

EXHIBIT

C

Roger K. Pitman, M.D.

1 UNITED STATES DISTRICT COURT
2 EASTERN DISTRICT OF WASHINGTON
3 AT SPOKANE

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5 SULEIMAN ABDULLAH SALIM,
6 MOHAMED AHMED BEN SOUD,
7 OBAID ULLAH
(as personal representative
8 of GUL RAHMAN),
9 Plaintiffs

10 vs. CA NO. 2:15-CV-286-JLQ

11 JAMES ELMER MITCHELL
and JOHN "BRUCE" JESSEN,
12

Defendants

13

14

15 VIDEOTAPED DEPOSITION OF:
16 ROGER K. PITMAN, M.D.
17 WILMER, CUTLER, PICKERING,
18 HALE & DORR, LLP
19 60 State Street
20 Boston, Massachusetts
21 April 27, 2017 10:19 a.m.

22

23

24 Darlene M. Coppola, RMR, CRR

1 BY MR. HOFFMAN:

2 Q. So, then, there is information
3 that you got from counsel that you believe
4 did not bear on your report in any way; is
5 that right?

6 A. I mean, counsel may have told me
7 some things. But if they are in my
8 report, they would have been corroborated
9 by something other than what counsel told
10 me, so the answer would be no.

11 Q. Can you tell me a little bit about
12 your background in examining torture
13 victims?

14 MR. PASZAMANT: Objection.
15 Vague.

16 BY MR. HOFFMAN:

17 Q. Well, let me -- let me start out a
18 different way.

19 Have you examined torture victims
20 other than the plaintiffs in this case?

21 MR. PASZAMANT: Objection.
22 Vague. Calls for facts not of evidence.

23 BY MR. HOFFMAN:

24 Q. You may answer it?

1 A. Long ago, I had a patient who had
2 been captured by the Viet Cong and
3 tortured and then he had escaped.

4 Aside from that, I have no other
5 experience with torture victims.

6 Q. When was that case?

7 A. It wasn't a case. It was part of
8 my clinical work with the Department of
9 Veterans Affairs.

10 Q. So you were -- was it -- were you
11 a treating physician in that case?

12 A. Yes.

13 Q. Do you recall when that occurred?

14 A. Thirty, forty years ago.

15 Q. Did you learn anything in that
16 case that had any bearing on your opinions
17 in this case?

18 A. I don't recall. Nothing that came
19 to my mind that influenced my opinion.

20 Q. Have you, in any of your -- well,
21 let me step back.

22 Have you treated torture victims
23 in your practice?

24 MR. PASZAMANT: Objection.

1 Vague.

2 BY MR. HOFFMAN:

3 Q. Other than this one case.

4 MR. PASZAMANT: Same
5 objection.

6 A. Not to my recollection.

7 BY MR. HOFFMAN:

8 Q. Do you have a familiarity with
9 psychological literature relating to the
10 examination and treatment of torture
11 victims?

12 MR. PASZAMANT: Objection.
13 Vague.

14 A. Somewhat, from what I've picked up
15 during my participation in this case.

16 BY MR. HOFFMAN:

17 Q. Had you had any familiarity with
18 that literature prior to this case?

19 A. Very little.

20 Q. And what literature did you review
21 in connection with this case relating to
22 the examination and treatment of torture
23 victims?

24 A. I reviewed the Istanbul protocol a

1 while back.

2 I reviewed a couple articles about
3 the epidemiology, in other words, the
4 incidence of post-traumatic stress
5 disorder in torture victims, which appear
6 as footnotes in both of my reports.

7 I looked at a article about the
8 use of the CAPS, an Arabic-translated
9 version of CAPS in evaluating torture
10 victims.

11 That's all I recall as I sit here.

12 Q. And if you -- if you used any of
13 that literature in connection with your
14 report, would it have appeared in the
15 report as a footnote or in some other way?

