STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF HENNEPIN

FOURTH JUDICIAL DISTRICT
Medical Malpractice/Wrongful Death

Court File No. 27-CV-07-1679
Judge John L. Holahan

Mary Weiss, on her own behalf, and as next of kin and Trustee of the estate of Dan Markingson, deceased, Plaintiff, vs. Board of Regents For the University of Minnesota; Dr. Stephen Olson; Dr. Charles Schultz; Institutional Review Board for the University of Minnesota; Astrazeneca Pharmaceuticals LP; Astrazeneca LP; and Zeneca, Inc., Defendants.	**DEFENDANTS DR. STEPHEN OLSON'S AND DR. CHARLES SCHULZ'S AND THE UNIVERSITY OF MINNESOTA PHYSICIANS' DISCLOSURE OF FINDINGS AND OPINIONS OF EXPERT WITNESS RONALD GROAT, M.D.**

It is expected that Ronald Groat, M.D., a medical doctor and psychiatrist duly licensed to practice in the States of Minnesota and Wisconsin, will be called to testify as an expert witness at the time of trial. A copy of his Curriculum Vitae is attached as Exhibit "A" which sets forth information pertaining to his background, education, training, hospital appointments, board certification, licensure, professional affiliations, honor/awards, publications and presentations.

Dr. Groat has reviewed the following documents and case-related materials:

1. Copies of the medical charts and records of Dan Markingson, also known as Daniel Weiss, deceased, from the following healthcare providers:

   a. Fairview University Medical Center;
   b. Minnesota Regional Coroner's Office;
   c. Regions Hospital;
   d. Theodore I Residence/Boston Health Care Systems;
   e. Dr. Victor Amira;
   f. Children's Health of St. Paul;
   g. Group Health/HealthPartners;
   h. Dr. Joseph Gryskiewicz;
   i. University Health Service, Ann Arbor;

j. University of Minnesota, Department of Psychiatry;
k. Dakota County;
l. Eagan Counseling Clinic;
m. Pharmerica;

2. In addition to the medical records, Dr. Groat has reviewed the following materials and information regarding this matter:

a. Deposition transcript of Dr. Stephen Olson;
b. Deposition transcript of Dr. Charles Schulz;
c. Deposition transcript of Mary Weiss;
d. Deposition transcript of Mike Howard;
e. Deposition transcript of Dr. Arlow Andersen;
f. Deposition transcript of David Pettit;
g. Deposition transcript of Stacy Hohler;
h. Deposition transcript of April Arnold;
i. Plaintiff's Expert Disclosures of James I. Hudson, M.D.
j Plaintiff's Expert Disclosure of Harrison G. Pope, M.D.
k. Plaintiff's Expert Disclosure of Dr. Keith A. Horton
l. Plaintiff's Expert Disclosure of Paul Root Wolpe, Ph.D.;
m. E-mails between Dan Markingson to his mother, Mary Weiss;
n. Investigative report of the Office of the Ombudsman; and
o. Report of Department of Health & Human Services sent to Dr. Olson by the Minneapolis Director, W. Charles Becoat on July 22, 2005;
p. Results of the Café Study contained in an article entitled *Efficacy and Tolerability of Olazapine, Quetiapine, and Risperidone and the Treatment of Early Psychosis;* a randomized, double "blind 52" comparison, *AM J Psychiatry* July, 2007, 164: 1050-1060.

Dr. Groat is expected to testify at trial on issues of the standard of care, causation and the nature, extent and duration of Dan Markingson's medical condition. It is anticipated that he will respond to the findings and opinions expressed by all of the plaintiff's medical experts, and in particular, those of Dr. Pope, Dr. Hudson, Dr. Horton and Dr. Wolpe.

Dr. Groat's testimony will be based upon his education, training and experience, as well as his understanding of the medical teachings and practices which pertain to the issues presented in this case. In formulating his findings and opinions, he has reviewed and taken into consideration Mr. Markingson's medical records, and all of the discovery which has been done in this case. All of Dr. Groat's opinions will be stated to a reasonable degree of medical certainty, unless specifically mentioned otherwise.

It is expected that Dr. Groat will explain and discuss the fact that Mr. Markingson did, in fact, meet the criteria necessary to participate in the Café Study, to reside at Theodore I House, to participate in group therapy, and to have individual therapy. He will testify that it was reasonable and appropriate for Mr. Markingson to be placed on a 72-hour-hold on or about November 12, 2003. He will also testify to the fact that the care and treatment rendered to Mr.

Markingson throughout his stay at Fairview University Medical Center from November 12, 2003 through December 8, 2003, was appropriate, reasonable and timely. Lastly, Dr. Groat will testify that the treatment Mr. Markingson received from December 8, 2003 through May 8, 2004, was reasonable, appropriate and satisfied the standard of care.

FACTUAL BACKGROUND

Based upon his review of the medical records and the depositions in this case, Daniel Weiss was born on November 25, 1976. Mary Weiss raised Daniel Weiss as a single parent. Mr. Weiss completed his high school education and graduated from the University of Michigan in 2000, with a B.A. in English. It is believed in the fall of 2000, Daniel Weiss moved to Los Angeles, California to pursue an acting career or a career as a screenplay writer. While residing in Los Angeles, Daniel Weiss changed his name to Dan Markingson. Mr. Markingson worked a series of odd jobs while residing in California, but was able to acquire steady employment as a tour guide for Star Line Tours located in Los Angeles, California.

According to Ms. Weiss, she went to visit her son in California in August 2003. It was during this visit that Ms. Weiss began to believe that her son was mentally ill. During this timeframe, Ms. Weiss sent and exchanged anonymous e-mails with her son wherein there were indications that Mr. Markingson was suffering from a mental illness.

Mr. Markingson agreed to leave California and returned to Minnesota with his mother. During Mr. Markingson's stay in Minnesota, he was seen at HealthPartners for a preventative care visit. Ms. Weiss had contacted HealthPartners and advised them prior to her son's visit that the appointment was due to her concern over her son's memory loss and weight loss. A complete physical examination, along with lab work, was conducted on Mr. Markingson. The lab results indicated that he had an underactive thyroid. After receiving this information, Mr. Markingson left Minnesota and returned to California on or about September 9, 2003. Mr. Markingson's first visit back to Minnesota lasted approximately ten days according to his mother. During that timeframe, he did not see a psychologist, psychiatrist, or any other mental health specialist.

Ms. Weiss returned to California shortly after her son flew back. She then began exchanging e-mails with him anonymously under the name "Michael the Archangel." Through these e-mail exchanges, Ms. Weiss was able to convince her son to once again return to Minnesota. However, Ms. Weiss did not have physical, face-to-face contact with her son while she was in California. Further, no effort was made to have Mr. Markingson seen by a psychologist, psychiatrist or other mental health specialist while he resided in California.

When Mr. Markingson returned to Minnesota, he lived in his mother's home until he was hospitalized on November 12, 2003. According to Ms. Weiss, during this timeframe, Mr. Markingson spoke very little, often ate meals alone, and would spend the majority of his days in his room. According to his mother, he continued to exhibit delusional thought during that timeframe. He would make reference to the fact that he was the "chosen one" and that he would be called upon to kill people, and that it was possible his mother would be one of them. Further,

Mr. Markingson left his mother's home on at least one occasion for a drinking binge at a nearby hotel.

On November 12, 2003, Ms. Weiss contacted the police department regarding her son's behavior. According to the ambulance report from Regions Hospital, Mr. Markingson had a recent history of delusions and had been threatening his mother. Initially, he appeared verbally aggressive and indicated that he was unwilling to go to the hospital. However, they were able to transport Mr. Markingson to Regions in a calm, non-aggressive manner.

On November 12, 2003, Mr. Markingson was admitted to the emergency room at Regions Hospital, and was seen by Dr. Darren Manthey and Dr. Bradley Hernandez. The information Ms. Weiss provided was that Mr. Markingson was of the belief that there was a big event which about to occur that was satanic in nature wherein he would be asked by a secret organization to kill certain individuals. He was admitted to the psychiatric floor.

Barbara Bullimer, a health officer through Dakota County wrote a hold order for Mr. Markingson stating that she had reason to believe he was mentally ill.

At Regions Hospital, on November 12, 2003, Mr. Markingson had a psychiatric assessment by Dr. Bradley Hernandez. Dr. Hernandez's notes indicate that Mr. Markingson had been brought into the facility by an ambulance after his family called Dakota County Crisis and the police, because he had made threats about slitting his mother's throat. Dr. Hernandez stated that Mr. Markingson was paranoid, delusional, grandiose, and had made threats to harm others. Dr. Hernandez signed a 72-hour-hold for the patient stating that in his opinion, Mr. Markingson was mentally ill, chemically dependent, and in danger of causing injury to himself or others if not immediately detained. Due to a lack of beds and a stated family preference, Mr. Markingson was transferred to Fairview Riverside Hospital on November 12, 2003.

Mr. Markingson was admitted to the psychiatric ward of Fairview University Medical Center. He was admitted by Dr. John Darling, a resident, as supervised by Dr. Stephen Olson. A history from the patient was taken and an exam conducted. It was noted that the patient's thought process was coherent and linear. However, his thought content was positive for delusions, paranoia, and ideas of reference. Further, his insight and judgment were found to be impaired by a significant delusional framework. The impression at that time was that the patient had a recent onset of multiple delusions and psychotic symptoms. The diagnosis at that time was psychosis and mood disorder, and to rule out bipolar affective disorder with psychosis and schizophrenia. It was noted that the patient was admitted on a 72-hour-hold.

