. Salim was detained in the Afghanistan facility referred to as the "Salt Pit," he reported being diagnosed and receiving medical treatment for symptomatic hemorrhoids. Internal hemorrhoids are a common finding in a large