16 A. Yes.

17 Q. The article about --

18 A. Well, let me -- let me make an
19 exception.

20 The article I read about the use
21 of an Arabic-validated version of the CAPS
22 and the evaluation of torture victims, I
23 read that after I wrote my reports.

24 Q. So, would it be correct to say

1 that that article did not inform your
2 opinions in any way?

3 A. Not as they appear in my report.

4 It informs my opinions about
5 something that Dr. Chisholm said in his
6 report, but not beyond that.

7 Q. Have you had experience as a
8 treating physician in cross-cultural
9 situations where you're examining somebody
10 from a different culture?

11 A. A limited amount, yes.

12 Q. Could you describe that amount?

13 A. I saw -- I've seen a couple of
14 Cambodians who were living in the United
15 States. One was involved in a tort
16 litigation. The other was involved as a
17 defendant in a criminal case.

18 I evaluated a young lady from
19 somewhere in the Pacific. I think it
20 might have been Malaysia, but I can't
21 recall, who had -- who wanted -- who a
22 prep school, Phillips XX Exeter Academy,
23 wanted to kick out. I evaluated her with
24 regard to post-traumatic stress disorder.

1 Q. Do you have any opinion about how
2 that condition affected his response to
3 what happened to him in captivity?

4 A. Only insofar as I've already
5 expressed in my report, which was I
6 thought that it placed him at greater --
7 well, let me read from my report and I can
8 say it exactly.

9 "The existence of this disorder,"
10 that is his substance --

11 Q. What page are you reading from?

12 A. Page 18, the first paragraph under
13 "Opinion."

14 "The existence of this disorder,"
15 meaning substance use disorder, "and/or
16 the underlying factors that led to it
17 place him at a greater risk of developing
18 PTSD from future traumatic events other
19 than he otherwise might have been."

20 Q. Would that also be true of other
21 kinds of preexisting vulnerabilities?

22 MR. PASZAMANT: Objection.

23 Q. With respect to developing PTSD?

24 MR. PASZAMANT: Objection.

1 A. In general?

2 MR. PASZAMANT: Vague.

3 BY MR. HOFFMAN:

4 Q. In general?

5 A. Generally, preexisting mental
6 disorder increases the risk for developing
7 PTSD upon exposure to a qualifying
8 traumatic event.

9 Q. Would you say that -- well,
10 actually, let me point you to the --
11 where's the list.

12 Let me call your attention to
13 Page 6, if I could.

14 A. Of my report of Mr. Salim?

15 Q. Yes, of your report of Mr. Salim.

16 The first question I have on that
17 is where did you get the methodology for
18 conducting this kind of ranking of
19 traumatic events?

20 A. I invented it on the spot.

21 Q. Is that right?

22 A. Yes.

23 Q. And why was that?

24 A. Because I thought it was very

1 relevant to this case.

2 Q. Are you aware of any -- any
3 literature that supports this kind of
4 ranking?

5 A. No. Actually, I invented it the
6 previous day with Mr. Ben Soud, and then I
7 used it for Mr. Salim, except I did it
8 somewhat differently in the two people.

9 Q. Is that -- is this sort of
10 ranking -- strike that.

11 Have you ever done this kind of
12 ranking in any other case prior to this
13 one?

14 A. I've asked people when they've had
15 more than one traumatic event to tell me
16 which was the most traumatic and which was
17 the next most traumatic.

18 Usually it's only two or three
19 events, though, that I -- I rarely run
20 into someone who experiences so many
21 different kinds of traumatic events.

22 So, although I've used the idea
23 before, I haven't come up with quite
24 nearly as long a list in any other cases.

1 Q. Is there anything in your
2 education or training that supports using
3 this kind of procedure?

4 A. To me, it's just a matter of common
5 sense to ask a person of all the events
6 that they experienced, which did they feel
7 was the worst for them and to get their
8 answer.

