EXHIBIT 5

Page 1

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

AT SPOKANE

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

Plaintiffs

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

JAMES ELMER MITCHELL and JOHN "BRUCE" JESSEN,

Defendants

VIDEOTAPED DEPOSITION OF:

MATTHEW J. FRIEDMAN, M.D.

WILMER, CUTLER, PICKERING,

HALE & DORR, LLP

60 State Street

Boston, Massachusetts

April 28, 2017 9:09 a.m.

Darlene M. Coppola, RMR, CRR

Case 2:15-cv-00286-JLQ Document 211-5 Filed 07/14/17

Matthew J. Friedman, M.D.

	Page 2		Page 4
1	APPEARANCES:	1	THE VIDEOGRAPHER: We are
2	Representing the Plaintiffs:	2	now on the record. My name is Bob
3	GIBBONS P.C.	3	Martignetti. I am a videographer for
4	One Gateway Center	4	Golkow Technologies. Today's date is
5	Newark, NJ 07102	5	4/28/2017, and the time is 9:09 a.m.
6	BY: LAWRENCE S. LUSTBERG, ESQUIRE	6	This video deposition is being
7	DANIEL MCGRADY, ESQUIRE	7	held in Boston, Massachusetts in the
8	T 973.596.4500	8	matter of Suleiman Abdullah Salim, et al.,
9	E-mail: llustberg@gibbonslaw.com	9	v. James Elmer Mitchell, et al., for the
10	dmcgrady@gibbonslaw.com	10	U.S. District Court, Eastern District of
11	Representing the Defendants:	11	Washington. The deponent is Matthew
12	BLANK ROME LLP	12	Friedman, M.D.
13	One Logan Square	13	Would counsel please identify
14	18th and Cherry Streets	14	themselves.
	¥	15	themselves.
15 16	Philadelphia, PA 19103	16	MR. PASZAMANT: Brian
	BY: BRIAN S. PASZAMANT, ESQUIRE	17	Paszamant for the defendants.
17	T 215.569.5791	18	Paszamant for the defendants. MR. LUSTBERG: Lawrence
18	E-mail: paszamant@BlankRome.com	19	
19		20	Lustberg, Gibbons, PC, on behalf of the
20		20	plaintiffs in this matter, and I'm here with Dr. Friedman.
21	Also Present:		
22	Robert Martignetti, Videographer	22	MR. MCGRADY: Dan McGrady
23		23	from Gibbons, PC, also on behalf of the
24		24	plaintiffs.
	Page 3		Page 5
1	INDEX	1	THE VIDEOGRAPHER: The court
2	EXAMINATION	2	reporter is Darlene Coppola and will now
3	Witness Name Page	3	swear in the witness.
4	MATTHEW J. FRIEDMAN, M.D.	4	
5	Direct By Mr. Paszamant	5	MATTHEW J. FRIEDMAN, M.D.,
6	,	6	a witness called for examination
7	EXHIBITS	7	by counsel for the Plaintiffs, having been
8	Exhibit Description Page	8	satisfactorily identified by the
9	No. 1 Curriculum Vitae 7	9	production of his driver's license and
10	No. 2 Expert Report 95	10	being first duly sworn by the Notary
11	No. 4 DSM-IV-TR Excerpt 111	11	Public, was examined and testified as
12	No. 5 DSM-5 Excerpt 196	12	follows:
13	No. 8 Dr. Mitchell Memoradum 322	13	
14	Jan	14	MR. PASZAMANT: Mr.
15	**Exhibits marked out of order by attorney.	15	Lustberg, are you comfortable with
16	Zamona marked out of order by automey.	16	entering into the usual stipulations?
17		17	And what I mean by that is
18		18	all objections, except as to form, will be
19		19	reserved until the time of trial.
20		20	MR. LUSTBERG: Yes, sir.
21		21	MR. PASZAMANT: Thank you.
22		22	IVIN. FASZAIVIANT. THAIK YOU.
23		23	
23		23	
24		24	
		1	

2 (Pages 2 to 5)

