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## **FORENSIC PSYCHIATRIC EVALUATION**

October 3, 2012

Re: United States v. Manssor Arbabsiar, 11 Cr. 897 (JFK)

### INTRODUCTION

Manssor Arbabsiar's defense team asserts that he suffers from undiagnosed and untreated bipolar disorder and that his condition resulted in manic episodes that significantly impaired his mood, thought and judgment during a period that the FBI questioned him from the time of his arrest at JFK International Airport on September 29 until October 10, 2011. The statements that he made and the documents that he signed during this period included a confession of his criminal responsibility for crimes including conspiring to murder a foreign official as well as conspiracy to engage in terrorism and use of a weapon of mass destruction.

I was asked by the United States Attorney's Office for the Southern District of New York to provide a psychiatric evaluation of Mr. Arbabsiar to determine whether he suffers from any mental illness that would have precluded his ability to knowingly sign waivers that allowed for questioning by the FBI without the presence of an attorney and to delay his appearance in court. On August 3, 4, 11, 12 and September 5 and 26, 2012, I conducted six psychiatric assessments of Mr. Arbabsiar totaling approximately 32 hours at the Metropolitan Correctional Center (MCC) in New York City. My evaluation and report is based on examination of the following: interviews of Mr. Arbabsiar; interviews of medical, mental health and security personnel at the MCC; recordings and transcripts of Mr. Arbabsiar's post-arrest telephone calls to Iran; interviews of FBI agents and a research psychologist who were present during the post-arrest questioning; and a review of documents listed in Appendix I.

### SUMMARY OF FORENSIC PSYCHIATRIC OPINION

Based upon my evaluation, it is my professional judgment that Mr. Arbabsiar does not suffer from bipolar disorder or any other mental illness that would have precluded him from knowingly consenting to FBI questioning following his arrest without the presence of an attorney and to delay his appearance in court. As a result of my interviews with Mr. Arbabsiar, my interviews of those noted above, and comprehensive review of documents in addition to those reviewed by the defense expert, it is my further judgment that examples of manic and depressive episodes provided by the defense were instead behaviors that can be understood within their context. Consistent observation of Mr. Arbabsiar's behavior from the time of his flight from Mexico City in late September of 2011 through the current date provide comprehensive and independent evidence of his continued stability and lack of cyclic mood disorder.

Bipolar I disorder is a serious mood disorder with a lifetime prevalence of 1% of the population, similar to the figure for schizophrenia. "The cost of bipolar I disorder to patients, their families, and society is significant," and most people with bipolar disorder "come to the attention of a physician and receive treatment." In individuals who suffer from bipolar disorder, manic episodes accompanied by psychosis are psychiatric emergencies. Although manic episodes generally have a rapid onset of hours or days, they

may evolve over a few weeks. If untreated, symptoms of mania can be expected to continue for about three months (Kaplan & Sadock, 2003). According to DSM-IV-TR, during the period of mood disturbance, three or more of the following symptoms have persisted (four if the mood is only irritable) to a significant degree: 1. Inflated self-esteem or grandiosity; 2. Decreased need for sleep; 3. More talkative than usual or pressure to keep talking; 4. Flight of ideas or subjective experience that thoughts are racing; 5. Distractibility; 6. Increase in goal-directed activity; 7. Excessive involvement in pleasurable activities that have a high potential for painful consequences. Manic episodes are characterized by at least one week of elevated, expansive, or irritable mood. Furthermore, these episodes are “sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features” (DSM-IV-TR, p. 362).

Depressive episodes that occur in bipolar disorder represent the converse, in that for a period of two weeks or more, symptoms may include depressed mood, loss of interest or pleasure, appetite and weight change, changes in sleep, behavioral agitation or retardation, fatigue or loss of energy, feelings of worthlessness, decreased concentration or indecisiveness and recurrent thoughts of death. These symptoms are severe enough to cause significant distress or impairment in social, occupational or other important areas of functioning and are not attributable to a medical condition (DSM-IV-TR, p 356).

Just as in any medical diagnosis, an assessment of a major mental illness such as bipolar disorder benefits from multiple, independent, and objective sources of information. While the patient interview is a central starting point, it serves as only one information source. That interview is completely dependent on statements and behavior witnessed by the interviewer. In order to insure the validity of an assessment, the best evaluations include multiple, objective information sources. These sources are in the form of truly objective information that can limit the amount of distortion and bias that can be caused by only one or a few sources of information. When illuminated by a number of objective perspectives, the evaluator is best able to provide an accurate assessment of the true clinical condition. A forensic evaluation of a detained individual poses similar challenges. Review of contemporaneous documents and interviews by relevant investigative, security and medical personnel are necessary to achieve an accurate picture of an individual's condition and will be referenced accordingly.

Dr. Michael First described symptoms in support of his assertion that Mr. Arbabsiar suffers from bipolar disorder and opined that episodes of mania impaired his ability to competently consent to questioning by the FBI following his arrest. After my review of relevant interviews and materials as well as those cited by Dr. First, I do not find clinical justification for his diagnosis for reasons that include the following:

1. According to Mr. Arbabsiar and all records available to me, he has never received a clinical diagnosis of bipolar disorder or any mood disorder and has never obtained or required treatment for it. In the year following his arrest, he has not demonstrated any symptoms leading to a diagnosis of bipolar disorder or mood disorder. Numerous opportunities for psychiatric referral exist at the MCC for inmates who experience symptoms of mental illness. It has been my experience that high security inmates at MCC receive a great deal of diagnostic and clinical attention in the form of frequent observation and interpersonal engagement from the medical and mental health staff. Mr. Arbabsiar concurred with this assessment in his statements to me. Regular observation by correctional officers, medical staff, mental health staff and administrative representatives of MCC occurs on a daily and even hourly basis. In my review of mental health and other MCC records as well as my interviews with correctional officers, mental health and medical providers covering the entire period of his detention at MCC, there has never been evidence of symptoms resulting in a diagnosis of bipolar disorder or any mood disorder. In addition, Mr. Arbabsiar has never been assessed to be delusional, grandiose or paranoid. Instead, Mr. Arbabsiar has been assessed and treated for a mild anxiety disorder and in his own judgment has responded well to treatment for anxiety disorder with medication that is not indicated for treatment of bipolar disorder.

2. The example cited by Dr. First as a manic episode does not bear up under scrutiny. According to Mr. Arbabsiar's recollection of the event when interviewed by me on August 3, 2012, the example highlighted by Dr. First as a "noteworthy" manic episode instead demonstrates Mr. Arbabsiar's ability to relate with others in an appropriate and relationally sophisticated way, responding normally when faced with an opportunity rarely afforded to any airline passenger. In justification of the diagnosis of bipolar disorder, Dr. First provided in his written declaration what he determined to be an example of mania provided by Mr. Arbabsiar's sister, in which Mr. Arbabsiar reportedly "decided to treat the stewardesses, pilot, and passengers seated around him to expensive bottles of perfume from the duty-free cart because he wanted to make everyone feel good." Notably, the sister was not a witness to the event, as she was not present on the flight. In my August 3 and September 26, 2012 interviews with Mr. Arbabsiar, he described this experience in some detail, which is at variance with the sister's report.

Around 2004, while on a Lufthansa flight from Europe to Iran, Mr. Arbabsiar spoke with the flight attendant and suggested that he would like to buy her some cologne from the duty-free catalogue. "She was beautiful, and I told her I would do something for her." When she declined, Mr. Arbabsiar stated that he would also like to do something for the pilot and express his gratitude for their dedication in maintaining a safe flight during the increased flight security following September 11, 2001. He purchased duty-free cologne costing approximately \$30 each for only the flight attendant and the pilot, who then both expressed their appreciation for what the pilot termed "the nice gesture." In fact the pilot, with 25 years of flight experience, personally escorted Mr. Arbabsiar from his economy seating to the cockpit, where he was allowed to sit in the co-pilot's seat for approximately five minutes as the pilot described and showed Mr. Arbabsiar the controls for operating the plane. Mr. Arbabsiar then returned to his seat and following his arrival in Iran, he visited his mother. In the heightened security of post-9/11 air travel, had Mr. Arbabsiar been experiencing a true manic episode on the plane as Dr. First suggested, appropriate measures would have been taken by both the flight crew and passengers to control his behavior. The fact that Mr. Arbabsiar was personally escorted into the cockpit by an experienced Lufthansa pilot and received a special tour at the controls in the co-pilot's seat before returning voluntarily to his seat without incident is completely inconsistent with Dr. First's diagnosis of mania, a condition manifesting such marked behavioral impairment that involuntary psychiatric hospitalization is often required.

3. According to travel records and information obtained during my interviews with Mr. Arbabsiar, the example of a depressive episode cited by Dr. First demonstrates instead Mr. Arbabsiar's commitment to his family in his decision to defer treatment for his debilitating dental pain in order to secure funds to support his household. Dr. First's description of the period lasting "for roughly one year" around 2010, quotes from an interview with Mr. Arbabsiar's wife as she recalled his time with her in Austin. She reported that he was "severely depressed, isolating himself in his bedroom and rarely getting out of bed except to pace around his bedroom and chain smoke."

In my interviews with Mr. Arbabsiar and in reviewing documents that were not cited by Dr. First at the time of his declaration, Mr. Arbabsiar acknowledged that this was in fact a period of significant international activity. In addition to attaining his United States citizenship, during early 2010 he spent most of his time apart from his wife living mostly in Corpus Christi or travelling overseas. In 2010, he flew to Iran on four separate occasions in order to secure and bring back rental money from his Iranian property holdings. He estimated that during these trips he brought back up to \$8,000-\$9,000 on each trip. He told me that, while at home in Austin in 2010, he planted fruit trees that are now producing fruit. He did report that dental pain in late 2010 was complicated by a painful infection and swelling of his gums and jaw, which limited his ability to eat solid foods. Mr. Arbabsiar stated to me on August 4, 2012 that before his financial reversal in 2008, he was accustomed to taking others out to restaurants and clubs. By late 2010 he chose to stay at home instead of going out to eat, both because he was suffering from severe dental pain and also because he was not able to afford to go to restaurants without someone else paying for him. Mr. Arbabsiar told me, "I sat at home because I am a proud man." Regarding this period of late

2010 and the first two months of 2011 before he again travelled to Iran, he stated to me that he was seen and treated multiple times for hypertension and other health problems, but was never diagnosed, treated or referred for assessment of depression symptoms.

4. Citing the FBI agents' documentation of their post-arrest questioning, Dr. First described Mr. Arbabsiar to have made delusional statements that revealed grandiosity and paranoia. In addition to reviewing those documents, I interviewed the agents about their behavioral observations from that period. I also interviewed and reviewed material from the research psychologist who documented his behaviors throughout post-arrest questioning. It is beneficial to view Mr. Arbabsiar's statements and behaviors within the context of actual post-arrest questioning. For example, Mr. Arbabsiar's references to being on the "team" and President Obama's level of interest in the case arose from the FBI agents who conducted the post-arrest questioning. Mr. Arbabsiar's references to the "team" and President Obama were both in direct response to the terms and concepts introduced and used repeatedly by the FBI agents themselves to denote their shared interest in working together to ascertain the truth as well as to the high-profile nature of the case.

True mania will often manifest in excessive use of the telephone (Kaplan & Sadock, 2003) and because of that, current suggested guidelines for treatment of mania state that due to the propensity for "reckless behavior" during a manic episode, "steps should be taken to limit access to ...telephones or cellular phones" (American Psychiatric Association, 2010). In fact, Mr. Arbabsiar's ability to successfully and appropriately engage his Iranian contact during three phone conversations, using prearranged code words at times, on three separate days demonstrates an absence of mania in that he demonstrated the ability to interact appropriately in a novel situation. To conduct three separate phone calls and converse in code without arousing the suspicion of his Iranian contact required a significant amount of emotional and cognitive control. Had he been experiencing the manic and psychotic symptoms described by Dr. First ("delusional thinking", "paranoia", "grandiosity", "euphoria", "distractibility", and "manic speech in which he...would talk nonstop, sometimes for hours on end, without regard for other's wishes to communicate"), it is extremely unlikely that he would be able to complete these telephone calls within three minutes. Furthermore, Mr. Arbabsiar's refusal to grant the FBI's request to make a fourth call demonstrates his ability to exercise free will.

5. In addition to a diagnosis of bipolar disorder, Dr. First opined that Mr. Arbabsiar suffers from cognitive impairment citing history received from the family as well as brain MRI results and psychological testing. The MRI showed mild "parenchymal volume loss, otherwise unremarkable..." In my review of Mr. Arbabsiar's college transcripts as well as my interviews with Mr. Arbabsiar, I did not find him to be cognitively impaired. His recall of business and family matters was quite detailed. Specifically, he was able to recall business deals relating to his automotive business as well as property deals and holdings that he has maintained in Iran and used as a second source of income during the last four years. MCC physicians and psychologists who have assessed and monitored him throughout the last year have not diagnosed him to have cognitive impairment.

#### MATERIALS REVIEWED OR RELIED UPON

For this report, the sources of information relied upon are listed in Appendix I.

## QUALIFICATIONS

I currently hold joint appointments at the University of Virginia's School of Medicine as Associate Professor of Research in the Departments of Public Health Sciences and Emergency Medicine. In my role with the University, I serve as an elected member of the University's General Faculty Council and also serve as the Executive Director of the Critical Incident Analysis Group (CIAG). As an officer in the Medical Corps of the United States Army Reserve, I was deployed as a military psychiatrist overseas during the first Gulf War, where I assessed American soldiers with psychiatric symptoms. Since 1991, I have provided prisoner psychiatric care and teaching/training for medical students and residents of the University of Virginia's School of Medicine. I have provided this teaching and training in medium and maximum-security prisons for inmates who suffer from major mental illness. I have given presentations at national and international meetings regarding psychiatric issues including prison psychiatry and the psychiatric effects of trauma.

Since 1996 I have served as the Conflict Resolution Specialist for the Critical Incident Response Group (CIRG) of the Federal Bureau of Investigation. In this role, I have provided regular consultation to the CIRG's Crisis Negotiation Unit, the National Center for the Analysis of Violent Crime, and the Behavioral Analysis Unit that specifically deals with terrorism-related crimes. I teach the psychopathology lectures for senior profilers who have been appointed to the Behavioral Analysis Units. These topics include bipolar disorder, depression and thought disorders. I am the author and editor of books relating to psychopharmacology and forensic toxicology and have published articles and chapters relating to a range of psychiatric issues including psychopathology, insider threat, and national security.

At the request of the U.S. Senate Committee on Homeland Security and Governmental Affairs in 2006, I provided public testimony regarding the issue of radicalization within American prisons. In addition, I provided subsequent testimony in 2008 to the U.S. Commission on Civil Rights regarding religious freedom and radicalization within U.S. prisons.

I have been qualified as an expert witness in federal court in cases involving espionage and terrorism and have been retained at various times by the government, defense, and the Court. In 2000, I testified in the espionage related case of U.S. v. Jean-Philippe Wispelaere in the Eastern District of Virginia. I have also assessed Omar Ahmed Abu Ali for competency to stand trial and testified in the Eastern District of Virginia in September of 2005. In 2008-2009, I assessed Dr. Aafia Siddiqui for competency to stand trial and testified in the Southern District of New York in 2009. At the request of Federal Judge Lewis Kaplan in the Southern District of New York, in June of 2010 I evaluated former Guantanamo detainee Ahmed Khalfan Ghailani for his competency to stand trial for his role in the 1998 bombings of two U.S. embassies in Africa. The resulting competency assessment was stipulated and accepted by government and defense attorneys without need for testimony.

In 2009, pursuant to Court Order, Federal Chief Judge Royce C. Lamberth authorized me to form and chair the Expert Behavioral Analysis Panel<sup>1</sup>. We reviewed the psychiatric records and investigative file on Dr. Bruce E. Ivins, who was held solely responsible for mailing the anthrax letters in September and October of 2001 that resulted in the deaths of five Americans. Members of panel included senior academic professionals with training in law, toxicology, medicine and systems-issues. Our report was submitted under seal to Judge Lamberth in August of 2010 and released by the Court in redacted form in March of 2011.

