

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

4 *****

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 MATTHEW J. FRIEDMAN, M.D.
17 WILMER, CUTLER, PICKERING,
18 HALE & DORR, LLP
19 60 State Street
20 Boston, Massachusetts
21 April 28, 2017 9:09 a.m.

22

23

24 Darlene M. Coppola, RMR, CRR

1 The terms that I'm speaking of
2 are, "medical health professionals," and
3 then in certain other instances,
4 "qualified mental health professionals."

5 How are you defining "mental
6 health professional"?

7 A. Well, a mental health
8 professional, in my opinion, is someone
9 who has some special certification in a --
10 in diagnosis and treatment of people with
11 psychiatric problems. So it would include
12 psychiatrists, psychologists, many social
13 workers, many nurse practitioners and
14 nursing clinical specialists. Sometimes
15 it would include addiction specialists, if
16 that was relevant.

17 Q. How about therapists, generally?

18 A. Well, to be a licensed therapist,
19 you have to have some kind of a credential
20 in the mental health field.

21 So, it would be -- you would
22 have -- you would be under one of the
23 categories that I just identified.

24 Q. So it comes down, in your eyes, to

1 a credential in the mental health field?

2 A. The term "mental health
3 professional" means someone who's
4 credentialed in the mental health field as
5 I'm using it.

6 Q. Is Dr. Crosby credentialed in the
7 mental health field?

8 A. She is not.

9 Q. But in your opinion, a
10 psychologist would be within the mental
11 health field, as you're using that
12 terminology?

13 A. Correct.

14 Q. Is there a particular level of
15 education that is what you're looking to
16 for purposes of determining that somebody
17 is within the mental health field, or is
18 it simply licensure?

19 A. Well, I guess -- I mean, if the
20 question is about licensure, people with
21 master's degrees, particularly social
22 workers, MSWs, are credentialed.

23 Nursing clinical specialists, you
24 know, are usually at the master's degree.

1 Most states no longer credential
2 psychologists with master's degrees,
3 although some are grandfathered in. But
4 to be a psychologist or a psychiatrist,
5 you need to have a doctorate of some sort
6 as well as requisite training, in terms of
7 specialty training or internships, et
8 cetera.

9 Q. When -- I want to explore when you
10 use the term "credentialed" --

11 A. Yes.

12 Q. -- what is it specifically that
13 you're referring to?

14 A. Well, what I'm referring to -- it
15 depends on the question.

16 If you're asking about a -- say, a
17 medical professional, a practicing medical
18 doctor, all that's needed, technically, is
19 a diploma from a medical school and at
20 least an internship.

21 I mean, but most practitioners
22 these days also have a residency training
23 and have certification by various boards.

24 I'm certified with the American

1 Board of Psychiatry & Neurology, for
2 example.

3 Q. Right.

4 A. That makes -- but that's a
5 specialist credentialing, but you can be a
6 family practitioner without that
7 credential.

8 Q. And that's fair. Perhaps my
9 question wasn't particularly artful.

10 You have used the term "mental
11 health professional" --

12 A. Correct.

13 Q. -- throughout your report,
14 correct?

15 A. Yes.

16 Q. And when I asked you earlier what
17 you meant through your usage of that term,
18 if I heard you correctly, you said
19 somebody who is credentialed in mental
20 health.

21 Did I hear that right?

22 A. I did.

23 Q. And so now, my follow-up is, when
24 you say "credentialed in mental health,"

1 what specifically are you referring to?

2 And I'm not suggesting that you go
3 through, Alabama requires this and some
4 other state --

5 A. Right.

6 Q. -- requires something else.

7 A. I'm -- I'm basically talking about
8 someone who has a doctorate, who has the
9 requisite post-doctoral specialty training
10 and licensure.

11 However, just to be clear, this --
12 this report is about -- is about the
13 mental health professionals who were
14 working to create the enhanced
15 interrogation techniques.

16 I mean, basically, I was referring
17 to the psychologists cited in the
18 complaint when I was referring to the
19 mental health professionals. That was the
20 scope of the -- I mean, I realize that
21 you're -- you're generalizing from this
22 and applying what I've written in other
23 contexts, which is -- which is -- which is
24 fair to do, but the context for the report

1 was really about the psychologists,
2 credentialed mental health professionals,
3 who were working for the CIA to develop
4 the interrogation techniques that
5 Mr. Salim and Mr. Ben Soud were exposed
6 to. That was -- that was the context for
7 this.