On November 13, 2003, Mr. Markingson was seen by Dr. Olson. Dr. Olson's note reflects the fact that he met with Ms. Weiss and obtained detailed historical information about his patient. He also met with Mr. Markingson who, during this assessment, acknowledged having some strange beliefs which he knew were false, but which he attributed to sleep deprivation. Dr. Olson's diagnosis was Axis I. Psychosis NOS. His differential diagnosis includes paranoid schizophrenia, schizoaffective disorder, and bipolar disorder with manic psychosis. Dr. Olson described that Mr. Markingson had an extended period of deterioration and elaborate, disorganized and fragmentary delusional thinking suggestive of paranoid schizophrenia.

However, Dr. Olson could not rule out a bi-polar disorder given the grandiosity, recent sleep deprivation, and increased self-esteem exhibited by the patient. Mr. Markingson was prescribed Risperdal and was to have a further workup. The patient is noted as indicating that he would decline any medication at that time.

Dakota County did a pre-petition screening of Mr. Markingson on or about November 14, 2003. A personal interview was conducted with Mr. Markingson and with his Fairview University Medical Center staff. During his interview, it was noted that Mr. Markingson was felt to not have the capacity to make decisions regarding neuroleptic medication. However, treatment with neuroleptic medication was being recommended. Mr. Markingson indicated that he did not want to consent to accept prescribed neuroleptic medication. The Dakota County case workers were considering filing a Jarvis petition on this matter. During his interview, Mr. Markingson indicated a willingness to be a voluntary patient and to follow the doctor's recommendations. It was determined however, that the petition for commitment should proceed because of the nature of Mr. Markingson's bizarre beliefs and his failure to acknowledge a mental illness as the cause of these beliefs. Commitment was recommended.

Dr. Olson filled out an examiner's statement in support of the petition for commitment of Mr. Markingson. Dr. Olson noted that the patient did not have a psychiatric history or a treatment history for psychiatric problems. Mr. Markingson, however, did lack insight into his current problems according to Dr. Olson. Dr. Olson noted his diagnostic impressions and conclusions to be that the patient had a psychosis NOS, and to consider paranoid schizophrenia versus psychotic mania versus psychosis due to a medical condition. Dr. Olson felt that Mr. Markingson was at a high risk for acting on his delusions due to their persecutory and grandiose nature, and his lack of insight. Inpatient hospitalization, evaluation, and treatment with anti-psychotic medication were all recommended by Dr. Olson. It was also recommended that Mr. Markingson be committed to a treatment facility.

Over the course of the evening from November 13 to November 14, 2003, Mr. Markingson agreed to take the anti-psychotic medication Risperdal.

On November 17, 2003, a Dakota County Judge issued an Order to Confine, to Transport for Examination, Hearing, Appointment of Attorney, Examiner and Notice. That petition was brought by Kathryn Knight for judicial commitment of Dan Markingson as a mentally ill person. The judge ordered that Fairview University Medical Center was to retain Mr. Markingson in their custody for observation, evaluation, diagnosis, emergency treatment, care and confinement, and to prepare a physician's statement for a probable cause hearing.

A neuropsychological evaluation was performed by Erin Holker, Ph.D., LP, at Fairview University Medical Center on or about November 18, 2003. A history and exam of Mr. Markingson was completed during this evaluation. Further, various testing was done to determine Mr. Markingson's intellectual functioning level as well as any cognitive difficulty. Those tests showed that Mr. Markingson's overall intellectual functioning was in the superior range. Further, no cognitive difficulties were noted which could potentially interfere with his ability to actively participate in his own treatment. Dr. Holker's note indicated that Mr. Markingson had been taking the prescribed amount of Risperdal during the period he had been

hospitalized, and he acknowledged to her his willingness to continue to utilize that medication and to participate in his hospitalization.

On or about November 19, 2003, Mr. Markingson was evaluated by James Jacobson, Ph.D. Dr. Jacobson was appointed by the Dakota County Court to examine Mr. Markingson regarding his pending commitment hearing. Dr. Jacobson determined that Mr. Markingson was in fact mentally ill. His Axis I diagnosis was psychosis, NOS; to rule out mood disorder, NOS; and to rule out bipolar disorder with psychosis versus rule out schizophrenia. Dr. Jacobson did not recommend a Jarvis hearing because Mr. Markingson was being compliant with his medication. It was recommended by Dr. Jacobson that Mr. Markingson be committed, or a stay of commitment be put into place for him.

On November 20, 2003, Judge Robert F. Carolan of the District Court of Dakota County, signed a Findings of Fact, Conclusions of Law, and Order for Stay of Commitment regarding Mr. Markingson. The judge found Mr. Markingson to be mentally ill and in need of treatment. Pursuant to this order, Mr. Markingson's commitment was stayed for a period of six months, so long as he followed certain conditions. The conditions of Mr. Markingson's stay of commitment were as follows: (a) that he remain hospitalized, cooperative with the treatment plan at Fairview University Medical Center until medically discharged and follow all of the aftercare recommendations of the treatment team; (b) that Mr. Markingson participate in and satisfactorily complete the inpatient/outpatient treatment program and aftercare recommendations as determined by his social worker; (c) that Mr. Markingson cooperate with the treatment plan and follow up with the rules of any living facility as arranged by his social worker; (d) that he consent to admission or re-admission to a hospital or other appropriate facility as determined by his social worker in the event of a relapse; (e) that he take drugs or medications only as prescribed, and abstain from the use of any non-prescribed drugs or alcohol; (f) that he see a psychiatrist and/or therapist as frequently as recommended; (g) that he engage in no behavior which is threatening or injurious to self or others; (h) that he participate in any recommended day treatment program or community services; (i) that he participate in family therapy if recommended; (j) that he sign releases of information authorizing his social worker and the various service providers to exchange information; and (k) that he cooperate with his social worker as determined. If Mr. Markingson's social worker felt that he violated any of these orders from the court, it was possible that he could seek to have Mr. Markingson's stay of commitment lifted and have Mr. Markingson actually committed.

On November 21, 2003, Mr. Markingson signed a consent form to be a participant in the Café Study. During Mr. Markingson's hospitalization on November 19, Dr. Olson had discussed with him his potential participation in the Café Study. The Café Study was a study of the efficacy and tolerability of olanzapine, quetiapine, and risperidone in the treatment of first episode psychosis; a randomized double-blind 52 week comparison. Dr. Olson had discussed Mr. Markingson's potential participation in the study prior to his stay of commitment. Later, the same information was discussed with Ms. Weiss. Dr. Olson believed that they both were interested and receptive to Mr. Markingson's participation in the study. David Pettit, Mr. Markingson's Dakota County social worker also reviewed the information about the Café Study on November 26, 2003. Mr. Pettit agreed that Mr. Markingson could participate in the study.

On November 21, 2003, Mr. Markingson signed the adult informed consent form to participate in the Café Study. This document was not signed until Mr. Markingson participated in an evaluation to sign a consent form. This evaluation was done by Jeanne Kenney, the Café study coordinator, and Elizabeth Lemke was the witness. Mr. Markingson completed this evaluation in a satisfactory manner which indicated that he did have the capacity to provide consent for his participation in the study.

Prior to Mr. Markingson signing the consent form, he was provided with a copy of the adult consent form. This consent form was read to him verbatim. Mr. Markingson thereafter had the opportunity to ask any questions or raise any concerns he had about his participation in the study. Mr. Markingson signed the document on November 21, 2003, and his signature was witnessed by Dr. Olson and Ms. Kenney.

During the course of his hospitalization, it was learned that Mr. Markingson would not be welcomed back into his mother's home. His mother indicated that she would be unwilling to let him stay in her home because she felt that Mr. Markingson only wanted to be a resident of her home if he was allowed to stay in his room all of the time and if he was allowed to drink heavily. She stated that she was not going to allow this to occur. As such, it was determined by Mr. Pettit, Mr. Markingson's social worker, that he would need to be placed in a transitional home, as agreed to by his treatment team at Fairview University Medical Center.

On December 3, 2003, Mr. Markingson indicated that he had seen a Rule 36 Home and was hoping that he would be transported there to live after his discharge. At this time, Dr. Olson noted that Mr. Markingson continued to be guarded about his psychotic symptoms, but there was no evidence that his psychosis was influencing his behavior. Dr. Olson noted that his insight was superficial, but improved, and his thought content revealed no overt abnormalities. A discussion was held as to whether Mr. Markingson still wanted to be a participant in the Café Study and he acknowledged his desire to be a participant. Even though Mr. Markingson had signed a consent form to participate in the Café Study on November 21, 2003, as of December 3, 2003, he had not started taking the study medication. Instead, he remained on Risperdal. He did not begin taking the medication associated with the Café Study until December 5, 2003.

On December 8, 2003, Mr. Markingson was discharged from Fairview University Medical Center. Dr. Olson did a progress note and a discharge summary for Mr. Markingson on that date. The discharge diagnosis was psychosis NOS, probable schizophrenia, and questionable history of alcohol abuse versus dependence. The patient was noted as having mild hypothyroidism and was utilizing Synthroid. Dr. Olson stated that Mr. Markingson appeared to have relationship issues with his mother. Dr. Olson deferred to Ms. Weiss as the primary historian regarding Mr. Markingson's mental health history. According to the information Dr. Olson received from Ms. Weiss, she had indicated that he had at least a six month, and probably a two year long history of progressively increasing paranoid ideation and delusional thinking. The patient had denied any depression, racing thoughts, grandiose beliefs, special powers, anxiety, or a need to be in the hospital at the time of discharge.

