

## **DECLARATION OF LESLIE LEBOWITZ, PH.D.**

I, Dr. Leslie Lebowitz, declare as follows:

1. I am a clinical psychologist, licensed to practice in the State of Massachusetts. I maintain a private practice specializing in the treatment of psychological trauma, including childhood physical and sexual abuse, rape and other forms of adult criminal victimization, and combat exposure. Previously I was employed as a clinical and research psychologist in the Behavioral Sciences Division of the National Center for Post-Traumatic Stress Disorders at the Veterans Administration Medical Center (VAMC) in Boston, Massachusetts. In that capacity, I conducted research, psychological assessments and individual psychotherapy with war veterans, most of whom had served in World War II or Vietnam. My duties also included the training and supervision of psychology interns.
2. Prior to my work with the VAMC, I was an assistant professor of psychology at the University of Massachusetts at Boston. There, I taught both graduate and undergraduate courses on the effects and treatment of trauma over the life span, as well as courses in psychopathology, personality theory, and advanced seminars in applied clinical practice. I also designed, conducted and supervised clinical research projects in the area of psychological trauma, the findings of which have been published in professional and academic journals.
3. I received a B.A. degree from Oberlin College in 1979 and an M.A. in psychology from Duke University in 1985. In 1990, I received a Ph.D. in clinical psychology, also from Duke University. For more than a decade, my clinical and research focus has been the assessment and treatment of the long-term effects of traumatic life experiences and interpersonal violence. My findings have been published in the *Journal of Traumatic Stress*, *Psychotherapy*, *Journal of Interpersonal Violence*, and *Journal of Training and Practice in Professional Psychology*. I have been a frequent presenter and panelist at professional conferences, including annual meetings of the International Society for Traumatic Stress Studies and the American Psychological Association. I also conduct trainings and workshops for a range of groups, assisting them in identifying and assessing the effects of psychological trauma.

4. For several years, I consulted to the Victims of Violence Program at The Cambridge Hospital in Cambridge, Massachusetts, where I assisted in developing an evaluation protocol for assessing mental health services provided to survivors of interpersonal violence. I also worked with the Department of Health and Human Services, developing curricula and training for mental health professionals treating war-related trauma suffered by refugees from Bosnia-Herzegovina. I am a member in good standing of the American Psychological Association and The International Society for Traumatic Stress Studies.

5. At the request of current counsel for Edward Schad, Jr., I have reviewed records, reports, and other documents concerning Mr. Schad and his family, focusing on his parents: Edward Schad, Sr. and Mabel Cole Schad Hughes. The documents I received include school, military, and institutional records, as well as medical and mental health evaluations of Edward Schad, Jr.; historical data and documents related to Mr. Schad's detention as a prisoner-of-war [POW] in an Austrian prison camp during World War II; and his medical and psychiatric records, most of them from the Veterans' Administration, from the period following WWII through his death in 1973. I have also reviewed records of Mabel Cole Schad's, including medical records from the period of Ed Schad Jr.'s childhood and adolescence; as well as her Social Security records and vital records regarding Mrs. Schad and her family. Among other records provided were the medical and psychiatric records of Thomas Schad (Ed Jr.'s younger brother), most of them from his military and V.A. records.

6. Finally, in April of 1999, I met and interviewed Mr. Schad's mother, Mabel Schad [now Mrs. Hughes], and her husband, Mr. William Hughes, at their home outside Syracuse, New York. I subsequently received copies of declarations signed by Mabel Schad Hughes and Lili Deptula (investigator), as well as additional vital records and news clippings regarding members of Edward Schad Jr.'s immediate and extended family.

7. Current counsel for Mr. Schad has asked that I review these records and discuss my impressions and observations with respect to three specific issues: (1) the nature and severity of the traumas and loss suffered by the Schad family (*i.e.*, Ed and Mabel Schad and their surviving children); (2) the long-term effects of Edward Schad, Sr.'s 18 months as a

prisoner-of-war [POW]; and (3) the nature of the illnesses -- physical and psychological -- in Edward Schad's parents, as documented in the records I reviewed. An accurate understanding of these factors is critical to a reliable assessment of Edward Schad Jr.'s social, emotional and cognitive development.

8. In reaching my opinions, I have relied on my meeting with Mr. and Mrs. Hughes, as well as the records and documents provided by counsel, as well as my clinical experience in treating World War II veterans within the Veterans Administration system.

