

AFFIDAVIT OF KYRA DOUMLELE, M.D.

I, Kyra Doumlele, M.D., do hereby affirm the following:

1. I submit this affidavit in support of [REDACTED] and his request for asylum.
2. I am an American resident physician licensed to practice medicine in the States of both New Hampshire and Vermont. I am a graduate of the State University of New York Downstate College of Medicine in Brooklyn, New York and I am in my third year of residency training in psychiatry at Dartmouth Hitchcock Medical Center (DHMC). I completed the Chicago Human Rights Asylum Evaluation Training Program.
3. Currently, I am a resident physician in the Psychiatry Residency Program at DHMC. I also serve as a volunteer medical evaluator through the Upper Valley Human Rights Clinic run in partnership with the Geisel School of Medicine at Dartmouth in Hanover, New Hampshire. It is in this capacity that I was asked to perform a medical evaluation for Mr. [REDACTED] as part of his asylum application.
4. On July 14, 2022, I conducted a detailed clinical interview and psychiatric evaluation with Mr. [REDACTED] to evaluate the effects of physical and psychological harm that he reports having experienced in Afghanistan. The evaluation was conducted at Dartmouth-Hitchcock Medical Center and lasted approximately two hours. Chinmayee Balachandra, a medical student from the Geisel School of Medicine at Dartmouth was also present during the evaluation. An interpreter was offered and declined by Mr. [REDACTED], as he reported he is fluent in English. The interview with Mr. [REDACTED] was conducted through an audio-visual TeleHealth Visit, which was set up through the Electronic Medical Record at DHMC.
5. This affidavit was prepared under the supervision of Dr. Michael Kisicki, with whom Mr. [REDACTED]'s case was discussed in detail following the interview. Dr. Michael Kisicki is an American physician licensed to practice medicine in the States of New Hampshire and Vermont and board certified by the American Board of Psychiatry and Neurology. Dr. Kisicki is a graduate of the David Geffen School of Medicine at the University of California, Los Angeles, School of Medicine and completed his residency in psychiatry at the University of California, San Francisco. He is an associate professor of psychiatry at the Geisel School of Medicine at Dartmouth College. He has received additional training in asylum evaluations through the University of Connecticut School of Law and has participated in dozens of asylum evaluations.
6. I have reviewed a declaration prepared by Mr. [REDACTED] and the following delineates my understanding of the details pertinent to his narrative as they related to his medical and psychiatric conditions. This evaluation was conducted accordance with the standards described in the U.N. document known as the "Istanbul Protocol," Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, United Nations, New York and Geneva, 1999.

██████████'S NARRATIVE:

7. Mr. ██████████ grew up in the 1990s in a big family. He was born in the Northern Province in a poor family, where his father was a labor worker. Later, they moved to Kabul. He has five brothers and sisters. Father was present through childhood and passed eight years ago. He describes a “positive, caring and loving” relationship with his parents, and that they did “everything to make him comfortable.” His father was a big advocate for education because he didn’t have access to education. Mr. ██████████ did not have to work while attending school.
8. The house in Kabul had more than one room. Mr. ██████████ currently has nine family members living in the same house in Kabul.
9. Mr. ██████████ describes going to school during the Taliban regime, during which time they were required to wear turbans to school. If they did not comply, they were beaten. Mr. ██████████ describes several beatings as a child, describing one such example in which he was beaten for not wearing his turban to school as was dictated by the Taliban regime. He was stopped by a Taliban soldier and beaten with a rubber rope, one that was used to pull water buckets from wells.
10. Mr. ██████████ states he did not have any exposure to “normal childhood things,” like cartoons and play until the U.S invasion of Afghanistan in 2001. He states that he describes his childhood as “split into two parts,” one being the time under the regime of the Taliban and the other being the time period after the U.S. invasion, after which many restrictions were lifted. Mr. ██████████ belongs to the Hazara ethnic minority, who have faced a significant amount of persecution from the Taliban.
11. The area in Kabul where his family moved to was unsafe, and around 2015, he and his brothers were mugged and robbed in his neighborhood. He describes that this was exceptionally common in Kabul, and in one instance he was robbed of most of his possessions on the street.
12. His sisters were born when the Taliban was close to losing power, in 1998 and 2001. They were both able to have access to education and as a result. Mr. ██████████ describes recurring nightmares associated with worrying for his sister’s safety. He speaks with them daily and has noticed their increasing fear of venturing outside in the changing climate of Kabul. He states that this weighs heavily on him. At the time of this interview, they are still living in Afghanistan under the current Taliban regime.
13. In 2015, Mr. ██████████ was working with the United Nations at the Afghanistan Parliament. He was sitting at his desk at the beginning of the workday, near a large window. Mr. ██████████ first “saw the window coming towards him.” He recalls a “wave a broken glass” coming towards him and then heard an extremely loud “boom.” He and his colleagues put on the armored jackets that were stored under their desks, due to the high risk of terrorist attacks associated with working with Western governmental agencies.

