ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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Psychological Autopsy

Name:	Shue, Phillip M
Date of Birth:	22 July 1948
Date of Death:	16 April 2003
SSN:	[redacted]
Rank:	COL, USAF
Place of Death:	Boerne, TX
Date of Report:	4 May 2005

Source of and Reason for Request:

This psychological autopsy was requested by the Lackland Detachment of the Air Force Office of Special Investigation (AFOSI) in order to assist in the determination of the manner of death in the case of COL Phillip Shue.

Identifying Information:

COL Philip Shue, M.D. USAF was a staff psychiatrist at Wilford Hall Medical Center at the time of his death on 16 April 2003. He was a 54-year-old married Caucasian with twenty-three years of non-continuous active duty who had planned to retire from the Air Force in October 2003.

Disclaimer:

This report represents the opinion of the two board certified forensic psychiatrists based on the interviews and information sources enumerated below as well as our experience. Dr. Donovan performed the interviews; all other materials were reviewed by Drs. Donovan and Ritchie and extensively discussed. The case was also discussed with an outside consultant.

Individuals interviewed were informed of the purpose and non-confidential nature of the evaluation. They were advised that a written report would be prepared and provided to the Air Force Office of Special Investigation. They were told that their participation was voluntary.

Sources:

1. Interviews with the following individuals:
   - i. COL Joseph Chozinski, M.D., Chief of Psychiatry, Wilford Hall Medical Center
   - ii. LTC Douglas Dionne, M.D., Staff Psychiatrist, Brooke Army Medical Center
   - iii. LTC Jamie Grimes, M.D., Staff Neurologist, Brooke Army Medical Center

iv. Pam Crawford M.D., former colleague of COL Shue and Tracy Shue
v. COL Romy Richardson, MC, USAF, Director of Training, Residency in Aerospace Medicine
vi. Dr. John Patterson, psychologist on staff at the Residency in Aerospace Medicine
vii. LTC (ret.) Tracy Shue, NC, USAF, COL Shue's wife at the time of his death
viii. Mr. Bruce Shue, father of Phillip Shue
ix. George Brown, lifelong friend of COL Shue
x. COL (ret.) William Banas, MC, USAF, former supervisor of Col Shue
xi. LT Anderson and Inv. VanLandingham of the Kendall County Sheriff's Office

2. The follow individuals were not interviewed
   i. Nancy Shue, COL Shue's first wife. Her attorney informed us that he could not allow her to speak to me due to a lawsuit filed against her by Tracy Shue.
   ii. Jeff Shue, COL Shue's son. We were informed that he did not wish to participate in the evaluation.
3. AFOSI Report of Investigation case number 409-C-0000A5-05775031071821
4. AFOSI file entitled: "Information provided by T. Shue", including:
   i. DD form 2558 Dated 980520 stopping an allotment of $2916.67 to Nancy Shue
   ii. Letters to Northwestern Mutual Life dated 23 September 1999 and 13 and 20 August 2000 written by Philip Shue
   iii. Northwestern Mutual Financial Network letters (2) to Philip M. Shue, undated
   iv. Northwestern Mutual Life letter to Philip M. Shue dated 29 Sep 1999
   v. USAA Life Insurance Company letter to Philip M. Shue dated 30 Sep 1999
5. Correspondence between Philip Shue and Nancy Shue, provided to AFOSI by Nancy Shue
6. Bexar County autopsy report with photos
7. Texas Department of Public Safety Crime Laboratory report dated 24 July 03
8. Copy of COL SHUE'S medical records from convenience files at Wilford Hall Medical Center Life Skills, Urology, Neurology and Cardiology Clinics
9. Military medical records of Philip M. Shue for the period 1970-1974
10. Last Will and Testament of Philip M. Shue dated 11 April 2003
11. Marriage Settlement Agreement ICO Shue v. Shue Dated 29 June 1992 and amended on 25 Aug 92 and 20 Aug 93.
12. USAA Banking information file from AFOSI
13. 37th CPTS (Financial printout) provided by AFOSI
14. FBI report of interview with Philip Shue 18 October 2000.
15. Course Supervisor's Counseling Record by COL Richardson, dated 8 Dec 99
16. Addendum to Course Supervisor's Counseling Record by COL Shue
17. Transcription of interview between Chief George Brown and Mr. and Mrs. Bruce Shue
18. Texas Department of Public Safety Report of Investigation ICO Philip Michael Shue dates 21 July 03
19. 216th Judicial District Prosecution Report case # 23041647 by Inv. L. Vanlandingham

20. Chicago Police Department report ICO Phillip Shue
21. FBI laboratory Report ICO Phillip Michael Shue dated July 23, 2004

Description of the events:

COL Shue was driving west on Interstate 10 outside on San Antonio, Texas on the morning of 16 April 2002. According to the Kendall County police report, two witnesses observed him at about the 543 mile marker shortly after 0800. Shue's car "traveled in the center median for several hundred yards, and negotiated between two light poles, then striking an object in the median, causing the car to become airborne, then coming down on all four tires. Vehicle then corrected an (sic) re-entered (the highway) continuing west bound on IH10".

The witnesses said that Shue's car continued on the highway for another few minutes, then, just after the John's road exit, the car left the highway, crossed the side median and access road and struck a tree. Later reconstruction of the crash scene indicated that the car first clipped a tree on the right front, and then spun sharply in a clockwise direction before then striking another tree with great force, by the driver's door.

Both witnesses said that the car was traveling at 60-65 miles per hour, and that they did not see brake lights at any time. The car left the roadway just after the 539 mile marker and traveled 43 feet between leaving the road and striking the tree.

Shue had let his home for work at about 0530, which was one hour earlier than usual. There was no evidence of where Shue was between 0530 and 0800, but he was not seen at work in that time. At the time of the crash he was heading away from work, past the exit he would have taken to get to his home. The John's Road exit, which was just before where the crash took place, was the last exit leading back to his home for many miles.