9. The existing records and documents provide important insights into both Mabel and Edward Schad, Sr., including several themes which are clinically significant in terms of both the impairments and struggles of Mr. and Mrs. Schad, and the family dynamics which likely developed as a result. My report focuses on Edward Schad, Sr. and Mabel Cole Schad<sup>1</sup> (Ed Schad, Jr.'s parents). I discuss them separately, identifying psychologically salient factors, as revealed in the available data. I conclude with a summary of these factors and their possible importance in the Schad family.

## I. INTRODUCTION

10. The records in this case document important aspects of the Schad family life, beginning just prior to Ed Schad Jr.'s birth in 1942. The medical and psychiatric records of Edward Schad, Sr. are especially useful in that they were generated by a broad range of health care professionals in diverse settings (*e.g.*, VA hospitals, private offices, addiction programs, locked psychiatric units, military bases, and state prisons), over a span of almost 50 years. Because Ed Jr., his father and his brother all served in the military (two during wartime), their personal records can also be given additional context with historical data from the war years.

11. Both of Edward Schad's parents came from working class families in upstate New York. They had limited education and relied heavily on local factory jobs in and around

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<sup>1</sup>For purposes of clarity, I refer to Edward Schad, Jr.'s mother throughout this declaration as either "Mabel" or "Mrs. Hughes."

Syracuse. Mr. Schad was part of a large, extended local family; less is known of Mabel Cole's family. Mabel and Ed were adolescents when the Great Depression hit.

12. Mabel, Ed Sr., and their children were apparently quite poor throughout Ed, Jr.'s childhood: "The children almost never got new clothes, nor did they have the toys or other things that other children had." [Deptula Declaration, para. 4.] Even in the hard-hit industrial areas where Ed Schad grew up, their poverty stood out: "The Schad children's old clothes and lack of possessions made their poverty visible and humiliating." [*Ibid.*]

13. Edward Schad, Sr. reached adulthood just as World War II broke out. The documents I reviewed strongly suggest that in addition to the external challenges of that era, both Ed and Mabel Schad were further burdened with a host of psychological problems which undoubtedly compounded the struggles shared by many Americans during this period. These psychological problems were sufficient to shape the life of the family, and Edward Schad, Jr. grew up in a family burdened by psychological illness, violence, profound detachment and neglect, secrecy and isolation

## II. EDWARD HAROLD SCHAD [SR.]

### A. Background/Family History

14. Edward Schad [Sr.] was born on August 24, 1920 in Syracuse, New York. His birth certificate identifies him as the ninth child born to Katherine Hauser, then 40 years old, and John Schad, a 44-year-old iron worker. All 9 children were reportedly alive at the time of his birth. The same record lists New York as the birthplace of both parents, but some family members, including Mabel, report that John and Katherine Schad were from Germany. According to Marion Schad Whelan (Ed Sr.'s sister), both parents of John Schad (Edward Schad Jr.'s great-grandparents) emigrated from Baden, Germany.

15. There is some disagreement between Mabel and Marion Schad Whelan as to whether Ed Schad was one of 8 siblings, or perhaps 10. They agree, however, on one detail: after the births of at least 6 Schad children, there was a 7-year period during which no children

were born to John and Katherine Schad. This 7-year period was then followed by several births in quick succession:

The age range among the siblings was wide enough that Marion's eldest sister, Zelma, had two children of her own before Marion and Ed [Sr.] were born." [Deptula Declaration, para. 9.]

16. Interestingly, the gap between the siblings was defined not only by age, but also by religion. According to Marion Schad Whelan (Ed Sr.'s sister), the 7 eldest children were raised in the Catholic faith, while the youngest 3 (including Marion and Ed Sr.) were raised as Methodists. Both have reported that on Sunday mornings, the Schad children left the house in two groups to attend (separately) their respective churches. Neither Marion nor Mabel found this fact at all unusual, and her detached retelling of this detail was consistent with her overall lack of interest or engagement with her life or her children's.

17. Ed Schad, the second youngest of the Schad siblings, married Mabel Cole in a civil ceremony in December of 1941. When Edward Jr., their first child, was born in July 1942, Ed Sr. had already been inducted into the Air Force. Less than a week after their son's birth, Ed Sr. was sent overseas, leaving Mabel and Ed Jr. largely dependent upon Ed's family.

