Exhibit 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:
ROGER K. PITMAN, M.D.
WILMER, CUTLER, PICKERING,
HALE & DORR, LLP
60 State Street
Boston, Massachusetts
April 27, 2017 10:19 a.m.

Darlene M. Coppola, RMR, CRR

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ROGER K. PITMAN, M.D.,
a witness called for examination by counsel for the Plaintiffs, having been satisfactorily identified by the production of his driver's license and being first duly sworn by the Notary Public, was examined and testified as follows:

DIRECT EXAMINATION
BY MR. HOFFMAN:

Q. Dr. Pitman, could you state and spell your full name for the record, please?

A. Roger Keith Pitman, P-I-t-m-a-n. Roger is R-o-g-e-r.

Q. And Dr. Pitman, have you had your deposition taken before?

A. I have.

Q. How many occasions, approximately?

A. 35 or 40.

Q. And have those all been as an expert witness?

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A. Yes.

Q. And even though you've gone through the process many times before, let me just at least briefly outline what we're doing today.

You've just been given an oath, which is the same oath that you would be given in a more formal setting in a courtroom, obligating you to give truthful testimony under the penalty of perjury.

Do you understand that?

A. I do.

Q. And everything that you and I and your counsel says during the deposition will be transcribed in a booklet that you'll be given the opportunity to review and make any changes you deem necessary. But if you do make changes, those could be commented upon adversely at trial.

Do you understand that?

A. Yes.

Q. So it's important to give your best testimony in the deposition.

And to that end, if my questions

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are confusing or you don't understand them, just stop me and I'll reframe them.

Is that acceptable?

A. Yes.

Q. Did you -- well, are you taking any medications that would affect your testimony today?

A. No.

Q. What did you do to prepare for the deposition?

A. I spoke with Mr. Paszamant yesterday for three or four hours, and I reviewed my reports.

MR. PASZAMANT: Counsel, just so the record is clear, we would like to reserve the right to read and sign.

MR. HOFFMAN: Right to what?

MR. PASZAMANT: Read and sign.

MR. HOFFMAN: Oh, okay. Yes, that's fine.

MR. PASZAMANT: You had suggested it. I just want to make sure it's clear.

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MR. HOFFMAN: That's fine.

MR. PASZAMANT: Thank you.

BY MR. HOFFMAN:

Q. And other than your reports, did you review any documents to get ready for the deposition?

A. I've been reviewing some documents over the past week or two, nothing specifically yesterday.

Q. Well, in the last week or two, what documents do you recall reviewing for the deposition?

A. Dr. Crosby's report; Dr. Chisholm's report; the DSM-5; the CAPS, Clinician Administered PTSD Scale; the complaint.

That's what I can think of now.

Q. Did you review the rebuttal reports by -- that were prepared by Dr. Crosby and Dr. Chisholm?

A. Yes, I had done that earlier.

Q. Is there anything else that you did to prepare for the deposition?

A. No.

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would continue to qualify for the -- for PTSD criteria into the indefinite future.

I expressed the possibility that his PTSD could worsen upon further stressful events in his life.

I expressed the opinion that only a relatively small portion of Mr. Salim's PTSD was attributable to the administration of the enhanced interrogation techniques recommended by Defendants Mitchell and Jessen.

I expressed the opinion that he, at the height of his PTSD, also met criteria for major depressive disorder, severe, and that currently his PTSD was -- his major depressive disorder was largely in remission.

I said I thought that he had benefited from such psychotherapy as he has been able to receive, which was not much; that he was in need of further psychotherapy.

I also said specified a potential for pharmacotherapy in his treatments,

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that is drug therapy.

I specified frequencies for both psychotherapy and pharmacotherapy.

I rated his impairment prior to his captivity as 30 percent, during his captivity at 80 percent, currently at the time of my evaluation at 50 percent, and I estimate his permanent psychiatric impairment at 40 percent.

Then I went on to express further opinions which had to do with agreement to disagreements with plaintiffs' expert counsel.

Do you want me to tell you what those were?

Q. Not at this point. Let's go over those later.

A. Okay.

Q. Just let me start with a question about CAPS.

I think you indicated in your report that you were unable to administer CAPS to Mr. Salim; is that right?

A. Yes. Well, I stopped.

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Q. You stopped?

A. I decided it would be contrary to getting good information from him to push the CAPS.

Q. And what was the basis of that?

A. I say it in my report.

Q. Is there anything other than what's in your report that bears on that?

A. That says it pretty well.

I try to write reports that are comprehensive.

Q. And what is it that CAPS would have given you more than what you got relating to Mr. Salim?

MR. PASZAMANT: Objection. Vague. Speculative.

A. More of an estimate of the severity of his PTSD at two points in time, when it was at its worst and the previous -- prior to the evaluation.

BY MR. HOFFMAN:

Q. What is the CAPS tool used for in terms of evaluation of a patient?

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A. It's used in two different ways.

