IN THE UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF ILLINOIS
PEORIA DIVISION

ASHOOR RASHO, #B38970,

Plaintiff,

v.

ROGER E. WALKER, JR., DR. WILLARD ELYEA, DR. WENDY NAVARRO, EDDIE JONES, DR. JOHN GARLICK, and DR. MICHAEL F. MASSA,

Defendants.

Law No. 11-cv-1308-MMM-JAG

RULE 26(a)(2)(B) AND (C) AND 26(a)(3) PRE-TRIAL DISCLOSURES

NOW COMES the Defendant, MICHAEL F. MASSA, M.D., by his attorney, THERESA M. POWELL, of HEYL, ROYSTER, VOELKER & ALLEN, and for his Rule 26(a) Expert Disclosures provide the following information:

Rule 26(a)(2)(B)
Witnesses Who Must Provide A Written Report

1. **Dr. Michael R. Jarvis**

   a. See the report of Michael R. Jarvis, Ph.D., M.D. attached hereto.

   b. In addition to his opinions specific to this case, Dr. Jarvis may be called to testify regarding the provision of psychiatric care in general. He will testify regarding the appropriate method of assessment and diagnosis of patient with mental health issues and use and reference to the DSM IV.

Rule 26(a)(2)(C)
Witnesses who do not provide a written report

1. Michael F. Massa, M.D.

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Dr. Massa will testify regarding his personal encounters with Mr. Rasho. He will also testify regarding his diagnosis of Mr. Rasho as well as the diagnoses documented by other mental health staff documented in Mr. Rasho's chart. He will testify regarding the appropriate diagnosis and treatment for Mr. Rasho. He will give testimony concerning the conditions at the Pontiac Correctional Center. He will testify regarding the provision of mental health care to Mr. Rasho and others at the facility generally and specifically as relates to Mr. Rasho. He will testify regarding all matters referenced in his deposition. He will testify regarding his propriety of his care and treatment to Mr. Rasho on the availability of mental health care to Mr. Rasho while he was at the facility during the time that he worked there.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Dr. Massa will testify regarding all matters as stated in his discovery deposition. In addition, he will testify to the facts set forth in Plaintiff's medical and mental health records for the dates Dr. Massa was treating the patient in addition to other relevant dates and medical and mental health information as set forth in Mr. Rasho's record which is

already in the possession of the Plaintiff. Dr. Massa will give the opinion that the diagnosis he provided for Mr. Rasho was appropriate and consistent with the mental health providers who had seen him before and after. He will testify that Mr. Rasho's presence in the mental health unit was not beneficial to Mr. Rasho and was seen as detrimental to others who replaced there at certain times. Dr. Massa will testify that the care and treatment he provided was appropriate. The care and treatment provided by him and other mental health staff was appropriate and safe treatment for the documented mental health issues of Mr. Rasho. He will also testify that no mental health treatment could be completely effective for Mr. Rasho due to his lack of cooperation and commitment to correcting his behaviors. In his opinion, the care and treatment provided to Mr. Rasho met community standards and complied with the standard of care.

He will also testify that Mr. Rasho was not benefiting from treatment in the mental health unit which lead to the recommendation to transfer him out of that unit.

In addition, Dr. Massa will testify to the following:

(1) Dr. Massa will testify that he did not observe any cells at the facility suffering from rat infestations. He did not observe cells with human waste in them. He will testify that Mr. Rasho did not report hearing voices as a symptom of a mental issue. He will also testify that Mr. Rasho was not suicidal and did not cut on himself in an effort to kill himself. He will testify that the conditions of confinement in the north seg

section of the Pontiac Correctional Center were not significantly different than the conditions in the mental health unit.

He will testify that Mr. Rasho's complaints were not ignored and were appropriately addressed by him and other mental health staff at the Pontiac Correctional Center. Dr. Massa will also testify that he did not cause Mr. Rasho any injuries. He did not exacerbate any mental health conditions suffered by Mr. Rasho. In his opinions, Mr. Rasho's behavior was similar to, if not identical to, to his behavior before his contacts with Dr. Massa. He will testify that he had no involvement in the disciplinary procedures involving Mr. Rasho at the Pontiac Correctional Center. He did not testify for or against Mr. Rasho in any of his criminal trials relating to his behaviors at the Pontiac Correctional Center. In his opinion, the medications provided to Mr. Rasho were appropriate, but they did not stop Mr. Rasho's criminal behaviors.

Mr. Rasho's additional years of incarceration were due to sentences imposed by judges following criminal trials for criminal proceedings wherein the Plaintiff plead guilty to the charges filed against him.

Mr. Rasho's placement in the Pontiac Correctional Center was not the cause for his medication non-compliance. Mr. Rasho failed to comply with his medication while in the mental health unit and when not in the mental health unit both at the Pontiac Correctional Center and at other facilities.

Dr. Massa's first note is at page 5751 on May 25, 2006. Dr. Massa will testify that Mr. Rasho was requesting to be transferred off the mental health ward as of the first visit with him. Following Dr. Massa's discussion with the treatment team, we were of the belief that Mr. Rasho suffered from anti-social personalty disorder as well as polysubstance abuse. We recommended Mr. Rasho be transferred of the mental health ward. 5758. Dr. Massa saw Mr. Rasho again on July 1, 2006, for medication review. 5766. Dr. Massa's handwritten note is 5767. Dr. Masaa will testify that the treatment team met again to consider Mr. Rasho's transfer off the mental health unit on August 3, 2006. At that time, Mr. Rasho refused to see the doctor and refused visits with Dr. Massa. 5781. Mr. Rasho had refused to see Dr. Massa on July 29, 2006. 5782. Dr. Massa will testify that he requested Mr. Rasho be considered for a transfer off the mental health unit on August 3, 2006. 5783.

Dr. Massa continued to evaluate Mr. Rasho while he remained in the mental health unit. He will testify that he conducted a medication review on September 14, 2006. He discontinued Mr. Rasho's Geodon and Trazadone and had reason to believe that Mr. Rasho may be hoarding medications and therefore discontinued the medicine. 5808. Mr. Rasho refused to see Dr. Massa on October 7, 2006. 5812. Dr. Massa indicates that he again recommended that Mr. Rasho be transferred off the mental health unit based upon his reviews and discussions with the treatment team as well as his personal time spent with Mr. Rasho. Last record with

Dr. Massa 5814. For 5818 referencing treatment date of November 4, 2006, Mr. Rasho requested to receive medication. Mr. Rasho was not on medication at that time and was not having any particular issues which needed to be addressed.

2. Marvin F. Powers, M.D.

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Dr. Powers is expected to testify regarding Plaintiff Rasho's medical injuries and his self mutilating while both in the special treatment unit and in a regular cell. Dr. Powers will testify regarding his personal encounters with Mr. Rasho and the care and treatment provided to him.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Dr. Powers is expected to testify that Mr. Rasho indicated on more than one occasion that he had cut on himself when he perceived that others were doing things he did not like. For example, he reported that he snapped when they were "f***ing with his mattress." He will also testify that Mr. Rasho's wounds were superficial. He had no bleeding and no complaints of pain. After his initial self mutilating incident, Mr. Rasho was calm and cooperative. Dr. Powers will testify that many of Rasho's self-inflicted injuries were superficial or minor. His injuries did not place him at risk of substantial harm. He may also testify that Mr. Rasho's injurious behaviors were often related to his stated goals of secondary gain. Mr. Rasho's threats to cut were taken seriously based upon his past

history. Appropriate efforts were taken to keep him from hurting himself even when it was thought that Rasho was not trying to commit suicide. He may also be called for impeachment purposes.

Mr. Rasho is documented to have smeared his vomit on his cell window because he wanted to go back to his cell. 3337.

Mr. Powers will testify that many of Mr. Rasho's self inflicted injuries were superficial or minor. His injurious behaviors were often related to his requests or stated goals of secondary gain. He may be called for impeachment purposes to testify contrary to Mr. Rasho's statements.

3. V. Clemons, LPN

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

This nurse may testify as to Mr. Rasho's demeanor after he cut himself which consisted of him laughing and talking with correctional officers. She may also testify that Mr. Rasho refused treatment and refused to cooperate. She may give testimony regarding her observations of Mr. Rasho and that he would cover himself in feces and blood.

4. Delight Griswold, RN/MSN. Nurse who formerly worked at Tamms Correctional Center.

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Ms. Griswold may testify regarding her encounters with Mr. Rasho. She may testify consistent with her records in Mr. Rasho's

medical and mental health record. She may be called to testify regarding her observations of Mr. Rasho's self inflicted injuries.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

She will provide opinions consistent with her entries in Mr. Rasho's medical records. She is expected to testify consistent with the opinions and facts referenced by Dr. Chandra and Dr. Powers.

5. Dr. Kowalkowski

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Dr. Kowalkowski may be called to testify regarding the issues of proper diagnosis and treatment of a psychiatric patient such as Mr. Rasho. He is expected to give opinions concerning his assessment of Mr. Rasho at various times throughout his incarceration within the Illinois Department of Corrections.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Dr. Kowalkowski is expected to testify regarding his personal diagnoses of Mr. Rasho and his opinions concerning Mr. Rasho's care and treatment within the Department of Corrections during the time that he saw him. Dr Kowalkowski may be called to testify regarding the treatments he provided to Mr. Rasho. He is expected to testify that the treatment and medications he recommended were appropriate for the diagnoses he made for Mr. Rasho.

He will testify that Mr. Rasho was cleared for transfer to segregation at the Pontiac Correctional Center.

He is expected to testify that upon Mr. Rasho's transfer back to the Pontiac Correctional Center, he was not expressing any feelings of helplessness, hopelessness or worthlessness. He was doing relatively well with a complaint of insomnia. Mr. Rasho was recommended to be placed in the mental health unit. However, prior to his transfer to the mental health unit, he was doing relatively well and was compliant with his medication as ordered. 5408.

He will also testify that Mr. Rasho denied any signs or symptoms of mania, psychosis, panic or significant neuro vegetative process. Dr. Kowalkowski will testify that Mr. Rasho reported no hallucination and no ideations of suicide or homicide. 5414.

Mr. Rasho was treated with Buspar and Geodon at various times during the time that I treated him.

6. <u>Dr. Rakesh Chandra</u>

(i) *<u>The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705</u>*:

Dr. Chandra may be called to testify regarding his personal contacts with Mr. Rasho. He may testify regarding the proper manner and method in which to assess and diagnose a patient generally and specifically as relates to his encounters with Mr. Rasho. He may testify

regarding the competency of mental health care at Tamms and other IDOC facilities.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Dr. Chandra is expected to testify that Mr. Rasho was treated appropriately for his mental health issues and diagnoses. He is also expected to testify that inmates who may have had a diagnosis of certain mental illnesses may later be proven to have no underlying mental illness when the medications and treatments for the previously diagnosed condition proved to be ineffective.