Death Scene Evidence:

Shue suffered obviously fatal head injuries in the crash and resuscitation was not attempted. Emergency workers noted that there was duct tape wrapped around Shue's wrists and ankles. The ends of the tape were loose, with 4-5 inches dangling from each extremity. In addition, the blouse of his camouflage uniform was open and bloody. Both of his nipples had been excised with a sharp instrument and he had a deep, mid-sternal incision clearly visible on his chest. The distal joint of Shue's left pinkie finger was missing. Neither that part of his finger nor the excised tissue from his nipples was ever located.

There was a working cell phone in the car. Telephone records have confirmed that no calls were made from the phone in the period prior to the crash. However, Tracy Shue, whose neighbor recovered the phone after the crash, indicated that it was a clamshell style cell phone and that there was blood on the inside. Shue had $47 in his pocket, but his wallet was missing. The left rear pocket of his trousers had been cut. However, the cut only extended through the outer

material and would not have allowed his wallet to fall out or be removed without going through the buttoned part of the pocket.

Items of interest found in the car included a straight razor, two small pocketknives and a latex glove. DNA analysis revealed the presence of Shue's blood on one of the pocketknives, the glove and the steering wheel of the car. No blood that did not come from Shue was identified. Based on the crime scene photos, the glove looked as if it had never been worn. Only one knife was identified in the crime scene photos. It was a Swiss Army type knife that was not likely to be sharp enough to create the incisions on Shue's body. Kendall County investigators also reported that there was an unopened package of small gauge needles in the glove box of the car, but these were not seen in the photos.

Physical Autopsy Reports:

First Autopsy:
According to the Bexar County autopsy report, dated 17 April, 2003, the T-shirt that COL Shue was wearing was still being tucked in at the waist, but had a tear from the neckline to a point about two inches above the waist. The tear was described as being more consistent with being cut than being torn. The shirt was bloody from the chest area downwards, but not on the shoulders. The bottom portion of the outer shirt was cut or torn, and had buttons missing.

There was massive head and brain trauma. There were two large areas of abrasion/contusion on the forehead and large lacerations on both sides of the face. There were multiple displaced skull fractures and multiple lacerations of the brain. There was no evidence of non-traumatic brain pathology.

The distal joint of the left pinkie finger was amputated. In addition, there were multiple small contusions around both hands. It was not clear whether the finger amputation was part of the trauma of the accident.

The incisions on the chest and around the nipples were noted. The incision around the right nipple was noted to have more regular borders than that around the left. The incisions completely removed the areolae, but were quite superficial, in parts only going through partial skin thickness. "Scratch abrasions consistent with hesitation marks" were noted at the superior border of the chest incision, but not around the nipple incisions. In the photographs it did not appear that the edges of the mid-sternal wounds would approximate, indicating that some of the skin had been removed.

There were no wounds identified as being consistent with a struggle. The only evidence of natural disease was mild prostatic hypertrophy. The autopsy report included a conclusion that the manner of death was suicide.

Second Autopsy:
On 8 August 2003, Cyril H. Wecht, M.D., J.D. performed a second autopsy at the request of Tracy Shue. He concluded that "(t)he information does not indicate that (Shue's) death was

merely a suicide. Rather it is suggestive that another person may have been involved in his death." He recommended that the case be listed as "pending further investigation." If no further significant information was obtained in the case, he recommended that it be listed as undetermined. Dr. Wecht cited several pieces of evidence that he thought contradicted the conclusions of the original autopsy.

1. The original report indicated self-prescribed EMLA cream as the source of the Lidocaine in Shue's blood. However, that was probably not true, because EMLA also contains prilocaine, which was not detected in the blood. Therefore the Lidocaine had to come from another source.
2. The original report described Shue as making a "deliberate" turn off the highway. Wecht noted that the eyewitnesses did not use that terminology, but merely said that the turn was sudden and that they did not see brake lights. Wecht maintained the possibility that Shue was unable to control the car as a result of his injuries and that it could have left the road by accident.
3. The original autopsy report said that there was a working cell phone in the car. Wecht stated that he had not heard whether the cell phone actually worked. He had also been told, without confirmation that there was blood on the inside of the phone indicating an attempt to use it after the injuries had occurred.
4. Wecht thought that the presence of duct tape, with no fingerprints on it, was "suggestive" of another person being involved in Shue's death. He cited the absence of gloves in the car to support that position. He also thought that, "(t)he lack of any weapon that could have caused the trauma noted at autopsy, the missing portions of his body and the absence of his wallet all strongly and logically suggest that the trauma occurred somewhere outside his vehicle and that another person(s) caused it."
5. Finally Wecht noted life events that he did not think supported suicide in this case. These were: pending retirement from the military, acceptance in to a forensic psychiatry fellowship program, the purchase of a new home, and lack of suicidal ideation or significant depression at the time of his death.

Summary of Toxicology Results:

Alcohol:	Negative
Drugs of Abuse:	Negative
Medications:	Diphenhydramine 0.49 mg/L
	Lidocaine 2.4 mg/L.

AFOSI agents stated that Dr. Koonsman, the toxicologist at the Bexar County Medical Examiner's Office, told them that tests for venlafaxine or clonazepam, the two psychiatric medications that Shue was prescribed were negative. Multiple attempts to confirm that information with Dr. Koonsman directly were unsuccessful.

The FBI lab repeated testing on a small sample of Shue's blood and urine. Because the sample was so small, testing of the blood was limited to benzodiazepines only. In the FBI testing, prilocaine and quetiapine were not detected in the urine. Gamma-hydroxybutyrate was detected,

but at a level considered to be endogenous. 7-aminoclonazepam, a metabolite of clonazepam was also detected. Clonazepam and 7-aminoclanazepan were detected in the blood. No other benzodiazepines or benzodiazepines metabolites were detected in the blood.

