

SM Exhibit F

1 UNITED STATES DISTRICT COURT
2 SOUTHERN DISTRICT OF NEW YORK

3 -----X
4 ADRIAN SCHOOLCRAFT,
5 Plaintiff,

Case No:
10 CV 06005

6 - against -

7 THE CITY OF NEW YORK, ET AL.,
8
9 Defendants.

10 -----X
11 100 Church Street
12 New York, New York

13 January 30, 2014
14 10:22 a.m.

15
16
17 DEPOSITION OF CATHERINE LAMSTEIN-REISS, M.D.,
18 pursuant to Subpoena, taken at the above
19 place, date and time, before DENISE ZIVKU, a
20 Notary Public within and for the State of
21 New York.
22
23
24
25

1 C. LAMSTEIN-REISS, M.D.

2 Objection.

3 A. I think they report to their
4 chief surgeon as well as the CO. I don't
5 really know who is the person they directly
6 report to. It's not really -- I don't --

7 Q. I'm asking you a different
8 question. If you don't know, that's fine.
9 If you know, I would like to know. What is
10 the chain within the medical division?

11 MS. PUBLICKER METHAM:

12 Objection.

13 A. That is a very broad question.
14 It's a bunch of different units within the
15 medical division. I don't know everybody's
16 chain of command. I can tell you with
17 certainty my chain of command.

18 Q. I got that.

19 A. Yeah.

20 Q. All right. You told me that
21 Ciuffo, C-i-u-f-f-o, he was the district
22 surgeon in the medical division in 2009?

23 A. Dr. Ciuffo, yes.

24 Q. Ciuffo, okay. I will try and
25 keep that straight. Do you know Dr. Ciuffo?

1 C. LAMSTEIN-REISS, M.D.

2 A. I know him in that we've spoken
3 on the phone regarding cases. I don't
4 believe I ever met him in person. I might
5 have at some point over the years.

6 Q. Did you ever speak to him about
7 Schoolcraft?

8 A. I would have to refer to the
9 case folder to be certain -- actually yes, I
10 did speak with him. I did speak with him in
11 the beginning shortly after he -- my first
12 evaluation with Officer Schoolcraft.

13 Q. What did you discuss with him?

14 A. The officer's status, both
15 psychologically and medically. He was -- he
16 went out sick with a -- when he called out
17 sick he used a medical code saying he was
18 sick medically. He then, either directly or
19 indirectly, informed the surgeon that there
20 were psychological factors. So the referral
21 got made to us. So we could not take him
22 off of sick report. I determined that he
23 was able to work on restricted duty basis.
24 He did not need to be out sick
25 psychologically, but I couldn't take him off

1 C. LAMSTEIN-REISS, M.D.
2 sick report, because he was not out sick
3 with a psychological code. So the district
4 surgeon did his own assessment medically and
5 determined that he was medically fit for
6 full duty and, so he medically restored his
7 status and we psychologically put him on
8 restricted duty. That was sort of just
9 coordinating the administrative aspect.

10 Q. When you say we put him on
11 restricted status, what are you referring
12 to?

13 A. The psychological evaluation
14 section.

15 Q. Who was involved in the
16 decision?

17 A. Myself and Dr. Propper.

18 Q. Do you remember the conversation
19 that you had with Dr. Ciuffo?

20 A. I don't recall except what's in
21 my notes. I don't have any direct memory of
22 that conversation.

23 Q. What have you done to prepare
24 for today's deposition?

25 A. I reviewed the full case folder.

1 C. LAMSTEIN-REISS, M.D.

2 I didn't review the candidate's testing
3 portion of it. I reviewed my case folder
4 from PES.

5 Q. You reviewed the file that's in
6 front of you right now?

7 A. Correct, but I did not review
8 the part that was from the psychological
9 section, which is like the pre-employment
10 training. I read that at some point years
11 ago. I didn't recently re-read that.

12 Q. When did you read the case file?

13 A. I read it yesterday. I also
14 read it a few weeks ago.

15 Q. You read the whole thing, other
16 than those pre-employment --

17 A. Yes.

18 Q. You read the notes that have
19 been removed from the file, right?

20 A. Yes.

21 Q. What else did you review?

22 A. I discussed it with counsel,
23 reviewed information with counsel.

24 Q. When you say counsel, who are
25 you referring to?

1 C. LAMSTEIN-REISS, M.D.
2 Provided MOS with psycho education. In that
3 paragraph.

4 MS. PUBLICKER METTHAM: I will
5 just note for the record it's also
6 found on the document bearing Bates
7 Number D306.

8 A. It may be also in here too, but
9 that's --

10 Q. What's the date of this entry?

11 A. April 13, 2009.

12 Q. Where did you see that date? Is
13 that on the prior page?

14 A. Yes.

15 Q. At the top where the f-i-f-t
16 something O Adrian Schoolcraft?

17 A. Say cont for c-o-n-t, like
18 continuation of F/F meaning face-to-face
19 with DO Adrian Schoolcraft on 4/13/09.

20 MS. PUBLICKER METTHAM: And
21 again, this page is NYC2996 and NYC --
22 or I'm sorry D305.

23 Q. Can you read the entry that
24 you're referring to feedback given to MOS,
25 after that what does the entry say?

1 C. LAMSTEIN-REISS, M.D.

2 A. Sure. Provided MOS with psycho
3 education on mind body connection and urged
4 him to see a psychologist who specializes in
5 that. He agreed. Also, recommended a
6 medication evaluation with a psychiatrist
7 instead of his primary care physician, but
8 he declined, preferring to avoid meds if
9 possible.

10 MR. CALLAN: Off the record.

11 (Discussion off the record.)

12 Q. Is there a reference in your
13 notes to you recommending that he do
14 long-term therapy?

15 A. I believe there is. Let me find
16 it. I don't see it my notes. However, it's
17 very clear in my mind. The initial
18 interview and I may have -- if I did mention
19 it in the subsequent interviews, it will be
20 on the recordings.

