

AFFIDAVIT OF XAVIER AMADOR

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Comes the undersigned affiant and after being duly sworn deposeth and says as follows,
to-wit:

QUALIFICATIONS

1.) I am a clinical psychologist licensed to practice in the State of New York and an adjunct Professor of psychology in Columbia University's Doctoral Program in Clinical Psychology. I have conducted forensic evaluations in criminal cases in Federal court and in the States of Utah, Arizona, Tennessee, Florida, California, New York, Pennsylvania, Missouri, Florida, Georgia, Maryland and Washington.

2.) From July 1st, 1989 through June 30th, 2003, I was on the faculty at Columbia University College of Physicians & Surgeons, Department of Psychiatry. That position involved research, clinical care of psychotic patients and the training and supervision of medical students, psychiatrists and post doctoral fellows in psychiatry. At the time of my resignation I was a full time Associate Professor.

3.) While at Columbia I was also Director of the Diagnosis and Evaluation Center for Psychotic Disorders, Director of Psychology at the New York State Psychiatric Institute and Chief, Division of Diagnosis and Assessment in the Department of Clinical Psycho-Biology at the New York State Psychiatric Institute.

4.) I was Co-Chair of the most recent revision of the "Schizophrenia and Related [Psychotic] Disorders" section of the Diagnostic and Statistical Manual for Mental Disorders,

Fourth Edition, Text Revised (DSM IV-TR) published by the American Psychiatric Association. The DSM IV is the authoritative diagnostic system used by all mental health professionals in this country and by psychiatric researchers worldwide.

5.) In 1989-90 I was the Director of the DSM IV Field Trial for schizophrenia and related psychotic disorders conducted at Columbia University in New York City. I have consulted to the American Psychiatric Association on other matters related to the diagnosis of psychotic disorders.

6.) I have been a consultant to the United States Department of Justice Office of Justice Programs serving as a lecturer. I have also served as a consultant to the Veterans Administration, the National Institute of Mental Health, and other national and international organizations involved in mental health research and services. These consultations centered mostly on the diagnosis and assessment of mental illness.

7.) I was a standing member of the National Institute of Mental Health's (NIMH) "Clinical Psychopathology Review Committee." My duties involved evaluating grant applications submitted by psychiatric investigators studying a wide range of mental disorders. The focus of my reviews most often centered on the adequacy, reliability and validity of diagnostic procedures.

8.) Since 1989, I have been the principal investigator on numerous research grant awards. These grants have been given by the National Institute of Mental Health and other mental health agencies and organizations. The studies supported by these awards have focused on improving the diagnosis of psychotic and mood disorders and illuminating the nature, causes and treatment of these disorders. I have also been a co-investigator and consultant on over 20 other research studies focused on psychotic and mood disorders. In 1990 I received a grant from the American

Psychiatric Association to support my participation in the revision of the diagnostic criteria for Schizophrenia and related disorders in DSM III-R.

9.) I serve as a peer reviewer for approximately 20 scientific journals in the fields of psychiatry and psychology, among them the Archives of General Psychiatry, American Journal of Psychiatry, Hospital and Community Psychiatry, British Journal of Psychiatry, Psychiatric Services, Harvard Review of Psychiatry, Social Psychiatry and Psychiatric Epidemiology. In this role I provide the journal editors with an objective evaluation of the clinical and scientific quality of the research submitted for publication and offer an opinion as to whether the paper should be published or not. I review papers on a range of mental disorders with special emphasis on the reliability and validity of diagnostic procedures.

10.) I was on the faculty of the Columbia University - Cornell University joint Fellowship in Forensic Psychiatry. My lectures and supervision focused primarily on forensic assessment, report writing and testimony in criminal cases with special emphasis on evaluations of malingering, competency, insanity, and diminished capacity.

11.) I have published over 100 papers in peer reviewed journals focusing on the identification, causes and treatment of mental illness and also on the problem of poor insight into illness in patients with psychotic and mood disorders. I have published three books that focus on understanding and treating psychotic and mood disorders.

12.) I have more than twenty years of hands on clinical experience evaluating and diagnosing persons with psychotic and mood disorders (and other forms of mental illness) in a wide range of settings: e.g., prisons, jails, while working with the Tucson Police Department on the county's mobile acute crisis team, psychiatric emergency rooms, several inpatient and outpatient facilities, and community based residential treatment centers. I have worked part-time

conducting forensic evaluations for the past twelve years.

13.) I have either directly evaluated, or supervised the evaluations of, more than 1,000 patients with psychotic disorders who have poor insight into the fact that they are ill (i.e., persons who believe that there is nothing wrong with them despite ample evidence they have a brain disorder). This experience is very unusual for the average psychiatrist and psychologist unless he or she has worked in a research center that focuses on psychotic disorders and the problem of poor insight into illness.

REFERRAL QUESTIONS

14.) I have been asked by the attorneys representing Paul Dennis Reid, Jr., to determine whether he continues to exhibit signs of a mental disease or defect and whether he is currently competent to forego his appeals and competent to be executed. I have come to an opinion on these matters after interviewing Mr. Reid over the telephone (he is currently in death watch and a face-to-face interview was not permitted), reading affidavits filed by his attorneys, interviewing three of his attorneys, and interviewing one of his sisters who spoke with him today. In addition, I interviewed Dr. George Woods and read an affidavit he prepared in this matter.