So it was really more of an editorial review than a scientific review of the literature, et ectera.		Page 34		Page 36
ditorial review than a scientific review of the literature, et cetera. Q. I see: Thank you for that clarification. So, within the DSM-IV, Doctor, and the A criteria in particular, are the A1 and the A2 criteria classified as objective and subjective, respectfully? A. They're often spoken of that way, yes. Q. So, in the DSM-IV, there's an objective and a subjective Criterion A, correct? A. Correct. Q. In the DSM-5, if I understood you correctly, the subjective reiteria has fallen away. A. It hasn't ait hasn't fallen away. It was felt that the subjective symptoms were sufficiently characterized in the B, C and D criteria, so that the A criteria — the A2 criterion was unnecessary. Page 35 Furthermore, the important difference, which doesn't seem to have a bearing on this particular litigation, is that in DSM-IV, and actually DSM-III, PTSD was classified as an anxiety disorder. So that the Faer, helplessness and horror of the A2 criterion was really to a fear-based anxiety disorder. So beyond fear, helplessness and horror of the A2 criterion was really to a fear-based anxiety disorder. But we now — it's now been shown that there are other post-traumatic, post-Criterion A emotional reactions beyond fear, helplessness and horror that should be taken into account. So, essentially, the DSM has opend up PTSD to a wider context. Q. Okay, So, with regard to the A1 reforming the A2 criterion in the DSM-IV, did there need to physical harm? A. Correct. Q. And any out tell me, was there anything that you saw in that report that you feage with? A. Yes and no. Think I an activating to way the probable threat, yes. The activation was really to a fear-based anxiety disorder. So, essentially, the DSM has opend up PTSD to a wider context. Q. Okay, So, with regard to the A1 reforming the specifics of this critique of the various reports, with regard to Mr. R. LUSTBERG: Tm going to object to the question. But you can answer if you know. A. Think I am expected to provide a critique of the reports, was tritique of the reports, but a	1	So it was really more of an	1	correct?
of the literature, et cetera. Q. I see. Thank you for that clarification. So, within the DSM-IV, Doctor, and the A criteria in particular, are the A1 and the A2 criterion A poljective and a subjective, respectfully? Q. So, in the DSM-IV, there's an objective and a subjective Criterion A, correct? A. Correct. Q. In the DSM-5, if I understood you correctly, the subjective criteria has fallen away. If was felt that the subjective symptoms were sufficiently characterized in the B, C and D criteria, so that the A criteria in A bash fallen away. It was felt that the subjective and a bearing on this particular itigation, is that in DSM-IV, and actually DSM-II, PISD was classified as an anxiety disorder. Page 35 Page 37 Page	2		2	A. Physical, yes.
delarification. So, within the DSM-IV, Doctor, and the Ac criteria in particular, are the A1 and the A2 criteria classified as objective and subjective, respectfully? A. They're often spoken of that way, yes. 12 Q. So, in the DSM-IV, there's an objective and a subjective Criterion A, correct? A. Correct. D. In the DSM-5, if I understood you correctly, the subjective criteria has fallen away. A. It hash t—it hasn't fallen away. In the B, C and D criteria, so that the A2 criterion was unnecessary. Page 35 Therefore, which doesn't seem to have a bearing on this particular litigation, is that in DSM-IV, and actually DSM-III, PTSD was classified as an anxiety disorder. But we now—it's now been shown that there are other post-traumatic, post-Criterion A remotional reactions be either physical harm or a threat of physical harm? Page 43 Cookay, So, with regard to the A1 criterion in the DSM-IV, did there need to physical harm? A. A correct. C. And have you been asked to draft some sort of rebuttal report articulating the specifies of this critique? A. I think I already answered that. No, I've not been asked to draft a rebuttal of any sort. Q. Okay. You mentioned to me that you read Dr. Crosby's report subsequent to issuing your own report, correct? A. Correct. Q. Okay. You mentioned to me that you read Dr. Crosby's report subsequent to issuing your own report, correct? And I think the did a good job diagnosing PTSD. I think that the—I think that she also made a diagnosis of this critique of the various reports, yes. But we now—it's now been shown that there are other post-traumatic, post-Criterion was really to a fear-based anxiety disorder. But we now—it's now been shown that there are other post-traumatic, post-Criterion A report and the A2 criterion		of the literature, et cetera.		
5 clarification. 6 So, within the DSM-IV, Doctor, and 7 the A criteria in particular, are the AI 8 and the A2 criteria classified as 9 objective and subjective, respectfully? 10 A. They're often spoken of that way, 11 yes. 12 Q. So, in the DSM-IV, there's an 13 objective and a subjective Criterion A, 14 correct? 15 A. Correct. 16 Q. In the DSM-5, if I understood you 17 correctly, the subjective criteria has 18 fallen away. 19 A. It hasn't - it hasn't fallen 19 A. It hasn't - it hasn't fallen 20 away. It was felt that the subjective 21 symptoms were sufficiently characterized 22 in the B, C and D criteria, so that the A 23 criteria - the A2 criterion was 24 unnecessary. Page 35 Page 37 A. I've not been asked to do so. Q. Okay. And sitting here today, you Page 37 A. I've not been asked to do so. Q. Okay. You mentioned to me that you read pr. Crosby's report subsequent to issuing your own report, correct? A. Correct. Q. Okay. You mentioned to me that you disagree with? A. Ye sand no. Payon fear, helplessness and horror of the A2 criterion was really to a fear-based anxiety disorder. But we now - it's now been shown that there are other post-traumatic, post-Criterion A Romofional reactions be distanced anxiety disorder. So, essentially, the DSM has opened up PTSD to a wider context. Q. Okay. So, with regard to the A1 criterion in the DSM-IV, did the need to be either physical harm or a threat of physical harm? A. A credible threat, yes. Charles and the A2 and think that she also made a diagnosis of complex PTSD, which Dr. Pitman also addressed in his report. And It finith - I mean, I can - I can talk about that if you wasn in the Crosby's report that you disagreed with? And I think - I mean, I can - I can talk about that if you wasn in the Crosby's report that you disagreed with?			1	
the A criteria in particular, are the A I and the A2 criteria classified as objective and subjective, respectfully? A. They're often spoken of that way, yes. Q. So, in the DSM-IV, there's an objective and a subjective Criterion A, correct? A. Correct. Q. In the DSM-5, if I understood you correctly, the subjective criteria has fallen away. A. I thank I am expected to provide a critique of the reports, yes. A. I thank I am expected to provide a critique of the reports, yes. By MR. PASZAMANT: Q. And. Q. And have you been asked to draft some sort of rebuttal report articular linguation in the B, C and D criteria, so that the A criteria — the A2 criterion was unnecessary. Page 35 Fage 35 Fage 37 Furthermore, the important difference, which doesn't seem to have a bareing on this particular litigation, is that in DSM-IV, and actually DSM-III, PTSD was classified as an anxiety disorder. So that the fear, helplessness and horror of the A2 criterion was really to a fear-based amxiety disorder. But we now — it's now been shown that there are other post-traumatic, post-Criterion A emotional reactions beyond fear, helplessness and horror of the A2 criterion was really to a fear-based amxiety disorder. But we now — it's now been shown that there are other post-traumatic, post-Criterion A emotional reactions beyond fear, helplessness and horror that should be taken into account. So, essentially, the DSM has opened up PTSD to a wider context. Q. Okay. So, with regard to the A1 criterion in the DSM-IV, did there need to be either physical harm or a threat of terroirsm, torture; yeah, that was the A criterion. 23 criterion.			1	
