



DEPARTMENT OF THE AIR FORCE

7TH MEDICAL OPERATIONS SQUADRON (ACC)

697 LOUISIANA DRIVE, SUITE 1C3A

DYESS AIR FORCE BASE, TEXAS 79607-1367

MEMORANDUM FOR Capt Doser-Pascual, 7BW/ADC

FROM: MDOS/SGOW

SUBJECT: Results of Sanity Board - U.S. v. 1Lt Peter Burke

1. Per your request, the following "full report" is submitted to the following questions:

- a. At the time of the alleged criminal conduct, did the accused have a severe mental disease or defect? *Yes*

In my opinion, he did suffer from a severe mental defect that would explain his alleged criminal conduct. Evaluation was suggestive of transient but severe Axis I psychopathology, but did not indicate any severe characterological problems. Pt acknowledged a waxing and waning short-term memory deficit from shortly after going to the second bar to the next morning when he awoke on the hillside, to include the time covering his alleged criminal conduct.


- b. What is the clinical diagnosis?

*DSM-IV: Axis I: 292.81 Other Substance-Induced Intoxication Delirium,
Dexedrine and Alcohol*

V69.4 Lack of Adequate Sleep

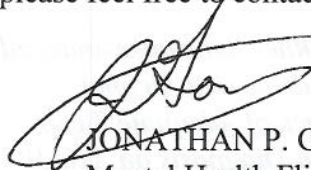
Axis II: V71.09 No Diagnosis on Axis II

Results of testing are thought to be valid and reliable. 1Lt Burke's current estimated level of intellectual functioning is in the Above Average range. During the interview there was no evidence of major thought disorder or current Axis I psychopathology. This was corroborated by the results of psychological testing. It appears that 1Lt Burke ingested a higher dosage of Dexedrine (dextroamphetamine) than he had previously taken during ground testing or long mission, which has a noted side effect of aggression and psychosis in some individuals. 1Lt Burke signed a waiver stating that taking the Dexedrine was solely a voluntary choice. While having knowingly taken the Dexedrine, 1Lt Burke chose to consume a large amount of alcohol (reportedly 8-10 actual drinks, though one drink was a mixed drink consisting of 4-5 shots bringing the number of standard drinks recalled to 12-15). Per his report, he was encouraged to continue alcohol consumption by a higher ranking officer in spite of a noticeable degradation in 1Lt Burke's cognitive/behavioral functioning. He was also awake for at least 31-33 hours before his memory became unreliable. At no point during the interview or testing has there been any evidence of currently present hallucinations/delusions or formal thought disorder. Testing and self-report are not suggestive of subjective or objective evidence of significant levels of depression or undue anxiety secondary to the incident for referral. History, testing, and interview are suggestive of an isolated event of combined substances and sleep deprivation resulting in alleged aberrant behavior which is consistent with a substance-induced or substance intoxication delirium.

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- c. Was the accused, at the time of the alleged criminal conduct and as a result of such severe mental disease or defect, unable to appreciate the nature and quality or wrongfulness of his conduct? *Yes, the accused was suffering from such defect. In my opinion he was not able to appreciate the nature and the consequences of his conduct due to his voluntary ingestion of both substances combined with sleep deprivation.*

In addition to the explanations offered in a. and b. above, the following reasoning is offered. 1Lt Burke appears to have experienced the delirium due to voluntary ingestion of a prescription at a dosage not previously taken and a significant amount of alcohol. The delirium would have interfered with his judgment and ability to think linearly. He had just watched two seasons of '24,' a CIA-like show during his deployment, as well as undergoing a SERE refresher course which included TTP's for identifying and effectively managing interrogation. Intoxication can cause loose thinking, allowing the brain to associate things not factually connected. The prescribed Dexedrine, significant amount of alcohol, and sleep deprivation can all cause delirium making it impossible to determine which factor or factors combined to cause the delirium. All of these factors appear to have coalesced to create a situation in which he did not have a firm grasp on right and wrong. In no way does this report suggest that 1Lt Burke was not responsible for the choice to mix Dexedrine and alcohol, as well as resultant behaviors.

2. If you have any questions, please feel free to contact me.



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