

# EXHIBIT 46

## NEWMAN JMA NOTES IN TAB A

- DH overview of project
  - ECTF and PENS
- DH: ED of Practice Directorate, Welch before you. What you did at APA before ED, whether yrs as ED mindful of doing things in a different way
  - RN: clinical study encyclo entry on Prac directorate w/ history (will send us copy)
  - RN: practicing psycho in OH, mired in a time and place where psychiatry was pretty chauvinistic in who ought to do what. Immediately started an upstart psycho, didn't mind getting into fights w psychiatrists. Got kicked out of unit. Kicked to the adolescent services where u could speak more freely.
  - RN: so issues over anti-Rx works at that time at hospitals; involved with OH Psych Assoc
    - But chair of dept that if i was ever seen arguing against psychiatry, my job may be jeopardy (Harding hospital, Columbus). Back off a little
    - Got involved w/ PR end of things, rather than legislative. But my issue was getting psychos to practice. Went to law school at night, piece of the reason i did that. This is a battle that needs to be fought, won't get fought in service delivery world, but PR arena
    - Entering last yr of law school, do healthcare law...at that time, special assessment created to get practitioners to get more things done. Practitioners didn't feel they were well-represented; controversy over private practice. Welch started that
    - Along the way, ann marie o' keefe (former TC) . she told me about Bryant and he's just getting started and you should meet. They connected, started interviewing at APA w/ thought that it would enable an advocacy approach, Welch was an attorney himself.
    - Ended up being offered position after finished law school at Gtown. Started w blank slate on what to do. That's great, i can make whatever i want of it. Starting the legal and regulatory affairs dept
      - Trad'l things w dealing w practitioner constituency to provide support. But i wanted to use the judicial system to move psycho forward, analogous to how Welch was doing legislative system (though he also had lawsuit against psychanalytic assoc)
      - Built "judicial advocacy" to pursue same objectives. One of the first cases was CASP v. Rank (CA providers and

ppeter rank) re: psychos w indep privileges and whether psychos could admit it into hospital. Horrible decision on appellate court. Holding was psychos could operate to full scope of practice but didn't include anything that involved "possible organic possibility" to the problem, or anything that could be treated through medical or organic means.

There goes half the practice. Takes care of neuropsychology. You could say that about any practice.

- Took case to CA supreme court. Worked on it in CA, eventually won, though places in state that it hasn't been implemented
  - Then found other hospital cases to pursue, none as high-profile as that. Filed FTC cases, did result in policy changes.
- \*\*\*Managed care started to develop, so psychos less enamored in hospitals. Partly bc progress wasn't that fast and managed care made it diff to even do hospital work. So managed care became big issue w/ practitioner issue. I had a political position, if i didn't meet needs of constituency, i was out the door.
  - Made sense to me, i saw problems w delivery of services, an managed care were cutting costs, etc. also problem w/ self-insured benefit plans and couldn't get into court for malpractice.
  - So we did 2 things: got Charlie Norwood (head of commerce in house in GA, deceased), was a dentist. Carried a bill that tried to eliminate the ERISA exemption. Other part was fashioning creative legal actions against managed care cos—probably filed 20 suits over time, not much money, but got policy changes and settlements. That was the energy
- Then Welch leaves, and i became ED. so then i had a separate lead of legal/regulatory affs, but responsible for legis and PR stuff, and governance stuff we're doing, more admin/mgmt position and not hands-on as much.
- Welch's focus was at best on legis/judicial advocacy. When i took over, occurred to me that legis was not driving force. It was 94 and republic took over congress, HC reform crashed/burned, agenda was being set in marketplace. So i thought we needed to add to to this marketplace agenda. Needed to teach psychos abt business world and how it was driving health care.

- I had PR consultants who said entertainment/info industries help set the agenda, so need a more vibrant effort. So next 14 yrs as ED we had legis stuff, legal stuff, marketplace agenda initiative abt getting psychos more business-savvy, and PR agenda w/ number of psycho campaigns w/ changing themes.
  - DH: regular PR consultant? RN: Pacific Visions, headed by former CoS of Louiis Senator; later 2B Comms used after that
- DH: Rx privileges point
  - RN: when i was associate director. ...Pat DeLeon helped to work into report language the creation of DoD psychopharmacology. Demonstration project. Landed onmy desk b/c it needed ot be implemented. DeLeon calls Welch to help get this crated
  - At time there was a blue ribbon comm'n re training psychos in mili. At that point, it was a done deal bc a senator had decided that and now we have to make it happen. Commn' headed Greg Lasko, Army Colonel. I was pulled in bc commn would be abt content and politics. Psychos and others battling out what it is to prescribe.
    - Deleon would say go to a physicians ass't school, others said go to med school in whole. End result wasa 2 yr program w off-the-shelf courses from med school and other things. UCIS w/ a year's worth of intern/fellowship, etc for those in mili in the program
  - Every yr psychiatry tried to kill it. Used my gov't relations folks to prevent psychiatrists form killing it. We had trained 10 psychos in the demonstraton project oto show you could prescribe safely and ethically. Thought we should cut our lossess at that point. So 10 that were trained could still practice/prescribe in military. And each mili branch could decide on their whether to train add'l psychos to prescribe.
    - Army did some out in Tripler, but never really materialized after the demo project lclosed. So the demo project becamese impt to get APA enact governance policy to support Rx privileges. Helped convince APA counsel that this is something worthwhile for appropriately trained psychos. Becamse useful touch point for taking fight to the states, where it needed to go b/c it's a state licensure issue. To show that psychos aren't killing pl, access to more care; so that was the utility of the Dod project.
- DH: timeline?
  - RN: shut down in 1997.
- DH: services could continue, did they? RN: only thing i know was health psycho fellowship at Tripler (army facility), did some training. Done under the radar, as



soon as you labeled something Rx program, opposition came out of the woodwork to stamp it out. 2-yr program didn't continue..

- RN: services could've done 2 yr program. Training that was going on at tripler was closest i saw, but not a 2 yr program.
- DH: debra dunivin, thinking abt that w these issues. Was she one of the psychos in mili who was...
  - RN: yes, wasn't my wife at the time (laughs). I took over as ED in 1993-94, she was AAAS congress'l fellow working for Inouye out of Practice Directorate when Welch was the lead. Practitioner at HI first, then moved to DC to do this fellowship.
  - During her 2<sup>nd</sup> yr when i took over as ED. needed to get an answer from her abt whether she wanted to continue or going ot HI b/c then i need to look at another fellow. Back then, each Dir had their own fellow. Psychopharma demo project was coming into being—already gone through 1 or 2 yrs of fellows (started in 1991). She said to me, well i'd like to do one more little adventure bfore i return to the army. She said i'm going ot the army to be trained ot prescribe. Had been indoctrinated w/ that in inouye's office and deleon
    - Join, take program, and 5 yr service commitment i incentive; was trained and could prescribe
      - One other psycho signed up and worked for Newman (Anita ?). some other psychos were able to prescribe in their facilities as civilians
    - One thing led to another
    - She just retired; only remaing army psycho who was trained to prescribe.
- RN: NM, LA, then IL just passed prescript privs laws
  - DH: so someone goes through demo project, get trained, RN: no formal title, privileged to prescribe. DH: so you could move to NM and practice thereafter; RN: would have to go through state board. Can't remember if certification add'on or supplement to license.
  - DH: and i in NM and gone through DoD, add'l training? RN: yes, we have a post-doctoral taining, 18 motnh training here at Alliant. Need some kind of supervision process, too. But once u get that masters, could go to NM...Fairleigh Dickinson, NOVA, and us might be the only 3 that gives the training
- DH: Deleon—lawyer, psycho, CoS. Why was he pushing this?
  - RN: though Rx was necessary component to be recognized as a true health prof'l, given the politics of mental hleath prof'ls. Still shows up today, at a HI psycho assoc mtg in 1984, Senator presented; Dunivin was pres at

some point at that time. Inouye presented and has a quote that says until you have prescriptive authority, you'll never be recognized as full health prof's in country's health system. Really the impetus to get the Rx mvmt.