the A criteria in particular, are the AI and the A2 criteria classified as objective and subjective, respectfully? A. They're often spoken of that way, yes. Q. So, in the DSM-IV, there's an objective and a subjective Criterion A, correct? A. Correct. A. Correct. C. In the DSM-5, if I understood you correctly, the subjective eriteria has fallen away. A. I think I am expected to provide a critique of the reports, yes. A. Not to make a specific diagnosis, but a critique of the reports, yes. A. Not to make a specific diagnosis, but a critique of the various reports, yes. A. Not to make a specific diagnosis, but a critique of the various reports, yes. A. Not to make a specific diagnosis, but a critique of the various reports, yes. A. Not to make a specific diagnosis, but a critique of the various reports, yes. A. Not to make a specific diagnosis, but a critique of the various reports, yes. Q. And have you been asked to draft some sort of rebuttal report articulating the specifics of this critique? A. I think I are devented to provide a critique of the reports, yes. Q. And have you been asked to draft some sort of rebuttal report articulating the specifics of this critique? A. I think I are expected to provide a critique of the reports, yes. Q. And have you been asked to draft some sort of rebuttal report articulating the specifics of this critique? A. I think I are expected to provide a critique of the various reports, yet. Q. And have you been asked to draft a rebuttal of any sort. Q. Okay. And sitting here today, you Page 35 Fage 37 Furthermore, the important difference, which doesn't seem to have a bearing on this particular litigation, is that in DSM-IV, and actually DSM-III, PTSD was classified as an anxiety disorder. So that the fear, helplessness and horror that should be taken into account. By MR. PASZAMANT: Q. And have you been asked to draft a rebuttal of any sort. Q. Okay. And sitting here today, you Page 37 A. Pve not been asked to do so. Q. Okay. You mentioned to me that you r			1	
and the A2 criteria classified as objective and subjective, respectfully? A. Theyre often spoken of that way, yes. 12 Q. So, in the DSM-IV, there's an objective and a subjective Criterion A, 12 critique of the reports, yes. 13 objective and a subjective Criterion A, 13 objective and a subjective Criterion A, 14 correct? 14 correct? 15 A. Correct. 16 Q. In the DSM-5, if I understood you correctly, the subjective criteria has fallen away. 17 correctly, the subjective criteria has fallen away. 18 fallen away. 19 A. It hasn't it hasn't fallen 19 some sort of rebuttal report articulating the specifics of this critique? 20 away. It was felt that the subjective 20 symptoms were sufficiently characterized in the B, C and D criteria, so that the A 23 criteria the A2 criterion was 24 unnecessary. Page 35 1 Furthermore, the important 2 difference, which doesn't seem to have a 2 bearing on this particular litigation, is 4 that in DSM-IV, and actually DSM-III, PTSD 2 was classified as an anxiety disorder. 5 was classified as an anxiety disorder. 5 But we now it's now been shown 10 that there are other post-traumatic, 10 post-Criterion A comotional reactions 12 beyond fear, helplessness and horror that should be taken into account. 13 should be taken into account. 14 conditional reactions 15 complex PTSD, which Dr. Pitman also addressed in his report. 20 A. A cardible threat, yes. 21 Threatened death, injury, sexual violence, 22 criterion. 23 criterion trice; yeah, that was the A 22 criterion. 24 criterion as the A 25 criterion as relative of the A2 criterion as really to a fear-based anxiety disorder. 15 complex PTSD, which Dr. Pitman also addressed in his report. 24 can the think Hat he also made a diagnosis of complex PTSD, which Dr. Pitman also addressed in his report. 25 complex PTSD, which Dr. Pitman also addressed in his report. 26 complex PTSD, which Dr. Pitman also addressed in his report. 27 can think Hat he also made a diagnosis of complex PTSD, which Dr. Pitman also addressed in his report. 28 crite				
objective and subjective, respectfully? A. They're often spoken of that way, yes. Q. So, in the DSM-IV, there's an objective and a subjective Criterion A, correct? A. Correct. A. Correct. Co. In the DSM-5, if I understood you correctly, the subjective criteria has fallen away. It was felt that the subjective criteria has away. It was felt that the subjective criteria has fallen away. It was felt that the subjective criteria has away. It was felt that the subjective criteria was unnecessary. Page 35 Furthermore, the important difference, which doesn't seem to have a bearing on this particular litigation, is was classified as an anxiety disorder. But we now it's now been shown that there are other post-traumatic, post-Criterion A cmotional reactions that there are other post-traumatic, post-Criterion in the DSM-IV, did there need to be either physical harm? A. Correct. A. Not to make a specific diagnosis, but a critique of the various reports, yes. BYMR. PASZAMANT: Q. And A. Not to make a specific diagnosis, but a critique of the various reports, yes. BYMR. PASZAMANT: Q. And A. Not to make a specific diagnosis, but a critique of the various reports, yes. BYMR. PASZAMANT: Q. And A. Not to make a specific diagnosis, but a critique of the various reports, yes. P. A. I think I al ready answered that. No, I've not been asked to draft a rebuttal of any sort. Q. Okay. And sitting here today, you rebuttal? A. I've not been asked to do so. Q. Okay. You mentioned to me that you read Dr. Crosby's report subsequent to issuing your own report, correct? A. Correct. A. I've not been asked to do so. Q. Okay. You mentioned to me that you read Dr. Crosby's report subsequent to issuing your own report, correct? A. Correct. A. Per not been asked to do so. Q. Okay. So, with regard to the A1 think that she also made a diagnosis of complex PTSD, which Dr. Pitman also addressed in his report. And I think — I mean, I can — I can talk about that if you want me to. Q. Okay. My question is, is the				