[Complete curriculum vitae attached to this report as Appendix II]

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<sup>1</sup> Included medical school faculty from Duke University, Harvard University, Johns Hopkins University, Uniformed Services University of Health Sciences, University of North Carolina, University of Rochester, the University of Virginia and senior officials of the American National Red Cross.

### Mental Status Exam

During my approximately 32 hours of interviews on August 3, 4, 11, 12, and September 5 and 26, 2012 at MCC, with Mr. Arbabsiar, all were conducted in a small partitioned (Plexiglas and screen divider) non-contact room with each space being approximately 5' by 5' in area. I began each interview by introducing myself. At the outset of the first interview I described my role as a psychiatric expert retained by the government and that my report would be provided to the government attorneys, his attorney, and the judge. Mr. Arbabsiar expressed full understanding of this and said that his attorney informed him about my visits. In each subsequent visit, I reminded him of my role and at times he initiated the topic with an acknowledgement of my role as the government-retained expert, re-stating his attorney's comments about my role. During the first visit, without prompting, he named the expert witness, Dr. First, who had been retained by the defense. In my September 26, 2012 interview with him, he stated, "I think that you and Dr. First are the same in the way that you ask questions and talk to me. You are both nice, but my attorney reminds me that you are working for the other side. I said, that is fine, I am honest with him, I am honest with the other doctor. I am not going to act like I am crazy, I am not crazy." He also stated that he understood that his medical care and mental health care received at MCC were separate from these evaluations and that my role was not to provide a clinical assessment for him or his doctors.

He was a 57 year-old balding male who appeared his stated age. Mr. Arbabsiar's grooming and hygiene appeared to be good. He did not report any physical discomfort during the interview sessions. Dressed in an orange jumpsuit, he had a stocky build, was shaved, mustachioed, and balding. He had a prominent scar on his left cheek, as well as scars on his left bicep area and chest. On my sixth visit, on September 26, 2012, he wore a trimmed white beard, joking that although he looks like a sheik, he is the kind that "does not pray." He spoke with an Iranian (Farsi) accent. Throughout each of the six interviews, he sat comfortably. He was spontaneous in speech and gestured from time to time. His speech was non-pressured with normal prosody, range of volume and tone. Due to his accent and because of the Plexiglas partition, on rare occasions I asked him to repeat himself. He described his mood as "good" and "fine." On different occasions, his mood ranged from 5 to 8 on a scale of 1-10, with 10 being the best one can feel in confinement. Affect was full. He joked appropriately at times, becoming momentarily tearful on three or four occasions when speaking of his family. His judgment appeared to be intact. He was oriented to day, month, and year, as well as the name of this facility. During the first interview he made a point to say that, "I know that I can call my son on Tuesday, and that is the seventh." He recalled three of three words in five minutes, named the presidents in reverse chronological order from Obama to Ford, and subtracted serial 7's all the way to the number 2. He reported sleeping well, and his appetite and weight were stable. His thoughts were logical and linear, though at times circumstantial. (He would at times digress by relating a prior experience to illustrate a point.) Mr. Arbabsiar denied auditory and visual hallucinations or perceptual disturbances during the interviews. During the first interview only he did state that sometimes his ears make a noise like a "sssss" sound, but he stated that he never hears voices and at no time did he appear to respond to internal stimuli. He said that sometimes he talks to himself although this is because he is often by himself in a single cell. He was adamant that he is not mentally ill, and in my September 26, 2012 interview he stated; "I am not going to act like I am crazy, I am not crazy. I don't want to harm nobody – I am not Dracula or somebody like that." He repeatedly denied suicidality or thoughts to harm others.

During my interview on August 11, 2012, after explaining to him that I would first like to review some written material, I sat across from him and quietly reviewed notes from the previous interview. For the next twenty minutes, while I reviewed my notes, he also sat quietly. He did not attempt to speak to me and there was no abnormal motor activity such as standing, pacing, or gesturing. He did not try to interrupt and seemed comfortable. No apparent distress was noted, and there was no observable anxiety or irritability. He did not seem restless.

Mr. Arbabsiar's short and long-term memory appeared to be intact within the limits of my interview. Upon seeing Mr. Arbabsiar during each subsequent interview, he always recognized me immediately. One demonstration of his memory occurred when I questioned Mr. Arbabsiar about a charge in October 2004 for driving with an expired license, which we discussed the day prior. He immediately replied, "Doctor, I told you about this yesterday. Don't you remember? I told you that one time my license was expired, and I didn't realize that it was expired and they brought me to jail." During my interview on August 11, 2012, Mr. Arbabsiar provided a timeline of significant events from his birth on March 15, 1955 to present.

## PERSONAL HISTORY OF DEFENDANT

### Family History

In his interviews with me on August 4 and August 11, 2012, Manssor Arbabsiar provided the following information. He was born on March 15, 1955 in the city of Kermanshah, Iran. The oldest of three children, he has one sister and one brother who were born in 1960 and 1965 respectively. His brother, Mehran, is a math teacher in a middle school in Iran. Mehran is married and has two children. His sister, Manegh, is a retired school principal in Tehran and taught part time in a college. She and her husband also have two adult children living in Iran.

Mr. Arbabsiar's father was also from Kermanshah and was born in 1927. His father grew up in a wealthy family, but according to Mr. Arbabsiar, "he lost all of the money" after the early deaths of both of his parents. As a result, he began working for the Iranian government at age 22. "Although he had only a 6<sup>th</sup> grade education, he was an intelligent man." Arbabsiar stated, "He was nice to us, nice to me. I came from a very good family." He died in February 2011, and Mr. Arbabsiar was able to join his family in Iran following the funeral.

Mr. Arbabsiar described his mother as "not as smart. She is a housewife." His mother's family was large and Mr. Arbabsiar was closer to her family. During our September 26, 2012 interview, Mr. Arbabsiar stated that his widowed mother still lives in the house in Kermanshah that he purchased for his parents.

Mr. Arbabsiar related that when he was two years old, his family moved to the Kurdish area, Sanadesh, because of his father's role with UNICEF in treating malaria. He lived with and worked for his mother's brother during the summer of 1970.

His first wife, an Iranian woman, married him in approximately 1975. After they moved from Iran to Texas in order for him to attend college in 1977, he stated that they argued, and she moved back to Iran. In 1980 he married his second wife, a Texan who was "Catholic and Spanish." Although he described the marriage as very good, he stated that "she felt that I wasn't paying enough attention to her," and they divorced.

His third wife, and the mother of his son, was born in Monterrey, Mexico, but she has reportedly lived in the United States since the age of six months. They have been together "24 or 25 years" and married after the birth of their son, who now has a son of his own with his girlfriend.

### Educational History

Mr. Arbabsiar reported to me that he received his elementary and secondary education in Iran, graduating from high school in 1973. He related that he was a “mediocre” student although was not required to repeat any classes. Following two years of service in the Iranian Army, and time spent in Iran selling auto parts, he obtained a student visa for education in the United States stating, “I was the first in the family to do this.” After moving to the United States, he attended classes in Dallas prior to enrolling in college classes in the city of Corsicana, Texas. He reported to me that two years later he then transferred to Texas A&M University in Kingsville. Ultimately, he transferred to Southern University in Baton Rouge, Louisiana where he earned a B.S. in Mechanical Engineering Technology in August of 1984.

In his August 3, 2012 interview with me, Mr. Arbabsiar remarked that Southern University was located in Baton Rouge, Louisiana, about 45 minutes from New Orleans. He stated that he was easily distracted from his studies, “I went to Bourbon Street- and would go to the clubs, the parties. I was young. I wasn’t very good in school. I tried to pass. I wasn’t very good. I got my degree, somehow-a 2.2 average. But I was not an academic. I was a party boy.” He reported to me on August 11, 2012 that he also was required to work in order to earn money during this period. While going to school, he often worked either part-time or full time in restaurants and/or selling cars.

### Employment History

In his August 11, 2012 interview with me, Mr. Arbabsiar related that his formal work history began in 1970 at the age of 15 when he worked for his uncle who ran the regional highway department in Iran. Following his graduation from high school, he served in the army for a two-year commitment. He earned the rank of sergeant, and he stated that he was responsible for teaching in an underprivileged mountainous area of Iran. Following that commitment, he worked for the Caterpillar Corporation in southern Iran as a salesman for construction equipment parts.

During his time as a college student in the United States, he often worked part-time and full time at restaurants and in selling cars. Following his graduation, he focused more on auto sales and by 1987 began selling cars in Corpus Christi, Texas. He related to me that he started Johnney’s Auto Sales, named after his infant son, around 1992 and within five years was doing well enough that he began investing in Iranian businesses and real estate.

In addition to his ownership of Johnney’s Auto Sales, he also started another business in a shopping center that he named Gyros and Kabob. He owned this business from 2001 until 2003 and in his August 3, 2012 interview with me, he reported that he sold it in 2003 for a profit. He stated that the timing of the sale was fortuitous for him because the shopping center soon lost an anchor department store, which would have decreased the value of the business.

He further stated that from 2002 until 2010 he worked with a friend named Steve in a business called Import Auto. Mr. Arbabsiar reported to me: “This was Steve’s business, but he let me use it. I would give him some money on the side.” He related that he would sell cars both domestically and internationally. His international sales were to Saudi Arabia, approximately 10-20 American cars per month. Mr. Arbabsiar stated that there was a market for these high mileage cars among Indians and Pakistanis who lived in Saudi Arabia. In addition to Import Auto, Mr. Arbabsiar noted that he made money in real estate. “I didn’t have a business, but would get money on the side. I didn’t have a real estate agent’s license. You don’t have to be a real estate dealer to make money on buying houses. I have owned a number of houses and rented them.” “I bought two or three car lots, and four or five houses- two nice condominiums. I would rent those and would bring in good money- it was ok. There was a lot of cash flow. A lot of the money that I got was cash.”

Mr. Arbabsiar stated to me on August 3, 2012, that as the economy got worse in the US, he worked longer hours. The economic downturn was compounded by his son's arrest for drug possession and the need to pay for an attorney. He described himself as a hard worker who generally worked approximately 80 hours per week. Although Mr. Arbabsiar stated that he generally worked seven days a week, he said that business ownership was worth the extra effort. "When you have your own business, you have your own life. I wasn't doing bad."

Mr. Arbabsiar expressed pride in his role as a salesman. On September 5, 2012, he stated to me: "But I was a good salesman. I make a mistake about once every thousand cars. I knew my business, loved my business. It was my life. Since I was a baby, I loved cars. My father had a '54 Chevy. He was a Chevy lover, and loved American cars."

Mr. Arbabsiar reported to me that during the period when he was doing well in the United States during the 1990's, he invested heavily in Iran. This became important to him beginning with the US recession in 2008 when his investments provided him with the resources to maintain income for his family in Austin.

"Back when I was making money in the US. I would send 100K to Iran." "I invested a lot of money twenty years ago, and now I could come back. I have a house for a half million, other houses that are also worth a lot of money. I rent those houses, and I don't have to pay any taxes on those. This is a very good deal. So yes, doctor, inflation is high but you can get 22% interest on your money, so this is good. So yes, there was money there, five or six thousand dollars a month. I would stay with my mom. My mother would compliment me and tell me, "You are a rich man." I wasn't a rich man, but was not a poor man. I made good decisions years ago investing in Iran, and when business was bad in the US, I could get money in Iran. This was all legal, doctor, and it wasn't like I was robbing a bank. Years ago I invested 9K and the land is worth 20K. A long time ago, things were very cheap and so I was smart to invest...I was a hard working person and I invested in a smart way. It is not enough to work hard. You also have to invest. I may be a little bit loco, but I am a good businessman. I want to make money and enjoy my life." (September 5, 2012)

In addition to his investments in Iran that allowed him to bring money back into the US during 2010, he stated that he would also bring back goods for his family. In his August 11, 2012 interview with me, he recalled, "I would go there and bring back Persian rugs. I wanted to sell them but my wife liked them and kept them." On September 5, 2012 he recalled: "I also would bring back shoes, good Italian ones, for my son. In Iran, they would make good shoes with soft leather. In America, shoes that are \$1800 would be only about \$500. In Germany the same shoes would be like 900 Euros. I bought some good leather tennis shoes in Iran for my son. They would only cost \$140. I would also get a lot of gold for my wife – 22 carat gold."

#### Military History

As noted above, Mr. Arbabsiar joined the Army in 1973 and served for a period of two years. He attained the rank of sergeant. During this time he taught first and second grade at a small school in an isolated mountainous village.

### Social History

As the oldest son in an intact family in Iran, Mr. Arbabsiar stated in our August 3, 2012 interview that he had pleasant memories of his childhood. His mother's side of the family was large and those family connections were quite strong. One of his first cousins on his mother's side is the Iranian official who allegedly recruited him for the crimes that he is now alleged to have committed. Arbabsiar stated that he is Muslim, but does not consider himself to be exceedingly religious. He stated that his mother's family is religious, but his father was not.

Mr. Arbabsiar was respectful of his parents, but strongly identified with an uncle, whom he recalled was very successful. Arbabsiar described his uncle as a wealthy man who "ran the highway department," "drove a fancy car," and "had all the women he wanted." He recalled his uncle having procured a driver for him "who took me to meet girls. It was great." Mr. Arbabsiar stated that his first sexual experience occurred during that summer. In his interview with me, he recalled his uncle and his influence:

My uncle was a chief engineer for the government. He had suits and ties. He looked like a movie star. He didn't have any children. He married my aunt – my father's sister. I was very close to him. They had no kids. They had a maid. They had a driver. He had a lot of people working under him. They gave him a big office, a nice house. That was a good time in my life. He had a '64 Chevy pickup. They had a bunch of American things – caterpillar, Chevy pickup. Sometimes he would stop and pick up some women. I loved my uncle. He would come into my house and party...He didn't talk to the little guys. He would have big parties with whiskey. He would have his driver take me where I needed to go. (August 12, 2012)

In his August 4, 2012 interview with me, Mr. Arbabsiar spoke about the role of substance use since his teenage years.

I started smoking since I was in high school – 9<sup>th</sup> grade...I took my first drink in Iran, in 9<sup>th</sup> grade, and drank wine in Iran. I used to go to shops and would get a beer and a sandwich. We had a beer joint in Iran and had a whiskey bar. My friend was a year older than me and his father was a general. I really enjoyed alcohol; my father was a drinker as well. I would have 3-4 beers every night... Sometimes I would smoke a joint, but never used cocaine or other drugs. My mom would have a heart attack. I never even would smoke around my mother because of the respect that I had for her. I wasn't a junkie.

Following two years in the Iranian Army and work for Caterpillar Corporation, he married an Iranian woman and entered the United States around 1977 on a student visa. He enrolled in college and divorced his wife soon after that, and she returned home to Iran.

Notably, in 1980 he required a three-week hospitalization after he suffered a traumatic stabbing that left a prominent scar on his left cheek, prompting him to grow a beard in order to hide the scar. He reported that this experience caused him to re-evaluate his life and gain purpose. Shortly after his recuperation during that summer, he met his second wife and married her and stated that they lived quite happily for five years until she left him for infidelity.

Throughout his interviews with me, Mr. Arbabsiar was quite open about his history of promiscuity that dates back to his teenage years when he frequented brothels and worked for his uncle who would procure women for him. In his August 3, 2012 interview with me, he described his marriages as being "open" in that he would bring women into the home while he was married.

You have to have principles. If you have a wife, you need to respect her. I was honest with my wife that I would be with other girls and she knew that...I was a good guy, but I cheated on her. I had lots of girlfriends. When I was younger girls would come by the house. It was an open marriage – she knew that I had a lot of girls. I think that she is faithful to me...I would spend money in nightclubs. I would spend money on girls sometimes, and go to nightclubs every other night.

