

# EXHIBIT 68

4/29/15

Russ Newman

Practicing P in OH

Chawintha is not P or do

Not MB.

Clay in psychiatry.

P wants to admit people

Involved of OH PA. & Mr.

Chair of Dept:

"If you're seen a by like floor, Fred."

My issue:

The difficulty of P & practice

will be fought in SE area.

law school at night.

Seattle that needs to be fought.

Speed account for practice

to get over to law

Practicing fees not well represented.

Welch is 1st staff after asperger

"You child not Welch."

Interviewed.

Advocacy role

Welch = P/JD.

Offered position at ASA

Finished law school at ASU

Bar State

passed

Legal + Regulatory Affairs Dept.

Use judicial system to move & forward  
(Welch using legislative power)

Judicial advocacy.

CAPC v. ~~Nebraska~~ (Dept of Health)

Whether I can have rules privileges  
of admit patients.

bad decision

Sign of practice of medical negligence cases  
(Out of court)

Took case to Calif SC

lot of time here in Calif  
was at Calif SC

Found other hospital cases to pursue

FTC complaints

Psychiatry bycatch ps.

Managed care starts

ps become less enamored of hospitals.

Political position - need to meet needs  
of certifying.

Key Q. What do you want managed care.

Charles Woodward, He (he) suggest 1st common letter  
- Eliminate ERISA exception  
get

Fisher outline legal action

Sued 20 major managed care co's.

Bryant leaves & moves to E.D.

More & more mgmt position.

In about 93, legislature not doing force.

94 ps taking our Congress

Agenda being set in marketplace.

RW. We need to add to this year.

Teach ps about business



So, birth of SA curriculum.

Need much more with entertainment etc.

For 14 yrs, the campaign is about value of  
campaign.

Lat. Vision

US Communication

Rx

When Assoc for legal regulatory affairs

About 89-90, let John (COI of lawyer)

helped with - to get 1/2

cost

and psychopharmacology demonstration project

work on this side

John + Welch.

I need your help to make this happen

John Welch commission: To make this happen.

Col. Greg. Terho

was pulled into it.

Content of curriculum; politics as well (and, ps, resident)

Deter: Need 84/1 cost per

Psychiatry: Need to go to medical school

END — 24 program of off Residency courses

May 6315  
1 yr Fellowship

Psychiatry used to kill it every yr.

AN used govt also folks & prevent  
psychiatry from killing it.

Turner 10 ls.

Demonstrated project - to show you a way

199x

Fixed - cut losses.

reg-hdr. Turned to on back/present  
- military.

Or since on you - add over.

Demonstrated project up

- Get AN & create practice of govt  
to create plan.

- Results of demonstrated project  
show Council its workable.

Take fight to states.

This is a good thing.

May health & facility  
at Dryden, center.

Could create bond  
that's program  
but not really



DD was one of the 10.

AAAs fellow for house at of Brad Dr.  
Partner at H1.  
Mover to DC to do fellowship.

Stayed and for 4-2  
not necessary ED.

"Are you working for Mr. Dr. Ford + H1."  
ED, had her own fellow.

IP described project on 10/1/91.  
(Started in 91)

Joining Army to  
Inducted at X-2 by Allen

Inducted to enlist -  
5 yr service commitment.

Date. married. before milit (para)

Just retired after 20 yrs.  
only coming 1 in milit by the present

Post doctoral research (M.S.)  
Prescriptive Nursing (o.g. of Allen)

PHD/90

Allen: might prescriptive a change  
necessary to be recognized as  
health prof

At Harvard Area, 1984 Lounsbury presented  
(During my time at HPA)  
"Until you have prescriptive authority,  
will never be recognized..."

Lounsbury - focus on allied health professionals  
Nurses  
Ps

Probably allied health profs who gotten

credible demands present?

Allen would try to have military do it -  
NAs - not realistic  
not necessary.

Utility was served.

But would have been good if it came up -  
Also by way of intellectual service  
ongoing care of VA.