14. Mr. [REDACTED] recalls thinking about a news program he had just watched, which had shown the Taliban attacking western NGO offices earlier that day and killing all the workers inside.
15. He and his colleagues hid in small bathroom without a window, and remained in this room for about five hours while hearing constant gunshots and small explosions. They believed that the Taliban would likely find and kill them. They mostly did not speak, some were crying.
16. Finally, Parliament security killed the Taliban attackers, and they came to rescue Mr. [REDACTED] and his colleagues. [REDACTED] states that he did not believe he would survive this attack, and when the security officers came through the door, he felt that "his life was granted back to him."
17. Mr. [REDACTED] currently works as a network support engineer in [REDACTED].

MEDICAL HISTORY:

18. Mr. [REDACTED] denies a history of hospitalizations, medical illness, or medications.

PSYCHIATRIC ASSESSMENT:

History of Psychiatric Treatment

19. When Mr. [REDACTED] was working with the UN at the Afghan Parliament, the Taliban attacked the Afghan Parliament in 2016. Mr. [REDACTED] was trapped inside a bathroom with his colleagues for several hours. He states that after this event, he was affected by symptoms of post-traumatic stress disorder, as described elsewhere in this report. He did not seek psychiatric treatment in Afghanistan, citing a cultural norm of not discussing mental health.
20. When he arrived in the United States, he was provided a counselor through the [REDACTED], however he reports he did not meet with the counselor, citing the same beliefs. He now expresses regret for not utilizing this service as he feels it would have helped him. He furthermore expresses an interest in pursuing mental health services at this time.
21. He denies any history of psychiatric diagnoses, psychiatric hospitalizations, or use of psychiatric medications.

Depression

22. Mr. [REDACTED] describes feelings of sadness and hopelessness that were acutely worsened by news of the fall of Kabul to the Taliban in August 2021. He describes a recurrence of these feelings in January-February of 2022, when he realized that after graduation he may have to return to Afghanistan and furthermore experienced guilt that his family remained in Kabul. During this time, he described a pattern of behavior characterized by poor sleep, low energy, social isolation, and disruption of routine habits such as cooking and exercising at the gym. He also described poor concentration and has experienced symptoms of inattention which he related to preoccupation leading to accidents such as not removing and thus melting a stovetop cover. The presence of these symptoms for more than two weeks meets criteria for at least one major depressive episode, which qualify the patient for a diagnosis of Major Depressive Disorder.
- a. He denies any current or historical suicidal ideation.
 - b. He denies any current or historical homicidal ideation.

Post-Traumatic Stress Disorder

23. Through his description of the attack on the Afghanistan Parliament in Kabul, Mr. [REDACTED] describes an event which meets criteria for a Criterion A trauma, which is in which he experienced a traumatic event in which he felt that his life was imminently at risk, and which is necessary for a post-traumatic stress disorder (PTSD) diagnosis.
24. Mr. [REDACTED] denies flashbacks, i.e., memories of traumatic events that come back when he is not trying to recall these events.
25. He describes a history of nightmares following the attack on the Afghanistan Parliament in Kabul. Mr. [REDACTED]'s nightmares sometimes include his younger brothers. These nightmares occur at varying frequencies, often related to updates from his family or the news relating to Taliban activities in Afghanistan. They occur approximately weekly at baseline, however after exposure to triggering stimuli, e.g., news about Taliban activities in Kabul, they will occur several times a week. When he has nightmares, he frequently wakes up gasping and startled, and he is unable to go back to sleep after these experiences. He spontaneously will wake up in the middle of the night to check his phone for updates from family members, fearing the worst. These nightmares and nighttime awakenings have the effect of leading to poor sleep and significant fatigue at work the following day, which the patient refers to as "rough." He notes however that he does not request to take time off from work if he does not sleep well, instead pushing himself to complete a full workday despite considerable fatigue, noting that sometimes he will rest in his car on breaks. He refers to fear that his work performance is a matter of "survival" due to the potential effect of losing his job and having to return to Afghanistan. His nightmares are frequently characterized by a threat of violence following his return to Afghanistan.

