UNITED STATES OF AMERICA v. SALIM AHMED HAMDAN	**Defense Motion** for Relief from Punitive Conditions of Confinement and for Confinement Credit, or, Alternatively, Abatement Declaration of Emily A. Keram, M.D. 1 February 2008

I, Emily A. Keram, M.D., declare pursuant to 28 U.S.C. § 1756, that the following information is true and correct:

1. I am a clinical and forensic psychiatrist retained by the defense for Salim Hamdan in the case of *United States v. Hamdan* to formulate and render opinions related to various aspects of Mr. Hamdan's mental state and its effects on his behavior.

2. My experience as a forensic psychiatrist is as follows:

    a. I completed a Fellowship in Forensic Psychiatry with the United States Department of Justice in June 1992.

    b. I am Board Certified in Psychiatry and Neurology with added Board Certification in Forensic Psychiatry.

    c. Throughout my career, the majority of my professional activity has consisted of the clinical evaluation and treatment of patients.

    d. Over the past fifteen and a half years I have conducted hundreds of civil and criminal forensic evaluations as an expert witness in the field of psychiatry.

    e. I have conducted the majority of these evaluations as a court-appointed expert. My involvement in the remainder of the evaluations arose from

consultations initiated by the defense and prosecution/plaintiff in approximately equal numbers.

f. I have qualified as an expert witness in psychiatry in United States District Courts in North Carolina and the Northern District of California, and California Superior Courts in Sonoma and San Francisco Counties.

3. I have spent approximately seventy (70) hours with Mr. Hamdan in order to formulate and render opinions related to various aspects of Mr. Hamdan's mental state and its effects upon his behavior.

4. At each of my meetings with Mr. Hamdan I assessed his psychiatric symptoms. At each meeting Mr. Hamdan met diagnostic criteria for Posttraumatic Stress Disorder and Major Depression.

5. At each meeting, I saw Mr. Hamdan in Camp Echo, where he had been previously kept in solitary confinement. During the days over which I met with Mr. Hamdan he was similarly kept in solitary confinement. During the course of my interviews with Mr. Hamdan, I observed symptoms of Posttraumatic Stress Disorder including nightmares, intrusive thoughts, memories and images, amnesia for details of traumatic events, lack of future orientation, anxiety, irritability, insomnia, poor concentration and memory, exaggerated startle response, and hypervigilence. I also observed symptoms of Major Depression including depressed mood, sleep and cognitive disturbances as above, anergia, anhedonia, hopelessness, and helplessness. At times his symptoms impaired his ability to participate in the evaluation. These symptoms were severely exacerbated by his incarceration in solitary confinement. At one point during my preliminary evaluation, Mr. Hamdan was housed in the general population at Guantanamo Bay. In advance of

our meetings, he was moved to isolation in Camp Echo. The effects of even one night of isolation on Mr. Hamdan's mental state were so pronounced that I advised his counsel to request that Mr. Hamdan be returned to the general population each night to minimize his time in solitary confinement and to permit me to work with him.

6. I have been advised that Mr. Hamdan has been in solitary confinement in Camps 6, 1 and 5 since December 2006.

7. Solitary confinement has profound effects on a person's personality. In addition to exacerbating any ongoing psychiatric symptoms, solitary confinement has been found to be associated with depression, anxiety, irritability, panic attacks, hopelessness, helplessness, suicidal ideation, poor concentration and memory, hypersensitivity to perceptual stimuli, perceptual distortions, illusions, and thought disorder. Persons so confined may develop paranoia, obsessional thoughts, and primitive thoughts of harm to self and others, which may be acted upon. Impulse control may be impaired. Solitary confinement may lead to psychotic symptoms including delusional thinking and hallucinations. Persons kept in solitary confinement may develop chronic psychiatric symptoms which do not resolve once they are removed from such confinement. In addition to the above-mentioned symptoms, persons kept in solitary confinement may develop intolerance of interaction with others, which may impair their ability to function effectively in future roles in which contact with others is necessary.

8. I have spoken with Andrea Prasow, Assistant Detailed Defense Counsel, regarding Mr. Hamdan's behavior during her visit with him on January 24 and 25, 2008. Her description of his behavior is consistent with my observations of Mr. Hamdan's

9. Based on my personal interviews with Mr. Hamdan, my preliminary assessment at that time, and my conversations with counsel regarding his behavior over the last several months, I believe Mr. Hamdan is unable to materially assist in his own defense.

10. I believe that if Mr. Hamdan remains in solitary confinement, his condition will deteriorate and he will be at risk for developing more serious psychiatric symptoms as described in paragraph 7 above. These include the risk of suicidal thoughts and behavior. I declare under penalty of perjury that the foregoing is true and correct.

By: /s/ Emily A. Keram, M.D.

Date: February 1, 2008