

**AFFIDAVIT OF SONDRA S. CROSBY, M.D.**

**IN SUPPORT OF AZIMJAN KAMBAROVICH ASKAROV**

**Name:** Azimjan Kambarovich Askarov  
**Date of Birth:** May 17, 1951  
**Evaluation Date:** December 7, 2011

I, Sondra S. Crosby, M.D. do hereby swear the following:

**A. Qualifications**

1. I am a citizen of the United States. I was born in Auburn, Washington. I currently reside at 368 West Street, Dedham, MA 02026. I am a licensed physician in the Commonwealth of Massachusetts and am board certified in the specialty of Internal Medicine. I graduated from the University of Washington School of Medicine, and received my clinical training at the Boston City Hospital (now Boston Medical Center) residency program in Internal Medicine.
2. Currently, I am an Associate Professor of Medicine at the Boston University School of Medicine, Assistant Professor in the Department of Health Law, Bioethics, and Human Rights at the Boston University School of Public Health, and a member of the Section of General Internal Medicine at Boston Medical Center.
3. My clinical practice focuses on care of asylum seekers, asylees, and refugees, most of whom have experienced torture. I teach other physicians and health care professionals about caring for survivors of torture. I have taught extensively on the medical care and evaluation of refugees and survivors of torture, and I have given invited presentations throughout the United States and internationally on various topics related to caring for survivors of torture. I have given workshops on the preparation of medical affidavits and have lectured in the Asylum Officers Basic Training Course on medical forensic findings in asylum cases. I attended an Institute in Forensic Evaluation and Treatment at the Kovler Center in Chicago, November 2001. In addition, I have published scholarly papers in *Urology*, *The Journal of the American Medical Association (JAMA)*, *Annals of Internal Medicine*, *The Journal of General Internal Medicine*, *The Laryngoscope*, and *The British Journal of Ophthalmology*, on my work in caring for survivors of torture. I prepared an Amicus brief in the case of A-T vs Michael Mukaskey Case No. 07-2080 on the adverse health effects of female genital mutilation. My curriculum vitae is attached hereto as Exhibit A.
4. I have been qualified as an expert witness in United States Immigration Court in Boston, and in Federal District Court for the District of Columbia. I have written over 200 affidavits documenting medical and psychological sequelae of torture.

5. I have evaluated and examined over 500 survivors of torture in my medical practice. I have served as a consultant to Physicians for Human Rights, and have evaluated the effects of torture, cruel, inhuman, and degrading treatment and displacement on Darfuri women living in a Refugee Camp in Chad, and former detainees in US detention at Guantanamo Bay, and at other sites in Iraq and Afghanistan. Furthermore, I have served as a medical forensic expert for the Bahrain Independent Commission of Inquiry, investigating allegations of torture.

## **B. Referral**

1. Azimjan Kambarovich Askarov was referred for a physical and mental health evaluation by the Open Society Justice Initiative, to determine the nature and extent of any injuries and damages resulting from his alleged mistreatment in detention. Mr. Askarov was informed of the limits of confidentiality in this evaluation, and he consented to be evaluated.
2. He was interviewed in Russian with the assistance of an interpreter, Natalia Suprunenko, R.N. Dr. Elena Khalitova was present for the evaluation.

## **C. Sources of Information:**

1. Clinical interview with Sondra Crosby, M.D. on December 7, 2011
  2. Limited physical examination of Azimjan Kambarovich Askarov, conducted by Sondra Crosby, M.D. on December 7, 2011
1. Documents reviewed:
    - a. Statement of Facts
    - b. Medical record, Discharge summary dated November 25, 2010
      - i. Relevant information: Pt admitted with constipation, abdominal pain, and urinary retention. Chest radiograph revealed right rib fractures 3-6.

## **D. Limitations of Evaluation:**

Limitations to this evaluation include the following:

1. Time limitation: The evaluation was limited to one 3 hour hour visit. In general, forensic evaluations require multiple visits over time. This is important to evaluate internal consistency of the history and to fully evaluate the physical and psychological impact of traumatic events over time.

2. The evaluation was performed in the presence of a prison guard, which may have influenced the ability of Mr. Askarov to speak freely out of fear of retribution. In addition, there were multiple interruptions by prison employees during the evaluation.
3. There was no privacy or appropriate space to perform a complete physical examination. A request for permission to photograph scars and injuries, a standard part of the forensic evaluation, was denied.
4. There was no opportunity to perform necessary diagnostic tests, such as an MRI to evaluate head trauma and back pain, or access to an ophthalmologist experienced in the diagnosis and treatment of eye trauma.