Imp't part of DHS grade  
Fight at state level

Add to credibility of program

Agenda kept alive at state level.  
Try to move this kind  
around program from CASS.

Support few of states that are close.

HI part close. can we do it  
on - - - - -

My guess is - feel energy with DDA a little

DoD.

Milit = innovative current to do  
things - Hz that are difficult/over  
to do

PS

Milit P - not integrated health  
will be a civilian.

Milit believe PS = experts & behavior  
can support of command ... plateau.

Is to combat units  
Some mental health  
But deal of stress, PTSD

Other places,  
behavioral expertise useful

Not attitude

I get boost for post war activity  
w/ a DOD/VA

E.g. Workshop at Nijmegen  
Innovation approaches  
I can do.

Amphibious - much / a branch  
Hacker battles - inside the military

Where I stayed (yep) the 543-  
the can do this as I  
not can we done - civilian health  
Syst

That's been the acknowledgment of the 1-million  
men, troops

⑤ AN-44 - to assess that I is recognized  
a the valued network it really is



visibility or a poster

! have not been well treated by  
Chgo & Milwaukee in last 10+ yrs  
↓ access to care.

E.G. Black South side older give  
CE for  
business of packu class

"This is not B."

"It shld be."

Big quote from - Medicare  
B's ~~was~~ in Medicare in 1989.

But then rep ~~don't~~ also you do  
what you do.

Govt self folks spent lot of time.

Psychiatry - <sup>in milit</sup> prefer willingness that B's add value

Close relation of DOD  
w/ld take right strategy.



the health syst  
that we want  
to be a part of.

only handful of  
civilian  
VA  
milit

major health systems  
Each = recipient of  
services that B's + HC govt  
deliver



Don't know:

On practice side, they = more info on VA side

On science side

Is who were here & govt.

Nowhere as big as UA

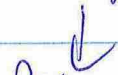
~~Don't~~  
~~Don't~~

Is felt badly but not supporting.

Don't feel like NIA doesn't want to well

Felt like had difficult ethical situation

Just got the NIA.



Discontent.

Judgmental approach to science.

Only a.

→ Confidentiality.

Need to know driver system.

NIA - Anybody patient says = confidential.

I took this up early a.

1st job. Dr of Prof Affairs.

To start Bd of Prof Affairs

(primarily interested in  
students, supervisors)

Ⓟ

SB specifically used to handle  
educational office  
not educational  
look for S.O. to do it.

Heard Mr. Kelly.

Handwritten  
in  
margin

From the supervisor of CN  
sally.

Felt slighted  
didn't not  
get job  
probably  
skipped.

Conv. of steep cuts.  
"We need office part is about  
that is administratively less"

Effort to ↓ complaints.

SB impressed them - Mr.  
Shore area of things.

Unlike previous decades,  
lots of travel + talk. workshops.  
Symposia.  
Unusual.

St. Jony / Dave Stelso didn't do this.

Less programed / pitch + more service to members.

→ Some financial issues. Expense process

→ How members feel its better served. prep of  
- 17-18  
mo.



It's a workshop on -

Give you ~~business~~ makers or at y business

Left b/c membership grade = see 3<sup>rd</sup> party all of

His view = broader.

People drop out -

It's due in membership

Opta = send @ to setup board.

The right/corner is by too light + ethics.

- Sufficient, but to make a difference?

: Can resign

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Continuing outreach up.

In advance of PERS

Set of issues.

Not impinging on my daily job.

Much more an ethics office issue.

Not paying attention to it in my job.

Wanted that discussion/debate.

Done by people who didn't know what  
we're going on



Some = classified.

People can't talk about her.

Also - in Newswatch article.

Spent 247 looking over his shoulder

If get up there, <sup>up</sup> reasonable who.

PENS.

I wanted to see if father would participate

I knew MB

Spent @ of I heard.

He understood these issues.

I asked MB if he would participate.

Not a member of APT.

