

EXHIBIT 2

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON
AT SPOKANE

No. 2:15-CV-286-JLQ

SULEIMAN ABDULLAH SALIM, MOHAMED
AHMED BEN SOUD, OBAID ULLAH (as
personal representative of GUL
RAHMAN),

Plaintiffs,

v.

JAMES ELMER MITCHELL and JOHN
"BRUCE" JESSEN,
Defendants.

CONFIDENTIAL
VIDEOTAPED DEPOSITION OF
SONDRA CROSBY, MD

Friday, April 28th, 2017
9:08 a.m.

Held At:
WilmerHale
60 State Street
Boston, Massachusetts

REPORTED BY:
Maureen O'Connor Pollard, RMR, CLR, CSR

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<p>1 for the defendants, and with me is Dr. Roger 2 Pitman.</p> <p>3 THE VIDEOGRAPHER: The court reporter 4 is Maureen O'Connor, and she will now swear in 5 the witness.</p> <p>6</p> <p>7 SONDRA CROSBY, MD, 8 having been first duly identified and sworn, was 9 examined and testified as follows:</p> <p>10 EXAMINATION</p> <p>11 BY MR. TOMPKINS:</p> <p>12 Q. Good morning, Dr. Crosby.</p> <p>13 A. Good morning.</p> <p>14 Q. Would you start us with your name and 15 your address, please?</p> <p>16 A. Yes. My name is Sondra Crosby, I live 17 at 368 West Street, Dedham, Massachusetts 02026.</p> <p>18 Q. All right. And, Dr. Crosby, you're an 19 internist?</p> <p>20 A. Yes, I am.</p> <p>21 Q. And you are here this morning 22 testifying because of your retention as an 23 expert by the plaintiffs in this lawsuit?</p> <p>24 A. Yes, I am.</p>	<p>1 for her. Okay. And part of the process is that 2 we have both a stenographic transcription and a 3 videotape being made, and so it's important that 4 Maureen, in particular, be able to hear what you 5 have to say so that she gets the questions and 6 my -- my questions and your responses. All 7 right?</p> <p>8 A. Okay.</p> <p>9 Q. A couple of other things on that 10 score. If we start talking over each other or 11 interrupting each other, as people often do in 12 conversation, that also gets hard for Maureen, 13 and she probably won't kick you, but she might 14 kick me. So I will ask you -- and I will tell 15 you sometimes I have what I know is a bad habit 16 of pausing in the -- in a question, and then 17 continuing, like I just did. So if you'll try 18 to make sure that I'm done with the question 19 before you start answering, I will try to do the 20 same, and we'll hopefully minimize the times 21 that we're both talking at the same time. Fair 22 enough?</p> <p>23 A. Fair enough. Thank you.</p> <p>24 Q. One last thing, because we are here to</p>
<p>Page 7</p> <p>1 Q. We met very briefly, but my name is 2 Chris Tompkins. I'm one of the attorneys for 3 the defendants. I'm guessing you've been 4 through this process before?</p> <p>5 A. Maybe once. I'm not very experienced.</p> <p>6 Q. All right. Well, I don't know how you 7 view it in advance, but hopefully it won't turn 8 out to be as negative an experience as you might 9 be afraid. We'll see.</p> <p>10 But let's talk a little bit about the 11 process then. And I'm sure you've been briefed 12 on it by counsel for the plaintiffs. But the 13 purpose of the exercise this morning is for us 14 to ask you questions that we have about the 15 opinions that you have expressed or intend to 16 express in this lawsuit. Fair enough?</p> <p>17 A. (Nodding in the affirmative).</p> <p>18 Q. And one of things, and I'll jump ahead 19 to it, it works much better for the court 20 reporter if you answer any question out loud 21 with a yes or no or some other verbal response 22 instead of just shaking or nodding your head?</p> <p>23 A. Okay.</p> <p>24 Q. Because that doesn't show up as easily</p>	<p>Page 9</p> <p>1 explore what it is that you're going to testify, 2 it's important to us, and I think to the 3 plaintiffs as well, that we be understanding 4 each other. So we're going to be talking about 5 some medical and scientific terms that are 6 perhaps not my everyday language, and I may ask 7 a question that doesn't make any sense to you, I 8 may ask a question that doesn't make any sense 9 to you for some other reason. But if you don't 10 understand what I'm asking, will you please let 11 me know that, and let's work together to be on 12 the same page?</p> <p>13 A. Yes. Thank you.</p> <p>14 Q. And a corollary to that sometimes is 15 you may be able to tell from a follow-up 16 question that I ask that I misunderstood an 17 answer that you gave. And if that happens, 18 would you let me know?</p> <p>19 A. Yes, I will.</p> <p>20 Q. All right. Tell us what you did to 21 prepare for today's deposition.</p> <p>22 A. To prepare for the deposition today I 23 reviewed my report. I met with the plaintiffs' 24 attorneys on April 14th for approximately five</p>

<p style="text-align: right;">Page 26</p> <p>1 question accurately. There are many different 2 areas in which I formulated opinions. 3 BY MR. TOMPKINS: 4 Q. Yes, I understand that. And, again, 5 if you feel you need to look at your report to 6 answer this question, then you should do that. 7 But my question is, where you were 8 expressing opinions that you believed were 9 probable, or more than probable, did you so 10 indicate in stating them in your report? 11 MR. HOFFMAN: Objection. 12 You can answer if you -- 13 A. Could I look at my wording? 14 MR. HOFFMAN: Yes. You should look at 15 it. 16 (Witness reviewing document.) 17 A. Sir, would you like me to go through 18 my opinions where I use the language? 19 BY MR. TOMPKINS: 20 Q. Dr. Crosby, I'm not trying to get to 21 that degree of granularity, all right? If you 22 can't answer my question without doing that, 23 then I guess I'll have to decide whether that's 24 where we want to spend our time.</p>	<p style="text-align: right;">Page 28</p> <p>1 Protocol. 2 Q. With the Istanbul Protocol, is that 3 what you said? 4 A. Yes. 5 Q. All right. Let me come at this a 6 little differently. You have either testified 7 or provided declarations on behalf of 8 individuals asserting torture or other improper 9 treatment hundreds of times, right? 10 MR. HOFFMAN: Objection. 11 You can answer. 12 A. Yes, I have. 13 BY MR. TOMPKINS: 14 Q. And in those -- on those occasions 15 when you have provided declarations or when you 16 have provided testimony, you had to state the 17 degree of certainty or probability that you 18 assigned to your testimony, wouldn't that be 19 also true? 20 MR. HOFFMAN: Objection. 21 You can answer. 22 A. Yes, but I may use other language. 23 BY MR. TOMPKINS: 24 Q. Okay. And in your report you say you</p>
<p style="text-align: right;">Page 27</p> <p>1 A. Okay. 2 Q. But my question is a more global 3 question of, did you, generally speaking, when 4 you've expressed opinions, if you believed that 5 they were probable or more than probable, state 6 that in your report in the context of expressing 7 the opinion? 8 MR. HOFFMAN: Objection. 9 You can answer. 10 BY MR. TOMPKINS: 11 Q. That's the question. 12 (Witness reviewing document.) 13 A. I'm not finding examples where I used 14 "to a reasonable degree of medical certainty" 15 here. 16 BY MR. TOMPKINS: 17 Q. Okay. What are you finding that you 18 used? 19 (Witness reviewing document.) 20 A. In some of my opinions I used, where I 21 felt it was consistent with my opinion, I used 22 "high degree of medical certainty." In other 23 instances I used "consistent with," which is 24 language that I use consistent with the Istanbul</p>	<p style="text-align: right;">Page 29</p> <p>1 used "high degree of medical probability." That 2 would be more than just probable, correct? 3 MR. HOFFMAN: Objection. 4 BY MR. TOMPKINS: 5 Q. Highly probable? 6 MR. HOFFMAN: You can answer. 7 A. Yes, that would be my opinion. 8 BY MR. TOMPKINS: 9 Q. And "consistent with" you said you use 10 as it is dealt with or defined in the Istanbul 11 Protocol. And you said a moment ago you may use 12 other language. Is the other language that you 13 generally use to describe the degree with 14 certainty with which you express an opinion, 15 other than "high degree of probability" and 16 "consistent with"? 17 A. Or "certainty," "high degree of 18 consistency," "highly consistent." 19 Q. And you understand from your prior 20 experience that defining the degree of 21 probability or non-probability with which you 22 express an opinion is important? 23 A. It is important, yes. 24 Q. Okay. And whatever language you have</p>