21 Q. So you don't see a reference in
22 your file recommending long-term therapy; is
23 that right?

24 A. I don't, because that was not
25 what was most important for the fitness for

1 C. LAMSTEIN-REISS, M.D.
2 duty evaluation. It was for his own
3 personal benefit.

4 Q. So, it wasn't that important; is
5 that what you're saying to me?

6 MS. PUBLICKER METHAM:

7 Objection.

8 A. To the decision about at what
9 point we would return him to full duty work
10 whether or not he dealt with those issues
11 would not have been an issue, as far as
12 fitness for police duty. For his own
13 personal life satisfaction, it would have
14 been helpful.

15 Q. What did Schoolcraft have to do
16 in order to return to full duty?

17 MS. PUBLICKER METHAM:

18 Objection.

19 A. He would have, you know, he
20 would have needed to have been assessed as
21 being psychologically fit for full duty. My
22 biggest concerns would be that he was
23 asymptomatic for a period of time. I would
24 have felt much better about returning him
25 had he done the stress management training

1 C. LAMSTEIN-REISS, M.D.
2 to know that should stressful -- when
3 stressful things happen with his life again
4 that these symptoms would not reoccur. We
5 need a significant period of time to know
6 that things really are calm and it's
7 possible. It's not something that I had
8 discussed with supervisors at that point,
9 but it's possible that we might have been
10 able to return him to full duty without
11 being able to speak to the doctor who
12 prescribed the Seroquel. Some doctor
13 thought he needed an antipsychotic and it
14 would not be prudent of us to give someone
15 back their gun in position of police
16 authority without knowing why that was.

17 Q. Well, did you ever find out why
18 some physician prescribed Seroquel?

19 A. The officer refused to allow me
20 to obtain that information.

21 Q. Who was it that prescribed
22 Seroquel?

23 A. Dr. Sure.

24 Q. How do you know that Dr. Sure
25 prescribed Seroquel?

1 C. LAMSTEIN-REISS, M.D.

2 A. Because Officer Schoolcraft told
3 me that he did and that Officer Schoolcraft
4 told me he was not sure why it was
5 prescribed.

6 Q. Don't you, as a doctor reviewing
7 the fitness for duty of a police officer,
8 have a right to gain access to his medical
9 file?

10 A. No. We do not have a right to
11 do that without his written permission. We
12 do have a right to say that the person
13 cannot be cleared to go back to full duty if
14 we don't have it. But he is not required to
15 release his personal medical information if
16 he does not want to.

17 Q. So am I correct that you would
18 not have returned Schoolcraft to full duty
19 without getting a release from him to talk
20 to Dr. Sure about why Sure prescribed
21 Seroquel?

22 MS. PUBLICKER METHAM:

23 Objection.

24 A. I don't know because I do not
25 make those decisions by myself and I had not

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

C. LAMSTEIN-REISS, M.D.

this three-page document Bates Stamped 2895 through 2897?

A. In it's briefest format.

Q. Are there any errors in it that you're aware of?

MS. PUBLICKER METHAM:

Objection.

A. No, there are no errors. I tend to be more detailed, my directors prefer things more brief --

Q. -- I just want to know if there are any errors --

A. There are no errors there may be things that I would have thought were pertinent to put in and my director said ah, we don't need that. Stick to the basics.

Q. Sitting here today there is no mistakes in here, right?

MS. PUBLICKER METHAM:

Objection.

A. To the best of my knowledge.

Q. The first line says 4/13/09 MOS referred to PES.

MS. PUBLICKER METHAM: That's

1 C. LAMSTEIN-REISS, M.D.

2 the second line.

3 MR. SMITH: Whatever.

4 Q. Do you see that reference?

5 A. I do.

6 Q. And that's a reference to the
7 document we looked at before, the
8 consultation referral sheet, right?

9 MS. PUBLICKER METHAM:

10 Objection.

11 A. Yes.

12 Q. Do you know whether or not
13 Ciuffo made any notes of his meeting with
14 Schoolcraft?

15 MS. PUBLICKER METHAM:

16 Objection.

17 A. I do not know. Aside from the
18 referral form to us. I don't know if he
19 made any other notes.

20 Q. Would it be common, to your
21 understanding, that District Surgeon Ciuffo
22 would be make notes before making a
23 referral, such as the referral he made to
24 PES?

25 MS. PUBLICKER METHAM:

1 C. LAMSTEIN-REISS, M.D.

2 Objection.

3 A. I would imagine so, but I don't
4 know I never talked with him about how he
5 keeps records.

6 MR. SMITH: All right, I am
7 going to make a request for the
8 production of any references to ^
9 Schoolcraft by District Surgeon Ciuffo.

10 MS. PUBLICKER METTHAM: Take the
11 request under advisement. I ask that
12 you put it in writing.

13 Q. The next line says that you
14 interviewed Schoolcraft the next day, right?

15 MS. PUBLICKER METTHAM:
16 Objection.

17 A. The same day.

18 Q. I'm sorry. You're right, the
19 same day. So you interviewed Schoolcraft on
20 October 13, 2009; is that right?

21 MS. PUBLICKER METTHAM:
22 Objection. You mean April?

23 A. Yes.

24 Q. April 13, 2009, you interviewed
25 Schoolcraft; is that right?

1 C. LAMSTEIN-REISS, M.D.

2 A. Yes.

3 Q. How long was that interview?

4 A. I do not know. I don't document
5 when I start and end interviews.

6 Q. Are your notes in this exhibit
7 for that interview that day?

8 A. Yes.

9 Q. Can you please locate them and
10 read them to me, please?

11 A. There are a few pages of notes
12 which suggest to me it was a longer
13 interview. I recall it being a long
14 interview, but I can't tell you exactly how
15 long.

16 MS. PUBLICKER METHAM: I
17 believe that's page D302 in the prior
18 production.

19 Q. Can you please read your notes
20 on your interview with Schoolcraft on April
21 13, 2009?

22 A. Sure and where I have
23 abbreviation and acronyms, do you want me to
24 read what it stands for?

25 Q. Yeah, I appreciate that.

1 C. LAMSTEIN-REISS, M.D.

2 A. Okay. April 13, 2009,
3 face-to-face with Police Officer Adrian
4 Schoolcraft, on job since 2002. Male
5 33-years old, chest pains for about one
6 year, started in work situation like heat
7 and heavy gear on, chest tightness, EKG
8 normal. A few weeks ago on April 3, 2009,
9 was off-duty at home and felt bad, felt
10 weak, chest tightness, could feel heart
11 thumping, never -- a little out of order
12 here, but had nerve symptoms in his arms,
13 not rapid heartbeat, felt like heart does
14 when doesn't sleep well.