The discharge plan was that Mr. Markingson was to keep any and all appointments with Fairview Medical Center's Clinic and the Café Study. He was also to keep any and all outpatient

appointments with Dr. Olson. He was instructed to call Eagan Counseling Clinic for an intake appointment for individual therapy. It was noted that Mr. Markingson's therapy intake appointment was made with Bill Anderson for December 11, 2003. Mr. Markingson was to abstain from the use of alcohol or drugs not prescribed by his physicians. He was to take any and all medications that were prescribed. He was to follow his crisis plan and call his doctor or 911 if at any point in time he felt as though he were unsafe or if he was having thoughts of harming himself or others. Mr. Markingson acknowledged his understanding of and agreement with the plan by signing off on the agreement.

Mr. Markingson became a resident of Theodore I House located in West St. Paul, Minnesota. This was a Rule 36 facility owned and operated by Boston Health Care Systems. They provided 24 hour, 7 day a week staff members on duty. Mr. Markingson remained a resident of this facility until the time of his death. David Pettit, Mr. Markingson's social workers, referred Mr. Markingson to this facility as a location he believed to be suitable for his needs and ongoing transition outside of the hospital.

As a part of Mr. Markingson's post-hospitalization care and treatment, he was to be involved in a day treatment program. According to the medical records, Ms. Weiss was insistent upon the fact that Mr. Markingson be seen at the Eagan Counseling Clinic Day Treatment Program. However, it was the preference of his case manager that he be seen at the Fairview University Medical Center Day Treatment Program. Ultimately, Mr. Markingson himself decided to attend the Fairview University Medical Center Day Treatment Program. In addition, Ms. Weiss wanted Mr. Markingson to have a second opinion on his ongoing mental illness. Throughout the medical records, Ms. Weiss repeatedly made a requests to have Mr. Markingson see a different psychiatrist for a second opinion. Each time Mr. Markingson was asked about whether or not he wants to have a second opinion, he replied that he did not, and wanted to continue his care with Dr. Olson.

On December 11, 2003, Mr. Markingson had his first visit for the Café Study. During this visit, there were a variety of assessments. After testing and assessing the patient, Dr. Olson believed that Mr. Markingson was concealing his delusional thoughts. He also diagnosed Mr. Markingson as having schizophrenia. The Theodore I House staff was told that Mr. Markingson should increase his Café Study medications to two pills twice daily. His Risperdal was decreased to 2 mg. QHS. The Theodore I House staff on December 14th, was to increase Mr. Markingson's Café Study medication to 2 QAM and 3 QHS. They were also noted that at that point, his Risperdal should be decreased to 1 mg. QHS.

On December 11, 2003, Mr. Markingson was seen at the Eagan Counseling Center. Mr. Markingson was seen by Dr. A. W. Andersen as a part of his ongoing post-hospitalization care. During this visit, Dr. Andersen performed an initial out-patient evaluation and created a treatment plan for Mr. Markingson. All of the information Dr. Andersen received about Mr. Markingson's current mental health condition as of December 11, 2003, and past mental health problems came from Mr. Markingson himself, despite having met with Mr. Markingson's mother previously. Mr. Markingson described the fact that his first psychotic delusional and paranoid ideas occurred while he was living in California. He told Dr. Andersen that it was his belief that ads on television and in magazines were referring to him. He described the fact that

his symptoms worsened to the point that he was not able to fight them off, but did not believe that anyone in California realized his psychosis. His ongoing mental health issues resulted in a decrease in his sleep and appetite. He described the fact that his delusions became more frequent and persistent. He ultimately gave notice at his tour job and came back to Minnesota to live with his mother in October 2003. Dr. Andersen noted that Mr. Markingson was suffering from severe impairment in his occupational and educational functioning. There was also a severe impairment noted in his family functioning, interpersonal functioning, and social functioning. He was noted to be paranoid, his attitude was guarded, and he was suspicious. Dr. Andersen's principal diagnosis was delusional disorder, rule out paranoid-type schizophrenia, and to rule out a psychotic disorder due to a thyroid condition. Dr. Andersen's treatment recommendations were individual adult and group psychotherapy. Dr. Andersen informed Mr. Markingson that he had a serious and persistent long-term mental illness which would require extensive ongoing care and treatment.

Mr. Markingson's second visit as a part of the Café Study occurred on December 19, 2003. Once again, various testing and assessments were conducted. Dr. Olson believed that Mr. Markingson was adjusting to his new life at the Theodore I House, and that he had been seeing an individual therapist. His Café Study medication was increased to 3 QAM and 4 QHS. He was discontinued from his use of Risperdal. Dr. Olson's assessment of the patient was that he continued to have poor insight into his mental illness and that he was diagnosed as being a schizophrenic.

On December 23, 2003, Mr. Markingson began his day treatment at Fairview University Medical Center. It was noted that his appearance and effect were both appropriate. He reported having a history of delusions and paranoia, though at that time his mood was assessed to be normal and his thought form was logical and coherent. Mr. Markingson indicated that he was motivated to learn more about his illness and work toward acceptance. It was noted that Mr. Markingson had not reported suicidal ideation at the time of his intake assessment nor in the past. It was noted that his discharge goals were to obtain a part time job, to continue with one-on-one therapy, and to become more independent.

On January 12, 2004, Mr. Markingson had his second individual therapy visit with Dr. Arlow Andersen. Dr. Andersen's assessment indicated that Mr. Markingson's sensorium was clear, and that he was able to distinguish between reality and fantasy. Mr. Markingson reported that he was enjoying living in the group home, and was looking forward to starting his day treatment program at Fairview University Medical Center. Dr. Andersen did not see any evidence of paranoid delusions, but indicated that there may still be some present. Dr. Andersen's assessment was that Mr. Markingson seemed more accepting of his serious and persistent mental illness and his current situation in life. His risk to self was determined to be low to moderate with no plan of suicide. Overall, he was noted as having good insight and judgment regarding his illness.

In addition to Mr. Markingson's individual therapy with Dr. Andersen, he also had other ongoing care and treatment in January 2004. He had a total of three Café Study visits. During that time, he underwent assessments to determine the status of his mental illness and to gauge his psychiatric stability. On January 14, 2004, Mr. Markingson began seeking care and treatment

through the Fairview University Medical Center Adult Day Treatment Program. He was seen three times a week and was involved in individual and group therapy. Finally, throughout the course of January 2004, Mr. Markingson was a resident at Theodore I House. He was monitored 24 hours a day, 7 days a week by the staff. The staff interacted with him, made notes on their interactions, and monitored his overall physical and mental health.

On or about January 23, 2004, the staff at the Theodore I residence became concerned about whether or not Mr. Markingson may have been cheeking and/or palming his Café Study medication. In an effort to end that potential behavior, the staff put into place strict guidelines as to how medications were to be distributed to Mr. Markingson. The medication had to be taken in a cup and could not be poured into his hand. He had to take a sip of water and swallow the medication. Then he was to engage the staff in a brief conversation or to remain in their presence for a short period of time. The concern about whether or not Mr. Markingson was taking his medications appeared to be resolved by the additional steps the staff had taken. According to staff members, they continued to utilize these parameters for how Mr. Markingson was allowed to take his medication up through the time of his death. However, no additional concerns were noted related to medication compliance by the Theodore I staff nor any of Mr. Markingson's healthcare providers after January 2004.

Mr. Markingson was again seen by Dr. Arlow Andersen at the Eagan Counseling Clinic on February 16, 2004. Mr. Markingson reported that he was adapting to life in the group home and had found some friends in other residents. His sensorium was assessed to be clear and he was able to make conversation, but Dr. Andersen noted that Mr. Markingson was not easily able to direct conversation himself. Instead, he just responded to questions he was being asked, but appeared to do so in an appropriate manner. Dr. Andersen's assessment at their visit was that Mr. Markingson was coping well with his symptoms. He was to continue in day treatment and to continue to take his medications per his doctor's orders. Dr. Andersen's assessment of Mr. Markingson's risk to himself was "absent." Dr. Andersen found that Mr. Markingson had good insight and judgment, but his mood appeared slightly depressed, and that his affect was somewhat flat.

On or about February 19, 2004, Mr. Markingson's case manager, David Pettit, had contact with Ms. Weiss. Ms. Weiss indicated that she had concerns about Mr. Markingson's plan to return to California after his commitment. Ms. Weiss reported to Mr. Pettit that she thought Mr. Markingson was doing poorly and that he was hiding his symptoms. Mr. Pettit's impression was that Mr. Markingson was doing well, but he called the Theodore I House staff to find out their assessment of Mr. Markingson. The Theodore I House staff reported to Mr. Pettit that Mr. Markingson was doing well. They also advised him that they had had some suspicion and concern about whether or not he may have been cheeking and/or palming his medications, but that strict monitoring was in place and had appeared to resolve that issue. The Theodore I House staff reported not observing any current symptoms and found Mr. Markingson to be very cooperative. The Theo House staff had received training on mental illness, but were not licensed mental health practitioners.

During the month of February, Mr. Markingson had one Café Study visit. On that visit, his mental and physical health were assessed and monitored as usual. Throughout the course of

February, Mr. Markingson continued at the Fairview University Medical Center adult day treatment program where he participated in group therapy and individual therapy.