**E. Relevant Background Information:**

1. Mr. Azimjan Kambarovich Askarov was born in the Jalal-Abad region of Kyrgyzstan on May 17, 1951, and is of Uzbek ethnicity. Mr. Askarov is the director of the human rights organization *Vozdukh (Air)* which forms part of a regional human rights network in southern Kyrgyzstan. He has been documenting police ill-treatment of detainees in the village of Bazar Korgan, and other parts of the Jalal-Abad region for several years. Mr. Askarov is an artist. He graduated from Tashkent School of Art and participated in various exhibitions. He is married and has 4 children. He had no medical problems prior to his arrest. He does not smoke cigarettes or drink alcohol.
2. Following inter-ethnic clashes in Osh city on 10 June 2010, many ethnic Uzbeks in Bazar-Korgon village fled towards neighboring Uzbekistan. On 13 June 2010, violence spread to various regions of Jalal-Abad oblast, including Bazar-Korgon village. From approximately June 12-14, around 20 people died, more than fifty were wounded and houses were burnt down. One of the violent incidents happened on a bridge, between a group of Uzbeks and police officers (ethnic Kyrgyz), and as a result, one police officer was killed.

**F. Description of Trauma:**

1. On 15 June 2010, Mr. Askarov was approached by two policemen in a car, and they took him to Bazar-Korgon police station for questioning about the recent violent events detailed above. He was asked about what he knew of weapons distribution during the clashes on the bridge. When Mr. Askarov replied that he did not know anything about the distribution of weapons during the incidents, he was taken to the yard at the police station where a group of policemen started beating him until he almost lost consciousness. He described sustaining hard punches from the front and

back on his torso until he fell. When the police forced him to get up from where he was lying in the mud, they started beating him again. The police stepped on his left hand which was on a rock surface while he was on the ground. The hand became swollen. He reports he was having difficulty breathing. His back was injured from the beatings and he couldn't move or bend his back because of the pain. While on the ground, a policeman put his foot on Mr. Askarov 's neck while the rest of the men kicked him. He recalls a police officer saying "It looks he is going to die so we should stop". The men stopped the beating when they observed frothy sputum coming from Mr. Askarov 's mouth. Mr. Askarov believes he lost consciousness- "darkness came over me". He recalls being forced to stand and then falling a second time. He reports being dragged to a cell with severe injuries to his chest and back.

2. In the cell, Mr. Askarov reports he thought he was "50% alive". He was instructed to walk to the front of the cell by the police, and then he was punched through the bars, causing him to fly back. He reports he had black and blue bruising on his chest after the beatings, which eventually turned a yellowish color, and finally resolved over the course of about a month. Initially it was impossible to sit because of the pain in his back, and he would lean against the wall of his cell. While in the cell, he saw that his brother had also been detained and beaten.
3. At approximately 10-11 am the following day, he was taken back to the police yard and beaten again by a group of police officers on the flank and the chest. This beating continued for what seemed like a long time. During this assault, Mr. Askarov reports he was not hit in the head or face.
4. The police officers threatened him, telling him they knew "knew how to make him sign a confession." They threatened to rape his wife and daughter. Three-four-policemen left the yard and told him they were going to his house. Mr. Askarov reports "time stopped for him." When the policemen returned, they said nobody was home at Mr. Askarov 's house, and they appeared angry.
5. After being beaten, Mr. Askarov reports he was forced to stand. He reports he was very weak and that 2 men supported him up by his armpits, dragged him to the Chief, and placed him in an interrogation room. He was tied in a chair and hit hard on the left side of his head with a gun, which caused a bleeding wound. He reports "darkness came over me". He does not believe he lost consciousness, but reported that he couldn't see for about a half hour after the head trauma. He stopped the bleeding from his head with his sleeve. He heard someone say "bring the bleach over" which Mr. Askarov interpreted to mean that concentrated powder bleach would be placed in a tub of water and he would be made to stand or sit in the tub of bleach. A blue plastic bag was placed over his head and tightened. However, a policeman ripped the bag off before he lost consciousness. At that point, Mr. Askarov reports he was given "a break". He reports that he still couldn't see well from his left eye, describing "a twilight" in the room. Since this injury, he reports he still has darkness that comes over his left eye. At that point, he told his brother that he thought he had one day to live.