15 Went to the ER at Forest Hills
16 gave injection of Lorazepam and woke up
17 feeling great. Took one one milligram each
18 of the next two nights, but didn't help.
19 Last few months started getting blisters on
20 feet. I asked if he had more foot posts
21 now. He replied yes, since November, but I
22 am more comfortable on foot than in RMP;
23 cars are too small for me, people smoke in
24 cars at command.

25 Was in Navy before this and

1 C. LAMSTEIN-REISS, M.D.
2 knows how to wrap blisters in moleskin,
3 would rather work alone, stomach problems
4 about six months, diarrhea and constipation.
5 No meds for it. About one month ago PCP
6 prescribed Seroquel. I asked if that was
7 for sleep or stomach. He said for sleeping
8 I think. Doesn't want --

9 Q. Can I interrupt you for a
10 second?

11 A. Sure.

12 Q. Is the Seroquel the medication
13 you were referring to earlier the
14 antipsychotic?

15 A. Yes. Which is why it made no
16 sense that he was saying it was prescribed
17 for stomach stuff.

18 Q. Well, that's your question, you
19 asked him was he prescribed for sleep or for
20 his stomach; is that right?

21 A. Right.

22 Q. And he told you that he thought
23 it was for sleeping, right?

24 A. He thought in response to my
25 asking that.

1 C. LAMSTEIN-REISS, M.D.

2 Q. Is Seroquel something that's
3 also prescribed for stomach ailments?

4 MS. PUBLICKER METTHAM:

5 Objection.

6 A. Not to my knowledge.

7 Q. So why are you asking him about
8 why or whether or not it was prescribed in
9 his understanding for sleep or stomach?

10 MS. PUBLICKER METTHAM:

11 Objection.

12 A. Because the context of
13 discussing medical was that he was not
14 taking any medication for the stomach
15 problem and then he said one month ago his
16 doctor prescribed Seroquel. So I wasn't
17 sure what that would relate -- how that
18 would relate to stomach problems.

19 Q. Okay. All right. Please
20 continue. Thank you.

21 A. Doesn't want meds. Until
22 recently hadn't seen a doctor since got out
23 of military. Trouble sleeping about three
24 months. I asked more about that. He works
25 4 to 12. I asked other questions. Goes to

1 C. LAMSTEIN-REISS, M.D.
2 bed around 5:00 a.m. I asked if that's
3 because he can't sleep and he said depends
4 on how tour went. May have notes and
5 paperwork to complete. Has TV on. Gets up
6 around 1 or 2:00 p.m. I asked if he wakes
7 up during night. He said no. I asked if he
8 falls asleep at 5:00 or gets in bed at 5:00
9 he said sleeps at 5:00.

10 Q. Can you just hold on a second.
11 Where were you just reading from?

12 A. The top of the next page. It
13 starts with, wake up during night.

14 MS. PUBLICKER METTHAM: The top
15 of page NYC2993 and D301.

16 Q. Oh, I see it's the prior page in
17 the first production in the second page --
18 all right, go ahead.

19 A. So eight hours and he said
20 right. So I asked a follow-up question. He
21 says that's once every two or to three days.
22 If has errands to do, gets up 9 to
23 10:00 a.m. to get it done. So four to
24 five hours of sleep. I asked other
25 questions. He gets eight hours on RDOs, his

1 C. LAMSTEIN-REISS, M.D.
2 regular days off from work. During work
3 week, three out of five days gets four to
4 five hours. Feels rundown, wonders when it
5 will stop, when he can work regular hours.
6 Others seem to handle it well. Quote, I eat
7 crap, end quote, when at work. Wants to
8 stop eating meat for ethical reasons, but
9 keeps on putting it off because doesn't cook
10 and hard to carry food around on foot post.
11 Got referrals to see nutritionist and
12 psychiatrist. Wants a better lifestyle.
13 Drinks too much soda, not diet, sometimes
14 walks to the Seven-Eleven at 3:00 a.m. for
15 junk food. I asked if he had any work
16 problems. He said has been told to write
17 more summonses. In January got eval saying
18 2.5 below standards and recommended
19 transfer. He appealed it. Next day had
20 sign on locker saying, quote, if you don't
21 like your job get another one, end quote.
22 Bosses and delegates don't even know how to
23 go about doing an appeal. He hired a labor
24 attorney at a cost of \$5,000 retainer. Top
25 of the next page. You have that page

1 C. LAMSTEIN-REISS, M.D.

2 number? Starts with union won't help.

3 MS. PUBLICKER METTHAM: 2994 and
4 D303.

5 A. Union won't help and delegate --

6 Q. The top of that page says
7 continuation of --

8 A. I'm sorry. Continuation of
9 4/13/09 face-to-face with P.O. Adrian
10 Schoolcraft.

11 Q. All right, continue, please.

12 A. Sure. Union won't help and
13 delegates don't know what to do. Eval says
14 he's been retrained and counseled, but he
15 never was. No warning. 2/25/09 MOS
16 delegate and eight to nine supervisors in a
17 room, including CO and XO, ICO, assistant
18 ICO and admin lieutenant. They said he has
19 low activity. Others writ fakes summonses
20 and command won't do anything about it.
21 They write --

22 Q. Can you stop right there for a
23 second?

24 A. Sure.

25 Q. What did you understand fake

1 C. LAMSTEIN-REISS, M.D.

2 file; is that right?

3 MS. PUBLICKER METTHAM: And it
4 looks like it's also on D291.

5 THE WITNESS: Yeah, and that
6 doesn't have the other handwriting on
7 top.

8 MS. PUBLICKER METTHAM: Right.

9 Q. Do you know who Deputy Mayor
10 Skyler's assistant was?

11 A. I do not.

12 Q. Who is Deputy Mayor Skyler?

13 A. I believe he's the Deputy Mayor
14 of the City of New York at the time. I
15 never heard of him before.

16 Q. Then you met with Schoolcraft
17 when you returned from vacation a few days
18 of this contact, right, from Bonilla?