In a later interview with Mr. Arbabsiar, he described a lifestyle that combined his love of cars and his relationships with women. Moreover he stated that these relationships with women were a source of conflict with his future wife:

I have had a lot of opportunity – I have had other women who wanted to marry me – I have had so many girls. So many that you couldn't count them. I never had one girl more than once – I learned that women like you for your expensive cars. I was professional. That was my weakness. That was my fucking weakness. I feel bad about this. I didn't hide anything. I have been caught by my wife sleeping naked with another woman in my own house. The woman left and then my wife got the shotgun. This was before my son was born and before we were married. In Corpus Christi, there are so many girls. I was drinking, I had a Porsche 911, I had a Mercedes. Women love a nice car. I had a blast for 20 years. I would spend a lot of money on women, year after year, and that was just my lifestyle. I also had steady girlfriends, and I gave them cars. I paid for the apartment of another girl. (September 26, 2012)

In his August 11, 2012 interview with me, Mr. Arbabsiar stated that the Mexican woman that he contacted to help identify someone to carry out the assassination attempt on the Saudi Ambassador had a younger sister with whom he had a sexual relationship in 1992, while he was married to his third wife.

During his interviews with me, Mr. Arbabsiar identified himself as a successful businessman in a Corpus Christi who was effective in dealing with people. On August 11, 2012, he related the following:

Corpus Christi was a competitive place. It is a city of 400,000 and there were probably about 140 car dealers there. I was one of the more successful car dealers. I wasn't a genius, but I did a good job. I used my knowledge for my business. I am a good salesman – one of the better ones in the area. I didn't like management as much. Sometimes I would sell cars to friends and not make a profit. I would get what I put into it, though. Sometimes cars will have a \$5,000 or \$10,000 markup. I know about that, and was happy to have a smaller markup. It was cash and carry – I dealt quite a bit in cash. They called me Jack, and knew me as Jack. I had a lot of friends. I knew what topics not to talk about – like politics and religion. When you talk about those kinds of things, people can get in disagreements.

In his descriptions of himself, both in recalling his investments in Iran that have significantly appreciated and in his description of himself as a businessman, he describes himself as being someone who wanted value for his money. In our August 3, 2012 interview, he stated that he never made foolish purchases or investments, but once bought a boat for approximately \$3,000-\$4,000. When buying tickets for his international travel, he generally flew economy and occasionally business class, but never first class. In his August 3 interview with me, he demonstrated his attitude about personal finance using the example of vehicle ownership:

I was in a car business, with a lot of cash flow. I had a nice Mercedes that I bought for myself-I got a good price on it, though. Never buy new because the value just goes down when you drive it away. Let the other guy buy it new, and then buy from him. You got a good car but you don't pay the high price. I lived a good life but didn't spend when I didn't have to. I never bought new cars – I would buy them second hand. Anything that I bought for myself, I bought it with the idea that I would be willing to sell it.

Mr. Arbabsiar described himself as a successful car salesman who worked hard and whose life involved entertaining clients and colleagues. Accustomed to hosting dinners for others, he stated to me that it was difficult for him to adjust to financial challenges following the recession of 2008. In his interviews with me in August and September of 2012, he demonstrated an understanding and memory for business details including purchases and financial obligations. In his August 4, 2012 interview, he recalled a 2009 trip to Iran where he obtained hair transplant surgery in Iran because it was less expensive than in the U.S. With decreasing revenues in the U.S., he made four separate trips to Iran in 2010 in order to bring back funds from his Iranian investment properties. By late 2010, following the death of his business partner in July, he had moved from Corpus Christi to Austin in order to live at home with his wife. In our September 26 interview, he recalled: "After Steve died, my life changed a lot. Up until that point I was spending some time in Austin and some time in Corpus. But after he died, I didn't want to do the car business [in Corpus Christi] any more. After that, I had problems with mouth pain." Following the move to Austin, he began experiencing medical and dental problems. In his August 4, 2012 interview with me, he described this difficult financial time period in the following way:

I sat at home because I am a proud man. I won't go and borrow money from someone else. I spent time at home because otherwise people would be expecting me to be living life like I lived when I had money. I would tell people that I was busy. I wasn't the kind of guy to accept money from other people. You see, when I had my business, we would go out every day. But without money, she would cook for me.

Also, this was a time that I had a lot of health problems and had to see doctors and dentists. My blood pressure was too high and I wasn't feeling very well. I saw the doctor at least twice, and maybe three or four times...

But here is the terrible thing about that time-this is the worst thing. I had a tooth problem. It was infected and insurance wasn't going to cover the cost of taking out my teeth and getting implants. He said that it would cost me 24K to have the teeth all removed and then to have implants. I didn't have that kind of money. So I had that problem for 2-3 months, I was going crazy. It hurt me so much to eat because my teeth were in such pain. The longer the time went, the more the infection spread to my other teeth. I had terrible trouble sleeping at night. Sometimes I couldn't breathe because I was in so much pain. I was so sick, that my jaw was swollen. I am stupid – maybe I should have paid out of my own pocket, and as time went by, my mouth pain got worse and worse.

My brother sent me money and they took out my infected teeth and it was a big deal – they had to break my teeth before taking them out. It was more important to spend money on my son's school. My wife was making me soup and I have just been eating soft food for the last three years. I will eat cake and soup. I eat rice, but don't like it because even then I can't chew too well. The total charge was 3K (my insurance paid 2k and I paid 1k) for pulling my teeth. (August 4, 2012)

In my August 10, 2012 interviews with the FBI agents who questioned Mr. Arbabsiar they recalled his focus on his son's welfare and future. In our interviews of August 3 and 4, 2012, Mr. Arbabsiar stated that he was at times exasperated and disappointed with his son's spending habits, the need to purchase another car after he wrecked the first, and the financial toll of his son's legal difficulties. Nevertheless, he also expressed confidence and optimism in his son's success and was clear about his interest in passing his inheritance to his son, whom now has a child named after Mr. Arbabsiar.

As a businessman, I started investing money in Iran about 20 years ago. I was thinking about my son. It was initially very cheap. My family encouraged me to invest money in Iran. So I started buying property in Iran. My son is well off because of the property that I bought. It is not big, big money, but it is decent. My son has pride and said "I don't need your money" but when I die, who is going to get it, the dog or the cat. Because I am in Iran, my property will all go to my son.

It was smart to invest money in Iran and not in the U.S. Here, you have to pay taxes. This country is not as good to make investments. I did this all for my son.

I don't want to be too specific about my property in Iran because it is meant for my son. This U.S. government will try to put a stop on it. One way or another, I will find a way to make money. I won't steal from you; I won't take your laptop. If I am dying, and starving, I won't steal even one dollar. If I die, I die like a proud man. I know that the little guy is happy with just a little money, but I am willing to work hard for more money. I have always felt "I will find a way." (August 12, 2012)

Mr. Arbabsiar's devotion to his son included financial support for attorneys following his son's arrest while still in high school:

I have felt pressed to provide for him. If you had a kid, you would understand. I was under pressure to support him. My wife doesn't make too much money, so the pressure has really been on me. We got an apartment for him, and he didn't have a scholarship so we had to pay for his education too. We sold some property to provide for him...

I had to spend 7 or 8 thousand dollars. We had property that was leased to the USDA and we had to sell it because I had to pay costs for the attorney, court costs, etc. they put him on probation for two years. His probation is not finished. That is why I was pushing him to go to college. (He became tearful when speaking of son's being in jail for one day, and the need to post bond for him.) He was young and had friends who got him in trouble. We were living in a high-class family. He was a good boy, my son, but got in trouble... (August 3, 2012)

In addition to the stress of his son's legal and financial difficulties, Mr. Arbabsiar related to me that the sudden death of a close business friend, Steve, in the summer of 2010 and his father's death in February of 2011 were significant losses for him. He travelled to Iran again following his father's death. In my August 3, 2012 interview with him, he recalled that period of time: "He [Steve] was my best friend – we did business together. Then we sent his body to Iran. After that, I lost my dad. After that happened to my friend, my partner, and with the money pressures on me, it was very hard, very difficult." In my interview of September 26, 2012, he said: "My life was going bad – I had lost my friend and my dad – my cousin, he took advantage of me. I hate to say that, and I trusted him – my whole family, they should help me. I wanted to do a good business, an export business. You just don't expect that your family will put you in a bad position. Sure, I made a big mistake."

According to Mr. Arbabsiar, in the six-month period from March 2011 through September of 2011, Mr. Arbabsiar travelled frequently between Iran, Europe, Mexico and the United States. In late September 2011, he was refused entry into Mexico and was flown to New York where he was arrested and questioned by the FBI.

Following his arrest and detention at MCC, Mr. Arbabsiar has had a fairly typical adjustment compared to others who are detained on the high-security unit. On September 6, 2012, the chief psychologist at MCC, Dr. Elissa Miller described Mr. Arbabsiar's adjustment in the following way:

I think that his behavior is typical for someone in a high profile case who is in an isolated situation. Whenever I stop by, he gets out of his bed to talk to me. I provided him with books. So I like to order books for inmates up here. He has always been a gentleman, very polite. He just seems worried. At times, the rumination will increase if the attorney hasn't been here in a while. As anyone else, he would like to go back to his normal life and doesn't know when that will happen. I think that he has some narcissistic traits, although I wouldn't say that he is classic.

On August 3, 2012, Mr. Arbabsiar described his daily life at MCC in the following way:

My sister sent me magazines from Iran. My wife sent me 4-5 magazines with cars and trucks, and also about new technology. Every day I get a New York Post.

I listen to the radio – I like to listen to [talk radio] station[s] 110 and 770... I also listen to 820, which is BBC. Sometimes they have a new program about other countries. I listen to music sometimes – I usually listen to 80's style music. My favorite group is the Bee Gees. I liked disco, and Diana Ross. I like new music, I don't know who is singing it but it sounds good. I like ABBA. I like that singer from Canada, who is famous. I have a bunch of CD's from her.

News is almost always bad. One time I was listening – they talked about my case – 99.5 is a black channel. One of them, they were talking about my case. They didn't say bad things about me. They said that they didn't find anything bad about me....

There is a place down the hall where I can go for recreation, but I usually don't go because there is nothing to do there. It is just a room with windows.

In a July 2012 note in the MCC mental health record by the chief psychologist, Dr. Miller reflected Mr. Arbabsiar's strong interest in reading and keeping up with current affairs: "He stated he is just disappointed that he has not been getting his newspapers which "is the food for my brain" on a regular basis. Inmate Arbabsiar is currently psychologically stable." On August 12, 2012, he used humor in response to my question about his purchases in the prison commissary, reflecting on the experience of living in the prison setting of MCC.

I will get a cake, some chips (nachos), mince pie, sweet candies, and sweet chocolates. I spend \$20 or \$30 dollars a week. I have \$300 or \$400 dollars in my account. I am cheap. I am living on \$80 a month. I put it in the positive. I tell people I am living in lower Manhattan... on only \$80 a month!

Mr. Arbabsiar told me that at some point, possibly during the trial, he looks forward to a visit from family members.

### Pre-Arrest Medical History

Mr. Arbabsiar received stab wounds in a 1980 assault that required three weeks of hospitalization and left him with scars, including a significant left facial scar. In addition, Mr. Arbabsiar reports a history of hypertension, and gastro-esophageal reflux disease.

### Post-Arrest Medical History

According to medical documentation, Mr. Arbabsiar received a medical examination on October 6, 2011 during the period of his post-arrest FBI questioning. He was assessed to have some upper respiratory tract congestion and was treated symptomatically. According to my review of the MCC medical records and my September 5, 2012 interview with the chief MCC physician, Dr. Bussanich, Mr. Arbabsiar tested positive for tuberculosis on arrival, but no active disease has been found. He is being treated for hypertension and esophageal reflux disease. Dr. Bussanich indicated, "From a medical perspective, his nicotine withdrawal contributed to his heightened state of anxiety.... He went through a lot initially when he came [to MCC]. He was concerned about possible tuberculosis. He presented with hypertension initially [which] has been well controlled. He is on a low dose of a diuretic and an ACE inhibitor."

In my September 5, 2012 interview with Dr. Bussanich, he addressed the question of Mr. Arbabsiar's anxiety and was clear that there was no evidence of mania. He described his approach to patients under his care who exhibit mania:

I have seen hypomania and mania quite a number of times within the jail and prison setting, but never in Arbabsiar. I would certainly know it if I saw it. People with mania can be a big concern because they can also be psychotic during these periods. When I have any indication that mood is abnormal or elevated, any mania or hypomania would be referred to the psychiatrist here. Any emergent care would require transfer to Bellevue Hospital, and we have done that in those cases.

In my August 3, 2012 interview with him, Mr. Arbabsiar reported to me that his initial period in the jail was difficult. He complained that he was "freezing" due to an insufficient number of blankets and suffered from nicotine withdraw having went from four packs of cigarettes per day to none. As someone who had been addicted to nicotine, had a high caffeine intake and was anxious about being placed in a high security jail environment, Mr. Arbabsiar reported some insomnia. Because of anxiety-related insomnia's potential to exacerbate hypertension, Dr. Bussanich attempted to treat the insomnia by placing Mr. Arbabsiar on a low-dose of the sedating antidepressant, doxepin. In my September 5, 2012 interview with the MCC chief psychologist, Dr. Miller, she stated, "He had been drinking a lot of coffee and wasn't sleeping. We told him to cut that down. He decreased his coffee and is doing a lot better." Because of oversaturation and concerns that it could cause an increased heart rate, the doxepin was ultimately discontinued and with the decrease in caffeine intake, he has noted a resolution of his insomnia.

### Substance Use History

As noted above, Mr. Arbabsiar first began use of alcohol and tobacco as a teenager in Iran. He described himself to me as a social drinker. He reported no history of alcohol or drug-related arrests, and did not report that he has ever been referred for alcohol rehabilitation. By the time of his arrest, he stated that he was smoking four packs of cigarettes per day. In addition to alcohol and tobacco use, he reported to me on August 3 and September 5 that he also has a long history of marijuana use. In his interviews with me, he described his drinking habits in the context of his social environment:

I liked Jack Daniels. They called me Jack because I drank a lot of jack and coke. I would drink three or four. The bartenders all knew me; I would give them \$25 or \$30 tips. They were generous in the amounts that they gave me and my girlfriends. You know how it goes, when you give the bartender a big tip; he will put more whiskey in the glass. I know how the system works – if you pay more up front with a tip, you actually save money. I would joke and have a good time. I didn't have enemies. I was a social drinker – when I would go out I would drink. I didn't drink at home that often. (August 4, 2012)

When I traveled to Europe, I would stay in Amsterdam. I could smoke marijuana legally. I just asked for a cigarette for 5 euro, and asked for medium strength. (September 5, 2012)

### Legal History

When questioned about his legal history, he reported to me on August 11, 2012, that as a 9<sup>th</sup> grader in Iran he was warned by police after throwing a tomato at a Kurdish man driving by in a vehicle. He denied any arrest history while a civilian or in the military when in Iran. With regard to his legal history in the United States, I reviewed relevant official documents. His statements to me were consistent with the official records that I reviewed. Mr. Arbabsiar's stated to me on August 4, 2012 that he had only minor difficulties with the law while in the United States and that it was important for him to maintain a good reputation as a businessman in the community:

I never had one hot check in my life. I never had a DWI. I never did a crazy thing. I respected the law. I never would take a chance and drink and drive. When I did drink, I would never drive. I lived in a small town. My reputation was really important.

A 1987 assault charge brought by his divorced wife was dismissed, according to Mr. Arbabsiar. A 2004 charge for driving with a suspended license was due to a ticket that he stated he did not know had been issued. Unbeknownst to him, the penalty on the unpaid ticket grew over time, resulting in a suspension of his license and brief arrest. A 2001 theft charge related to a check that he had written to purchase a business, and then stopped after learning that the seller had misrepresented the profits. On August 4, 2012, he related the following, which was consistent with the record that the charge was dismissed:

I had bought a grocery store for my friend – it was a small grocery store. He was asking for 30K and I gave him half of the money. I told him that I would give him the rest in 45 days. I was told that the take in would be 800 to 1200 dollars a day but we found that the daily sales were much less. When we took it over, it was only selling 200 or 300 dollars a day. I talked to my attorney and told him that this was a bad deal and that they had misrepresented their sales. What am I supposed to do? The attorney advised me to put a stop on the check, so I did that. The guy who wanted to sell to me got angry and tried to make it a court case. The judge agreed with me and dismissed the case because it was clear that the profits had been misrepresented.