In March 2004, Mr. Markingson continued with all of the previously outlined care and treatment. He continued to reside at Theodore I House, continued to participate in a day treatment program, followed up with the Café Study visits, and was seen by Dr. Arlow Andersen. Mr. Markingson reported to both his individual therapist in day treatment, as well as Dr. Andersen that he was interested in moving back to California when his stay of commitment was lifted. However, when he spoke to Dr. Andersen, Mr. Markingson reported that he had been in contact with a friend who was residing in California, and realized that he was not prepared to return to California. He advised Dr. Andersen that he had decided to hold off on pursuing a move back to California until the summer or fall. Instead, Mr. Markingson's plan was to remain in the area, find a job, and save money so that he could return. Dr. Andersen's assessment of Mr. Markingson was that he was showing slightly more disorganization in his thought and speech pattern of speech. Dr. Andersen's note from his March 29, 2004 visit with Mr. Markingson was that his assessment of suicide potential was "low with plan." However, Dr. Andersen explained in his deposition that that was a typographical error and it should read "low without plan." Mr. Markingson's mood and affect were noted as being depressed and anxious/restricted.

It was also noted that in March 2004, Mr. Markingson was advised by his Dakota County Case Manager, David Pettit, that his name had come up on the Bridges' list. Bridges is a housing subsidy program which would have allowed Mr. Markingson to acquire his own apartment. Initially, Mr. Markingson advised Mr. Pettit that he was not interested in staying in the Minneapolis/St. Paul area, and wanted to return to California. However, as of March 30, 2004, Mr. Markingson indicated that he would agree to look at the Bridges' program instead of returning to California. This communication with Mr. Pettit is similar to the communication Mr. Markingson had with Dr. Andersen.

During Mr. Markingson's March 31, 2004 visit, he reported to Dr. Olson and his staff that he had come up on the Bridges' waiting list, and indicated that he was interested in moving into his own residence in the metro area. Mr. Markingson denied having any active symptoms. However, it was noted that he did come across as being guarded. No side effects from the Café Study medications were noted. Mr. Markingson's Café Study medications were increased to 4 capsules twice a day. It was noted that his compliance overall was very good.

Throughout April 2004, Mr. Markingson continued to follow through with all of his recommended outpatient mental health treatment. Ms. Weiss continued to express concerns about her son's progress and plans to return to California after the end of his stay of commitment. As a result of Ms. Weiss's ongoing concerns about the wellbeing of Mr. Markingson, a meeting was held on April 9, 2004.

The April 9, 2004 meeting was attended by Mr. Markingson, Dr. Olson, Jeanne Kenney, Ms. Weiss, and Mr. Pettit. During this meeting, it was discussed as to whether or not Mr. Markingson should move into his own apartment. Dr. Olson thought that it would be a good time for Mr. Markingson to try living on his own while he was still on a stay of commitment. Mr. Markingson indicated during this meeting that he was interested in the possibility of living

on his own, but wanted some time to think about that. He was going to advise Mr. Pettit on the Monday following the meeting as to his decision. Ms. Weiss was apparently not in favor of Mr. Markingson living on his own. She had concerns about his ability to manage money, and that he would isolate himself and not look for work. During this meeting, Ms. Weiss shared with Mr. Markingson that she had been receiving his bills from a variety of companies, and had received a letter from the storage company in California where he had placed all of his personal belongings before returning to Minnesota indicating that if he did not pay the outstanding balance, all of his personal effects would be auctioned off. Ms. Weiss had previously not shared with Mr. Markingson the information about the threat of auction by the storage company. Mr. Markingson also learned during this meeting that his mother had returned to California and collected some of his personal belongings from the storage facility. Mr. Markingson expressed anger with his mother about this and that she had retained some of his letters without at least telling him about that information.

During the April 9, 2004 meeting, there was a discussion about whether or not Mr. Markingson's stay of commitment should be extended. Mr. Pettit had concerns about Mr. Markingson's plan to return to California, in terms of his ability to support himself financially, as well as his ability to obtain the appropriate care and treatment for his mental illness. As a result, Mr. Pettit thought an extension of the stay of commitment would be appropriate. Dr. Olson indicated that he too would support an extension of Mr. Markingson's stay of commitment. Mr. Markingson indicated that he was agreeable to an extension of the stay of commitment.

Jeanne Kenney wrote a late entry progress note on April 15, 2004 following the April 9, 2004 meeting. Ms. Kenney's note indicates that the purpose of the meeting was to receive input on the patient's readiness and appropriateness for independent living. Ms. Weiss is noted as having indicated that she did not believe that Mr. Markingson was prepared to live on his own because of his inability to take care of his personal finances. Further, Ms. Weiss stated that in her opinion, the medication that Mr. Markingson was taking as a part of the Café Study was not working. Dr. Olson addressed his concerns to the patient and to everyone present that Mr. Markingson lacked insight and judgment regarding his mental illness. Dr. Olson explained that this was one of Mr. Markingson's symptoms of his mental illness. Dr. Olson also reported to the group that Mr. Markingson's ADLs had declined, and that he often presented at both his Café visits and in day treatment as being guarded, and indicating that he had no concerns or worries. Dr. Olson also stated that if there was a desire on the part of Mr. Markingson to receive a second opinion, that was always an option, and he encouraged Mr. Markingson to do so. Dr. Olson acknowledged that Ms. Weiss was very adamant in her request to have a second opinion, and encouraged Mr. Markingson to seek a second opinion if that is what he wanted. Once again, Ms. Kenney's notes reflected the fact that an extension of the stay of commitment was something that Dr. Olson, Mr. Pettit and others at the meeting agreed it would be an appropriate plan for Mr. Markingson.

Mr. Markingson's last visit with Dr. Andersen of the Eagan Counseling Clinic occurred on April 26, 2004. Mr. Markingson reported that he was about to complete his day treatment program, and was looking forward to finding a job, as well as his own apartment. He also advised Dr. Andersen that his stay of commitment would be extended and that he did not have a problem with that as he realized he needed to work on himself before he could move back to

California. Nevertheless, a return to California was his long-term goal. Dr. Andersen's assessment of the patient at the time of this visit was not changed from his prior March 2004 assessment. Further, Dr. Andersen noted Mr. Markingson's risk to himself was "absent."

On April 27, 2004, Dr. Olson wrote a letter to David Pettit recommending an extension of Mr. Markingson's stay of commitment. Dr. Olson's letter indicated that Mr. Markingson had remained in treatment and had been generally compliant with the conditions of his stay of commitment. The concern, as indicated in the letter, was that Mr. Markingson had an intention of returning to California permanently when his stay of commitment expired. Dr. Olson felt that Mr. Markingson lacked insight into his mental illness, and was unlikely to voluntarily seek appropriate treatment if his condition worsened according to Dr. Olson. Dr. Olson's letter went on to state that he shared Ms. Weiss's concern that Mr. Markingson would potentially place himself at risk of harm if he were to terminate his treatment or leave the state in his current condition. Further, Dr. Olson was of the opinion that Mr. Markingson's delusional thinking would increase and dominate his behavior as it did prior to his hospitalization if he was not receiving appropriate care. Dr. Olson stated that an extension of the stay of commitment would permit more definitive intervention should his condition worsen, and ultimately reduce Mr. Markingson's risk of inpatient readmission.

Mr. Markingson attended his last Café Study visit on April 28, 2004. Various assessments and testing of Mr. Markingson were done by Dr. Olson at that visit. He presented in a somewhat more disheveled manner with his hair looking unkempt, and wearing a jacket on a hot day. The assessments done of Mr. Markingson showed that he was not exhibiting signs of depression. He was also noted to be 100% compliant with his medication use.

The records indicate that on or about May 4, 2004, Mr. Pettit began to undertake the steps necessary to extend Mr. Markingson's stay of commitment. He had contact with both the county attorney and the district court. Mr. Pettit reported to the court that Mr. Markingson continued to be guarded and minimized his problems. He also indicated that his plans, if released from his stay of commitment, were vague and risky and did not include consideration of caring for his mental illness. He also stated that dismissal of the stay of commitment was not recommended at that time. The extension for the stay of commitment was set to be heard by the court on or about May 13, 2004.

Mr. Markingson's last day in the adult mental health day treatment program at Fairview University Medical Center was May 4, 2004. The referral to day treatment had come from both Dr. Olson and Mr. Pettit. The Day Program's staff assessment of Mr. Markingson was that during his stay in day treatment, he consistently presented as stable and denied any psychotic symptoms. He did acknowledge past delusional thoughts, and recognized they were bizarre in both nature and content. When he presented to day treatment, he had negative schizophrenic symptoms which included affective flattening and social withdrawal. He was noted as having excellent attendance and in agreement to be discharged.

Also, on May 5, 2004, Ms. Weiss contacted Mr. Pettit and informed him that she was going to seek to become appointed Mr. Markingson's conservator in the near future. Mr. Pettit met with Mr. Markingson later in the day to take him to the CDA office to apply for Bridges. A

voucher for that program was given to Mr. Markingson, along with an explanation of the program. He was given until August to find a place to live. At that point in time, Mr. Markingson was told by Mr. Pettit that his mother was seeking to be appointed his conservator. Mr. Markingson told Mr. Pettit that he did not want that to occur. In an effort to assist Mr. Markingson in fighting his mother becoming appointed a conservator, Mr. Pettit contacted Southern Legal Services to see if they could assist Mr. Markingson in defending himself against his mother's conservatorship.