Explained why

(never felt suspect - felt ostracized)

Understood + had information.

Informed by both sides.

Stacked?

Don't know perspective of BD about trouble

Need to understand what was happening,

Don't make false

DD ~~did not~~ chose not to be public  
know less well.

Had reasons not to go public

DD had stated down very route  
that led to MB

Female to engage against  
the women returned as POW

To do this required I felt sure you  
so she did this

Met when 1st met major.

know what did or did not go on.

Wife is that he actually is  
for a long certainty of time.

Talked of in a few days.

MB-DD met right to Dad.

in concern that just people's emotions,  
as opposed to on facts.



Record of what to include.

Ideally, all parties shld be represented.

MB/AN conv

Lot of conv.

to chld rep or nurse.

needed to be from the inside.

→ PD concerned that actn taken of info.

What was it.

"If this process goes badly..."

Assy, intng / P can be done in legal, ethical sense,  
decision that to prohibit activity/practice

fundamentally wrong

especially if process - but  
happened in its extreme existence  
that its effective  
has value  
society is as able to do  
can do it independently

Clearly seen as having value



DoD - believe psychiatrist not trained to do this  
(Winklerwerde?)

D-1

Didn't think psychiatry = qualified

P<sub>1</sub> are engaged in

To his knowledge - safe, effective legal

To say to my certainty (practitioner as a whole)  
can't do this anymore.

If can be done legal, ethical way.

Can be done in ethical way.

Can wisdom : Is or is not

Whole process are = nuanced, messy,  
complexity

How can it be done in ethical way.

2.1 to  
00

Not an easy conv.

From his perspective  
some

SB - not expert in this in P.

Hypothetically -

P required to do is  
be a change of library.

Produce access to library  
to read from to  
show it's not as they  
see.

Notice  
Principle

Sparks & others?

Make sure people of not security clearance  
available to consult

Best interest of country I agreed to

Milit 6th did not get advice/consult &  
needed not security clearance

Bill Hovel on ED at time, passed away

Science - just the people they'll do.

Doc Dr had no interest of CIA

—  
EUF

How justice practice assessed on ethical line  
" of confidentiality balance

~~How white~~  
by it issue

Asked to do search  
by 2y - that you  
balance is not ethical.  
to handle it.



How will ethics code covered

every people choice to behave

↳ every agency.

Assured "EITB" (not just her) that  
she & her colleagues were not doing this.

Complicated scenarios.

It can provide useful advice to the country

→ make sure this is not applied too heavily  
about all or none

Issue to be noted with

Fund issue - how to handle ethics piece of this.

① Others

How to understand how to be a

② Psychology

change side of line

(That they didn't do this)

Knew long time for free out of control.

Wife's boss it walk over

Issue of ethics says for to practice 2  
Div 39 - Psychology. Vocal about this.



but if everything says it's all good

"This is good. All or none."

This voice was not greeted  
as the days went  
all positive there.

It issue came to my attention:

Reviewing reviews a health side  
using up a mental health side  
for internal support behavior result.  
side.

Efforts quickly repeated to this,

Those are very specific functions.  
Mental health side not involved  
a internal side

Dual Role

Look at goals of (+) psychology  
B. provide internal support (3500)  
For psychologists to do this, needed additional training.

All  
Major  
Barriers

1st census.

At 3d level, to ensure the X.

Wanted to be an observer.

Head of table

one + five

on a side.

JMT across from him.

Mike Beckel.

Asked by BA to do this: why?

By an observer.

(Given vague answer.)  
DNA match

- BA knew of my relationship
- knew wouldn't be voted
- didn't participate in outside of census  
in " " - writing of doc.
- only participated in census
- Agreed
- Not a conflict of interest b/c one of  
interests to be served
- not to seek himself

What did JMT said. At the table.

→ Possible update she then.

→ Cld

Maybe rebel's suicide notes



His 100%

Alred to hear 1st and. meetings.

Authority/ autonomy of partners.