#### B. Military Service/Experiences

18. Edward Schad, Sr. was on his eighth mission as a ball turret gunner on a B-17, after almost a year of service, when his plane was shot down at an altitude of 28,000 feet. The mission's target was a ball bearing plant in Schweinfurt, Germany. Ten crew members were aboard when they were hit by enemy fire:

When our plane was finally hit in the engine so seriously that we had to bail out, we were...in the vicinity of Auschuspeffenburg, Germany. The plane we were flying had no static line that day...I know the plane was put on automatic pilot when we bailed out, but where the plane hit the ground is not to my knowledge...<sup>2</sup>

Ed Schad and most of his crew parachuted to safety, only to be captured by German troops:

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<sup>2</sup>"Individual Casualty Questionnaire" of James W. Leskey, War Department, HQ AAF, Washington (10/17/43).

All of crew except radio operator and tail gunner were captured...Radio operator and tail gunner were brought there next day. R. W. gunner was dead...went down with the plane.<sup>3</sup> They were transported to Stalag 17-B, an infamous POW camp in Austria which had served as a concentration camp for several years before its conversion to a military prison.

19. Several years later, Mr. Schad described these events in a sworn statement to the Veterans Administration:

...[O]n August 17, 1943, while on duty on a combat mission in a B-17,...I was shot down by flak fighters.

I was captured by the civilian police and turned over to the luffwaffe and gestapo. I was taken to a schoolhouse and held...while other airmen were captured. About four of us were taken...to a gestapo jail where we were held...and interrogated. At that time we were taken to the Frankfort Interrogation Camp...about 30 miles by automobile. During this period we were given bread and water and a British Red Cross parcel.

About August 25th 90 of us were loaded into boxcars and sent to Mooseburg, a trip of about five days. We traveled at night and were not allowed out of the car during the day. We were fed only bread and water during this trip. I stayed at Mooseburg about three months...We were...loaded once again into boxcars and transferred to Stallag [sic] 17B, at Krems outside of Vienna. I was imprisoned here 18 months. During this 18 months I was fed a bowl of soup and bread once a day and issued a water ration. Occasionally I was given potato, carrots or turnips. ...<sup>4</sup>

20. Stalag 17-B held almost 30,000 POW's from several nations. According to recently de-classified military records, conditions at Stalag 17-B were "never good, at times even brutal." In the months after Mr. Schad's arrival, he and his comrades had virtually no food and no eating utensils. The Red Cross provided blankets (so thin that they were known as "tablecloths") for less than 2/3 of the American prisoners in Stalag 17-B. Mail was routinely delayed for up to four months; writing privileges were suspended indefinitely, compounding the prisoners' sense of isolation. Physical violence by guards was common. Post-war investigations documented severe beatings, numerous killings, no medical care. American POW's were beaten with rifles, attacked by guard dogs, and literally starved. The Red Cross documented hundreds of Geneva Convention violations, many resulting in death or permanent injury to American

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<sup>3</sup>Leskey Questionnaire, *supra*.

<sup>4</sup>Sworn statement of Edward H. Schad (8/28/47).

prisoners. Military records show that Mr. Schad was held at Stalag 17-B for 18 months. He and the remaining members of his unit had begun the "death march" from Stalag 17-B when they were liberated by Russian troops.<sup>5</sup>

### C. Post-War Adjustments

21. Edward Schad Sr. was discharged from the service effective October 6, 1945. He was 24 years old when he returned home, a decorated war hero, but physically and emotionally damaged by the experience.

#### 1. Injuries/Disfigurements

22. Family members recall visible scars, including a large, infected facial wound (described in records as a "disfiguring scar" in the "right zygoma area") and an injured left foot ("pes planus, second degree, cause--traumatic").<sup>6</sup> The facial wound was reportedly caused by dogs used by Nazi guards to control, intimidate, and injure POW's. His foot injury was caused when he parachuted from the disabled B-17, landing on concrete without appropriate protective gear.<sup>7</sup> These and other conditions, notably chronic headaches and stomach disturbances, caused Mr. Schad to seek treatment, as he explained in his 1947 affidavit:

While I was imprisoned I lost approximately 30 pounds, suffered dysentery and scabies. Since my discharge I have suffered from insomnia, loss of appetite and have become irritable and nervous.<sup>8</sup>

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<sup>5</sup>The conditions of Stalag 17-B and the plight of the thousands of American POW's detained there are documented in great detail in reports by the Department of State, the War Department, the International Red Cross, Military Intelligence Service, and the liberating armies of Russia and the United States.