In the late night hours of May 7 or the early morning hours of May 8, 2004, Mr. Markingson committed suicide at the Theodore I residence. The autopsy report of the Minnesota Regional Coroner's Office indicated that there were gaping incised wounds of the neck extending from the tragus of each ear across the centerline of the body. These incised wounds were associated with multiple hesitation marks at the ends, and incision of the thyroid cartilage in multiple areas. The incisions exposed the thyroid gland, which was partially cut, and the external and internal jugular veins were cut as well. There were also multiple incised wounds of the skin of the left anterior thorax, extending from the mid-line to the left anterior axillary line in the 7th-8th intercostal space. These wounds were also associated with hesitation incisions at the edges and superiorly. Mr. Markingson had placed his left hand inside of this wound, which separated the intercostal muscles and exposed the abdominal cavity and the left pleural cavity. The left hemidiaphragm was incised, and the left lung was completely collapsed. There were also incisions noted on the anterior and lateral pericardial sac, but the heart itself was intact and not incised. The cause of death was noted as sharp force injury to neck and chest.

It is presumed by Minnesota Regional Coroner's Office that Mr. Markingson utilized a box cutter and/or utility knife to commit suicide. He also left a note on a stand in his bedroom, which stated "I left this experience smiling!" A toxicology finding indicated that the only drug screen that was positive was for caffeine. Dr. Lindsay Thomas's report of June 4, 2004, indicated that there were no other drugs in Mr. Markingson's blood/drug screen. There was no presence of Seroquel noted. However, it is unclear what the scope of the sensitivity and assay used by the Coroner's Office was in conducting the blood screen, and whether a test for Seroquel was specifically done.

Mr. Markingson was residing at Theodore I residence when he committed suicide. A night staff person was on duty and had been cleaning the house when he saw Mr. Markingson go into a lower level bathroom. Reportedly, Mr. Markingson was in the bathroom for approximately one hour with the water running. The staff member heard the water turn off, but Mr. Markingson failed to emerge from the bathroom. When the staff member entered the bathroom, he found Mr. Markingson lifeless. The staff member called his immediate supervisor, who then directed him to call 911. The St. Paul Police arrived at the scene and assumed control of the investigation into the death.

A report was submitted by Boston Health Care Systems to the Office of the Ombudsman at the Department of Health & Human Services. This report provided information regarding Mr. Markingson's suicide.

In addition, Dr. Olson filed a Serious Adverse Event Report with Astrazeneca, the Café Study sponsor, as well as the Institutional Review Board at the University of Minnesota. Therein, he indicated Mr. Markingson was invested in his treatment plan, cooperative with all of his treatments, and followed guidelines of his stayed order of commitment. During the last visit with Mr. Markingson, which occurred on April 28, 2004, he denied all positive symptoms for depression, paranoia, delusional thinking and/or hallucinations. Dr. Olson stated that Mr. Markingson's presentation on April 28, 2004, was consistent throughout the majority of his involvement in the Café Study. Another consistency with regard to Mr. Markingson's participation in the Study was his guardedness and his minimal insight into his serious and persistent mental illness. Dr. Olson did note that Mr. Markingson's ADLs had deteriorated over the last few months, and often looked more disheveled, and was wearing the same or similar clothing as prior visits. At the time of Mr. Markingson's death, he was reportedly compliant with his Café Study medication and was currently taking four Study tablets twice a day equaling a total of 8 pills.

On or about June 17, 2005, the office of the Ombudsman for Mental Health and Mental Retardation issued its report on its investigation into Mr. Markingson's death. The investigation was summarized by Jill Zillhardt, RN, a medical review coordinator. Dr. Olson and his Café Study staff cooperated with the Office of the Ombudsman's investigation into this matter. Further, Mr. Markingson's other care providers also provided all information requested by the Office of the Ombudsman. The case was ultimately closed on April 8, 2005, and only recommendations were given to all of the care providers. The Office of the Ombudsman did not recommend further investigation, nor has any entity involved in Mr. Markingson's care and treatment received any official citation or warning. Instead, the office of the Ombudsman simply issued a statement with some of its thoughts about how Mr. Markingson's death could be learned from in providing optimal care to future patients and noted some cautionary concerns.

Dr. Groat also reviewed the report of W. Charles Becoat the director of the Minneapolis District of the Department of Health and Human Services dated July 22, 2005. An investigation was done by Sharon L. Matson, and investigator with the FDA from January 3, 2005, through January 26, 2005. The heart of the investigation according to Dr. Groat was to surmise whether or not the Café Study had been run appropriately and whether Mr. Markingson had been rendered appropriate care and treatment.

An additional aspect of the Study by the FDA and the Department of Health and Human Services was whether or not Mr. Markingson was kept in the Study despite deterioration. The investigator looked at the PANSS reporting as well as conducting interviews with several of Mr. Markingson's care providers. The conclusion of the study was that Mr. Markingson did not show signs of deterioration and was not improperly maintained in the Study. Dr. Groat also finds this to be a reasonable and appropriate conclusion.

The final aspect of the FDA and Department of Health and Human Services' study was whether or not the clinical investigators were guilty of misconduct and that the University of Minnesota was shielding their staff. The report found that there was absolutely no evidence of violation of protocol or regulations governing the clinical investigators or IRB's. The overall assessment of the FDA and the Department of Health and Human Services was that the standard

of care provided to Mr. Markingson by Dr. Olson, Jeanne Kenney, Dr. Schulz, the University of Minnesota, the Institutional Review Board and Astrazeneca Pharmaceuticals was reasonable and appropriate care and treatment to Mr. Markingson, and that the provided care that was within the accepted parameters of medical practice. The report concludes that Dr. Olson, Dr. Schulz, the Institutional Review Board, the University of Minnesota and Astrazeneca Pharmaceuticals did not cause or contribute to Mr. Markingson's death.

OPINIONS ON THE STANDARD OF CARE AND CAUSATION

It is anticipated that Dr. Groat will explain and discuss his opinion Dr. Olson's role as the principal investigator in charge of the overall Café Study, the study physician in charge of the Café Study, and his role as Mr. Markingson's treating physician, were not necessarily conflicting. Dr. Groat will opine that these roles are separate, and cautionary concerns need to be maintained because they can be conflicting. It is his opinion steps was undertaken to ensure that the patient's safety was safeguarded and clarity of the roles was maintained. Throughout the course of his care and treatment of Mr. Markingson, Dr. Olson provided him with competent and ethical care. Further, in his role as a study physician, he provided equally competent and ethical care to Mr. Markingson.

In the opinion of Dr. Groat, Mr. Markingson was appropriately admitted to Fairview University Medical Center on a 72-hour-hold. Dr. Olson did an appropriate intake and assessment of the patient.

When Mr. Markingson was originally admitted to Fairview University Medical Center, he indicated that he would be unwilling to take any neuroleptic medication for his mental illness. The wishes of Mr. Markingson at that point in time, were respected. This was an appropriate course of action by Dr. Olson as Mr. Markingson's psychiatrist. Risperdal was only administered after Mr. Markingson voluntarily agreed to take the medication.

Further, Dr. Olson has testified, and the medical records reflect, the fact that Dr. Olson was considering pursuing a Jarvis hearing with the assistance of the Dakota County case managers working on Mr. Markingson's case. A Jarvis hearing would be necessary to prescribe and administer neuroleptic medication to a person who will not consent, but needed such medication. Mr. Markingson's mental health had deteriorated to such a point prior to his admission at Fairview University Medical Center, that he initially refused neuroleptic medication and treatment. Thus, it is anticipated that Dr. Groat will opine that taking steps to acquire a Jarvis hearing was a reasonable and appropriate care for Dr. Olson to initially pursue on behalf of Mr. Markingson.

On or about November 14, 2003, Dr. Olson filled out an examiner's statement in support of a petition being filed for Mr. Markingson's commitment. At that time, Dr. Olson had diagnosed Mr. Markingson with psychosis NOS, and to consider paranoid schizophrenia versus psychotic mania versus psychosis due to a medical condition. Mr. Markingson was not taking any neuroleptic medication and Dr. Olson assessed him at being high risk for acting on his delusions. Further, Dr. Olson believed that Mr. Markingson lacked insight into his mental illness. Dr. Olson's recommendation was for inpatient hospitalization, evaluation and the use of

antipsychotic medication. Based upon his training, experience and knowledge it is Dr. Groat's opinion that the examiner's statement filled out by Dr. Olson was reasonable and appropriate. It accurately reflected Mr. Markingson's mental illness as well as the ongoing working diagnoses and concerns of Dr. Olson.

On the same day that Dr. Olson filled out his examiner's statement in support of the petition of Dan Markingson for commitment it was learned, Mr. Markingson had provided verbal consent to take neuroleptic medication. He took a dose on the evening of November 13, 2003. Prescribing Risperdal to Mr. Markingson, given his mental illness was reasonable and appropriate, and in the opinion of Dr. Groat, satisfied the standard of care. Further, Mr. Markingson's verbal consent to take this medication was also reasonable and appropriate.

Mr. Markingson continued to utilize Risperdal throughout his hospitalization at Fairview University Medical Center, and for a short period of time post discharge. Dr. Olson first approached Mr. Markingson and his mother about his potential participation in the Café Study on or about November 18, 2003. At that point in time, Mr. Markingson had been utilizing Risperdal without difficulty and apparently with the desired results. At that point in time, Mr. Markingson was given materials to review and indicated an initial interest in the Study. It is Dr. Groat's opinion that it was reasonable, appropriate and in accordance with accepted standards of medical care for Dr. Olson to discuss the Café Study with Mr. Markingson. Mr. Markingson had been utilizing the prescribed neuroleptic medication for five days and appeared competent to understand the information about the Café Study and to make decisions on his own behalf, as he had relative to the rest of his care. Further, this was a patient with an exceptionally high level of intelligence who was without cognitive difficulties and had an improving psychotic condition. He was able to read and understand materials presented to him about the Study.

