

Adnan Farhan Abd Al Latif Ala'Dini (ISN 156), Petitioner

v.

Barack H. Obama, President of the United States, Respondents

Declaration of Stephen N. Xenakis, M.D.

I have reviewed medical records and other documents selected by the Government for their own medical expert advising on this case. I cannot attest to the completeness of these records or that all relevant detail has been provided to analyze the history and current condition of the Petitioner.

Background

- The Petitioner suffered a closed head injury following a motor vehicle accident (MVA) in 1994. The records from the Islamic Hospital, Amman, Jordan, of August 21, 1994, indicate that a radiologic test revealed “a broken skull but no brain injury.” The attending physician notes that the petitioner “was suffering from aches and a headache.”
- The Medical Committee of the Military Medical Insurance Department of the Ministry of Defense, Republic of Yemen, assigned diagnoses to the petitioner in July 1995 of:
 - Loss of sight in the left eye as a result of eye nerve [illegible]
 - Loss of hearing in the ears.
- A consulting neurologist at Guantánamo Naval Base evaluated that petitioner on August 18, 2006. The neurologist documented the findings of:
 - Self-reported traumatic brain injury (TBI) with normal imaging studies;
 - Neurological examination showing mild deficits in memory and concentration, and upper motor neuron findings involving the left upper extremity that could be residuals of a closed head injury;
 - Deficits appearing to be mild but that could be exacerbated by stressful situation.
- An optometrist evaluated the petitioner on August 3, 2006 for blurred vision in the left eye. The optometrist documented the findings of:
 - Myopia (near-sightedness) in the right eye;
 - Non-arteric optic neuritis in the left eye secondary to closed head trauma.
- Multiple records of psychiatric interviews and assessments annotate findings consistent with emotional instability and diagnoses of a history of bipolar disorder with psychotic symptoms, cognitive impairment, suicidal behavior, and personality disorder. The petitioner has a history of hunger strikes and troubling behavior.

- The petitioner reports traveling to Pakistan and Afghanistan in 2001 to get treatment for the symptoms and sequelae of the motor vehicle accident he suffered in 1994. He reports symptoms of severe headaches, decreased vision in the left eye, and hearing problems.

Observations

- The outprocessing note from the Kandahar military facility does not record complaints from the patient or findings of significant medical injuries or illnesses. The inprocessing SF 88 and 89 at Guantánamo Naval Base in January 2002 also do not document significant medical injuries, illnesses, or past history. In general, medical screening for transfer by air or inprocessing is expedient and time sensitive. My experience in military medicine indicates that these screening procedures often do not identify clinical problems that later become apparent.
- The subset of medical records and documents provided by the Government for review to their expert did not include tests, clinical examinations, or other records that are commonly used to evaluate patients who have suffered closed head injury (see Ling, et.al.) These include:
 - Radiological examinations, such as MRI, that are more appropriate, than CT scanning, for identifying soft tissue injury;
 - Neuropsychological testing for cognitive functioning and impairment;
 - Narrative summaries of psychiatric hospitalizations or other intensive treatment noted in the clinical record.

Findings and Impressions

- The Petitioner suffered a closed head injury in 1994 documented by a radiologic finding of a linear skull fracture, subconjunctival hemorrhage, and headache. The consultation by an American military neurologist in 2006 documents findings of impairments in memory and concentration and deficits in motor functioning of the left upper extremity. An optometrist identified non-artery optic neuritis in the left eye in August 2006. The Petitioner has complained of headaches, decreased vision and hearing, and the poor state of health since the accident. The medical standards for enlistment in the Armed Forces of the United States identify linear skull fracture as a moderate traumatic brain injury (AR 40-510). The severity of the closed head injury, impairments in cognition, motor functioning, vision, and hearing, and subjective symptoms of headache and emotional instability are consistent with postconcussion syndrome (DSM -IV and Neurol Clin. 1992 Nov;10(4):815-47). With reasonable medical certainty, that Petitioner's claim that he suffered with significant symptoms and sequelae of his closed head injury in 2001 and was seeking medical treatment is credible.

- The Petitioner has not received medical evaluation or treatment that would customarily be provided to American military service members. (This statement does not intend to impugn the Military Health Service or the quality of care that the Petitioner has been given.) The record does not indicate that an assessment of the postconcussion syndrome suffered by the Petitioner has included radiological examinations other than CT scans, or that he received neuropsychological testing and evaluation by an ophthalmologist for visual deficits of the left eye (see Ling). The routine medical screening for air transportation and inprocessing often do not document clinical findings that later become significant in the evaluation of conditions such as postconcussion syndrome. Furthermore, it is not likely that the Petitioner had an opportunity to present his complaints or describe his medical history in sufficient detail to establish a more complete medical record. Within reasonable medical certainty, the constellation of symptoms and clinical findings manifested by the Petitioner would have been routinely evaluated further in the course of the treatment of American servicemembers with postconcussion syndrome. The exigencies of medical care at a confinement facility such as Guantanamo Naval Base can constrain providing expected medical assessments and treatment that are available in otherwise less stressful circumstances.
- The Petitioner does not qualify for military enlistment according to the medical standards of the Department of Defense (AR 40-501). A closed head injury with a history of a linear skull fracture is disqualifying. The post-concussive symptoms of headaches, impairments in memory and concentration, and losses in hearing and vision are also disqualifying. The claim by the Petitioner that he was not seeking to engage in military service or felt capable of performing the requisite duties is reasonable in light of his injury and subsequent symptoms.

Conclusion

The Petitioner suffered a closed head injury with moderate traumatic injury manifested principally by a documented linear skull fracture. Subsequently, he has suffered with a constellation of symptoms that are consistent with a postconcussion syndrome. Medical examinations by American neurologists and optometrists document findings consistent with a history of closed head injury. With reasonable medical certainty, the history of complaints and impairments reported by the Petitioner are credible.