- DH: why Inouye? Close to issue? RN: he did; really well known as committed to allied health services, nurses, champion of psychos. Could be apocryphal, the one is when he lost his arm the allied health profession were very impt for his recovery, so maintained commitment
- DH: once demo project closed; ever significant move to rekindle it?
  - RN: DeLoen would have these brainstorm about it; thought they needed someone in the mili system, high-level to say, we gotta go do it. But no ground-level mvmt would work. Never materialized, and i didn't think it was realistic/necessary. DeLoen had own view about. For us, utility of demo project had been served. End wasn't big, but there were 10 psycho who could prescribe. I looked at evals on the program, and none said there were any bad outcome. We needed to focus on state level
- DH: closed in 1997; if you got call in 1999 from DoD that we'd open to it, it'd be a good thing, right? RN: yes, sure. Also did work with Indian health service since it was closed/confined world that didn't have to comply w/ state reqs. Some reservations had psychos prescribe under umbrella of HIS. Had ongoing convo w/ Vet Affs. Every yr we'd have mtg w/ VA and there was enthusiasm, but it would be too controversial and just die. Never been signif mvmt that I know of w/in VA.
- DH: so fight goes to states...has it been during your time, at least, ongoing battle to try to get it done.
  - RN: yes, impt part of my agenda. I felt it did add to the credibility of the profession. We had 2 generations of feeling that we were second class citizens. I believe w extra training it could be done. Kept agenda alive at state level and motivate states to do it and get suff dollars. We had grant program for Adv of Prof'l Practice (abt 1 mln/yr) and some think of that would be to usupport a few states we felt was far out in front.
  - States have gotten close—HI and OR go through legislature, governors vetoed.
  - Not paid much att'n since i've left, but my sense is that there's no real energy there now. got done through in IL w/o much APA help, was done through IL psych assoc and some of their key members. Dunno if they embraced it as a key issue.
- DH: DoD interactions. History of psycho—ppl say positive/close r-ships. Your perspective on that and related to Rx
  - RN: personal view: mili is a very innovative environment in order to do things in health care that are diff if not impossible to do outside of HC

system in military. Psychopharm was one, mili psycho folks were into integrated hc and behavioral hc far before civilian HC system was. And mili enabled that, they supported that. Found it useful, beneficial and accessing care.

- RN: mili believed that psychos were experts in behavior and they could be beneficial w expertise in helping support mission of whatever—command, brigade, platoon. And during irqa/afghan wars they had psychos in combat units. Not just doing mental health issues, but help support. But deal w/ things that go no—stress, PTSD. Other places that mili saw psycho behaivorall expterise was helpful. I think that's why that r-ship happened
- I wasn't there in the post-WWII activity that was provided. Early on at my time, i did workshop at Tripler re: whol set of innovative approaches. That was an atmosphere where psycho was able to flourish in ways that were harder battles outside of mili
- I think my wife would say that the reason she stated in mili more than 5 yr service pbligaiton is that she was able to do things a sa psycho that she couldn't do in civilian hC setting –creative care, innovative more than civilian.
- Then you had Inouye who had positive feeling of psycho, and me trying to assure that psycho as a valued profession which has many implications. PR paspect
- No secret that psycho hasn't bene well trated by change sin market place in last decade-plus. Unfortunate b/c it prevents access to care that psychos are able to provide
  - RN: side story: i was in fight w Educ Direct re getting CE approved credits for the business of psycho. Educ said that's stuff not psycho; i said yes, but it should be. So educ said it was abt feathering one's nest. I said, look, if someone makes more money w/ our workshop, fine. But im trying o ensure someone's who's well-trained clinically . it's a public interest issue, not just economic. So educ came around. These were the kinds of things we were tryin to deal with.
  - Also for patient access; major issue was medicare. Psychos got into medicare in 1989, but 1000 other places in laws/regs that didn't enable psycho to do what you could do bc those things weren't amended. Wanted to enable psycho to practice independently and get paid a reasonable am't. too me yrs to get fee testing service.s idebates abt marketplace abt gov't control.

Most were gov't controlled side. Becamse marketplace more b/c of medicare eimbursement issues.

- DH: dynamic...RN: same extent...DH:re:psychiatrist in mil, is point that there's something bigger than then, so either less strident or effective in mili?
  - RN: greater appreciation abt meeting patient needs. Psychiatry ppl in mili had no bad things to say. Prob ppl who were less thrilled—but command/control environ, so it happens. Bu talso a more collaborative atmosphere in mili far before any in civilian HC system.
- DH: clearly was close, positive, mutually beneficial r-ship w/ Dod/APA that APA would've treated any request from mili as an impt request that it would like to satisfy if consisten w/ APA's principles. APA's not gonna do whatever it says, but it's an impt r-ship. Seem like a fiar summary?
  - RN: yea; in context, really only a handful of major health system in this country—civilian HC w/ Medicaid/medicare piece, VA sytem, and mili system. Each of thos in some fashion are the receipients of services HC prof'l and psychos deliver. And if u wanna be a health prof'l, you wanna do whatever you can to serve all of those. So mili impt, circumscribed in some respect, but a huge health system that we'd wnana be apart of. And responding ot requests to deliver psycho services in their enviro
- DH: lot of \$ from DoD—employs psychos, contracts, grants/funding to univs that's beneficial. General stmnt, is that one of the variables that would be impt from psycho
  - RN: difference on practice nad science side. Practice side, more VA than DoD. Hisotircally, training component of internship much more VA-related support activity. My stipend was paid by VA whe ni was in OK mili hC system. Science side, no raeal knowledge w/ grants/contracts. But can't remember grants/contracts w/ practice
- DH: eml,oyment across other mili agencies. May not be 60% of your practioners
  - RN: dunno; nowhere bigger than VA; i think nat'l security is relative small of psychos. They'd likely say they feel badly trated by APA over the yrs. Some didn't wanna be members b/c APA so averse to their actions, the Div 19 folks. Ppl in that community that have been hard pressed to rven join bc don't feel that APA trated well. Im sure div 19 l-ship would say how hard it was to get items to COR, etc.
  - You've got div 19 and everybody else, which is much large—that's the way they felt, but they can speak better than me.
- DH: if div 19 called you and said their gripes. What would they be
  - RN: to the extent i recall, felt like they had difficult ethical situations. Felt like all they would get, in an effort to help and understand, would be a

kind of discouragement from and much more judgmental whatever it was they were doing and didn't find it to be helpful.