Background History:

COL Shue Joined the Air Force for the first time in 1970 and served as a navigator from 1970-1974. It appears that his career as an aviator was cut short at that point by his medical problems. He had had several episodes of sudden loss of consciousness and had been diagnosed with Meniere's Disease. One of the final notes from the medical records available indicate that COL Shue was being considered for a medical board and that he had been removed from flight status.

Air Force records indicate that Shue had a break in service from 1974-1984. While he was out of the service, he trained to become a physician's assistant and then attended Medical School. He completed psychiatry residency on active duty, then served as a staff psychiatrist at Elgin AFB for about four years. He then had another break in service for about one year. His father stated that during that time, he was part of a private psychiatry practice in Georgia. However, there were financial problems with the practice that led to his leaving it. He then rejoined the Air Force and stayed on active duty until his death.

From 1998-2001, he was a student at the Residency in Aerospace Medicine. In a counseling statement from December 1999, COL Romy Richardson, the program director, noted that COL Shue had failed to complete his required MPH thesis. COL Shue submitted a statement in which he stated that he "was reluctant to accept a degree from UTHSCSA (University of Texas Health Science Center at San Antonio) because of pervasive cheating" at that institution. There was no mention in the documents that his laptop containing the thesis had been stolen in July 1999. At the end of the counseling statement, COL Shue indicated that he would complete the thesis.

In an interview, Richardson said that at the start of the second year of the program, it came to his attention that COL Shue had not completed his MPH as required during his first year. When he counseled Shue about it, Shue first said that he had written a thesis, but had lost it when his laptop computer was stolen. Richardson said he was surprised to think that Shue would not have a backup copy of a document as important as a Master's Degree thesis, but that he did not question Shue's explanation. He simply told Shue that he had to complete a thesis one way or another in order to be in the RAM. At that point, Shue raised his concerns about cheating. Richardson was again surprised to hear it. He thought that cheating was prevalent in many academic environments, but could not understand how Shue would let it interfere with his performing what he needed to do and doing it with integrity. Richardson said that Shue never told him that the laptop was returned later in July 1999. In addition, Richardson said that when Shue told him about the threats on his life, he took it very seriously and told Shue to inform law enforcement immediately. He remembered Shue making statements that minimized the value of telling the police, but did not know whether Shue ever told a law enforcement agency.

Shue eventually did complete a thesis and graduated from the RAM. However, when he took the Aerospace Medicine Board Exam in October 2000, he scored zero points. Col Richardson

reported that Shue did actually sit for the test. Given that it was a multiple-choice test, Shue would have had to deliberately answer incorrectly to obtain such a score. No one was able to offer an explanation for that result.

Family History:

According to his father, Shue was raised in Dayton, Ohio, the younger of two brothers. Mr. Bruce Shue reported that they were a close family with no major relationship disruptions. Phil did well in school and had a normal social life. George Brown, Phil's lifelong friend, confirmed that perception. Mr. Shue also reported that his son did not share with him information related to major decision and personal problems. He said that Phil kept that information private in order to "protect" his parents from stress related to the problems he had in his first marriage and his decisions regarding the Air Force and his medical career.

Mr. Shue did not know what had gone wrong with the relationship with Nancy Shue, but knew that by 1992, his son was "obsessed" with getting divorced from her. He thought at the time that Phil should have had a lawyer to represent his interests, but Phil rejected that idea. Mr. Shue did not think that his son was acting in his own best interests, but did not question him, thinking that his son knew the circumstances best. Mr. Shue had no explanation for why his son would have been "obsessed" with getting the divorce.

Military medical records:

Copies of COL Shue's military medical records covering the period from 1970-1974 were reviewed. There were no records available for the period between 1974 and 1999. None would have existed for the period 1974-1984 when he was out of the service. However, his main military medical record could not be located after his death. Descriptions of Shue's medical care in the period before his death came from clinic copies of his medical records.

On 22 Jan 73, Shue presented to the medical clinic at Kadena AB, Okinawa, Japan, and reported that an intruder had accosted him in his room. The initial report indicated that he was struck on the head, but had not lost consciousness. Subsequent reports by consultants indicated that he had lost consciousness for about five minutes.

Later in the year, he had three episodes of loss of consciousness with bladder incontinence. One of the episodes occurred during a flight for which he was serving as navigator. He underwent an extensive evaluation for a seizure disorder in late 1973 into early 1974. He was determined not to have a seizure disorder and the etiology of the episodes not specifically defined. He received a psychiatric evaluation during that time to determine if there was a psychological cause for the seizure-like episodes. No definitive psychiatric diagnosis was made, but it was thought that anxiety might be playing a role in his condition. He was later diagnosed as having Meniere's Disease.

Psychiatric History: According to the psychiatry intake written by Dr. Dionne at Brooke Army Medical Center (BAMC) on 9 May 02, Shue first had symptoms of panic attacks in June 1999

while he was in a library writing his Master of Public Health (MPH) thesis. He told Dr. Dionne that, in 1999, he had received a letter that indicated his life was in danger due to the insurance policy his wife held on him. The symptoms of anxiety progressed to the point of depression over the latter half of 1999.

In December 1999, he sought psychiatric treatment with Dr. Chozinski and started taking fluoxetine 20 mg. His depression responded to that treatment in the first half of 2000, but he experienced sexual side effects. Clonazepam was added for anxiety after he experienced a panic attack on base. A trial of sertraline was made. His mood improved, but he developed side effects including apathy and sexual problems, so he stopped the medication. The specific sexual problem was not noted in either case.