19 A. I think it was about two weeks
20 later, but yes, on my first day back.

21 Q. October 27th, right?

22 A. Yes.

23 Q. That's the meeting that was
24 recorded by Schoolcraft, right?

25 A. Yes.

1 C. LAMSTEIN-REISS, M.D.

2 Q. And you recently listened to
3 that?

4 A. About two weeks ago.

5 Q. And am I correct that you told
6 Schoolcraft that he was not your patient?

7 A. Correct -- well, actually, I
8 don't remember if I said that. What I can
9 tell you is that he was not my patient. I
10 don't remember if I told him on that date
11 that he was not my patient.

12 Q. Did you tell him that it was not
13 your function to provide him with a
14 diagnosis?

15 A. Again, I don't remember if I
16 said that on that date, but it is not my
17 function to provide a diagnosis, unless I am
18 recommending someone for disability
19 retirement. That's the only time we provide
20 a diagnosis.

21 Q. Did you tell him on that date or
22 any other date that it was not in your
23 function to provide him with treatment?

24 A. I do not remember, but I can
25 tell you that we do not provide treatment.

1 C. LAMSTEIN-REISS, M.D.

2 Q. Did you tell him on the date or
3 the earlier time that you spoke to him in
4 July that he could not have a copy of his
5 file that you maintained on him?

6 A. I don't remember if and when I
7 said that, but I would have said that
8 requests like that go to the NYPD's legal
9 bureau and typically they do not release
10 full case folders to officers. So what they
11 do release is if we were recommending
12 someone for a disability retirement and they
13 were contesting it, they would sign a
14 release and that would typically authorize
15 us to release that the report recommending
16 the disability retirement to, either their
17 attorney or their mental health treatment
18 provider.

19 Q. Do you recall Schoolcraft making
20 a request for his file?

21 A. I don't recall.

22 Q. But if he had requested his
23 file, you would have declined that request,
24 right?

25 MS. PUBLICKER METHAM:

1 C. LAMSTEIN-REISS, M.D.

2 Objection.

3 A. Right. I'm not authorized to
4 just give people copies of their file.

5 Q. Am I correct that on October
6 27th, you told Schoolcraft that he doesn't
7 need medication?

8 MS. PUBLICKER METTHAM:

9 Objection. Asked and answered. You
10 can answer again.

11 A. On October 27th?

12 Q. Yes.

13 A. On that date I believed he --
14 based on his reporting that he hadn't had
15 symptoms in a while, it was my belief that
16 he did not need medication.

17 Q. Did you also, as of that date,
18 tell him that he didn't need to go see a
19 psychiatrist?

20 A. Yes.

21 Q. Am I correct that on that date
22 that you encouraged him to do the cognitive
23 behavioral therapy that you recommended
24 earlier in the year, right?

25 A. Yes.

1 C. LAMSTEIN-REISS, M.D.

2 Q. And did you tell Schoolcraft
3 that his complaints about management
4 violating NYPD policy was really not your
5 concern?

6 MS. PUBLICKER METHAM:

7 Objection.

8 A. I don't remember whether I said
9 that or not. That would not be a concern in
10 his fitness for duty evaluation. Whether or
11 not he still had physical symptoms of stress
12 or whether or not he had learned ways to
13 prevent that from happening in the future.
14 Those are things that relate to our
15 decision. My purpose is doing a fitness for
16 duty evaluation. I'm not IAB.

17 Q. Did you tell him on October 27th
18 that you didn't think he needs to see a
19 psychiatrist?

20 MS. PUBLICKER METHAM:

21 Objection. Just asked and answered.

22 A. I did just answer that.

23 Q. You did and the answer was?

24 A. I did not think he needed a
25 psychiatrist, because he was reporting that

1 C. LAMSTEIN-REISS, M.D.

2 he no longer had symptoms. What I did think
3 -- a reason to see a psychiatrist would be
4 for medication or evaluation to see if he
5 needed medication. I thought -- although,
6 some of them do therapy, I thought his best
7 option for successful treatment would be
8 seeing a psychologist who specialized in
9 CBT, specifically learning stress management
10 techniques and anxiety reduction techniques.
11 Since he wasn't real interested in exploring
12 other things, that at least would -- it was
13 not clear to me if he really no longer had
14 symptoms or if he was just saying that to
15 get off restricted duty. Either way, even
16 if the symptoms magically went away after a
17 year as soon as he went on restricted duty,
18 either way we would feel a lot better
19 returning him to work had he learned ways of
20 preventing that.

21 Q. Did you tell --

22 A. And I did wonder if maybe he
23 still had the symptoms.

24 Q. Did you tell him on October 27th
25 that he was -- had what you characterized

1 C. LAMSTEIN-REISS, M.D.
2 was sort of anxiety disorder that was not
3 severe?

4 MS. PUBLICKER METHAM:

5 Objection.

6 A. I do not know.

7 Q. You don't remember?

8 A. I don't remember exactly what I
9 said. If you want you can play the tape and
10 ask me if that's what I said, but I don't
11 know if -- what exactly I said. I know his
12 anxiety disorder at that point did not seem
13 that severe. Whether or not I said that and
14 used those words, I really, I don't have a
15 recollection.

16 Q. As of October 27th, it was your
17 opinion that he was fine?

18 MS. PUBLICKER METHAM:

19 Objection.

20 A. I don't know what you mean by
21 fine.

22 Q. Well, what was your opinion of
23 his mental state as of October 27, 2009?

24 A. I suspected that the symptoms
25 hadn't gone away and he just said that

1 C. LAMSTEIN-REISS, M.D.
2 because he didn't want to be on restricted
3 duty. Because he had them for -- some
4 symptoms up to a year and they went away as
5 soon as he was on restricted duty. Not
6 likely to happen without treatment, unless
7 being on restricted duty reduced the sources
8 of his stress. Although, he said he found
9 inside work no less stressful than outside
10 work. Although, on a different date he said
11 that it was less stressful, because his
12 bosses were leaving him alone since he was
13 doing inside work. He said both. So I
14 really did not know if he was still having
15 those symptoms and saying he didn't just to
16 get back on full duty or if he -- if he
17 really did get better. I wasn't sure.