- DH: follow-up; difficult ethical situations, what are the contours?
  - RN: issues of confidentiality were being raised b/c in mili, as you know, "need to know" drives a system that was created frankly for war time. Policies that flow from that creation of institution. They'd be told by APA ppl that it's all confidential, can't disclose. I got some progress on that
    - Office of prof'l affs job at the time, original purpose was to staf board of prof'l affs—governance body that was primarily interested in std/guidelines for practice. Think we had group that tried to resolve some of those differences.
    - Need to know drives all psycho. If they're in a position, it's gotta be handled in a way then telling them they've handled things unethically
- DH: Dave Nelson, Stan Jones, D. Printz, Behnke at Ethics Office.
  - RN: i'd been there before Stan came in. knew him in FL
  - DH: did you see general approach from Ethics Office/Dir change over time, either b/c Stan changed, or change in to Behnke, or overall APA as an orgz. mili psycho may describe it as a better appreciation for the situation.
  - RN: which is cart or which is horse, i can't say. Behnke hired specifically to facilitate an educative ethivs Office, as opposed to adjudicative Ethics office. Looking for someone like that. I recall this clearly bc former supervisor of mine in OK was applying for same position that behnke was. That plus convos w steering comm.. onsisten w notion that office is helping to educate members and not just adjudicating ethics ocmplaint. System has even changed to accomplish this...i dunno (DH asks about APA members can resign; RN wasn't sure).
    - If you look at system nad # of complaitns, trajectory was like this (finger decline). So they'd go to state boards now instead. Goal/hope was to have a function that could help educate m-ship/public/etc on ethics. And behnke impressed them on in his ability and shared sense of that.
    - Unlike previous dirs, did a lot of traveling and talks, workshops, symposiums. Seemed unusual at first b/c stan rarely did and dave neerver did.
  - DH: former supervisor in OK, that person taking less of educative stance, perhaps RN: perhaps, but i had convos w her, dunno reasons why. She oul'd've been as educative, might've just been stylistic. Honaker was hiring manager at time.

- DH: steering comm. discs and desire to move in more educative frame—what are you hearing? Efficiency, budget, desire to alter the balance of message
  - RN: i had understodod it as being less of a preosectirual and gotcha style, and trying to serve as a service to the membership.
  - DH: who was driving this point? RN: dunno...
  - DH: Koocher involved in thse issue. RN: im sure he was involved, can't recall what his position may/may not have bene. Loathe to say what gerry's position. He always takes strong positions, but i can't tell u what it was.
- DH: i policy decision was to be more educative, what drove that—bad exs, worldviews, etc.
  - RN: prob some financial issues, consistent w/ desire to have membership feel that it was better served. They dod better or poorly on that objective at diff points along the way. Fund'lly it's a m-ship orgz—if you don't serve members, you're out of business. I had ppl pound on my door abt how you're making my life/profession better.
  - RN: one of the reason i left, it was time to go, but m-ship that wanted worked to get them a few more third-party reimbursement dollars through managed care. Itthouht that was the wrong approach to better the profession of psycho. I wanted them to deliver services differently, identify differently,
  - RN: i'm sure declines in m=ship for all kinds of profession. Parto f the disc at time in tersm of ethics
- DH: oppo arg; fine to serve members, but as prof'l orgz make sure we're not skimping upholding ethica lstds and taking proper actions
  - RN: no, there is another way, you send complaints to state board. As legit a function of the ethics office.
  - DH: what if it's doing nothing? What if you send complaint and learn that ethics office under new educative process we're not gonna examine unless it's very high-level. So the critic may say the profession isn't protected. Was that discussed? Clear benefit to new approach, concern addressed?
  - RN: don't remember; yet again, another angle is degree to which ethics orgz hd enough clout to even make a difference. Ppl outside m-ship no less likely to get themselves into difficulty and create bad things for profession—case in point, M & J. how can we really have influence there when we can't even affect these folks.
- DH: Mitchell was member until 2006
  - RN: no, didn't know that.
- DH: one ex later comes up re: APA ethical stds should say in psycho involvement on interrogats.

- DH: In that situation, client is patient. Other times, where client isn't the patient, but orgz. So that class of ethical issues—one is interrog, though others. When did that first arise for you? Maybe earlier than most bc of your wife, also bubbled up as job as ED.
- RN: don't remember when the controversy began or ratchet up. It was ratcheting in advance of PENS for sure. I recall...on one hand, set of issues that were imp't but not impinging on my daily job—daily job was a handful. I was happy to tune it out if not on my daily job. Clearly more of an ethics office issue, happy to have Steve and whoever else deal w it.
- RN: not paying att'n in perspective of my job; worried that the disc/debates and controversy convos I was hearing more often than not done by ppl who didn't know what went on. Biggest concern that I had abt what was happening. You can argue a point, but some are protected by nat'l security, not discussed by the ppl who did them. Past scenario w/ Leso appearing in Time article and spent 2 yrs looking over his shoulder as a result of that.
  - If you're gonna get into this, it's gotta be done w reasonable am't of info abt what's happening. Part of my impression on the div 19 perspective came abt as a result of when APA needed to do something either called PENS or something like, I was asked to be part of that as observer/resource. Dunno who else they talked to. I was interested in talking w/ Morgan Banks. I knew him. He knew these issues and asked whether he'd be interested in participating. Wasn't APA member and he articulated reasons of not feeling supported by assoc.
  - But I saw him as someone who understood, so if there was informed disc, it'd need to be informed from both side. Allegation that it's stacked, but I dunno that's true. Dunno of everyone's POV, or board's thought. I was concerned they would have a convo w ppl who didn't know what they were doing.
- RN: I knew Banks through my wife.
- DH: my sense is when she was a BSCT psycho that Morgan Banks was supervisor or chain of command. They work together
  - RN: not sure of chain of command, but some informal chain b/c of Morgan's position.
- DH: your point on getting ppl w/ this perspective—why Banks? Why not wife, others?
  - RN: not my wife—she chose not to be public. And knew Leso well, too, and good reasons not to be public. I wasn't gonna push her forward. Didn't know many of the others who I met at the PENS meetings. I knew



Morgan. Wife started training route to connect with Morgan b/c they needed a female on repatriation efforts of women. In order to do this, it required a psycho be trained through SERE. Wife went through SERE training. So that's how they met. But entre into that program was it was necessary for repatriation for POWs.