- a Example: On a phone conversation with his family soon after the fall of Kabul in August 2021, they told him that the Taliban searched their relative's house. That night, he had a nightmare that the Taliban was stopping him and his brothers and searching their phones. Example: Mr. [REDACTED] describes a dream in which he is walking in Kabul, and he sees that the Taliban are conducting searches. He looks down at himself and realizes in terror that he is wearing shorts and carrying his cell phone in his pocket [for which he would likely be apprehended and subjected to torture].
26. Mr. [REDACTED] describes several experiences where he "forgets what he is doing, or where he is," while attempting to complete daily tasks. This gets more significant when he is stressed about the safety of his family in Afghanistan. He describes these experiences as his mind "feeling numb." These may represent inattention in the setting of anxiety, or they may be consistent with dissociative symptoms seen in patients with PTSD.
27. Hyperactive startle reflex: After the attack and into the present day, he describes a pronounced startle reflex, in which he will be startled by a loud noise, and experience palpitations. He describes losing focus as a result when these episodes occur at work.
- a. Example: [REDACTED] describes feeling fearful when a door or window is slammed shut.
- b. Example: Mr. [REDACTED] reported that on July 4th, the fireworks he could hear from his apartment sounded like gunfire and explosions. He reports that he kept getting startled and his "heart rate kept going up." He tries to avoid triggers as much as possible, for example trying to have a quiet night at home on 4th of July.
28. Mr. [REDACTED] describes hypervigilant behaviors, specifically he will immediately identify an exit route when entering an unfamiliar place.
29. Mr. [REDACTED] meets criteria for PTSD through the traumatic event that meets criteria for a Criterion A exposure and via his experience of the behaviors as noted above.

GENERAL CONSIDERATIONS:

30. Mr. [REDACTED]'s was dressed and casually in eyeglasses and a T-shirt with a neatly-trimmed facial hair. He conducted the interview from his vehicle on his lunch break from work. He was calm and cooperative, demonstrating good eye contact. His affect was generally euthymic, although there was some blunting of his affect when describing traumatic stimuli. He did not demonstrate psychomotor agitation or psychomotor retardation; however, visibility was limited to his head, torso, and upper extremities, and the patient was confined to his vehicle throughout the interview. He

denied suicidal thoughts, homicidal thoughts, and auditory and visual hallucinations. He demonstrated good insight into his psychiatric symptoms and good judgment.

31. Mr. [REDACTED] describes going back to Afghanistan as his “biggest fear.” He states that if he was deported to Afghanistan by the US, for fear of his life, he would not be able to stay there. He states that he hasn’t even imagined what will happen to him if he goes back to Afghanistan, particularly because the Taliban has already come to his house looking for him. He says that if he goes back, he will be tortured and killed. He states that since the fall of Kabul in August 2021, the Taliban has targeted Afghan citizens who have worked with Western organizations or have sought out Western education and opportunities. Mr. [REDACTED] notes that the Taliban kills, captures and tortures these individuals, and then uses media propaganda to spread false information about “killing kidnappers.” He feels “hopelessness, worry, stress” about these circumstances, and spends a lot of time thinking about last resort if his asylum is denied. He feels very powerless due to his situation. Mr. [REDACTED] describes that although he tries to stay positive and hopeful, his “heart is heavy.” When these feelings become very overwhelming, Mr. [REDACTED] feels that he wants to “scream and cry from a mountaintop,” but notes that he spends a lot of energy controlling these feelings.
32. PTSD symptoms are exacerbated by both real and perceived danger. With the patient’s diagnosis of PTSD and his beliefs regarding the danger to life and limb posed by his return to Afghanistan, Mr. [REDACTED] would absolutely experience a worsening of his PTSD symptoms were he to return to Afghanistan.
33. As expressed previously in this affidavit, Mr. [REDACTED] is interested in pursuing mental health treatment at this time. Of note, the prevalence of mental health resources in Afghanistan is severely limited in contrast to the United States. Access to existing resources in Afghanistan is furthermore limited by cultural norms cited by Mr. [REDACTED] and would be even more difficult to access if he were to be arrested upon his return to Afghanistan for his ties to Western education and his work for Western organizations such as the United Nations.

I do declare under penalty of perjury that to the best of my knowledge, the foregoing is true and correct.



Kyra Doumlele, M.D.

DATE: 9/20/2022

Sworn to me this 20th day of Sept., 2022



[SIGNATURE OF NOTARY PUBLIC]