18 Q. Did he present himself to you as
19 coherent on October 27th?

20 A. Coherent, yes.

21 Q. And oriented in and of an
22 appropriate way?

23 A. Yes.

24 Q. And did he appear to suffering
25 from any kind of anxiety to you?

1 C. LAMSTEIN-REISS, M.D.

2 A. I was not sure. He did not
3 appear anxious in the interview, but he had
4 previously reported symptoms that lasted up
5 to a year and then sometimes people don't
6 want to be on restricted duty so they right
7 away say oh, no, I'm better now. I don't
8 need this. I had it before. I don't have
9 it now. I was not sure. One of the reasons
10 we like to, you know, wait a period of time
11 to see if things reverse in a way that is
12 more apparent.

13 Q. Other than him reporting to you
14 that the physical manifestations that he had
15 mentioned to you earlier were no longer
16 manifesting themselves, is there anything
17 else about his demeanor, or speech that
18 suggested to you that he was suffering from
19 some sort of mental illness?

20 MS. PUBLICKER METHAM:

21 Objection.

22 A. You said based on his --
23 specifically his behavior or speech?

24 Q. Yeah, behavior or speech or
25 demeanor?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

C. LAMSTEIN-REISS, M.D.

MS. PUBLICKER METTHAM:

Objection.

A. Not on that day in that interview, but based on -- we don't make our impressions just based on limited things like that.

Q. Have you ever had any discussions with anybody at Jamaica Hospital about Schoolcraft?

A. I spoke to a social worker there.

Q. Is that Christine Mc Mann?

A. Yes.

Q. What did you discuss with her?

A. That's all in the records. I can reference my notes if you would like.

Q. Do you have a recollection of what you discussed with her?

A. I have a recollection that I think she wanted to consult with me about him and my history with him. I told her I would be happy to do so as long as he signed a release of information consent form authorizing that. I think maybe a few days

1 C. LAMSTEIN-REISS, M.D.
2 later we spoke and she said he did not sign
3 a release. That he didn't want to sign the
4 release until he knew what was in the report
5 and I told her that there is no report.
6 There's no comprehensive evaluation report
7 already done. And we, in those kind of
8 situations, we provide the information
9 verbally. We don't send them copies of our
10 full record and she said she understood
11 that. She explained it to him, but he
12 didn't seem to believe it and the only thing
13 she told me about him was that he had some
14 -- I don't know if she said odd beliefs or
15 strange beliefs or weird beliefs, some words
16 like that, but that he was not a danger.
17 Oh, and that he was discharged and I would
18 have reference my notes to be certain, but I
19 think she said he was -- part of the
20 discharge planning, they set him up with an
21 out patient follow-up with a psychiatrist.
22 I would have to reference my notes to be
23 absolutely certain of that, but I believe
24 she said they referred him to a
25 psychiatrist.

1 C. LAMSTEIN-REISS, M.D.

2 while drinking heavily.

3 Q. Okay. So in any event, your
4 conclusion here is that he had two blackouts
5 while drinking; is that your conclusion?

6 A. Correct.

7 Q. You can continue.

8 A. I asked how many physical fights
9 he had since his appointment to the police
10 department, not including line of duty
11 incidents. He said none and the second page
12 I asked if his arrest activity is average
13 given his command and assignment or above or
14 below average, given his command assignment.
15 I noted that he had low activity and I wrote
16 see notes, since that's something he had
17 already discussed during the main part of
18 the interview in the handwritten notes?

19 Q. Can I stop you there and ask you
20 about that? Did he tell you that he had low
21 activity or that's a conclusion that you
22 drew based on something?

23 A. He told me that his supervisors
24 told him that he had low activity and that
25 his annual evaluation said that he had low

1 C. LAMSTEIN-REISS, M.D.

2 activity.

3 Q. Did he also tell you that he
4 didn't think his activity was low?

5 MS. PUBLICKER METHAM:

6 Objection.

7 A. He said -- he thought his
8 numbers were lower, but that he did not
9 characterize that activity. He thought he
10 was a still very active cop. He just didn't
11 have numbers to show for it.

12 Q. All right. Why is the number as
13 this entry of a few or many arrests relevant
14 to a fitness for duty evaluation?

15 MS. PUBLICKER METHAM:

16 Objection.

17 A. We are finding out about overall
18 psychological functions. If someone has a
19 lot of activity the assumption is they're a
20 very active cop, they're hardworking. If
21 someone has significantly low activity, the
22 assumption is -- what -- then again, I
23 always ask given your command and
24 assignment. Some precincts are very high
25 crime precincts. Some are very low crime

1 C. LAMSTEIN-REISS, M.D.
2 precincts and so that's why I want to know
3 compared to the type of assignment you have
4 and the command you're in, compared to that
5 would you say you're average, above or below
6 average.

7 (Whereupon, Mr. Callan left
8 deposition room. Time noted 4:53 p.m.)

9 Q. How do you define activity?

10 MS. PUBLICKER METHAM:

11 Objection.

12 A. Arrest and summonses. And I ask
13 them to tell me whether it's an average
14 given that above or below.

15 Q. Is that arrests per month and
16 per quarter and summonses --

17 A. I ask in general. Given your
18 command and assignment, would you say your
19 activity is average given that or above or
20 below average. They answer that --

21 Q. You just --

22 A. -- whatever makes the most sense
23 for them.

24 Q. So you just focus on what they
25 consider their numbers to be for their

1 C. LAMSTEIN-REISS, M.D.

2 command?

3 A. Right. I don't contact the
4 command and find out what is average and
5 what is their numbers. You know, it's just
6 a general ballpark where they say they're
7 below average, average. Most people are
8 average.

9 Q. What does a low number or few
10 activities, few arrests or few summonses;
11 what is that relevant to in accessing
12 somebody's fitness for duty?

13 MS. PUBLICKER METHAM:

14 Objection.

15 A. Given someone's command and
16 assignment, if someone is working in a very
17 low crime precinct, I would expect them to
18 not have that much activity. If they are
19 working in a precinct that has a lot of
20 crime, if they're working in a precinct
21 they're out, they have a patrol assignment
22 and they -- it's a very high crime
23 neighborhood and they have very, very, few
24 summonses or arrests, it would appear that
25 they're, you know, there's crime all around

1 C. LAMSTEIN-REISS, M.D.

2 them and they're not working very hard in
3 making arrests or issuing summonses.