- RN: articulate, good grasp of how complicated the issues are and would know what did or didn't go on-whether he could say everything abt it, i dunno. But had more information on it than most others.
- DH: PENS TF meetings timeline. What was you basis for thinking Morgan knows. If you say he's a guy that trained at ft bragg and SERE. Wouldn't automatically tell me that he knows. What led you to do that?
  - RN: wife's recommendation; he could describe it, discuss it, which fit w/ my experiences w/ him. Talked w hi ma few times by then.
- DH: close r-ship isn't necessarily bad; DoD would've wanted it voice to make sure to do what they could to make sure the result of the TF wouldn't be problematic. Obvious point—you want perspective on getting view represented. Does this seem right? When wife's recommending Morgan, is it right that Morgan approaching this w/ DoD hat on?
  - RN: Yes, and my concern that—i had seen it happen at APA previously—they'd have a convo abt this w/o having that POV being represented. And it'd be abt ppl's emotions, things they've heard, or think they heard. Not just abt this issue, too many times the debates that take place are laden w/ the affect precipitated by the debate and not the actual issue. My position is that it's one position, and ideally all necessary positions are represented to have a ssnowballs' chance in hell to have something.
- DH: discs abt who else should be on it? RN: No; DH: who were decision makers?
  - Board in conjunction w/ Behnke; extrapolating from a grp i would've created.
- DH: saw emails w/ you meeting him; in that oor previos convos did he describe subst thoughts/concerns? Obvious that he and others went into this w/ some concerns. Your convos w him, what do you recall?
  - RN: um...ican't recall any convos re "here's what the resut would be if it goes in this direction." I have some assumps abt this, but never discussed. Most of the convo would be abt him rejoining the org so he could join the TF. Being on the inside.
- DH: reaching out to wife, we hope. Connect w/ that. What you learned about your wife's views (and we'll ask her as well)? She says Morgan is a good person, was she subst explaining concerns or subst thoughts on this?



- RN: she was concerned that decision would be made and results would occur w/ requisite info. I think she was like-minded me. And arguments w/ ppl who don't have info.
- \*\*\*RN: "if this process goes badly" perspective, different from Banks's POV—my concern was that, assuming that application of this activity was able to be done in a legal and ethical manner, a decision on prohibiting psychos in engaging in this practice is "fundamentally wrong." Particularly wrong w/ a profession that's struggled in its entire existence to show world that what you're doing is important, unique, got value, safe, legal, effective, something we are able to do. We've got the responsibility and authority to do, and that there's a set of activities that psych os now engaged in is actually viewed that way. It's clearly seen as having value in the mission. Belief that only psychos are trained to do (diversion re Winkenwerder or others; early info at DoD that psychiatry were not effectively trained to do this), to my knowledge, they're doing work that's safe, effective, and legal. So to say to the practice constituency you can't do that anymore, that didn't make any sense to me. Now if the grp found it couldn't be done in a legal or effective way, that's a separate issue. But to have the grp decide that...didn't make any sense.
- DH: if it can't be done in legal way, not odne in ethical way. So what does it mean, not to be done in ethical way?
  - RN: conventional wisdom is that is it ethical or not; but behnke was great at this, the EC is a set of complexities---gray areas. The question is how do we make it ethical? Not an easy convo to have. You've got chair of grp as chair of EC; you've got Behnke as most expert on this in our profession being able to tackle, from my vantage point, that's a q that has to be sorted out if you find that these issues can be applied n an ethical fashion.
- DH: i understand not ethics chair, but things couldn't be clear. But how'd you think it could be done w ethica lway?
  - RN: well, um...can ask my wife, dunno whether she can talk abt it. But hypothetically, what if ia psycho is placed at a detention facility and required to be in charge of the library. Well, in fact, research back then, sketch understanding...the use of some of the resources that psycho would think abt is having as s set of privileges...what if detainee had privs and access to library to read quran themselves, and it's not something they thought before. And could read things on their own. That's a psychological principles that's part and parcel of the application of psycho. Is there anything unethical abt that? Seems on his face, wouldn't run afoul of ethics principles.

- DH: one might say, fine, but to give guidance to psychos, let me give you some clear guidance on things you can't do. Like stress positions, sleep deprivations, exams of unethical. RN: absolutely. DH: should PENS report have done that in order to properly communicate guidance?
  - DH: it says no torture or CID, but ppl relatively quickly that that's not much guidance, need to be more specific. In context, you could see how DoD/CIA how it's problematic w/ specifics
  - RN: of course things to say on other side; my point is what practices can be done in legally, ethically, safely, which is a different question from something that is ethical or unethical.
  - DH: not sure i understand it. ...
  - RN: question of is appl of psycho principles to interrogation support process ethical or not—what is the way in which application could occur to ensure that it does remain ethical.
- DH: if to decide that question, it's not that it's never or always ethical, it's how can it be applied ethically. In order to answer q, you have to give some def'n or specificity. Seems like you're saying there's a line, some gray areas. Can you give suff guidance in that context
  - RN: PENS attempted to address that, as well or poorly as it did, one stmt to deal w/ the ability to have ppl w/ nat'l security clearance to have ppl in consultative roles as ethical issues arise. I don't have a lot of recollection.
  - RN: i've been ascribed to have the most power w, but probably least involved in this issue than any others during my time at PENS.
  - RN: those who were in mili, didn't feel like they could get educative guidance b/c they needed to talk w/ someone on nat'l sec clearance. Doesn't address everything, it's an attempt to set up a circumstance, but you'd never be able to define it in the TF. It's an ad hoc
- DH: let me go back...did we suffic'ly describe APA/Dod r-ships
  - RN: yea, i think there's a differentiation across different directorates at APA. I dare say, but for prescriptive authority, the educ and science directorates had more cxns with DoD that practice.
  - RN: i'd talk to Bill Hall (deceased); Bill Hall's successor . Mumford always comes up. Ppl in gov't relations side, even more than ED.
- DH: CIA issue. Interactions w/ CIA before and after 9/11. Mumford, Brandon (RN didn't really know her before or during PENS). What was your awareness of APA/CIA interactions
  - RN: no interactions w CIA at practice directors; can't say any convo i was apart abt this, or with Science
- DH: July 2004 meeting, disc re ethics and nat'l security. Apart from that, any subst DoD contacts, CIA, etc?

- RN: shakes head no.
- DH: do you recall discs Bd, EMG, etc on this topic of significance of being connected w/ CIA—ppl like matarazzo—any memory?
  - RN: no, now that you mention it, but that joe had some cxn w/ his past work. But no recollection of convos of CIA.
- DH: also mel gravitz—someone pre-TF, knew who e was? RN: knew he was, not many interactions, not of significance. Might've been member of COR at one point
- DH: 9/11 happens : Board creates subcommittee on psychologists response to terrorism. Ppl on it . RN: doesn't recall it.
- DH: EC revisions are happening at same time. Work pre-9/11, then 6/9 months after 9/11.
  - RN: no involvement, other than when it got to point of proposal, prob came past my comm. at time (Comm for Adv for Prof'l Practice).
- DH: recall other discs?
  - RN: recall how you juxtapose a practice assessed along ethica lines v. practice some kind of legal/illegality valance about i and what happens when you find yourself in a situation where something is legal and ethical, ethical but not legal, and what is the resoln' of that kind of conflict. May have been an issue that came up later, don't remember how much was taken in 2002.
  - RN: could be DoD issue, but any instance (usually in an orgz), you're being asked to do something that you believe that's not ethical and how do you handle it if otherwise legal. I think sense was how well the EC covered somebody finding themselves in that position and did it leave ppl to give them a defense to behave unethically.
- DH: it's rule .1.02. explains it. 9/11 presumably makes this more pointed. Esp if you're in mili dealing w terrorism issues, logical it would come up. Did issue come up for you?
  - RN: not in any way that's left some big recollection. Prob be safe to say the issue comes up periodically, and been around when discussed.
  - DH: would it be impt to mili psychos? Esp in hierarchal command structure. Front and center issue
    - RN: yea, i think so.
  - DH: Dennis Grill, RN: yea, army. DH: mvmt to have someone on mili psycho member on TF...RN: don't recall, no insights into his app't
- DH: in 2000, div 42 had concerns related to EC on ethics v. law. Board app'ted subcomm to address this. Recall?
  - RN: no (laughs); i assume Nordal was chair of CAPP, perhaps.
- DH: shows July 2004 meeting notes (TAB E-4). Recall it now?