DIAGNOSIS

15.) Since his childhood, Paul Dennis Reid, Jr. has been diagnosed by more than two dozen mental health professionals (Psychiatrists, Psychologists, Neuropsychologists and Social Workers) with brain damage/dysfunction and/or psychosis. My direct evaluation of Mr. Reid, which has now spanned more than 7 years, is highly consistent with the main findings of the overwhelming majority of these clinicians. Mr. Reid has long standing symptoms of both

psychosis (i.e., delusions and hallucinations) and cognitive deficits (e.g., memory, sequencing information).

16.) In my report of January 15, 1999, I opined that Mr. Reid had the following five Axis I disorders defined in the Diagnostic and Statistical Manual of Mental Disorders, fourth Edition (DSM IV): 1.) Schizophrenia, Paranoid Type, Continuous Course; 2.) Cognitive Disorder, NOS; 3.) Personality Change, Combined Type (aggressive & impulsive), due to head trauma; 4.) Psychotic Disorder with Delusions, Due to a General Medical Condition (Provisional); and 5.) Amnestic Disorder Due to Temporal Lobe Epilepsy (Provisional). My opinion that Mr. Reid has a psychotic disorder was repeated in my testimony before the Hon. Todd J. Campbell, U.S. District Judge on April 28, 2003.

17.) Over the past three years I have continued to review Mr. Reid's records. I have also had a consultation with George Woods, M.D. who evaluated Mr. Reid in 2005-2006. As a result of that review and consultation I have been able to further clarify one of my diagnoses. In 1999, two of my diagnoses were listed as "provisional"(see attached). According to established diagnostic procedures "The specifier *provisional* can be used when there is a strong presumption that the full criteria will ultimately be met for a disorder, but not enough information is available to make a firm diagnosis." (Page 3-4) (DSM-IV-TR, American Psychiatric Association Press, 2000).

18.) At this time, I am of the opinion within a reasonable degree of professional certainty, that Mr. Reid has a Psychotic Disorder with Delusions, Due to a General Medical Condition. The General Medical Condition in this instance involves functional impairment and structural damage to the Left Temporal Lobe of his brain.

19.) In 1999 I wrote that Mr. Reid "does exhibit many relevant signs and symptoms [of

Temporal Lobe Dysfunction] as indicated by the psychotic symptoms, hypergraphia, impulsivity, rage attacks, problems with memory, history of putative catatonic episodes of brief duration, a report of spiking in an EEG he was given years ago, Dr. Auble's neuropsychological test results, and temporal lobe brain damage revealed by MRI and PET."(page 13). However, my more recent review of the record and consultation with Dr. Woods has clarified that the schizophrenia syndrome (delusions and hallucinations) documented for nearly 30 years, is a manifestation of the damage and dysfunction seen in the left Temporal Lobe of his brain.

20.) Today, I interviewed three of his attorneys and Linda Martiniano, (Mr. Reid's sister), all of whom have spoken with him as recently as today on the telephone. I also conducted a 1 hour clinical interview (via telephone) with Mr. Reid. Other than the one refinement in my diagnosis described above, Mr. Reid's psychotic symptoms and cognitive impairments—although clearly worsened---- remain remarkably consistent with respect to content. Among them:

- He continues to believe that a government group (that he used to call "The Team" but now calls "Scientific Technology") has been monitoring his every move and utterance for decades.
- Scientific Technology (ST) controls the minds of people he encounters (family, corrections officers, other inmates and his attorneys) and "scripts" their words and actions. He refers to people controlled by ST as having been "coached."
- Daily he experiences painful ringing in his ears that is a form of "torture" being visited upon him by ST.
- ST is also causing "prickering" which several years ago he had termed "flickering". It is a painful sensation that occurs on various parts of his body including his genitals at times.

- The ST is also causing him to be an “amnesiac” making him forget things. He believes that this and the other delusional and hallucinatory experiences described above are all caused by the use of magnetic technology. He does not believe these experiences have anything to do with his brain damage or mental illness.

21.) Today, as he did in April 2003, he described the above experiences as “torture.”

When I asked him if the level of torture was better or worse than it was in 2003 he answered “the level is a million times worse.” When I asked him if that was why he wanted to be executed he said again, as he did in 2003, that he could not stand much more of this “diabolical torture” and that he is not pursuing his appeals so he could “get out of this nightmare.” He added “I feel elated to be getting out of this nightmare.” It is very important to note that the “nightmare” he describes has nothing to do with his incarceration or the conditions of his confinement and instead, is solely focused on what ST is doing to him.