It was learned on or about November 19, 2003 that Mr. Markingson would not be committed, but instead, a stay of commitment would be recommended. Ultimately, on November 20 this recommendation was adopted by the court. Prior to issuing its Findings of Fact, Conclusions of Law and Order for State Commitment, the court had Mr. Markingson examined by a physician of its choosing, James Jacobson, Ph.D. Dr. Jacobson noted that Mr. Markingson was fully oriented and that his thinking was logical and goal directed. He also did not appear to be having any delusions, but did admit to having had peculiar thoughts in the past. A stay of commitment was recommended by Dr. Jacobson.

It is anticipated that Dr. Groat will opine that from the time Mr. Markingson began taking Risperdal, he began to show improvement in his mental health condition. Further, Dr. Groat will opine that neuropsychological testing had been performed upon Mr. Markingson while he was in the hospital which did not indicate any cognitive problems for Mr. Markingson. Although there were some issues with him processing slowly, this in no way impaired significantly his cognition. Therefore, Dr. Groat will opine that after having taken the Risperdal for 6-8 days while in the hospital, Mr. Markingson's mental condition had improved and he was competent to make decisions on his own behalf regarding neuroleptic medication and treatment.

Under the court-ordered stay of commitment, Mr. Markingson was found to be mentally ill and in need of treatment. His commitment was stayed for six months so long as he followed

the terms of his stay which included remaining hospitalized and cooperating with the treatment plan of Fairview University Medical Center until medically discharged, and thereafter he was to follow all aftercare recommendations of the treatment team. He was also to enter, participate and satisfactorily complete the inpatient/outpatient treatment program and aftercare recommendations as determined by his Dakota County case manager. Further, he was to follow and cooperate with the treatment plan and follow all of the rules of any living facility arranged by his Dakota County case manager. Finally, Mr. Markingson was to take his medications as prescribed.

According to Dr. Groat, this was a voluntar y adult patient who was never actually committed. Based upon his experience as a psychiatrist, Dr. Groat will testify that under the terms of the stay of commitment, Mr. Markingson's social worker/Dakota County case manager, was the individual charged with overseeing Mr. Markingson's ongoing aftercare and helping Mr. Markingson determine what was in his personal best interests.

On November 21, 2003, Mr. Markingson signed the adult consent form to participate in the Café Study. Prior to signing that form, Mr. Markingson underwent an evaluation to assure he understood his participation in the study and that at any point he could withdraw. He also apparently understood that the medications were randomly assigned and that it involved a double-blind study. He knew of potential side effects of the use of the medication, and also understood the requirements of participation in the study. The evaluation of Mr. Markingson was completed by Jeanne Kenney and Elizabeth Lemke.

The adult consent form set forth information about alternative care and treatment, the types of medication that were being tested in the study, as well as the purpose of the study, amongst other things. This consent form was read to Mr. Markingson to ensure that all areas were fully discussed. He was given an opportunity to ask any and all questions he had about the study. Mr. Markingson signed the informed consent in the presence of Jeanne Kenney and Dr. Stephen Olson.

It is anticipated that Dr. Groat will testify that Mr. Markingson was able to give informed consent on November 20, 2003. Mr. Markingson had been taking Risperdal for over eight days at that point in time. All of the indications in the medical records show that his symptoms were stabilizing and improving. Further, testing indicated Mr. Markingson was an exceptionally bright individual without any significant cognitive problems. Dr. Olson and his staff undertook safeguards to ensure that Mr. Markingson was in a position to give viable informed consent. In the opinion of Dr. Groat, Mr. Markingson did give valid informed consent, and the manner in which that consent was obtained from Mr. Markingson was reasonable, appropriate and in accordance with accepted standards of medical care for psychiatry.

According to Dr. Groat, as a psychiatrist, it is often required that medications be prescribed to patients who have significant mental health disorders. Further, these are the same patients who can and may actively participate in creating their treatment plans despite their significant mental health issues and disabilities. Most patients are able to give informed consent to take medication and to participate in prescribed treatment. Mr. Markingson was in a similar position to such patients. Despite having a significant mental illness he did not have a condition

that rendered him incompetent or unable to participate in the process of approving the clinical recommendations of his treating professionals.

Dr. Groat is expected to testify that Dr. Olson did appropriately diagnose Mr. Markingson as having schizophrenia. Dr. Groat will point out in his testimony that approximately 80% of patients with schizophrenia only get somewhat better with treatment. Throughout the medical records, there are indications that Ms. Weiss wanted her son to return to his old self and was feeling upset and frustrated that the medication and/or the treatment was not providing that effect. Dr. Groat will provide his opinion that it is an unusual occurrence that a patient returns to their pre-mental illness self after they are diagnosed with schizophrenia. In the case of Mr. Markingson, the use of the medication and the variety of treatments that he was undergoing, all seemed to improve his condition. However, Dr. Groat is expected to testify that Mr. Markingson would be unlikely to return to his pre-illness self. His medication and treatment appeared to help stabilize his condition, but he was continuing to have problems which included a lack of insight and difficulty accepting his mental illness.

Based upon Dr. Groat's review of the Café Study information, he is of the opinion that it was reasonable and appropriate care and treatment for Dr. Olson to recommend Mr. Markingson participate in the Café Study. Further, he will opine that it was in accordance with accepted standards of medical care for Dr. Olson to recommend the Café Study as an appropriate treatment option. Dr. Groat also believed that by participating in the Café Study, Mr. Markingson was more likely then not receiving more intervention, more monitoring, and more treatment options than if he would have been placed in a treatment plan with a private mental health practitioner. If Mr. Markingson had received care from a private mental health practitioner, he would have most likely only been seen by his psychiatrist once every four to six weeks. In the Café Study, Mr. Markingson was seen by Dr. Olson, the Café Study staff on a regular basis. He was also receiving individual psychiatric care with Dr. Arlow Andersen, was a participant in day treatment three times a week, and was a resident at a Rule 36 facility with 24 hour a day staff care. In the opinion of Dr. Groat, this is above and beyond the type of intervention, monitoring and support that the vast majority of patients receive for similar mental health disorders. Dr. Groat will opine that the recommendation of Dr. Olson that Mr. Markingson participate in the Café Study, was reasonable, appropriate and in accordance with accepted standards of care for psychiatry.

Dr. Groat will also point out that the Café Study did not involve a placebo. In the opinion of Dr. Groat, if the Café Study had involved a placebo, it would have been riskier for Mr. Markingson to have even been considered for the study. However, the Café Study involved three FDA approved medications: olanzapine, quetiapine, and risperidone. Any one of these medications could have been appropriately prescribed for Mr. Markingson had he not been a participant in the Café Study. Therefore, in the opinion of Dr. Groat, it was reasonable, appropriate and satisfied the standard of care for Mr. Markingson to participate in the Café Study.

Dr. Groat will also opine that Mr. Markingson did not appear to be significantly deteriorating over the course of the time that he was involved in the Café Study and a resident of the Theodore I residence. There did appear to be some question of depression and deterioration

of personal grooming on the part of Mr. Markingson, but this was of questionable significance. His psychotic episodes were apparently stabilized and he reporting that he no longer experienced active hallucinations nor delusions. Thus, Dr. Groat will opine that there was no clear warning signs which would have led anyone to believe that Mr. Markingson was significantly deteriorating and considering taking his own life.

If, at any point in time, Mr. Pettit felt that Mr. Markingson's participation in the Café Study was inappropriate or inadequate, he could have had him removed from the study. Mr. Pettit provided testimony which indicated that he had reviewed the information about the Café Study, and also had an opportunity to discuss the Café Study with Dr. Olson. Mr. Pettit is a veteran case manager with extensive experience in dealing with schizophrenic patients. Based upon his review of the Café Study, he opined that Mr. Markingson was receiving appropriate care if he wanted to be a participant of the Café Study. However, according to Mr. Pettit's testimony, he thought that the care and treatment offered by the Café Study, along with the day treatment program, the individual therapy with Dr. Arlow Andersen, and the stay at Theodore I residence, all reasonably and appropriately provided reasonable care for Mr. Markingson.

It is anticipated that Dr. Groat will testify that none of the care and treatment rendered to Mr. Markingson by Dr. Olson as his primary care psychiatrist or as the principal investigator of the Café Study, caused or contributed to Mr. Markingson's death. All of the care that Mr. Markingson received from Dr. Olson, was reasonable, appropriate, and in accordance with accepted standards of medical care. Dr. Groat will also testify that Mr. Markingson's participation in the Café Study did not in any way cause or contribute to Mr. Markingson's suicide. Further, Jeanne Kenney and other employees of the University of Minnesota provided reasonable and appropriate care to Mr. Markingson that was in accordance with accepted standards of medical care. In the opinion of Dr. Groat, nothing that Jeanne Kenney did, nor any other staff member from the University of Minnesota, caused or contributed to Mr. Markingson's death.

As a part of Dr. Groat's review of this case, he also looked at the June 17, 2005 report authored by the Office of the Ombudsman for Mental Health and Mental Retardation. Dr. Groat will testify that the communication style utilized by all the providers involved in Mr. Markingson's care and treatment did not violate the standard of care, nor did it cause or contribute to Mr. Markingson's suicide. Instead, the Office of the Ombudsman simply cautioned the persons involved that they should be certain, if there is concern over a patient's condition, that they communicate that information to any and all other care providers. As Dr. Olson and Dr. Andersen have testified, they did not have a reason to believe that there was a concern over Mr. Markingson's condition, and therefore, it was not incumbent upon them to contact one another.