8 Q. I see. So, again, just so we're
9 on the same page, because that's really
10 the important part of today, when you use
11 the term "mental health professional" in
12 your report, are you telling me that
13 you're speaking exclusively as to
14 Dr. Mitchell and Dr. Jessen?

15 A. They're the focus, but I'm
16 speaking to anybody -- what would -- what
17 would be expected of a mental health
18 professional in 2002 with regard to PTSD
19 diagnostic criteria, with regard to the
20 possible or even likely consequences of
21 exposing human beings to the kind of pain
22 and suffering that Mr. Salim and
23 Mr. Ben Soud were exposed to. That was
24 the context for this report.

1 Perhaps a better example is from
2 studies of American prisoners of war,
3 comparing POWs exposed -- three different
4 cohorts: people -- POWs who were in Nazi
5 POW camps, POWs who were in Korean --
6 North Korean POW camps, and POWs who were
7 in Japanese POW camps.

8 And there's some good data out
9 there. And we know that the severity of
10 trauma exposure was much greater for the
11 Pacific vets, the Japanese POWs, than it
12 was for the Korean vets, than it was for
13 the -- so that just being a POW gets to
14 the quantitative versus a qualitative
15 issue.

16 So, for example, Japanese POWs,
17 who were, in my opinion, even though they
18 were exposed to terrible things, were not
19 exposed to the amount of trauma as Salim
20 and Ben Soud, the lifetime of PTSD
21 prevalence was about 84 percent. That's
22 pretty high.

23 Whereas, the Korean POWs, it was
24 about 60 percent.

1 When you gave me the generalities,
2 as you referred to them, were you, once
3 again, giving me those generalities from a
4 standard of more likely than not?

5 A. It's based on the best evidence.
6 So I would say that it's a higher
7 standard.

8 I would say it's a medical -- a
9 medical certainty that -- the likelihood,
10 yes.

11 Q. It's medical certainty?

12 A. Yeah, I would say -- I would think
13 so, yeah.

14 Q. Complete medical certainty?

15 A. *It's complete medical certainty
16 that the likelihood increases the greater
17 the exposure to the traumatic event, yes.
18 I think that's a well -- that's a very,
19 very robust finding in all of PTSD
20 research.

21 MR. PASZAMANT: Could you
22 read back his last answer.

23

24 *(Answer read.)

1 issues we discussed at the top of the
2 page, suicidal stuff, stress intolerance,
3 et cetera.

4 That was well known by that time.

5 Q. And again, speaking of well known,
6 are you, once again, talking about well
7 known as amongst those that diagnose
8 and/or treat PTSD?

9 A. Yes.

10 Q. Exclusively?

11 A. No.

12 Q. Correct?

13 A. Not exclusively.

14 I mean, I think that any mental
15 health professional -- I mean, I'm not an
16 expert in depression. I'm not an expert
17 in substance use disorder. But there are
18 certain things that I know about these
19 disorders, and I believe that this would
20 fall -- I think anyone -- any mental
21 health professional should have known this
22 in 2002.

23 Q. Okay. Should have known this,
24 you're referring to all clinical problems

1 A. (Witness reviews document.)

2 Well, I thought I mentioned it
3 further in the paragraph. There are --

4 Q. You may have, but today's the day
5 for you to provide testimony as opposed to
6 me reading your report.

7 A. Well, I did, actually.

8 So, I -- basically if you read
9 down a few lines, I talk about the fight
10 or flight response. I talk about the
11 hormonal stress response involving the
12 adrenal cortex.

13 Those two things were well known
14 in any practitioner that was, you know,
15 treating psychiatric patients.

16 And so -- let's talk about --
17 because you've been asking me all these
18 "well known" questions, and I don't know
19 whether I've understood all of your
20 questions.

21 When I'm using the term "well
22 known," I mean, what I'm saying is what
23 would be expected of any mental health
24 practitioner, not just a PTSD expert.