9 I don't know if I was specifically
10 trained in that. It makes -- I know
11 that -- I know that we're trained when
12 someone's had more than one traumatic
13 event to ask about, you know, what they
14 were and get a list or, you know, a list
15 of them, I suppose.

16 Other than that, nothing specific
17 in my training or experience.

18 Q. Well, in the training that you got
19 that suggested coming up with the list of
20 traumatic events, was that for the
21 purposes of treatment?

22 A. I don't think I testified that I
23 got training in that. I think it was
24 during my experience -- well, I suppose

1 you could say I started doing clinical
2 work as part of my training.

3 So, as part of my training and
4 experience -- I mean, I'm not going to say
5 that I was trained in any specific -- no
6 one ever sat down with me as training and
7 said, here, you should use this way of
8 getting a list. It more came from my
9 experience.

10 With regard to your specific
11 question, can that be used in treatment?
12 I -- I suppose it could be, yes, actually.
13 It could be, yes. Yes, sometimes in
14 certain kinds of treatment, one creates a
15 hierarchy of things that make a person
16 anxious or a hierarchy of traumatic events
17 that have led to symptoms and then
18 approaches them systematically.

19 I think that is done, if I recall
20 correctly, in something called systematic
21 desensitization or reciprocal inhibition,
22 but that's a while back that I have read
23 about those things.

24 Q. Are you aware of whether this

1 procedure, in terms of ranking, has been
2 validated by anybody?

3 A. No.

4 Q. And why was it that you thought it
5 was necessary to engage in this process in
6 this case -- in Mr. Salim's case?

7 A. Because Mr. Salim and Mr. Ben Soud
8 had been exposed to quite a variety of
9 traumatic events during their captivity,
10 even beforehand in Mr. Ben Soud's case.

11 And one of the questions that I
12 was -- had to focus on was, which of the
13 traumatic events that they experienced
14 possibly were related to the enhanced
15 interrogation techniques recommended by
16 defendants and which weren't.

17 Q. Do you believe that it's possible
18 to answer that question?

19 A. Which question?

20 Q. Which -- which of the -- which
21 portion of their PTSD was related to a
22 particular one or more of the traumatic
23 events?

24 A. For me?

1 Q. Yes.

2 A. Is it possible for me to answer
3 that question?

4 Q. Yes.

5 A. Yes. I have answered that
6 question in my report.

7 Q. But why do you think it's possible
8 to answer that question?

9 A. Well, I think this hierarchy has
10 quite a lot to do with it.

11 There's also the issue of whether
12 the enhanced interrogation in the EEITs,
13 enhanced -- enhanced interrogation
14 techniques devised by defendants meet
15 the A criterion for PTSD, which is
16 essential to have PTSD.

17 Q. Well, the things that -- if you
18 look on Page 6, there are twelve items
19 that Mr. Salim put on his list.

20 A. Uh-huh.

21 Q. Would each of these qualify for
22 Criteria A for PTSD?

23 A. No.

24 Q. Which ones would?

1 A. Not to my recollection.

2 Q. Would someone's cultural
3 background play into how they would
4 respond to that kind of treatment?

5 A. According to what the Arabic
6 interpreter told me, in the case of
7 Mr. Ben Soud, the answer is yes.

8 Q. What did the Arabic interpreter
9 tell you?

10 A. She told me that the Arabic
11 culture was a fairly conservative, if I
12 may use the word, prudish culture, and
13 that these kinds of issues were especially
14 sensitive in people from Arabic cultures.

15 Q. Did that advice play any role in
16 your opinions?

17 A. Yes. In Mr. Ben Soud, it
18 certainly did.

19 But I didn't even need to
20 understand that. Mr. Ben Soud told me
21 flat out that the worst thing that ever
22 happened to him was the sexual
23 humiliation.

24 Q. And do you know whether the same

1 cultural situation applies in Zanzibar?