6. Mr. Askarov reports that he was unable to urinate on June 16<sup>th</sup> and 17<sup>th</sup>, 2010, although he had the urge to urinate. He ate no food and only a little water. When he was eventually able to urinate, he reports that his urine was bloody and that it was difficult to initiate the stream. These symptoms lasted approximately one month, and eventually resolved. At one point he was evaluated by doctors in the hospital.
7. Mr. Askarov was transferred to the Detention Center, where he remained for approximately 1-2 months. In transit, he reports he was handcuffed – and while walking the approximately 15 m from station to car, he was beaten on the flank.
8. In detention, he was kept in a cell approximately 3.5 x 2 meters which was crowded with other people. Although families brought food and he was given water, he reports not being hungry. The conditions were unhygienic.
9. Mr. Askarov describes that he was in so much pain that he could not lie down for about 4 days. He would lean against the wall and 3 cellmates would assist him to lie on a mattress. This was very painful and he had to sleep on his side. His cell mates would also have to assist him up in the morning. He also experienced chest pain, shortness of breath, and coughing up bloody sputum. He does not recall exactly how long these symptoms lasted.
10. Mr. Askarov reports he was beaten a couple of times during the month. He was taken to the interrogation cell where he was struck on the right side of the head (fist to right temple), and hit on the chest the force which “flew him to the wall”.
11. Mr. Askarov reports he was taken to Jala-labad for about one month, where he was given some medical attention including medicinal tea. The conditions were a better – improved food and better place to sleep. It had now become easier to urinate and the blood had ceased. He was hit on his head with the key to his cell several times –which caused bumps to form but no bleeding or loss of consciousness.
12. On about September 1<sup>st</sup>, 2010, Mr. Askarov reports he was taken to Bazar-Korgon, and to court. He reports one policeman locked his head under his arm and dragged him about 40 meters to the detention center. He reports that a group of policemen wearing civil clothes tortured a group of the detainees. Mr. Askarov reports he was beaten, including punched with a fist to the left eye, bent over and kicked in the left eye. The pain was severe, and again he couldn't see out of his left eye. In addition, he was beaten in the left chest while his hands were cuffed behind his back. A policeman began hitting him with a bottle of water, and he was beaten on the head and unable to shield or protect himself. Mr. Askarov reports that he lost consciousness. He was thrown into a cell and a cellmate assisted him. He recalls that he had swellings on his head that were the size of a fist. His cellmate helped position a towel on the back of his neck so he could lie down.
13. During his detention, Mr. Askarov reports that he was allowed to use the restroom 2 times each day, but was forced to urinate and defecate in front of everyone, which was extremely humiliating. For about 17 days, he avoided eating and drinking to

avoid the humiliation. He also reported that he was hoping to die during this hunger strike. Mr. Askarov became severely constipated.

14. On October 9<sup>th</sup>, Mr. Askarov was transferred to Suzak Detention Center. Special Forces, who were masked, took a group of the detainees to the police yard, forced them to strip to their underwear. While handcuffed, Mr. Askarov reports he was beaten on the chest and head with his shoes, and was turned to face the wall as others were beaten. Mr. Askarov was kept in a small cell with 10-11 inmates until October 23<sup>rd</sup>.
15. On October 23<sup>rd</sup>, Mr. Askarov again reports he was taken to the yard by the special forces, stripped, and turned against the wall with force. He was struck 1 or 2 times on the flank. He witnessed others beaten, including some who had difficulty breathing, and others who were bruised and bloody. This was difficult and he stated "I don't want to remember it".
16. Following this, on October 24<sup>th</sup>, Mr. Askarov was taken to Tash-Kumyr. He reported there was not actual beating, but it was difficult. He was taken to the yard, and hit against the wall as he was forcefully made to face the wall. He received some medicine for his heart and kidneys. The ICRC visited and brought a mattress and blanket.
17. Mr. Askarov reports that he was depressed, and that he did not think he would get out of there alive. Taking thread from the mattress or blanket, he formed a "rope" and tried to hang himself. He reports he jumped off the bed, about 2 meters, but the "rope broke" and he fell on his head. The next night he jumped on a step, jumped backward, hit his head and lost consciousness. He woke up to the police beating his cellmates, because they thought the cellmates had pushed him. He had a lump on the back of his head, but did not get medical attention.
18. Mr. Askarov reports that medications were withheld for a period of time in October.
19. After his transfer to Bishkek, Mr. Askarov reports he has not been mistreated.

**G. Mental Status Examination:**

1. Mr. Askarov is a frail, elderly appearing man of Asian descent. He was dressed in multiple layers of clothes, despite the warm temperature in the room. He was easily engaged in the evaluation, and answered questions readily. His speech had normal tone and volume, and his answers to questions were logical and relevant, with no evidence of pressured speech or loose associations. His affect was varied and appropriate to topic. He was alert and oriented to person, place and time, and his concentration and abstract reasoning abilities were grossly intact. His overall intellectual functioning appeared above average and his insight and judgment were intact.