### Pre-Arrest Mental Health History

None, according to review of medical records, mental health records, and interviews with Mr. Arbabsiar.

### Post-Arrest Mental Health History

Mr. Arbabsiar has been housed on a high security unit at MCC since his arrival at the institution. He denied having any psychological issues and during his first encounter with mental health professionals, he stated that he was “not interested in any psychology services.” On November 10, 2011, the psychologist reported, “No acute psychological symptoms were admitted.” As time progressed, he demonstrated more anxiety and Mr. Arbabsiar related it in part to nicotine withdrawal. In our August 11, 2012 interview, he recalled: “When I arrived at MCC – it was in October. They wouldn’t give me a cigarette...I really went through withdrawal. I would feel it – and had a rough time over the first few months. That was very bad, because I had become a chain smoker.” Because he was a four pack per day cigarette smoker, the MCC chief physician assessed him to have experienced severe nicotine withdrawal in the days and weeks after arrival. He was treated for anxiety with the anti-anxiety medication buspirone and for insomnia received a low dose of the antidepressant doxepin for its sedating side effects. According to the MCC medical records, Dr. McLean diagnosed Mr. Arbabsiar with generalized anxiety disorder on January 12, 2012. Mr. Arbabsiar was noted to have resolution of his symptoms on buspirone.

In addition to medical and mental health assessments, opportunities for comprehensive and regular observation are provided for all who are housed in Mr. Arbabsiar’s high security unit, in addition to weekly assessments by the chief psychologist.

According to my review of the records and interviews with Dr. Bussanich and Dr. Miller, the greatest period of anxiety occurred during the holiday season from December 2, 2011-January 10, 2012. During this period, mental health providers conducted two suicide risk assessments as a result of concerns expressed by Arbabsiar and correctional staff. Both evaluations stated that Arbabsiar expressed passive suicidal ideation; however, they believed that his overall suicide risk was low.

As a case in point, on December 2, 2011, a case manager reported that Mr. Arbabsiar stated that, “he felt very depressed and feels like dying.” Arbabsiar told the psychologist, “Sometimes I get the depression, it’s normal yes,” and “Sometimes I wanna go to sleep and tell God to take me in a nice way.” In contrast to his subjective statements, the psychologist observed and documented that Arbabsiar “displayed a euthymic [normal] demeanor” and that he was “friendly and pleasant” with correctional staff.

The psychologist recorded a number of protective factors including, supportive family; interests in current activities (case, reading, exercising); concern for family members (wife, son, newborn grandson); sufficient cognitive flexibility; and future orientation. For these reasons, the psychologist concluded that Arbabsiar’s overall suicide risk was low. In addition she reported that there was an absence of significant mental illness.

The second suicide risk assessment was conducted on January 4, 2012. Lieutenant Cruz referred Arbabsiar to mental health for difficulty sleeping. Arbabsiar is reported to have stated that at night he “prays to God to make him die.” At the conclusion of the interview, Arbabsiar stated that he “does have some hope” and said “he prays to God to give him hope.” He appreciated contact with others. He was appreciative of seeing psychology and also stated that when he saw Lieutenant Cruz he “feels better.” The mental health file indicated that following a move to recreation, “his mood was neutral with a full range of appropriate affect and smiling...His overall current level of judgment and impulse control appears adequate.”

Suicide risk assessments were conducted on December 2, 2011 and January 4, 2012. The assessments determined that his current overall risk for suicide was low, but that he presented with the following factors suggesting an increased suicide risk at the time: (a) passive suicidal ideation, (b) sleep disturbance, (c) feelings of hopelessness as a result of his legal situation not life, and (d) family history of suicide. In

my September 6, 2012 interview with her, Chief Psychologist Miller stated that MCC takes suicide very seriously, and therefore will always err on the side of caution. In respect to her impression of the suicide risk posed by Arbabsiar, she stated:

“If we feel that there is even a borderline case, we will put them on for 24 hours. We consistently felt that his protective factors outweighed any risk factors. The fact that we didn’t place him on psychological observation or suicide watch demonstrates how comfortable we have always felt about his level of stability...we really err on the side of caution. Single cell inmates are at higher risk so the fact that he wasn’t put on either psychological observation or suicide watch shows that he really has been quite stable throughout his time here.”

Interviews with both the chief of psychology, chief of medicine, Mr. Arbabsiar, as well as review of the MCC medical and mental health records indicate that Mr. Arbabsiar’s anxiety has been effectively controlled with buspirone. He has not demonstrated symptoms requiring treatment for bipolar disorder or depression, and has not been prescribed medication appropriate for bipolar disorder, such as mood stabilizers. From the standpoint of security staff, he has also been stable. Mr. Arbabsiar has not been charged with any disciplinary infractions, and according to Lieutenant Madison, he has interacted with correctional staff in a controlled, cooperative and appropriate manner.

According to the mental health notes, Mr. Arbabsiar’s attorney recently contacted the institution on September 21, 2012 with a referral that he had been “appearing upset during a recent meeting.” He was assessed by the MCC mental health department. Although he related frustrations about his legal situation, he was noted to be upbeat and future oriented, smiling broadly as he spoke about his one-year-old grandson. No evidence of bipolar or other mood disorder was noted. He stated that he continues to benefit from his medication for his anxiety disorder.

#### Family History of Mental Illness

Mr. Arbabsiar stated to an MCC psychologist that a number of distant cousins on his father’s side were diagnosed with mental illness, but he was unaware of the details. He reported to me on August 3, 2012 and it is recorded in the January 4, 2012 MCC medical record that two cousins on his mother’s side who were brothers were addicted to drugs and both of them reportedly committed suicide in Iran.

#### Review of the Period of September and October 2011

In order to achieve the most objective review of the period of September and October 2011, it is important to review contemporaneous documentation and to conduct interviews of those who witnessed Mr. Arbabsiar’s behaviors and heard his statements. My interviews with Mr. Arbabsiar were extremely helpful. I spoke separately with the two main FBI agents who questioned him post-arrest as well as four FBI agents who were responsible for monitoring him through the period from approximately October 1 until October 11. In addition, I spoke with the research psychologist who closely monitored and documented Mr. Arbabsiar’s behaviors.

In both my August 3 and September 26, 2012 interviews with him, Mr. Arbabsiar recalled the flight from Mexico to New York City after being detained by the Mexican government. Describing the flight to New York, Mr. Arbabsiar stated:

The flight was about five hours – I didn't eat anything. They put me in the back row. I didn't talk to anyone. I didn't watch the movie. There was no one behind me. I didn't want to cause any trouble. I was thinking, "I will be going to jail." I didn't cry – actually I was kind of prepared that this kind of thing would happen. My brother had told me not to go. I could have gotten away in Mexico, get in a fight, get taken to jail or try to bribe someone in Mexico but I decided to go with the flow. (August 3, 2012)

So then after that I got on the plane from Mexico, and although they didn't tell me, I knew that it was taking me to the U.S. So I was quiet, they put me in the back of the plane. I was just quiet. They had FBI or marshals on the plane – on either side of me. I realized – "I am finished. They know what the hell is going on." I wasn't 100 percent sure that Junior was in on this. I am not stupid doctor – I didn't pay for a ticket but they put me on a plane. Why would they do that except because they wanted to take me into custody? I just decided to go with the flow. Of course I knew. I am not retarded – maybe retired but not retarded. (September 26, 2012)

Following his arrival at JFK International Airport on the evening of September 29, 2011, he recalled that he was taken to a hotel where the FBI questioned him until he refused to again call his contact in Iran and invoked his right to an attorney. He was brought before a U.S. Federal Magistrate on October 11, 2011.

Mr. Arbabsiar stated to me that although he shook hands with the FBI agents, he was also aware that he would likely be prosecuted for his crimes and serve time in jail. These concerns were further confirmed when he made his first call to Iran on October 4, 2012. "When I called Iran, they [FBI] showed me that I had a case number. When I wasn't making a call they told me that they had a case number for me and that made me feel that I was going to jail for sure." Of the FBI agents he stated, "We joked around. I was saying that, 'I am going to a federal jail.'"

In his interviews with me, Mr. Arbabsiar related that his is a significant case because it involves the countries of Iran, Saudi Arabia and the United States. He affirmed that his cousin is a high-ranking official who holds the rank of General. Because the crime he is charged with involves the planned assassination of a Saudi official, he felt that it would have the attention of top U.S. leadership, including President Obama. In my interview with FBI Special Agent (SA) # 1, he affirmed that one of the agents told Mr. Arbabsiar that FBI SA # 1 knew the president. This impressed Mr. Arbabsiar, who would then ask the agent about the president's involvement following the case. Another FBI agent who questioned him, FBI SA # 2, stated to me that, "we portrayed [the other agent] as the president's right hand man. That impressed him. He wants to be important."

Mr. Arbabsiar made references to World War III (WWIII) that were sarcastic in nature, according to FBI SA# 1. Exasperated with his Iranian handlers and their directives to him to avoid sending emails, Mr. Arbabsiar would say, "If I start WWIII, I start WWIII." In fact, Mr. Arbabsiar indicated to the agents that he believed that the Iranian handlers were overcautious and was confident that even if sending incriminating emails from his address was wrong: "One mistake will not start WWIII."

In my August 10, 2012 interviews with FBI agents, conducted separately, both FBI agents noted that Mr. Arbabsiar's ability to speak English was very good. FBI SA # 2 noted that Mr. Arbabsiar "would attempt to plea bargain with us," further stating that "In the one hundred interrogations that I have done, he [Arbabsiar] was no different than any of the other guys in the way that he acted when confronted that he was in trouble."

In my September 26, 2012 interview with Mr. Arbabsiar, he recalled his openness regarding his responsibility and interest in being considered for lenient treatment:

I said to the FBI “yes, I made a mistake. I am not looking for forgiveness.” For example, if you go to a store and admit that you stole something, you can say ‘I made a mistake but I am willing to work in your store for free to make up for that.’ That was my attitude. I know about making deals – I have done that all my life in the car business. We all make mistakes – some are big and some are little. Some mistakes you can’t forgive. Like, if I killed someone, you couldn’t forgive that. But I know that this is a big mistake so I felt, yes, ok, put me in jail. Just not for too long.

In that same September 26, 2012 interview, Mr. Arbabsiar likened his situation to resolving a conflict by making a deal. He also provided his perspective regarding the similarities of negotiating deals whether individual-to-individual or country-to-country:

I have spent my life making deals. Government makes deals too. If America wants to make a deal with me, they can do it. Governments will swap. Now if I killed someone, then put my ass in jail, is what I say. But nothing happened, so I think that there is a chance to make a deal that works for both of us. Even if I want to kill you and I pull the trigger, but the gun jams, well, we can make a deal. Hell, if you want information, I will give you information. If you want addresses, I will give you addresses.

The FBI agents interviewed on August 10, 2012 stated that regular breaks were given during the period of the post-arrest questioning. Although at times Mr. Arbabsiar smoked inside the room, he often was escorted outside and on at least one occasion took a walk with agents around the military base. He never required handcuffs. According to all of the FBI agents, his behavior never signaled an interest in possible escape.

He was noted to have a fairly consistent pattern of sleeping at night and being up and awake during the day with occasional naps. FBI SA Flores monitored him for 12-hour shifts at night, and FBI SA Behm monitored him during the daytime. They recalled the following respectively:

He would get up at night to smoke or to use the restroom. I wouldn’t say that he got eight hours of continuous sleep. He told me that it was normal for him to get up at times at night. He would snore when he was sleeping. (FBI SA Flores, September 25, 2012 interview)

They would bring in some DVD’s and [he would] watch them. He would watch for a while and then would fall asleep. He got plenty of sleep – I never saw him to be sleep deprived. From what the guys would tell me, they said that he would sleep during the night. He would usually sleep for an hour or two during the day as well. (SA Behm, September 26, 2012 interview)

FBI SA# 1 noted that Mr. Arbabsiar was very observant of the environment around him, and noticed and commented upon an FBI command bus that was parked in a distant parking lot. His vision appeared to be quite good and he would draw various things such as a map, when providing information to the agents.

On occasion, he was noted to be emotional, although this happened only rarely and was generally in the context of expressing his fears about how jail would separate him from his family, particularly his son and grandson. FBI SA # 2 recalled that Mr. Arbabsiar cried when speaking about his son and grandson. “He cried like I would cry if I wouldn’t see my kids again.”

When not being questioned, Mr. Arbabsiar was noted to relax, watch videos, read, smoke or eat his meals. Mr. Arbabsiar at times requested to eat meals with the FBI agents and on occasion they did join him in eating meals. During these break periods, in addition to occasional napping, FBI SA Behm recalled:

He would hang out in his room and read – he would read the newspaper or magazines. When I got there, there were newspapers and magazines that had been left in there. I didn't notice any problems with his vision. He had glasses, but never would complain about not being able to see. (September 26, 2012)

One FBI agent who served as a guard on the night of October 1 and the morning of October 2 found Mr. Arbabsiar to be sleeping when he first encountered Arbabsiar. FBI SA Shalabi recalled in a September 7, 2012 interview that after having observed Mr. Arbabsiar sleeping soundly, Mr. Arbabsiar awakened at 3 am and expressed concerns about jail. "The first thing out of his mouth was "What is jail like in the United States? How harsh are the conditions? What should I expect?" After going into the bathroom, Mr. Arbabsiar came back out into the living area, and FBI SA Shalabi recalled Mr. Arbabsiar's statements and behavior:

"You know what I did?" And I said "no". Then on his own accord, without me asking, (I decided to keep my mouth shut) he told me he was in big trouble. Had gotten involved in big politics. Wife had a lot of financial demands. Son's pregnant girlfriend added more to the stress. So he told me that he decided to go to Iran to solicit more help for [his] family... He said that his cousin was a "big general", [who] was "senior" with decision-making powers. [He was] Approached by cousin to then give money to kill the Saudi Ambassador. As he was telling me this, he reflected back on the whole situation. As he told me the story, [as] he said that, he looked upset and [said that he] had been used by his cousin. Then he went back to smoking, tossed and turned, and then fell asleep.

FBI SA Shalabi described this brief ten-minute period when Mr. Arbabsiar had chain-smoked several cigarettes and washed his shirt in the bathroom sink using the term "erratic" as defined by "deviating from what is ordinary or standard." In that FBI SA Shalabi knew nothing about the case or its significance, the behavior seemed unusual to him. About this brief period of wakefulness, Shalabi went on to say:

"This was clearly abnormal behavior, but not crazy. He was in no way crazy. [He] made sense, spoke calmly, low in tone. [He] shared feelings about his cousin, wife, son – making excuses for what he did. Trying to garner sympathy from me by making an excuse for what he was trying to do. When we left at 7 am, he was still asleep. [He] never cried, screamed, yelled. He exhibited typical criminal behavior of people who were caught and guilty.

FBI SA Damon Flores and FBI SA Brent Collins watched Mr. Arbabsiar during the evening and early morning hours. In an October 2, 2012 interview, Collins recalled that, "Nothing stood out to me as abnormal under the circumstances. He would never laugh inappropriately. [He] never made light of his own legal situation. He never said anything outlandish. He seemed to connect more with Damon, who is a little bit more outgoing than I am and little more talkative. I never saw him interrupt anybody. Except for smoking, he really seemed to have good manners." FBI SA Damon Flores stated to me on September 25, 2012 that Mr. Arbabsiar spoke with him at times but spent most of the evenings either sitting quietly watching television or sleeping. FBI SA Flores described Mr. Arbabsiar as inquisitive after learning about Mr. Flores having lived and worked in Southern Texas. From the time of FBI SA Flores' arrival on October 2 for eight consecutive 12-hour evening and early morning shifts until his departure on October 11, FBI SA Flores noted no bizarre or unusual behaviors.