- RN: no, sorry (laughs). As a mtg, doesn't...
- RN: no notes from this time, no emails printed out. Didn't take hard copies or digital files
- DH summarizes meeting points, attendees there; RN knows some folks listed in notes. DH: any spark at all? RN shakes head no.
- DH: wife point at this time...you'd think it'd be esp imp't issue to you even if mln things on your plate. Recall point abt being highly controversial and basic perspective on concerns either for her or psycho?
  - \*\*\*RN: sure. Part of what i described earlier. Basic assumption is that acts. Psychos do oughta be done ethically nad egally. Knowing my wife as i know her, she's a person and profes'l that would behave ethically and legally. There wasn't the term EIT floating around at that time i recall.. i made basic assumpt that isn't what was set of activites that she and her colleagues were involved in. complicated scenario; to the extent psychos can provide useful contrib. to country in use of its skills and expertise. And wanting to make sure ppl stopped this from happening. Number of issues to sort out, but fund'l issue is how to handle the ethics piece of all of this. And understand how the ethics principles applied and clearly on wrong side of line and how can you prevent yourself from getting on the wrong side of the line. I thought that was at the heart of these convos w/ fun'l beliefs my knowledge of my wife and some others who were doing everything they could to make sure everything they did was on the right side of the ethics line
  - DH: who are you talking abt? Banks?
    - RN: larry james i knew, though i heard it more w/ his views on Council. Very vocal abt his expers. So i'd have some knowledge of the personnel.
    - RN: wife's boss at walter reed very early on, so knew him pre-PENS.
- DH: point on not being able to prohibit psychos in these settings—the practicing psychos who are critics now say it's bad for our practice/reputation if we're not getting issues really right. Did you hear this critique?
  - RN: not much heard at time; DH: did it come later? Or was it salient and you didn't hear it.
  - RN: salient in areas outside of my directorate, i was concerned w practitioners doing their business. Maybe div 39 (psychoanalysis) prob most concerned and vocal abt this position—dunno if it was stated as clearly. They told me this was all bad, cut and dry, rather than arg this is bad for the profession as DH just said.

- DH: maybe Winkenwerder, but you were hearing that the mili was also dubious abt competence of psychiatry in engage in this kind of work v psychos.
  - RN: reminding me; way in which issue first came forward was belief that psychos delivering mental health prof'l delivering services were utilizing the info they were gaining on the mental health side for purposes of inter side for BSC side. I dunno whether that ever did or did not happen, but there was a response to that quickly to address this issue and dividing those on the mental health side and the interro/BSC side. Dual-role point.
  - RN: before psychiatry came out w pronouncement that psychiatrists would'nt engage ; i had understood that there was some analysis abt psycho and psychi and providing BSCT support. Final analysis, that psychi needed add'l training, can't tell you what that was but something like social/forensic psycho.
  - DH: source? RN: docs coming out of DoD, yes, i guess public and APA would've seen it.
- DH: how do we follow-up on that? Who else would know? RN: i'm sure others have understanding; not sure who. Maybe ask Morgan Banks abt that.
- DH: first involvement in task force or group on this issue. Was first convo w/ wife getting banks involved or other convos?
  - RN: happening on board level or some sub-grp that were tasked to convene the TF. I was asked to be an observer, dunno who asked me, as i believe other EDs were similarly asked. At board mtgs before convening
- DH: recall who you sat next to? RN: don't recall. Head of the tabl was where SB and OMS sat, i was on other end. And JMA was across from me, maybe not directly. And someone of like mind who was sitting next to her. MW was next to her (contradicts JMA's notes)
- DH: did you know JMA or MW? RN: no; i knew NT. Served on some of our comms and worked w/ her on a bunch of projects. RN: i didn't recall her being there until DH brings it up.
- DH: any discs pre-PENS about MW or JMA? Or others w/ a potential different view going into it?
  - RN: no recollection
- DH: if there were convos would u be involved? RN: prob a lot of convos you were involved in.
- DH: you as observer; i think only directorate head at table, not only APA staff member...RN: I think Rhea Farberman was there, Steve Breckler. So we know when TF first discussed for you to be observer. Recall internal convos abt you being an observer?

- RN: one of board members, maybe anton, asked me. DH: did he give a reason? RN: b/c practice issues were involved and relevant of how psychos practiced. Don't recall more than that.
- DH: appreciation for wife's POV when you went in? RN: shakes head yes. DH: critics say RN was there and participated and didn't know of his marriage and conflict-of-interest.
  - \*\*\*RN: first, being asked to be an observer, a) i was being asked by reps of BoD and dare say everyone on the BoD knew and i dare say everyone knew my r-ship w/ Debra---they all would've known. Role of observer really is...you have specific role to play in a group. Certinaly wouldn't vote on anything, didn't participate in any extra outside meetings/convos, or writng of documents. Only participated in meeting itself. I assumed ppl from various POVs, including ppl who had participated in interr support, so that my cxn from somebody that had was hardly in my opinion a conflict off interest—it was an interest that needed to be served. No sense that i had to say from the start abt my role/background given the request. I see after the fact ppl weren't aware of that.
  - \*\*\* I dunno at what point JMA announced her father committed torture “and suicided”...that was introduced into the conversation
- \*\*\*DH: JMA's past arises. Recall disc-at table or some other convo
  - RN: at the table; i don't recall exactly how it came about; wasn't sure exactly what she said. Left me w sense that she's got some possible agenda that's more personal and not really knowing who she was or why—she could've been there b/c of that. Couldn't tell you as to specifics of father's involvement. Something abt torture, and it was a really bad result (committee suicide). Conclusion was that she couldn't help but color my perception
  - DH: sure she said that? RN: sure she talked abt father, not 100% abt the suicide, i thought she said something abt supporting or been torture.
    - RN: something abt suicide came up, can't tell you exactly what it was.
  - DH: ppl have made it an issue. Bottom line on what happened RN: def reference abt her father and torture. Could be thati read things subsequent that linked the suicide piece and confabulated that to what she said.
  - RN: i never said the fires of controversy line either...
- DH: anton and others may have brought you in as a concern about JMA. Any convos abt that?
  - RN: shakes head. DH: going in w any sort of goals/directions?
  - RN: one, i was glad to be there to seeing it first-hand to see/hear what was happening; doesn't always happen at APA. Second, isuses of authority

and autonomy of practitioners and obstacles placed in the way of practice of psycho, if they're not warranted. And larger issue abt profession having ability to make contrib. was perhaps unique and no one else could do it, valued by mili, helping an imp't cause. I did a lot of work on the disaster relief side, too. But if this was a way for psychos to make a contribution, i felt like it could be preserved. Assuming it was done ethically and legally.