2 A. My guess is yes, but I don't know
3 beyond that. I would -- I would imagine
4 yes. Other than that, I can't say. It's
5 a Muslim culture.

6 Q. Did you -- did you ask Mr. Salim
7 about that?

8 A. No, not to my recollection.

9 Q. Now, in terms of the ranking, how
10 did -- how did it -- how did you ask
11 Mr. Salim to rank the trauma that he had
12 suffered?

13 I mean, what exactly did you ask
14 him?

15 A. I started out by asking him to
16 tell me verbally. But it got a little
17 confusing, so I decided to write on -- how
18 did I do this?

19 I decided to have the interpreter
20 take the events he told me and write them
21 in Swahili on a little Post-it note. And
22 I made a bunch of Post-it notes and I gave
23 them to Mr. Salim, and I asked him to rank
24 order from left to right -- lay them out

1 in a row and rank order from left to right
2 which was the worst for him, which was the
3 next worst, which was the next worst.

4 Q. Did you give Mr. Salim any advice
5 about what was meant by "worst"?

6 A. What was the most upsetting to him
7 and caused most of his psychological
8 difficulty.

9 Q. Did you use the word "upsetting,"
10 "the most upsetting"?

11 A. "Disturbing," "upsetting,"
12 "traumatic," something like that. I don't
13 recall which one.

14 Probably not "traumatic," because
15 it was kind of a technical term.

16 "Distressing," I would say.
17 "Distressing." Either I said
18 "distressing" or close to that.

19 Q. And how did -- in a ranking system
20 like this, how do you determine the
21 qualitative nature of each event?

22 A. I'm not sure I would call it a
23 system. It's something I devised at the
24 time I interviewed him.

1 I wouldn't objectify it with the
2 word "system." It was something I did.

3 Q. What would -- what word would be
4 best to call it?

5 A. You could call it technique.

6 Q. Technique, okay. Well, okay.

7 So, in this -- in the use of this
8 technique, how do you determine the
9 qualitative nature of each of these
10 events?

11 A. I don't understand the question.

12 Q. Well, in other words, how do you
13 tell whether 1 is significantly different
14 than 2?

15 A. It's put so that 1 is put to the
16 left of 2 in the row.

17 Q. But what if they're just about the
18 same?

19 A. Well, I indicated that for No. 1,
20 I said it was tied with 2, and I said 3
21 was tied with 4.

22 Q. But then again, how would you tell
23 the -- what the difference is between 1
24 and 10?

1 A. One is all the way to the left and
2 10 is all the way to the right.

3 (Witness indicating.)

4 Q. How far apart are they in terms of
5 the -- of how those events were
6 experienced?

7 A. The width of the Post-it notes.

8 Q. What if all of them were almost
9 equally traumatic?

10 A. That's extremely unlikely.

11 Q. Well, what if all --

12 A. Then he would have told me he
13 couldn't rate them because they're all
14 tied with each other.

15 Q. But -- okay. Did you give him
16 that option to say that he didn't have to
17 rank them if he couldn't?

18 A. No. I said, please do your best
19 to rank them.

20 Q. Now --

21 A. That would have defeated the
22 purpose to tell him he didn't have to do
23 it.

24 Q. Are you confident that if you had

1 seen Mr. Salim over, say, four consecutive
2 days that he would have come up with the
3 same rankings as if you had asked him the
4 same question over four days?

5 A. I don't know. I only -- I only
6 know that he gave me what he gave me the
7 day I asked him.

8 Q. And so that would depend on the
9 way he was feeling that day?

10 A. I don't know.

11 Q. So there's no way for you to
12 verify whether this is an accurate
13 ranking; is that right?

14 A. Other than the fact that that's
15 what he indicated to me.

16 Q. Right. But in terms of whether
17 it's accurate, you don't know one way or
18 the other, right?

19 A. Accurate, validated against what?

20 Accurate implies it's validated
21 against something or compared to
22 something.

23 Q. Well, I mean accurate in terms of
24 what he really experienced.

1 A. It's all what he told me. What
2 can I tell you? It's what he told me.
3 It's what he gave me.

4 Q. Did you -- did you do your own
5 analysis of these events in terms of
6 everything else that he told you and
7 everything else that you knew about him?