4 Q. So why is that relevant to an
5 assessment by a psychologist if they're
6 fitness for duty?

7 A. It is --

8 MS. PUBLICKER METHAM:

9 Objection.

10 A. -- one of many things that we
11 consider. It might tell us about their
12 general personality. It might tell us if
13 they're too anxious or depressed. It might
14 lead to that. If they just aren't such hard
15 workers. It may or may not be a factor.
16 This form is just all the general different
17 things about their personal and
18 psychological and medical and work history
19 that kind of touch on a broad number of
20 areas to see if there's anything that might
21 be of concern.

22 Q. So if somebody has low activity
23 for their precinct, that's an indication
24 that maybe they're not fit for duty; is that
25 right?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

C. LAMSTEIN-REISS, M.D.

MS. PUBLICKER METTHAM:

Objection.

A. That in and of itself, no.

Q. No, but is a factor that supports a conclusion that everything else being equal is less fit for duty than somebody else, who has greater activity?

A. No.

MS. PUBLICKER METTHAM:

Objection.

A. You're drawing -- sorry, go ahead.

Q. Well, it's your form. I want to know this information elicited on your form. Am I correct that if somebody reports too few a number of arrests or too few a number of summonses for the area they work in, does that indicate to you that they're not fit for duty?

MS. PUBLICKER METTHAM:

Objection.

A. No.

Q. Does it provide any information in service of trying to make an assessment

1 C. LAMSTEIN-REISS, M.D.

2 about whether somebody is fit for duty?

3 MS. PUBLICKER METTHAM:

4 Objection.

5 A. It could. It may or may not.

6 Q. In what way would a low number
7 of arrests or summonses indicate or inform
8 you about making a decision about whether or
9 not somebody is fit for duty?

10 MS. PUBLICKER METTHAM:

11 Objection.

12 A. Everything is on a case-by-case
13 basis, so how it may or may not be relevant
14 would depend on that particular person. For
15 example, it might lead us to think, well
16 maybe they're just not a great worker, but
17 that's not a psychological issue or it could
18 be that if they're reporting really
19 impairing levels like very, very severe
20 levels of anxiety or depression and their
21 activity has dropped as a result, then that
22 might show that their work performance has
23 deteriorated as their anxiety or depression
24 got worse. That could be a factor. It may
25 or may not be an issue.

1 C. LAMSTEIN-REISS, M.D.

2 Q. Is it possible that too much
3 activity would be relevant to an assessment
4 of factors for whether or not a police
5 officer is fit for duty?

6 MS. PUBLICKER METTHAM:

7 Objection.

8 A. It could, typically it doesn't.
9 It could.

10 Q. You can't think of an example
11 where somebody had so many arrests or so
12 many summonses that that led you to
13 consider that factor as supporting a
14 conclusion that somebody was not fit for
15 duty; is that right?

16 MS. PUBLICKER METTHAM:

17 Objection.

18 A. I do not recall anyone I seen
19 where that was the case. I could think of a
20 hypothetical example of how that might
21 occur, but it's not something I seen in my
22 13 years.

23 Q. Okay. Keep reading, please.

24 A. Next category is necessary
25 force used. Said he has used physical

1 C. LAMSTEIN-REISS, M.D.
2 force. He has not used his firearm or
3 nightstick. He has used mace. Currently on
4 third one. It's empty for last two years.
5 Putting off getting it replaced. Used three
6 to four times. One can during Republican
7 National Convention. Department had them
8 using it a lot.

9 Reactions. I asked how many
10 CCRBs he's had, meaning Civilian Complaint
11 Review Board complaints.

12 Q. Where are you reading from?

13 A. Under reaction, necessary force
14 used.

15 Q. Oh, I see in number of CCRBs
16 directly under that.

17 A. Under reaction I asked how many
18 CCRB's they've had. He said numerous in
19 quotes. He was not sure how much of those
20 were substantiated. Some accused him of
21 racism and racial slurs. Not true, just
22 gave summonses or said can't be in park
23 after dark, et cetera. They say slurs
24 against him, not other way around. Never
25 placed on disciplinary monitoring. Meaning

1 C. LAMSTEIN-REISS, M.D.
2 for excessive CCRBs, but just found out
3 he's on some kind of, quote, secret precinct
4 level probation, end quote. Few in command
5 still talk to him because one got written up
6 for, quote, unnecessary conversation, end
7 quote, when talking with MOS.

8 Q. Can I stop you right there?

9 A. Hmm-mm.

10 Q. Did he tell you that he was on
11 some sort of precinct level review?

12 MS. PUBLICKER METHHAM:

13 Objection.

14 Q. Or monitoring?

15 MS. PUBLICKER METHHAM:

16 Objection.

17 A. What he said was that he was on
18 some kind of, quote, secret precinct level
19 probation, end quote.

20 Q. What did you understand that to
21 mean when he told you that?

22 A. I have never heard of any kind
23 of a secret precinct level probation.

24 Q. Have you ever heard of cops
25 being disciplined by fellow officers or

1 C. LAMSTEIN-REISS, M.D.

2 superior officers?

3 MS. PUBLICKER METTHAM:

4 Objection.

5 A. Yes. There's a whole procedure
6 for that.

7 Q. Have you ever heard of a blue
8 wall of silence?

9 MS. PUBLICKER METTHAM:

10 Objection.

11 A. I have heard that term used.

12 Q. Have you ever heard of cops
13 being punished or retaliated against for
14 speaking out against misconduct in the
15 police department?

16 MS. PUBLICKER METTHAM:

17 Objection.

18 A. I am not aware of any specific
19 examples. It -- I imagine it probably
20 happened at some point. I don't have
21 examples. It may have happened. It may not
22 have happened. I really don't know.

23 Q. Was Schoolcraft the first
24 officer to come to you and complain to you
25 about mistreatment by his supervisor about

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

C. LAMSTEIN-REISS, M.D.

what he perceived as improper conduct?

MS. PUBLICKER METHAM:

Objection.