From February to May 2002, the only psychiatric medication he took was clonazepam 0.5 mg twice daily. He had continued avoidant symptoms and "decreased ability to do his job," when he had to function in large groups. At the same time, he had no difficulty in one-on-one situations, such as when treating a patient in his office or teaching residents. In May 2002, the dose of clonazepam was increased to 0.5 mg three times daily and another antidepressant, venlafaxine XR 37.5 mg daily, was added to treat his depression and anxiety. That change occurred at his initial visit with Dr. Dionne. At the follow up appointment one month later, he was tolerating the medication well, but reported little benefit. He was seen in June, August and November 2002.

At each visit, he reported a good, but not complete, response to treatment. The sessions also focused on the relationship between his physical and emotional symptoms. That issue arose because some of his headaches were preceded by panic attacks. In addition, the symptoms of a panic attack were similar to a heart attack, which Shue feared based on his family history of cardiovascular disease.

In visits that took place in January and March 2003, COL Shue reported having more symptoms of anxiety. In January, he reported "increased vigilance" and more "black and white thinking." Dr. Dionne quoted him as saying that his vigilance was 'almost paranoia.' They discussed his "greatest fear" as "being disabled in uniform," but did not go into what Shue was being vigilant about.

In the last clinic note, dated 1 Apr 03, Shue and Dr. Dionne focused on clarifying results of the cardiology and neurology consults that had taken place. They discussed adding a new medication in an attempt to better control the panic attacks, but the record did not specifically quantify the frequency or severity of the attacks.

In my interview with Dr. Dionne, he said that his treatment with Shue was "symptom focused." For example, their conversation focused on the depression and anxiety that brought Shue to treatment. If Dr. Dionne raised an issue regarding the larger circumstances of Shue's life, COL Shue gave short, non-committal answers that Dr. Dionne interpreted as his not wanting to discuss such matters. Overall, Dr. Dionne thought that Shue "controlled" the content of their sessions and did not reveal personal information beyond immediate medical concerns.

Dr. Dionne was concerned about the possibility of paranoia when he first heard the story of the threatening letters. Shue told him that he knew that the story did not seem logical, but that it was true. Dionne noted increased anxiety in Shue's emotional expression that he thought was consistent with the story being true. He also thought that Shue was concerned that Dionne would think that he was paranoid. Dr. Dionne reported that Shue did not tell him of the concerns that led to his departure from the aerospace medicine community. While he told him of the laptop being stolen, Shue did not tell him of its return with the threatening note.

Dr. Dionne described behaviors that Shue was taking to decrease his risk of being harmed. These included altering his route when driving to and from work and using a Post Office Box instead of his mailbox due to the risk of it being booby-trapped.

Finally, Dr. Dionne related that, about six months prior to his death, Shue told him that he had had a "dissociative episode." Dr. Dionne quoted Shue as saying that in the episode, he imagined his "car went out of control on the way to work. Great violence was done to (him)." They discussed the episode in the context of Shue's often-stated fear of losing control while in uniform.

Shue was prescribed venlafaxine XR 150 mg once daily and clonazepam 1 mg three times daily at the time of his death.

There was no specific note in the medical record of the presence or absence of suicidal ideation in the notes that were reviewed.

Neurology: Dr. Dionne, COL Shue's psychiatrist, referred him to neurology for evaluation of headaches, from which he had suffered for many years. He saw Jamie Grimes, M.D. for the first time on 16 Sep 02 and then about three more times before his death, with the last visit occurring on 1 April 03. Dr. Grimes diagnosed him with mixed cluster and migraine headaches and tried a number of preventative and abortive therapies. His neurological exam was normal and a brain MRI was negative. There was no mention in the report of his having previously been diagnosed with Meniere's Disease. Dr. Grimes stated that she found Dr. Shue to be "pleasant and professional" in their contacts. On 13 March 03, he was having intense headaches that were not responding to treatment. For that reason, she ordered a "steroid burst" consisting of prednisone 60 mg daily for four days, then 40 mg daily for two days, then 20 mg daily for two days. She also added indomethacin 25 mg tid in an attempt to get control of the pain. He was "doing better" when she saw him again on 1 April 03. However, because of the recent episode and his poor response to treatment, she ordered a magnetic resonance angiogram to rule out the possibility that a brain aneurysm was causing the pain. He did not obtain that test prior to his death.

Cardiology: COL Shue had a strong family history of cardiovascular disease. Dr. Dionne referred him for a work up due to that history as well as COL Shue's concerns and the possibility that the symptoms that they had been treating as panic attacks could represent angina.

He was seen for the first time by Dr. Ferguson at BAMC on 13 March 2003. On that date, physical exam and electrocardiogram were normal. Shue attended a second appointment on 15 April 2003, the day before his death. On that date, he underwent a stress echocardiogram and electrocardiogram, both of which were normal.

Urology: COL Shue was evaluated in the Urology Clinic at Wilford Hall Medical Center on 9 March 2003 for incontinence and 4-5 episodes of gross hematuria. Laboratory tests were performed that indicated an increased prolactin level at 17.6 and a low testosterone level at 2.09. On 10 April 2003, he returned to the clinic and a cystogram was performed. The findings were consistent with benign prostatic hypertrophy. As a result, two medications, finasteride, for prostate inflammation, and tamsulosin, for bladder spasm, were prescribed. The absorptive matter in his briefs was most likely related to the incontinence.

Substance Use History:

Numerous sources described COL Shue as being a light drinker with no known history of illegal drug use.

Family Psychiatric History:

Mr. Bruce Shue reported that there was no family history of mental illness.

Religious beliefs:

Tracy Shue told me that her husband held Christian spiritual beliefs, but that he did not participate in a religious community.