8 A. No. I asked him to -- are you --
9 you see what he gave me.

10 Q. And you, basically, took what he
11 gave you at face value; is that right?

12 A. I did.

13 Q. And there was no -- you didn't
14 have a particular plan about following up
15 with more detailed questions about each of
16 these events to determine their severity;
17 is that right?

18 A. I did not have a plan to do that.

19 Q. And, in fact, you didn't do that,
20 right?

21 A. Not that I recall.

22 Q. So at least for Nos. 2, 3, 4, 6,
23 10 and 11, for those six events, you
24 believe those satisfied Criteria A of the

1 DSM-5, right?

2 A. Let me qualify No. 6. I think it
3 would depend upon how long he was shackled
4 to the wall and if he was able to sit or
5 stand. That would depend upon how long
6 that was done.

7 Q. And how long would it need to be,
8 in your estimation, to qualify?

9 MR. PASZAMANT: Objection.
10 Calls for speculation.

11 A. Long, but I can't tell you more
12 than that.

13 BY MR. HOFFMAN:

14 Q. Do you have any estimate about how
15 long?

16 A. I don't know.

17 Q. And would it have to be more than
18 a day?

19 A. I would imagine, yes.

20 Q. And when you're trying to figure
21 out how long it has to be, what is it that
22 you're looking for?

23 A. How long it would take for him to
24 develop some kind of physical pathology in

1 his joints, I would imagine.

2 Q. And would that depend on the
3 particular person and their vulnerability
4 in terms of physical injury?

5 A. I'm sure it would.

6 Q. So if someone had a prior injury,
7 that might affect the length of time that
8 it would take to meet Criteria A; is that
9 right?

10 A. Yes, it might.

11 Q. So, in Mr. Salim's case, he had
12 broken fingers and an injured hand. Would
13 that mean that it would be a shorter
14 amount of time for him to qualify for
15 Criteria A in your view?

16 A. Broken fingers and...

17 Q. He had preexisting broken fingers
18 on one of his hands.

19 A. Uh-huh.

20 Q. And I think he stated that that
21 caused him a great deal of pain --

22 A. Uh-huh.

23 Q. -- in the darkness.

24 A. Uh-huh.

1 Q. Would that fact factor into your
2 decision as to whether being shackled to a
3 wall, unable to stand or sit for a period
4 of time, would that meet Criteria A?

5 A. Only if he was shackled by his
6 fingers.

7 Q. Well, what if he was shackled by
8 his wrists, but that caused him additional
9 physical pain because of the prior injury?

10 A. No.

11 Q. So, and even if that pain was
12 extreme?

13 A. The issue isn't how extreme the
14 pain was. The issue is whether it
15 threatens serious injury or death.

16 Q. Just so I'm clear, there's no --
17 you made no effort to do any qualitative
18 analysis of the impact of any of these
19 twelve things on his PTSD; is that right?

20 A. What do you mean by "qualitative
21 analysis"?

22 Q. The severity of any particular one
23 of these.

24 A. No, I did not.

1 Q. Is it -- in your experience, is it
2 possible that a person having, say, six
3 different events that would qualify under
4 Criteria A where it might just be one of
5 them that actually caused the PTSD?

6 MR. PASZAMANT: Objection.
7 Vague. Calls for speculation.

8 A. Is it possible that a person can
9 have six qualifying traumatic events and
10 only one of them cause PTSD?

11 BY MR. HOFFMAN:

12 Q. Right.

13 A. Yes.

14 Q. So did you do anything in your
15 analysis to try to determine which of
16 these things was responsible for
17 Mr. Salim's PTSD?