Dr. Chandra is expected to testify that Mr. Rasho did not exhibit signs and symptoms of depression while at Tamms Correctional Center. He will also testify that patients such as Mr. Rasho could be properly treated outside of the special treatment unit as well as in the special treatment unit.

He is expected to testify that the care and treatment and the provision of mental health services through psychologists is appropriate and effective for patients with mental health issues.

Dr. Chandra will testify that not all patients who cut on themselves do so because of a mental illness. Dr. Chandra is expected to testify that some inmates cut on themselves for secondary gain in order to manipulate staff and to obtain and achieve their own personal goals.

Dr. Chandra is expected to testify that the patient is documented as not having hallucinations or delusions. He is observed as not being frankly psychotic. 3889 and 3890.

Dr. Chandra may also testify regarding documentation at Tamms that Mr. Rasho would laugh and grin when talking about harming others.

Inmate reports that Mr. Rasho indicated that he did not want to take his medications because it made him feel drowsy. 3189. Mr. Rasho's demeanor was calm and cooperative at various times. There is little documentation to show that he was depressed.

He will testify that Mr. Rasho is documented to have threatened to throw his feces if he is not moved back to his housing unit. He requested medications while in the health care unit and then two hours later refused to take his medications. 3227-3228. Hours later, Mr. Rasho requested his medication once again and actually took it.

Dr. Chandra will testify that he is a competent mental health provider who provided appropriate care and treatment to Mr. Rasho.

7. Jill Stevens, LCSW. Former Mental Health Worker at Tamms.

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Ms. Stevens may be called to testify regarding her personal observations of Mr. Rasho. She may testify regarding her personal assessment and recommendations for mental health treatment based upon Mr. Rasho's clinical presentation to her.

Ms. Stevens is also expected to testify based upon her observations, Mr. Rasho was rarely reported to be in acute distress. He was usually goal-directed. He purposely chose when to take medication and when he did not want to take medication. When he did not take medication, he would blame others for his inappropriate and often times criminal behaviors. 3099.

Ms. Stevens will testify that Mr. Rasho advised her that he would like to get himself "cleaned out" by not taking so many medications. Although, he requested to have an as needed prescription for medication.

She will testify that Mr. Rasho reported being tired of being at Tamms and wanted to be transferred hoping to get more visits from his family. 5386.

She will testify that when Mr. Rasho was advised that he was being transferred to Pontiac Correctional Center, he indicated that he was looking forward to visits from his family. He wanted to get a television, a radio and schooling. He was happy about the fact that he was being transferred to Pontiac. 5393.

She will also testify that Mr. Rasho showed no signs of depression, anxiety or psychosis, no hypomania or mania and no agitation. At the time of his transfer to Pontiac, Ms. Stevens will testify that Mr. Rasho had gained as much as he could from being in the STU program at Tamms.

8. <u>Kelly Rhodes</u>

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Ms. Rhodes will testify that Mr. Rasho reported that he did not have auditory hallucinations and has not heard voices in contradiction to some other reports he had made. He laughed and grinned about harming others. 3091. She will also testify that Mr. Rasho indicated that he would resume his behaviors because that is who he is. He advised her that he would act out if he was not transferred out of that facility. His acting out was in the form of harming himself. 3092. While incarcerated at the Tamms Correctional Center, Mr. Rasho indicated that he wanted to be transferred to Dixon. He reported that he did not want to continue on medications, but didn't know why. 3093. He indicated that he would stop harming himself and others and stop smearing feces if he was moved to a different pod within the Tamms Correctional Center. He denied responsibility for his aggressive behavior at Tamms because he had refused his medication and was not taking it at the time. He blames others for his criminal behavior and stabbing an officer.

Ms. Rhodes will also testify that Mr. Rasho was repeatedly encouraged to comply with his medication. He was encouraged to discuss his issues that were bothering him including his mother's illness.

9. Mary Rollins

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

She will testify regarding her encounters with Mr. Rasho as the mental health nurse at Tamms. She will address the issues of treatment access for inmates at Tamms. She will testify that Mr. Rasho's requests for treatment were met.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Ms. Rollins will testify that Mr. Rasho reported that he did not have auditory hallucinations and has not heard voices in contradiction to some other reports he had made. He laughed and grinned about harming others. 3091. She will also testify that Mr. Rasho indicated that he would resume his behaviors because that is who he is. He advised her that he would act out if he was not transferred out of that facility. His acting out was in the form of harming himself. 3092. While incarcerated at the Tamms Correctional Center, Mr. Rasho indicated that he wanted to be transferred to Dixon. He reported that he did not want to continue on medications, but didn't know why. 3093. He indicated that he would stop harming himself and others and stop smearing feces if he was moved to a different pod within the Tamms Correctional Center. He denied responsibility for his aggressive behavior at Tamms because he had refused his medication and was not taking it at the time. He blames others for his criminal behavior and stabbing an officer.

10. Dr. John Garlick

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Dr. Garlick may be called to testify regarding the subjects of providing mental health care at the Pontiac correctional facility. He will be asked about his contacts with Mr. Rasho specifically, and may be asked to discuss the mental health modalities available at PON. He will testify regarding the division of labor among the mental health workers in conjuction with the medical staff at PON. He may also be called to testify about the mental health treatment available to inmates housed in both the mental health unit and outside the mental health unit. He may testify regarding the process by which inmates may seek access to mental health and medical treatment at PON. He may testify regarding:

a. The policies and procedures applicable to providing and seeking mental health care at PON;

b. The process by which inmates would be transferred into and/or out of the MHU (mental health unit) at PON;

c. The expectations for inmates who were transferred to the MHU;

d. The negative impact Mr. Rasho had on those properly housed in the MHU;

e. Dr. Garlick may be called to testify regarding the practices of the mental health staff at PON generally and specifically as relates to Mr. Rasho.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Dr. Garlick is expected to testify consistent with the opinions and testimony given in his deposition. He will testify as to the facts and opinions stated in Mr. Rasho's medical records. Dr. Garlick is expected to testify that in his opinion, Mr. Rasho was not clinically benefiting from his placement in the mental health unit at the Pontiac Correctional Center.

He is expected to testify that Mr. Rasho's clinical diagnosis did not warrant placement in the mental health unit in 2006. He is expected to state that he is in agreement that Mr. Rasho's recommendation to be transferred off the unit was appropriate. It is his opinion that Mr. Rasho could be effectively provided mental health care as needed while living on north seg.

He is also expected to testify that Mr. Rasho was not positively responding to the therapy he was provided by his psychologist. He was not responding favorably to the medications that were provided to him. He is also expected to testify that Mr. Rasho's behavior was negatively impacting others who were appropriately placed in the mental health unit.

Dr. Garlick and Dr. Fischer are expected to testify that they met to discuss Mr. Rasho's status and treatment in January of 2005. At that time, both individuals thought that Mr. Rasho should remain in the specialized mental health setting at that time. 5538.

11. Ed Smith

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Dr. Smith will testify regarding the subjects of mental health care and treatment at the Pontiac Correctional Center. He will address his personal experiences at the Pontiac Correctional Center including his position, his role in providing mental health treatment to patients in general as well as the specifics concerning Mr. Rasho. He will discuss the available treatment modalities at the Pontiac Correctional Center. He may be asked to discuss all matters identified in his deposition.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Dr. Smith will testify and provide all opinions elicited in his deposition previously taken herein. He will testify to the facts and statements documented by him in the plaintiff's mental health records. He is expected to testify that Mr. Rasho was provided appropriate mental health care while he was at the Pontiac Correctional Center. He will testify that the care and treatment he provided to Mr. Rasho appears to have been provided when Mr. Rasho was in the mental health unit. According to him, Mr. Rasho's behavior did not improve during the time that he was in the mental health unit. Mr. Rasho specifically indicated that his criminal behaviors against staff members were related to his efforts to achieve a particular goal or purpose at the facility. These purposes included being moved to other facilities, to other rooms, or at other times included requests for access to commissary privileges and/or audio visual

materials that he was currently being denied. Mr. Rasho blamed others for his bad behaviors and took no responsibility for assaults he inflicted upon others. Mr. Rasho would exhibit these behaviors both while on medications and when not on medications. Medications were prescribed for him by the psychiatrists, but were not always taken as Mr. Rasho would refuse to take the medication even though he was encouraged to do so. Mr. Rasho's behavior is not consistent with a person who is engaged in and receiving available mental health care. He did not cooperate with his treatment team to make efforts to improve his behaviors. When he wanted something, he would act out in order to get what he wanted by cutting or assaulting persons usually.

Dr. Smith will testify that Mr. Rasho discussed his current mental health issues. He will testify that Mr. Rasho admitted that he cut on himself out of anger and frustration. Mr. Rasho himself denies that he has a mental illness.

Dr. Smith will testify that Mr. Rasho reported in August of 2004 that he did not want to be dependent on his medication. He will also testify that Mr. Rasho would report on occasion that he had no problems or concerns at times at the facility. At various times, Mr. Rasho reported that he was doing all right or was just fine.

Dr. Smith will also testify that Mr. Rasho reported that he wanted out of the Pontiac Correctional Center. He requested to go to Tamms and indicated to her that he would take matters into his own hands in order to

get a transfer to that facility. He indicated he did not want to go to Dixon or Menard. While in the mental health unit, Mr. Rasho expressed feelings that he would prefer to return to the Tamms Correctional Center even during the timeframe that he was housed in the mental health unit. 5476.

Dr. Smith will testify that Mr. Rasho admitted to him that he was intentionally instigating others when he was angry. Mr. Rasho believed that he was a victim and blamed others for his actions. 5586.

Dr. Smith will testify that Mr. Rasho was able to read and write.

Dr. Smith will testify that Mr. Rasho had no depressive, manic or psychotic symptoms noted in June of 2005. 5629.

Dr. Smith will testify that Mr. Rasho wanted to be transferred out of Pontiac to another facility. 5737.

He will testify that Rasho was not cooperating with the mental health staff to improve his behavior while he was in the MHU at PON. Rasho did not appear to be benefitting clinically from his placement in the MHU.

Smith will testify that he provided appropriate and extensive mental health visits with Mr. Rasho.

Mr. Rasho had access to both scheduled routine mental health care and could see mental health staff any time he so requested.

12. <u>Mark Fischer</u>

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Dr. Fischer will testify regarding the subjects of mental health care and treatment at the Pontiac Correctional Center. He will address his personal experiences at the Pontiac Correctional Center including his position, his role in providing mental health treatment to patients in general as well as the specifics concerning Mr. Rasho. He will discuss the available treatment modalities at the Pontiac Correctional Center. He may be asked to discuss all matters identified in his deposition.