A. They're often spoken of that way, 11 yes. Q. So, in the DSM-IV, there's an 12 Q. So, in the DSM-IV, there's an 13 objective and a subjective Criterion A, 14 correct? 15 A. Correct. 16 Q. In the DSM-5, if I understood you 17 correctly, the subjective criteria has 18 fallen away. 19 A. It hasn't - it hasn't fallen 20 away. It was felt that the subjective 21 symptoms were sufficiently characterized 22 in the B, C and D criteria, so that the A 23 criteria the A2 criterion was 24 unnecessary. Page 35 Page 35 Page 37 A. I've not been asked to draft a rebuttal of any sort. Q. Okay. And sitting here today, you Page 37 A. I've not been asked to do so. Q. Okay. And sitting here today, you Page 37 A. I've not been asked to draft a rebuttal of any sort. Q. Okay. Over you been asked to draft a rebuttal of any sort. Q. Okay. Over you been asked to draft a rebuttal of any sort. Q. Okay. And sitting here today, you Page 37 A. I've not been asked to do so. Q. Okay. Over you been asked to draft a rebuttal of any sort. Q. Okay. Over you been asked to draft a rebuttal of any sort. Q. Okay. Over you been asked to draft a rebuttal of any sort. Q. Okay. And sitting here today, you Page 37 A. I've not been asked to draft a rebuttal of any sort. Q. Okay. Over proport subsequent to issuing your own report, correct? A. Correct. A. Correct. A. Correct. Q. Okay. So, with regard to the A1 criterion in the DSM-IV, did there need to be either physical harm or a threat of physical harm? A. A cridible threat, yes. Threatened death, injury, sexual violence, terrorism, torture; yeah, that was the A criterion. 23 Chard and a vou tell me, was there anything that you saw in Dr. Crosby's report that you disagree with? A. A criterion in the DSM-IV, did there need to physical harm? A. A criterion in the DSM-IV, did				
11 yes. Q. So, in the DSM-IV, there's an objective and a subjective Criterion A, correct? 14 correct? 15 A. Correct. 16 Q. In the DSM-5, if I understood you correctly, the subjective criteria has fallen away. 17 correctly, the subjective criteria has fallen away. 18 fallen away. 19 A. It hasn't it hasn't fallen away. It was felt that the subjective symptoms were sufficiently characterized in the B.C and D criteria, so that the A criteria the A2 criterion was unnecessary. 10 Furthermore, the important difference, which doesn't seem to have a bearing on this particular litigation, is was classified as an anxiety disorder. 10 So that the fear, helplessness and horror of the A2 criterion A stream to that there are other post-traumatic, post-Criterion A cmotional reactions beyond fear, helplessness and horror that should be taken into account. 10 Q. Okay. So, with regard to the A1 criterion in the DSM-IV, did there need to be either physical harm? 20 A. Criterion was context. Context. Context of this critique? 21 A. I think I am expected to provide a critique of the reports, yes. 22 BY MR. PASZAMANT: 23 A. Not to make a specific diagnosis, but a critique of the various reports, but a critique of the various reports, westifue of the various reports, yes. 24 Q. And have you been asked to draft a rebuttal report articulating the specifics of this critique? A. I think I am expected to frout a critique of the various reports, but a critique of the various reports, yes. 24 Q. And have you been asked to draft a rebuttal report articulating the specifics of this critique? A. I think I am expected to provide a critique of the various reports, but a critique of the various reports, yes. 24 Q. And have you been asked to draft a rebuttal report articulating the specifics of this critique? A. I think I am expected to fraction for the various reports, correct for the various reports, yes. A. It hat a critique of the various reports, one of rebuttal report articulating the specifics of this critique? A.				•
Descrive and a subjective Criterion A, objective and a subjective Criterion A, correct? A. Correct. A. Correct. A. Correct. A. Correct, C. In the DSM-5, if I understood you correctly, the subjective criteria has fallen away. A. It hasn't it hasn't fallen symptoms were sufficiently characterized in the B, C and D criteria, so that the A criteria the A2 criterion was unnecessary. Page 35 Furthermore, the important difference, which doesn't seem to have a bearing on this particular litigation, is that in DSM-IV, and actually DSM-III, PTSD was classified as an anxiety disorder. So that the fear, helplesness and horror that there are other post-traumatic, post-Criterion A emotional reactions that there are other post-traumatic, post-Criterion A emotional reactions should be taken into account. But we now it's now been shown that there are other post-traumatic, ophosic Criterion in the DSM-IV, did there need to be either physical harm' and a criterion. A. A credible threat, yes. Threatened death, injury, sexual violence, errierion, or criterion, correct, with quantity and physical harm' and a criterion. But we now it's now been shown that there are other post-traumatic, ophosic Criterion at motional reactions ophosical harm or a threat of physical harm' and a criterion. A. A credible threat, yes. Threatened death, injury, sexual violence, errierion, criterion, criter		-		
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14 correct? 15 A. Correct. 16 Q. In the DSM-5, if I understood you correctly, the subjective criteria has fallen away. 18 fallen away. 19 A. It hasn't — it hasn't fallen away it was felt that the subjective symptoms were sufficiently characterized in the B, C and D criteria, so that the A 2 criterion was unnecessary. Page 35 1 Furthermore, the important difference, which doesn't seem to have a bearing on this particular litigation, is dart in DSM-IV, and actually DSM-III, PTSD was classified as an anxiety disorder. 5 So that the fear, helplessness and horror of the A2 criterion was really to a fear-based anxiety disorder. 5 But we now — it's now been shown that there are other post-traumatic, post-Criterion A emotional reactions should be taken into account. 10 Cokay. So, with regard to the A1 criterion in the DSM-IV, did there need to be either physical harm? 10 A. A credible threat, yes. 11 Correct. 12 Cokay. My disagree with? 12 Cokay. So, with regard to the A1 criterion in the DSM-IV, did there need to be either physical harm? 10 A. A credible threat, yes. 11 Correct. 12 A. I think I already answered that. 12 No, I've not been asked to draft a rebuttal of any sort. 12 A. I think I already answered that. 13 A. I've not been asked to draft a rebuttal of any sort. 14 A. I think I already answered that. 15 A. I think I already answered that. 16 A. I've not been asked to draft a rebuttal of any sort. 22 A. I think I already answered that. 23 A. I've not been asked to draft a rebuttal of any sort. 24 Page 37 Page 37 Page 37 A. I've not been asked to dos o. Q. Okay. You mentioned to me that you read Dr. Crosby's report subsequent to issuing your own report, correct? A. Correct. Q. And can you tell me, was there anything that you saw in that report that you disagree with? A. Yes and no. 11 Lithink she did a good job diagnosing PTSD. I think that the — I think that she also made a diagnosis of complex PTSD, which Dr. Pitman also addressed in his report. And I think — I mean, I can — I can talk about that if yo			1	
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Q. Okay. So, with regard to the A1 16 addressed in his report. 17 criterion in the DSM-IV, did there need to 18 be either physical harm or a threat of 19 physical harm? 19 Q. Okay. My question is, is there 20 A. A credible threat, yes. 21 Threatened death, injury, sexual violence, 22 terrorism, torture; yeah, that was the A 23 criterion. 26 And I think I mean, I can I 27 can talk about that if you want me to. 28 Q. Okay. My question is, is there 29 anything that you saw in Dr. Crosby's 20 report that you disagree with? 21 And if so, sir, could you please 23 tell me what you disagreed with?			1	_
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criterion. 23 tell me what you disagreed with?	22.1			
, e				A a d a C a a min a a 1 d a a mila a a a
Q. A threat of physical harm, 24 A. Well, I disagree that complex PTSD	22		1	
I I	22 23	criterion.	23	tell me what you disagreed with?