18 A. (Witness reviews document.)

19 He told me he had flashbacks to
20 being in his cell in the darkness. During
21 these flashbacks, he became inundated with
22 memories of his painful experiences,
23 including being beaten, forced into a
24 confinement box, hung from the ceiling,

1 experience individual things that happen
2 to them.

3 Well, they -- I mean, that's the
4 way I look at it. It's the way I --
5 that's the way I look at it.

6 Q. Do you know whether the literature
7 looks at it that way?

8 A. I think it's probably mixed.

9 Q. So your preference to look at it
10 this way comes from your own background
11 and experience?

12 A. Yes.

13 Q. And if another psychiatrist viewed
14 it the other way, looked at the time in
15 the darkness as a global event, you would
16 not necessarily say that that's wrong; is
17 that correct?

18 MR. PASZAMANT: Objection.
19 Calls for speculation.

20 A. I would say it's not as accurate
21 as looking at individual events that
22 occurred during the period of time.

23 BY MR. HOFFMAN:

24 Q. And would you concede that there

1 are different views on that in your
2 community?

3 A. I don't know.

4 Q. Do you know how this is viewed in
5 the community of psychiatrists that deal
6 with torture victims?

7 MR. PASZAMANT: Objection.
8 Vague.

9 A. No.

10 BY MR. HOFFMAN:

11 Q. Now, there was an unranked event,
12 if you look at Page 6 again, after the
13 twelve that he initially indicated, and
14 that was having a cloth wrapped around his
15 neck and being thrown against a wall and
16 being punched and kicked.

17 Would that qualify for Criteria A?

18 A. Yes, being punched and kicked
19 would.

20 Q. Now, the fact that he came up with
21 an additional event after he went through
22 this process, did you take any additional
23 steps to make sure there weren't other
24 events that he had left out?

1 A. Specifically, no.

2 Q. Generally?

3 A. Well, I tried to get, as best I
4 could, him to tell me the bad things that
5 happened to him.

6 Q. When he came up with this
7 additional one, did you ask him whether
8 there were any others that he had
9 forgotten?

10 A. I don't recall.

11 Q. Would it be accurate to say that
12 you have treated each of the thirteen
13 items on here as being, essentially,
14 equal?

15 A. Equal in what way?

16 Q. Well -- well, strike that.

17 MR. HOFFMAN: I think I've
18 actually already asked it, so I'll move
19 on.

20 THE WITNESS: So, we've been
21 going for an hour and a half. Can we take
22 a ten-minute break?

23 MR. HOFFMAN: Absolutely.

24 Any time you need a break --

1 Mr. Ben Soud's report, which I think is A,
2 I believe the first one in your binder
3 there.

4 MR. HOFFMAN: And speaking
5 of stipulations, Counsel, since I think
6 we've used the report for Mr. Ben Soud now
7 and we did for Mr. Salim, is it necessary
8 to attach those to the deposition?

9 I think they're the reports that
10 were given. It's up to you. We can
11 attach them as exhibits if you want.

12 MR. PASZAMANT: Assuming
13 you're telling me that what you've been
14 questioning Dr. Pitman about is, in fact,
15 his actual reports, and they appear to be,
16 then I'm comfortable with you not marking
17 them as exhibits, if that's your
18 preference.

19 MR. HOFFMAN: Okay. Yeah, I
20 think that would be just as easy,
21 probably.

22
23 BY MR. HOFFMAN:

24 Q. Okay. And let me call your

1 attention to Page 6 of the report.

2 Here again, this is -- this is
3 where you ask Mr. Ben Soud to name and
4 rank the adverse events that he
5 experienced.

6 Based on your testimony before, I
7 take it that you used the same methodology
8 that you described for Mr. Salim; is that
9 right?