Dr. Fischer will testify regarding his assessment of Mr. Rasho, his role at the Pontiac Correctional Center, his understanding and assessment of Mr. Rasho's mental health issues, his recommendations for care and treatment.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

He is expected to testify that Mr. Rasho was provided appropriate mental health treatment while in north seg. He is expected to testify that he did not recommend that Mr. Rasho be placed back in the mental health unit. He was appropriately provided medications while housed in north seg by him in 2007.

He is also expected to testify that the medications he prescribed were consistent with the medications that were prescribed by Dr. Massa when the patient was in the mental health unit. It is his opinion that these medications were appropriately prescribed for Mr. Rasho.

Dr. Garlick and Dr. Fischer are expected to testify that they met to discuss Mr. Rasho's status and treatment in January of 2005. At that time, both individuals thought that Mr. Rasho should remain in the specialized mental health setting at that time. 5538.

Dr. Fischer will testify that in February of 2005 Mr. Rasho reported to him that he is a cutter and that he enjoys cutting. He will testify that Mr. Rasho admitted to him that he had emotional pain and frustration related to his incarceration. It is Dr. Fischer's opinion that Mr. Rasho does not intend to kill himself when cutting on himself. 5564-5565. Dr. Fischer will testify that Mr. Rasho made several requests to be placed or transferred to the Tamms Correctional Center in February of 2005. 5570. Dr. Fischer is expected to testify that Mr. Rasho had very limited response to treatment in light of his long history of mental health and behavior problems. 5571.

Dr. Fischer also saw Mr. Rasho on May 16, 2005. 5605.

Dr. Fischer will testify that Mr. Rasho refused to come to his office on December 4, 2006. 5821. Dr. Fischer is expected to testify after Mr. Rasho was transferred off the mental health unit, he saw Mr. Rasho as his psychiatrist on January 15, 2007. It is expected that he will testify that Mr. Rasho was doing well. He was not reporting any hallucination. He did not relate any delusional or unrealistic fears. He denied thoughts of hurting himself or others. He will testify that he did not recommend any medications for Mr. Rasho and that he was doing well off of meds at that

time. He will testify that the treatment provided to Mr. Rasho by mental health staff was appropriate and was done to help Mr. Rasho not to harm him.

13. Alton Angus

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Dr. Angus will testify regarding the subjects of mental health care and treatment at the Pontiac Correctional Center. He will address his personal experiences at the Pontiac Correctional Center including his position, his role in providing mental health treatment to patients in general as well as the specifics concerning Mr. Rasho. He will discuss the available treatment modalities at the Pontiac Correctional Center. He may be asked to discuss all matters identified in his deposition.

Dr. Angus will testify regarding his assessment of Mr. Rasho, his role at the Pontiac Correctional Center, his understanding and assessment of Mr. Rasho's mental health issues, his recommendations for care and treatment.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Mr. Angus may be called to testify regarding his encounters with Mr. Rasho. It is expected that he will testify concerning his contacts with Mr. Rasho and that the care and treatment he provided to Mr. Rasho was appropriate. Mr. Rasho reported that he could not hear out of his right ear. 5401. He will testify that the treatment provided to Mr. Rasho by mental

health staff was appropriate and was done to help Mr. Rasho not to harm him.

Mr. Angus will also testify that Mr. Rasho reported to him that he had had problems with his neighbor who he claimed made threats to assault him. Prior to being transferred to the mental health unit, Mr. Rasho was observed to be calm, alert and coherent. He was not depressed or manic and had no psychotic symptoms. Mr. Angus is also expected to testify that when it was recommended that Mr. Rasho be transferred to the Pontiac Correctional Center mental health unit in 2004, he indicated that he did not want to go to the mental health unit and refused to sign the form indicating whether or not he wished to have a hearing regarding whether he should be transferred to the mental health unit or not.

Mr. Angus will testify that Mr. Rasho was placed on crisis watch in early 2004. He documented that Mr. Rasho had attempted to head butt an officer but denied doing so. Mr. Rasho requested to return to the Tamms Correctional Center to obtain mental health treatment at that facility. 5421.

Mr. Angus will testify that Mr. Rasho agreed to be placed in the mental health unit at Pontiac in April of 2004.

He will testify that Mr. Rasho admitted assaulting a nurse in order to get transferred out of the Pontiac Correctional Center. Mr. Angus is expected to testify that Mr. Rasho told him that he would continue to act

out to harm others to force his agenda. Mr. Angus will testify that Mr. Rasho had no signs or symptoms of depression or psychosis. 5519.

Mr. Angus will testify that Mr. Rasho engaged in self injurious behavior for the sole purpose of being moved and without intent to suicide in May of 2005. 5597.

Mr. Angus will testify that Mr. Rasho reported cutting on himself in August of 2005 to get moved over the weekend to a new cell.

14. Dr. identified at page AR5419.

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Mr. Rasho cut on himself with a blade. Mr. Rasho was on medication at the time of this cutting.

15. Keith Frainey, Psy.D.

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Dr. Frainey will testify regarding the subjects of mental health care and treatment at the Pontiac Correctional Center. He will address his personal experiences at the Pontiac Correctional Center including his position, his role in providing mental health treatment to patients in general as well as the specifics concerning Mr. Rasho. He will discuss the available treatment modalities at the Pontiac Correctional Center. He may be asked to discuss all matters identified in his deposition.

Dr. Frainey will testify regarding his assessment of Mr. Rasho, his role at the Pontiac Correctional Center, his understanding and assessment

of Mr. Rasho's mental health issues, his recommendations for care and treatment.

Dr. Frainey may be called to testify that Mr. Rasho reported no hallucinations upon his arrival at the Pontiac Correctional Center. He had no signs of agitation or depression in May of 2004. 5436.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Dr. Frainey may be called to testify that the mental health staff at PON is and was competent to treat Mr. Rasho. He will testify that the treatment provided to Mr. Rasho by mental health staff was appropriate and was done to help Mr. Rasho not to harm him.

16. Dr. Larson

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Mr. Rasho reported feeling hostile and that he was threatening others during this time while in the Pontiac mental health unit Mr. Rasho threatened to cut on himself and was placed in restraints at times for his behaviors to prevent him from harming himself. 5513.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

He may be called to testify regarding his encounters with Mr. Rasho documented in the plaintiff's medical records.

17. Dr. Vade

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Dr. Vade will testify that Mr. Rasho cut on himself while placed in the mental health unit in February of 2005. Dr. Vade is expected to testify that at times it was his belief that Mr. Rasho would benefit from being placed in restraints to prevent him from harming himself or others. 5543.

Dr. Vade will testify that Mr. Rasho cut himself on the forearm on June 11, 2005. 5613.

18. Dr. Arthur Funk

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Dr. Funk may testify that Mr. Rasho cut on himself while placed in the mental health unit in February of 2005. He was placed in the health care unit for observation.

19. Michael Melvin

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Mr. Melvin may be called to testify regarding the subject of Mr. Rasho's placement in the mental health unit and the process by which inmates are placed in and removed from that unit.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Recommendations from psychiatrists at the facility were a consideration when determining whether or not to place an inmate in the MHU and transferring them off. Other factors were also considered. The decision to place or remove Rasho from the MHU was a group decision.

Mr. Melvin may be called to testify that Mr. Rasho's placement in the mental health unit was determined by the placement review board. Mr. Rasho's request to be removed from the unit may have been a relevant factor at that time.

20. Christine Fletcher, M.D., Psychiatrist

(i) *The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705*:

Dr. Fletcher will testify regarding her role as a psychiatrist at the PON. She will discuss her competence to treat patients at PON and Mr. Rasho specifically. She will discuss the efforts of the mental health staff to address Mr. Rasho mental health issues and his behaviors. She will discuss psychiatry in general and specifically as relates to Mr. Rasho. She will testify regarding the appropriateness of the care provided to Mr. Rasho while he was at PON.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Dr. Fletcher may be called to testify that she documented a recommendation to consider transferring Mr. Rasho off of the mental health unit on August 15, 2005. 5663. She notes this transfer off of the unit as part of Mr. Rasho's possible treatment plan. Dr. Fletcher is expected to testify that her diagnosis of Mr. Rasho on September 19, 2005, was antisocial personalty disorder. She recommended discontinuing Mr. Rasho's Buspar and adding Sinequan and Geodon twice a day. 5675. She is expected to testify that her diagnosis of Mr. Rasho was reasonable and

the care and treatment provided for that condition was appropriate. She will testify that she is a competent mental health provider and that the care and treatment provided to Mr. Rasho was appropriate from her and others working at PON. She will testify that :

a. Psychiatrists were not able to move patients from one cell to another on their own;

b. That it is appropriate to consider a patient's effect both positive and negative on others in the MHU when considering whether or not to honor a patient's request to leave the facility;

c. That a patient has the right to refuse mental health care;

d. That a patient has the right to refuse medication generally;

e. That the decision to enforce medications is not taken lightly

f. That Mr. Rasho did not seem to be benefitting clinically from his placement in the MHU; and

g. That her opinions regarding Rasho's clinical status and treatment were consistent with those of Dr. Massa.

21. <u>Aqeel Kahn</u>

(i) *<u>The subject matter on which the witness is expected to present evidence under Federal Rule of Evidence 702, 703, or 705</u>*:

Dr. Kahn had seen Mr. Rasho on April 1, 2006. 5739. He may be called to testify regarding his care and treatment of Mr. Rasho. He is expected to testify that the treatment provided to Mr. Rasho during his

incarceration at the Pontiac Correctional Center was appropriate within the standard of care for all mental health providers. 5740.

(ii) *A summary of the facts and opinions to which the witness is expected to testify*:

Each of the above providers will testify that he or she is a competent mental health provider. That the care and treatment provided to Mr. Rasho was done so in an effort to properly assess and determine his mental health diagnoses and needs. Treatment modalities were recommended based upon the consensus of diagnoses and appropriate treatment at the time based upon personal contacts, observations, review of prior treatment, experience with treatments offered and provided to Mr. Rasho already. All care was provided in an effort to improve Mr. Rasho's mental health and to prevent him from harming himself and others despite his stated willingness and desire to do so.

Each will testify that Rasho as well as all inmates have the right to refuse care and treatment for both mental health and medical treatment. It is not a simple process to force medication and treatments on a patient. Mr. Rasho's requests to refuse care were honored when it was determined that doing so did not place him or others at imminent risk of substantial harm. When it was thought that medication enforcement was necessary, mental health staff appropriately initiated the process to have those specified medications enforced.