<sup>6</sup>See Disability Rating Sheet (10/8/52); Evaluation of William L. Schiffman, M.D. (6/13/52), VA records-Schad Sr.

<sup>7</sup>Other records suggest that Mr. Schad's facial wound was, like his foot injury, caused when he and his comrades bailed from their plane:

He gives the history that when he parachuted at an altitude of about 28,000 feet, he was using a small chest pack. The descent was very rapid and the shrouds ripped across the right side of his face, laying open the skin over the zygoma... [Schiffman evaluation, *supra*.]

<sup>8</sup>Statement of Edward H. Schad (4/28/47).

2. **Combat-Related Post-Traumatic Symptoms**

23. Perhaps more disabling than his physical injuries were the psychological injuries sustained during his captivity. Shortly after his release from the Nazi prison camp, Mr. Schad was diagnosed with psychiatric symptoms and conditions directly related to his wartime experience. The "Significant diseases, wounds and injuries" listed were: "1. Anxiety, result of combat stress, 1944, still nervous," and "2. Deformity L-5 finger, since childhood." The examiner listed two "Psychiatric Diagnoses": "(a) Anxiety reaction, chronic, mild, manifested by tension, restlessness, insomnia"; and "(b) Stress, severe, bailout, POW 22 months."<sup>9</sup> Another assessment diagnosed "Anxiety reaction, moderate; combat stress - severe," noting the following symptoms: restlessness, tenseness, tremors, restless sleep, irritability, physical fatigue, anorexia, desperation, anxiety attacks, loss of weight, nausea and vomiting, insomnia and nightmares.<sup>10</sup>

24. Like many subsequent reports, the records reflected the idea that Edward Schad, Sr.'s combat-related condition was likely exacerbated by traumatic events in his civilian life:

...POW 22 months...Upon return to US learned that baby died and wife ill. Began to experience persistent morning nausea and vomiting along with episodes of 'shakiness.' Delayed reaction from prolonged stress, aggravated by acute familial situation.<sup>11</sup>

He was "disqualified for overseas service," due to "Anxiety reaction...combat stress severe."<sup>12</sup>

25. Mr. Schad was still on active duty when he began seeking medical treatment. His records suggests that, even prior to discharge, many of his symptoms were the physiological manifestations of a psychological condition caused by severe psychic and physical trauma:

According to the history, he was shot down...on 17 August as a POW; physical privations were great. Living conditions were poor. He lost a great deal of weight. On being released...

He...spent 22 months in captivity. Conditions were very poor. He noticed symptoms of PTSD...

<sup>9</sup>Report of Physical Examination Of Enlisted Personnel For Active Duty. The record refers to his time as a POW as 22 months, as do other records. The more accurate figure appears to be 18 months. Either period is used in this report. Mr. Schad sustained in captivity.

<sup>10</sup>VA records-Schad Sr.

<sup>11</sup>Personality Estimate, VA records-Schad Sr. (8/4/45).

<sup>12</sup>Physical Examination For Flying (8/6/45).

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Schad Sr. This was the more damage which...

anxiety. He became very irritable and now wants to 'forget.' At present, his main difficulty seems to be with his stomach...nausea and some vomiting after meals...<sup>13</sup>

This report describes many of the hallmark features of what is now known as Posttraumatic Stress Disorder [PTSD], including a severe "stressor"; onset of symptoms following the life-threatening event; symptoms such as anxiety and heightened irritability, efforts to avoid memories or reminders of the trauma (his desire to "forget"); and frequent somatic (medical) complaints.