10 A. Not quite.

11 Q. Oh. What differences were
12 there?

13 A. I was able to get a ranking from
14 him verbally without having to use the
15 Post-it notes.

16 Q. And he gave you the ranking
17 orally, is that it?

18 A. Yes.

19 Q. Was the reason that you used
20 Post-it notes for Mr. Salim was that he
21 was having difficulty ranking without that
22 system?

23 A. It got a little bit more
24 confusing, and I thought it would make it

1 easier.

2 Q. Did Mr. Salim give you an
3 indication that he was confused by the
4 process?

5 A. Not that I recall.

6 Q. If you could go through this list
7 of eight things or eight adverse events,
8 can you tell me which of these meets the
9 Criteria A?

10 A. Number 1, possibly No. 3, No. 5,
11 possibly No. 6, No. 8.

12 Q. Now, with respect to No. 4, in
13 your view, that was not a threat of
14 serious physical injury?

15 A. Correct.

16 Q. And why is that?

17 A. I don't see where it threatens. I
18 don't see it -- I didn't see any evidence
19 of that.

20 Q. Is the fact that he was told that
21 he had no human rights there after having
22 the hood removed from his head, you don't
23 think that that was a situation where he
24 could reasonably believe that he would be

1 sometimes he was back in Cobalt. I said
2 that the images that he had. They're not
3 necessarily nightmares.

4 Q. Okay. But doesn't that suggest
5 that the current effects were, at least in
6 significant part, to what happened to him
7 in Cobalt?

8 A. If the question is whether the
9 images that he found overwhelming that he
10 thought he was back in Cobalt were related
11 to Cobalt, I would say the answer is yes.

12 Is that the question?

13 Q. Well, is that your understanding
14 of what the images were?

15 A. So, I said "unwanted images of
16 humiliating and degrading acts inflicted
17 upon him."

18 I think that that happened both
19 outside of and during Cobalt.

20 I think that if they brought him
21 back to Cobalt, it's a reasonable
22 supposition that they were images relating
23 to what happened at Cobalt.

24 Beyond that, I can't answer your

1 question.

2 Q. But you said that you think his
3 PTSD was related to No. 1.

4 What makes you think that it
5 wasn't related to No. 8, No. 6, No. 5,
6 No. 4?

7 A. I didn't --

8 MR. PASZAMANT: Objection.
9 Compound.

10 You can respond.

11 A. That wasn't my testimony.

12 BY MR. HOFFMAN:

13 Q. What is your testimony with
14 respect to the connection between what he
15 suffered and his PTSD?

16 MR. PASZAMANT: Objection.
17 Vague and ambiguous.

18 A. Could you make it more specific?

19 BY MR. HOFFMAN:

20 Q. Well, what is your opinion about
21 what are the sources of his PTSD?

22 A. The higher on the list, the more
23 likely it is the source of PTSD.

24 In addition to that, I would refer

1 to the symptoms he told me about with
2 regard to specific events.

3 He had symptoms -- nightmares
4 about the CIA chasing and capturing him,
5 shackling his hands and legs and putting
6 him in a dark cell. Night -- dreamt about
7 being stripped naked and forced into
8 indecent positions in front of
9 strangers.

10 Q. What page are you reading from
11 there?

12 A. Top of 7.

13 Reminders of his detention to
14 Cobalt caused him to -- caused him severe
15 distress, that would be Criterion B4.

16 And when so reminded, he became
17 anxious and his heart beat faster. That
18 would be Criterion B5.

19 Q. Let me ask you a question about
20 the Istanbul protocol for a second.

21 You said that you had reviewed the
22 Istanbul protocol, and I forgot whether it
23 was in preparation for the deposition or
24 at some point in the process; is that

1 between what he told me most affected him
2 most severely and what caused the adverse
3 psychological psychiatric consequences of
4 his detention.