All identified witnesses may be called to testify regarding their own entries in Mr. Rasho's medical records and to testify regarding entries of others to the extent those entries formed the basis of the care and treatment provided to Mr. Rasho. Each of the identified witnesses may be called to testify and give opinions consistent with those expressed by each other provider as relates to their care and treatment of Mr. Rasho and others within the IDOC.

Rule 26 (a)(3)

Each of the witnesses identified herein are also identified as trial witnesses in this case.

It is counsel's recollection that Nurse Rollins may have passed away. Obviously, if that is the case, she will not be called to trial. Other mental health and medical staff may be difficult to locate due to the closing of Tamms Correctional Center. Counsel is not placing home addresses in this document for safety and security reasons. To the extent last known addresses are needed by Plaintiff's counsel, that can be provided with the understanding that the information is not to be shared with the Plaintiff himself or placed in any public documents.

Rule 26(a)(3)(A)(iii)
Identification Of Each Document Or Other Exhibit

1. AR3033 – AR3035. Plaintiff's judgment and sentence in Alexander County for his crime of aggravated battery.

2. Counsel intends to use Plaintiff's medical and mental health records as well as his disciplinary history, master file records and incident reports as exhibits in this case. Plaintiff has possession of all of these documents.

MICHAEL F. MASSA, M.D., Defendant

By: /s/ Theresa M. Powell

Theresa M. Powell
IL ARDC #: 6230402
HEYL, ROYSTER, VOELKER & ALLEN
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PROOF OF SERVICE

By agreement of the parties, a copy of the RULE 26(a)(2)(B) AND (C) AND 26(a)(3) PRE-TRIAL DISCLOSURES was served upon the attorneys of record of all parties via email only on this 31st day of January, 2013, addressed to such parties at their email addresses as indicated below:

Alan Mills – alanmills@comcast.net Marc R. Kadish – mkadish@mayerbrown.com Matthew V. Wargin – mwargin@mayerbrown.com William R. Stone – wstone@mayerbrown.com Lee N. Abrams – labrams@mayerbrown.com	Attorneys for Plaintiffs
Heidi Hildebrand – hhildebrand@atg.state.il.us Christopher L. Higgerson – chiggerson@atg.state.il.us	Attorneys for Defendants Elyea, Garlic, Jones, Navarro, and Walker

/s/ Theresa M. Powell
Theresa M. Powell

TMP/cs (R6135)
20519014_1

Washington University in St. Louis
SCHOOL OF MEDICINE

January 31, 2013

Ms. Theresa Powell
Heyl Royster
PNC Bank
1 North Old State Capitol Plaza
Suite 575
Springfield, IL 62701

RE: Ashoor Rasho v. Dr. Michael Massa, et al.
Case No.: 11-CV-1308

Dear Ms. Powell,

At your request I reviewed the care and treatment provided by Dr. Massa to Ashoor Rasho. My opinions stated herein are to a reasonable degree of medical certainty.

i) Statement of all opinions and the basis and reasons for them

a. Mr. Rasho's behavior is and was consistent with Antisocial Personality Disorder (ASP) and substance abuse prior to his incarceration on 9-27-1996.
b. Mr. Rasho committed crimes which lead him to be placed within the IDOC.
c. Mr. Rasho was diagnosed with various mental health disorders; however the predominant and persistent diagnosis has been polysubstance abuse and ASP. These diagnoses have been determined by multiple mental health providers from different mental health disciplines over decades in different settings.
    i. These mental health providers appropriately documented their diagnosis and treatment of Mr. Rasho.
    ii. Mr. Rasho often did not provide accurate information in his testimony about his conditions relating to both his medical and mental health history.
    iii. Mr. Rasho's claim that his illness causes him to refuse is medication is not reliable and is not supported by the mental health documentation.

iv. It is not likely that Mr. Rasho suffered from rabies as a child and that none of his behavior results from rabies encephalitis.

v. Other than Mr. Rasho's statement that he suffered from a gunshot wound, there is no documented medical evidence to support the opinion that Mr. Rasho suffered a brain injury from a gunshot wound to the head as a child. None of his behavior is the result of a gunshot wound to the head.

vi. Mr. Rasho was accurately diagnosed with Antisocial Personality Disorder as early as 1998.

vii. Subsequent diagnoses and treatments provided by Dr. Fisher and others after he left Pontiac MHU were consistent with Dr. Massa's assessements, recommendations and treatment of Mr. Rasho's condition.

viii. Mr. Rasho does not suffer from Borderline Personality Disorder (BPD). BPD and ASP express the same genetic vulnerability to early developmental influences in a gender influence fashion. As such they are often diagnostically co-mingled. The diagnoses share impulsivity, self damaging behavior, irritability, anger, aggression, interpersonal conflict and substance abuse. However, Mr. Rasho does not have the core features of BPD of chronic fear of abandonment, feeling of emptiness and unstable self identity. His history and behavior is entirely consistent with ASP.

ix. Manipulation and secondary gain are persistent and significant components of Mr. Rasho's behaviors. It is typical for him to blame others for his behavior. These behaviors were accurately described by Mr. Rasho's prior treating psychiatrists and mental health providers.

x. Mr. Rasho's history shows that prescribed medications have provided little benefit. This would be expected since there is no convincing pharmacological treatment for ASP. Attempts to determine the etiology of his self mutilation and psychological distress beyond what is clear in the record will be frustrated if an attempt to go beyond what Mr. Rasho says himself in the record as reasons.

xi. In general, the opinions of the prior treating psychiatrists, psychologist and mental health professional were reasonable and based upon the information that they had at the time concerning Mr. Rasho.

xii. It was reasonable for the mental health staff to modify the diagnoses of Mr. Rasho based upon the history he provided and the records they had regarding his behaviors.

xiii. It was reasonable for each provider, including Dr. Massa to review the prior records and either agree with the prior assessment and/or modify their opinions based upon what they observed.

xiv. In my opinion, Mr. Rasho has proper and reasonable diagnoses of polysubstance abuse in remission and Antisocial Personality Disorder.

xv. Mr. Rasho has received multiple tickets for behaviors that he did when frustrated, bored, manipulative, out of meanness or personal gain. He states "I like to hurt people". There is very little to suggest his behavior arose from a depression or psychosis.

d. Mr. Rasho purposely chooses not to take his medicine. His contemporaneous stated reasons are varied but they include his concerns for deportation, side effect, trying to cope without them, "not working" and secondary gain.

e. Mr. Rasho often denies responsibility for his actions whether or not he is on medications.

f. For purposes of this case, Mr. Rasho adopts his attorney's theory of the case that his mental illness causes him to act out when he does not take his medication. This is not consistent with the records.

g. Mr. Rasho is impulsive, assaults staff and mutilates consistent with his diagnosis of ASP.

h. Mr. Rasho has verbally identified many reasons for his behavior including wanting return of his radio, "boredom" , "felt like it" and "moving to a different cell" or a different correctional facility.

i. Mr. Rasho often acts out when he wants to achieve a certain outcome.

j. There is no documentation that Mr. Rasho mutilates at the prompting of hallucination or delusions.

k. The mental health providers very rarely document Mr. Rasho complaining of or responding to hallucination or delusions.

l. There is no documentation that Mr. Rasho mutilates as an attempt at suicide.

m. The mental health providers do not document that Mr. Rasho complains of depression or the desire or wish to die.

n. The mental health providers do not document Mr. Rasho having a thought disorder.

o. Dr. Massa provided treatment to Mr. Rasho at the Pontiac Mental Health Unit from 5-26-06 until 11-4-06. Dr. Massa treated Mr. Rasho on 5-26-06, 7-1-06, 8-3-06, 9-14-06 and 11-4-06. Mr. Rasho refused to see the doctor on 7-29-06 and 10-07-06.

p. Dr. Smith PsyD provided treatment to Mr. Rasho concurrent with Dr. Massa.

q. Drs. Smith and Massa were in substantial agreement diagnostically and therapeutically concerning Mr. Rasho.

r. It was appropriate for Dr. Massa to treat Mr. Rasho with input from his mental health team. During the time Dr. Massa treated Mr. Rasho he "discussed with team", continued previously prescribed medications "to assist with anger" and correctly determined the "key diagnostic focus is Antisocial Personality Disorder".

s. Dr. Massa discontinued Geodon because of Mr. Rasho's medication refusal and out of concern for "hoarding". This was also done by other providers at various times.
t. Dr. Massa's decision to discontinue Mr. Rasho's medications for these reasons was reasonable and within the standard of care.
u. While in the Pontiac MHU Mr. Rasho continued to self mutilate.
    i. Placement outside of the mental health unit is not a cause of Mr. Rasho's self mutilation.
    ii. Placement in the mental health unit is not a cause of Mr. Rasho's self mutilation.
    iii. It is reasonable to assume that Mr. Rasho will self mutilate regardless of where he is housed within the facility as his placement is not the direct cause of his self mutilation.
v. Mr. Rasho had insight and often stated "sorry about that" after mutilating or assaulting staff.
w. Dr. Massa's recommendation to transfer Mr. Rasho off the mental health unit was reasonable and appropriate. He appropriately discussed Mr. Rasho's condition and progress with the treatment team and documented his decision as a consensus of opinion.
x. Dr. Massa's last note from 11-04-06 documented Mr. Rasho is euthymic and without psychosis.
y. Mr. Rasho had cutting incidents when he was at Tamms in the Specialized Treatment Unit.
z. Mr. Rasho's disciplinary infractions began very early on in his tenure within the IDOC which is expected given his personality. It is most probable his personality will be unchanged at the time of his release. He has made comments that he will stab someone with the pen he signs his release paper.
    i. Mr. Rasho's behavior leading to his discipline was not related to any diagnosis or treatment associated with Dr. Massa.
    ii. Mr. Rasho's behavior is consistent before he was at Pontiac, while he was at Pontiac, and after he spent time in Mental Health Unit. Mr. Rasho's behavior was the same before, during and after treatment by Dr. Massa.
    iii. Medication appears to have helped sedate Mr. Rasho on occasion, and may have provided some limited degree of self control. However, there are no FDA approved treatments available for ASP. There is no scientific literature that there is a convincing benefit from medication or a particular type of psychotherapy.
    iv. Mr. Rasho's mental health providers, including Dr. Massa, had no incentive to misdiagnose him with ASP. Given the marked inadequacy of treatments for ASP, in all respects it would have been much easier for Mr. Rasho's mental health providers to treat him as if he had Major depression with psychosis. There is a wide

range of effective, inexpensive and approved treatment for Major Depression with and without psychosis.

aa. The testimony and records of Dr. Smith establish that Mr. Rasho was cognizant of his manipulative behavior.

bb. In general, a correctional facility is not the optimum setting to provide or receive mental health treatment.