He wanted to know about my Bureau career, what kind of work I had done in south Texas. He asked about my family, he was family oriented. He talked about his family, and especially his son and grandson. They seemed to be important to him. He seemed more interested in talking to me because I was from Texas. But whenever he started to talk about his crime, I would cut that off. I wasn't there to talk to him about his crime and I made it clear that I wasn't interested.

Some days, he seemed to be thinking about things. There were times that I would be reading a book. He seemed to appreciate conversation, but most of the time he didn't talk. He would be in his bedroom some of the time and I would be in the living area.

Perhaps the most detailed and comprehensive view of that period can be found in the documented observations of psychologist Dr. Susan Brandon, who was present during all of the post-arrest questioning of Mr. Arbabsiar. Dr. Brandon related to me the following when I interviewed her on September 21, 2012:

Generally, he answered questions. There were direct questions and direct answers – that was the bulk of the exchange. Whenever the interrogation team and Mr. Arbabsiar would speak about common shared values, these seemed to be methods to develop rapport. Mr. Arbabsiar would have good social skills, and would use the same tactics with the negotiators.

I didn't perceive any language problems. His English is very good. At times, the lead interrogator would speak to Mr. Arbabsiar in Farsi. I didn't know what they were saying. I think that it was part of the social influence tactics. He used Farsi at least once and perhaps a couple times per day. It wasn't long, just a brief exchange.

I haven't seen many interrogations. The dynamic of social exchange I *have* seen in other instances, and that is very common.

In looking at the exchanges, I don't recall anything unusual. Nothing that I recall was very strange.

There was one point where Mr. Arbabsiar was in tears. I only remember that happening once. There were several periods of positive hugs and backslapping...they spoke about being a team, and those exchanges were positive.

I felt that the lead interrogator was very personable, as was Mr. Arbabsiar. There weren't long periods of silence. It was fairly rapid, normal exchange. There were a lot of periods when they were asking detailed questions about places, family members and times. They engaged in direct questions and answers that were faster than normal conversation. It wasn't extraordinary and I was able to keep up with it.

There were times when they were asking him questions that he didn't want to answer. Sometimes they would become more conversational, sometimes they would try more rapport-based discussions, and they would then take a break.

At the beginning of the day, they would usually go in the room, and ask him how he was, how he slept, and did he eat breakfast. Before too many minutes went by, there would be the signing of the documents. The amount of discussion about the signing would vary – sometimes there was more time spent discussing, and sometime there was less time spent. Basically, they said that this is what you are doing to help us, and this is what we are doing to help you, and this (“talking to us”) is what you are doing to help us.

They didn't come in in the morning and say, "sign this" and then start talking. They would talk with him, get him to eat his food, and then get talking. The questioning never started until 15 or 20 minutes later. It was established as a pattern of how to they started the day.

The relationship would vary within the day. The relationship between Mr. Arbabsiar and the two interrogators became closer, and they would speak about being on the same team. Later, when they had the discussion about Mr. Arbabsiar going to court, you would think that they were friends.

Mr. Arbabsiar asked questions about what would happen. He would ask "are you coming to see me in prison?" It was not a happy exchange, somewhat sober, but it was fairly friendly.

Throughout the time, Mr. Arbabsiar would use the same tactics on them. The interrogators would say, "You want to help America" and at some point Mr. Arbabsiar would say, "I am an American and I want to help America." They all used praise and flattery, self-disclosure, and other influence tactics. He had good social skills and these came out. I think that I remember that he was a car salesman. He had a good ability to engage people. I tried to count the number of times that he used flattery and the interrogator used flattery.

He never spoke about having difficulty reading or having any cognitive difficulties during the sessions. He seemed to be a normally intelligent person. I didn't notice any problems with memory. He was able to recall what he had eaten the night before. He would recall videos that he had watched. There was a lot of conversation about food-which changed from day to day.

I never saw any period where he seemed out of touch with reality. With regard to the issue of team, this is something that I have seen with other interrogations. They encourage people to think that talking will help them. That is certainly what was done here. At various points, he would point out that nobody had been killed. Sometimes he seemed to think that he might go to jail for life, and sometimes he felt that he might not go to jail for life. He expressed concern about going to jail, and expressed an understanding that he had done something wrong and that he would be spending some time in jail.

The fact that he focused on [was] the fact that the attack hadn't happened and nobody died, that this would impress the justice system and that by being cooperative, that would serve him.

The most unusual event described during the period of September 29 through October 10<sup>th</sup> occurred on October 1 when Mr. Arbabsiar spoke with the FBI agents at around the time he took a shower, wearing only a towel/boxer shorts. Dr. Brandon's written record of that period indicates that he sat in the same seat as before, visible to the video monitor, and continued with the interview in a similar way that allowed for her ability to document the content and process of the interview. When I asked Dr. Brandon about her perceptions of this behavior and the context that it occurred in, she said the following:

The only strange thing that he did was when he came out with a towel around his waist. This was unusual. My sense of this was that it was deliberate on his part and in my view was a bit of a power play.

FBI SA # 1 agreed that it was unusual, but described it as an attempt by Mr. Arbabsiar to challenge the team:

Every morning we got into a routine – we brought him coffee and muffins. One morning he had a towel or boxers – he started talking, [and] then said, “Let’s sit down.” It was me, [another agent] and him in boxers or towel. He was very eager to sell himself to us – it was not from a baseline of being confused. He was manipulating us.

#### ANALYSIS AND DISCUSSION

In his July 13, 2012 declaration, Dr. First and the defense have asserted that Mr. Arbabsiar suffers from bipolar disorder “and was likely cycling in and out of manic episodes during the period of September 29, 2011.” It is his contention that decisions that Mr. Arbabsiar made during FBI questioning were influenced by episodes of mania. According to Dr. First, this raises serious questions as to whether decisions made by him during this period were made rationally, with a full understanding of the consequences. Dr. First has cited his interviews with family members in the U.S. and Iran that report longstanding, yet undiagnosed and untreated psychiatric symptoms relating to mania and depression.

Based upon my evaluation, it is my professional judgment that Mr. Arbabsiar does not suffer from bipolar disorder or any other mental illness that would have precluded him from knowingly consenting to FBI questioning following his arrest. As a result of my interviews with Mr. Arbabsiar, MCC medical, mental health and security personnel, five FBI agents who questioned him and/or monitored him, a research psychologist who documented his behaviors during the post-arrest questioning and a comprehensive review of documents in addition to those cited by the defense expert, it is my further judgment that examples of manic and depressive episodes provided by the defense were instead behaviors and statements that can be fully understood with the benefit of more factual information and within the context of his experience and environment at the time.

#### Defendant Has Never Been Clinically Diagnosed or Treated for Bipolar Disorder or Mania

Mr. Arbabsiar reports no psychiatric history prior to his arrest or in the weeks following his detention at MCC. Although he has sought and received medical care in the United States and in Iran for numerous conditions that include acid reflux, hypertension and hair loss, he has never sought or been referred for treatment for psychiatric symptoms until December of 2011. According to Mr. Arbabsiar, prior to his September 2011 arrest, neither he nor his family in the U.S. or Iran identified any symptoms (including elevated, expansive mood, irritability, rapid speech, inappropriate trust of others, insomnia, severe depression) that resulted in medical or psychiatric evaluation.

Notably, Mr. Arbabsiar has been held at MCC for approximately one year. Staffed continuously by trained medical, mental health and security personnel, MCC is an accredited facility whose medical and mental health staff are trained to identify symptoms, make diagnoses and treat mental illness. Inmates who are housed on the high-security wing are closely monitored. Had Mr. Arbabsiar been suffering from a manic episode at the time of his post-arrest FBI questioning, it would be expected that he would continue to have serious mood symptoms upon arrival at MCC, because the normal course of an untreated manic episode would be expected to last about three months (Kaplan & Sadock, 2003). Instead, after he invoked his right to an attorney and was charged in federal court, he arrived at MCC in stable condition and according to MCC records, he stated that he was “not interested in any psychology services.” One month later, on November 10, 2011, he continued to demonstrate stability and also denied having any symptoms. The psychologist reported, “No acute psychological symptoms were admitted.” In the absence of any medication treatment for mania or bipolar disorder, the fact that Mr. Arbabsiar declined psychology services and that the mental health and security staff did not observe any behavioral manifestations of psychiatric illness during this period is inconsistent with a description of mania with psychotic features in the days leading up to his detention at MCC.

In his September 6, 2012 interview, MCC chief physician Dr. Bussanich stated:

I have seen hypomania and mania quite a number of times within the jail and prison setting, but never in Arbabsiar. I would certainly know it if I saw it. People with mania can be a big concern because they can also be psychotic during these periods. When I have any indication that mood is abnormal or elevated, any mania or hypomania would be referred to the psychiatrist here. Any emergent care would require transfer to Bellevue Hospital, and we have done that in those cases.

The MCC chief psychologist, in her September 6, 2012 interview provided her perspective:

He has been dysphoric, but that is the normal human experience. Considering how much he has been in isolation, that is normal. I think that he is down about his situation. Never in the course of his time here has he exhibited a manic episode. Sometimes he ruminates over his legal situation. Although he may be a bit of a braggart, I don't see any grandiosity. No racing thoughts. No tangentiality. I wouldn't say that he has had increased energy. I did see a bit of agitation when he was initially anxious. No levels of irritability or euphoria in any way. I attributed the agitation to anxiety. I never saw any manic episodes or depression. I think that his behavior is typical for someone in a high profile case who is in an isolated situation.

Although a diagnosis of bipolar disorder itself would not necessarily interfere with one's ability to waive one's rights, it should be noted that Mr. Arbabsiar has never been clinically diagnosed or received treatment for bipolar disorder or any mood disorder. Had he suffered from true bipolar disorder, the first-line treatment approach would require a mood-stabilizing medication. Instead, he has been diagnosed with Generalized Anxiety Disorder and has responded well to non-mood stabilizing medications (buspirone, doxepin) that would not be indicated for treatment of bipolar disorder. In fact, buspirone has been reported to trigger manic episodes (Price, 1989) and therefore could have been quite destabilizing for Mr. Arbabsiar had he carried a true diagnosis of bipolar disorder.

#### Example of Mania provided by the Defense is Inconsistent with A True Manic Episode

In his July 13, 2012 declaration, Dr. First exhibits "one noteworthy example" provided by Mr. Arbabsiar's sister of a manic episode involving an international plane flight in which Mr. Arbabsiar "decided to treat the stewardesses, pilot, and passengers seated around him to expensive bottles of perfume from the duty-free cart because he wanted to make everyone feel good." In fact, Mr. Arbabsiar's sister was not present on this flight. Mr. Arbabsiar's recollection is at significant variance with the statement of his sister.

According to his recollection in multiple interviews with me while on a Lufthansa flight from Europe to Iran "about 7-8 years ago", Mr. Arbabsiar spoke with the flight attendant and suggested that he would like to buy her some cologne from the duty-free catalogue costing approximately \$30. In my review of flight records, Mr. Arbabsiar was a passenger on an international flight from Europe in 2003. "She was beautiful, and I told her I would do something for her." When she declined, Mr. Arbabsiar stated that he would also like to do something for the pilot and express his gratitude for their dedication in maintaining a safe flight during the increased flight security following September 11, 2001. He purchased duty-free cologne for only the flight attendant and the pilot, who then both expressed their appreciation for what the pilot termed "the nice gesture." In his August 3, 2012 interview with me, he recalled that,

He took me to the cockpit during the flight and showed me all around. He put me in the co-pilot's seat for maybe five minutes. It was at night – I couldn't see the ground. I said man, I appreciate this and he said he was glad to show me. He said thank you, and told me that the plane worked automatically – it was an airbus. He said that he appreciated the nice gesture – he had been a pilot for 25 years. He knew that I was a good guy. That is a good memory that I will always have. He

was a German. Nothing else happened on that flight. It was just like another day. I was by myself, and was on the way to go see my mother.

Rather than an example of a manic episode, Dr. First's example instead appears to demonstrate Mr. Arbabsiar's ability to function appropriately in a situation afforded to few airline passengers. In the heightened security of post-9/11 air travel, had Mr. Arbabsiar been experiencing a manic episode on the plane as Dr. First suggested, appropriate measures would have been taken by both the flight crew and passengers to control his behavior. The fact the Mr. Arbabsiar was personally escorted into the cockpit by an experienced Lufthansa pilot and received a special tour at the controls in the co-pilot's seat before returning voluntarily to his seat without incident is completely inconsistent with Dr. First's diagnosis of mania, a condition manifesting such marked behavioral impairment that involuntary psychiatric hospitalization is often required.

Manic episodes cause such marked impairment in functioning and procedures exist within airlines to deal with passengers who experience such symptoms. Mania is a psychiatric emergency, and is one of the most common in-flight disturbances that requiring admission to psychiatric hospitals. (Wiesmann, 2001). I have provided inpatient treatment for international airline passengers who were so impaired by mania that they were involuntarily committed to my inpatient psychiatric ward in the U.S. rather than to even be placed on a flight back to their home country. As noted above, untreated manic episodes generally last on the order of three months.

Based upon the statements of Mr. Arbabsiar in our interviews, his interest in being able to operate businesses in the community have governed his behavior. Rather than the hypersexuality of manic episodes, his infidelity and promiscuity are longstanding, consistent and date back to age 15 when he was working for his uncle. His alcohol and marijuana use has never resulted in reckless behavior that resulted in charges. In fact, his interview statements on August 4, 2012 attesting to the fact that he a) "never had one hot check", b) "never had a DWI", c) "I lived in a small town. My reputation was really important" all reflect a longstanding ability to maintain control of his behavior in the community – something that a person with bipolar disorder cannot do without adequate medication treatment.

#### Example of Depressive Episode Provided by the Defense is Inconsistent with the Facts

In his declaration, Dr. First provides an "example of a depressive episode typical of an individual with bipolar disorder." For this example, he relies on Ms. Arbabsiar's wife's report that "for roughly one year around approximately 2010, Mr. Arbabsiar was severely depressed, isolating himself in his bedroom and rarely getting out of bed except to pace around his bedroom and chain smoke."

In fact, 2010 was a year of significant international activity for Mr. Arbabsiar with more international air travel for him than was recorded for any other year in the previous decade. He took four separate flights to Iran during 2010 and also attained his U.S. citizenship and passport. In his interviews with me, he reported that he would bring back money from Iranian investments as well as Iranian goods for his wife and son. Living in both Austin and Corpus Christi during that year, it was only late in the year and following his friend's death in July that he finally moved to Austin to live with his wife where he engaged in activities including landscaping around the home and planting fruit trees. He reported to me that he did spend time in bed, but that this was due to a serious dental infection that would have required expensive surgery that he decided to defer until he could travel to Iran. In addition to increased hypertension, the dental condition was so debilitating that his jaw was swollen and he was forced to eat soup. During this period he was being treated by U.S. physicians, who never diagnosed or referred him for treatment of depression. In his interviews with me, he was very clear that while he did feel subjectively depressed during this period, his symptoms including isolation were attributable to his medical condition and his reluctance to host friends at restaurants and clubs due to diminished finances. Following his father's

death in February of 2011, he made arrangements to fly again to Iran. In the six-month period from March 2011 through September of 2011, Mr. Arbabsiar travelled frequently between Iran, Europe, Mexico and the United States prior to his arrest in New York.

Post-Arrest Symptoms Described by the Defense Are Not Consistent with True Mania

Following the refusal by the Mexican government to allow him to enter Mexico, Mr. Arbabsiar was flown to New York where he was arrested at JFK International Airport. By his own report in separate interviews with me, he was quiet and remained sitting during the flight. Stating that he was aware that he would be taken into custody, he determined that he would “go with the flow.”

The resulting FBI written report is cited by Dr. First, which he states is “noteworthy in that they contain factual information suggesting that Mr. Arbabsiar was experiencing pressured speech, paranoid and grandiose ideation, and was in a manic state.” From that FBI report, Dr. First provided two written excerpts from September 30, two from October 1, one from October 7 and one from October 10. Except for Mr. Arbabsiar, he does not cite any additional interviews with individuals who were in a position to question or monitor Mr. Arbabsiar during the period, nor does he cite any other documents from the period, including the physical examination conducted on October 6 and the telephone calls and transcripts from October 4, 5, and 7, 2011.