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1 used to do it, you have expressed in your report
 2 the degree of probability or uncertainty that
 3 you ascribe to the opinions you've stated?
 4 A. Yes.
 5 Q. Okay. Good. You're welcome to keep
 6 your report in front of you, but I'll take it
 7 back if you don't want it.
 8 A. I'll keep it. Thanks.
 9 Q. One more thing about the conduct of
 10 the deposition. We're going to be here for a
 11 while, but it's not intended to be an endurance
 12 test, so if you need to take a break at some
 13 point -- we will all need to take a break at
 14 some point. If you need to take a break at some
 15 point, let us know.
 16 A. Thank you.
 17 Q. And I may well -- we'll always ask you
 18 to answer any question that's pending, and I may
 19 ask you to let me opinion finish up in an area,
 20 but then we'll take a break, if not immediately,
 21 very quickly. Okay?
 22 A. Okay.
 23 Q. I want to talk about your background a
 24 little bit. You are a medical doctor, right?

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1 A. Yes, I am.
 2 Q. Trained in my state. I'm from
 3 Seattle. And I guess there's a segway. You
 4 know this case is pending in Spokane?
 5 A. I do know that, yes.
 6 Q. And do you know there's a trial set in
 7 September?
 8 A. Yes.
 9 Q. And do you plan to fly out to lovely
 10 Spokane and testify?
 11 A. If I'm asked to, yes.
 12 Q. So you are aware of the date, you are
 13 available, and you will plan to attend if
 14 requested?
 15 A. Yes.
 16 Q. All right. Coming back to your
 17 training.
 18 I know you did medical school. You
 19 did a residency as an internist?
 20 A. Yes, I did.
 21 Q. Did you do any post-residency
 22 training?
 23 A. I've done many trainings through
 24 Physicians for Human Rights, Center for Victims

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1 of Torture, Global Mental Health at Harvard.
 2 But in terms of official fellowships, I have
 3 not.
 4 Q. And your training in Physicians for
 5 Human Rights, Global Mental Health, and the
 6 third entity that you mentioned, are you talking
 7 about workshops or seminars, or kind of
 8 short-term programs, or are those longer?
 9 A. Weeks-long programs.
 10 Q. Week-long programs?
 11 A. Week to weeks-long programs.
 12 Q. And are those all listed in your CV?
 13 A. They should be, yes.
 14 Q. I think they are, but --
 15 A. Yes.
 16 Q. What training do you have, if any, in
 17 the field of psychiatry?
 18 A. I graduated from medical school, and I
 19 graduated from an internal medicine residency
 20 where we learned to care for patients with
 21 psychiatric disorders.
 22 Q. Okay. In medical school, what was the
 23 extent of that training or class work?
 24 A. It was a long time ago. The

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1 University of Washington where I did my
 2 training, we had rotation, clerkships on the
 3 inpatient psychiatry unit and in outpatient
 4 psychiatry.
 5 Q. And were those rotations -- in how
 6 many of the four years did you have those
 7 rotations in?
 8 A. For clinical rotations, at least two
 9 of the four years. And didactic clinics in the
 10 first two years.
 11 Q. And what was the extent of your work
 12 with psychiatric patients or in the field of
 13 psychiatry during your residency?
 14 A. I cared for psychiatric patients in
 15 the medical unit. As you well know, Boston City
 16 Hospital is an inner City Hospital with a high
 17 prevalence of mental health disorders, and we
 18 don't have an inpatient psychiatric service.
 19 Q. So --
 20 A. So I cared for many patients in the
 21 scope of my internal medicine training, and
 22 worked with liaison psychiatry.
 23 Q. Sorry, I didn't mean to interrupt you.
 24 A. Sorry.

<p style="text-align: right;">Page 34</p> <p>1 Q. And that's where I was going, you were 2 with liaison psychiatrists? 3 A. Yes. 4 Q. You were the primary physician for 5 those patients? 6 A. On the inpatient service, yes. 7 Q. But the liaison psychiatrist was the 8 primarily -- was the person primarily involved 9 in the psychiatric care and treatment? 10 A. The consultant psychiatrist, yes. 11 Q. You would not be qualified to practice 12 as a psychiatrist, correct? 13 A. That would be correct. 14 Q. Do you have any training in 15 psychometric testing? 16 A. Can you define what you mean by 17 "psychometric testing"? 18 Q. I mean the giving of written tests 19 that would typically be used by psychologists or 20 psychiatrists to assess mental functioning 21 condition states? 22 A. I do in certain tests. Certainly I 23 have no training or experience in 24 neuropsychological testing. I am familiar with</p>	<p style="text-align: right;">Page 36</p> <p>1 yesterday, but, Steven, you indicated those were 2 your copies, and they just went back to you. 3 MR. WATT: Yeah, which they're being 4 shipped back to New York. 5 DR. PITMAN: Here it is. 6 BY MR. TOMPKINS: 7 Q. To the extent that you used 8 instruments in 2010, did you administer those, 9 or did Dr. Nyanyuki? 10 A. Nyanyuki. It was a long time ago, but 11 to the best of my recollection, I administered 12 the tests, and she was the Swahili translator, 13 and assisted. 14 Q. What happened to the written 15 instruments from that testing? 16 A. You know, most -- I wasn't able to 17 locate any of my initial notes from that time, 18 and I believe they were destroyed. I did go 19 back and try to locate them. 20 Q. And you say you believe they were 21 destroyed. I'm just going to ask about the 22 Passy voice, who do you believe destroyed them. 23 A. My normal practice when I'm done with 24 a case is to shred my raw notes, and I wasn't</p>
<p style="text-align: right;">Page 35</p> <p>1 and have been trained to use scales such as 2 CAPS, Harvard Trauma Questionnaire, Beck 3 Depression Index, Hopkins Symptom Checklist, 4 Refugee Health Screener. 5 Q. Did you use any of those instruments 6 in this case, in your work in this case? 7 A. For Mr. Salim, no. On my last visit I 8 did not. 9 Q. All right. Let me broaden the 10 question. 11 Did you use any of those testing 12 instruments with Mr. Salim in any of your 13 contact with him? 14 A. I used some when I had an interpreter 15 in 2010. 16 Q. And what did you use? 17 A. I'd have to refresh my memory with my 18 report. But I believe I used the Beck 19 Depression Index, and perhaps the Harvard Trauma 20 Questionnaire. 21 Q. I have a full box full of paper, and 22 it was supposed to have your report. 23 MR. TOMPKINS: There are actually 24 multiple copies of that report in the box</p>	<p style="text-align: right;">Page 37</p> <p>1 sure if that had happened or not. I don't 2 recall specifically doing that, but I'm assuming 3 since they were not in any of my files that that 4 is what happened. 5 Q. We have been provided at some point 6 with documents that bear 2010 dates which we 7 have been advised are your notes, and I will 8 show you a set here momentarily. So are those a 9 different set of notes from the ones you just 10 told me were destroyed? 11 A. Could I take a look at those, please? 12 Q. Yeah. Hang on just a second. I'm 13 supposed to have three sets, and I appear to 14 have two sets plus one last page. I'm going to 15 have the reporter mark that as Crosby Exhibit 1. 16 (Whereupon, Crosby Exhibit Number 1, 17 Set of handwritten notes, was marked 18 for identification.) 19 MR. TOMPKINS: Paul, I'll let you look 20 at my copy while I look for mine (handing). 21 BY MR. TOMPKINS: 22 Q. First of all, Dr. Crosby, Exhibit 1 is 23 a set of notes bearing dates from 2010? 24 A. Yes. Yes.</p>

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1 attorneys arrived in Zanzibar before I did, and
 2 so they had met with Mr. Salim before I arrived.
 3 Q. Okay.
 4 A. I wasn't involved in discussions about
 5 whether or not to file a lawsuit.
 6 Q. Well, but you've told us you were
 7 involved in a conversation in which Mr. Salim
 8 said he did not want to file a lawsuit.
 9 A. Right. When I got there, he said he
 10 didn't want to file a lawsuit. So I wasn't
 11 involved in conversations prior to my arrival.
 12 Q. Sure. But tell me about the context
 13 in which he made the statement that he didn't
 14 want to file a lawsuit. Who else was present
 15 for that conversation?
 16 A. You do have to understand this was
 17 seven years ago, so my memory isn't perfect.
 18 What I do recall is the lawyers from
 19 the Open Society were at the meeting, Clara
 20 Gutteridge from Reprieve was at the meeting,
 21 Mr. Salim, and me after my arrival.
 22 Q. And did Mr. Salim just blurt out
 23 without any preliminary "I don't want to file a
 24 lawsuit," or was there discussion prior to his

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1 making that statement about filing a lawsuit?
 2 MR. HOFFMAN: Objection.
 3 You can answer.
 4 A. My best recollection is that by the
 5 time I arrived and we were sitting in a meeting,
 6 he'd already made up his mind, so prior to my
 7 arrival.
 8 BY MR. TOMPKINS:
 9 Q. Okay. Focus -- I'm sorry. I
 10 interrupted you, didn't I? I didn't mean to.
 11 Finish your answer.
 12 A. So to answer your question, I don't
 13 recall being privy to any details of the
 14 conversation between Mr. Salim and the attorneys
 15 about any specifics about why he didn't want to
 16 file a lawsuit.
 17 Q. Okay. But not focusing on the
 18 specifics of why he didn't want to file a
 19 lawsuit, focusing on the conversation involving
 20 the lawyers from Open Society Justice Mission,
 21 Clara Gutteridge, Mr. Salim, and yourself in
 22 which he made that statement, was there
 23 conversation prior to his making that statement
 24 about filing such a lawsuit, or about the nature

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1 and scope of such a lawsuit?
 2 A. I don't recall any conversation about
 3 that.
 4 Q. You were assessing Mr. Salim in
 5 connection with his detention and treatment by
 6 the CIA, correct, in 2010?
 7 A. In 2010, I was doing a medical
 8 evaluation following his release from US
 9 custody. At the time I didn't know exactly what
 10 organizations had detained him.
 11 Q. So you didn't understand at the time
 12 that he had been held in CIA -- by the CIA in
 13 CIA detention sites?
 14 A. Not before I talked to him.
 15 Q. Right. Okay. But once you got there
 16 and worked on the assessment --
 17 A. Right.
 18 Q. -- you understood that you were
 19 assessing his having been held in US custody by
 20 the CIA, and later by the military at Bagram Air
 21 Base, right?
 22 MR. HOFFMAN: Objection.
 23 You can answer.
 24 A. Yes.

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1 BY MR. TOMPKINS:
 2 Q. Okay. And the context of any lawsuit
 3 was in the context of suing for his treatment in
 4 that detention --
 5 MR. HOFFMAN: Objection.
 6 BY MR. TOMPKINS:
 7 Q. -- or in that custody, right?
 8 MR. HOFFMAN: Objection.
 9 You can answer.
 10 A. That I don't -- I don't know. It was
 11 in the context of getting reparations for his
 12 detention. I don't even know who -- what the
 13 proposed lawsuit was about, or who it was
 14 against.
 15 BY MR. TOMPKINS:
 16 Q. All right. I'll have more questions
 17 about that later, but let's come back to your
 18 training which is where I let myself get
 19 sidetracked.
 20 Do you have any training in the field
 21 of psychology?
 22 A. Just what I've stated before. So no
 23 formal training in psychology.
 24 Q. So these courses that you've taken

<p style="text-align: right;">Page 78</p> <p>1 Q. And again, just the two of you?</p> <p>2 A. Yes.</p> <p>3 Q. No time spent involving others?</p> <p>4 A. There was some time -- on the third</p> <p>5 day there was time spent with another person.</p> <p>6 Q. And who was that?</p> <p>7 A. That was an acquaintance, a friend of</p> <p>8 Mr. Salim's named Rashid.</p> <p>9 Q. And was that part of the four to</p> <p>10 five hours that you talked about before, or was</p> <p>11 that in addition?</p> <p>12 A. That's in addition.</p> <p>13 Q. So in addition to four to five hours</p> <p>14 with Mr. Salim, you spent time with Mr. Salim</p> <p>15 and his friend?</p> <p>16 A. Yes.</p> <p>17 Q. And about how long?</p> <p>18 A. Several hours perhaps. It's hard to</p> <p>19 estimate.</p> <p>20 Q. Was any of that time involved in</p> <p>21 assessment or other activity related to</p> <p>22 developing your opinions for this case, or was</p> <p>23 that essentially social?</p> <p>24 A. I used the time for observation of</p>	<p style="text-align: right;">Page 80</p> <p>1 Okay. And am I correct that Mr. Salim</p> <p>2 speaks English sufficiently well that you were</p> <p>3 able to conduct your assessment without a</p> <p>4 translator?</p> <p>5 A. I felt that I was able to perform my</p> <p>6 evaluation adequately without a translator. I</p> <p>7 would state that his English skills are</p> <p>8 moderate, not excellent, but I felt I was able</p> <p>9 to communicate with him well enough in English.</p> <p>10 Q. All right. And I will say I hear a</p> <p>11 little hesitance in your saying his English was</p> <p>12 good enough. Was your evaluation impaired by</p> <p>13 the absence of a translator?</p> <p>14 MR. HOFFMAN: Objection.</p> <p>15 You can answer.</p> <p>16 A. No, I don't believe it was.</p> <p>17 BY MR. TOMPKINS:</p> <p>18 Q. Does Mr. Rashid speak English?</p> <p>19 A. He does.</p> <p>20 Q. What about members of his family on</p> <p>21 the time you spent with them?</p> <p>22 A. I believe I recall some of them do not</p> <p>23 speak English.</p> <p>24 Q. Was there a reason that you conducted</p>
<p style="text-align: right;">Page 79</p> <p>1 Mr. Salim.</p> <p>2 Q. Okay. And what about day four?</p> <p>3 A. That would be the day I left, and I</p> <p>4 did spend some time with Mr. Salim, and again</p> <p>5 with Rashid.</p> <p>6 Q. And all of the time with both of them,</p> <p>7 or was there time with Mr. Salim alone and time</p> <p>8 with both of them?</p> <p>9 A. There was time with Mr. Salim alone.</p> <p>10 Q. And about how much?</p> <p>11 A. Several hours.</p> <p>12 Q. Two to three? Four to five?</p> <p>13 A. Two to three. These are all</p> <p>14 estimates.</p> <p>15 Q. I understand.</p> <p>16 And how much time with Mr. Salim and</p> <p>17 his friend?</p> <p>18 A. Several hours. It was Mr. Salim's</p> <p>19 friend and his family.</p> <p>20 Q. Okay. And several hours?</p> <p>21 A. Several hours. Two.</p> <p>22 Q. Two, three, four, five?</p> <p>23 A. Two at the most.</p> <p>24 Q. Two.</p>	<p style="text-align: right;">Page 81</p> <p>1 the assessment in October of 2016 without a</p> <p>2 translator?</p> <p>3 A. At the time Mr. Salim did not feel</p> <p>4 comfortable with any local translators, and I</p> <p>5 did not have a translator from outside of the</p> <p>6 country.</p> <p>7 Q. And the interview was conducted where?</p> <p>8 A. In Dar es Salaam.</p> <p>9 Q. When you say -- well, was it your</p> <p>10 intent when you went to Dar es Salaam for this</p> <p>11 assessment to have a translator involved?</p> <p>12 A. It was not. I felt I could do an</p> <p>13 evaluation with Mr. Salim without a translator.</p> <p>14 Q. So you believed that you knew in</p> <p>15 advance of that interaction that his English</p> <p>16 would be sufficient to permit you to do the</p> <p>17 assessment without a translator?</p> <p>18 A. That was my opinion before I went,</p> <p>19 yes.</p> <p>20 Q. Okay. And that was based on</p> <p>21 continuing contact that you had had with him</p> <p>22 after 2010 and before October, 2016?</p> <p>23 A. I would say it was based on my general</p> <p>24 knowledge of and conversations with Mr. Salim.</p>

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1 about Mr. Salim.
 2 Q. And what information did you gain from
 3 Dr. Chisholm?
 4 A. Dr. Chisholm told me -- and I believe
 5 this is in my report. I would like to refer to
 6 it.
 7 (Witness reviewing document.)
 8 A. All right. So I did speak with
 9 Dr. Chisholm on November 12th, 2016, and at that
 10 time he gave me some insights into his two
 11 previous visits with Mr. Salim.
 12 BY MR. TOMPKINS:
 13 Q. What insights did he give you?
 14 A. That he had diagnosed Mr. Salim with
 15 PTSD, and he'd given him a short course of
 16 treatment.
 17 Q. Anything else?
 18 A. That's all that I can remember.
 19 Q. Did you discuss the issue of complex
 20 PTSD with Dr. Chisholm?
 21 A. I believe I did discuss briefly the
 22 concept of complex PTSD with him.
 23 Q. And what did he say?
 24 A. I don't recall the specifics of the

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1 conversation.
 2 Q. Okay. Did Dr. Chisholm agree that
 3 there is such a thing as complex PTSD?
 4 A. I don't recall, sir.
 5 Q. Have you discussed the issue of
 6 complex PTSD with any other medical professional
 7 in connection with your work in this case?
 8 A. I certainly have discussed the issue
 9 of complex PTSD with psychiatrists and
 10 psychologists who work in the field of trauma
 11 and what their -- and views on it. I don't
 12 believe I have talked about the specifics or the
 13 details of Mr. Salim's case, but I've talked
 14 about it in generalities.
 15 Q. Okay. When you say their "views on
 16 it," on complex PTSD, what you're referring to
 17 is the fact that there's a debate or dispute in
 18 the community about whether there is such a
 19 diagnosis, or should be such a diagnosis
 20 recognized, right?
 21 A. I understand, yes, I recognize that
 22 there is.
 23 Q. Okay. Coming back to the preparation
 24 of your report, you reference a prior report by

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1 a Dinah, or Dinah Kituyi, K-I-T-U-Y-I. And is
 2 that a man or a woman? Let's start with that.
 3 A. She is a woman.
 4 Q. Okay. It wasn't clear to me from the
 5 reference.
 6 What was Ms. Kituyi's -- well,
 7 actually let me ask a different question. How
 8 did Ms. Kituyi come to be involved with
 9 Mr. Salim?
 10 A. My answer to that is all going to be
 11 secondhand. I actually never met her.
 12 Q. What's your understanding as to how
 13 she became involved?
 14 A. My understanding as to how she became
 15 involved is when we obtained funding to get
 16 Mr. Salim some treatment, that was through the
 17 organization in Nairobi, that Dinah was the
 18 counselor or social worker who was the person
 19 assigned to see Mr. Salim.
 20 Q. What knowledge do you have of her
 21 qualifications, background experience?
 22 A. I have no -- I don't have very much
 23 knowledge at all.
 24 Q. And I take it you had not worked with

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1 her other than -- in any other case or in any
 2 other context?
 3 A. I've never met her, I've never worked
 4 with her in any context.
 5 Q. All right. Have you reviewed any
 6 depositions in this case?
 7 A. I have reviewed three depositions in
 8 this case, in addition to my own.
 9 Q. Whose?
 10 A. Dr. Pitman's -- or no, depositions,
 11 I'm sorry.
 12 Q. Not reports.
 13 A. I am referring to reports.
 14 Q. Have you reviewed the transcript of
 15 any depositions of anyone in this case?
 16 A. I reviewed very briefly the transcript
 17 of Mr. Salim's deposition.
 18 Q. When you say "very briefly," how much
 19 time are we talking about?
 20 A. Like literally I had it on my computer
 21 screen and scrolled through it.
 22 Q. And flipped through it?
 23 A. Yes.
 24 Q. How much time did you spend? Are we

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1 A. I don't know, sir.
 2 Q. Do you know whether it's been
 3 validated for use on Swahili-speaking
 4 individuals?
 5 A. I don't know that it's been validated.
 6 I certainly have had trouble in both populations
 7 using that instrument.
 8 Q. Do you know whether the SCID has been
 9 validated for either Arabic or Swahili-speaking
 10 populations?
 11 A. I don't know, sir.
 12 Q. All right. On Paragraph 98 of your
 13 report you discuss major depression, and your
 14 reference is to DSM-IV. Why did you refer to
 15 DSM-IV, rather than DSM-5?
 16 A. That may have been an error, sir.
 17 Q. Well, all right. Do you know whether
 18 the criteria you've listed here are the criteria
 19 as stated in DSM-5 for major depressive
 20 disorder?
 21 A. There are nine criteria. So I believe
 22 they're roughly the same as the DSM-5.
 23 Q. Roughly? What do you mean by that?
 24 A. I don't know if the wording is exactly

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1 the same. But certainly sad or depressed mood,
 2 decreased interest or pleasure, change in
 3 appetite with weight change up or down,
 4 disruption in sleep, either psychomotor
 5 agitation or retardation, fatigue, loss of
 6 concentration, suicidality, and inappropriate
 7 guilt, worthlessness, those are all contained in
 8 the DSM-5.
 9 Q. And do you find that Mr. Salim
 10 currently experiences a diagnosis of major
 11 depressive disorder?
 12 A. I last assessed him in October.
 13 During my assessment of him then, he met at
 14 least five of the criteria for major depression.
 15 I have not seen him or assessed him since.
 16 Q. Let's talk about complex PTSD.
 17 A. Okay.
 18 Q. You acknowledged earlier this morning
 19 when we touched on it that there is a dispute as
 20 to whether complex PTSD is an appropriate
 21 diagnosis, correct?
 22 A. Yes.
 23 Q. And that dispute would exist within
 24 the psychological and psychiatric communities

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1 rather than within the internist community,
 2 would that be correct?
 3 A. I think largely that is correct. I
 4 think there is also discussion of it in people
 5 who treat torture.
 6 Q. But the people -- the communities
 7 within which that dispute ultimately resides are
 8 the communities of psychiatrists and of
 9 psychologists who create the DSM categorizations
 10 for mental disorders, correct?
 11 MR. HOFFMAN: Objection.
 12 A. I agree that's largely true.
 13 Sorry.
 14 MR. HOFFMAN: That's fine. Go ahead.
 15 BY MR. TOMPKINS:
 16 Q. Are you able to tell us what the score
 17 looks like within the psychiatric or the
 18 psychological community as to whether complex
 19 PTSD is accepted or is not accepted as an
 20 appropriate or valid diagnosis?
 21 MR. HOFFMAN: Objection.
 22 You can answer if you can.
 23 A. I can't speak on behalf of the
 24 psychiatric or psychologic communities.

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1 BY MR. TOMPKINS:
 2 Q. Okay. Can you speak on behalf of the
 3 internist community which does work in assessing
 4 individuals for PTSD?
 5 A. My expertise is in the context of
 6 torture. And I can tell you what my views are
 7 after treating people with trauma and torture
 8 for 17 years and trying to understand the
 9 literature and speaking with psychologists and
 10 psychiatrists who work in this field.
 11 Q. Okay. And I appreciate that. But at
 12 the moment I'm not so much interested in your
 13 personal views as I am the views of the larger
 14 internist community.
 15 And I take it from your answer that
 16 you're not prepared to give us the scorecard
 17 within that community?
 18 A. No, I'm not sure there is a scorecard
 19 within that community.
 20 Q. Would you agree that complex PTSD is
 21 not currently accepted as a valid diagnosis
 22 within the psychiatric community?
 23 A. It certainly is not in the DSM-5.
 24 Q. Okay. And I'll ask you the same

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1 question. Would you agree that complex PTSD is
 2 not currently accepted, generally accepted, as a
 3 valid diagnosis within the psychological
 4 community? Would your answer be the same?
 5 A. Yeah, I can't speak for the
 6 psychological community.
 7 Q. Can you tell me -- well, you reference
 8 in your report to the proposed ICD-11, right?
 9 A. Yes.
 10 Q. And I take it that you anticipate that
 11 ICD-11 may adopt a characterization of complex
 12 PTSD?
 13 A. That is my understanding.
 14 Q. And what do you understand the
 15 criteria for that would be?
 16 A. From my reading, and hopefully you
 17 were given the references that I provided, that
 18 complex PTSD is a disorder that meets the core
 19 requirements of PTSD, plus some additional
 20 difficulties.
 21 And a complex PTSD is proposed to be
 22 the result of prolonged trauma, whether it be
 23 child abuse, long-term prisoners of war,
 24 torture, etcetera, where people develop

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1 emotional dysregulation, affective
 2 dysregulation, difficulty with relational
 3 capacities, you know, inability to form bonds
 4 and to relate to people, problems with attention
 5 and consciousness, kind of altered belief
 6 systems just from the deep injury, humiliation,
 7 and loss of trust in human beings, along with
 8 dysfunctional somatic or physical problems.
 9 So in my understanding, complex PTSD
 10 is some additional dysfunction on top of the
 11 core requirements to meet the diagnosis of PTSD.
 12 Q. You referenced the documents that you
 13 attached to your report, and those included the
 14 ISTSS Expert Consensus Guidelines for Complex
 15 PTSD, and a clinical research article entitled
 16 "Evidence for Proposed ICD-11 PTSD," is that
 17 right?
 18 A. Those were two of them. I think there
 19 were five or six.
 20 Q. Okay. And do the proposed diagnoses
 21 or definitions of complex PTSD in those
 22 documents agree with the proposed ICD-11
 23 requirements or criteria for complex PTSD?
 24 MR. HOFFMAN: Objection.

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1 You can answer.
 2 A. From my understanding --
 3 BY MR. TOMPKINS:
 4 Q. From your understanding --
 5 A. -- they do, they agree. I'm not sure
 6 that they're exactly word-for-word.
 7 Q. Well, all right. Let's talk about
 8 that. Whether or not they're word-for-word, do
 9 they require additional disturbances in a
 10 different number of domains between or amongst
 11 those three documents?
 12 MR. HOFFMAN: Objection.
 13 A. I'm sorry?
 14 MR. HOFFMAN: You can answer if you
 15 can.
 16 A. Can you repeat the question, please?
 17 BY MR. TOMPKINS:
 18 Q. Sure.
 19 You told us that the ICD-11 proposed
 20 definition required the core requirements for
 21 diagnosis of PTSD plus some additional
 22 requirements, or requirements in additional
 23 domains, right?
 24 A. Yes.

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1 Q. And would it be significant if the
 2 number of domains -- let me say that
 3 differently.
 4 Would it be significant if the three
 5 documents that we're talking about, the ISTSS
 6 guidelines, the article that you cited, and the
 7 ICD-11 proposal, each specify a different number
 8 of additional domains above the core diagnosis?
 9 MR. HOFFMAN: Objection.
 10 You can answer.
 11 A. So --
 12 BY MR. TOMPKINS:
 13 Q. That would be more than just a matter
 14 of exact words, wouldn't it?
 15 MR. HOFFMAN: Objection.
 16 You can answer.
 17 A. I'm trying to think of how to answer
 18 that as accurately as I can. However the exact
 19 criteria fall out, if it is, indeed, included in
 20 the ICD-10, I think the point is that there are
 21 functional disabilities in the domains I
 22 specified that go beyond the score symptoms of
 23 PTSD.
 24 BY MR. TOMPKINS:

<p style="text-align: right;">Page 154</p> <p>1 Q. Okay. Do you know Dr. Matthew 2 Friedman?</p> <p>3 A. I know the name.</p> <p>4 Q. Do you know who he is?</p> <p>5 A. I've not met him.</p> <p>6 Q. Are you aware that he is an expert for 7 the plaintiffs in this case?</p> <p>8 A. I am aware of that, yes.</p> <p>9 Q. Are you aware of his position in 10 complex PTSD?</p> <p>11 A. I've never had a conversation with him 12 about it.</p> <p>13 Q. Have you read any literature that he's 14 written on the issue?</p> <p>15 A. I don't believe I have.</p> <p>16 Q. So if he's expressed the opinion that 17 the implementation of the proposed ICD-11 18 criteria could yield confusion across clinical 19 and research areas, you're not aware of that?</p> <p>20 A. I wasn't aware of his opinion. I am 21 aware of that debate ongoing in the field.</p> <p>22 Q. Okay. And if Dr. Friedman has written 23 that the distinction being proposed for ICD-11 24 may be artificial, and its adoption could</p>	<p style="text-align: right;">Page 156</p> <p>1 Dr. Friedman's involvement with PTSD is?</p> <p>2 A. I do not.</p> <p>3 Q. Are you aware of an entity called the 4 National Center for PTSD?</p> <p>5 A. Yes, I am.</p> <p>6 Q. What is that?</p> <p>7 A. It's exactly what you said, the 8 National Center for PTSD, and it's really the 9 leading authority on PTSD.</p> <p>10 Q. Is it a government agency?</p> <p>11 A. I don't know the answer to that. I 12 would assume it is.</p> <p>13 Q. Do you know that Dr. Friedman was the 14 director of the National Center for PTSD for a 15 number of years?</p> <p>16 A. I did not know that.</p> <p>17 Q. Okay. Well, now you do.</p> <p>18 Did you do any literature research 19 about complex PTSD before you prepared your 20 report?</p> <p>21 A. Can you be more specific? Like, I've 22 been aware of the controversy before the report, 23 I certainly -- and have read about it.</p> <p>24 Q. Well, let me be more specific this</p>
<p style="text-align: right;">Page 155</p> <p>1 introduce redundancy and a lack of diagnostic 2 accuracy, you're not aware of that?</p> <p>3 A. I'm not aware of that. Again, I'm 4 aware of the debate and the controversy.</p> <p>5 Q. And if Dr. Friedman has written that 6 the results of the structural analysis that he's 7 writing about, and the lack of support for 8 hypothesized links to trauma history that are 9 essential to complex PTSD theory should raise 10 doubts about the necessity of a separate PTSD 11 diagnosis, you're not aware of that?</p> <p>12 A. Again, I'm aware of the controversy.</p> <p>13 Q. And you would agree that you're not in 14 a position to rebut or refute Dr. Friedman's 15 opinions on that subject, correct?</p> <p>16 A. No, I respect his opinion.</p> <p>17 Q. You told me you know of Dr. Friedman. 18 Is he one of the top experts in his field, do 19 you know?</p> <p>20 MR. HOFFMAN: I'll object. 21 But you can answer.</p> <p>22 A. I don't know the answer.</p> <p>23 BY MR. TOMPKINS: 24 Q. Okay. Do you know what the history of</p>	<p style="text-align: right;">Page 157</p> <p>1 way.</p> <p>2 You've told us now several times that 3 you're aware that there's a controversy?</p> <p>4 A. Yes.</p> <p>5 Q. You aren't really able to tell us 6 which side of the debate seems to be prevailing 7 in the psychiatric, or the psychological, or 8 even the internist community, if the debate is 9 being waged there at all. And my question is 10 whether you -- before writing your report in 11 which you opined both on the propriety of 12 complex PTSD as a diagnosis and on its presence 13 in Mr. Salim, did you do any literature research 14 to see what the then current state of the 15 science was?</p> <p>16 A. I did.</p> <p>17 Q. What did you do?</p> <p>18 A. I did literature search, and I 19 consulted with colleagues.</p> <p>20 Q. Who did you consult with?</p> <p>21 A. Again, not specifically on this case, 22 but in general.</p> <p>23 Q. So, I guess, let me clarify. 24 Are you telling me that before writing</p>

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1 such advice in the Istanbul Protocol, are you
 2 critical of that effort by Dr. Pitman?
 3 A. In my experience and in my knowledge
 4 in work in torture, individual methods can
 5 rarely be isolated, because they're all
 6 intertwined. It's the aggregate effect of
 7 torture that does the damage. So it's
 8 artificial to isolate methods and try to assign
 9 a ranking order of them, in my opinion.
 10 Q. All right. So for the last several
 11 minutes as we've been talking about ranking or
 12 comparative causation and so forth, you have
 13 stated that you believe things to be the case
 14 based on your experience or your opinion.
 15 Let me ask you, are you aware of any
 16 literature which addresses the ability to assign
 17 comparative causation to events in the context
 18 of PTSD, or to assign comparative effect as the
 19 ranking that Dr. Pitman obtained did?
 20 A. So I would not be familiar with the
 21 general PTSD literature, and there may be a
 22 ranking system.
 23 In the torture literature, it's not --
 24 it's not -- there are no recommendations to do

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1 so in the torture literature.
 2 Q. All right. So what you can testify is
 3 that the Istanbul Protocol doesn't call for such
 4 a ranking or a determination of comparative
 5 causation?
 6 A. That is correct.
 7 Q. And that in your personal opinion, you
 8 don't believe such a ranking or determination of
 9 comparative causation is possible or meaningful?
 10 A. I do not believe it's meaningful.
 11 Q. But you cannot opine or tell us what
 12 the literature might say on those issues?
 13 A. There is no literature in the
 14 torture -- in the torture literature.
 15 Q. And you can't say what would be the
 16 general opinions within either the psychiatric
 17 or psychological communities as to those issues,
 18 would that be right?
 19 A. Not directly, because there are -- in
 20 the torture world, there certainly are
 21 psychiatric and psychological experts.
 22 Q. Okay. But I think what you told me,
 23 and tell me if this is wrong, is that in the
 24 torture literature, you're not aware of any

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1 recommendation to assign comparative causation
 2 or to try to rank effects as Dr. Pitman did, but
 3 you've also told me that you're not aware of any
 4 literature supporting your opinion that it's not
 5 possible or meaningful to do so, is that right?
 6 MR. HOFFMAN: Objection.
 7 You can answer.
 8 A. I'm thinking. You know, I think there
 9 is literature talking about the synergistic
 10 effects and the lack of meaning to actually
 11 trying to isolate individual torture effects, so
 12 there is some literature in that area.
 13 BY MR. TOMPKINS:
 14 Q. Can you cite any of that for me?
 15 A. I can get it for you. I don't have it
 16 with me.
 17 Q. Okay. And are the opinions that
 18 you've stated based on that literature, or are
 19 they based on your personal experience and your
 20 personal opinion?
 21 A. The opinions about the ranking system?
 22 Q. About the ranking system, and also
 23 about the comparative causation issues that we
 24 discussed.

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1 A. They're based on both. My personal
 2 experience in treating many torture survivors,
 3 and also literature review.
 4 Q. Okay.
 5 A. But to make clear, you know, certainly
 6 there are traumatic events that may contribute,
 7 more or less, to somebody's overall clinical
 8 picture, so I'm not saying -- I want you to
 9 understand I'm not saying all events are equal,
 10 but it's hard to separate out and assign a
 11 particular percent.
 12 Q. Well, I have to tell you I think
 13 what -- if I understood what you just said now,
 14 it contradicts what I understood you to have
 15 said before.
 16 A. Let's try to make it clear, because I
 17 don't want to be contradictory.
 18 Q. Well, and I would like to be clear.
 19 So -- but, for instance, I asked you before if
 20 in light of the aversiveness of the rape
 21 experience it could be characterized as a major
 22 contributor to Mr. Salim's PTSD, and I
 23 understood you to say that it was a major -- or
 24 it was an event that had major significance, but

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1 speaking with Mr. Risen?
 2 A. I did not. That was done outside of
 3 my purview.
 4 Q. I'm wondering if we just had a
 5 miscommunication. Let me try again just to make
 6 sure.
 7 I thought that you had contacted
 8 Mr. Salim and advised him that Mr. Risen wanted
 9 to speak with you, and had been in communication
 10 with Mr. Salim about your being in contact with
 11 Mr. Risen. Is that right, or not?
 12 MR. HOFFMAN: Objection. There's no
 13 testimony like that.
 14 A. I can tell you I was not part of
 15 organizing an interview with Mr. Risen, and --
 16 BY MR. TOMPKINS:
 17 Q. I'm going to try again, because you're
 18 talking about organizing an interview between
 19 Mr. Risen and Mr. Salim, right?
 20 A. Right.
 21 Q. And I'm asking you about whether you
 22 contacted Mr. Salim about Mr. Risen's request to
 23 interview you. Two different things.
 24 MR. HOFFMAN: Do you have the question

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1 in mind?
 2 A. I believe I did ask Mr. Salim after
 3 the interview was arranged, and Mr. Risen wanted
 4 to speak with me.
 5 BY MR. TOMPKINS:
 6 Q. And why did you do that?
 7 A. Because I would never speak to anybody
 8 without permission.
 9 Q. And Mr. Salim approved your speaking
 10 with Mr. Risen?
 11 A. Yes.
 12 Q. And you did speak with Mr. Risen?
 13 A. I did speak with Mr. Risen.
 14 Q. All right. Now, to come to the other
 15 issue, Mr. Salim also spoke with Mr. Risen?
 16 A. Yes.
 17 Q. Is that right?
 18 And you were aware that that was going
 19 to happen?
 20 A. (Nodding in the affirmative).
 21 Q. Is that right?
 22 A. I was aware.
 23 Q. But it's your testimony that you
 24 played no role in facilitating it?

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1 A. That is right.
 2 Q. You played no role in placing
 3 Mr. Risen and Mr. Salim together?
 4 A. No.
 5 Q. Did you play a role in supporting
 6 Mr. Salim either in the prospect of or the
 7 aftermath of that interview?
 8 MR. HOFFMAN: Objection.
 9 You can answer.
 10 A. I did speak to Mr. Salim after the
 11 interview.
 12 BY MR. TOMPKINS:
 13 Q. And was part of the purpose of that
 14 speaking to Mr. Salim because the interview was
 15 distressing to him?
 16 A. Yes.
 17 Q. And was part of the purpose of
 18 speaking to Mr. Salim because the interview had
 19 caused the flare that you mentioned in his PTSD
 20 symptoms?
 21 A. Yes.
 22 Q. And you were trying to help him deal
 23 with that flare and that difficulty?
 24 A. Just being supportive.

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1 Q. Okay. Well, just being supportive and
 2 trying to help him deal with the flare in his
 3 symptoms and the difficulty with the interview,
 4 right?
 5 MR. HOFFMAN: Objection.
 6 BY MR. TOMPKINS:
 7 Q. That's what we're talking about?
 8 A. Right. But I wasn't treating him.
 9 Q. I got it. Doctor, I've gotten all of
 10 your support was not treatment, and that's fine,
 11 that's your story and you're sticking to it.
 12 Although actually, you know, I wasn't
 13 going to go here, but let's. You've still got
 14 your rebuttal report?
 15 A. I do.
 16 Q. I'm going to have to find my copy of
 17 it. May I look at your copy? It will be
 18 faster.
 19 A. (Handing).
 20 Q. Would you read the first two sentences
 21 of Paragraph 13 out loud for us, please?
 22 A. "With regard to Dr. Pitman's claim
 23 that I am biased because I previously acted as
 24 Mr. Salim's treating physician, it is true that

<p style="text-align: right;">Page 198</p> <p>1 my general practice is not to serve as an expert 2 and treating practitioner for the same patient. 3 I made a rare exception to this practice in 4 Mr. Salim's case in light of the extraordinary 5 circumstances of my initial evaluation of 6 Mr. Salim in 2010." 7 Q. When you say "I made a rare exception 8 to this practice," you're referring to your 9 practice as not serving as an expert and a 10 treating practitioner for the same patient, 11 right? 12 A. I'm referring to the exceptional 13 circumstances here of remaining in contact and 14 being supportive. 15 Q. Sorry, Doctor, that's not my question. 16 Your sentence, your language says, "I 17 made a rare exception to this practice." And 18 your general practice in the prior line is 19 described as "not serving as an expert and a 20 treating practitioner for the same patient," 21 correct? 22 A. I said that, and I qualified it in the 23 next paragraph. 24 Q. Well, no, in the next paragraph you</p>	<p style="text-align: right;">Page 200</p> <p>1 through our communication. 2 BY MR. TOMPKINS: 3 Q. Sure. It says that. But before it 4 says that, Doctor, you say you served as an 5 expert and a treating practitioner for 6 Mr. Salim, don't you? It's your language, 7 right? You wrote it? 8 MR. HOFFMAN: Objection. 9 A. I think the wording may be misleading. 10 I don't think anybody would agree that 11 occasional text messages and phone calls would 12 serve as treatment. 13 BY MR. TOMPKINS: 14 Q. Well, Doctor, whose language is it in 15 Paragraph 13 of the report? 16 MR. HOFFMAN: Objection. 17 Argumentative. Instruct the witness not to 18 answer. You can go on. You're not going to -- 19 MR. TOMPKINS: Are you serious? 20 MR. HOFFMAN: Yeah, I'm serious. 21 You're not going to badger her like that. 22 BY MR. TOMPKINS: 23 Q. Dr. Crosby, did you write your 24 rebuttal report?</p>
<p style="text-align: right;">Page 199</p> <p>1 explain why you made the exception. But the 2 question that I'm drawing your attention to here 3 is, in Paragraph 13 of your rebuttal report you 4 say you provided treatment, you served as a 5 treating practitioner for Mr. Salim, don't you? 6 MR. HOFFMAN: Objection. 7 You can answer. 8 A. I think the wording may be misleading 9 here, honestly, sir. 10 BY MR. TOMPKINS: 11 Q. I don't think it's misleading, Doctor. 12 I think it says you were a treating practitioner 13 for Mr. Salim, and you made an exception to your 14 general practice of not serving as an expert and 15 a treating practitioner. Isn't that exactly 16 what it says? 17 MR. HOFFMAN: Objection. 18 Argumentative. 19 You can explain it any way you want. 20 A. As I say later on in that paragraph, 21 sir, just to explain this and make sure we're 22 all clear, that I tried to find suitable 23 treatment for him through other practitioners, 24 and kept myself apprised of his condition</p>	<p style="text-align: right;">Page 201</p> <p>1 A. Yes, I did, sir. 2 Q. Did you receive any assistance in 3 doing so? 4 A. I had some assistance with editing. 5 Q. And that came from counsel for 6 Mr. Salim? 7 A. Yes, sir. 8 Q. Did anyone else suggest in the editing 9 process that you should describe yourself as a 10 treating practitioner for Mr. Salim? 11 A. I don't recall. 12 Q. Well, if anyone had suggested that you 13 describe yourself as a treating practitioner for 14 Mr. Salim, you would have said, "no, because I 15 wasn't," right? 16 A. Yeah. As I know we've gone through 17 this, I don't view myself as a treating 18 practitioner for Mr. Salim. I view myself as 19 someone who has been supportive of him. 20 Q. Well, interesting how things change 21 over three weeks, I guess. 22 A. Is that a question? 23 MR. HOFFMAN: No, that was not a 24 question.</p>

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1 fatigue limits his ability to go fishing.
 2 Q. Okay. Anything else that you know
 3 about his fishing?
 4 A. That's all I can recall at the moment
 5 in terms of physical.
 6 MR. TOMPKINS: Why don't we take
 7 another break, if that's all right.
 8 MR. HOFFMAN: Okay.
 9 THE VIDEOGRAPHER: Going off the
 10 record. The time is 3:32.
 11 (Whereupon, a recess was taken.)
 12 THE VIDEOGRAPHER: Back on the record.
 13 The time is 3:34.
 14 MR. TOMPKINS: Dr. Crosby, thank you
 15 for your time. I have no further questions
 16 MR. HOFFMAN: Thank you.
 17 THE WITNESS: Thank you.
 18 MR. HOFFMAN: Do we have a standard --
 19 I guess you and I don't know about the standard
 20 stips.
 21 MR. TOMPKINS: Let's go off the record
 22 first.
 23 THE VIDEOGRAPHER: This concludes the
 24 April 28th, 2017 deposition of Dr. Sondra

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1 Crosby. Going off the record. The time is
 2 3:35.
 3 (Off video record.)
 4 MR. FREY: We agree when we receive
 5 the rough draft, a week from that time we
 6 will -- we're talking about confidentiality?
 7 MR. HOFFMAN: Yes.
 8 MR. FREY: We will make note of
 9 whatever we'd like to be confidential. And if
 10 we're unable to do it within a week, we will
 11 notify opposing counsel.
 12 MR. HOFFMAN: And it's read and sign
 13 and all that other stuff.
 14 (Whereupon, the deposition was
 15 concluded.)
 16
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1 COMMONWEALTH OF MASSACHUSETTS)
 2 SUFFOLK, SS.)
 3 I, MAUREEN O'CONNOR POLLARD, RMR, CLR,
 4 and Notary Public in and for the Commonwealth of
 5 Massachusetts, do certify that on the 28th day
 6 of April, 2017, at 9:08 o'clock, the person
 7 above-named was duly sworn to testify to the
 8 truth of their knowledge, and examined, and such
 9 examination reduced to typewriting under my
 10 direction, and is a true record of the testimony
 11 given by the witness. I further certify that I
 12 am neither attorney, related or employed by any
 13 of the parties to this action, and that I am not
 14 a relative or employee of any attorney employed
 15 by the parties hereto, or financially interested
 16 in the action.
 17 In witness whereof, I have hereunto
 18 set my hand this 6th day of May, 2017.
 19
 20 _____
 21 MAUREEN O'CONNOR POLLARD, NOTARY PUBLIC
 22 Realtime Systems Administrator
 23 CSR #149108
 24

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1 INSTRUCTIONS TO WITNESS
 2
 3 Please read your deposition over
 4 carefully and make any necessary corrections.
 5 You should state the reason in the appropriate
 6 space on the errata sheet for any corrections
 7 that are made.
 8 After doing so, please sign the
 9 errata sheet and date it. It will be attached
 10 to your deposition.
 11 It is imperative that you return
 12 the original errata sheet to the deposing
 13 attorney within thirty (30) days of receipt of
 14 the deposition transcript by you. If you fail
 15 to do so, the deposition transcript may be
 16 deemed to be accurate and may be used in court.
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1
 2 ACKNOWLEDGMENT OF DEPONENT
 3
 4 I, _____, do
 Hereby certify that I have read the foregoing
 5 pages, and that the same is a correct
 transcription of the answers given by me to the
 6 questions therein propounded, except for the
 corrections or changes in form or substance, if
 7 any, noted in the attached Errata Sheet.
 8
 9 _____
 SONDR A CROSBY, M.D. DATE
 10
 11
 12
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 14
 15
 16 Subscribed and sworn
 To before me this
 17 _____ day of _____, 20____.
 18 My commission expires: _____
 19 _____
 20 Notary Public
 21
 22
 23
 24

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