According to Dr. Groat, the level of screening and monitoring Mr. Markingson had for his medication taking, was above and beyond what he would have received if he had not been admitted to the Theodore I residence. Dr. Groat will opine that generally when a person is discharged from a hospital and they return to their own home, they may have home health care come and distribute medication. These individuals come to the home and set out a pill box with the medication in it. They return a few days later to ensure that the pill box is empty, and that is

the only monitoring done of most patients. Usually persons at home are simply responsible for taking their own medication. However, in this case, Mr. Markingson was living at the Theodore I residence. His medications were being distributed by individuals who had been trained on how to distribute medication, how to record distribution of medication, and how to watch for individuals who may be cheeking or palming their medication. When it was suspected that Mr. Markingson may have been cheeking or palming his medication, additional monitoring steps were put into place to ensure that that behavior came to an end. Thus, Dr. Groat will opine that the manner in which Mr. Markingson's medications were distributed, was reasonable, appropriate and in accordance with accepted standards of medical practice. Further, the distribution of medication to Mr. Markingson did not cause or contribute to his death.

It is anticipated that Dr. Groat will testify that a blood screening to discern whether or not Mr. Markingson was taking his medication was not clinically indicated in this case. Dr. Groat is of the opinion that even if a psychiatrist suspects a patient is cheeking or palming medication, it is unusual that a psychiatrist would obtain a blood test. Dr. Olson's decision to not do a blood screen of Mr. Markingson to discern whether or not he was taking his medication, was reasonable, appropriate and in accordance with accepted standards of medical practice. Further, it did not cause or contribute to Mr. Markingson's death.

Dr. Groat also reviewed the e-mails exchanged between Mr. Markingson and his mother, Mary Weiss, prior to his hospitalization in the fall of 2003. Dr. Groat believes that Ms. Weiss was a lay person attempting to do whatever she could to find care and treatment for her son. However, Dr. Groat will testify that by engaging in this e-mail exchange, Ms. Weiss became a participant in Mr. Markingson's delusions. In fact, these e-mails solidified for Mr. Markingson that his beliefs were valid and may have caused his delusional state to become more firm. In the opinion of Dr. Groat, Ms. Weiss was playing a very dangerous game when she entered into this e-mail exchange. He does understand that she was doing what she thought was necessary for the best interests of her son, nevertheless, it may have been a contributing factor to Mr. Markingson's mental illness and his inability to gain insight.

It is also anticipated that Dr. Groat will testify that there were no inappropriate outside influences which necessarily affected Dr. Olson's ability to make sound decisions about the care and treatment he rendered to Mr. Markingson. Dr. Groat will testify that it appears that Dr. Olson and, his group UMP and the University of Minnesota were reimbursed for reasonable expenses related to the care and treatment rendered.

There is no clear evidence in the opinion of Dr. Groat that Mr. Markingson was incompetent at the time he signed the informed consent to participate in the Café Study. Dr. Groat will opine that incompetence means that one is confused or so ill as to be unable to understand information that is being presented to them. However, there is no evidence in the record to show that Mr. Markingson was confused and, in fact, all of the evidence shows that he was cognitively sound. Dr. Groat states that people who have mental illnesses, are able to sign releases and consent forms routinely. Mental illness does not necessarily equal incompetence. Dr. Groat will also point out that it would be nearly impossible to provide care and treatment to patients who have psychosis if each and every one of them were deemed to be incompetent simply because of the fact that they are mentally ill. Dr. Groat found no definitive evidence in

the record that Mr. Markingson was incompetent at the time he signed the informed consent. It was reasonable, appropriate and within the acceptable standard of care for Mr. Markingson to sign the informed consent on or about November 21, 2003.

Dr. Groat is aware of the fact that there has been criticism of the fact that Mr. Markingson signed the informed consent prior to Mr. Pettit's participation in his case. When the petition for the commitment was filed in Dakota County, Mr. Markingson had assigned to him a case manager by the name of Ken Geister. The Dakota County records indicate that Mr. Geister participated in Mr. Markingson's care through the order for the stay of commitment signed by the Dakota County judge on or about November 20, 2003. Approximately three days thereafter, Mr. Pettit was assigned to Mr. Markingson's case. Mr. Pettit has testified that he met with Dr. Olson and received verbal information as well as written information about the Café Study. Having Mr. Markingson sign the informed consent two to three days prior to Mr. Pettit's involvement in his case, did not violate the standard of care. Further, it in no way caused or contributed to Mr. Markingson's death in the opinion of Dr. Groat.

Dr. Groat is also supportive of the amount of time that Dr. Olson saw Mr. Markingson as part of the Café Study. As Mr. Markingson's primary psychiatrist, Dr. Olson saw this patient on a monthly basis. Dr. Groat does believe this was a reasonable and appropriate amount of time to see this patient.

The standard of care did not require that Dr. Olson arrange that Mr. Markingson acquire a second opinion. The medical records indicate that Dr. Olson, on at least two occasions, told Mr. Markingson that if he wanted a second opinion, he encouraged Mr. Markingson to obtain that second opinion. In addition, this topic was addressed with Mr. Pettit, who asked Mr. Markingson if he wanted to see someone besides Dr. Olson. Each time, Mr. Markingson agreed to continue his care with Dr. Olson, and indicated that he did not want to have a second opinion. The standard of care in the greater metro area does not require that a psychiatrist or other physician set up an appointment for a second opinion for their patients. In fact, in the experience of Dr. Groat, this is an unusual occurrence. Ultimately, the decision as to whether or not a second opinion should have been obtained belonged to Mr. Markingson. If he did not think it was necessary for a second opinion, Dr. Olson had no clinical reason to facilitate that request. Mr. Markingson was a competent adult who did not have a guardian or conservator assigned to his care. Dr. Olson did not have an obligation to get a second opinion for Mr. Markingson simply because his mother was making that request. Therefore, it was reasonable and appropriate for Dr. Olson to continue to treat Mr. Markingson and to allow him to decide whether or not he wanted a second opinion. Dr. Olson's care and treatment did not fall below the standard of care in this regard.

It is also anticipated that Dr. Groat will testify that if Mr. Markingson had not been a participant in the Café Study, he would not have necessarily had more regular contact with a psychiatrist and/or a physician. In fact, based upon Dr. Groat's training and experience, from the time Mr. Markingson was discharged on December 9, 2003, up until the time of his death, Dr. Groat would have anticipated that he would have only seen his psychiatrist once or twice within the month following discharge from the hospital. Thereafter, the psychiatrist would have started to spread out the gaps between visits to usually one month between visits, and up to four months

between visits. Further, these visits would usually have lasted only 10-20 minutes. Dr. Groat is therefore of the opinion that Mr. Markingson probably was receiving more regular contact with his psychiatrist as a result of his participation in the Café Study than he might have otherwise. Dr. Groat will opine that Dr. Olson's care was reasonable, appropriate and in accordance with accepted standards of medical practice and did not cause or contribute to cause Mr. Markingson's death. In fact, Dr. Groat will provide testimony that Mr. Markingson received reasonable and appropriate care and treatment following his discharge from the hospital.

Dr. Groat does take issue with the opinion that Mr. Markingson was in a psychotic state, showing psychotic symptoms, or deteriorating to such a state that Dr. Olson should have withdrawn him from the study. In the opinion of Dr. Groat, schizophrenia is a very difficult illness to treat. The signs and symptoms Mr. Markingson was exhibiting, such as looking slightly more disheveled or becoming argumentative with certain individuals, such as his mother, was not necessarily indicative of Mr. Markingson experiencing psychotic symptoms. Instead, these could simply have been as noted by Dr. Olson as negative symptoms of schizophrenia. These types of symptoms cannot always be effectively treated with medication. Dr. Groat will opine that the standard of care did not require Dr. Olson to withdraw Mr. Markingson from the Café Study on this basis.

It is anticipated that Dr. Groat will testify that a fundamental misconception of the Plaintiff's case is that if Mr. Markingson had been provided with additional information, he would have necessarily dropped out or withdrawn voluntarily from the Café Study. Dr. Groat will testify that in his experience when he has provided information about adverse effects of medication it has rarely caused a patient to stop using that medication. In this case, during the course of the Café Study, information about the risk of diabetes associated with the use of some of these medications came to light. Dr. Groat does not believe that information about the risk of developing diabetes would have in necessarily changed whether or not Mr. Markingson decided to be a participant in the Café Study. Further, the risk of diabetes in no way caused or contributed to the death of Mr. Markingson. Thus, Dr. Groat will testify that the disclosure of this information which ultimately was provided to Mr. Markingson, did not violate the standard of care.

Dr. Groat will also testify that it was reasonable and appropriate for Dr. Olson to listen to the complaints of Ms. Weiss and her friend, Mike Howard, regarding Mr. Markingson's health. Dr. Olson reasonably and appropriately relied upon Ms. Weiss, on Mr. Markingson's admission to the hospital, to provide historical information about Mr. Markingson. Further, Dr. Olson listened to and reviewed the concerns that he received by Ms. Weiss over the course of the six months that Mr. Markingson participated in the Café Study. Further, Dr. Groat is of the opinion that it was reasonable and appropriate for Dr. Olson to weigh those concerns against his personal contact with Mr. Markingson, as well as the contact other staff members had with Mr. Markingson at the University of Minnesota. The standard of care did not require Dr. Olson to withdraw Mr. Markingson from the Café Study simply because his mother did not believe he was getting better. Further, Dr. Groat will testify that it was reasonable and appropriate for Dr. Olson to rely upon the individuals in the day treatment program at Fairview University Medical Center and the staff at Theodore I residence to provide him with any information which could verify the concerns of Ms. Weiss. Further, it was reasonable and appropriate for Dr. Olson to

rely on the other facilities and individuals providing care and treatment to Mr. Markingson to raise any concerns they had about his condition. When Dr. Olson learned from his staff that they were not observing similar behavior, and he himself was not witnessing the type of behavior described by Mr. Weiss and her friend, Mr. Howard, he was not required to do any additional assessment. Dr. Olson's weighing of this information was reasonable and appropriate and in accordance with accepted standards of medical practice. More importantly, this did not cause or contribute to Mr. Markingson's suicide.