5

6 BY MR. PASZAMANT:

7 Q. Did you believe it was reasonable
8 in light of your experience to use such a
9 ranking system for Mr. Salim?

10 A. Yes.

11 MR. HOFFMAN: Objection.

12 BY MR. PASZAMANT:

13 Q. Same question --

14 MR. HOFFMAN: Leading.

15 BY MR. PASZAMANT:

16 Q. Same question with regard to
17 Mr. Soud.

18 A. Yes.

19 MR. HOFFMAN: Same
20 objection.

21 BY MR. PASZAMANT:

22 Q. Now, you were asked, with regard
23 to this ranking system concerning
24 Mr. Salim, whether you had seen any

1 literature that validated such a ranking
2 system.

3 Do you recall that?

4 A. So, I didn't call it a system. I
5 called it a technique that I used.

6 Yes, I recall that.

7 Q. And I recall your testimony is
8 that you don't recall seeing any
9 literature; is that correct?

10 A. That's what I recall as well.

11 Q. Do you believe that the absence of
12 any such literature affects the
13 reasonableness of your use of this ranking
14 technique for Mr. Salim?

15 MR. HOFFMAN: Objection.

16 You can answer.

17 A. No.

18 BY MR. PASZAMANT:

19 Q. Why is that?

20 A. Because it stands on its face.

21 Q. What do you mean, "it stands on
22 its face"?

23 A. It makes commonsense that the
24 items that he said mostly severely

1 affected him were most responsible for any
2 psychopathology he would have developed.

3 Q. You were also asked earlier
4 whether you had done anything to vouch --
5 my term, perhaps not the term that was
6 used -- vouch the accuracy of these
7 items 1 through 12 identified on Page 6 of
8 your report concerning Mr. Salim.

9 Do you recall that?

10 A. I recall being asked whether he
11 would have produced the same rankings that
12 he had done several times. I recall that.

13 Q. Do you recall being asked whether
14 you had gone to any other sources to
15 determine whether what was being
16 identified here was, in fact, accurate?

17 A. If I answered that, it would have
18 been, no I did not.

19 Q. With regard to the history that
20 Mr. Salim provided to you that's set forth
21 in your report, did you do any further
22 vouching to try to confirm its accuracy?

23 A. I mean, how can you confirm its
24 accuracy?

1 I said, Mr. Salim, what was the
2 most severe thing, the worst thing that
3 happened to you, the thing that bothered
4 you the most?

5 He said, this.

6 How do you confirm the accuracy of
7 that?

8 I mean, he asked -- I asked him,
9 what was the worst thing?

10 He said, this is the worst thing.
11 This is the next worst thing. This is the
12 next worst thing.

13 To me, it all stands on its face
14 value. I don't understand how would one
15 go about validating it or testing it
16 opposite other things. It's his
17 subjective opinion, as he told me when I
18 interviewed him.

19 Q. So with regard to the rankings on
20 Page 6, you took it at face value what
21 Mr. Salim told you as being accurate,
22 correct?

23 A. Yes. How could I do otherwise?

24 You know, I mean, I'm not inside

Roger K. Pitman, M.D.

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CERTIFICATION

I, DARLENE M. COPPOLA, a Notary Public, do hereby certify that ROGER K. PITMAN, M.D., after having satisfactorily identifying himself, came before me on the 27th day of April, 2017, in Boston, Massachusetts, and was by me duly sworn to testify to the truth and nothing but the truth as to his knowledge touching and concerning the matters in controversy in this cause; that he was thereupon examined upon his oath and said examination reduced to writing by me; and that the statement is a true record of the testimony given by the witness, to the best of my knowledge and ability.

I further certify that I am not a relative or employee of counsel/attorney for any of the parties, nor a relative or employee of such parties, nor am I financially interested in the outcome of the action.

WITNESS MY HAND THIS 11th day of May, 2017.

DARLENE M. COPPOLA My commission expires:
NOTARY PUBLIC November 11, 2022
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CERTIFIED REALTIME REPORTER