	Page 38		Page 40
1	is a recognized diagnosis. And I say that	1	which would explain why the two schemes
2	from the context of the DSM-5, which is	2	are going to come out differently on this
3	the American Psychiatric Association's	3	particular issue.
4	diagnostic scheme, with full recognition	4	DSM-5 is very empirically,
5	that the forthcoming ICD-11, which is the	5	scientifically based. You had to have
6	World Health Organization's diagnostic	6	very, very strong scientific evidence to
7	scheme, which hasn't been published yet,	7	make any changes in the DSM-IV.
8	but will recognize a complex PTSD	8	So, the DSM-IV was kind of
9	diagnosis.	9	grandfathered in, and then you had to have
10	So it's a so, in that regard,	10	very strong evidence either to add a new
11	there is a difference between these two	11	symptom to leave a symptom or to revise
12	diagnostic schemes.	12	it.
13	Many of my many of my	13	ICD-11 has no such constraints, so
14	colleagues who work with in the refugee	14	that many of their their conclusions
15	and torture field feel that complex PTSD	15	are not bound by the best scientific
16	is a useful diagnosis because it includes	16	evidence, in my opinion, and they were
17	some symptoms that are often seen in	17	even the leadership of ICD-11 will
18	individuals that don't that are not	18	acknowledge that, that they were not
19	included in the PTSD criteria but are	19	constrained by scientific evidence.
20	clinically significant.	20	BY MR. PASZAMANT:
21	So in that regard, Dr. Crosby	21	Q. Do you believe that the lack of
22	identified some of these symptoms that are	22	constraints, as you used that terminology,
23	part of the complex PTSD construct, so	23	undermines the ICD-11?
24	that I I agree that these symptoms are	24	A. I do. I think that what they've
1	Page 39 present, such as emotional inability,	1	Page 41 come up with is poor.
2	impulsivity, somatic symptoms.	2	Q. And the reason behind that is that
3	So the symptoms are there. The	3	it doesn't go through the same scientific
4	question is, what do you do with them?	4	rigor that the DSM goes through prior to
5	If you're adhering to DSM-5, you	5	it being changed?
6	note them but you don't make a complex	6	A. That's my opinion, yes.
7	PTSD diagnosis, because it doesn't exist.	7	Q. Okay. And did you say to me that
8	If you're using the ICD, you do.	8	you considered inclusion of complex PTSD
9	So it's so that the the	9	as a diagnosis in connection with DSM-5?
10	difference is not about the presence or	10	A. It was our job to consider that.
11	absence of the symptoms. It's about, you	11	In other words, with DSM-5, you
12	know, how do you how do you package	12	know, what we what we did was we looked
13	them? What do you do with them in a final	13	at all of the literature on post-traumatic
14	diagnostic summation?	14	symptoms, and complex PTSD has been a term
15	Q. Thank you, sir.	15	since 1990.
16	So when you distill it all down,	16	So, here, you know, we started the
17	is it that you disagree that complex PTSD	17	process in 2008. So there's been
18	is a diagnosis at all?	18	literature about complex PTSD had been for
19	A. We looked at this very carefully	19	18 years. So, it was our job to dig into
20	in DSM-5, and we concluded that the	20	that literature and to conclude whether or
21	evidence was not sufficient to warrant	21	not the scientific evidence was sufficient
22	inclusion of that in the DSM-5.	22	to propose that as a diagnosis or a PTSD
23		23	subtype.
23	I should add that the ground rules for DSM-5 and ICD-11 are quite different,	24	Q. And ultimately, you decided it was
∠ ≒	Tot Dolvi-5 and ICD-11 are quite different,	47	Q. And unmatery, you decided it was