One is to see whether the person meets the diagnostic criteria for post-traumatic stress disorder when PTSD is considered to be a category that either you have or you don't have.

And it's also used by getting the total score on the CAPS to estimate how severe the PTSD symptoms are in regard to whether they meet the categorical criteria or not.

Q. Is the CAPS tool used for treatment?

A. It's used in studies in which the progress of treatment or the response to treatment is measured. You give a person the CAPS before treatment and after treatment and see how much they went down, if they did.

Q. And so, instead of CAPS, you used a structured interview technique?

A. The CAPS is a structured interview technique.

There's another structured

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interview technique called the Structured Clinical Interview for DSM-5, SCID.

Q. And why did you decide to use that method?

A. Because it's not as detailed. It does not call for the patient to give ratings about frequency and intensity.

All you have to do is decide whether or not one of the diagnostic -- a diagnostic criteria for PTSD is met. You don't have to worry about how intense or frequent or severe it is.

Some of the -- some of the items in the CAPS are difficult for patients to complete because they call for fine judgments, and sometimes they don't feel they're able to make them.

The CAPS -- the -- if you just give the SCID, you alleviate those difficulties.

It's not fine-graining like the CAPS, and it's less taxing to the person who's responding to the questions.

Q. Do you know whether that technique

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has been validated for people who speak other languages?

A. Which technique are you referring to?

Q. The structured.

A. The SCID?

Q. The SCID.

A. The SCID has been around for quite a while, and it's been validated in quite a few cross-cultural populations. I'm not sure I can tell you which ones.

Maybe some of it was validated in its earlier version for DSM-IV. And for DSM-5, now it's -- they're appearing.

Q. Do you know whether specifically it's been validated in situations where you need to use an interpreter?

A. I think the answer is yes, although I couldn't give you specific instances.

To say I know, I can't think of anything specific, but I do believe it has been.

No. Yes, it has -- to use an

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interpreter -- it's been validated -- I don't know the answer to that.

I know it's been validated for a number of foreign Languages. Now, whether the questions are asked in the foreign language or in English and translated, I don't know the answer to that.

So I guess the question -- I guess the answer to your question would be, I don't know.

Q. Did -- was conducting this particular interview made difficult by the interpretation for you?

A. With which person?

Q. With Mr. Salim.

A. And the particular interview you're referring to is?

Q. Well, the structured, the SCID.

A. The CAPS or the SCID?

Q. The SCID.

A. Was it made difficult?

Q. Yes.

A. The CAPS was made difficult. The SCID -- well, there's always difficulty

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when you have an interpreter.

It takes longer. You worry that not all the nuances get across and it's -- there's always some degree of some loss in interpretation.

With regard to the CAPS that was -- CAPS was already difficult. It was made substantially more difficult by the need to interpret.

With regard to the SCID, I do believe I was able to get the answers I needed to, you know, somewhat more difficult, but not -- not, you know, critically more difficult.

Q. With respect to the substance use disorder opinion that you had, I take it that that's based on his report -- Mr. Salim's report; is that right?

A. Yes.

Q. Did you have any other information relating to that opinion?

A. I had read in Dr. Crosby's record that he had been a substance user. That's all I recall.

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Q. And is it your opinion that that made him more vulnerable to getting PTSD in these -- in the circumstances that were presented to him?

A. So a lot of times the question is did it consist of preexisting pathology or did it consist of vulnerability that, upon exposure to a stressful event, increased the risk for pathology?

In his case, I would say it was both.

So the answer to your question is yes.

Q. With respect to the preexisting pathology, I mean, did you do any testing with respect to that?

A. Only obtaining the -- well, I administered eleven items pertinent to substance use from the DSM-5, and he met nine of them. And you only need two to qualify for a diagnosis of substance use disorder.

So he had severe substance use disorder prior to his captivity.

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

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

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

Q. What page are you reading from?

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

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

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

MR. PASZAMANT: Objection.

Q. With respect to developing PTSD?

MR. PASZAMANT: Objection.

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A. In general?

MR. PASZAMANT: Vague.

BY MR. HOFFMAN:

Q. In general?

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

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

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

A. Of my report of Mr. Salim?

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

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

A. I invented it on the spot.

Q. Is that right?

A. Yes.

Q. And why was that?

A. Because I thought it was very

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relevant to this case.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Q. Are you aware of whether this

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

A. No.

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

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

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

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

A. Which question?

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

A. For me?

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Q. Yes.

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

Q. Yes.

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

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

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

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

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

A. Uh-huh.

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

A. No.

Q. Which ones would?

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

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

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

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

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

BY MR. HOFFMAN:

Q. Okay. And let me call your

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attention to Page 6 of the report.

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

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

A. Not quite.

Q. Oh. What differences were there?

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

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

A. Yes.

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

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

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easier.

