DEPARTMENT OF THE AIR FORCE
7TH MEDICAL OPERATIONS SQUADRON (ACC)
697 LOUISIANA DRIVE, SUITE 1C3A
DYESS AIR FORCE BASE, TEXAS 79607-1367

03Oct2011

MEMORANDUM FOR 7 BW/JA

FROM: 7 MDOS/SGOW

SUBJECT: Certified True Copy of Mental Health Record

1. In accordance with the letter of request dated 30 Sep 2011, this is a certified true copy of the Mental Health Record of the following individual:

   1st Lt Burke, Patrick 20/625-20-8883

2. This record consists of 94 pages, numbered by hand from the front and back pages of the left side of the chart (1-86), to the front and back pages of the right side of the chart (87-94). Each page is numbered on both sides, including this letter and blank pages. The page numbers are located on the bottom right corner of each page.

3. If you have any questions concerning this request please contact the Mental Health Clinic, 696-5380.

Adam Crockett, SSgt, USAF
NCOIC, Mental Health Services

Global Power For America

Gorham, Jonathan P Capt USAF ACC 7 MDOS/SGOW

From: Kouba, Dustin B Capt USAF ACC 7 BW/JA
Sent: Friday, September 30, 2011 3:45 PM
To: Gorham, Jonathan P Capt USAF ACC 7 MDOS/SGOW; Williams, Gregory J Maj USAF ACC 7 MDOS/7 MDOS/SGOW
Cc: Campbell, Christine L Maj USAF ACC 7 MDG/SGH; Doser-Pascual, Ranae L Capt MIL USAF AFLOA/JAJD; Puckett Neal; Faraj Haytham; ALBERTSON, KIRK W Capt USAF AMC AFLOA/JAJG; Mann, Elizabeth A SSgt USAF ACC 7 BW/JA
Subject: U.S. v. Burke -

Maj Williams & Capt Gorham,

The attorneys for 1st Lt Patrick T. Burke (the Defense) have notified the Government of their intent to offer the defense of lack of mental responsibility at trial. As a result of this notice/intent, the Defense has already provided the Government the Sanity Board "Long" Report. Additionally, both of you are now potential witnesses for the court-martial.

At this time the Government requests you provide copies of any and all notes created as part of or a result of the sanity board. Anything you provide to the Government will be copied to the Defense immediately.

Please let me know if you have any questions or concerns regarding this matter.

v/r,

Dustin B. Kouba, Capt, USAF

Chief, Adverse Actions

7 Lancer Loop, Ste 223

Dyess AFB, TX 79607

DSN: 461-2035

Comm: 325-696-2035

DEPARTMENT OF THE AIR FORCE
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697 LOUISIANA DRIVE, SUITE 1C3A
DYESS AIR FORCE BASE, TEXAS 79607-1367

24 Jun 2011

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.

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.

JONATHAN P. GORHAM, Psy.D., Capt, USAF, BSC
Mental Health Flight Commander (42P3)

GREGORY J. WILLIAMS, MD, Capt, USAF, MC
Chief, Psychiatry Services (44P3)

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697 LOUISIANA DRIVE, SUITE 1C3A
DYESS AIR FORCE BASE, TEXAS 79607-1367

MEMORANDUM FOR Capt Kouba, 7 BW/JA

FROM: MDOS/SGOW

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

1. Per your request, the following summary 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*

   b. What is the clinical diagnosis?
   DSM-IV: Axis I: 292.81 Other Substance-Induced Intoxication Delerium, Dexadrine and Alcohol
   V69.4 Lack of Adequate Sleep
   Axis II: V71.09 No Diagnosis on Axis II

   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.*

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

JONATHAN P. GORHAM, Psy.D., Capt, USAF, BSC
Mental Health Flight Commander (42P3)

GREGORY J. WILLIAMS, MD, Capt, USAF, MC
Chief, Psychiatry Services (44P3)

CHRISTINE L. CAMPBELL, MD, Maj, USAF, MC, FS
Chief, Medical Staff (44P3)

Outcome Questionnaire (OQ®-45.2)

Instructions: Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark the box under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth. Please do not make any marks in the shaded areas.

Name: [redacted] Age: 3 yrs.