A. Say that again.

Q. Was Schoolcraft the first person to come to you and report what he perceived as inappropriate conduct by his superiors?

MS. PUBLICKER METHAM:

Objection.

A. I don't remember.

Q. Has anybody ever complained to you about having a quota imposed on them as police officers?

MS. PUBLICKER METHAM:

Objection.

A. I think some officers complained about having to meet activity goals and thinking that was a quota. That's been a question that's outside of my purview whether or not -- whether that's a quota, whether that's activity goals.

Q. Have you ever had an experience where a member of the service complained to you about downgrading or misreporting or not

1 C. LAMSTEIN-REISS, M.D.

2 filing crime reports?

3 MS. PUBLICKER METHAM:

4 Objection.

5 A. Not that I recall. There might
6 be one. I can't remember if he specifically
7 complained about that to me. He might have.

8 Q. And who was that?

9 MS. PUBLICKER METHAM:

10 Objection. I am not going to allow her
11 to answer regarding a individual she
12 evaluated without a medical release.

13 Q. All right. You don't have to
14 give me the name. Without providing the
15 name, who was this person?

16 MS. PUBLICKER METHAM:

17 Objection. Without providing any
18 information about his identify that
19 could identify him as one of your --

20 A. It was one person who...

21 Q. Let me ask you the question this
22 way, was this a member of the service?

23 A. Yes.

24 Q. Was he in patrol?

25 A. Yes.

1 C. LAMSTEIN-REISS, M.D.

2 Q. Was he a he?

3 A. I think I already said he, so
4 sure, he. That narrows it down to about
5 half the police department. I guess I'm not
6 revealing too much about his identity.

7 Q. More than half I'd say. Did
8 Schoolcraft raise concerns with you about
9 not reporting crimes properly?

10 MS. PUBLICKER METHAM:

11 Objection.

12 A. I don't think he did. I will
13 have to check my notes, but I don't think he
14 did. What he did he say was other people
15 were writing fake summonses, which I took to
16 mean people making up everything, just to
17 turn in more activity, which I would imagine
18 it would be found it that these are people
19 who don't even exist.

20 Q. So sitting here today, you don't
21 have a recollection of him complaining about
22 downgrading or failing to report crimes
23 accurately; is that right?

24 MS. PUBLICKER METHAM:

25 Objection.

1 C. LAMSTEIN-REISS, M.D.

2 A. I'm pretty certain he did not.

3 Q. Why are you certain about that?

4 A. I said I'm pretty certain.

5 Q. Why are you pretty certain?

6 MS. PUBLICKER METTHAM:

7 Objection.

8 A. He did not. Because I don't
9 remember it and I probably would have noted
10 that. What I noted was that he said people
11 write fake summonses and no one cares. They
12 only care that his activity was low.

13 Q. Did he tell you that he had
14 concerns about being required to report
15 training when he hadn't received any
16 training?

17 MS. PUBLICKER METTHAM:

18 Objection.

19 A. That he was required to report
20 training that he did not have, no, he did
21 not tell me that.

22 Q. Okay, did he have any complaints
23 to you about training?

24 A. Yes.

25 Q. What were those complaints

1 C. LAMSTEIN-REISS, M.D.

2 about?

3 A. He wanted more training than he
4 had received.

5 Q. So he never told you that he had
6 to sign off on training that he never
7 received, right?

8 A. No.

9 Q. Okay. You can keep reading.

10 A. I stopped mid sentence or the
11 end of a sentence, but few in command still
12 talk to him, because one got written up for,
13 quote, unnecessary conversation, end quote,
14 when talking with MOS since appealed
15 evaluation recently.

16 Q. Do you understand that to be a
17 form of retaliation against him?

18 MS. PUBLICKER METHAM:

19 Objection.

20 A. I understood that he believed
21 that was a form of retaliation against him.

22 Q. And you understood that he was
23 believing that people at his precinct
24 weren't speaking to him, right?

25 MS. PUBLICKER METHAM:

1 C. LAMSTEIN-REISS, M.D.

2 Objection.

3 A. Yes, that was his belief as he
4 related to me.

5 Q. And he stated to you that his
6 belief that people weren't speaking to him
7 was because the people who did speak to him
8 were getting CD'd (phonetic), right?

9 MS. PUBLICKER METHAM:

10 Objection.

11 Q. Or getting written up?

12 MS. PUBLICKER METHAM:

13 Objection.

14 A. He said one person was written
15 up and he believed it was due to that.

16 Q. My question to you is did you
17 understand that he was telling you that he
18 believed that people were not speaking to
19 him because there were people being written
20 up for speaking to him?

21 MR. KRETZ: Objection.

22 MS. PUBLICKER METHAM:

23 Objection.

24 A. That's what he was relating.

25 Q. Okay. Keep going, please.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

C. LAMSTEIN-REISS, M.D.

A. ICO lieutenant took memo book when on post. MOS made complaints and duty captain angry. Duty captain was his own XO and said they have to watch him closely.

Q. What did you understand about him telling you about the duty captain being angry?

MS. PUBLICKER METTHAM:

Objection.

A. I really -- I wasn't sure that there was a dispute between him about whether or not he deserved a low evaluation rating.

Q. Did you ever inquire to him about why the duty captain was angry at him?

A. I believe he was referring to being angry that he was appealing his evaluation. That's what he was saying. That was my assumption at the time.

Q. Okay, please continue.

A. I asked when that was, he said approximately March 16th.

Q. Of 2009?

A. Yes. I didn't write that, but

1 C. LAMSTEIN-REISS, M.D.

2 that's what I was referring to.

3 Q. Did you understand that he was
4 being watched closely as of March 31, 2009?

5 MS. PUBLICKER METHAM:

6 Objection.

7 A. As of March 31st?

8 Q. Yes.

9 MS. PUBLICKER METHAM:

10 Objection.

11 A. It's my understanding he told me
12 that his XO said they have to watch him
13 closely. Whether or not -- I have no
14 knowledge of whether or not these things
15 actually occurred. I know that that's what
16 he told me.

