

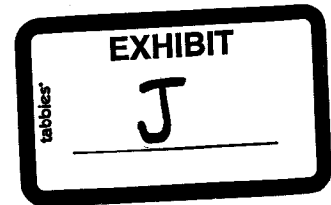


JONATHAN H. WOODCOCK, M.D.

NEUROLOGY ● NEUROPSYCHIATRY ● NEUROLOGICAL REHABILITATION ● NEUROBEHAVIORAL REHABILITATION

July 14, 2011

Wesley Hoyt, Attorney at Law
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RE: Edgar Steele

Dear Mr. Hoyt:

I have had the opportunity to review:

- Transcript of phone call with Cyndi Rino dated 6/13/10
- Report of Shelly Chamber-Fox, Ph.D.
 - First page missing – no date
 - Pages 2/19 – 8/19 (numbers from fax of date 3/18/11) present, with exception of Page 6/19 not transmitting as PDF (insufficient data for image)
 - Attached medication history (3 pages) dated 3/14/11
 - Attached medication calendars from 9/09 and 1 – 6/11.
- Letter of Elaine Ladd, Pharm.D. to Marc Haws, date 2/22/11. 1 page letter plus 2 pages of medication discussion.
- Report of Craig Beaver, Ph.D., Neuropsychologist. Neuropsychological Consultation Summary based on examination from 11/19-20/10. This was 3 pages. The 2nd page did not transmit and was blank.
 - Dr. Beaver concluded Mr. Steele may have been impaired by medications at times.

As I understand your question, you have asked if it is possible that Mr. Steele, at the time of the phone call to his wife on 6/13/10, had a diminished mental capacity, or met the legal definition of insanity, due to:

- medication withdrawal effects
- an acute stress reaction
- the “Stockholm syndrome”.

The facts alleged to have been true concerning this time include:

Mr. Steele had been on medications following several painful surgeries since 11/09, the most recent one nasal / sinus surgery in May 2011. Those medications included metoprolol, zolpidem, ferrous sulfate and narcotic analgesics (Percocet and Vicodin) at the

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time of his arrest on 6/11/11. Those medications were discontinued from his arrest through the time of the phone call on 6/13/11.

Mr. Steele had never been arrested before.

Mr. Steele had been in solitary confinement during those 3 days of incarceration (6/11 – 13/10).

It is certainly possible that Mr. Steele could have been in a state of medication withdrawal on 6/13/10, particularly from narcotic analgesics. The probability and degree of withdrawal would have been related to the amount of narcotic analgesics he had been taking immediately prior to his arrest, and the length of time he had been taking them. The other medications listed above from the June 2010 medication calendar would have been of very low probability to produce any alteration in cognitive or emotional status on withdrawal. Zolpidem does not cause withdrawal, principally due to its very short half-life, although sudden discontinuation may produce rebound insomnia, which itself could have an impact on cognitive and emotional state.

Neurologically active medication withdrawal, including narcotic withdrawal, can produce a number of different effects, including discomfort, agitation, delirium (alteration in orientation and memory), anxiety, depression and hallucinations.

Obviously incarceration, whether expected or unexpected, or whether associated with solitary confinement, can produce an acute stress reaction. This can be associated not only with symptoms of extreme anxiety, but also of disorganization of thinking and alteration in orientation, memory and judgment. Either an acute or chronic stress reaction in a jail or hostage situation can be associated with a psychological reaction which has been characterized as the "Stockholm syndrome". This involves the detainee psychologically identifying with the captor and the position of the captor, supporting their social or political position, and abandoning their own prior positions.

Based upon the information available for review at this time, it is not possible for me to state to a degree of medical probability that Mr. Steele did indeed suffer from a state consistent with insanity, or that he had a state of diminished mental capacity, on June 13, 2010 at the time of the phone call to his wife. It is possible, however, depending of his possible state of medication withdrawal, and his own individual reaction to the stress of his arrest and the charges he faced, that he may have had a state of diminished mental capacity or even conceivably insanity at the time. A careful review of the facts regarding that time period may allow that determination to be made.

Sincerely,

Computer signature/Jonathan H. Woodcock, M.D.

Jonathan H. Woodcock, M.D.

Diplomate in Neurology and Psychiatry, American Board of Psychiatry and Neurology

Certified Member, American Society of Neurorehabilitation

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