COMPETENCY

TO NOT PURSUE HIS APPEALS

22.) To evaluate his competency to not pursue his appeals I used the Rees v. Peyton standard. The standard, as summarized in Rumbaugh v. Procunier, 753 F.2n 395, 398 (5th Cir. 1985) asks:

- (a) Is the person suffering from a mental disease or defect?
- (b) If the person is suffering from a mental disease or defect, does that disease or defect prevent him from understanding his legal position and the options available to him?
- (c) If the person is suffering from a mental disease or defect which does not prevent him

from understanding his legal position and the options available to him, does that disease or defect, nevertheless, prevent him from making a rational choice among his options?

23.) As stated above, I am of the opinion that Paul Reid suffers from a mental disease and defect. This opinion is essentially undisputed. I am also of the opinion, within a reasonable degree of professional certainty, that he does not understand his legal position or the options available to him. Furthermore, the mental disease and defect prevents him from making a rational choice among the options available to him.

24.) For example, he told me today that he believes that if he signs his "appeal papers they [ST] will torture [him] for another 51 years." He is adamant about the number of years he "will be tortured" if he should agree to pursue his appeals. *It is for this reason, and this reason alone, that he wishes to be executed as soon as possible.* He sees no other way to avoid the torture being caused by ST. He has not complained to me about the conditions of his confinement, nor are his complaints about being on death row, they are about being the target of nearly 30 years of manipulation and torture at the hands of ST.

25.) His delusions now incorporate the attorneys representing him further limiting his ability to rationally choose among the options they present to him. For example, Linda Martiniano, Paul Reid's sister, told to me that during her conversation with her brother on the telephone today, he told her that he did not trust attorney Mark Olive because the ST had gotten to him. He now realizes this because he recalls that back in 2003 Mr. Olive promised him that he would help find out who the "real killers" were and get the 25 million dollars that had been promised to him by ST. The fact that Mr. Olive supposedly made this promise was not significant to Mr. Reid, it was his use of the plural (killers), rather than singular "killer", that revealed to Mr. Reid that ST had taken control of Mr. Olive. Similarly, Kelley Gleason reports

that Mr. Reid no longer believes she is an attorney and that ST is also "coaching" her. Indeed, during my one hour conversation with him today, he became paranoid about me and accused me of being manipulated by ST. Several hours later I learned that he now suspects I might be in charge of ST. In the many hours (more than 30), over many years (more than 7), that I have interviewed him, this is the first time that I was ever incorporated into his delusions in this manner. The speed with which he became paranoid of me and incorporated me into his delusions is a clear sign of a worsening of his symptoms.

TO BE EXECUTED

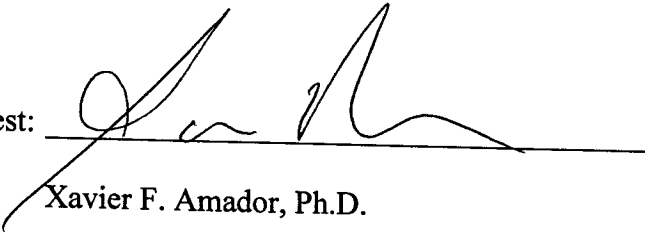
26.) The Ford v. Wainwright standard prohibits the execution of those who are unaware of the punishment they are about to suffer and why they are to suffer it. Because of his medical condition and resulting psychotic symptoms, Mr. Reid is not aware that his death by lethal injection is "punishment" and is not aware of the reasons for it.

27.) He can parrot back what he has been told in court and from the media coverage that he sees, but he believes none of it. From as early as 1998 he has believed that many aspects of his three trials were set up and controlled by "The Team" (a.k.a. Scientific Technology). The paranoia he displayed then was not the normal distrust one sees in defendants faced with such serious charges. Even the government's doctors at the time agreed he was psychotic and exhibiting grandiose and paranoid delusions. However, in recent months the delusions have intensified and incorporated nearly everyone Mr. Reid has contact with. His punishment, his execution, has been orchestrated by ST just as his attorneys, their experts, his family, the Sheriff, corrections officers and other inmates have been controlled by the same agency (see my reports filed between 1998 and 2003). His death, in his mind, is the only way he can escape ST. It is not

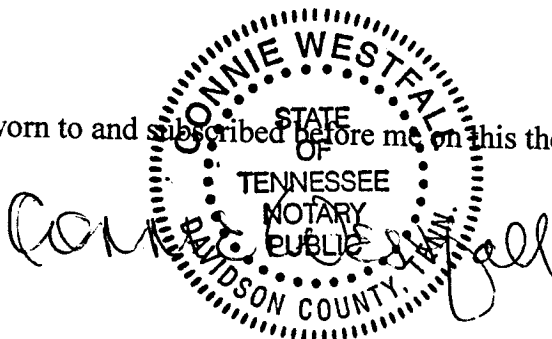
punishment, it is an escape from ST.

28.) Today, Mr. Reid's speech was pressured, his thought processes were disordered and several delusions and hallucinations were readily apparent. His mood fluctuated wildly from warmth and affection to anger and paranoia. In the time that I have known him I have never before found him to be this ill and out of touch with reality.

I declare under the penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed this 26th day of June, 2006.

Attest: 
Xavier F. Amador, Ph.D.

Sworn to and subscribed before me on this the 26 day of June, 2006.



My Commission Expires ~~My Commission Expires~~ JULY 19, 2008