Legal History:

On 1 July 2000, while on a flight from White Plains, New York to Chicago, an incident occurred which resulted in Shue being briefly detained by the Chicago police when the flight landed. Per the Chicago police incident report, a flight attendant indicated that Shue got out of his seat while the fasten seatbelt sign was on. When she stood to direct him back to his seat, he "slapped her on the back." The report also indicated that another flight attendant witnessed the slap and corroborated the victim's account.

When the plane landed, Shue was handcuffed and taken into custody by the Chicago Police Department. Upon learning that the incident took place over the state of Michigan and therefore out of their jurisdiction, the Chicago Police released Shue "without charging," and indicated that the incident would be investigated at a later date.

On 18 October 2000, Shue made a voluntary statement to an FBI agent regarding the incident. In the statement, he said that he was at the lavatory when the fasten seatbelt sign went on. He returned to his seat, but the light went off again within "thirty seconds." At that point, he got back up to use the lavatory. While he was standing at the lavatory door, he lost his balance due to

a recurrence of the turbulence. He reached out to catch his balance and "brushed the shoulder of one flight attendant with his arm." He was later very surprised when a senior flight attendant told him that the police would be meeting the flight.

The FBI report concluded by indicating that the information he provided would be given to the appropriate authority at the United States Attorney's Office in Chicago. In both of the available reports, that is no indication that Shue was ever formally charged with a crime. In a summary of the incident that he wrote in apparent preparation for legal action, Shue indicated that the airlines paid for a hotel for the night for himself and his wife and rescheduled the next leg of their flight for the next morning.

Shue later cited this incident as a reason for declining orders to command a squadron. He said that he wanted to ensure that his name was legally cleared before taking a command position. His rationale was that it would be an embarrassment to the Air Force to have a commander arrested on such charges.

Shue made a legal complaint himself in June 1999 to the UTHSCSA Police. He reported that he was working in the library when he got up to use the men's room. When he returned, his laptop had been stolen. He notified the school security and a report was filed. In the narrative, dated 6 December 2000, that was found on Shue's computer, he indicated that the computer was returned later in the month. He said that it was placed on the hood of his car while parked in Boerne, with a note that said, "if (he) reported anything to the police, 'others would die.'" In addition, the hard drive had been wiped clean, resulting in the loss of the only copy he had of his MPH thesis. The narrative also indicated that Shue had not previously "divulged" the return of the computer.

Law enforcement database queries performed for AFOSI were negative for any arrests.

Financial History:

A review of financial databases by AFOSI revealed no major financial problems. In the week prior to his death, Shue and his wife had signed a contract to buy a home in Birmingham, Alabama for $690,000.

As a Forensic Psychiatry Fellow with the state of Alabama, Shue's annual salary would have been $54,083 plus all fringe benefits. His retirement pay would have been approximately $4400 monthly (this is only an estimate). Tracy Shue's current retirement pay is 3,199.00 monthly.

On 11 Apr 03, Shue signed a new will. Tracy Shue stated that the only change in the will was removing Jeffrey Shue as secondary beneficiary (to inherit property if Tracy Shue did not survive him) and putting Tracy Shue's sister in his place. Tracy Shue said that the change was precipitated by several factors. First, Shue wanted to ensure that his wealth would benefit his parents if they survived him. This was a particularly acute concern given his father's recent stroke. In addition, he was concerned about his son's ability to manage money and the stability of his son's marriage. Tracy Shue said that her husband did not want his son to waste his money or lose it in a divorce settlement.

Sexual History:

There were no reports of any sexual problems other than the statements that he experienced sexual side effects from the psychiatric medications. Sexual side effects are known to occur commonly with the medications that Shue was taking. His specific symptoms were not noted in the medical records.

Further information provided by Mrs. Tracy Shue

Tracy Shue reported that in the month prior to his death, her husband was "very excited about starting a new life" and "future oriented" as they retired to Alabama. She said that he always thought that aging was something to look forward to. In particular, he thought that having an older appearance would give him more credibility as a psychiatrist.

Mrs. Shue also reported to me that her husband never told her about the theft of his laptop in July 1999. Her only explanation for why he did not discuss that important event with her was that he was probably trying to keep her from worrying. Indeed, she suspected that there were more threats that he kept from her in order to keep her from worrying.

In addition, Mrs. Shue reported that her neighbor retrieved COL Shue's cell phone from the car after being cleared to do so by the authorities. The neighbor told her that that there was a large amount of blood on the inside of the flip-type phone, but very little on the outside. From that statement, Tracy Shue concluded that Shue had attempted to make a phone call after suffering a head injury. I was unable to confirm the state of the telephone with an investigator.

Tracy Shue also commented that she thought that if her husband had been abducted, he might have thought that the two witnesses were following him, increasing his distress. She also thought that the accident scene occurred just prior to the last exit back to town. She speculated that if her husband had been in an agitated state, he might have been trying to get on the exit ramp at the last possible moment, trying to escape from pursuers.

Description of COL Shue's character:

His wife and doctors described COL Shue as a man who was proud to serve in the Air Force. He was very detail oriented about his uniform. He was friendly with people in the office, but kept his personal affairs private. In his last position at Wilford Hall, he was thought of as an advocate for the residents (psychiatrists in training). Moreover, LTC Chozinski said that the residents greatly appreciated his mentorship and generally had great fondness for him. His psychiatrist said that he revealed very little of his personal life or of the inner workings of his mind. In addition, both his wife and his father reported a tendency to keep potentially stressful information to himself in order to keep them from worrying about him.

Both COL Chozinski and COL Richardson said that COL Shue was a personally reserved man who did not participate in military social events as is generally expected. Tracy Shue said that

behavior was an expression of his frustration with the Air Force. COL Richardson reported that when he and a colleague first heard of COL Shue's death, they both thought it was suicide, but gave no specific reason why they had that thought.