2. Mr. Askarov endorsed some symptoms of posttraumatic stress disorder and major depression. The time limitation on the evaluation precluded a more detailed psychological evaluation. These symptoms include:
  - a. Hyper arousal Symptoms
    - i. Mr. Askarov reported that he experienced nightmares on a daily basis initially but these have become much less frequent. He cannot sleep, however, without a “sleeping pill.” He does not know the name of the pill. He also was visited by a psychologist, which he reports was helpful.
  - b. Persistent Avoidance
    - i. He reports persistent memory problems in ordinary daily activities, although this is possibly due to traumatic brain injury and not clearly avoidance. He reports it is difficult to learn new things and he has to write notes to himself.
  - c. Increased arousal
    - i. Decreased concentration: he has noted less ability to focus on his art, and less interest in his drawing.
  - d. Depressive symptoms
    - i. He describes his mood as sad most days, because he has not seen his family since March. He has passive thoughts of dying and has written a letter asking that his body be given to his children.
    - ii. Mr. Askarov reports a history of 3 suicide attempts- by hanging, by jumping off a step, and by hunger strike (see trauma history). Currently, he is not suicidal. He derives strength from his religious beliefs. He also saw a psychologist in prison, who was very helpful to him. He is on a medication for sleep, but doesn’t know the name of it.
    - iii. Diminished pleasure in drawing
    - iv. Fatigue/decreased energy
    - v. Decreased concentration/memory

## H. Physical Symptoms

1. Mr. Askarov describes that he becomes short of breath with a “few steps”, associated with a “grabbing” chest pain in the middle of his chest, forcing him to sit down. The pain is relieved with rest.
2. He describes that his legs below the knees feel like “they are submerged in cold water.” The sensation becomes worse when he walks, and is better with rest. Pain is constant in both legs below the knee.
3. Tired, fatigued. No energy.
4. He describes losing his balance. When he turns to the right, he feels like he is being pulled left.
5. Constant headaches – he takes analgesics “all the time”.

6. Vision loss: he reports a dark shadow or twilight in the left eye since the head trauma. He describes a sensation of “sunglasses over one eye”.
7. Severe and constant lower back pain since the beatings to his back.
8. He becomes lightheaded when stands, and sometimes sees “red dots.”
9. Periodic bloody urine and frequent urination. No incontinence.
10. Constipation after hunger strike, but this has improved.
11. He reports weight loss from a baseline weight of 78-79 kg to 68 kg.

### **I. Physical Examination Findings**

Physical examination of Mr. Askarov revealed the following findings:

1. Thin, frail, appearing man. Cooperative, alert, engaged, normal and appropriate range of affect, antalgic slow gait
2. PERRL, Left ptosis, difficulty with upward gaze bilaterally, other cranial nerves intact
3. TMS-left cerumen, right normal
4. Lungs clear to auscultation
5. Cor regular rate and rhythm, no gallop, 1/6 soft systolic murmur
6. Abdomen: soft nontender, no masses or hepatosplenomegaly
7. Musculoskeletal exam: focal tenderness over lumbosacral spine without palpable deformity, left flank tenderness to palpation, lateral ribcage tenderness (left greater than right) to palpation (no crepitus or palpable deformity), palpable tenderness over right hip and pain with internal and external rotation, strength decreased in right hip flexors secondary to pain.
8. Reflexes absent lower extremities
9. Feet warm, pulses present and 2+
10. Skin: 3 cm linear lesion in left frontal-parietal area, no bruising visible on body; absence of hair on lower legs

**J. Radiographic tests:** Are recommended, including an MRI of the brain (with coronal orbital views) and lumbosacral spine, right hip radiographs and abdominal CT.