	Page 102		Page 104
1	complaint as opposed to somewhere else?	1	diagnosis but not necessarily a sufficient
2	A. It's mentioned in the complaint.	2	condition for the diagnosis.
3	I don't know I, frankly, don't recall	3	Q. I see. So, just because, for
4	whether it's specifically described in the	4	example, somebody may have been
5	complaint. I think it was, but I'm I'm	5	waterboarded, as that terminology is
6	honestly not sure.	6	utilized within the complaint and,
7	Q. Okay. But the complaint was the	7	therefore, the way that you use it in your
8	only source document that you had	8	report, am I understanding you correctly
9	A. That's correct.	9	that it doesn't necessarily mean that
10		10	
11	Q for purposesA. In fact, I believe that the	11	someone who's waterboarded will, in fact, contract PTSD?
		12	
12 13	complaint, and I may be incorrect here	13	A. That's correct.
	I believe that the complaint talked about		Q. And you a moment ago you used
14	water dousing as approximating similar	14	the word "possibility."
15	conditions to waterboarding, but that's my	15	Am I right?
16	recollection.	16	A. "Potentially."
17	Q. Okay. I just I'm trying to	17	Q. "Potentially." Okay.
18	establish a more fundamental principle,	18	So, once again, "potentially" does
19	and perhaps I'm not doing it in a	19	not equate with certainty, correct?
20	particularly artful way.	20	A. That's correct.
21	What I mean by that is can we	21	Q. Okay. And the reason that it can
22	agree that in your report, when you use	22	potentially these items could
23	the term "waterboarding," for example,	23	potentially ultimately result in PTSD is
24	that waterboarding, as you use that term,	24	because each of these items, as you've
	Page 103		Page 105
1	is the way that that activity,	1	used them, which is based upon the
2	waterboarding, is identified within the	2	complaint, is because these items meet the
3	complaint?	3	Criterion A.
4	A. Yes.	4	Do I have that right?
5	Q. Okay. The same question with	5	A. Correct.
6	regard to water dousing?	6	Q. And why is it that these meet the
7	A. Yes.	7	Criterion A?
8	Q. And would it also be the case with	8	A. Because they have been associated
9	regard to the other things that I rattled	9	with PTSD. They are considered in the
10	off a moment ago, including solitary	10	PTSD criterion as extreme events with the
11	confinement, extreme darkness and so	11	potential to exceed an individual's coping
12	forth?	12	capacity, and under those circumstances,
13	A. Yes.	13	to be responsible for the development of
14	Q. Okay. When you use the term "high	14	PTSD.
15	risk" in connection with this conclusion	15	Q. And just so I'm clear, since we're
16	that I just read to you, what do you mean	16	talking about the year 2002, primarily,
17	by that?	17	with regard to your report, when you're
18	A. What I mean by that is, you used	18	speaking of the A criterion, that's the A1
19	the term "potentially traumatic event."	19	criterion we discussed earlier
20	So that a potentially traumatic	20	A. Correct.
21	event is an event that meets the A	21	Q as opposed to the A2 criterion
22	criterion, and so, potentially, might be	22	which then existed, correct?
	responsible for the development of PTSD.	23	A. Well, actually, if we're talking
22			
23 24	It's a necessary condition for the	24	2002, we have to be talking about A1 and