George Brown, his lifelong friend, described him as an "easy-going," but dedicated and loyal person. For example, Brown reported that Shue only married his first wife because she was pregnant and that the two was never really compatible. However, Shue worked hard to try to make the relationship work. He was also particularly loyal to his parents, often traveling great distances to help them with concerns.

Tracy Shue reported that her husband had grown disenchanted with the Air Force. He essentially thought that people in authority abused their power and let personal priorities stand in the way of mission and taking care of the lower ranking members.

Description of The Last Days of Life:

Both LTC Chozinski and Tracy Shue told me that there was no indication of a deterioration of Shue's mental state in the days before his death. LTC Chozinski reported that he functioned well as a staff psychiatrist at Wilford Hall Medical Center right up until the day prior to his death. While LTC Chozinski knew of Shue's psychiatric condition, he did not think that any other staff members knew that Shue was at times experiencing great anxiety in the workplace.

Furthermore, LTC Dionne, who was providing psychiatric treatment to Shue, was under the impression that his condition was improving from a period of increased anxiety over the spring.

Tracy Shue said that Shue had a medical appointment that went well the day before his death. He dropped off dry cleaning and picked up his lawn mower from a repair shop. On the morning of his death, he had hoped to get into work earlier than usual to catch up on paper work. They had coffee together as usual and spoke of their future plans. When he left he said "see you later" and headed out for work.

The absence of venlafaxine in his blood indicates that Shue stopped the antidepressant at some point before his death. It would have taken about five to seven days for the medication to get out of his system to the point that a blood test would be negative. He made no mention of stopping the medication at his last visit with Dr. Dionne on 1 April. The CHCS printout indicated that he picked up refills for those medications on the same day. Tracy Shue was unable to provide any information on his husband's use of the prescribed medication.

Suicide Notes, Videos, other recordings:

None

Analysis:

There is no evidence supporting a second party involved in COL Shue's death. Thus, our analysis focused on possible explanations for his behavior on the day of his death.

We considered the possibility Shue had a brief psychotic reaction that went undetected by his doctors and colleagues. Dr. Dionne reported that he considered the possibility that Shue's concerns about the threats against him arose from psychotic paranoia. He told me that he rejected that idea because Shue's mental status was appropriate and his responses to the threats seemed logical.

However, Dr. Dionne did not know two pieces of information. First, he understood that Shue had informed the police about the threats, and second, Shue did not tell him that the stolen laptop had been returned with a threatening note.

These two pieces of information are important because the story becomes much less credible when they are considered. For example, it would have been useful to hear how Shue would have responded to his psychiatrist about why he did not go to the police in the face of a threat that he was taking so seriously. If Dr. Dionne had known the truth, it is possible that his questioning would have revealed a break in Shue's rationality.

Shue also did not tell his wife that the laptop had been returned with a threatening note. She believed that, by not telling her, her husband was trying to protect her from greater concern about the threat. However stealing his laptop, wiping the hard drive clean and returning it is a strange criminal act at the very least. In addition, this event now places the threatener in direct contact with Shue. Why would he not have given the laptop to the police so that could be examined for forensic evidence? Mr. Bruce Shue reported that it was because the note contained a threat warning him not to inform the police. However, Shue's compliance with the threat seems easily won given that it is not clear how the threatener would even know he went to the police. Likewise, if Dr. Dionne had known this piece of information, he would have had a stronger vantage point from which to challenge Shue's rationality.

Despite these questions, Shue's interactions with his wife and peers give no indication of a change in his mental status or in his ability to discern reality from fantasy in the period before his death. If he was suffering from paranoia, he displayed no overt signs of disorganization or cognitive impairment. However, it would be possible for a sophisticated person such as COL Shue to hide paranoid delusions from his wife, colleagues and even his psychiatrist.

Nonetheless, paranoid psychosis is neither necessary nor sufficient to determine whether Shue self-inflicted the injuries he had on his body at the time of his death. Therefore, one must separate the question of whether he committed the acts of self mutilation from the question of whether he then committed suicide.

We think that available evidence shows that while Shue's injuries are bizarre, there are a number of bizarre actions he had taken in the years prior to his death that provide circumstantial support

of unusual if not paranoid behavior. These actions include his not reporting the alleged threats to the police, his concern about lasting impact of the United Airlines incident on himself and the Air Force, and his obtaining such a low score on the aerospace medicine board exam.

We also considered the possibility that his medications could have caused deterioration in his mental functioning. The steroids that he took in March for his headaches may cause psychosis. However, such responses to that medication are usually grossly detectable in that the person becomes disoriented or confused which is noted by others around them. In addition, he only took the steroids for four days, completing the treatment 30 days prior to his death. Most responses to the steroid, especially in an otherwise healthy adult, wear off before then.

COL Shue was prescribed two medications, finasteride and tamsulosin, in the days before his death. Literature reviews do not reveal any reports of these medications causing psychosis, either alone or in combination with his other medications. Further, there is no evidence that he actually took the new medications at any point. The psychiatric medications that he had been taking, venlafaxine and clonazepam, both have withdrawal side effects. These side effects include increased anxiety, headaches, gastrointestinal problems, and flu-like symptoms. The withdrawal syndromes can last past the period when medication is undetectable in the system. Thus it is possible that Shue was suffering these uncomfortable symptoms in the period before his death, but the presence of clonazepam in his blood would probably lessen the withdrawal effect of venlafaxine. On the whole, it appears unlikely that Shue was suffering a medication induced psychotic break, but that he could have been feeling uncomfortable side effects based on recent changes in his medication regimen.

Tracy Shue said that there were a number of positive developments in her husband's life in the period prior to his death. He had been accepted into the forensic psychiatry fellowship program in Alabama and their offer to buy a house there had been accepted. His military retirement was thought to be a positive thing in general. Several informants reported that he had a great fear of doing something to disgrace the uniform. Thus, getting out of uniform would be escaping an institution about which he had become embittered and it would relieve him of the fear of disgracing himself while in uniform.