26. Subsequent records confirm that Mr. Schad suffered a severe and debilitating stress-related condition. In 1946, medical staff described his "impairment to functional capacity for flying" as "marked";<sup>14</sup> he was found eligible for partial disability benefits based on "Anxiety Neurosis...[i]ncurred in service."<sup>15</sup> During the next year, he was diagnosed with "Anxiety state, chronic, severe, with conversion symptoms...due to combat and prisoner status," and "Psychoneurosis, anxiety state, caused by experiences in combat."<sup>16</sup>

27. These conditions all have their roots in extreme, often prolonged and life-threatening, traumatic experiences, including combat and/or wartime captivity. At the time of Schad Sr.'s military experience, the diagnostic nomenclature of psychiatric/psychological disorders was not as standardized as it has since become, but symptoms and conditions developed in response to overwhelming stress and terror have long been recognized. Stress- and/or trauma-related conditions have been known at different times by many names, including: "Anxiety Reaction," "Anxiety Neurosis," "Psychoneurotic Reaction," "Gross Stress Reaction," "Combat Fatigue," "Shell Shock," "War Neurosis," "Delayed Stress Response," "Battle Stress," and "Traumatic Neurosis." The current psychiatric nomenclature includes diagnoses of PTSD and Acute Stress Disorder.<sup>17</sup>

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<sup>13</sup>Examination of Philip Briscoe (9/5/45).

<sup>14</sup>Form 8-83, VA records (5/8/46).

<sup>15</sup>Rating Sheet (4/29/46).

<sup>16</sup>VA records-Schad Sr.

<sup>17</sup>See *DSM-IV-TR*, pp. 463-472.

28. The effects of severe trauma can be complicated or exacerbated by many factors, including the nature, meaning and duration of the stressor, the severity of the threat and whether it includes an actual threat to one's life, pre-existing emotional or cognitive vulnerabilities, and lack of support and resources. The "stressor" for Mr. Schad was combat and imprisonment. The central traumatogenic aspects of these experiences include intense terror, horror and helplessness, as well as severe physical deprivation. Furthermore, the extreme threat to his life was prolonged, persisting for much of his time in combat and all of his POW experience. In addition to a posttraumatic reaction, Mr. Schad, like many other survivors of severe trauma, also developed other psychiatric and substance-related problems.

### 3. Alcoholism

29. After returning to civilian life, Mr. Schad's mental state deteriorated markedly. Family members have reported that, while the Schad children were still quite young, Ed Schad Sr. developed a chronic alcohol problem so severe that it prevented him from holding a job, supporting his family, or assisting in raising his children. His wife attributes his drinking to his wartime experiences:

Edward was not a drinker before he went into the service but when he returned, he drank a lot and often lost his temper and became mean.... Edward tried painting houses to earn some money but that didn't work out either. He often went to work drunk and had trouble completing the jobs he had.... Sometimes when Edward got too drunk to finish a job, he made Ed [Jr.] finish it for him.... I'm not sure Ed [Jr.] had his license yet, but Ed had to drive his father when he was too drunk.... Usually after Edward finished a painting job, he stayed home for weeks just getting drunk.... [Hughes Declaration, paragraphs 12; 17-18.]

His wife and his daughter describe both the withdrawal from social interaction and ongoing damage to his physical health frequently seen in those suffering chronic alcoholism:

Finally, Edward gave up on holding a job and just drank....[He] drank almost every day. His drinking often lasted for weeks at a time. Eventually, he would get too sick to keep drinking, or at least to get to the pub, and for a few weeks after that he would stay in the house. He sometimes called me at work in the middle of a shift, telling me to bring him some beer. [Hughes Declaration, paragraphs 19-20.]

[Susan] stated that [Ed Schad, Sr.] stayed shut up in his bedroom for days at a time, drinking until he became physically sick. [Deptula Declaration, para. 5.]

#### **4. Other Severe Psychiatric Illness**

30. By the 1960's, his alcoholism was well-known to his doctors. A 1970 report notes a "20 year history of heavy drinking" and a "history of alcoholism."<sup>18</sup> In 1970, a VA doctor diagnosed Mr. Schad with "Alcohol paranoid state."<sup>19</sup> It was also apparent that Mr. Schad's alcoholism and post-traumatic symptomatology was accompanied by other severe psychiatric illnesses. Every doctor who examined Mr. Schad during the last years of his life (he died in 1973) found him to be psychotic. He heard voices (auditory hallucinations) and his thought processes were frequently bizarre and delusional. During 1970-1971, he was diagnosed with "Paranoid Psychosis," "Organic Brain Syndrome," "Schizophrenia, Chronic Undifferentiated Type," and "Schizophrenic Reaction, Chronic, Undifferentiated."<sup>20</sup> One V.A. doctor diagnosed "Psychosis with organic brain syndrome on unknown etiology (possibly secondary to alcoholism, head trauma, and/or vascular disease)."