Dr. Groat will also testify that based upon his training and experience an individual with schizophrenia frequently has limited employability options. The majority of persons with schizophrenia will face at least one relapse if not more in their lifetime. Dr. Groat will testify that even in a stable state, it is highly unlikely that Mr. Markingson would have ever been able to obtain a career as a writer or an actor. Assuming that Mr. Markingson was able to remain medication compliant and in a stable state, he more likely than not would have been able to obtain part-time work in a non-professional work track, i.e. retail, manual laborer. If Mr. Markingson did not remain medication compliant and was unable to maintain stability, it is highly unlikely that he would have been able to participate in the work force.

In Dr. Groat's opinion, there was no departure from the accepted standard of care in the clinical care and treatment rendered to Mr. Markingson related to his mental illness by Dr. Olson, Schulz, the University of Minnesota Physicians, nurses and any and all other physicians, psychiatrists, psychologists, social workers, or staff members at Theodore I residence. It is his opinion that their treatment of Mr. Markingson in no way caused or contributed to his death.

CERTIFICATION

I certify that the foregoing statements and opinions are true and correct to the best of my knowledge and belief. I further certify that the above opinions are rendered to a reasonable degree of medical certainty. These opinions may be supplemented or revised should there be additional discovery and/or information submitted or brought to my attention for review.

Ronald Groat, M.D.

Subscribed and sworn to before me
this 9 day of November, 2007.

Notary Public

DOUGLAS E VELLINE
Notary Public
Minnesota
My Commission Expires January 31, 2008

Dated: 11/12/07

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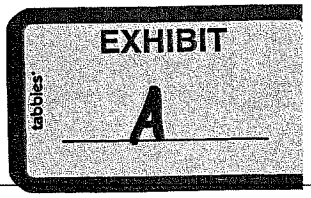
LICENSURE/CERTIFICATION

Licensure	Diplomat, National Board of Examiners, #188889, 1977 State of Minnesota Medical Licensure, #23977, 1978 State of Wisconsin Medical Licensure, #22168, 1979
Certification	Board Certified, Psychiatry, American Board of Psychiatry and Neurology, November 1982
	Added Qualifications in Geriatric Psychiatry, American Board of Psychiatry and Neurology, June 1994
	Added Qualifications in Addiction Psychiatry, American Board of Psychiatry and Neurology, April 1998

EDUCATION/TRAINING

1979-1980	Fellowship, Consultation-Liaison Psychiatry, Department of Psychiatry, University of Minnesota, Minneapolis, Minnesota
1979-1980	Chief Resident, Department of Psychiatry, University of Minnesota, Minneapolis, Minnesota
1977-1980	Psychiatric Residency (Medical Fellow) Department of Psychiatry, University of Minnesota, Minneapolis, Minnesota
1976-1977	Internship (flexible) Hennepin County Medical Center, Minneapolis, Minnesota
1973-1976	M.D., University of Minnesota Medical School, Minneapolis, Minnesota



1969-1973	B.A., College of Liberal Arts, University of Minnesota, Summa Cum Laude, Minneapolis, Minnesota (Major-Psychology)

PROFESSIONAL EXPERIENCE

Employment

1993 - present	R.D. Groat, M.D. Consultation Psychiatry (Private Practice) 6525 Drew Avenue South Edina, Minnesota 55435
1993 - present	President, Behavioral Management Group 6525 Drew Avenue South Edina, Minnesota 55435
1988 – present	Groat Consulting (Business and Forensic consultation) 3850 Enchanted Lane Mound, Minnesota 55364
1995 - 1999	President, Behavioral Healthcare Providers 701 25th Avenue South Minneapolis, Minnesota 55454
1980 – 1993	Clinical Psychopharmacology Consultants, P.A. 701 25th Avenue South Minneapolis, Minnesota 55454

Positions

1999 – present	Mental Health Association of Minnesota, Board Member
1999 – present	Behavioral Healthcare Providers, Board Member
1999 – present	Mount Olivet Lutheran Church, Metal Illness Task Force, Co-chair
1988 – present	Mount Olivet Lutheran Church, Mental Illness Task Force, Member
2000 – present	Suicide Awareness/Voices of Education (SA/VE), Psychiatric Consultant
2001 – present	Minnesota Psychiatric Society, Co-editor "Ideas of Reference"
1998 – 1999	Minnesota Psychiatric Society, President
1995 –1997	Minnesota Psychiatric Society, Secretary/Treasurer

1995 – 1999	Fairview University Medical Center, Minneapolis, Minnesota, Department of Psychiatry and Behavioral Services, Co-chair
1992 – 1993	Riverside Medical Center, Minneapolis, Minnesota, Chief of Medical Staff

Consultation

1999 – present	Psychiatric Consultant, Mount Olivet Lutheran Church, Minneapolis, Minnesota
1993 – 1995	Acting Medical Director, MCC (CIGNA) National Service Center, Eden Prairie, Minnesota
1985 – present	Medical Consultant, Araz Group, Bloomington, Minnesota
1982 – 1999	Medical Director of many Psychiatry and Substance Abuse Services, Fairview Health System, Minneapolis, Minnesota
1980 – 1992	Psychiatric Consultant, Family and Children's Services of Hennepin County, Bloomington, Minnesota
1989 – 1994	Psychiatric Consultant, Colonial Church of Edina, Edina, Minnesota
1979 – 1986	Psychiatric Consultant, Bone Marrow Transplant Services, Adult, University of Minnesota Hospitals, Minneapolis, Minnesota
1978 – 1982	Psychiatric Consultant, Northern Pines Guidance Clinic, Cumberland, Wisconsin
1985 – 1986	Medical Director, Clinical Services, University of Wisconsin, Stout, Menomonie, Wisconsin

ACADEMIC POSITIONS

2002 – present	Adjunct Professor, University of Minnesota, Department of Psychiatry, Minneapolis, Minnesota
1986 – 2002	Clinical Associate Professor, University of Minnesota, Department of Psychiatry, Minneapolis, Minnesota
1980 – 1986	Clinical Assistant Professor, University of Minnesota, Department of Psychiatry, Minneapolis, Minnesota

PROFESSIONAL SOCIETIES/MEMBERSHIPS

1980 – present	American Psychiatric Association (Local and National Branches)
1980 – 2000	American Medical Association (Local and National Branches)

1988 – present American Academy of Psychiatrists in Alcoholism and Addiction

1990 – present Academy of Psychosomatic Medicine

1993 – present Association of Psychiatry and Medicine

HONORS/AWARDS

1998 Fellow, American Psychiatric Association

PUBLICATIONS

1980, September Journal of Nervous and Mental Disease; "The appearance of mania following intravenous calcium replacement", R.D. Groat, M.D., T.B. Mackensie, M.D.

1985, October Journal of Clinical Psychopharmacology, "A Placebo-Controlled, Double Blind Trial of Amitriptyline in Bulimia", James E. Mitchell, M.D., R.D. Groat, M.D.

1995, September Minnesota Physician, "The Depression Dilemma", Frederick Ferron, M.D., Ronald D. Groat, M.D.

1995, November Fairview Quarterly, "Myths and Misunderstandings About Mental Illness", Ronald Groat, M.D., James Tweedy, J.D.

1998, May-June Journal of Retirement Planning, "The Passition: Redefining an Early Retirement", Ronald D. Groat, M.D.

PRESENTATIONS

Frequent presenter at local, regional, and national conferences and educational offerings.

Notable areas of interest:

*Keynote address at Minnesota Conference for the National Alliance of mentally Ill "Consumer/Provider Synergy" 2000
*Many appearances with Pete Feigel, Consumer/Advocate, educating school districts, businesses, police, churches, and the public (Presented Grand Rounds at the Mayo Clinic, Rochester, Minnesota January, 2001 On "A New Vocabulary for Mental Illness") 1998 – present
*Many presentation to Primary Care Physicians on depression and mental illness 1986 – present
*Local and national presentations on hospital/provider partnerships and managed care issues 1986 – present
*Many radio and other media appearances related to advocacy and mental illness education 1986 – present

TEACHING FACULTY ACTIVITIES

1993 – 1995	Phase B Medical Student Tutor, Psychiatry Curriculum, University of Minnesota Medical School, Minneapolis, Minnesota
1993 – 1998	Presenter in Administrative Psychiatry Course for Psychiatric Residents, Department of Psychiatry, University of Minnesota, Minneapolis, Minnesota
1993 – present	Provided and supervised several Psychiatric Residents in six to twelve month externships in outpatient psychiatry, three from the University of Minnesota program and three from Hennepin-Regions training program, Minneapolis, Minnesota
1995 – 1996	Presented class on Psychopharmacology in Addictions for School of Pharmacology, University of Minnesota, Minneapolis, Minnesota
1995	Presenter on Psychopharmacology in Addictions for Clinical Nursing, Department of Nursing, University of Minnesota, Minneapolis, Minnesota