ID# 625-20-8883 Sex M ☒ F ☐

Session # 1 Date 6/21/11

	Never	Rarely	Sometimes	Frequently	Almost Always	SD	IR	SR
1. I get along well with others.	☐ 4	☐ 3	☐ 2	☐ 1	☒ 0			
2. I tire quickly.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
3. I feel no interest in things.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
4. I feel stressed at work/school.	☐ 0	☐ 1	☐ 2	☒ 3	☐ 4			
5. I blame myself for things.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4			
6. I feel irritated.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
7. I feel unhappy in my marriage/significant relationship.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
8. I have thoughts of ending my life.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
9. I feel weak.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
10. I feel fearful.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
11. After heavy drinking, I need a drink the next morning to get going. (If you do not drink, mark "never")	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
12. I find my work/school satisfying.	☐ 4	☐ 3	☐ 2	☒ 1	☐ 0			
13. I am a happy person.	☐ 4	☐ 3	☐ 2	☐ 1	☒ 0			
14. I work/study too much.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
15. I feel worthless.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
16. I am concerned about family troubles.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
17. I have an unfulfilling sex life.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
18. I feel lonely.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
19. I have frequent arguments.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
20. I feel loved and wanted.	☐ 4	☐ 3	☐ 2	☐ 1	☒ 0			
21. I enjoy my spare time.	☐ 4	☐ 3	☐ 2	☒ 1	☐ 0			
22. I have difficulty concentrating.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
23. I feel hopeless about the future.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
24. I like myself.	☐ 4	☐ 3	☐ 2	☐ 1	☒ 0			
25. Disturbing thoughts come into my mind that I cannot get rid of.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
26. I feel annoyed by people who criticize my drinking (or drug use). (If not applicable, mark "never")	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
27. I have an upset stomach.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4			
28. I am not working/studying as well as I used to.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
29. My heart pounds too much.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
30. I have trouble getting along with friends and close acquaintances.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
31. I am satisfied with my life.	☐ 4	☐ 3	☐ 2	☐ 1	☒ 0			
32. I have trouble at work/school because of drinking or drug use. (If not applicable, mark "never")	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
33. I feel that something bad is going to happen.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
34. I have sore muscles.	☐ 0	☐ 1	☐ 2	☒ 3	☐ 4			
35. I feel afraid of open spaces, of driving, or being on buses, subways, and so forth.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
36. I feel nervous.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
37. I feel my love relationships are full and complete.	☐ 4	☐ 3	☐ 2	☐ 1	☒ 0			
38. I feel that I am not doing well at work/school.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
39. I have too many disagreements at work/school.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
40. I feel something is wrong with my mind.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
41. I have trouble falling asleep or staying asleep.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4			
42. I feel blue.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
43. I am satisfied with my relationships with others.	☐ 4	☐ 3	☐ 2	☐ 1	☒ 0			
44. I feel angry enough at work/school to do something I might regret.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4			
45. I have headaches.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4			
						19	+ 2	+ 8
						Total= 29		

For More Information Contact:
OQ MEASURES LLC
E-MAIL: INFO@OQMEASURES.COM
WEB: WWW.OQMEASURES.COM
TOLL-FREE: 1-888-MH SCORE, (1-888-647-2673)
FAX: 801-990-4236

Shipley-2 | PROFILE SHEET

Composite A Vocabulary and Abstraction

Walter C. Shipley, Ph.D., and Christian P. Gruber, Ph.D.