1. Medical records include a chest radiograph with right rib fractures 3-6.

**K. Analysis/Interpretation**

1. Mr. Askarov's clinical presentation and reported history support the presence of symptoms of a major depressive episode, and some symptoms post-traumatic stress disorder. He revealed a number of past and current depressive symptoms, including sadness, a lack of interest in activities which are normally pleasurable (drawing and art), sleep disturbance, fatigue and memory/concentration problems, and history of suicide attempts, all of which support the presence of a major depressive episode.
2. In addition, Mr. Askarov endorsed some past symptoms of PTSD, including nightmares and difficulty with memory. Some of his symptoms have improved over time and with treatment, although he still meets criteria for a major depressive episode and would benefit from psychological treatment. In fact, Mr. Askarov requested further treatment of his depression by a psychologist.
3. Mr. Askarov reports that his psychological symptoms began after his arrest and detention, suggesting that these experiences may have caused the symptoms he revealed.
4. The results of the history and physical examination also support the conclusion that Mr. Askarov has sustained serious physical injuries and is experiencing persistent medical symptoms due to the injuries he sustained during his arrest and detention. Mr. Askarov described that before his arrest his health was generally good and that presently his physical health is "poor".
5. In particular, Mr. Askarov gives a compelling historical account of repeated head injuries with associated neurological symptoms. He continues to suffer from chronic headaches, memory impairment, decreased visual acuity, balance difficulties, and signs of damage to the 3rd cranial nerve. He denied suffering from headaches or neurological symptoms prior to his imprisonment, and these symptoms are highly consistent with a traumatic brain injury. Mr. Askarov's description of immediate loss of vision following blunt head trauma is consistent with a possible vitreous hemorrhage and/or retinal detachment. It could also be due to direct optic nerve injury with compression from hemorrhage into the optic nerve sheath, and subsequent atrophy.
6. The scar on Mr. Askarov's head is highly consistent with blunt force trauma to the left side of the head, as he described.
7. Mr. Askarov's severe back pain and the paresthesias in his legs is concerning for spinal stenosis with nerve root compression that has been exacerbated by traumatic back injury. This opinion is supported by Mr. Askarov's report that he did not have any back or neurological symptoms prior to his detention. A fracture cannot be excluded and these findings warrant immediate evaluation with an MRI.
8. His description of the flank injury and hematuria (blood in the urine) is highly consistent with a renal contusion caused by a blunt trauma injury and warrants further evaluation.

9. Mr. Askarov reports right hip pain following his trauma, which is supported by the physical examination, and requires further evaluation.
10. Some of the injuries that Mr. Askarov described (such as bruises and soft tissue swelling) would be expected to heal without visible scarring after this amount of elapsed time.
11. In addition, Mr. Askarov 's allegations of severe blunt force trauma to his chest is supported by the medical records reviewed and referenced which report that a chest radiograph revealed fractured ribs.
12. Although Mr. Askarov 's history of symptoms, description of injuries, physical injuries, and psychological symptoms are highly consistent with his allegations of severe and multiple episodes of blunt force trauma, it is not possible to conclusively determine the context of how these injuries occurred.
13. Of particular importance is the question of veracity in Mr. Askarov's report of mistreatment and physical and psychological repercussions. There is, of course, no way to determine veracity with absolute certainty, however, Mr. Askarov's credibility is supported by the observed consistency between the physical examination and his description of physical mistreatment, as well as his failure to endorse some psychological symptoms (i.e., only reporting some symptoms despite having been asked about many others). In contrast to these indicators supporting Mr. Askarov 's credibility, there is no evidence that contradicts either his self-report or the available evidence.

#### **L. Recommendations**

1. It is my strong conclusion that Mr. Askarov requires immediate evaluation for his ocular injury and persistent visual loss, traumatic brain injury, hip injury, and spinal injury.
2. He requires imaging of his head and lumbosacral spine with MRI, and imaging of his right hip with a plain radiograph.
3. He needs an evaluation by an ophthalmologist experienced in the evaluation and treatment of eye trauma.
4. He requires further evaluation by a urologist for hematuria and urinary frequency.
5. It is also my recommendation that he resume psychiatric treatment.
6. In addition, Mr. Askarov requires immediate evaluation for his chest pain and shortness of breath, symptoms which are strongly suggestive of coronary artery disease and could be life threatening without immediate treatment.
7. It is my strong recommendation that Mr. Askarov be moved to a hospital immediately, where his serious health issues can be evaluated and treated appropriately.

**M. Conclusion**

In summary, based on the available evidence, Mr. Askarov appears to have suffered severe and lasting physical injuries as a result of his arrest and incarceration. His description of acute symptoms, as well as chronic physical and psychological symptoms, his physical examination, and his psychological evaluation, are all highly consistent with his allegations of trauma.

*Sondra Crosby M.D.*

Sondra S. Crosby, M.D.

Associate Professor of Medicine

Boston University School of Medicine

Assistant Professor of Health Law, Bioethics and Human Rights

Boston University School of Public Health

Member, Section of General Internal Medicine and Center for HIV/AIDS Care and Research

Boston Medical Center, Boston, MA, USA

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