- DH: M Gelles agenda might've been to keep his job. Ensure/argue that psychos shouldn't be written out of this. Like maybe your wife, too.
  - RN: I don't think that's a fair stmt based on one thing she did. Entire job was not consultation support—talk to her abt various things. It'd be one less activity if in fact that activity was no longer being done mili. They're mili psycho, so even if not BSCT, they'd still have jobs doing something else.
- DH: psycho as monitoring feature for interrog; recall discs from DoD side?
  - RN: hadn't heard linked to rogz'l piece of it. Heard it linked to whole issue of whether this enhanced ability to do safe & effective interrog. Next step wasn't there—which was if psycho weren't there, we can't do these interros
  - Safe and effective; a psycho observing an investigation. Over news coverage, interrog force was a pretty young mili individual, dunno extent of how things unraveled. But could see mounting frustration of interrog of detainee wqho'se a 20-something that when they get frustrated, they have potential to express frustration in physical ways, not just intellectual, anility of psycho to observe that behavior and see that process beginning and w some authority to intervene to make sure process doesn't get out of hand. Dunno whether it ook, place, but i know what psycho can do, it seems to be there are plausible ways for psychos.
  - DH: could be behavioral drift point RN: maybe, i don't recall this
- DH: shows TAB E-6 re: Bloche and ethical issues, mention of Army SG, meeting w/ Banks
  - RN: assume this is Banks.
  - DH: suggests that you're "awaiting a name," that you hadn't talked to Morgan before. That maybe your wife give s you the name and then you meet.
    - RN: yes, frankly, i'm careful enough where i wasn't going to forward a name if he wasn't going to be interested.
  - DH: "speicla ops colleagues," that mumford uses RN: i dunno, just that I know them. Could just be practicing psychos in the military. Not much of a r-ship w mumord, so not talking as old friends here.



- DH: Army SG mention. Does army psycho report to Army SG? Is that how that works
  - RN: i can't tell you w accuracy; there's at lease some hierarchy, and authority who works over. Is it a dotted line? Not sure.
- DH: references follow-up email that Banks is not on. And mentions of adding sec clearance folks and others
  - RN: remember conversation w/ Banks. Goes back to initial convo w dissasitification w APA. And issue to how to discuss ethics issues w/ppl that don't have clearance . another branch was how this work would make any sense if there isn't the kind of cxn for ppl to take back the info to them. This is a grp in particular bct they don't feel the support and can't talk abt the things thy want to talk about.
  - DH: wouldn't he be able to serve that role? RN: not viewed as representing the Assoc, he saw himself as an outsider. And that some that were recognized as part of loosely speaking, leadership of organization.
    - DH: matarazzo fits the bill; Shumate at DoD/CIA but not APA leadership. Why say him RN: not sure. RN: Selgiman w/ CIA? RN: not sure, some cxn at military. I know mili hired hi mto do a resilience program maybe later predicated on learned helplessness thing.
  - DH: Banks conversation...do you recall that it was impt to him that DoD knew that TF was up to or is he describing what they did after, or both?
    - RN: i'm not sure, prob ask him that.
- DH: any discs before PENS, not logistics but substantive? w/ anton, koocher, mumford, board-level folks, DeLeon, Strickland, Banks, wife, other folks (honaker, gilfoyle, levant, Anderson)
  - RN: prob yes, the ones i remember (or misremember), convo w Anton bc i think he was tasked by the board to convene this. Prob convos w Anderson, can't recall anything in particular. I doubt i conversed w Deleon—convos w pat are few and far between. Convo w wife abt it. Don't recall convos w/ other managers, maybe behnke. But none where i could point to the specifics.
  - DH: w behnke, any recollection of his views? RN: no recollection
- DH: JMA notes
  - RN: don't recall instructions for her not to take notes, etc.
  - DH: Breckler was there, but no indication of his speaking—RN: that's not unusual (laughs), heather was there, right.



- DH: take some time to read through/skim if you can. (RN reads through notes for a few minutes)
- \*\*\*P. 16 RN quote on media “will want to know” and the “fire”, also p. 17
  - RN: i think this isn’t an unreasonable rep of what i was saying. In media reports, the context is removed
  - RN: when i saw that, calm the fires of controversy. At time, i told rhea i don’t remember ever saying that or talking like that. Rhea said it sounded like something she said. But at the time, Gerry would respond vehemently and better part of me wasn’t to enter into the discourse. It’s a little interesting to me that it’s survived.
  - \*\*\*RN: it’s not unreasonable for me, image of profession was an impt thing for me. Misrep of profession as engaged in torture—aside: not something i have to deal w, ppl read risen’s book and i got emails abt how furious ppl were in providing torture to detainees from this campus—i worry as much as anybody about the perception that had to be dealt internally and managed externally.
    - The difficulty w/ the issue is partly b/c i don’ think PR piece was handled very well.
  - RN: i think not unreasonable stmt w/ how it was affecting psycho in order to protect profession
- DH: concern profession is being misrep—how did you know that psycho had not engaged in torture RN: i didn’t. and does APA condone psycho engaged in torture—more the PR issue v. is a psycho engaged in torture.
  - DH: so expressing point clearly that we don’t condone torture would’ve been impt pt; RN: i think pens ppl believed they did that; others say it didn’t go far enough . they felt like clear unequivocal stmts were there on torture—not just PENS report. Always an effort by the APA l=ship to try and make that point. That’s the PR issue.
- DH: interesting strategy call looking back re image and perception. Say clearly we don’t torture, but not saying much beyond that—it’s a clear stmt, arguably doesn’t achieve the PR point. RN: not arguably, the evidence proves it out.
  - DH: so in hindsight, would it have been better to be more specific? RN: hindsight would suggest that’s the case. I was not engaged in conversation abt that that took place in more pointed fashion in the writing of the report. So i dunno the strategic back and forth might’ve been on that.
- RN: seems like even what i said in mtg is that it needed examples...
- DH: in general, do you have reason to believe notes are significantly inaccurate
  - RN: strikes me that the repetition of fragments leave the whole thing open as a projective device. Lot of the reported stmts all connected to the indivd are just fragments. I haven’t read the whole thing through in full

context. But it could be a bit of rorschach b/c there are many fragments that are attributed to people