#### **5. Unpredictable Violence**

31. Ed Schad Sr.'s profound impairment was likely the product of a combination of factors: PTSD, severe and chronic alcoholism, as well as other major psychiatric illnesses. Over time, Mr. Schad's multiple illnesses expressed themselves in increasingly violent and frightening ways:

In late January 1970, he developed illusions of persecution. These were accompanied by fear and his reaction to this was a toxic one; that is, he piled trash on the floor, ripped the phone off the wall, threatened violence to his family and threatened to burn the house down.<sup>21</sup>

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<sup>18</sup>VA Hospital Summary by John J. Danchy, M.D. (3/2/70).

<sup>19</sup>See VA report of Wildred L. Pilette, M.D. (3/24/70).

<sup>20</sup>See Exchange of Beneficiary Information (4/3/70); Disability Rating Decision (4/24/70); Hospital Evaluation of Drs. Walsh and Ewing (4/15/70); Clinical Record by W.F. Knoff, M.D. (6/24/71).

<sup>21</sup>Danchy Summary (3/2/70).

He began complaining that the telephone was tapped, that people were watching him through the windows, and that people were following him. ... He became bizarre and inappropriate... He became loud and threatened violence to his family. He threatened to burn the house down...[H]e was hostile and abusive.<sup>22</sup>

32. Mabel Schad reports that her husband's violence was part of the Schad family's existence for many years:

During our marriage, Edward used to hit me in the face and head. He accused me of seeing other men. I often went to work with visible injuries, like a fat lip and black eyes. I told my girlfriends and my boss at work about the beatings. My boss advised me to leave Edward, but I just couldn't do it. I had four children and I didn't want to break up the family.

...[O]ne night in particular stands out in my memory...I had made a spaghetti dinner for Edward and the children. Edward was drunk and began accusing me again of seeing other men. He got furious and totally irrational, then kicked over the table filled with food and dishes. ... The kids and I were terrified. [Hughes Declaration, paragraphs 21-22.]

Alcohol apparently ignited the episode which finally led to Mr. Schad's 1970 psychiatric hospitalization. Mabel Schad Hughes recounts that episode as follows:

...I was sitting in a chair, just watching TV...Suddenly all the lights went out. When I turned to see what was happening, I saw Edward standing with one hand on the light switch and a large butcher knife in the other. He started flicking the lights off and on, and laughing in a really bizarre and frightening way...I remember wondering, 'Is he going looney again?' I asked him what was going on, but he just laughed. I felt totally helpless so I starting saying 'Hail Marys' and 'Our Fathers.' Just then the telephone rang...It was Edward's sister Kate. By this time, Edward's family knew that he had these strange episodes, and Kate could tell by my voice that Edward was acting up again. Kate called our son Jerry...Edward was afraid of Jerry. Jerry came over and got me, then took me to his house.

I stayed at Jerry's house that night and the next day. Jerry contacted an attorney and with his help, Jerry and I had Edward committed to the Canandaigua V.A. Hospital. Edward was in the psychiatric ward for about a month.... [Hughes Declaration, paragraphs 24-25.]

33. As those examples illustrate, Edward Schad, Sr.'s psychiatric impairments left him delusional and paranoid:

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<sup>22</sup>Pillette Evaluation (3/24/70).

[A]bout eight weeks prior to his admission...he began to display very bizarre behavior and delusional thinking...[H]e said that the house was 'bugged' and he took apart a vacuum cleaner to show his family the microphone.<sup>23</sup>

When admitted to this station on 3/4/70, Mr. Schad showed no understanding of his illness. He stated that he was a member of the aerospace program and was being hospitalized for 'further treatment.' ...<sup>24</sup>

He feels that snowmobiles, motor boats, and lawnmowers are getting on his nerves (approximate quotation): 'It's those putt-putt motors,' he states. ... 'If I could go to Florida everything would be hunky-dory.' ...He is disoriented.<sup>25</sup>

These clinical observations are consistent with Mabel Schad's experience:

Edward was in the psychiatric ward for about a month. I visited him while he was a patient there, but he acted very strangely and our visits were uncomfortable. Edward told the people at the hospital that I worked for the President. Having done that, he insisted that I dress up very nice when I visited him there. I'd wear stockings and high heels when I visited... He may actually have believed that I worked for the President. I honestly don't know. [Hughes Declaration, paragraph 25.]

By early 1970, Mr. