

Exhibit X

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WASHINGTON
AT SPOKANE

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

NO. 2:15-CV-286-JLQ

-against-
JAMES ELMER MITCHELL and JOHN
"BRUCE" JESSEN,

Defendants.

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Videotaped oral deposition of
CHARLES MORGAN, taken pursuant to
notice, was held at the law offices of
BLANK ROME LLP, 405 Lexington Avenue,
New York, New York, commencing April 27,
2017, 10:00 a.m., on the above date,
before Leslie Fagin, a Court Reporter
and Notary Public in the State of New
York.

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2 a threat to the physical integrity to a
3 person or someone they care about or the
4 threat or loss of life or severe injury.

5 One of the other elements is that
6 the person has to be conscious, until the
7 most recent definition, so it entailed being
8 frightened, a person experiencing fear,
9 anxiety, worry in relationship to the event.

10 The disorder, posttraumatic stress
11 disorder is defined by a certain set of
12 symptoms that then follow after exposure to a
13 traumatic event. The symptoms are divided
14 into several categories. Some of the
15 symptoms are related to what we call
16 intrusive symptoms, meaning, the person
17 thinks about the event, either has dreams
18 about the event, ideas come back to them
19 about the event.

20 Other sets of symptoms are symptoms
21 of avoidance. People try to avoid the things
22 that may remind them of the traumatic event.

23 Another set of symptoms are related
24 to how the person experiences relationships
25 to the world around them. Can they derive

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2 pleasure from it, or relationships with
3 people and enjoy a normal mood, a sense of
4 existential satisfaction, if you will.

5 Another set of symptoms are
6 primarily related to what we call hyper
7 arousal, symptoms like startle, jumpiness,
8 irritability, anger, some sleeping
9 difficulties, concentration difficulties, so
10 a physician will assess those kinds of
11 symptoms and then assess whether those
12 symptoms have been around for a sufficient
13 period of time, at least 30 days, and then
14 there has to be some assessment of whether or
15 not those symptoms have made a significant
16 impact on the person's life, so to have a
17 diagnosis. The disease as we think of it
18 consists of that, has to be a traumatic
19 event, series of symptoms, that follow of all
20 those different symptoms, clusters, and
21 that's what we call posttraumatic stress
22 disorder.

23 Q. I want to take one step back for a
24 moment.

25 You mentioned you started working

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2 for the CIA in 2003?

3 A. That's correct.

4 Q. Do you recall with any more
5 specificity when you started working in 2003?

6 A. In process, I believe in May, I
7 don't remember if it was at the beginning or
8 the end of May, but it was in May.

9 Q. Can you also describe what forensic
10 psychiatry is?

11 A. Yes. It's the discipline of
12 psychiatry that most traditionally is
13 associated with evaluating people who are
14 involved in either criminal or civil
15 litigation or physicians who may work in the
16 Department of Corrections, working in prison
17 settings, but, in general, it refers to the
18 discipline of psychiatry that deals with that
19 interface between psychiatry and the law,
20 mental illness and the law.

21 Q. What's required to obtain a
22 specialty in the field of either PTSD or
23 forensic psychiatry?

24 A. For posttraumatic stress disorder,
25 people can do additional training, we do

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2 students, how much sleep they should get,
3 should not get, they were well aware, I know
4 that, personally, they were aware of my data.

5 Q. Do you recall your specific
6 conversations with Dr. Mitchell and Dr.
7 Jessen at the SERE conferences?

8 A. I recall several.

9 Q. What do you recall?

10 A. I recall presenting the data and
11 Jim Mitchell said he had different data and
12 he and Dr. Hazlett and I had compared notes
13 on the confidence data. We compared data
14 from the Army school and over 500 people.
15 Jim had data from the Air Force school and we
16 said -- the scientific issue isn't resolved.
17 You have one finding on confidence in
18 students, we have a different findings in
19 confidence in students. We need to do more
20 work. He didn't believe anymore work needed
21 to be done. So I am aware of the work and
22 his opinion of what he has, what he had at
23 that time.

24 Q. Was more work done after that
25 conference and conversation with Dr.

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2 Mitchell?

3 A. There was no peer review work done
4 by him. We continued to publish all the data
5 from the Army and Navy schools and I have
6 data from the Air Force school, as well.

7 Q. On what basis do you conclude that
8 the SERE stress had a significant negative
9 impact on human brain and physiological
10 functioning?

11 A. On the basis of the data we
12 collected, measured and reported, we
13 published that.

14 Q. Why do you think it would be wrong
15 to say that the SERE training was, quote,
16 harm less, end quote?

17 A. For a number of reasons, the
18 magnitude of the responses in the hormone
19 responses and psychological responses are
20 equal to those demonstrated in real world
21 threat to life experiences, they match the
22 reports of people we know who have been
23 genuinely traumatized and studied in the
24 National Center for PTSD in our neurohormonal
25 studies and from the students' report from

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2 the intensity of their experience, we know
3 the events at SERE have the potential to be
4 traumatic.

5 We also know from cases and I cited
6 one that's been recognized by the U.S.
7 Government of a person having a service
8 connected claim to being water boarded at
9 SERE, exposed to the water board at SERE, so
10 from the intensity of the hormone responses,
11 the psychological responses, the physical
12 logic responses, we know those are equal to
13 events in the real world that we know can
14 cause traumatic stress.

15 So in and of themselves, those
16 events have the potential to be traumatic
17 events.

18 We also know some individuals have
19 suffered significant injury illness and some
20 have even died while participating in SERE
21 school. So there is a genuine threat to a
22 person's physical integrity when they are
23 there, so if it wasn't a training program
24 that was trying to help students learn from
25 their experience, just left on their own to

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2 be exposed to frightening things, those would
3 be very likely to be traumatic.

4 Q. On what basis do you assume that
5 the real world experience would be even
6 worse, more traumatic than what occurs at
7 SERE?

8 A. Because in the science literature,
9 there is no sinusoidal curve in response to
10 stress.

11 Q. Were you done with your answer?

12 A. Yes.

13 Q. What is a sinusoidal curve?

14 A. It means that there is no curve
15 where behavior increases, then declines and
16 then returns and performs at an even higher
17 level than it did before.

18 Under stress, as the stress
19 increases, there is a point at which the
20 measures of what were the indices that we are
21 measuring, whether it's a mental performance
22 or physical performance, declines. It's
23 called the inverted U-shaped curve or the
24 Yerkes-Dodson curve or the inverted U-shaped
25 curve so well-established, high school kids

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2 learn about this. There is no finding in
3 science where when you stress an animal, that
4 its behavior goes up, goes down under, as the
5 stress gets more robust and then suddenly
6 goes up.

7 So if people want to make the
8 argument that SERE school is worse than being
9 genuinely detained and/or interrogated or
10 genuinely physically assaulted, they would
11 have to make the argument that that that's
12 the case. I am not of that opinion. I think
13 it's a training program, I think we
14 underestimate it and my science colleagues
15 agree with me. The points we've made in our
16 peer reviewed papers that we're probably
17 underestimating the impact of realistic
18 stress on humans.

19 Q. Underestimating the amount of
20 stress experienced by students in the SERE
21 program?

22 A. In the SERE program, we are
23 underestimating the degree to those
24 stressors, if they were outside of a training
25 program, the degree to which they might cause

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2 distress in a human being. We are looking at
3 them in a controlled setting.

4 Q. On what basis do you conclude in
5 the absence of the safeguards that you
6 mention in your report, the SERA techniques
7 are harmful in terms of their traumatic
8 nature and potential to cause PTSD?

9 A. We know from both animal data and
10 human data that one of the things that's
11 essential when people have their fear and
12 alarm system activated, that they're
13 frightened, there have to be active measures
14 to calm them down.

15 One of the ways to do that is to
16 pair people with people they know and that
17 they trust and it promotes the release of the
18 hormone oxytocin.

19 Part of what is happening in an
20 educational environment is people are -- they
21 trust the instructors they're working with,
22 they have something explained to them, so as
23 any animal human or otherwise, either gets
24 support from a con specific or understands
25 the situation and can do something about it,

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2 it brings those hormone levels down and we
3 know that that's a key to ensuring that
4 people are less likely to have problems from
5 it.

6 For a long time, they wouldn't let
7 people leave the SERE environment for over 24
8 hours until they had been fully debriefed,
9 just because they wanted students, even if
10 they quit, to have to go through a
11 debriefing, understand what happened to them
12 to minimize the long-term negative
13 consequences that can happen.

14 Q. If the SERE training is potentially
15 harmful, do you believe that it should be
16 continued?

17 A. The firing range is potentially
18 harmful, so is jumping out of airplanes. I
19 think the school is -- it's a valid, useful
20 form of training for code of conduct
21 training. It's not a school about
22 interrogation.

23 Q. Would you agree, though, that for
24 the SERE's school to be effective, it needs
25 to be as realistic as possible?

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2 a POW before has said this is what was done
3 to me and this is your teaching point.

4 Students at the end of the course
5 may meet a real POW who says, I lived in a
6 cage for five years, so it's meant to help
7 them experience an emotional response and
8 learn how to manage that and learn from the
9 experience.

10 It's not meant to exploit them in
11 any way. There is no information to obtain
12 from a student. It's not an
13 intelligence-gathering operation. It's not
14 an interrogation school. It's a program
15 trained to help prepare people for the
16 possibility that they might be captured and
17 how to survive.

18 Q. Can you assess whether the
19 techniques themselves that are used at SERE
20 divested from the context which they are used
21 would be harmful or potentially traumatic?

22 A. It's my view that they would be
23 based on the degree to which what we have an
24 able to measure there is able to activate
25 people's fear and alarm system and make them

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2 dissociate and hallucinate and alter their
3 cognitive processing in a vacuum or in a
4 setting that there was no control, that would
5 meet the requirements of what we call a
6 potentially traumatic event. It doesn't mean
7 it would be traumatic. It means it meets all
8 the criteria something from which you could
9 have a traumatic stress disorder, so,
10 necessary, but not sufficient would be the
11 idea.

12 Q. As applied to students in the SERE
13 program, you believe the techniques that are
14 used to train them are safe, correct?

15 A. They appear to be when paired with
16 the intervention on the part of the
17 instructors.

18 I will caveat by saying, to my
19 knowledge, there is no long-term outcome
20 assessment with respect to SERE and its
21 impact on people. We know, anecdotally,
22 people report conditioned responses years
23 later, they hear certain things or smell
24 certain things that brought my experience
25 back to me, but there is no long-term outcome

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2 data, so apart from the anecdotal ones where
3 people may have a claim of PTSD and several
4 people do, have been recognized for it.

5 We don't have a systematic finding
6 for any base rate, but we would hope it would
7 be low, right, it's training. We would hope
8 that most people are not damaged by it, so...

9 MR. ROSENTHAL: Let's take a break.

10 THE VIDEOGRAPHER: It's
11 approximately 3:03. We are off the
12 record.

13 (Recess.)

14 THE VIDEOGRAPHER: We are back on
15 the record. The time is approximately
16 3:15.

17 Q. Dr. Morgan, your report has a
18 question 2 in it, as well, which is, quote,
19 What is the reasonableness of using finds of
20 research conducted on U.S. Military recruits
21 during SERE training to predict the outcome
22 of the kind of treatment alleged in this
23 case, as described in the complaint. That's
24 in your report on page 15.

25 Did I read that correctly?

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2 question?

3 A. There is a high likelihood -- they
4 have a high likelihood of causing
5 psychological harm and PTSD.

6 Q. To clarify, you are not opining
7 that plaintiffs in this case could have
8 gotten PTSD from their treatment, correct?

9 A. No, I didn't evaluate them. I base
10 it on the magnitude of the stress and the
11 literature on people who have been tortured
12 and the rates in people who have been
13 tortured range between 62 and 92 percent for
14 PTSD, which is very different than what Roger
15 Pitman cites in his paper and he is wrong.

16 These are the kinds -- it's the
17 kind of stress we know can damage an animal.
18 These are the kind of events that we would
19 consider traumatic events with high degree of
20 probability of causing psychological injury
21 and harm to a person.

22 Mullsanders' work in 2009 is the
23 most recent in six different cultural groups,
24 looking at victims of torture, specifically,
25 that lays that out pretty carefully and Dr.

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2 Pitman should know that, but the nature of
3 the stress and the historic literature at the
4 time in 2002 would have any reasonable person
5 in the science community going these kinds of
6 things could really cause psychological
7 injury and harm to a person.

8 Q. Was there more to your answer?

9 A. No.

10 Q. Do you have any data to suggest
11 that the techniques used in the CIA's
12 interrogation program, outside of the SERE
13 program, ever caused anyone to suffer PTSD?

14 MR. WARDEN: I'm going to object.
15 Could you repeat the question?

16 MR. LUSTBERG: I think, let me
17 suggest you rephrase it, just because
18 the insertion of the phrase, outside the
19 SERE program, was confusing.

20 MR. ROSENTHAL: I will rephrase it.

21 Q. Outside of the SERE program, do you
22 have any data to suggest that the techniques
23 used in the CIA's interrogation program ever
24 caused anyone to suffer PTSD?

25 MR. WARDEN: I will object, to the

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2 extent the answer calls for information
3 you acquired while in your capacity as a
4 CIA employee, based on State secrets
5 privilege and CIA Act, instruct the
6 witness not to answer based on that
7 source of information. If there is some
8 other source of information out there in
9 the public sphere that you are aware of,
10 you may answer.

11 A. In the complaint, you apparently
12 have information in front of you that would
13 suggest that it might cause harm.

14 There is no scientific study that I
15 am aware of any interrogation program,
16 anywhere on the planet, but if you are asking
17 if there is any data, anecdotal or otherwise,
18 that it might harm people, that's part of
19 this complaint and looking at the
20 psychological evaluations by the doctors, if
21 you have people suffering posttraumatic
22 stress, in part, they can quibble over the
23 amounts, but those are related to what
24 happened to them, that's evidence.

25 It's not systematic, as in a