- RN: read div 48 line, don't know what it means....(p. 22)
- RN: much effort to calm public attack...
  - You could interpret that as saying we gotta make sure we've done everything that sanitizes things so public doesn't see bad things. Or you can there's a lot of public attack and we need to deal w/ the issue that enables us to manage this public response to that. Can't tell from fragment
- RN: one of things i was trying to accomplish: issues is this particular activity of interrogat that aren't brand new to psycho; similar sorts of issues in psycho that have tweaked some of the same problems, concerns and issues. Understood in prof'l activities and not a closely circumscribed set of stmts, i think my stmts were connected to that. Not sure if the fragments would say that.
- RN: comment on proposing ethics code and getting approved quickly (p. 25)
  - RN: can read to push things through to deal with this. But i would tell you, typical practice as staff person, was reality if what we're talking revision of ethics principles—the governance process will take years. If there's something that needs to be done now, then this is something to do right now than take years.
- DH: well, earlier in conversation, Behnke is asking do we need to revise code? Then goes away. Since perceived need to deal w PR issue and issue something that's strong and good. That's inconsistent w taking months to change the code. Need for speedy, public stmt trumps earlier discs on ethics.
  - RN: i don't think it's either/or. if you're gonna engage in ethics principles, it should start tmrw. but can still have a utility to deal w issues at the time. Don't recall specific discs abt ethics principles...i was on my process hat, talking abt what can happen or not. Doesn't mean you shouldn't do that.
- DH: process point—you're observer. You speak most out of them. Is that fair/fit w/ your memory as regular participant? RN: Yes.
  - DH: could you see someone perceiving sort of a l-ship role in disc—might be misperception...
  - RN: yes, obviously some did perceive that. When i speak, i hope to speak w influence. I would distinguish b/w speaking s part of a dialogue and voting on decisions. The ultimate impact will be the written product—usually what's been said in course of mtg time is never remembered or never sees the light of day. So i speak with influence, but product of

grp...the manipulation allegation that's harder to think about since I didn't participate in the listserv or the report drafts.

- That piece doesn't fit w/ it.

- DH: point taken on fragments. Any part where you thought the notes were completely inaccurate?
  - RN: skimmed most of the other stmts, took more time w/ mine. Put into context, nothing out of the ordinary or crazy wrong, or crazy or unbelievable. But I think someone reading it w/o context wouldn't know that.
- DH: p. 18-21 JMA notes—talking about specifics and how much so
  - RN: Doesn't recall don't pass the buck comment.
  - DH: suggests that it's not desirable to be specific from perception/messaging standpoint b/c it's complicated. Fair conclusion?
    - RN: I think so. Reminds me of trying to create/present accurate picture in a fashion that doesn't get misperceived. It's more difficult the more complicated it gets. I've seen in my work there that—ex: psychos v. psychi.; psychi have a simple mission to give you meds to help you whereas psychos get into more complicated issues and ppl don't understand—wanting to create an image that's covered up v. an opportunity to create an accurate image. There's a balance that the more complicated it gets, the harder it'll be to do that.
- DH: P. 4 and profession into “new areas.”
  - RN: trying to utilize our expertise in ways that we haven't necessarily traditionally done. Increasing our individual and collective scope of competence in terms of what we're able to do. A lot of my work is to taking core competencies. Psychos are experts in behavior, but the in which you recognize the core knowledge to do some new and different things within your competency, it's why I do what I do. It's why I'm at Alliant. I came in here with expectation of influencing psycho in new and different areas.
  - DH: bc growth in profession is essential
    - RN: Yes and it would limit what else we could be doing.
- RN: I think Morgan may have coined “operational psychology—util of psycho to support operation of mission, which is a pretty creative idea of utilizing psychos in this way.
- RN: never argued to put things in ways that “damn the boundaries,” this expects sufficient competencies and laws/ethics. But beyond that we shouldn't be restrained w/ how to help ppl and problems.
- P. 7 RN on complexity line
  - RN: ex of clinical psy w/ big C (doctoral program) or little C (training)., so many battles about this. Legis doesn't care—the want to know are you

the psycho who can help me. Fund'l issue is that we don't violate ethics but that ppl also understand what we're doing as a profession.

- P. 8 safe, legal, ethical, and effective and msg
  - RN: yes, i recall phrase. As convo led up to PENS, that became the—if you had to say clearly abt what we're doing here, you'd use this phrase. And that gets into issue of torture giving reliable info and rapport-building to get reliable info
  - DH: pre-PENS discs w you and Banks? Others? RN: prob banks, prob my wife, if elsewhere, i dunno. Dunno where she got that phrase or my phrase or what it was. Have to ask her whether she got the phrase from Banks
  - RN: construe SB's line on complexity issues.
- P. 10 say things on appropriate
  - And what's getting focused on in media, elsewhere are some instances clearly depicted known, inapprpr actions that have taken place. Do you tar the whole profession with one brush
- DH: MW brings up issue of not sayin torture exists
  - RN: don't remember that, would be out in press already on abu ghraib
- RN: doesn't recall discs on int'l law, he kept out of this b/c out of his expertise
- DH p. 16-17 and ignite fire v. dampen it, then rekindling fires
  - Not disagreeing w that, though im not sure i said "calm the issues."
  - From convos w/ Levant, Anton ,etc? RN: all of the above. I'd be very consisten is saying that there were clear instances that I felt like the orgz was getting a bad rep. wasn't helping us, the public, the mil, and we needed to deal w that issue. We needed to deal w public furor about these issues which wasn't inaccurate, and done to detriment to orgz when bad stuff was happening.
- P. 21 and confidentiality issue. Can you tell what this means?
  - RN: could guess; back to issues of complicated issues and get all pieces out to tweak it and press it and pinch it and talk abt it in order to come about a consluino abt whether it's right/wrong.
- DH: TAB E-8 email thread
  - RN: Wife felt then and now that work being done was getting bad rep, and weight of energy wa ppl making sre it got a bad rep; and that the other side of the coin wasn't getting it's day and what might also be another perspective.
  - DH: seems like she's saying it's a big assist to people—and it might be heat but that the het is ok. Concrete benefit
    - RN: enabled an activity ot continue that they thought was a valuable activity.

- DH: so as long as report did go to ApA, that was good. Or was contribu also bc report didn't step in it
  - RN: def want to ask her abt this; but remember i started, as she prob was as well, concern was that what would happen is that it would be stacked to the other side. So APA position might've been based on things that lacked impt piece of info that lacked making an informed decision.
  - RN: critical thinking def'n collecting all necessary info before drawing an opinion or making a conclusion. That's what was desired here. It may have been that psycho couldn't be prohibited was what they were looking for, but she can answer.
- DH: why does TF report "enable" it?
  - RN: ask her; maybe could've resulted in her pulling the plug. DH: but report could've done nothing and they could keep going, or were there things in the words of the report
  - RN: guidance that needed to be codified in order for activity to be continued. Dunno their system. My impression is when activity ifirst began, there wasn't policy in place in order to guide the activity. How then do you develop the policies i dunno what those ocnvos would've been like
- DH: so under hypothesis, policy of Army SG needs APA's position in order for Army SG to go.
  - RN: it's logical, right.
- RN: how do you keep naysayers away from this. (re: Behnke's strategy comments); RN wanted to convey...
  - RN: politics of a prof'l assoc. members who have agendas that are anti assoc. along the way, the prac directorate was a fairly controversial creation bc it asked for \$ to help w advocacy efforts. Always had critics, got ppl who were vehement in effort to detract from prof'l org. special assessment settlement (barnes & Thornbury, Carol...something tax person)
  - RN: at some point, the interro support critics and practice assessment critics came together. Want to point out some of the motivations here from a poli nature and then a lot of energy in the critique. It's not poor ol APA, but it's the scenario that gets created. Damaging scenario in efforts to support profession. Worry was detractors/critics can make so much noise/attn that it becomes more diff for realty/truth to be distributed to understand what's happening.
- DH: TAB E-9 re Levant GTMO visit; explain what you meant