Western Psychological Services

WPS. Test with Confidence

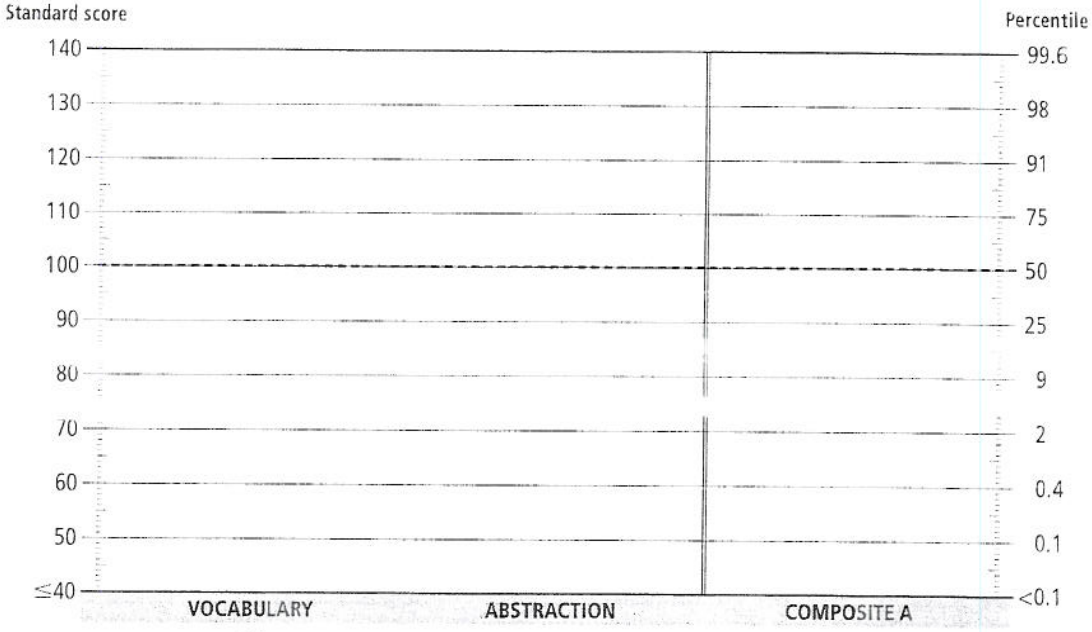
Name: [redacted] Brock

Date: 5 Jun 12 Age: 2[illegible]

Gender: ☒ Male ☐ Female Education level: College 16

Occupation: Pilot Ethnicity: Caucasian

For instructions on how to calculate the scores for the scales and composite and complete this Profile Sheet, refer to chapter 2 of the *Shipley-2* Manual.



	VOCABULARY	ABSTRACTION	COMPOSITE A
Raw score	33	20	235 (Voc SS + Abs SS)
Standard score	113 (Voc SS)	122 (Abs SS)	122
Percentile rank	81%	93%	93%
Interpretive category	Above Average	Well Above Average	Well Above Average
Other			

	Standard score	Interpretive category
AQ	117	WNL

JONATHAN P. GORHAM, PsyD, Capt, USAF, BSC
Mental Health Flight Commander

EXAMINER: REMOVE THIS SHEET BEFORE COMPLETING FORM

Notes:

Shipley-2 | PROFILE SHEET

Composite B Vocabulary and Block Patterns

Thomas A. Martin, Ph.D., Walter C. Shipley, Ph.D., and Christian P. Gruber, Ph.D.