While the statements from Mr. Arbabsiar about being a member of the team, the potential for starting WWII, and the notion that the questioning has a connection with President Obama may seem delusional on the surface. In fact they are understandable when viewed in context. As noted above, in my interviews of agents who were present at the time, it is apparent that the concept of team and agent relationship with President Obama came directly from the FBI agents who were questioning Mr. Arbabsiar. As noted above, according to FBI agents, Mr. Arbabsiar’s own references to WWII were sarcastic in nature and reflected his frustration with Iranian handlers who were noted to be too controlling.

In my interviews with FBI agents present during the post-arrest questioning, they did not find his emotionality during the first few days to be unusual when taken into context. It may in part be due to his report to me of sleep deprivation from the time spent in Mexico and on the flight to New York. It is therefore understandable that he was sleeping when FBI SA Shalabi arrived on the evening of October 1, with only a brief awakening at around 3 am, only to fall asleep soon thereafter and remain asleep for at least approximately three and a half more hours when Shalabi departed at 7 am on October 2. This substantial period of sleep in response to sleep deprivation is normal, and opposite of what would be experienced in one who is going through a manic episode.

The first few days of questioning were particularly stressful for Mr. Arbabsiar. FBI SA # 1 stated that Mr. Arbabsiar initially admitted virtually nothing until the tapes were played. Given the situation that he was being confronted with his own alleged involvement in a serious federal crime involving multiple countries and that the U.S. government was aware of his conversations with the confidential source, the first two days would have been emotionally challenging for anyone in a similar circumstance. His behavior and emotionality during the first few days were therefore understandable when viewed in context with progress of the post-arrest questioning. What is on the surface unusual behavior during the day and night on October 1/2 (wearing a towel during the questioning, getting up in the middle of the night to smoke, pace and attempt to confess to the agent on night duty) is more understandable given the enormity of the situation and the extent of the government’s knowledge of the alleged plot. According to my interviews of the FBI agents who questioned him, and in my review of the FBI’s post-arrest report, Mr. Arbabsiar’s candor about his involvement was clearly evident only after the FBI agents had played a series of tape-recorded conversations that implicated him. His ability to withhold self-incriminating information prior to confrontation with evidence demonstrated his command of the situation and ability to

control the timing of his revelations. In that sense, according to FBI SA #2's statement in our August 10, 2012 interview, "he was no different than any of the other guys in the way that he acted when confronted that he was in trouble."

Perhaps the most compelling documentation from the period of questioning involves the actual transcripts and recordings of the telephone calls that Mr. Arbabsiar made to his Iranian handler. The American Psychiatric Association's 2010 Guidelines recommends limiting access to telephones in people who are going through a manic episode because a telephone in the hands of a manic individual is an "open microphone" for poor judgment, pressured speech, and reckless, unpredictable statements. Had he in fact been manic and delusional as Dr. First suggests, the FBI agents would have been taking enormous risks to allow him to make those international calls to his Iranian handler. In fact, these three separate calls from Mr. Arbabsiar on three separate days are a testament to his command of his mood, emotions and decision-making. None lasted more than 3 minutes. He effectively spoke in pre-arranged code words and terms. Each call was a successful dialogue rather than a manic monologue and did not appear to arouse suspicion from the Iranian handler. In an August 10, 2012 interview, Special Agent # 1 recalled that the telephone calls in Farsi were: "Short and sweet. I stood next to him and listened to what he said in Farsi. [It was] no different than a phone call that a drug dealer would make."

In demonstrating the presence of judgment and rational decision-making ability and the absence of mania, perhaps the most significant phone call was the one that he refused to make. In the same interview, FBI SA #1 recalled the process of planning the phone calls as well as Mr. Arbabsiar's decision to end the process: "Phone calls – we gave him parameters but did not script the phone calls. He didn't say a whole lot. At the end, he said "this is too much" – [and] didn't want to make the phone calls."

In my interviews with Mr. Arbabsiar, he was consistent in describing himself as someone who was successful in making deals, and who felt comfortable with negotiating. Although he was aware that the charges would be serious, he also felt that because the alleged plan had not been executed and therefore no one had been killed, he was in a position to make a deal. In his September 26, 2012 interview with me, he indicated that he decided to call a halt to the process by refusing to make another phone call to his alleged Iranian handler. If given an opportunity to do this again, he would have wanted to provide information in exchange for a "deal" but would want to have an attorney present.

If I had to do it all over again, this is what I have learned. I would have called my attorney and say you should make a deal with them and then I will give them information. I would just change the way that I would make a deal with them. When I signed the paper, I said "no court" and then signed the paper. I am just one guy – if 20 guys want to come to you, then you need to have some kind of help. I know that deals happen – if you give people information, then they will help you. They shook my hand, but when they told me that I had a case number, I knew that there I would have to do some time in jail. Finally I decided enough is enough. I am a nice guy, but everything has got a limit. And I decided that I was nice and respected them. I had never killed anybody but finally, I just couldn't make another call. I had made two calls for them. I told them you want me to make another call, but that will put my family in danger. I thought that it was enough to help them for ten days – but everything has a limit.

So if this happened again, I would say "I would like to talk to my attorney." The reason that I didn't call an attorney was that I had never been in this type of situation before. I felt that since I had not killed anybody, it wasn't as big a case as it would be if I had killed somebody. If it happened again, I would say "I am not going to tell you anything until I have an attorney. I am not going to give you free shit, this information is worth something – it is worth money."

According to the observations of FBI agents who questioned him, those agents who were there for day shift and night shift monitoring duties and the research psychologist, Mr. Arbabsiar's speech and behaviors were appropriate to the situation. Despite his tobacco addiction, he slept through most of the night. He engaged in conversation, but was also noted to spend time in his room quietly reading or watching videos. When going outside for smoke breaks or exercise, he gave no indication that he would engage in impulsive behavior such as escape. In fact, the type of environment (including questioning that was at times confrontational, television, videos, phone calls to Iran) described by agents and Mr. Arbabsiar would likely have exacerbated mania had Mr. Arbabsiar been experiencing a manic episode. According to the American Psychiatric Association Guidelines of 2010, "during the manic phase of bipolar disorder, a calm and highly structured environment is optimal. Such stimuli as television, videos, music, and even animated conversations can heighten manic thought processes and activities."

Had Mr. Arbabsiar been manic and delusional, it would have constituted a psychiatric emergency for which emergent use of medication and hospitalization would be indicated. Left untreated, a manic episode lasts approximately three months, and he therefore would have been demonstrating significant symptoms in the hours, days and weeks following his detention at MCC. In fact, he did not demonstrate any symptoms upon arrival at MCC, and expressly declined mental health services. He has remained stable and free of any symptoms leading to the diagnosis or treatment for bipolar disorder or any mood disorder. Although Dr. First referred to the likelihood of Mr. Arbabsiar "cycling in and out of manic episodes during the period of September 29, 2011 to October 10, 2011," he does not further clarify when he believes these manic cycles occurred within such a short window of time. Because the average untreated manic episode generally lasts for a period of months, it would be extremely unusual for manic cycling to occur within a matter of hours or days. In any event, during his past year of detention at MCC, medical and mental health professionals have seen no evidence of mania whatsoever.

#### Mr. Arbabsiar Has Never Been Diagnosed with a Cognitive Disorder

In addition to a diagnosis of bipolar disorder, Dr. First opined that Mr. Arbabsiar suffers from cognitive impairment citing history received from the family as well as brain MRI results and psychological testing. The MRI showed mild "parenchymal volume loss, otherwise unremarkable..." In my review of Mr. Arbabsiar's college transcripts as well as my interviews with Mr. Arbabsiar, I did not find him to be cognitively impaired. The fact that he was able to arrange more international travel for 2010 than for any other year in the previous decade as well as to attain his U.S. citizenship speaks to his cognitive abilities. His command of the English language during our six interviews was strong. Mental Status Examinations have not revealed any significant deficits. He is able to manage his MCC financial account balance and his orders from the commissary have demonstrated consistency. His interest in reading and following current events through listening to the talk radio programs remains very high. During our interviews, I found his recall of business and family matters was quite detailed. Specifically, he was able to recall business deals relating to his automotive business as well as property deals and holdings that he has maintained in Iran and used as a second source of income during the last four years. MCC physicians and psychologists who have assessed and monitored him throughout the last year have not diagnosed him to have cognitive impairment.

#### Conclusion

Within a reasonable degree of medical certainty, and based upon my 32 hours of interviews with Mr. Arbabsiar, and information gained from review of documents and interviews listed in Appendix I, I do not find evidence that Mr. Arbabsiar was experiencing a manic episode during the period of September 29 to October 10, 2011. Furthermore, I am in agreement with the clinical staff of MCC that Mr. Arbabsiar does not suffer from bipolar disorder or any mood disorder currently, and has never been manic since his arrival at the institution.

## Appendix I

### Sources of Information

1. American Psychiatric Association Treatment Guidelines, 2010.
2. Arbabsiar, M. A. (2012, July 16). Declaration of Manssor Arbabsiar in support of motion to dismiss the indictment or, in the alternative, to suppress. *U.S. v. Manssor Arbabsiar, Gholam Shakuri*, pp. 1-6.
3. Bolduc, E. (2010, February 16). Department of Homeland Security (DHS). Memorandum to Anthony Marshall, Supervisory ISO concerning N-400 eligibility assessment for Manssor Arbabsiar, pp. 1-2.
4. DHS: U.S. Citizenship and Immigration Services (USCIS). (2009, June 24). Memorandum subject: IBIS hit resolution for applicant: Manssor Arbabsiar, p. 1.
5. DHS: USCIS. (2012, February 17). Memorandum subject: IBIS hit resolution for Manssor Arbabsiar, p. 1.
6. DHS: USCIS. (2010, August 6). N-400, application for naturalization, pp. 1-10.
7. DHS: USCIS. (2010, August 30). Form N-445, notice of naturalization oath ceremony, pp. 1-2.
8. DHS: USCIS. (2010, April 23). N 652, naturalization interview results, pp. 1-8.
9. Fabbri, W. (2011, October 6). Federal Bureau of Investigation (FBI) record of medical condition, pp. 1-7.
10. Federal Bureau of Investigation (FBI). (2011, October 10). Interrogation research conducted from September 29-October 10, 2011, pp. 000638-000655.
11. First, M. B. (2012, July 13). Declaration of Michael B. First, M.D., in support of Mr. Arbabsiar's motion to dismiss the indictment or, in the alternative, to suppress. *U.S. v. Manssor Arbabsiar, Gholam Shakuri*, pp. 1-9.
12. First, M. B. (2012, July 2). Personal interviews with Manssor Arbabsiar: (March 26, 2012; March 31, 2012; May 3, 2012; June 13, 2012).
13. First, M. B. (2012, March 28). Personal interview with Martha re: Manssor Arbabsiar.
14. First, M. B. (2012, April 11). Personal interview with John Arbabsiar re: Manssor Arbabsiar.
15. First, M. B. (2012, May 2). Personal interview with Arbabsiar's Family re: Manssor Arbabsiar.
16. First, M. B. (2012, May 2). Personal interview with Ben Mosezare re: Manssor Arbabsiar.
17. Flores, D. (2012, August 28). Email to Glenn Kopp and Edward Kim re: Arbabsiar's air travel from May 9, 2003-July 20, 2011, pp. 1-7.
18. Kaplan and Sadock's Synopsis of Psychiatry, Psychiatric Emergencies in Adults 2003.

19. Metropolitan Correctional Center (MCC), New York. (2012, June 29). Clinical records related to Manssor Arbabsiar, Reg. #: 65807-054 (10/11/11- 6/29/12).
20. MCC, New York. (2012, July 5). Mental health records related to Manssor Arbabsiar, Reg. #: 65807-054 (10/27/11- 9/27/12).
21. MCC, New York. (2012, August 2). Commissary records belonging to Manssor Arbabsiar, Reg. #: 65807-054 (10/27/11-8/2/12).
22. Morgan, J. E. (2012, July 12). Declaration of Joel E. Morgan, Ph.D., in support of Mr. Arbabsiar's motion to dismiss the indictment or, in the alternative, to suppress. *U.S. v. Manssor Arbabsiar, Gholam Shakuri*, pp. 1-4.
23. Patton, D. E., Shroff, S. P., Zas, E. S., & Romano, K. M. (2012, July 16). Memorandum of law in support of Mr. Arbabsiar's motion to dismiss the indictment or, in the alternative, to suppress. *U.S. v. Manssor Arbabsiar, Gholam Shakuri*, pp. 1-50.
24. Price, W. et al, Buspirone-induced mania. *Journal of Clinical Psychopharmacology*, Vol 9(2), Apr 1989, 150-151.
25. Saathoff, G. B. Personal interviews with Manssor Arbabsiar: (August 3, 4,11,12 and September 5, 26, 2012).
26. Saathoff, G. B. Personal interview with Lieutenant Madison (August 3, 2012)
27. Saathoff, G. B. (2012, August 10). Personal interview with FBI Special Agent (SA) # 1 re: Manssor Arbabsiar at the FBI Washington Field Office.
28. Saathoff, G. B. (2012, August 10). Personal interview with FBI SA # 2 re Manssor Arbabsiar at the FBI Washington Field Office.
29. Saathoff, G. B. (2012, September 6). Personal interview with Anthony Bussanich, M.D. at New York MCC.
30. Saathoff, G. B. (2012, September 6). Personal interview with Elissa Miller, Psy.D. at New York MCC.
31. Saathoff, G. B. (2012, September 7). Personal interview with FBI SA Mustafa Shalabi at NYC FBI Building
32. Saathoff, G. B. (2012, September 21). Personal interview with Dr. Susan Brandon
33. Saathoff, G. B. (2012, September 25). Phone interview with FBI SA Damon Flores
34. Saathoff, G. B. (2012, September 26). Phone interview with FBI SA Brian Behm
35. Saathoff, G.B. (2012, October 2). Phone interview with FBI SA Brent Collins.
36. Southern University and A & M College. (2012, August 2012). Academic transcript belonging to Manssor Arbabsiar (1977-1986). pp. 1-3.

37. Troutman, D. (2010, January 13). Email to Virginia Villareal re: Deconfliction (in reference to a national security concern regarding Manssor Arbabsiar), p. 1.
38. U.S. Department of Justice. (2012, July 27). Audio recordings and transcripts of telephone calls and meetings between Manssor Arbabsiar and a confidential source from July 14-October 7, 2011. *U.S. v. Manssor Arbabsiar 11 Cr. 897 (JFK)*, pp. 247-541.
39. U.S. Department of Justice. Audio recordings and transcripts of telephone calls made from Manssor Arbabsiar to contact in Iran on October 4,5, and 7, 2011.
40. Walsh, J. F. (2011, October 10). FBI post arrest statements made by Manssor Arbabsiar from September 29-October 10, 2011, pp. 558-633.
41. Wieshmann, U, et. al., Severe Mental Illness and Airports - - the Scope of the Problem, *Psychiatric Bulletin* 2001, 25:261-264.
42. Woloszyn, R. O. (2011, October 11). Charge sheet. *U.S. v. Manssor Arbabsiar, Gholam Shakuri*, pp. 1-21.