	Page 254		Page 256
1	say "well known," how do you gauge that	1	That's what I mean.
2	something was well known by 2002?	2	Q. Okay. So when you speak of "well
3	MR. LUSTBERG: I'm going to	3	known" in your report, you're talking
4	object as asked and answered, but go	4	about well known to those who either
5	ahead.	5	diagnose or treat PTSD?
6	A. So, again, could you show me a	6	A. That's right.
7	sentence where I make the statement so	7	Q. Okay. You also use the verbiage
8	that I can be more responsive?	8	"well understood" time and time again in
9	BY MR. PASZAMANT:	9	your report, right?
10	Q. Sure. So, let's look at the top	10	A. I think those are interchangeable.
11	of Page 8 of your report.	11	Q. Okay. So when you use those two
12	A. Okay.	12	phrases, you're not trying to draw any
13	MR. LUSTBERG: You said 8?	13	sort of a distinction?
14	MR. PASZAMANT: I did.	14	A. I don't believe so, but if you can
15	BY MR. PASZAMANT:	15	show me a sentence where you think that
16	Q. You see at the very top there,	16	may be the case, I would be happy to
17	Doctor, it culminates in a sentence that	17	review it with you.
18	says "This was all well known by 2002"?	18	Q. *How did you determine whether, in
19	A. Yes.	19	fact, something was well known in 2002 by
20	Q. That's one example of where you	20	those who diagnose or treat PTSD?
21	use "well known" within your report.	21	A. Well, I determined that, as I've
22	A. Okay.	22	said, number one, in terms of
23	Q. So, my question to you is, what	23	understanding the criteria,
24	standard did you, in writing this report,	24	understanding I think I've just
	Sumum and you, in wroning this report,		
	Page 255		Page 257
1	use to determine whether something was	1	answered that your question.
2	well known and well known as amongst whom?	2	I think you're asking me the same
3	A. My standard is my understanding of	3	question, unless I'm unless I'm missing
4	what a practitioner understood about PTSD	4	something here.
5	and what the potential consequences were	I -	
		5	Q. I didn't intend to ask you the
6	so that any individual who was diagnosing	6	Q. I didn't intend to ask you the same question, but I would like to hear
6 7	so that any individual who was diagnosing or treating PTSD should have been aware		
		6	same question, but I would like to hear
7	or treating PTSD should have been aware	6 7	same question, but I would like to hear your response, nonetheless.
7 8	or treating PTSD should have been aware that there that they had to assess	6 7 8	same question, but I would like to hear your response, nonetheless. So could you please continue.
7 8 9	or treating PTSD should have been aware that there that they had to assess danger to self, suicidality.	6 7 8 9	same question, but I would like to hear your response, nonetheless. So could you please continue. A. Could you please ask me the
7 8 9 10	or treating PTSD should have been aware that there that they had to assess danger to self, suicidality. The it should have been well	6 7 8 9 10	same question, but I would like to hear your response, nonetheless. So could you please continue. A. Could you please ask me the question again.
7 8 9 10 11	or treating PTSD should have been aware that there that they had to assess danger to self, suicidality. The it should have been well known that individuals with PTSD are	6 7 8 9 10 11	same question, but I would like to hear your response, nonetheless. So could you please continue. A. Could you please ask me the question again. MR. PASZAMANT: Could you
7 8 9 10 11 12	or treating PTSD should have been aware that there that they had to assess danger to self, suicidality. The it should have been well known that individuals with PTSD are intolerant of ongoing stressors.	6 7 8 9 10 11 12	same question, but I would like to hear your response, nonetheless. So could you please continue. A. Could you please ask me the question again. MR. PASZAMANT: Could you
7 8 9 10 11 12 13	or treating PTSD should have been aware that there that they had to assess danger to self, suicidality. The it should have been well known that individuals with PTSD are intolerant of ongoing stressors. And it should have been well known	6 7 8 9 10 11 12 13	same question, but I would like to hear your response, nonetheless. So could you please continue. A. Could you please ask me the question again. MR. PASZAMANT: Could you read back the question, please.
7 8 9 10 11 12 13	or treating PTSD should have been aware that there that they had to assess danger to self, suicidality. The it should have been well known that individuals with PTSD are intolerant of ongoing stressors. And it should have been well known that social support was a protective	6 7 8 9 10 11 12 13 14	same question, but I would like to hear your response, nonetheless. So could you please continue. A. Could you please ask me the question again. MR. PASZAMANT: Could you read back the question, please.
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7 8 9 10 11 12 13 14 15	or treating PTSD should have been aware that there that they had to assess danger to self, suicidality. The it should have been well known that individuals with PTSD are intolerant of ongoing stressors. And it should have been well known that social support was a protective factor, that that was what one would expect of any practitioner dealing with	6 7 8 9 10 11 12 13 14 15 16	same question, but I would like to hear your response, nonetheless. So could you please continue. A. Could you please ask me the question again. MR. PASZAMANT: Could you read back the question, please. *(Question read.) MR. LUSTBERG: I'll object.
7 8 9 10 11 12 13 14 15 16	or treating PTSD should have been aware that there that they had to assess danger to self, suicidality. The it should have been well known that individuals with PTSD are intolerant of ongoing stressors. And it should have been well known that social support was a protective factor, that that was what one would expect of any practitioner dealing with this disorder in the same way that a person treating hypertension, it's well	6 7 8 9 10 11 12 13 14 15 16 17	same question, but I would like to hear your response, nonetheless. So could you please continue. A. Could you please ask me the question again. MR. PASZAMANT: Could you read back the question, please. *(Question read.) MR. LUSTBERG: I'll object. It's asked and answered four times. BY MR. PASZAMANT:
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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	or treating PTSD should have been aware that there that they had to assess danger to self, suicidality. The it should have been well known that individuals with PTSD are intolerant of ongoing stressors. And it should have been well known that social support was a protective factor, that that was what one would expect of any practitioner dealing with this disorder in the same way that a person treating hypertension, it's well known that lowering salt intake is important; or treating diabetes, it's well known that the amount of sugar intake is	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	same question, but I would like to hear your response, nonetheless. So could you please continue. A. Could you please ask me the question again. MR. PASZAMANT: Could you read back the question, please. *(Question read.) MR. LUSTBERG: I'll object. It's asked and answered four times. BY MR. PASZAMANT: Q. You can respond. A. So, you know, in my position, running the National Center for PTSD, I've
7 8 9 10 11 12 13 14 15 16 17 18 19 20	or treating PTSD should have been aware that there that they had to assess danger to self, suicidality. The it should have been well known that individuals with PTSD are intolerant of ongoing stressors. And it should have been well known that social support was a protective factor, that that was what one would expect of any practitioner dealing with this disorder in the same way that a person treating hypertension, it's well known that lowering salt intake is important; or treating diabetes, it's well	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	same question, but I would like to hear your response, nonetheless. So could you please continue. A. Could you please ask me the question again. MR. PASZAMANT: Could you read back the question, please. *(Question read.) MR. LUSTBERG: I'll object. It's asked and answered four times. BY MR. PASZAMANT: Q. You can respond. A. So, you know, in my position,

