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Rafed Salam Abdel Hassan

This psychiatric report has been prepared by Dr Elie Karam.

The report is based on interviews between Mr. Abdel Hassan and Doctors Elie Karam and Georges Karam which took place in their Beirut, Lebanon MIND (Medical Institute for Neuropsychological Disorders) offices.

Mr. Abdel Hassan met separately with Dr Elie Karam and Dr Georges Karam.

Both Drs Elie Karam and Georges Karam are American Board certified in adult psychiatry.

Dr Elie Karam is professor and chairman of the Department of Psychiatry and Psychology at St Georges Hospital University Medical Center and Balamand University and Dr Georges Karam is a member of these departments.

Dr Elie Karam is also the founder and head of the Institute for Development, Research, Advocacy and Applied Care (IDRAAC); idraac.org

IDRAAC is very active in the field of mental health research and published several articles, findings, reports, book chapter etc. including on war and trauma research. References are available upon request.

Both Drs Elie Karam and Georges Karam are active members of the Institute for Development, Research, Advocacy and Applied Care (IDRAAC).

For full curriculum vitae, please do not hesitate to contact Drs Elie Karam or Georges Karam at info@mindclinics.org

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Identifying information:

Mr. Abdel Hassan is a 30 year old Iraqi citizen who was interviewed in our offices in Beirut Lebanon on April 19, 2013. The interview was conducted in Arabic, his native tongue.

Mr. Abdel Hassan was aware of the purpose of the interview and was also aware that a written report will be submitted to Public Interest Lawyers.

The following history and information is based only on what the client related.

The clinical part of the interview was performed according to the Diagnostic and Statistical Manual fourth edition - Text revision (DSM- IV-TR) (American Psychiatric Association, 2000).

The diagnoses are formulated according to the same manual.

This report was requested by:

Mr. [REDACTED]

Public Interest Lawyers

Eight Hylton Street
Jewellery Quarter
Birmingham B18 6HN
United Kingdom

I was asked to perform a psychiatric examination of Mr. Abdel Hassan and to give my opinion on the following issues:

1. Whether Mr. Abdel Hassan has suffered psychiatric damage following the index event (in 2007) and, if so, my diagnosis and assessment of severity of his past and current position. I was asked to include in my opinion an assessment of Mr. Abdel Hassan's ability to cope with life and work and the effect of his condition on his relationships with family and friends.
2. Whether Mr. Abdel Hassan's condition was probably caused by the treatment by the British Forces or whether I consider there is another more probable cause for the condition.
3. Mr. Abdel Hassan's future prognosis in terms of his psychiatric condition without treatment.



4. The probable future prognosis with appropriate treatment with a description of the course of treatment I recommend and the likely cost of such treatment in Lebanon (or Iraq if known).
5. The probable timescale to recovery and the probable extent of any such recovery with appropriate treatment.
6. Any other issues I consider significant in the case.

History of incident:

On April 10, 2007, at around 4PM, Mr. Abdel Hassan was coming back from work when his friend called to tell him that British soldiers had surrounded the area where his brother has a small shop. Mr. Abdel Hassan grew worried that something would happen to his brother, so he ran towards the area, but a child named "Mohamad" informed him that his brother had been killed. Mr. Abdel Hassan reports that the British soldiers started shooting at anything that was moving and that they even killed an 8 year old girl. He found his brother on the floor with his mouth and one eye open. He thought his brother might not be dead so he took him in his arms, placed him in a car and took him to the hospital.

Mr. Abdel Hassan reports that there were two tanks parked perpendicular to each other, and that one of them had told his brother to cross but then the other one shot at him. When his father found out what had happened, he had a "stroke." For the first three days, Mr. Abdel Hassan could not believe that his brother had died.

Mr. Abdel Hassan denies any pre-torture history, including any history of past trauma.

History of present illness:

For 40 days after the incident, Mr. Abdel Hassan suffered from insomnia and flashbacks "like a video tape in my mind." His smoking increased to up to four packs per day. His appetite and energy decreased, and he suffered from a depressed mood. He says his whole family suffered from these symptoms. Mr. Abdel Hassan would also go to where his brother was shot, see his blood still on the ground, cry until he felt better and then go home.

After the first 40 days, Mr. Abdel Hassan realized that this was his brother's "fate" and started feeling better. His family members started to rely on each other emotionally and they started to feel less grief.



For six months, Mr. Hassan would go visit his brother's grave twice a month although it was 5 hours away in Najaf.

Currently, Mr. Hassan does not have any symptoms.

Psychiatric history:

The client denies previous psychiatric history.

Depression: grief symptoms following the loss of his brother.

Anxiety: no DSM IV symptoms of anxiety.

PTSD: occasional flashbacks.

Psychosis: he denies DSM IV symptoms of psychosis.

Mania: he denies DSM IV symptoms of mania.

Substance dependence: none

Past medical history:

- Back surgery in 2010.
- Hit in the right leg by explosive device in 2005 while he was serving in the army. He was taken care of by the US army for 2 years (he showed his scar.)

Medications:

- Profen
- Other pain killer for back pain

Allergies:

Penicillin

Family history:

He denies a family history of psychiatric disorders.



Social history:

School/Work: He graduated from technical school in mechanics. He now works for a company and has been there for 12 years.

Family: He married in 2005 and has a daughter and a son.

Smoking: He smokes two packs of cigarettes a day.

Caffeine: He drinks 2 cups of coffee a day.

Alcohol/Drugs: None

There was no sexual abuse.

Mental status examination:

Client appeared stated age. He was fairly well groomed. He had good eye contact during the interview. He was cooperative but had to be encouraged. No abnormal movement could be appreciated. His speech was logical and sequential with normal tone and speed. His flow of thought was logical. In terms of content of thought, he denied suicidal or homicidal ideation at the present time. He also denied psychosis. His insight and judgment were good. The client was awake, alert and oriented.

Diagnosis:

Axis I: Grief following the loss of his brother.

Axis II: Not formulated.

Axis III: See past medical history.

Axis IV: social and financial stressors

Axis V: GAF score: 85

Impression:

If the information provided is correct, this is a 30 years old Iraqi citizen who lost his brother after being shot by British soldiers.



Following the loss, he experienced grief but started feeling better later on. At the present time, he denies psychiatric symptoms except for occasional flashbacks.

The psychological and psychiatric findings are consistent with the alleged loss of his brother.

Based on the above information (and if the information is correct), I consider the traumatic event the most probable proximal cause of his psychiatric disorder as well as his social, family relationship and work disabilities. At the present time he does not experience disabilities.

Treatment and Prognosis

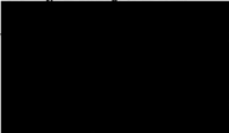
At the present time, he does not require psychiatric or psychological treatment.

Statement of Compliance

I understand my duty as an expert witness is to the court. I have complied with that duty and will continue to do so. This report includes all matters relevant to the issues on which my expert advice is given. I have given details in this report of any matters which might affect the validity of this report. I have addressed this report to the Court. I confirm that I am aware of the requirements of Part 35 of the Civil Procedure Rules, Practice Direction 35 and the Protocol for the Instruction of Experts to give evidence in civil claims.

Statement of Truth

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

Signed, ... 

Elie G. Karam, MD

Dated: 20 Jan 2014