Western Psychological Services

WPS Test with Confidence

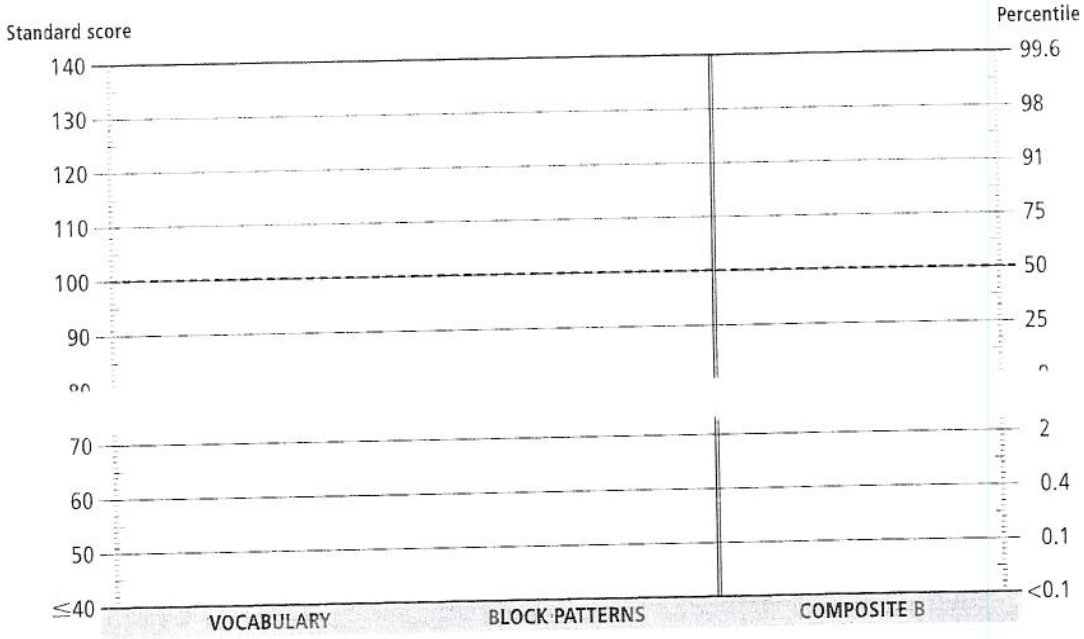
Name: _____

Date: _____ Age: _____

Gender: ☐ Male ☐ Female Education level: _____

Occupation: _____ Ethnicity: _____

For instructions on how to calculate the scores for the scales and composite and complete this Profile Sheet, refer to chapter 2 of the *Shipley-2* Manual.



Raw score	_____	_____	_____ (Voc SS + BP SS)
Standard score	_____ (Voc SS)	_____ (BP SS)	_____
Percentile rank	_____	_____	_____
Interpretive category	_____	_____	_____
Other			
_____	_____	_____	_____

	Standard score	Interpretive category
BQ	_____	_____

Notes: _____

EXAMINER: REMOVE THIS SHEET BEFORE COMPLETING FORM

Additional copies of this form (W-476A) may be purchased from WPS. Please contact us at 800-648-8857, Fax 310-478-7838, or www.wpspublish.com.

MMPI®-2

Minnesota Multiphasic
Personality Inventory®-2

MMPI®-2
Minnesota Multiphasic Personality Inventory®-2
Extended Score Report

ID Number:	[redacted]
Age:	26
Gender:	Male
Date Assessed:	06/15/2011

Reviewed:
JONATHAN P. GORHAM, PsyD, Capt, USAF, BSC
Mental Health Flight Commander