cc. Dr. Massa was not in control of the treatment setting assigned to Mr. Rasho. Dr. Massa's recommendation to transfer Mr. Rasho out of the MHU was ultimately determined by others.

dd. It was appropriate and reasonable for Dr. Massa to recommend that Mr. Rasho be transferred out of the MHU.

ee. Mr. Rasho's behavior does not appear to have improved with any clinical significance during the time that he was in the Mental Health Unit. This is consistent with ASP.

ff. Mr. Rasho's behavior, as noted in his records, appears to coincide with his personal desires to either follow the rules or to not follow them depending upon what he is seeking to achieve at the time, consistent with ASP.

gg. Mr. Rasho has engaged in behavior that is harmful to others while on medication and off medication consistent with ASP.

hh. Medication does not prevent Mr. Rasho from assaulting others consistent with ASP.

ii. The treatment provided in the MHU did not prevent Mr. Rasho from assaulting himself consistent with ASP.

jj. Mr. Rasho did not show effort to change his behaviors while in the MHU consistent with ASP.

kk. Mr. Rasho will not improve until or unless he assists his mental health providers by choosing to sincerely cooperate with them and actively participate in efforts made to correct his behaviors.

ll. Mr. Rasho has had periods of time wherein he reported and exhibited few to no mental health issues or behavior issues consistent with ASP.

mm. Mr. Rasho has not consistently cooperated with his mental health providers or assisted them in correcting his behaviors.

nn. Mr. Rasho's periods of calm were not dependent upon whether he was in the MHU consistent with ASP.

oo. Placement in the MHU should not be a way for Mr. Rasho to avoid discipline for his criminal behavior.

pp. Mr. Rasho's mental health status was not clinically improved during the time frames that he was assigned to the Mental Health Unit at Pontiac or the Specialized Treatment Unit at Tamms.

qq. It is not reasonable to recommend that Mr. Rasho be released from prison to improve his mental health status.

rr. Mr. Rasho's waivering personal opinions regarding where he would like to be placed carry little weight or value as it appears from his records that these are based upon secondary gain incentives and are not suggested in

an effort to improve his mental health status. He may not like a specific placement at any given time.

ss. Concerning the issue of damages, there is no evidence to establish that Mr. Rasho has suffered physical or emotional injuries resulting from any actions on the part of Dr. Massa.

tt. Dr. Massa's recommendation to move Mr. Rasho out of the mental health unit was reasonable and within the standard of care.

uu. Dr. Massa's documented care and treatment of Mr. Rasho was appropriate and reasonable.

vv. Mr. Rasho's documented mental health status is not noted to be clinically significantly different during the time he was in MHU as compared to his time in North Seg. It is Mr. Rasho's testimony that his mental issues have improved outside the MHU and in North Seg notably under the care of Dr. Mathews.

ww. Mr. Rasho expresses personal approval of the care and treatment he was receiving from Dr. Mathews, all of which was provided while Mr. Rasho was in the North Seg Unit at Pontiac.

xx. The care and treatment recommendations by Dr. Matthews were also substantially appropriate.

yy. Dr. Massa's recommendation to transfer Mr. Rasho out of the MHU in 2006 did not lead to his immediate transfer.

aaa. The recommendation to transfer Mr. Rasho out of the MHU was not acted upon until months later. Mr. Rasho's behavior prior to his transfer out of the MHU is well documented to include multiple and recurrent episodes of criminal behavior; this behavior continues while in MHU and after the transfer out of MHU.

bbb. Mr. Rasho's behaviors were not caused by any recommendation or negligence of Dr. Massa.

ccc. Dr. Massa's care and treatment of Mr. Rasho met the standard of care for a psychiatrist.

ddd. It was appropriate to weigh the benefits versus the detriment to others concurrently housed with Mr. Rasho in consideration of his placement in the MHU.

eee. The decision to recommend that Mr. Rasho be transferred out of the MHU was appropriately considered.

fff. Mr. Rasho did not benefit from being housed in the MHU.

ggg. Mr. Rasho was documented to be a detriment to the care and treatment of others in the MHU.

hhh. It was appropriate to consider the effect of Mr. Rasho's behavior on the mental health status of others in the MHU when recommending to transfer him to another location.

iii. Mr. Rasho received appropriate mental health access while on North Seg.

jjj. Mr. Rasho's mental health issues were not caused by being incarcerated.

kkk. Mr. Rasho's mental health records document a history of genuine effort to determine medical and mental health issues that are explainable and responsive to treatment.

lll. Mr. Rasho's episodes of poor impulse control and depressive symptoms were present both when on medication and when he did not take his medication.

mmm. It is not reasonable to solely rely on Dr. Silberberg's one time 4 hour assessment of Mr. Rasho as compared to ongoing assessments and documentation of Mr. Rasho's behaviors and comments over the course of 20 years of mental health care.

nnn. There is no basis not to believe Mr. Rasho's documented explanations for his behaviors over that extended period of time.

ooo. Dr. Silberberg offers a diagnosis for Mr. Rasho not contained in the Diagnostic and Statistical Manual of Mental Disorders-IV-TR.

ppp. Dr. Silberberg offers an opinion substantially different from all of Mr. Rasho's prior treatment providers.

qqq. Mr. Rasho's mental illness/condition cannot be affected in a positive manner without Mr. Rasho's cooperation to change his behaviors. Mr. Rasho's conditions are not the type that can be controlled with medication. They are not of the type that can be controlled with regular access to treatment unless there is a consistent commitment on the part of the recipient to drastically change. Any possible benefit from psychotherapy outside of that commitment, will be transit and limited to having somebody to complain to about his situation.

rrr. During the time that Mr. Rasho was in the MHU at Pontiac his behavior was consistent with ASP. Since his actions are not the result of a pervasive mood disorder or psychosis, his actions will vary in accordance to his personality disorder. Therefore his behavior at times will be more appropriate with or without medication, group therapy or psychotherapy. At times he did well, participated in group therapy and took his medications. At other times, while in the MHU, Mr. Rasho assaulted staff, threw his feces, refused his medications for the stated reasons of wanting access to audio/visual, wanting a different cell, or wanting to move to Tamms correctional center or elsewhere.

sss. Providing Mr. Rasho with the housing assignment that he is requesting would not end his episodes of poor impulse control or bad/criminal behaviors. This has not been the response in the record. Most likely, Mr. Rasho will behave poorly when he desires some new privilege or request regardless of psychiatric or mental health intervention.

ttt. Mr. Rasho does not cut on himself in an attempt to kill himself. His cutting behavior is an effort to achieve a secondary goal or out of boredom.

uuu. The conditions of North Seg, from my understanding are not described as being very different from those in the MHU at Pontiac. The differences between the two facilities relates to the scheduled therapy for the patients.

vvv. Mr. Rasho could receive adequate therapy from outside the MHU as demonstrated in part by his acceptance of the therapy he received from Dr. Matthews.

www. It is very doubtful that Mr. Rasho experienced hallucinations due to mental illness as his reports of these fail to be persistently documented whether or not he is on medication.

xxx. Mr. Rasho's positive behaviors are not limited to periods of time while in the MHU or STU.

yyy. Allegations identified in a plaintiff's complaint are not typically relied upon or served as the basis for a psychiatrist to determine proper diagnosis and/or course of treatment for a patient.

zzz. Mr. Rasho's diagnosis and treatment has been consistent across many mental health providers and over many years.

1. Mr. Rasho's behaviors which led to being found guilty in a court of law and additional sentencing while already imprisoned are not related to his removal from MHU.

2. It is not reasonable to assume that every psychiatrist and psychologist who has treated Mr. Rasho during his incarceration within the IDOC is incompetent.

3. There is no evidence to support the position that Dr. Massa had any role in disciplining plaintiff during his incarceration.

4. There is no evidence to support the position that Dr. Massa played a role in the disciplinary process at Pontiac.

5. It is not reasonable or appropriate for a physician to equate Pontiac's disciplinary process to the State of Illinois' criminal prosecution process. It is my understanding disciplinary actions ("tickets") may result in loss of privileges but that length of imprisonment can only occur after criminal due process.

6. There is no evidence in the record to support the position that employees of the IDOC have the ability to increase a sentence imposed by an Illinois court.

7. Mr.Rasho's rare complaints of hallucinations and psychosis are transient and manipulative.

8. Mr. Rasho rarely complains of depression.

9. Mr. Rasho does not exhibit symptoms of dementia or head trauma.

10. Mr. Rasho has a long history of the Axis II psychiatric disorder ASP. This diagnosis is consistent with his vast majority of his mental health treatment providers, including Dr. Massa.

11. There is no evidence that Mr. Rasho survived rabies encephalitis or a traumatic gunshot wound to the head.

12. Personality disorders are genetically driven and early developmentally influenced disorders in temperament and character.
13. Mr. Rasho's personality was developed and expressed before his incarceration.
14. Mr. Rasho's personality was not the result of his incarceration.
15. Personality disorders respond poorly to medications and not at all unless there is a commitment by the individual to change.
16. Mr. Rasho's mental illness is not treatable with psychotropic medication and generally unresponsive to individual or group psychotherapy.
17. Dr. Massa's contacts with Mr. Rasho appear to have been limited to when Mr. Rasho was in the MHU.
18. Mr. Rasho reports doing his best outside the MHU and housed in Nor Seg.
19. The record does not support the position that placement in the MHU of Pontiac would not have prevented Mr. Rasho from receiving disciplinary tickets.
20. Mr. Rasho was disciplined at times while in the MHU.
21. Mr. Rasho was not benefiting from treatment on the MHU.
22. Mr. Rasho's behavior was negatively impacting the other inmates on the MHU.
23. Dr. Burns opinions are incomplete and irrelevant to the treatment provided by Dr. Massa to Mr. Rasho.
24. The treatment provided by Dr. Massa was consistent with that documented by Dr's Kahn, Kowalkowski, Rhodes, Chandra, Fisher, Fletcher and the therapists Stevens, Peppers, Clover, Smith, Garlick, Keith Frainey, W. Evans, Kristin Kwasniewski, Cheryl Couch and Mathews as well as others referenced in Mr. Rasho's medical and mental health records.
25. It is contrary to common sense to believe that all of the mental health providers who have assessed and treated Mr. Rasho over the course of the past 15 years were incompetent and were purposely making efforts to harm Mr. Rasho.
26. Dr. Massa's recommendation to transfer Mr. Rasho off the MHU was supported by that of Christine Fletcher, MD who made a similar recommendation before Dr. Massa.
27. It is appropriate to consider Mr. Rasho's statements when determining a proper diagnosis for him.
28. It is appropriate to rely upon a patient's documented mental health and medical records when assessing a patient's condition.
29. Mr. Rasho's behavior is directly linked to his requests for privileges, prison transfers or manipulations. They are not associated, by him, to desires to commit suicide or psychosis. "States he wants to go back to Tamms and this is the only way that they'll listen", "Admits that he assaulted RN in order to get transferred out of PonCC", "he does say that he is not suicidal and just wants to get out of cell". Mr. Rasho made statements such as: "I'm not psychotic, I know I'm a psychopath", "I got problems but I don't think I have