**Appendix II**

**Gregory Brian Saathoff MD**

**POSITIONS**

Associate Professor of Research

Department of Public Health Sciences  
University of Virginia School of Medicine  
Appointed September 2011 - present

Associate Professor of Research

Department of Psychiatry and Neurobiological Sciences  
University of Virginia School of Medicine  
Appointed April, 2002-September 2011

Associate Professor of Emergency Medicine

Department of Emergency Medicine  
University of Virginia School of Medicine  
Appointed November, 2007

Conflict Resolution Specialist

Critical Incident Response Group  
Federal Bureau of Investigation  
July 1996-present

Executive Director

Critical Incident Analysis Group (CIAG)  
University of Virginia  
1997-present

National Security Expert Panel Member

Oak Ridge Associated Universities  
2007-present

Associate Professor of Clinical Psychiatry

Department of Psychiatric Medicine-WSH Division  
University of Virginia School of Medicine  
Charlottesville, Virginia 22901  
1987-2002

Faculty Associate

Center for the Study of Mind and Human Interaction  
University of Virginia  
Charlottesville, Virginia  
1993-2002  
Member-Kuwait Project

Member-Baltic Project (Estonia)

Center for the Study of Mind and Human Interaction  
The Carter Center, Atlanta, GA  
1995-1998

Member – Former Soviet Union Project – (Republic of Georgia)

Tbilisi, Georgia  
1999

Chair

Committee on International Relations  
Group for the Advancement of Psychiatry (GAP)  
White Plains, New York  
2000 - 2005

Medical Director

Kuwait PTSD Project 1994-1996  
Social Development Office - Kuwait  
Arab Peninsula and Gulf Studies Program

Psychiatric Consultant

Virginia Department of Corrections  
Augusta Correctional Center (Maximum Security)  
Craigsville, Virginia  
1991-present

Psychiatric Forensic Consultant

Federal Bureau of Investigation  
National Center for the Analysis of Violent Crime (NCAVC)  
Operation New Hope, 1993-1995

Crisis Management Unit/Investigative Support Unit  
Critical Incident Response Group  
Operation Gray Sunset, Jordan, Montana, 1996

Crisis Management Unit / Investigative Support Unit  
Critical Incident Response Group  
HOBAS Project, Montreal, Quebec, 1996

Crisis Management Unit/Investigative Support Unit  
Critical Incident Response Group  
US Air Force, Profiling & Behavioral Assessment Unit, 1997

Crisis Management Unit/Investigative Support Unit  
Critical Incident Response Group  
10 April 1997  
Republic of Texas Siege

Forensic Psychiatric Consultant

Macro Task Force – on-site consultation  
Western Australia Police Service  
Perth, Western Australia  
3 OCT 99 – 7 OCT 99

Faculty Review Committee Member

FBI Behavioral Sciences Faculty Review Committee  
University of Virginia,  
Charlottesville, Virginia  
December 1998 - 2000

Psychiatric Consultant

Bureau of Criminal Investigation  
Department of State Police/Capitol Police  
Commonwealth of Virginia  
1984-1987

Assistant Clinical Professor

Department of Family Medicine  
University of Virginia School of Medicine  
1987-1995

Major

United States Army Reserves – Retired  
Medical Corps-Psychiatry  
1985-1994  
Active Duty-Operation Desert Storm 1991

Psychiatric Consultant

Saudi-U.S. Universities Project  
King Faisal Specialists Hospital  
Riyadh, Saudi Arabia  
Mar-June 1995

Research Article Reviewer

Annals of Saudi Medicine  
Riyadh, Saudi Arabia  
1995

Psychiatry

Interpersonal and Biological Processes  
Robert Ursano MD, Editor  
2007

Harvard Review of Psychiatry

Dr. Shelly Greenfield  
Editor in Chief  
Harvard Review of Psychiatry  
2010

## **EDUCATION**

### Undergraduate Education

University of Notre Dame  
Notre Dame, Indiana  
Arts and Letters, Pre-Professional Studies Program  
B.A. Psychology 1976-1979

### Graduate Education

University of Missouri-Columbia  
School of Medicine  
Columbia, Missouri  
M.D., 1979-1983

### Post-Graduate Education

University of Virginia-Charlottesville  
Residency in Behavioral Medicine & Psychiatry  
Psychiatry, 1983-1987

## **PROFESSIONAL CERTIFICATION**

### Medical Board Examination

Diplomate  
National Board of Medical Examiners  
1984

### Specialty Board Examination

Diplomate  
American Board of Psychiatry and Neurology  
1989

### Forensic Evaluation

Institute of Law, Psychiatry and Public Policy  
University of Virginia  
Risk Assessment  
Institute of Law, Psychiatry and Public Policy  
University of Virginia

### Sex Offender Evaluation and Treatment

Institute of Law, Psychiatry and Public Policy  
University of Virginia

## **MEDICAL LICENSURE**

Commonwealth of Virginia  
State Board of Medicine

## **PROFESSIONAL ORGANIZATIONS**

American Psychiatric Association  
Virginia Psychiatric Association  
Blue Ridge Psychiatric Society  
National Alliance for the Mentally Ill  
International Society of Traumatic Stress Studies  
Group for the Advancement of Psychiatry  
American Academy of Psychiatry and Law

## **AWARDS & HONORS**

### **The Army Commendation Medal:**

“in support of Operation Desert Storm”  
5th General Hospital,  
7th Medical Command  
Bad Cannstatt, Germany  
1991

### **Scroll of Appreciation**

“in support of Operation Desert Storm,”  
7th Medical Command  
1991

### **Certificate of Recognition**

Bad Cannstatt Meddac,  
for exemplary service from  
January 1991 to April 1991,  
in support of "Operation Desert Storm"

**National Defense Service Medal**, 1991, Germany.

**Overseas Service Ribbon**, 1991, Germany.

### **Plaque of Recognition**

"for your knowledge, insight, and devotion"  
Critical Incident Response Group  
Federal Bureau of Investigation - 1995

### **Certificate of Commendation**

Louis Freeh – Director  
Federal Bureau of Investigation -1999

### **Plaque of Recognition**

For Service and Commitment to the Task Force  
Western Australia Police Service  
Macro Task Force  
1999

**Commonwealth of Virginia General Assembly *House Joint Resolution 924***

“Under the direction of Dr. Greg Saathoff, the General Assembly commend the Critical Incident Analysis Group of the University of Virginia School of Medicine”  
Unanimous confirmation 22 FEB 2003

**Certificate of Commendation**

Robert Mueller – Director  
For Exceptional Service in the Public Interest  
November, 2005

**Letter of Appreciation**

Federal Bureau of investigation  
Washington Field Office  
July 12, 2006

**Award for Exceptional Service in the Public Interest**

Presented by CIAG co-chair, Edwin Meese III  
10<sup>th</sup> Annual Meeting  
Critical Incident Analysis Group  
University of Virginia  
April 1, 2007

**Election as IIIA Fellow, James Madison University**

National Academy of Sciences  
May 15, 2007

**EDITORIAL BOARDS**

Member – Editorial Board  
International Journal of Emergency Mental Health

**ADVISORY POSITIONS**

Advisor  
PBS Documentary: America at the Crossroads  
Homegrown: Islam in Prison  
First Aired 26 NOV 2007

**SECURITY CLEARANCES**

Through FBI/DOJ with specific compartments available on authorized request

**COMMITTEE / COMMISSION APPOINTMENTS AND ELECTIONS**

Elected Member  
General Faculty Council  
University of Virginia  
Elected 2011

**Chair**

Expert Behavioral Analysis Panel  
Multidisciplinary Panel Charged with Sealed Records Analysis and Review  
via court authorization of Chief Judge Royce Lamberth  
September 2009 – June 2010

Member

Select Advisory Commission to the FBI's CIRG  
FBI Academy, Quantico, Virginia  
January 16-18, 1996, February 16-18, 1996

Member & Chairman (1997-2005)

International Relations Committee  
Group for the Advancement of Psychiatry (GAP)  
White Plains, New York  
1997-present

Member- Western State Hospital, Staunton, Virginia

Credentials Committee, 1987-2002  
Quality Assurance Committee, 1994-2002  
Pharmacy and Therapeutics Committee, 1993-2002

President

Medical Staff  
Western State Hospital  
University of Virginia  
1989-1991

Chair

Pharmacy and Therapeutics Committee  
Western State Hospital  
2000-2002

**TEACHING ASSIGNMENTS**

Lecturer and Participant

Hostage Negotiation Course  
Crisis Management Unit - FBI  
January 22-February 2, 1996

Course Coordinator

Psychiatry-Saudi U.S. Universities Project  
King Faisal Specialists Hospital  
Riyadh, Saudi Arabia  
March-June, 1996

Presenter and Lecturer

Institute for Law, Psychiatry, and Public Policy  
University of Virginia  
1992-present

Coordinator of teaching component

Psychopharmacology Education  
Univ. of Virginia - Department of Family Medicine  
1987-1996

Lecturer

Virginia Department of State Police Academy  
Richmond, Virginia  
1986-1987

**PRESENTATIONS**

Paper Presentation

**Psychiatric Sequelae in State Police Officers**

141st Annual Meeting  
American Psychiatric Association  
Montreal, Quebec  
9 MAY 1988

Paper Presentation

**Geriatric Deinstitutionalization and Mortality**

144th Annual Meeting  
American Psychiatric Association  
New Orleans, LA  
13 MAY 1991

Paper Presentation

**Limiting Regression of Borderline Inpatients**

145th Annual Meeting  
American Psychiatric Association  
Washington, D.C.  
6 MAY 1992

Lecturer

**Dealing with the Borderline Personality**

11th Annual Refresher Course for Family Physicians  
University of Virginia  
6 MAY 1993

Lecturer - Workshop

**Erotomania, The Celebrity Stalker, and the Law**

146th Annual Meeting  
American Psychiatric Association  
San Francisco, CA  
24 MAY 1993

Chair - Workshop

**Academic Psychiatry Behind Bars**

146th Annual Meeting  
American Psychiatric Association  
Philadelphia, PA  
24 MAY 1994

Chair - Workshop

**Final Frontier? Collaboration in Prison Psychiatry**

146th Annual Meeting  
American Psychiatric Association  
Philadelphia, PA  
24 MAY 1994

Speaker-Workshop Presentation

**The Management and Treatment of Stalkers**

A Video Case Presentation  
Institute of Law, Psychiatry, and Public Policy  
Thirtieth Semi-Annual Forensic Symposium  
Charlottesville, VA  
10 MAY 1996

Presenter

**"Role of the Conflict Resolution Specialist"**

FBI Critical Incident Response Group Retreat  
St. Michael's, Maryland  
15 OCT 1997

Forum Coordinator

**"Critical Incidents and the Constitution"**

1<sup>st</sup> Annual CIAG Conference  
Academical Village, University of Virginia  
8-9 JAN 1998

Coordinator/Moderator

**"Aum Shinrikyo and the Sarin Gas Attack"**

**"The Changing Face of Terrorism"**

FBI Academy, Quantico, VA  
26 FEB 1998

Lecturer

University of Virginia – Associates Program

**Violence and Myth in America: From Culture to Cell**

1 MAR 1999, Richmond, Virginia  
23 MAR 1999, Norfolk, Virginia  
31 MAR 1999, Falls Church, Virginia

Moderator – Presenter

**The Terrorist Threat to the American Presence Abroad**

2<sup>nd</sup> Annual CIAG Conference  
University of Virginia, Omni Hotel  
12-13 APR 1999

Moderator

**Apocalyptic Millennialism and Violence Conference**

Federal Bureau of Investigation  
Fredericksburg, Virginia  
7 JUN 1999

Presenter

**Resolution Strategies in Religious Barricades**

Conference on Apocalyptic Millennialism

***The Case of Jerusalem in 2000***

Jerusalem, Israel

20-23 JUN 1999

Moderator - Behavioral Science Panel

US Department of Justice/FBI Conference

**“The School Shooter: A Threat Assessment Perspective”**

Leesburg, Virginia

12-16 JUL 1999

Moderator/Panelist – Critical Incident Analysis Group

**Profile of the Rabin Assassination**

Critical Incident Analysis Group

North Oval Room, Rotunda, University of Virginia

28 JUL 1999

Coordinator

**FBI-Religion Scholar Interface of Apocalyptic Millennialism**

Roundtable Seminar – American Academy of Religion

AAR Annual Meeting – Boston, Massachusetts

20-23 NOV 1999

Moderator – Panelist

With Robert Hare, PhD, and

FBI's National Center for the Analysis of Violent Crime

**Symposium on Psychopathy**

University of Virginia

19 JAN 2000

Moderator

**“Protecting Symbols of American Democracy”**

3<sup>rd</sup> Annual CIAG Conference

University of Virginia

10-11 APR 2000

Guest Speaker

**“Public Figure Stalking”**

The Washington D.C. Conference on Threat Management

12 MAY 2000

Lecturer

**“Profile of a Stalker”**

Summer Institute on Stalking: Virginia Dept. of Criminal Justice Services

Newport News, VA & Roanoke, VA

13 JULY 2000 and 10 AUG 2000

Panelist News Conference

**The School Shooter: A Threat Assessment Perspective**

Federal Bureau of Investigation

J. Edgar Hoover Building

Televised 6 SEP 2000

Moderator and Discussant

With Hussah Al-Salem Al-Sabah, Prof. Basheer Al-Rashidi, Bertram Brown

**“Preserving Identity and Culture in the Face of Trauma”**

**“The Liberation of Kuwait: Dawning of a New World Order?”**

Commemoration of Tenth Anniversary of Gulf War Victory

Institute for Global Policy Studies

University of Virginia

23 JAN 2001

Guest Speaker - Panelist

**“The Changing Role of Physicians During Times of Conflict”**

University of Virginia Medical Alumni Association – 38<sup>th</sup> Annual Meeting

Norfolk, Virginia

27 JAN 2001

Moderator

**“Public Responsibility and Mass Destruction:**

**Facing the Threat of Bioterrorism”**

4<sup>th</sup> Annual CIAG Conference

University of Virginia

2-3 APR 2001

Lecturer

**“Psychiatric Guidance for Supervisors”**

FBI-BIA Symposium

FBI Academy Quantico, VA

11 SEP 2001

Lecturer

**“Respecting Arab Culture: The Interview”**

Critical Incident Response Group -FBI

27 SEP 2001

Discussant

**Killing in the Name of God**

American Academy of Psychiatry and the Law

Annual Meeting

Boston, MA

25 OCT 2001

Presenter:

**“Mental Health, Law Enforcement and Media Perspectives on Debriefing”**

“Debriefing Needs within the CIRG”  
International Society for Traumatic Stress Studies  
Annual Meeting  
New Orleans, LA  
7 DEC 2001

Speaker:

**“Biological Weapons: Threat and Response, Bioethics and Bioterrorism”**

Conference, University of Pennsylvania & University of Virginia  
Departments of Biomedical Ethics, National Press Club  
Washington D.C.  
28 FEB 2002

Conference Coordinator and Moderator

**Terrorism Intelligence and Democracy**

5<sup>th</sup> Annual CIAG Conference  
University of Virginia  
Charlottesville, VA  
9 APR 2002

Moderator:

**Conference on Workplace Violence**

Critical Incident Response Group  
Federal Bureau of Investigation  
U.S. Department of Justice  
Lansdowne Resort  
9-14 JUN 2002

Speaker:

**The Mind of the Terrorist**

Fall Meeting, Psychiatric Society of Virginia,  
Boar’s Head Inn, Charlottesville  
27 SEP 2002

Speaker

**Community Shielding: Public Response to Bioterrorism**

International Open Discussion On:  
“International Terrorism and World Governance”  
U.N. Interregional Crime and Justice Research Institute/Europol  
Turin, Italy  
7 FEB 2003

Conference Coordinator and Moderator

**Communication in Crisis: Mobilizing Resources**

6<sup>th</sup> Annual CIAG Conference  
University of Virginia  
Charlottesville, VA  
31 MAR 2003

Speaker

**Iraq's Mental Wellbeing**  
**Training Symposium on Trauma**

SAS Radisson Hotel  
Kuwait  
11-13 OCT 2003

Speaker

**Understanding Symptoms of Mental Illness:**  
**Therapeutic Approaches for Law Enforcement**

Metropolitan Area Crisis Negotiators Association  
The Pentagon  
Arlington, Virginia  
21 OCT 2003

Conference Coordinator and Moderator

**Countering Suicide Terrorism:**  
**Risks, Responsibilities and Realities**

7<sup>th</sup> Annual CIAG Conference  
University of Virginia  
Charlottesville, VA  
4-6 APR 2004

Paper presentation

**Mental Illness and Vulnerability to Victimization**

Dubai Police Academy  
Dubai, UAE  
5 MAY 2004

Conference Coordinator and Moderator

**Hostage to Terrorism: Governmental and Non-Governmental Response Strategies**

8<sup>th</sup> Annual CIAG Conference  
University of Virginia  
Charlottesville, VA  
3-5 APR 2005