17 Q. Did you ever draw any
18 conclusions about whether or not what he was
19 telling you was true or not?

20 MS. PUBLICKER METHAM:

21 Objection.

22 A. It's not my place to investigate
23 that. So I did not draw any conclusion.

24 Q. You didn't draw any conclusion
25 then about whether or not what he was saying

1 C. LAMSTEIN-REISS, M.D.

2 was true or not?

3 A. Correct.

4 Q. Have you ever drawn any
5 conclusions about whether or not what he was
6 telling you about what was going on at the
7 command level with managers was true?

8 MS. PUBLICKER METTHAM:

9 Objection.

10 A. I have not. I did not. That's
11 not something I investigated.

12 Q. Did it ever enter your mind that
13 Schoolcraft was justified in his concerns
14 about the 81st Precinct supervision of him?

15 MS. PUBLICKER METTHAM:

16 Objection.

17 A. That was one possibility, but
18 either way, that's not what leads to the
19 fitness for duty decision to remove his
20 guns. It's the symptoms he's experiencing
21 and reaction to that.

22 Q. Well, my question is did you
23 ever reach a conclusion that Officer
24 Schoolcraft's concerns about how he was
25 being supervised were legitimate?

1 C. LAMSTEIN-REISS, M.D.

2 MR. KRETZ: Objection.

3 MS. PUBLICKER METHAM:

4 Objection.

5 A. How he was being supervised.

6 Can you be more specific?

7 Q. No, how he was being -- he was
8 reporting to you that he's got concerns
9 about how first --

10 A. Right.

11 Q. What he's being told to do and
12 how he's being treated by supervisors,
13 right; isn't that the fair to say?

14 A. Correct.

15 Q. Did you ever form a conclusion
16 in your mind at any time after that oh,
17 yeah, he was being treated badly by
18 supervisors?

19 MS. PUBLICKER METHAM:

20 Objection.

21 A. I did not form a conclusion
22 about that.

23 Q. All right. Can you keep
24 reading, please.

25 A. Sure. Physical status general

1 C. LAMSTEIN-REISS, M.D.

2 health I wrote see notes since those issues
3 were already assessed --

4 Q. Where are you reading from?

5 A. Physical status.

6 Q. What about history of
7 psychological problems --

8 A. We're above that. We haven't
9 gotten to that yet. Above that.

10 Q. Oh, okay. Thank you.

11 MS. PUBLICKER METTHAM: I will
12 just note Matthew Koster is joining us
13 now.

14 (Time noted: 5:12 p.m.)

15 A. General health just wrote see
16 notes, since that had already been discussed
17 earlier in the interview. Sick time on job.
18 Out sick a few weeks, hardly ever or hardly
19 never went sick. He was never chronic sick.
20 Hospitalizations kept in the emergency room
21 overnight recently. Current medication,
22 none. Took Lorazepam for two days.

23 Q. What is Lorazepam?

24 A. It's an antianxiety medication
25 in the class of drugs called benzodiazepine.

1 C. LAMSTEIN-REISS, M.D.

2 Q. What was your understanding as
3 to where he got that drug from?

4 A. The Forest Hills Hospital
5 emergency room. They gave him an injection
6 of it and then they gave him a prescription
7 for a two-day supply or they gave him two
8 pills. Something like that.

9 Q. As of the time that you were
10 taking these notes, did you know whether or
11 not Schoolcraft had taken any of the
12 Seroquel?

13 A. I can't know with certainty, but
14 he told me he did not.

15 Q. Do you have any reason to
16 believe that he provided that information to
17 you inaccurately?

18 MS. PUBLICKER METHAM:

19 Objection.

20 A. No. He seemed most open during
21 his initial interview. So I believed him
22 when he said that he got the prescription
23 for it, but he wasn't taking it.

24 Q. When you say he got the
25 prescription, you mean he got the piece of

1 C. LAMSTEIN-REISS, M.D.

2 Objection.

3 Q. For years that had been going
4 on, right?

5 MS. PUBLICKER METTHAM:

6 Objection.

7 A. Some of it was more recently.
8 He was still trying to find homes for some
9 of the animals. He was still dealing with
10 stress about the fact that he still hadn't
11 file his tax returns.

12 Q. Isn't it true that he started to
13 have physical manifestations of stress
14 within a year of when he presented himself
15 to you?

16 MS. PUBLICKER METTHAM:

17 Objection.

18 A. What he told me is that the
19 physical manifestations started about a year
20 earlier and he told me it was only his
21 recent evaluation that was low and that he
22 was told that he had to increase his
23 activity. So my understanding was that that
24 was -- that came -- the demand for telling
25 him he had low activity was after the

1 C. LAMSTEIN-REISS, M.D.

2 physical manifestations started. That was
3 my understanding.

4 Q. So it's your understanding that
5 he got the bad evaluation after he started
6 having these physical manifestations?

7 MS. PUBLICKER METTHAM:

8 Objection.

9 A. Yes.

10 Q. When did the physical
11 manifestations begin, about a year before
12 you met him?

13 A. Yes, that's what he reported.

14 Q. So he reported to you that he
15 started having physical manifestations of
16 the stress as of the spring of 2008?

17 MS. PUBLICKER METTHAM:

18 Objection.

19 A. Approximately. He wasn't
20 certain exactly, but about a year earlier.

21 Q. Did he report to you that he had
22 any physical manifestations of stress before
23 the spring of 2008?

24 A. He did not.

25 Q. Can you tell me what events went

1 C. LAMSTEIN-REISS, M.D.

2 on restricted duty --on sick, that's a very
3 rare occasion, right? Is that what you're
4 saying?

5 A. I wouldn't say it's rare. It's
6 people who are either -- typically, when
7 they're hospitalized, they would be out
8 sick. Sometimes when they come out of a
9 hospital they attend a day treatment program
10 for a while. We would certainly keep them
11 out to sick to attend that program or --
12 after that most people are able to return to
13 working inside, nonenforcement duty. There
14 are some people who just might be too
15 agoraphobic, too psychotic. Things that
16 would really just make them unable to answer
17 phones, do filing that kind of stuff.

18 (Whereupon Ms. Bauza left the
19 deposition, time noted 5:49.)

20 Q. When you're put on restricted
21 duty, does that automatically mean that your
22 gun is removed?

23 A. Yes.

24 Q. Does that automatically mean
25 that your shield is removed?