Robert M. Galatzer-Levy, M.D., S.C.
122 South Michigan Avenue, Suite 1407
Chicago, Illinois 60603
Telephone 312-922-5077, Facsimile 312-922-5084, E-mail gala@uchicago.edu, www.galatzerlevy.net

May 18, 2007

Re: Linda Shelton, M.D., Ph.D.

To Whom It May Concern:

I am a psychiatrist with over 35 years experience who serves on the faculties of the University of Chicago and the Chicago Institute of Psychoanalysis. I have written extensively in my field (a copy of my *curriculum* vitae is available on request) and have been qualified as an expert witness on numerous occasions by state and federal courts.

Dr. Linda Shelton has been my patient since October 2006. She suffers from post-traumatic stress disorder exacerbated and precipitated by police actions surrounding her being held and then released on March 4-5, 2006. Dr. Shelton is a physically vulnerable woman who suffers from asthma, neurological, and cardiac disorders. The prior history of several episodes of her suffering untreated episodes of asthma with the accompanying terror of feeling like she was suffocating, at the same time that she was physically restrained or attacked, in combination with being forcibly restrained, being denied needed medication while in the process of being released, and then again being forcibly restrained on March 4, 2006, profoundly traumatized her.

As a result she is suffering recurrent episodes known in psychiatry as "flashbacks" where she acts, feels, and believes as if a past traumatic event is recurring in the present, often accompanied by misperceptions of ongoing events. As a result she involuntarily pulls away, resists, and attempts to protect herself by holding up her arms if approached by uniformed individuals (especially large males) during these panicked and confused states. Attempts to restrain her or even talk to her from a short distance worsen the situation. This even may trigger behavior of hiding under a table or running out of the room.

Dr. Shelton's post-traumatic state makes court appearances very difficult as she may experience anxiety and feel extremely threatened during attempts by court personnel to approach her, or if she feels the situation is escalating to the point they may approach her, even if the intent is to assist her. It would help if the court would recognize that soft, calm, and measured responses to her would go far in preventing such episodes, much as the manner one would approach a rape victim. Her standard self-defense mechanism, prior to full blown episodes when she is beginning to feel threatened and doesn't yet recognize her early symptoms, is to become loud and verbally defensive.

With therapy she is learning to recognize the onset of these states, maintain a quiet demeanor, and institute strategies to lessen the intensity of her attacks and maintain awareness of her surroundings when the episodes are triggered. Triggers of these episodes include, but are not exclusively: threatening, loud, and forceful actions by uniformed officers (particularly large

males); restraints particularly when feeling faint or breathless; small hot or crowded rooms or spaces such as elevators, crowded cars or buses, and small windowless interview rooms; discussions about events surrounding traumatic past incidents; attempts to have her describe and discuss these incidents; and circumstances where she feels over-heated and breathless (including asthma attacks, crowds, and hot-flashes).

Post-traumatic-stress disorder is a well recognized psychiatric condition. As it affects her in courtroom situations its symptoms include intense fear, partly based on intrusive thoughts of bad experiences; flashbacks where she may not be fully responsive to others; and physical responses such as light headedness, shaking, unsteadiness, difficulty breathing, and a racing pulse. Others may mistakenly confuse these episodes with hyperventilation, anxiety attacks, or obstinate non-cooperation. These episodes usually abate within 5 to 15 minutes.

When she goes into this altered mental state and appears fearful, confused, out of touch with the situation, or upset, this is best managed by giving her some time either alone or at least undisturbed to recover her equilibrium. Attempts to have court personnel intervene will very likely worsen the episode or precipitate another post-traumatic state. Her requests to be left alone and to have people stay back from her should be honored and regarded as an appropriate accommodation due to her vulnerable psychological state. It would help if uniformed personnel would maintain a quiet and non-threatening demeanor during these episodes, and if the court would simply order a brief recess.

It should not be presumed that she becomes violent during these episodes. I have assessed her to have a minimal potential for violence, due to her physical disabilities, poor balance, and weakness, as well as her innate character and personality.

Sincerely,

Robert M. Galatzer-Levy, M.D.