a mental illness", "he received satisfaction that I have the power to give or take a life", "Offender states that he has been 'bored' and has been 'messing with other'", "I'm a cutter...Mostly I enjoy cutting...Sometimes I get caught up and go too far", "he recently cut himself in order to move cells" are relevant to his diagnosis.
30. I disagree with Dr. Silberberg's generalized opinions that Mr. Rasho's mental health providers are and were incompetent.
31. I disagree with Dr. Silberberg's specific opinions which criticize the recommendations and treatment of Dr. Massa.
32. I disagree with Dr. Silberberg's opinions that Mr. Rasho's mental illness can be effectively treated with psychotropic medication and proper supportive psychotherapies.
33. An in-person evaluation of Mr. Rasho at the present time would not assist me or any mental health provider in assessing Mr. Rasho's clinical status as it existed in 2005 and 2006.
34. A treating mental health provider should review and give weight to a patient's prior history of diagnoses, assessments and treatments when providing a current assessment.
35. Mr. Rasho's willingness to cooperate with Dr. Silberberg for a psychiatric evaluation is consistent with the diagnosis of ASP.
36. Mr. Rasho is capable of understanding that Dr. Silberberg has been hired as an expert to support the claims he has filed against the defendants. It is consistent with the diagnosis of APSD for Mr. Rasho to act in a manner that he believes would be beneficial to him.
37. Mr. Rasho's overall mental health picture is consistent with ASP.
38. Mr. Rasho had access to mental health care while housed in North Seg.
39. Housing Mr. Rasho in the mental health unit would not have improved his mental health status.

ii) **The facts or data considered by the witness in forming his opinions**
Records reviewed which form the basis of my opinions include:
Deposition Transcripts of

i. Ashoor Rasho
ii. Dr. Michael Massa
iii. John Garlick
iv. Wendy Blank
v. Eddie Jones
vi. Ed Smith

Medical and Mental Health Records

1. Plaintiff's Mental Health records from the IDOC from years 1998 through 2012 focusing on those years immediately before and after Dr. Massa treated the patient as well as those records

documenting Mr. Rasho's behaviors while in specialized treatment units within the IDOC

2. All records provided by plaintiff's counsel to their expert Silberberg
3. Plaintiff's expert's report by Dr. Silberberg

All facts relied upon were obtained from review of the above documents.

My opinions are based upon my education, training and experience and expertise as a board certified psychiatrist.

Any exhibits that will be used to summarize or support them

None at this time

Qualifications and publications authored in the previous 10 years

See CV for my qualification and list of publications

List of all other cases in which, during the previous 4 years, the witness testified as an expert at trial or by deposition and

See list of cases attached hereto

A statement of the compensation to be paid for the study and testimony

See attached fee agreement

Sincerely,

Michael R. Jarvis, Ph.D., M.D.
Washington University School of Medicine
Professor and Vice Chairman for Clinical Affairs
Director, Inpatient Psychiatry

Washington University in St. Louis
SCHOOL OF MEDICINE

January 4, 2012

Ms. Theresa Powell
Heyl Royster
PNC Bank
1 North Old State Capitol Plaza
Suite 575
Springfield, IL. 62701

RE: Rasho v. Massa

Dear Ms. Powell:

This will confirm our agreement regarding my providing forensic consulting services with regard to the above-referenced matter. I will charge an hourly rate of $500.00. It is understood and agreed that timely payment for my service and expenses will be solely the responsibility of the attorney, and is in no way contingent upon the outcome of any litigation or settlement.

Forensic services may include an initial consultation, interview or evaluation, interviews with family members or other persons, consultation with counsel, review of records, and report preparation. Travel expenses will be determined on a case by case basis and may be a flat fee or a portal-to-portal hourly charge. Missed appointments will be charged at the hourly rate for the time allotted, unless 48-hour notice of cancellation is given. It is understood and agreed that you will pay all out-of-pocket expenses in connection with this matter, including secretarial service, postage, literature research, photocopying, long-distance telephone calls, messenger services, etc.

It is further understood and agreed that should a decision be made to call me as a witness at any deposition or court proceeding, compensation for my time in giving testimony shall be at the agreed upon hourly rate. Time spent in preparing for testimony shall be billed at the hourly rate specified above. I shall be given 2 weeks' notice of deposition or trial in order to make adequate preparation.

It is further understood and agreed that failure of any other party or counsel in any litigation to pay expenses or witness fees, expert or otherwise, as prescribed by statute, court rule, court order or agreement shall not relieve your obligation to pay my fees and expenses for time spent in testifying or preparing to testify.

I will send you a monthly statement, setting forth the nature of the services rendered since the prior billing, along with a listing of out-of-pocket expenses. In the event that payment is not received when due, you will be assessed interest charges of 1% per month on the unpaid balance. We reserve the right to suspend or terminate our work due to nonpayment. In the event that our work is suspended or terminated as a result of non-payment, you agree that we will not be responsible for your failure to meet legal and government obligations, or for penalties or interest that may be assessed against you resulting from your failure to meet such obligations.

If the foregoing fee basis meets with your approval, please so indicate by signing this letter and returning it to me to the following address. Please keep a copy of this letter for your records.

Mailing address: Washington University School of Medicine
Department of Psychiatry Forensic Service
Campus Box 8134, Suite 15340
660 S. Euclid
St. Louis, MO. 63110

Physical address: Barnes Jewish Hospital
1 Barnes Jewish Hospital Plaza
West Pavilion, Suite 15340
St. Louis, MO. 63110

Telephone: 314-362-1816
Fax: 314-362-7017

Regards,

Michael Jarvis, PhD, MD
Washington University School of Medicine
Professor and Vice Chairman for Clinical Affairs
Director, Inpatient Psychiatry

Agreed to with modifications set forth in my January 26, 2012, letter, attached hereto.

_____

Theresa Powell, Attorney Date

Washington University in St. Louis
SCHOOL OF MEDICINE

January 24, 2013

In the past four years I, Michael R. Jarvis, Ph.D, M.D. have provided sworn expert testimony in the following cases:

1. John Mosier vs. Plus Communications
   Missouri Worker's Compensation
   Injury No: 04-144393
   February 6, 2009
   Evans & Dixon

2. Debbie Bott vs. Dunn Lawn and Land
   Missouri Worker's Compensation
   Injury No: 04-022398
   April 13, 2009
   Simon and Associates

3. Charles Jones v SEMO Cooperative
   Missouri Workers' Compensation
   Injury No: 05-096654
   July 2, 2009
   Andereck, Evans, Milner, Widge & Johnson

4. Richard P Calloway v Findley Industries
   Missouri Worker's Compensation
   Injury No. 06-060077
   July 8, 2009
   Holtkamp, Liese, Schultz & Hilliker

5. Thomas Chaney v. Penske Truck Leasing
   Missouri Worker's Compensation
   Case 03-000503, 04-054201, 04-054193
   July 13, 2009
   Evans & Dixon

6. Benjamin Smith et al vs. St John's Mercy Health System et al
   Circuit Court of St Louis County, Missouri
   Case No 077CC-003755
   August 24, 2009
   Lashley & Baer, Briken & Doyen

7. Constance Anderson vs BJC Healthcare
   Missouri Worker's Compensation
   Case 04-119690, 05-140731, 05-140783
   January 11, 2010
   Holtkamp, Liese, Schultz & Hilliker

8. Lydia Pace vs Jefferson City Country Club
   Missouri Worker's Compensation
   Case 02-118249
   March 5, 2010
   Van Camp Law Firm

9. Delores Harris v Dollar Tree Stores, Inc. et al
   Missouri Worker's Compensation
   Case 03-134987
   April 16, 2010
   Evans & Dixon

10. Leo Carey vs Fretco, Inc
    Missouri Worker's Compensation
    Case No 06-074661
    May 24, 2010
    McAnany, Van Cleave & Phillips

11. Robert Treadway vs. Pemiscot Dunklin Electric Cooperative
    Missouri Worker's Compensation
    Case 08-037253
    June 30, 2010
    Andereck, Evans, Widger, Johnson & Lewis

12. Sandra Moore vs. Missouri Baptist Medical Center
    Missouri's Worker's compensation
    Case 04-148449, 05-071282
    July 27, 2010
    Holtkamp, Liese, Schultz &Hilliker

13. Alima Fajic vs. Bausch & Lomb
    Missouri Worker's Compensation
    Case No. 04-114168
    August 20, 2010
    Lemp & Anthony

14. June A. Davis vs. Missouri Baptist Medical Center
    Missouri Worker's compensation
    Case 08-092892, 08-104278
    Sept 4, 2010
    Holtkamp, Liese, Schultz &Hilliker

15. Steven J. Parrella, deceased vs. Whitney Canada et al
    Circuit Court of Franklin County
    Case 06AB-CC00300
    October 15, 2010
    Gray, Ritter & Graham, P.C.