On the other hand, it could also be noted that Shue had already tried civilian psychiatric practice on one occasion and had not been successful. Therefore, the thought of civilian practice may have raised fears in him that he was not willing to share with those close to him – especially given the reports from multiple informants that he tended to keep stressful information to himself. In addition, forensic psychiatry, with its emphasis on adversarial environments, would not seem to be a good fit for a man prone to anxiety attacks. Dr. Dionne noted that COL Shue cited greater income potential as the primary reason for choosing to enter forensic psychiatry. Having had no formal involvement with forensic work in his military career, making such a large career shift simultaneously with military retirement could be seen to compound the stress he was facing, especially when he was unsuccessful in his first attempt to work in private practice. Further, taking on a large mortgage left little room for failure.

Forensic Opinion:

Suicide:

The argument that Shue's wounds were self-inflicted and that he then committed suicide begins with the **absence of defensive wounds**. If he had been abducted, at some point he would have had to be apprehended and restrained. However, there were no indications of a struggle in the pattern of bruises on his body. In addition, while he did have tape around his wrists and ankles, the tape did not look as if it had been strained against. The loops around his wrists and ankles were loose, without the pattern of stretching that would be expected if it was used to restrain him while the incisions were made against his will. Further the pattern in which the tape was placed on his body would be an inefficient way of binding him. A more effective binding would have either put his hands together in one loop, or bound his hand and some stationary object in one loop. Making multiple loops around his hands takes time and effort from the abductor, but does not in any way restrain the victim.

Dr. Wecht thought that the absence of fingerprints on the tape or gloves in the car suggested that another person was involved. However, another interpretation of these facts would be that the tape was applied at another location and any gloves that were used were not placed in the car.

The **"scratch abrasions consistent with hesitation marks"** (quote from autopsy report.) These marks, which were present at the superior margin of mid sternal incision, are usually, but not always, indicative of a self-inflicted wound. However, there were no such hesitation marks around the nipples, which, being circular and in softer tissue, would appear to have been more difficult to make.

Lidocaine was present in COL Shue's blood at the time of his death. Review of the toxicology of lidocaine indicated that the 2.4 mg/L level measured in his blood is a far higher concentration of the drug than would be expected from topical administration alone. However, it is also well below the toxic level for that medication. Lidocaine has been shown to cause mental status changes, but the levels required are in the range of 8.0 mg/L. The source of the lidocaine has not been determined. While it was initially speculated that it came from EMLA Cream, which Shue had prescribed for himself, that source has been ruled out due to the absence in Shue's blood of prilocaine, the other active ingredient in EMLA Cream.

While there is no evidence pointing to how the lidocaine was administered, it is easily obtainable, especially for a doctor working in a large hospital. Among other uses, lidocaine is a local anesthetic for minor surgical procedures. It is frequently administered subcutaneously prior to minor skin surgeries and any medical school graduate would be familiar with that procedure. One theory for how the lidocaine got into his system would be that he self-administered it before making the chest incisions. The site of administration would then be obscured by the subsequent incisions. The presence of narrow gauge needles in the car supports this theory.

It was also speculated that the lidocaine was involuntarily administered to him by an assailant as part of a drug combination intended to sedate him. We are not familiar with its use in that role

and no other sedating drugs were detected in his system. In addition, sedation is not a prominent side effect of lidocaine.

Shue was **in treatment for a psychiatric condition, but not taking his prescribed medication.** Shue had been diagnosed as having Panic Disorder with agoraphobia. Any depressive or anxiety disorder raises the risk of suicide above those without such conditions. His doctor thought the condition was improving in the weeks prior to his death.

Toxicology showed the presence of clonazepam, but the absence of venlafaxine in Shue's blood. Stopping the venlafaxine, an antidepressant and antianxiety agent, could lead to increased anxiety and depression. Standard clinical practice would be for such medications to be gradually tapered in order to avoid withdrawal side effects.

Even without presuming that he stopped the medication as part of a suicide plan, the absence of medication, except for metabolites of clonazepam, in his blood is a potentially self-destructive development over which no one but Shue himself had any control.

In addition, **scenarios of Shue's capture and escape** on the day of his death are difficult to conceive of. How would an abductor have gotten him in physical control? He left the house in his car and was driving his car at the time of his death. An abductor would have had to get him to stop the car and get out, against his will in order to perpetrate a crime. One scenario could be that he was lured from the car under some ruse. However, this seems less likely given that he was driving to work a full hour earlier than usual. Even if his routine were being monitored, it would be less likely that a trap would succeed on the day that he alters his routine. A more violent capture would probably have left signs of injury to Shue or his car.

If an individual or individuals had gained the complete control of Shue that would be necessary to make such precise incisions around his nipples, how would he then have escaped without further violence? Again the absence of defensive wounds comes into play.

It has also been proposed that while Shue may have self-inflicted the wounds, the subsequent car crash was an accident brought on by his being unable to control the car in his impaired state. We think that most of the evidence indicated that **he would not have been so impaired that he could not control the car.** First, the wounds to his chest would not have bled very much. The nipple excisions, in particular were very superficial and the midline incision did not go through structures that were highly vascular. At the scene, Kendall County investigators thought that the blood on these wounds looked very fresh, and had not even begun to clot. That would indicate that the wounds had been inflicted within a few minutes before the crash, not allowing much time for bleeding. While it is not clear whether the pinkie joint was cut prior to the crash or in it, and while it would have bled more than the chest wounds, there is no indication from the car that there was a large amount of blood loss. He could have bled outside the car wherever the wounds were inflicted, but it still would have taken a very long time to lose enough blood from that wound for it to affect Shue's level of consciousness. A further point regarding blood loss is that there was a clear line of blood at chest level on Shue's T-shirt. This would indicate that there was

no bleeding from head injuries prior to his death. In summary, most evidence indicated that Shue had not lost much blood prior to the crash.