65 (Pages 254 to 257)

Case 2:15-cv-00286-JLQ Document 211-5 Filed 07/14/17

Matthew J. Friedman, M.D.

	Page 342	Page 344
1	Torture," and in particular the chapter	1 INSTRUCTIONS TO WITNESS
2	"Psychosocial Models" that we discussed	2
3	earlier, have you authored or co-authored	3 Please read your deposition
4	any other articles, chapters, any other	4 over carefully and make any necessary
5	publications that address learned	5 corrections. You should state the reason
6	helplessness?	6 in the appropriate space on the errata
7	A. No, except in a broad sense that	7 sheet for any corrections that are made.
8	we've talked about earlier.	8 After doing so, please sign
9	Q. Sir, have any of your publications	9 the errata sheet and date it.
10	addressed the CIA's enhanced interrogation	10 You are signing same subject
11	technique program?	to the changes you have noted on the
12	A. No.	errata sheet, which will be attached to
13	MR. PASZAMANT: Doctor, I	13 your deposition.
14	have nothing further.	14 It is imperative that you
15	Thank you.	return the original errata sheet to the
16	THE WITNESS: Thank you.	deposing attorney within thirty (30) days
17	MR. LUSTBERG: I have no	of receipt of the deposition transcript
18	questions.	by you. If you fail to do so, the
19	Thank you.	deposition transcript may be deemed to be
20	THE VIDEOGRAPHER: The time	20 accurate and may be used in court.
21	is 4:18 p.m. This deposition has	21
22	concluded, and we are off the record.	22
23		23
24	(Deposition concluded at 4:18 p.m.)	24
	Page 343	Page 345
1	Page 343 CERTIFICATION	Page 345
1 2		_
	CERTIFICATION	1
2	CERTIFICATION I, DARLENE M. COPPOLA, a Notary Public, do	1 ERRATA
2	CERTIFICATION I, DARLENE M. COPPOLA, a Notary Public, do hereby certify that MATTHEW J. FRIEDMAN, M.D., after	1 ERRATA 2
2 3 4	CERTIFICATION I, DARLENE M. COPPOLA, a Notary Public, do hereby certify that MATTHEW J. FRIEDMAN, M.D., after having satisfactorily identifying himself, came	1
2 3 4 5	CERTIFICATION I, DARLENE M. COPPOLA, a Notary Public, do hereby certify that MATTHEW J. FRIEDMAN, M.D., after having satisfactorily identifying himself, came before me on the 28th day of April, 2017, in Boston,	1
2 3 4 5 6	CERTIFICATION I, DARLENE M. COPPOLA, a Notary Public, do hereby certify that MATTHEW J. FRIEDMAN, M.D., after having satisfactorily identifying himself, came before me on the 28th day of April, 2017, in Boston, Massachusetts, and was by me duly sworn to testify to	1
2 3 4 5 6 7	CERTIFICATION I, DARLENE M. COPPOLA, a Notary Public, do hereby certify that MATTHEW J. FRIEDMAN, M.D., after having satisfactorily identifying himself, came before me on the 28th 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	1
2 3 4 5 6 7 8 9	CERTIFICATION I, DARLENE M. COPPOLA, a Notary Public, do hereby certify that MATTHEW J. FRIEDMAN, M.D., after having satisfactorily identifying himself, came before me on the 28th 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	1
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87 (Pages 342 to 345)

Case 2:15-cv-00286-JLQ Document 211-5 Filed 07/14/17

Matthew J. Friedman, M.D.

	Page 346	
1		
2	ACKNOWLEDGMENT OF DEPONENT	
3	MCKNOWLEDGMENT OF DEFONERY	
4	I do	
5	I,, do hereby certify that I have read the	
6	foregoing pages, and that the same is	
7	a correct transcription of the answers	
8	given by me to the questions therein	
9	propounded, except for the corrections or	
10	changes in form or substance, if any,	
11	noted in the attached Errata Sheet.	
12	noted in the attached Errata Sheet.	
13		
14		
15	[!WITNESS NAME] DATE	
16	[. HITTEOS IMME] DAIL	
17		
18	Subscribed and sworn	
	to before me this	
19		
20	day of, 20 My commission expires:	
21	Try commission expires	
22	Notary Public	
23	Towny I don't	
24		
	Page 347	
	Tage 547	
1	LAWYER'S NOTES	
2	PAGE LINE	
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88 (Pages 346 to 347)