16. Comas et al v Schaefer et al
    United States District Court, Western District of Missouri, Central Division
    Case 2-10-cv-04085-FJG
    October 26, 2010
    Attorney General of Missouri

17. Gregory Reynolds et. al. vs. Srinivas Chiliakamarri and C. Group/Psychiatric Service
    Circuit Court of the County of St. Louis
    Case No. 08SL-CC03712
    November 15, 2010 / January 28, 2011
    Sandberg, Phoenix & von Gontard

18. James Pippen v. Missouri Highway and Transportation
    Missouri Worker's Compensation
    Case No. 02-187791 & 03-017442
    December 17, 2010
    Missouri Highway and Transportation

19. Steve Janisch v. Barnes-Jewish Hospital
    Missouri Worker' Compensation
    Case 08-067840
    March 16, 2011
    Evans & Dixon

20. John T. Spencer v. John T. Spencer
    Missouri and Illinois Workers Compensation
    Missouri Case 09-085071 and Illinois Case 09-WC-44750
    May 23, 2011
    Evans & Dixon

21. Christopher Bauer vs. L. E. Sauer Machine Company
    Missouri Worker's Compensation
    Case 03-102284
    June 10,2011
    Evans & Dixon

22. Serita James v Casey's General Stores
    Missouri Worker's Compensation
    Injury No: 08-046304
    Sept 16, 2011
    Evans &Dixon

23. Lynda Noel v. ABB Combustion Engineering
    Missouri Worker's Compensation
    Injury No: 97-447116; 98-171249; 00-001674
    November 28, 2011
    Holtkamp, Liese, Schultz, Hilliker

24. Geoffrey Auer et al v. Kendrall Dupree MD et al
    Superior Court of the state of Delaware
    Case K10C-09-023 JTV
    December 7, 2011
    Morris James LLP

25. Gheorghine Ciobaca v. Washington School District
    Missouri Worker's Compensation
    Injury No: 08-065541
    February 1, 2012
    Evans & Dixon

26. Rosetta McLeary v. Barnes-Jewish Hospital St. Peters et al
    Missouri Worker's Compensation
    Injury No: 07-134749, 07-116823
    February 17, 2012
    Evans & Dixon

27. James Passer v. Safeco Insurance Company
    United States District Court, Eastern District of Missouri
    Cause No 4:10-CV-02190 TCM
    February 22, 2012 / February 27, 2012
    Rouse & Cary

28. Clyde Parmer v. Mo DOT and Missouri State Treasurer
    Missouri Worker's Compensation
    Injury No: 03-081200, 04-145385, 05-015570
    April 4, 2012
    Missouri Attorney General

29. Tammy Ellison v. NHC West Plains
    Missouri Worker' compensation
    Case No: WC 7012008017679
    June 7, 2012
    Evans & Dixon

30. Larry Turnbough v. Doe Rue Resources
    Missouri Worker's Compensation
    Injury No:06-047364
    August 20, 2012
    Evans & Dixon

31. David Hodge v. American General Finance
    Missouri Worker's Compensation
    Injury No: 07-113253
    October 26, 2012
    Evans & Dixon

32. Curtis Robinson v. St Louis Bridge Construction
    Missouri Worker's Compensation
    Injury No:02-050413
    December 5, 2018
    Holtkamp, Liese, Schultz & Hilliker

33. E.K. and G.K. v. Berthold Nursing Center, Inc., Dr Syed et al
    Circuit Court of the City of St Louis
    Cause No: 1022-CC00127 and 1022-CC02717
    December 10, 2012
    Husch Blackwell

34. Arnold Johnson vs. The Boeing Company
    Missouri Worker's Compensation
    Case 05-142697, 05-144365
    January 11, 2013
    Evans & Dixon

CURRICULUM VITAE
Michael R. Jarvis, Ph.D., M.D.

DATE:	January 24, 2013
DATE OF BIRTH:	June 16, 1955
CITIZENSHIP:	USA
ADDRESS/TELEPHONE NUMBERS:	Department of Psychiatry Washington University School of Medicine 660 S. Euclid Campus Box 8134 St. Louis, MO 63110 314-362-1816 314-362-7017 (Fax)
PRESENT POSITION:	Vice Chairman of Clinical Affairs, Dept. of Psychiatry Washington University School of Medicine St. Louis, MO
	Professor of Psychiatry Washington University School of Medicine St. Louis, Missouri
	Medical Director of Inpatient Psychiatry Barnes-Jewish Hospital St. Louis, Missouri

EDUCATION:

1977	B.S., University of Minnesota, Minneapolis, Minnesota
1980	M.S., University of Illinois, Urbana, Illinois
1982	Ph.D., University of Illinois, Urbana, Illinois
1985	M.D., Washington University School of Medicine St. Louis, Missouri
1985 – 1989	Residency in Psychiatry Washington University School of Medicine Barnes Hospital, St. Louis, Missouri

Curriculum Vitae
Michael R. Jarvis, Ph.D., M.D.

ACADEMIC POSITIONS/ EMPLOYMENT:

2006	Professor of Psychiatry Department of Psychiatry Washington University School of Medicine St. Louis, MO.
1996 - 2006	Associate Professor of Psychiatry Department of Psychiatry Washington University School of Medicine St. Louis, Missouri
1990 – 1996	Assistant Professor of Psychiatry Department of Psychiatry Washington University School of Medicine St. Louis, Missouri
1989 - 1990	Instructor Department of Psychiatry Washington University School of Medicine St. Louis, Missouri
1989 – 1990	Chief Resident Department of Psychiatry Washington University School of Medicine St. Louis, Missouri
1985 – 1989	Assistant in Psychiatry Department of Psychiatry Washington University School of Medicine St. Louis, Missouri
1983	Summer Research Fellowship Laboratory of Carl F. Pierce, M.D. Washington University School of Medicine St. Louis, Missouri
1978 – 1982	Research Assistant Laboratory of Edward W. Voss, Ph.D. University of Illinois Urbana, Illinois
1976 – 1977	Research Assistant Laboratory of Dennis W. Watson, Ph.D. University of Illinois Urbana, Illinois

Curriculum Vitae
Michael R. Jarvis, Ph.D., M.D.

UNIVERSITY & HOSPITAL APPOINTMENTS AND COMMITTEES

2012	Heath Information Management Committee
2010 -	Meaningful Use Work Team
2010 - 2011	Safety & Quality Council of MEC
2010	Psychiatry & Medicine Ad Hoc Team Meeting
2008 -	Pharmacy and Therapeutics Committee of Barnes Jewish Hospital
2006 -	Vice Chairman of Clinical Affairs, Dept of Psychiatry, Washington University School of Medicine
2006 -	Executive Committee, Dept of Psychiatry, Washington University School of Medicine
2006 -	Director of Electroconvulsive Therapy
2003 - 2008	Medical Staff Performance Improvement Oversight Committee
2002 - 2007	Physician/HIM Process Improvement Team
2002 -	Chair, Health Advisory Committee, Graduate Medical Education Consortium
2001 - 2007	BJ Health Information Management Committee
1993 -	Medical Director of Inpatient Psychiatry, Barnes-Jewish Hospital
1992 -	Psychiatry Residency Education Committee
2002 – 2004	Consultant, Washington University Care Coordination Demonstration Project
2000 – 2002	Care Partners Physician Advisory Committee, Behavioral Health Subgroup
2000 – 2001	BJC Medical Records Committee
1996 – 1998	WUMS Medicare Education Rules Compliance Program Committee
1996 – 2000	Physician Advisory Panel for Barnes-Jewish Hospital Reengineering
1995 – 1998	BJC Medical Cost Management Working Team
1995 – 1997	Barnes-Jewish Electronic Medical Record Development Committee
1995 – 1996	Co-Chair, Barnes-Jewish Utilization Management Committee
1994 – 1996	Patient Care Quality Improvement Committee
1992 – 1995	Chairman, Barnes Hospital Utilization Management Committee
1992 – 1994	Barnes Hospital Quality Improvement Committee and Steering Committee
1992 – 1994	Standing Committee on Hospital Safety
1990 – 1992	Assistant Director of Inpatient Psychiatry, Barnes Hospital
1990 – 1995	Department of Psychiatry Quality Improvement and Utilization Review Committee
1990 – 1995	Emergency Department Committee, Barnes Hospital

MEDICAL LICENSURE AND BOARD CERTIFICATION:

2008	Minnesota Medical License (51375) (Lapsed)
2008	Minnesota Telemedicine License (1289) (expired)
1992	Added Qualification in Geriatric Psychiatry: American Board of Psychiatry and Neurology (expired)
1991	Diplomate: American Board of Psychiatry & Neurology
1988	Missouri Medical License (R8H00)
1986	Diplomate: National Board of Medical Examiners

Curriculum Vitae
Michael R. Jarvis, Ph.D., M.D.

HONORS AND AWARDS:

Excellence in Teaching, Residents Class of 2011
Best Doctor, 2006 - 2012
Guide to America's Top Psychiatrists, 2007
Clinical Teacher of the Year Award, Medical Students Class of 2007
Fellow of the American Psychiatric Association, 2003
Barnes-Jewish Hospital Quality Leadership Award, 1995
Osler Institute Teaching Award, 1995
American Psychiatric Association
Burroughs Wellcome Fellowship, 1987 - 1989
Sidney I. Schwab Prize in Psychiatry, 1985
Washington University Grant, 1982 – 1985
R. Emerson Memorial Grant for Excellence in Undergraduate Teaching Within the School of Life Sciences
University of Illinois – 1981, 1982
United States Public Health Service Trainingship, 1978
University of Illinois Graduate Fellowship, 1977 - 1978
Graduated Summa Cum Laude - University of Minnesota, 1977
Sigma Xi Outstanding Undergraduate Research Award,1977
Minnesota State Scholarship, 1973 – 1977
Tozer Undergraduate Fellowship, 1973 – 1977

PROFESSIONAL SOCIETIES AND ORGANIZATIONS:

1987 -	American Psychiatric Association
1987 -	Eastern Missouri Psychiatric Society
1995 - 1997	Secretary/Treasurer Eastern Missouri Psychiatric Society
1994 - 1998	American College of Physician Executives
1993 - 2003	American Academy of Clinical Psychiatrists
1991 - 1994	Association of Directors of Medical Student Education in Psychiatry
1990 - 2000	American Association for Geriatric Psychiatry

INVITED PROFESSORSHIPS AND LECTURESHIPS:

Rational Suicide
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 2011

Suicide of Psychiatric Inpatients
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 2009

Fundamentals of Psychotherapy: Series Coursemaster
Part 2: Implicit Psychotherapy
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 2009

Disclosure of Adverse Events
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 2007

Alternative Therapies in Treatment of Mental Illness
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 2006

Psychiatric Illness and Violence
"Violence and Mental Illness" United States Attorney's Office –
Issues in Psychiatric Defenses, 2006

Basic Psychopharmacology
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 2005

ECT in a Litigious Society: Medicolegal Principles
Procedures for Psychiatric Disorders:
Improving the Present, Looking to the Future
Washington University School of Medicine, 2005

Psychiatry and Law: Deposition
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 2004

Diagnosis and Treatment of Schizophrenia
8th Annual Defense Counsel Seminar
BJC & Washington University School of Medicine, 2002

Malpractice: Facts, Opinions, Beliefs
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 2002

Electroconvulsive Therapy: Indications and Contraindications:
A Clinical Update
Washington University School of Medicine, 2002

Pharmacologic Treatment of Behavioral Disorders in Adults
With Mental Retardation
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 2000

Opportunities for Improving Patient Care through Social Work
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 1999

...Oh, By the Way, I'm Pregnant, Use of Psychiatric Medication
During Pregnancy
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 1998

Current Psychiatry Quality Improvement Efforts at
Barnes-Jewish Hospital
Missouri Patient Care Review Foundation
Mental Health Topic Development Group, 1996

Predictors of Response & Rapid Cycling in Bipolar Patients,
Eastern Missouri Psychiatric Society, 1995

Physician Role in Elder Abuse
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 1995