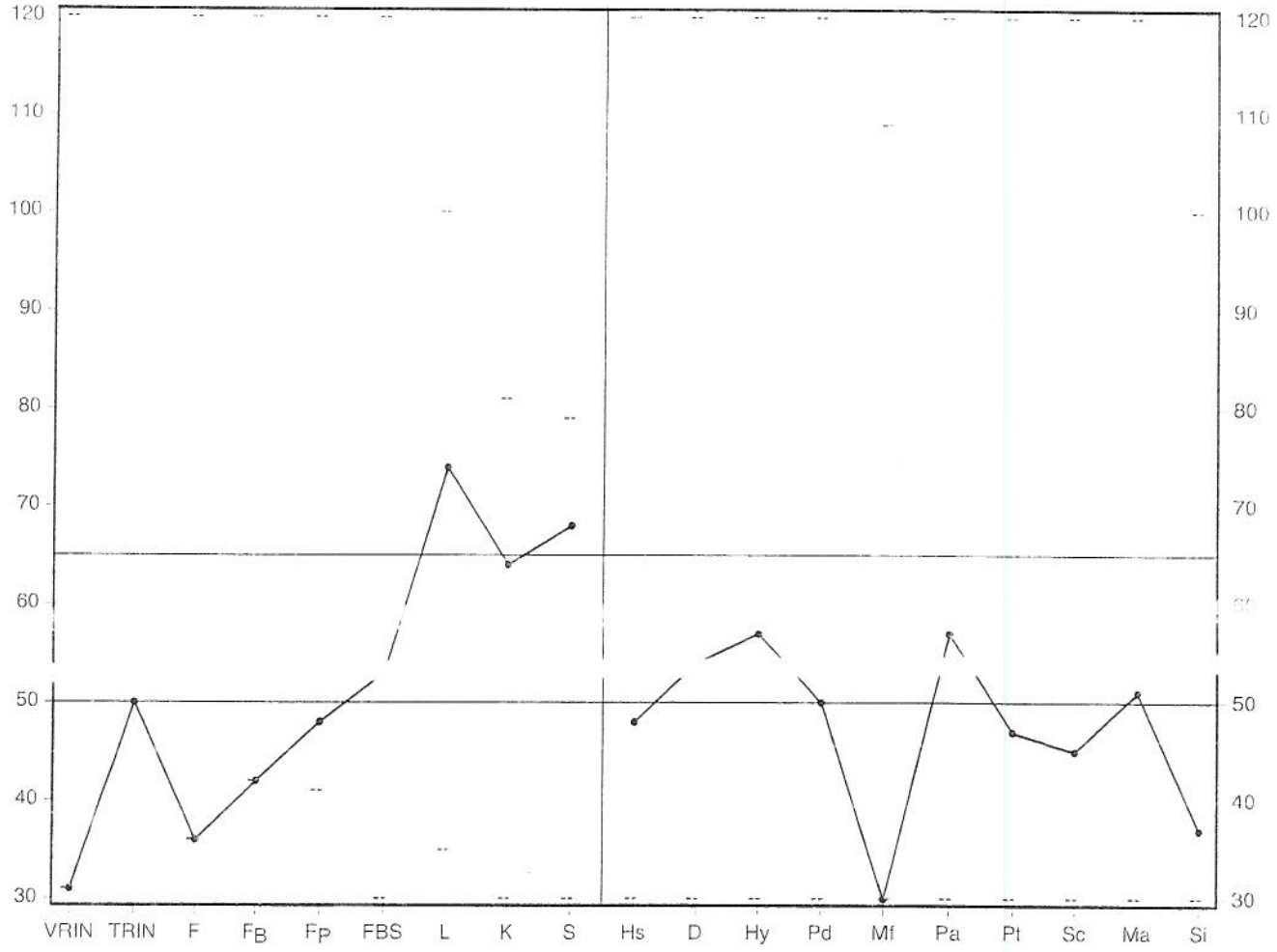
PEARSON

PsychCorp

[5.1 / 153 / 2.3.17]

ID: 625208883

MMPI-2 VALIDITY AND CLINICAL SCALES PROFILE



	VRIN	TRIN	F	F_B	F_P	FBS	L	K	S	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si
Raw Score:	0	9	0	0	1	13	9	22	41	1	20	24	14	15	12	3	2	17	13
K Correction:										11			9			22	22	4	
T Score (Plotted):	31	50	36	42	48	53	74	64	68	48	54	57	50	30	57	47	45	51	37
Non-Gendered T Score:	30	50	37	42	49	51	75	65	68	47	52	55	50		56	46	46	52	36
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0
F-K (Raw): -22
Welsh Code: 36294/178:05# L'+K-/:F#