There is further evidence that whatever his state of injury, **Shue was able to control the car in the moments prior to the crash**. Shortly after they first observed him, the witnesses described Shue as "negotiating" his car in the center median, around light poles. Rather than a loss of control, or a frenzied attempt to escape attackers, this sounds like a flirtation with crashing into the light poles. Then, he hit something in the median. At the high speed he was traveling, this caused his car to become completely airborne. However, it appeared that Shue had no difficulty controlling the car during that very dangerous moment. Indeed after landing, he returned to the roadway and drive normally for a few minutes. The witnesses' statements from this period support Shue having retained the capacity to operate his vehicle under adverse circumstances.

In addition, during this period, Shue passed numerous businesses and a Boerne Police patrol car, which was sitting at roadside assisting a motorist, and had its rooftop lights flashing. It is hard to picture his not stopping to get the officer's attention if he really was escaping a torturer.

Instead, after the short period of normal driving, his car left the roadway, then crossed the side median and the access road before crashing into the grove of trees. **No brake lights were seen by the witnesses.** Given his actions in controlling the car moments before, it seems very unlikely that he would not have be hit the brakes if he wanted to. It is true that in the period he was observed by the witnesses, he had passed far better objects against which to crash if he really was intending to kill himself. However, we think that his choice of the grove of trees reflects ambivalence about dying that is often present in suicidal persons. He was not absolutely certain he would die as a result of his actions, but knew that the risk was extremely high. On the other hand, it is possible that crashing into the trees was intended to be the final step in the process that began with the body mutilation and was not meant to lead to his death at all. In that case, we still believe that his actions reflect a recklessness with his own life that would still qualify as suicide, akin to playing Russian Roulette.

There is also a **general pattern of strangeness to Shue's behavior** that raises the possibility that he was under higher stress than he was telling his doctor, or was otherwise detected by other around him. For example, placing wads of absorptive material in his briefs is not a very effective response to incontinence. Indeed, the findings at autopsy did not support an anatomic basis for incontinence at all.

Why did he sit for the Aerospace Medicine exam, but then apparently deliberately sabotage his score? It would appear to be an extremely immature way to send a message to the Air Force Aerospace Medicine Community, but it hard to see why else he would have gone to the effort of sitting for the test instead of just skipping it. In addition, his determination not to take a command job as a result of the United Airlines incident, taken on face value displays a distorted perception of both the reality of his legal circumstances and of the impact that his arrest (which did not happen) would have on either him or the Air Force. Finally, Shue made a statement that presaged the circumstances of his death. He told Dr. Dionne of a "dissociative episode" in which his "car went out of control on the way to work, and great violence was done to (him)."

This pattern is not a specific indicator of what happened on the day of Shue's death. However, these are his documented actions that are strong indicators of severe emotional distress and/or a hidden agenda by Shue himself. Further, these behaviors also decrease the reliability of his reports that he was being threatened. It is notable that there is no objective evidence, aside from easily produced notes that were not examined by law enforcement until after Shue's death, that the threats actually occurred.

One could speculate that there were secondary motives for telling the insurances companies and Air Force about the threats – to get the ex-wife's policies cancelled and to avoid an undesirable command assignment. But falsely telling the reporting the threats to the police would be a crime with little potential gain. It is important to note that there is no concrete evidence to support the theory that the threat was fabricated, and that it is possible to theorize that Shue began behaving strangely as a result of the stress of being threatened. However, his not going to the police at the first sign of a threat remains unexplained.

Shue **changed his will** five days before his death. While there may be other plausible explanations, such an action can indicate that a person is preparing for death.

Shue had a **cell phone** in the car, but placed no calls around the time of his death. We do not know the working state of the phone, but believe, as described above, that Shue would have been able to use the phone if he chose to do so.

Homicide:

The main evidence for homicide are the **threatening letters** that Shue was reported to have received over the three years prior to his death. However, there are questions in regard to the authenticity of the letters. Shue alone discovered the letters. His not contacting the police about the letters differs from his earlier behavior in the case of his arrest in Chicago and his contact with both of the insurance companies. In both of those cases, he was persistent in attempting to get the authorities to take a desired action. It is difficult to understand why he would not have been so persistent in this case if he truly thought his life was in danger.

Both Shue's current wife and his ex-wife held life insurances policies that would have profited them after his death. To our knowledge, there is no evidence connecting either of them to the scene of Shue's death.

Shue's **wallet was missing** at the time of his death. These could be consistent with a robbery on the morning of his death. However, he had $42 in cash in his front pocket at the time of his death.

Accident:

The theory that Shue's death was an accident rests on the belief that he was staging an event that spun out of control. Presumably he would have been staging an assault on himself to prove that

he was being threatened and thus be able to get the life insurance cancelled. As noted above, it would not be unreasonable to conclude that the car crash was accidental. When first observed by the witnesses, his driving appeared erratic, but reasonably skillful. To conclude that his death was an accident would presume that the skillful appearance was something amounting to luck and the erratic quality was not confused decision making, but evidence of a decline in driving skills. Alternatively, one could conclude that his driving ability was preserved until the point when he drove normally for several minutes, but then he suffered a rapid decline in capacity that caused him to veer off the road. An example of such a decline could be a fainting spell brought on by pain or the horror of what he had done to his body, or a sudden, overwhelming panic attack.

Conclusion:

It is our opinion, based on available information, and within reasonable medical certainty, that suicide is the manner of death in this case. There still remain inexplicable facts about COL Shue's death. Further information could change the way we have interpreted the information that we have gathered.

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