Treatment of Depression by Primary Care Physician
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 1993
Medical Student Question Bank:
Annual Conference of Association of Directors of
Medical Student Education in Psychiatry, 1992

Indicators of Psychiatric Hospitalization
Wednesday Research Seminar
Department of Psychiatry
Washington University School of Medicine, 1992

Keeping the Demons at Bay: Maintenance ECT for
Unipolar Depression
Grand Rounds, Department of Psychiatry
Washington University School of Medicine, 1992

CONSULTING RELATIONSHIPS
AND BOARD MEMBERSHIPS

2008	Neuronetics, Philadelphia, Pennsylvania
2007 - 2011	Corizan (formerly: Correctional Medical Services, Inc.) Medical Advisory Board St. Louis, Missouri
1992	Osler Institute, Terre Haute, Indiana

RESEARCH SUPPORT:

Governmental:

Systems of Care for New Moms: Integrating Depression
Treatment (NUMOMS)
National Institute of Mental Health
Fund #R34MH083085-01, 8/08 – 07/11

NIMH Optimization of Electroconvulsive Therapy
Fund #51679, 2/5/01 – 1/31/06

Treatment of Depression in Parkinson's Disease
With Repetitive Transcranial Magnetic Stimulation
(Unfunded, application to FDA for IDE #), 2000

Non-Governmental:
Nitrous Oxide and depression
IRB ID #201204023

Completed Suicide Occurring on the Inpatient Unit
HRPO #09-1414 2009

rTMS Study (03-1111) Fund 942107
A Randomized, Parallel-Group, Sham-Controlled, Multicenter Study to Evaluate the Efficacy and Safety of the Neuronetics Model 2100 CRS 2004 - 2006

Study of Olanzapine plus Fluoxetine in Combination for Treatment-Resistant Depression, Without Psychotic Features
Lilly (Protocol H6P-MC-HDAO) 2002

6-Week, Double-Blind, Randomized Multicenter, Flexible-Dose, Placebo-Controlled Study of Pagoclone in Patients with Generalized Anxiety Disorder
Parke-Davis 2000

Placebo-Controlled Olanzapine Monotherapy in the Treatment of Bipolar I Depression
Lilly 2000

Open-Label Safety Study of Pregabalin (CI-1008) in Patients with Anxiety Disorders
Pfizer (Fund #940869) 1999

A Placebo-Controlled Study of Pregabalin and Paroxetine in Patients with Panic Disorder
Parke-Davis 1999

A Multicenter, Randomized, Double-Blind, Placebo-Controlled Comparison of Paroxetine and Fluoxetine in the Treatment of Major Depressive Disorder, Project Director
SmithKline Beecham Pharmaceuticals 1991

CLINICAL TITLES AND RESPONSIBILITIES:

2006 -	Vice Chairman of Clinical Affairs, Dept of Psychiatry Washington University School of Medicine St. Louis, Missouri
2006 -	Medical Director of Electroconvulsive Therapy Service Barnes-Jewish Hospital St. Louis, Missouri
1993 -	Medical Director of Inpatient Psychiatry Barnes-Jewish Hospital St. Louis, Missouri

1990 -	Attending on Resident Inpatient Service Barnes Hospital St. Louis, Missouri
1990 – 1993	Assistant Director of Inpatient Psychiatry Barnes-Jewish Hospital St. Louis, Missouri
1989 – 1990	Chief Resident Department of Psychiatry Washington University School of Medicine

TEACHING TITLES AND RESPONSIBILITIES:

1990 -	Attending Physician on Resident Inpatient Service Barnes-Jewish Hospital
1990 -	Lecturer Basic Psychopharmacology for Psychiatry Residents Washington University School of Medicine
1990 -	Attending Physician Third Year Medical Student Psychiatry Rotation Washington University School of Medicine
1991 – 1997	Coursemaster Introduction to Clinical Psychiatry Second Year Washington University School of Medicine
1991 - 1993	Lecturer in Advanced Psychopharmacology Washington University School of Medicine

BIBLIOGRAPHY:

PEER REVIEWED PUBLICATIONS:

1. Jarvis MR, Voss EW Jr.: Ligand binding and physicochemical characteristics of an IgMmouse plasmacytoma ABCP-22. Mol. Immunol. 1981; 18:261-175

2. Jarvis MR, Voss EW Jr.: Speculation: consequences of avidity in lymphocyte receptor-multivalent antigen binding in affinity maturation. Mol. Immunol. 1982; 19:525-533

3. Jarvis MR, Voss, EW Jr.: Determination of dissociation constants and ligand specificity of detergent solubilized surface membrane immunoglobulin A from MOPC-315. Mol. Immunol. 1982; 20;124-136

4. Jarvis MR, Wasserman AL, Todd RD: Case study: acute psychosis in a patient with Epstein-Barr virus infection. J. Am. Acad. Child Adolesc. Psychiatry 1990; 29:468-469

5. Figiel GS, Hasten MA, Zorumski CF, Krishnan KRR, Doraiswamy PM, Jarvis MR, Smith DS: ECT induced delirium in depressed patients with Parkinson's disease. J. Neuropsychiatr. Clin. Neurosci. 1991; 3:405-411

6. Mattingly GW, Fiegel GS, Jarvis MR, Zorumski, CF: Prospective uses of ECT in the presence of intracranial tumors. J. Neuropsychiatr. 1991; 3:459-463

7. Jarvis MR, Fiegel GS, Suri RA: Case report: pulmonary embolism and electroconvulsive therapy. Ann. Clin. Psychiatry 1991; 3:329-331

8. Jarvis MR: Clinical pharmacokinetics of tricyclic antidepressant overdose. Psychopharmacology. Bull. 1991; 27:541-550

9. Jarvis MR, Todd RD, Hickok JM, Ackerman KE, Sherman WR: Analysis of *Myo*-Inositol Monophosphatase from Transformed Human Lymphocytes. Lithium 1992; 3:49-54

10. Fiegel GS, Zorumski CF, Doraiswamy PM, Mattingly GW, Jarvis MR: Simultaneous major depression and panic disorder treatment with electroconvulsive therapy. J. Clin. Psychiatry 1992; 53:12-15

11. Fiegel GS, Botteron K, Zorumski CF, Jarvis MR, Doraiswamy PM, Krishnan KRR: The treatment of late onset psychosis with electroconvulsive therapy. Internat. J. Geriatric Psychiatry 1992; 7:183-189

12. Martin M, Figiel GS, Mattingly GW, Zorumski CF, Jarvis MR: ECT-induced interictal delirium in patients with history of a CVA. J. Geriatric Psychiatry and Neurology 1992; 5:149-155

13. Jarvis MR, Smith J, Figiel GS: Case report: Cheyne-Stokes respiration and electroconvulsive therapy. Ann. Clin. Psychiatry 1992; 4:181-183

14. Jarvis MR, Goewert A, Zorumski CF: Novel antidepressants and maintenance electroconvulsive therapy. Ann. Clin. Psychiatry 1992; 4:275-284

15. Figiel GS, DeLeo B, Zorumski CF, Baker K, Goewert A, Jarvis MR, Smith DS, Mattingly G, Ruwitch: Combined use of labetalol and nifedipine in controlling the cardiovascular response from ECT. J. Geriatric Psychiatry and Neurology 1993; 6:20-24

16. Jarvis MR, Zorumski CF, Goewert A, Rasmussen KG: Maintenance electroconvulsive therapy and seizure duration. Convulsive Therapy 1993; 9:8-13

17. Whiteford HA, Jarvis MR, Stedman TJ, Pond S, Csernansky JG: Mianserin-induced up regulation of platelet serotonin receptors on normal human platelets in vivo. Life Science 1993; 53:371-376

18. Rasmussen KG, Zorumski CF, Jarvis MR: Electroconvulsive therapy in patients with cerebral palsy. Convulsive Therapy 1993; 9:205-208

19. Rasmussen KG, Zorumski CF, Jarvis MR: Possible impact of stimulus duration on seizure threshold in ECT. Convulsive Therapy 1994; 10:177-180

20. Rasmussen KG, Jarvis MR, Zorumski CF: Ketamine anesthesia in electroconvulsive therapy. Convulsive Therapy 1996; 12:217-223

21. Rasmussen KG, Jarvis MR, Zorumski CF: Naloxone and ECT seizure length. Convulsive Therapy 1997; 13:44-46

22. Rasmussen KG, Jarvis MR, Zorumski CF, Ruwitch J, Best AM: Low dose atropine in electroconvulsive therapy. J. ECT 1999; 15:213-21

23. Isenberg K, Kormos TC, Downs D, Pierce K, Svrakic D, Garcia K, Jarvis M, North C: Low Frequency rTMS Stimulation of the Right Frontal Cortex is as Effective as High Frequency rTMS Stimulation of the Left Frontal Cortex for Antidepressant-Free, Treatment-Resistant, Depressed Patients. Ann. Clin. Psychiatry, 2005; 17(3): 153- 159

24. Zorumski CF, de Erausquin G, Dokucu M, Svrakic D, Garcia K, Jarvis M: Brain Stimulation & the Treatment of Refractory Psychiatric Disorders. Missouri Medicine, 2008; 105(1): 57-61

INVITED PUBLICATIONS:

1. Jarvis MR: Use of immobilized ligand in the study of solubilized surface membrane immunoglobulin, in The Fluorescein Hapten as a Molecular Probe in Immunology 1984 (edited by Voss EW Jr.); CRC Press, Inc., Boca Raton, Florida

2. Jarvis MR, Voss EW Jr.: Fluorescein in kinetic studies of affinity maturation, in The Fluorescein Hapten as a Molecular Probe in Immunology 1984; (edited by Voss EW Jr.) CRC Press, Inc., Boca Raton, Florida

3. Jarvis, MR: An evolutionary perspective of utilization review, St. Louis Metropolitan Medicine 1994: 16:20-21

LETTERS:

1. Figiel GS, Jarvis MR: Electroconvulsive therapy in a depressed patient receiving Bupropion.. J. Clin. Pharmacol. 1990; 10:376

2. Rasmussen KG, Zorumski CF, Jarvis MR: Cardiac safety of ECT. Anesthesia and Analgesia 1993; 77:1307

3. Lohr WD, Figiel GS, Hudziak JJ, Zorumski CF, Jarvis MR: Maintenance electroconvulsive therapy in schizophrenia. J. Clin. Psychiatry 1994; 55:217-218

4. Rasmussen KG, Zorumski CF, Jarvis MR: Asystole in ECT. J. of Clinical Psychiatry 1994; 55:313-314

PATENT:

Jarvis MR, Fulton DS, The National Aeronautics and Space Administration: Spillage detector for liquid chromatography systems. United States Patent: 4,591,838 May 27, 1986.