BSCF is old not have good jobs  
that I can actually.

~~Did not do~~

Is need to stay involved?

On ~~the~~ ability to be effective.

I observe an interview.

Saw media reports

marked ~~distinction~~ by strategy.

I to see this + authority to intervene

Plausible.

(Tab 6)

"Speed of colleagues"  
man of wife.

Didn't have much of relationship of mother



Remember MB can't do it (Minted email)  
security clearance.

MR disports tech

How discuss other issues

How does this AHA work <sup>to</sup>  
make sure for them if no  
connection to people to take them  
back to team.

Need security clearance + recognized the  
leadership

→ Not sure if they about  
day TF or after

What remember re for BEANS center

- probably <sup>most</sup> BA
- probably NIA. DNR
- other short centers
- centers w/ DO about it

JMA notes

p.16-17. Not unreasonable context.

~~to the~~

Image of police = up to me

Mis-<sup>that</sup>rep of police has crossed L & A.

Wary about perception

Has to be managed externally.

PR not handled well -  
not expected to effect change.

That's the  
PR issue

We don't control it.

People believe my involvement is

not. Once left, didn't pay attention

Clear effort is



Could

→ JMA notes  
→ Expects.

Not accurate / not of order  
not his comments.

E.g. "much effort to reduce public attack"

There are issues - the topic of strategy  
not broad new to

Threatened some of some concerns/issues.  
Understand <sup>broader</sup> context of practice.

"No new ethical / principles" ---  
Let's push my own?

Nb - My typical practice is  
the reality is revision will take  
long time.

Soke as early

When speaks hope to speak of influence

could be proved  
but if speak  
when

Not involved - notes / reports.

Usually all that comes from the report.

Her  
notes

Pp 19-21

serve the less specific

Interest of message. / CR

Ps vs psychosomatics

↓  
high approach to world.  
Give you needs that can help you.

bebe are complicated.

People don't understand what we do.

Comment 1

Protest + advice.

expand.

Ps = expect - behavior

Do to know + different things.

Group - protest - accepted

or protest to do well.

Don't let anyone

"Operational Ps"

Use of Ps to support operation of a machine

Occur ideas

Comment 2

"cannot reflect the complexity"

We put so much complexity into things,

no one can understand it



Per 1003

Heard SUE. In margin before  
#1 here to say clearly what  
we have with us  
Say SUE

Had this conversation with my wife.  
On the phone case for

about the what's getting covered in is happened with  
the whole process  
1 side of coin.

out of my lane in Geneva Lane.



Calvin the issuer

Org is getting a bad rep.  
not good for credibility  
we needed to deal of that issue

This is the most important issue.

Deal with public trust.

Determinat of org while we need  
that bad stuff is happen

Tab 8

DD felt: work getting at good to  
All energy on his side

Other side of coin not have  
its day

He  
perspective  
(if exactly  
what)

Concern - there will be stacked  
on the other side

Just critics they don't  
understand.

Key #1 - Don't prohibit

Don't  
bids.

Key #2 - Don't say other best  
specific things?  
Maybe.

★  
Needed  
for the  
Army  
to  
SG the  
thing  
or not  
for

Guidance that needed to be codified  
for activity to continue.

★ Needed policy.  
So enable activity.

Strategy: How to keep newspapers  
from doing all press, credit, etc.



Politics of race.

Members of groups that are anti the other.

Practically assessment does.

Motivation of ethics from political nature.  
Both

"Want to make progress."  
Let us talk.

Very damaging scenario for the group.

Detention/interrogation as a sound  
alternative, can't get reality.

Tab 9

Psychology - psychiatry battle

Different positions & BSC work.

They claim to stand for moral high ground.  
This is the primary issue.

PEAS In. end of - sample

"Good PE" not support & activity  
it doesn't have people to support

Not trying to do but PD wanted  
Gave ethics to <sup>the</sup> ~~dept~~.

Long in return for proxy prior support?