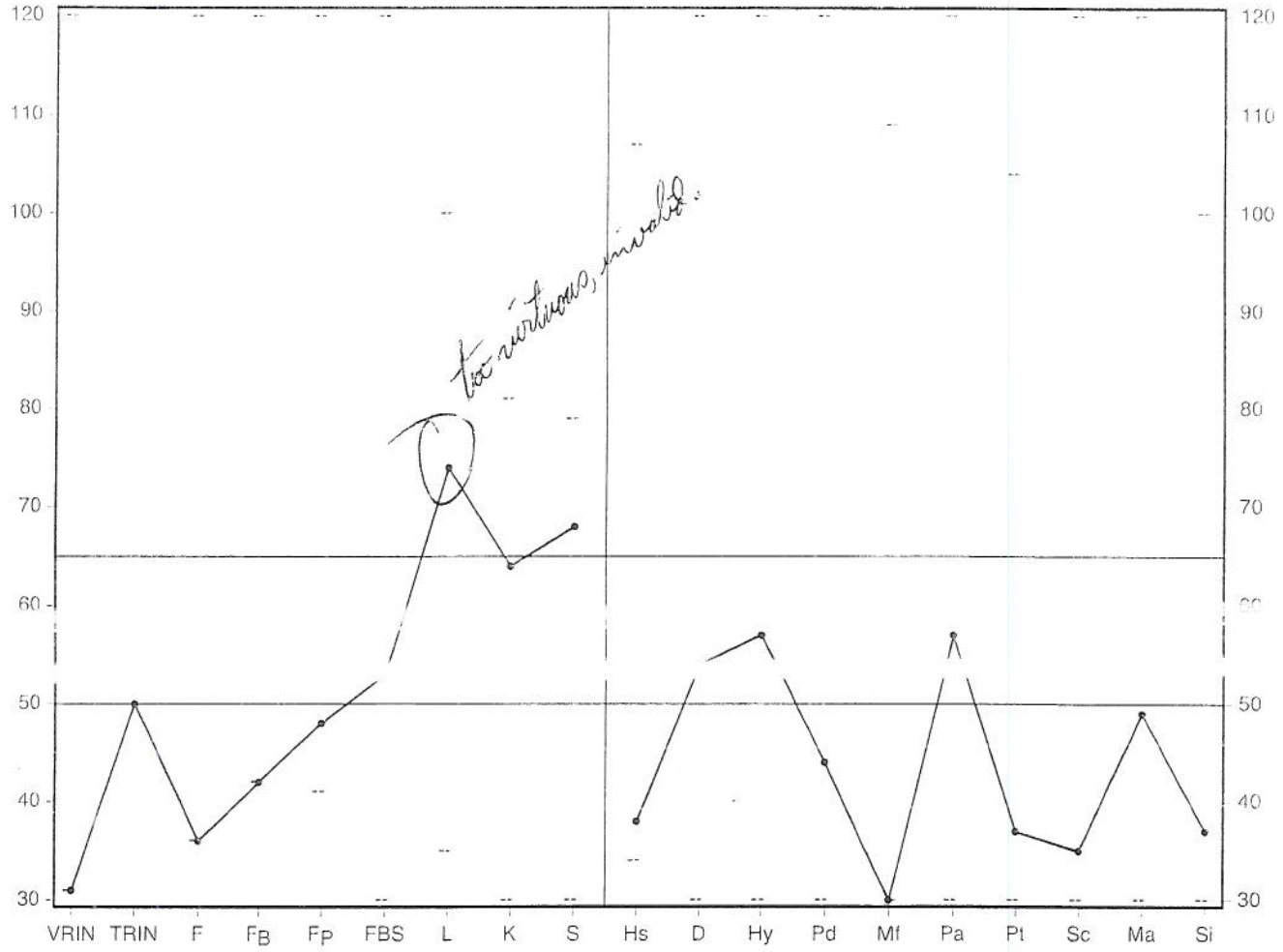
Percent True: 30
Percent False: 70
Profile Elevation: 51.1

The highest and lowest T scores possible on each scale are indicated by a "--".

For information on FBS, see Ben-Porath, Y. S., & Tellegen, A. (2006). The FBS: Current Status, a report on the Pearson web site (www.pearsonassessments.com/tests/mmpi_2.htm).

ID: 625208883

MMPI-2 NON-K-CORRECTED VALIDITY/CLINICAL SCALES PROFILE



	VRIN	TRIN	F	F_B	F_P	FBS	L	K	S	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si
Raw Score:	0	9	0	0	1	13	9	22	41	1	20	24	14	15	12	3	2	17	13
T Score (Plotted):	31	50	36	42	48	53	74	64	68	38	54	57	44	30	57	37	35	49	37
Non-Gendered T Score:	30	50	37	42	49	51	75	65	68	38	52	55	45		56	36	35	50	36
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Cannot Say (Raw):	0	Percent True:	30
Profile Elevation:	46.4	Percent False:	70