- RN: my recollection was the psycho v. psychi battle and diffs. Of positions that psychi have taken abt BSCT work and, frankly, they always stand on the moral high ground w/ their position. That was the prickly issue thati reclal . and pens report didn't end up in the same place as psychi saying that psycho shouldn't do this work.
  - The good pr RN: goes back to other email on the ability to have prof'l support for an activity that they couldn't do if they did n't have ppl to do and profession supporting that.
- DH: idea that it's impt to keep it safe & effective. Did you have understanding that if psychos were prohibited that it may create a fatal gap from continuing bc of the monitoring
  - RN: i never thought they wouldn't continue to do interrogs, i wouldn't take it that far.
  - DH: diff b/w reg interrog v coercive interro. Maybe allowed the more coercive stuff?
    - RN: that was not my understanding
- DH: signi interactions w your wife and Banks. Part of this where you were there to help gt the Dod what it wanted?
  - RN: iwouldn't say that; i was trying to assure that practices that i thouhrt we viabl an effective and worthwhile from psycho would be allowed to continue.
  - DH: critics say u and others were instructed to take an active role and make sure it's not prohibited. Any element of this?
    - RN: never; i leave the ethics to the ethics expert. If they concluded the ethics would never support this, that's it. That's the way it is. I didn't think this would be the outcome of it, but i was comfortable that we had ppl w suff ethics knowledge to decide
  - DH: behnke didn't think ethics would prevent this. Any idea...
    - RN: don't recall.
- RN: folder of docs
  - Rx...arg was ridiculous on prescriptinp rivs support. Has articles that he will give us.

#### NEWMAN FOLLOW-UP (6/15/2015)

- Go back to early 2005 and lead up to PENS TF. And jan/feb 2005.
  - APA\_0023260

- (DH reads email that RN isn't on re mumford's summary of RN-MB meeting)
  - Then APA\_0129089
  - Then MB comments to Board proposal
- RN: the chain on this is clear that MB sent to me?
  - DH: we believe so, we don't have actual email.
  - RN: it's possible. Normally, SB was staff person on this. he'd be preparing item for board, frankly, even if i had forwarded something to MB. MB's comments would only be relevant to SB. I wouldn't have been working on this agenda item.
  - DH: doesn't appear SB knew MB yet. To the extent to was forwarded. Provided to steve by some email we don't have, or someone handing him. And our understanding is that b/c you had cxn with MB, it may be that here
    - RN: I may be the conduit here, sure. I wouldn't see that as unreasonable.
- RN: convos i had w Morgan were primarily around MB's distrust of APA and trying to understand current lay of the land of politics to extent—i dunno if had agreed to serve on pens—and it was more complicated since he wasn't an APA member at time. And as i recall, he was concerned the APA didn't help community that he was involved with. And no one had security clearance.
- RN: there was a policy-written or board-maintain i dunno—bc members of governance of grp or APA were to be APA members. So participation of MB in TF came along with q of whether he could participate in PENS TF. Those were my recollections. I dunno if he came to office nad i introduced him to HK. But we met for dinner for convos that we've had.
- DH: at some pt, it becomes a live issue on TF and issue of being a member arises. No question that comes up. Our impression is that, at this early stage, we saw GM's email in jan abt MB's thoughts on security clearances. There's also the markup of doc
- DH: then shows APA\_049918 (RN comments on coercive)
- DH: putting aside membership question, other recollections beyond member?
  - RN: not really. The piece of this that rings a bell is the "effectiveness v. efficacy" frankly, just a collateral science practice issue forever in terms of how one assesss intervention from a science standpoint. Is it a measure of efficacy or effectiveness. And not specifically related to investigative techniques. Don't remember convos around coercive issue. My sense was that it was a label that was frequently issued that i'm sure MB or my wife didn't like well. It's kind of a leading q that investigative interr tactics are coercive.



- DH: did you know MB well or somewhat before this?
  - RN: i believe i first met him some of the community of ppl that my wife was connected to as a result of going through the SERE training. I prob had a handful of contacts over time. Prob most contact i had was this and his consideration to participate on TF. So don't know him very well. Knew him in part through my wife, who had a lot closer r-ship w/ him. Since i know MB was involved with SERE when DD went through SERE training. Intensive training and built a close r-ship. Since then, i've gotten to know MB more than that, but that was it at the time
- DH: back to board item that MB comments...would it make sense that he commented on it after your dinner? Either memory of how he would've gotten from you or what makes sense to you?
  - RN: don't have memory, but does make sense. like any APA activities, how you frame the issues and qs can make a difference abt how well or poorly the work occurs. I can see getting input from him. But i wouldn't have done anything w his suggestions. So i don't remember contents of it, but certainly isn't out of the ordinary that i could've gotten some
  - DH points to MB's last comment: obviously a POV we've heard is that he's writing this to you and/or ppl at APA. When you look at details of these comments, does that help w recollections.
    - RN: that was frankly the issue, from my POV, as an APA stff person, was concerned abt as well. Having watched the lead up to the BOD's decision to get a TF to look at this, obviously a lot of convo abt this. my concern was that convos were done by ppl who really didn't have knowledge abt what was going on w actual activity. I think at the time, there was also the ICRC got involved and produced media that was critical and siapraging that didn't ncessariyl take advantage of actual knowledge of what was going on there. That's why my wife's involvement and MB's POV was a good person to have involved w this bc he did have knowledge of what was going on. So that issue captured in that comment is no different in i myself have and that he and i may have had convos abt.
  - DH: given context—he's writing to someone he knows APA—that's why we have a confidence level that it's being sent to you, though likely being forwarded. I understand that you don't recall.
- DH: MB third bullet and reference to chapter i wrote; he and DD worked on draft MEDCOM policy, the PPSI. Does it ring a bell to you?



- RN: the word chapter, to me, evokes, i know they've done some chapters for books—i dunno what timeline was. Or is this was just a synonym of what they were writing. I don't recall seeing policy-based chapter.
- DH: email re MB and matarazzo, shumate, Seligman—recall this?
  - RN: not inconsistent w the convos we had abt who he was dealing w at APA. I didn't know SS at that point. I certainly knew that joe had done some work, and i think i knew that marty had done some work so they had clearances. So it fits in my knowledge. But don't recall whether mb and rn talked abt this.
- POST-INTERVIEW
  - We know they had dinner, had phone call, talked abt this topic. Doesn't remember sending to him, but thinks reasonable assumption that it occurred.
    - And he's really the only one...clearly comments are speaking to someone at APA. I don't think we think that anyone else at APA knew him. Speaking w someone at APA, russ knows him.
  - In light of Banks's mistrust—is this really gonna be a supportive endeavor. You can see that therefore what's motivating SB in part is that he's gotta win over MB's trust to be supportive. Clearly RN would've thought that. And clearly RL and GK wanted it. Also helps explain motive for additional context for going w/ what MB wants. Pleasing Morgan = pleasing DOD. they might say DOD psychos, not DOD writ large.