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

A. Not that I recall.

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

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

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

A. Correct.

Q. And why is that?

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

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

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subjected to physical violence?

MR. PASZAMANT: Objection. Compound. Vague.

A. So, the standard is whether this was an event that threatened death or serious violence. And I don't think this alone was.

BY MR. HOFFMAN:

Q. And your position, again, is that you would not take all of the situation that he was in at Cobalt into account when deciding whether there was a particular traumatic event that met Criteria A; is that right?

A. Well, I said that I -- the way I do things is to get a more refined report than just a global event that happened over the course of a long time.

I try to zero in on the specific events that happened within that time.

Q. What would it have taken with respect to No. 4 to push it over the line to a threat of physical injury, in your estimation?

BY MR. PASZAMANT:

Q. With regard to the history that Mr. Soud provided you that's set forth in your report, which I believe is Exhibit A, did you go to any other historical sources to vouch the accuracy of what Mr. Ben Soud told you?

A. I mean, how could I vouch for the accuracy of a subjective thing that he told me?

I don't -- I don't -- I don't think how I can do that.

Q. So, for purposes of what's set forth in the history that Mr. Ben Soud gave you, you accepted that as true that which he told you, correct?

A. True enough to allow me to arrive at the opinions I expressed to a reasonable degree of medical certainty.

MR. PASZAMANT: I think that may be it.

Let me just take a quick look here.

(Brief pause in proceedings.)

MR. PASZAMANT: Just a couple more.

Actually, I'm done. No further questions.

I pass the witness back.

MR. HOFFMAN: Okay. I don't have any questions.

THE VIDEOGRAPHER: The time is 3:32 p.m. This deposition has concluded, and we are off the record.

(Deposition concluded at 3:32 p.m.)

CERTIFICATION

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

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

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

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

INSTRUCTIONS TO WITNESS

Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.

After doing so, please sign the errata sheet and date it.

You are signing same subject to the changes you have noted on the errata sheet, which will be attached to your deposition.

It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate and may be used in court.

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ERRATA

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PAGE LINE CHANGE

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ACKNOWLEDGMENT OF DEPONENT

I,_____, do hereby certify that I have read the foregoing pages, and that the same is a correct transcription of the answers given by me to the questions therein propounded, except for the corrections or changes in form or substance, if any, noted in the attached Errata Sheet.

_____

Roger K. Pitman, M.D. DATE

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires:_____

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Notary Public

LAWYER'S NOTES

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Salim et al *v.* Mitchell and Jessen

Deposition of Dr. Roger Pitman

Errata Sheet

Note: Except where indicated, the reason for each change is transcription error.

p. 25, line 1: Change "college" to "colleagues'"

p. 32, line 6: Change "subjects" to "substances"

p. 32, line 11: Change "staying" to "sustained"

p. 35, line 11: Change "agreement to" to "agreements and"

p. 38, line 21: Change "graining" to "grained"

p. 45, line 5: Change "invented" to "implemented." *Clarification:* The transcription is accurate. However, "implemented" is a better word than "invented" for what I did.

p. 45, lines 5-6: Change "the previous day" to "on January 30." *Clarification*: The transcription is accurate. However, I now recall that I interviewed Mr. Ben Soud not the day prior to Mr. Salim, but rather 39 days previously on January 30, in Dominica.

p. 49, line 12: Change "EEITs" to "EITs"

p. 56, line 1: Add "if he thought he was going to 'die.'"

p. 73, line 5: "You could call it technique." *Clarification:* It's important to be clear that I did not make these rankings; rather, they were made by the two Plaintiffs themselves. In other words, it's not I who is saying, for example, that being placed in a dark room for a long period (which Mr. Salim ranked as #1) was a more severe event for him than being shackled to the wall unable to stand or sit (which Mr. Salim ranked as #6). Mr. Salim himself made this determination. So to the extent that I employed a "technique," it was only a clinical, *history-gathering* technique; it was not a ranking technique, because I did not do the rankings. In my report, I included this element of the history (i.e., information obtained from Plaintiff), along with other historical and non-historical, elements, as the bases for my opinions.

For comparison, the CAPS-5 includes the wording, "First I'll ask you to tell me a little bit about the event you said was the worst for you. Then I'll ask how that event may have affected you …" Note the words, "you said." The CAPS-5 requires the patient to make a subjective determination of what was their

ACKNOWLEDGMENT OF DEPONENT

I, Roger K. Pitman, M.D., do hereby certify that I have read the foregoing pages, and that the same is a correct transcription of the answers given by me to the questions therein propounded, except for the corrections or changes in form or substance, if any, noted in the attached Errata Sheet.

Roger K. Pitman, M.D. DATE

Subscribed and sworn to before me this 6 day of June, 2017.

My commission expires: Sep 24, 2021

Notary Public

LOURDES S. DEFRANCESCO
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
September 24, 2021