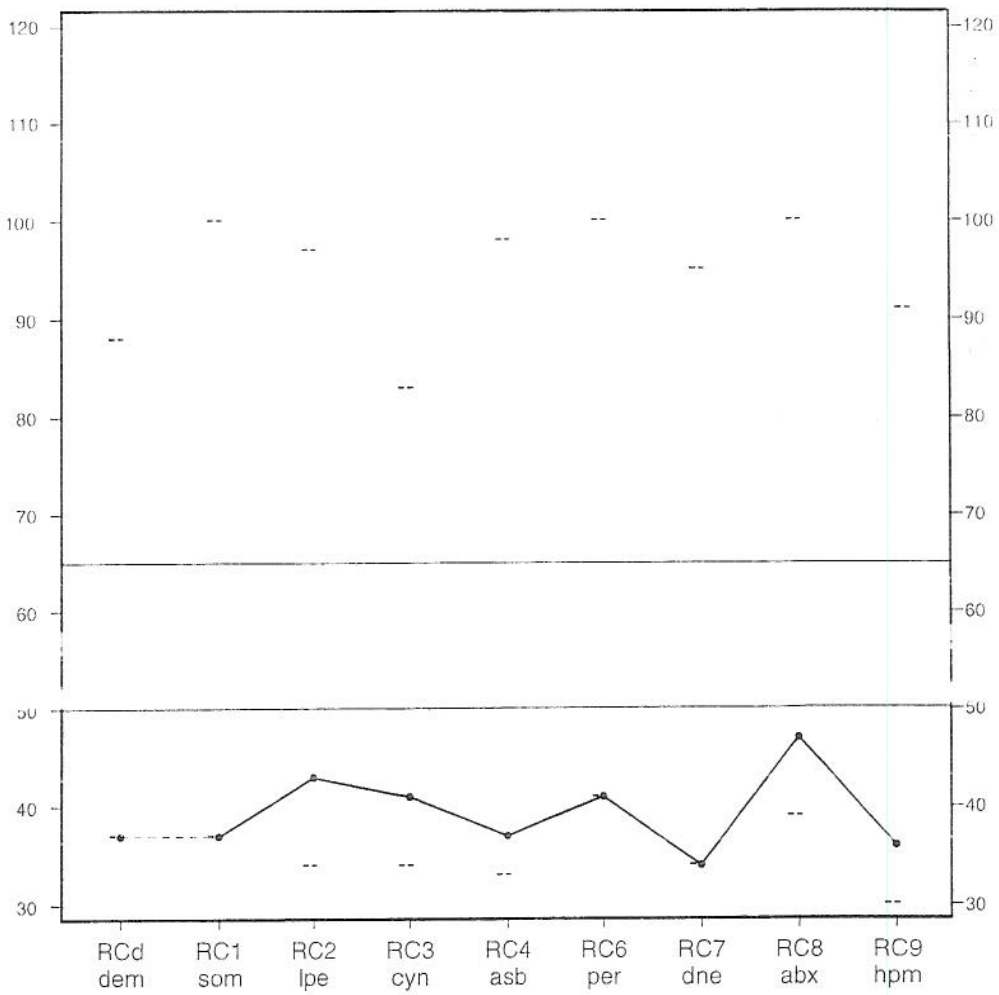
The highest and lowest T scores possible on each scale are indicated by a "--".

Non-K-corrected T scores allow interpreters to examine the relative contributions of the Clinical Scale raw score and the K correction to K-corrected Clinical Scale T scores. Because all other MMPI-2 scores that aid in the interpretation of the Clinical Scales (the Harris-Lingoes subscales, Restructured Clinical Scales, Content and Content-Component Scales, PSY-5 Scales, and Supplementary Scales) are not K-corrected, they can be compared most directly with non-K-corrected T scores.

For information on FBS, see Ben-Porath, Y. S., & Tellegen, A. (2006). The FBS: Current Status, a report on the Pearson web site (www.pearsonassessments.com/tests/mmpi_2.htm).

ID: 625206883

MMPI-2 RESTRUCTURED CLINICAL SCALES PROFILE



	RCd dem	RC1 som	RC2 lpe	RC3 cyn	RC4 asb	RC6 per	RC7 dne	RC8 abx	RC9 hpm
Raw Score:	0	0	2	2	1	0	0	1	4
T Score (plotted):	37	37	43	41	37	41	34	47	36
Non-Gendered T Score:	37	36	42	41	39	43	34	47	36
Response %:	100	100	100	100	100	100	100	100	100

The highest and lowest T scores possible on each scale are indicated by a "--".

LEGEND

dem= Demoralization	**cyn** = Cynicism	**dne** = Dysfunctional Negative Emotions
som= Somatic Complaints	**asb** = Antisocial Behavior	**abx** = Aberrant Experiences
lpe = Low Positive Emotions	**per** = Ideas of Persecution	**hpm**= Hypomanic Activation

For information on the RC scales, see Tellegen, A., Ben-Porath, Y.S., McNulty, J.L., Arbisi, P.A., Graham, J.R., & Kaemmer, B. 2003. The MMPI-2 Restructured Clinical (RC) Scales: Development, Validation, and Interpretation. Minneapolis: University of Minnesota Press.