Panelist

**New Directions in Psychiatric Aspects of Terrorism: Causes, Consequences, Responses**

2005 Annual Meeting of American Psychiatric Association  
Atlanta, GA  
26 MAY 2005

Chairman

**Terrorism and the Unknown Enemy**

29<sup>th</sup> International Congress  
Académie internationale de droit et de santé mentale  
Sorbonne  
Paris, France  
7 JUL 2005

Moderator

Community Shielding and Evacuation: Two Sides of the Preparedness Coin  
**Catastrophe: Coping Through Improvisation**  
Darden School of Business  
University of Virginia  
17-18 OCT 2005

Keynote Speaker

*Collision, Collusion or Collaboration?*  
*Academe, Private Sector and Government-*  
*The Critical Incident Analysis Group*  
**Senior Course on Crisis Management and Civil Emergency Planning:**  
**Facing new security threats and risks**  
Swedish National Defense College  
Stockholm, Sweden  
5 DEC 2005

Conference Coordinator and Moderator

9<sup>th</sup> Annual CIAG Conference  
**Critical Intelligence, Communication and Response: Formatting Lessons of the Recent**  
**Terrorist Attacks to Future Threats**  
University of Virginia  
Charlottesville, VA  
2-4 APR 2006

Exercise Facilitator

Four Day Table Top Exercise and Senior Leadership Briefing  
**“Operation Avian Wind”**  
U.S. European Command  
Marshall Center, Garmisch, Germany  
June 2006

Testimony

**Religious Radicalization Behind Bars**  
Testimony Before the Senate Committee on Homeland Security and Governmental Affairs  
Dirksen Senate Office Building  
Washington, DC  
19 SEP 2006

Presenter

**Anatomy of a Medical Murder:  
Case Presentation of Serial Medical Homicides of Medical Student and Physician  
Michael Swango, MD**

Old Medical School Auditorium  
University of Virginia School of Medicine  
20 SEP 2006

Grand Rounds

**Medical Students in Prison: Fifteen Years of Teaching 3<sup>rd</sup> Year UVa Students**

Department of Psychiatry and Neurobehavioral Sciences  
University of Virginia  
Camp Heart Auditorium  
10 OCT 2006

Seminar Chairman

**Crisis Leadership: Securing Societies, Protecting Homelands**

Center for the Study of the Presidency  
U.S. Capital Building, Room HC-8  
19 MAR 2007

Conference Coordinator and Moderator

**Root, Stem and Branch: Home-Grown Radicals and the Limits of Terrorism**

10<sup>th</sup> Annual CIAG Conference  
University of Virginia  
Charlottesville, VA  
1-3 APR 2007

Presenter

**Students in Distress, Mental Health, and Law Reform**

Miller Center Forum  
University of Virginia, Miller Center of Public Affairs  
25 JUN 2007

Briefing

**Community Shielding and the Work of CIAG**

Duncan Lewis, Deputy Prime Minister, Australia  
Co-Chair; Australian National Counterterrorism Committee  
Perth, Western Australia  
23 AUG 2007

Conference Director and Moderator

**Avenues for Dialogue: Driving Discourse Toward Peaceful Goals**

London  
5-7 NOV 2007

Conference Director and Moderator

**Avenues for Dialogue: Driving Discourse Toward Peaceful Goals**

Washington, DC  
13 DEC 2007

Testimony

**U.S. Prisoners and Religious Rights**

Testimony Before the U.S. Commission on Civil Rights  
Washington, DC  
8 FEB 2008

Conference Director and Moderator

**Avenues for Dialogue: Driving Discourse Toward Peaceful Goals**

Riyadh, Saudi Arabia  
25-28 FEB 2008

Conference Director and Moderator

**Cyber Incursions: Erosions of Security and Social Trust?**

11<sup>th</sup> Annual CIAG Conference  
University of Virginia  
Charlottesville, VA  
30 MAR – 1 APR 2008

Conference Director and Moderator

**Suicide by Cop: Averting the Crisis**

CIAG Winter Symposium  
University of Virginia  
Charlottesville, VA  
7-9 DEC 2008

Co-Moderator

**Human Factors in Marketing, Psychology, and Sociology**

FEMA Region V Preparedness Summit: Developing a Culture for Preparedness  
Chicago, IL  
6 JAN 2009

Conference Director and Moderator

**Resolving Hostage Crises: Lessons from Colombia**

12<sup>th</sup> Annual CIAG Conference  
University of Virginia  
Charlottesville, VA  
29-31 MAR 2009

Conference Director and Moderator

**21<sup>st</sup> Century Piracy: Lessons off the Somali Coast**

13<sup>th</sup> Annual CIAG Conference  
University of Virginia  
Charlottesville, VA  
21-23 MAR 2010

Guest Speaker

**Mainstreaming Counter-Terrorism in Police and Law Enforcement**

Asia-Pacific Programme for Senior National Security Officers  
Sentosa Resort and Spa  
Singapore  
13 APR 2010

Guest Speaker

**Crisis Leadership**

FEMA Office of the Chief Counsel Annual Meeting  
Boar's Head Inn  
Charlottesville, VA  
14 MAY 2010

Conference Director and Moderator

**Insider Threats**

14<sup>th</sup> Annual CIAG Conference  
University of Virginia  
Charlottesville, VA  
3-5 APR 2011

Speaker

**Personnel Reliability and the Anthrax Attacks:  
Report of the Expert Behavioral Analysis Panel**

*Federal Experts Security Advisory Panel and National Security Advisor/Staff*  
HHS Building, Washington DC  
18 APR 2011

Conference Co-Director

**Advice in Crisis Training Session**

Annual Training Session  
Federal Emergency Management Agency  
Charlottesville, VA  
10-13 MAY 2011

Presenter

**Biological Threats to U.S. Interests: Sharing Information and Improving  
Partnerships Bio Science Conference**

Classified Briefing  
25 MAY 2011

Guest Speaker

**"Evaluating Insider Risk: Dr. Ivins and Amerithrax"**

DARPA Briefing for Government Biodefense Leadership  
Arlington, VA  
25 MAY 2011

Guest Speaker

**"Expert Behavioral Analysis Panel Review of Bruce Ivins, Ph.D."**

Human Reliability / Insider Threat Technical Exchange  
Defense Threat Reduction Agency  
United States Strategic Command  
Fort Belvoir, VA  
30 JUN 2011

Conference Director and Moderator

**“Leadership and Advice in Crisis: Assessing the Impact of Communications Technology in an Age of ‘Wireless’ Governance”**

Special CIAG Symposium  
University of Virginia  
Charlottesville, VA  
14-16 SEPT 2011

Conference Director and Presenter

**“The Cases of Aafia Siddiqui and Ahmed Ghaliani”**

Special CIAG Symposium for FBI-Critical Incident Response Group  
Charlottesville, VA  
6 OCT 2011

Grand Rounds

**“The Amerithrax Case”**

With Ronald Schouten MD JD, Christopher Holstege MD, and David Willman  
University of Virginia School of Medicine  
Charlottesville, VA  
21 MAR 2012

Presenter

**“The Amerithrax Case and Lessons Learned”**

With Ronald Schouten MD JD, Christopher Holstege MD, and David Willman  
University of Virginia School of Law  
Charlottesville, VA  
21 MAR 2012

Conference Director and Moderator

**“Federal Critical Incident Response and the CIRG”**

15<sup>th</sup> Annual CIAG Conference  
University of Virginia  
Charlottesville, VA  
25-27 MAR 2012

Presenter

**Chemical Biological Medical Treatment Symposium IX: Insider Threats**

With Christopher Holstege MD and Ronald Schouten MD JD  
Spiez, Switzerland  
7 MAY 2012

Grand Rounds

**“The Amerithrax Case and Insider Threats”**

Boston University School of Medicine  
Cambridge, MA  
24 MAY 2012

Presenter

**"Insider Threats: Lessons from Amerithrax"**

With Ronald Schouten MD JD

2012 Threat Management Conference

Association of Threat Assessment Professionals (ATAP)

Anaheim, CA

15 AUG 2012

**PUBLICATIONS**

Canterbury, R.J.; Haskins, B.; Kahn, N.; Saathoff, G.B.; Yazel, J.: **"Post-partum Psychosis Induced by Bromocriptine."** Southern Medical Journal, November, 1987. p. 1463.

Saathoff, G.B.; Buckman, J.: **"Diagnostic Results of Psychiatric Evaluations of the State Police Officers"**. Hospital and Community Psychiatry, 41:4, 1990.

Volkan, V.: **Six Steps in the Treatment of Borderline Personality Organization.** explanation of Saathoff's treatment of clinical case, Jacob Aronson Inc, London, pp. 45-46, 48, 1987.

Vieweg, W.V.R.; Godleski, L.S.; Pulliam, W.R.; Schofield, W.P.; Saathoff, G.B.; Hundley, P.L.; and Yank, G.R.: **"Development of Water Dysregulation During Arieti's Third Stage of Schizophrenia?"** Biol Psychiatry, 26: 775-780, 1989.

Saathoff, G.B.: **"Policeman's Unique Position is Stressor in Psychiatric Evaluation."** The Psychiatric Times, pp. 50-51, September, 1990.

Saathoff, Gregory B.: **"Current Psychiatric Research Instruments."** book review, Contemporary Psychology, pp. 335-336, April 1991.

Saathoff, G.B.; Cortina, J.A.; Jacobson, R.; Aldrich, C.K.: **"Mortality Among Elderly Patients Discharged from a State Hospital."** Hospital and Community Psychiatry, 3:43, pp. 280-281, March 1992.

Hubbard, J.R.; Saathoff, G.B.; Bernardo, J.J.; Barnett, B.L.: **"Recognizing Borderline Personality Disorder in the Family Practice Setting"**. American Family Physician, 52:3, 908-925, 1995.

Saathoff, Gregory B.: **"In the Hall of Mirrors, One Kuwait's Captive Memories."** Mind and Human Interaction, 6:4, 170-178, November, 1995.

Saathoff, Gregory B.: **"Kuwait's Children, Identity in the Shadow of the Storm."** Mind and Human Interaction, 7:4, 181-191, December, 1996.

Worledge, J.; Kane, T.; Saathoff, G.; **"The Negotiator's Guide to Psychoactive Drugs"**. Crisis Management Unit, Federal Bureau of Investigation", 1997.

Saathoff, G.B.: **"Trauma and its Intergenerational Transmission in Kuwait."** Journal of Psychoanalysis of Culture and Society, volume 3, #1, Spring, 1998.

O'Toole, M.E., Saathoff, G.B., et. al., **The School Shooter, A Threat Assessment Perspective.** Federal Bureau of Investigation, U.S. Department of Justice, September, 2000.

- Saathoff, Gregory B. "**Threats to Symbols of American Democracy.**" Monograph foreword, Critical Incident Analysis Group, University of Virginia, 2001.
- Saathoff, Gregory B., "**Public Responsibility and Mass Destruction: Facing the Threat of Bioterrorism.**" monograph foreword. Critical Incident Analysis Group, University of Virginia, 2002.
- Saathoff, Gregory B., "**What is to be Done? Emerging Perspectives on Public Responses to Bioterrorism.**" monograph foreword, Critical Incident Analysis Group, University of Virginia, Bailey Press, 2002.
- Prior, S, Rowan, F, Saathoff, Gregory B. "**What is to be Done? Emerging Responses to Bioterrorism.**" Introduction, Critical Incident Analysis Group, University of Virginia, Bailey Press, 2002.
- Saathoff, G, Psychological Challenges of Bioterror; Containing Contagion, "What is to be Done?" "**Emerging Perspectives on Public Responses to Bioterrorism.**" monograph foreword, Critical Incident Analysis Group, University of Virginia, Bailey Press, 2002.
- Saathoff, G, Everly, G, "**Psychological Challenges of Bioterror: Containing Contagion.** International Journal of Emergency Mental Health, 4:4,2002,245-252.
- Prior, S, Rowan,F, Saathoff, G, "**Foundations of Shielding.** International Journal of Emergency Mental Health, 4:4, 2002, 235-238.
- Saathoff, G. B., Brasfield, K, "**The Negotiator's Guide to Psychoactive Drugs", Second Edition.** Crisis Negotiation Unit, Critical Incident Response Group, Federal Bureau of Investigation", 2003.
- Saathoff, G.B. "**Towards a New Appreciation of Surge Capacity: Surge Protection and Critical Infrastructure.**", The CIP Report, 2:6, 2003.
- Saathoff,G.B. "**Critical Incident Analysis Group and Community Shielding Concept.**" The CIP Report, 2:3, 2003.
- Saathoff, Gregory B., "**Communicating in Crisis: A Review of the National Capital Region Sniper Case.**" monograph foreword, Critical Incident Analysis Group, University of Virginia, 2006.
- Greenbaum, C.W., Veerman P., Bacon-Shnoor N. "**Protection of Children During Armed Political Conflict: A Multidisciplinary Perspective.**" Authored chapter on Kuwait. Intersentia, 2006.
- Cilluffo, F., Saathoff G.B., et.al. "**Out of the Shadows: Getting Ahead of Prisoner Radicalization.**" Critical Incident Analysis Group and Homeland Security Policy Institute, 2006.
- Saathoff, Gregory B., "**Critical Intelligence, Communication and Response: Formatting Lessons of the Recent Terrorist Attacks to Future Threats.**" Monograph foreword, Critical Incident Analysis Group, University of Virginia, 2007.
- Cilluffo, F., Saathoff G.B., et.al. "**NETworked Radicalization: A Counter-Strategy.**" Critical Incident Analysis Group and Homeland Security Policy Institute, 2007.

- Saathoff, G.B., Brasfield,K, Holstege,C, **“Crisis Guide to Psychoactive Drugs and Poisons.”** Crisis Negotiation Unit, Critical Incident Response Group, 2007
- Cilluffo, F., Saathoff G.B., et al. **“Out of the Shadows: Getting Ahead of Prisoner Radicalization.”** Critical Incident Analysis Group and Homeland Security Policy Institute, 2007.
- Holstege CP, Neer T, Saathoff GB, Furbee RB. **“Criminal Poisoning.”** Jones and Bartlett Publishers, Inc. Sudbury, Massachusetts, 2010.
- Schouten, R., Saathoff, G, Biosurety in the Post-9/11 Era, Chapter 14, in **Microbial Forensics**, Elsevier, Inc, 2010.
- Saathoff, G, **Painting by Numbers: Capturing the Pathology of Socio-Political Conflict**, Commentary on “Exposure to prolonged socio-political conflict and the risk of PTSD and Depression among Palestinians”, in *Psychiatry*, Fall, 2010.
- Saathoff, G, DeFrancisco, G, et.al, Amerithrax Case: **Expert Behavioral Analysis Panel Report**, authorized by Federal Chief Judge Royce C. Lamberth, March, 2011.
- Maniscalco, P, Christen, H, Holstege, C, Saathoff, G: **Multiple Casualty Incident Management**, Chapter 149 in *Emergency and Disaster Medicine*, Lippincott, 2011.
- Sibbald KN, Holstege CP, Furbee B, Neer T, Saathoff GB. **Homicidal poisonings in the United States: An analysis of the Federal Bureau of Investigation Uniform Crime Reports from 2000-2009.** *Clin Toxicol* (publication pending 2012)
- Saathoff, G, Schouten, R: Bioterrorism and Insider Threat, in **International Handbook of Threat Assessment**, Meloy, J.R., Hoffman, J, Oxford University Press, New York (submitted for publication in 2012)
- Stern EK, Saathoff GB. Kieserman BJ. Advice in Crisis: Leaders, Lawyers, and the Art of Disaster Management. Chapter 30 in **The McGraw-Hill 2012 Homeland Security Handbook**, Kamien DG, 2<sup>nd</sup> ed. (publication pending 2012).
- Saathoff GB, Stern EK. Crisis Leadership and Military Community Resilience. **Journal of Homeland Security and Emergency Management**. (Publication pending 2012).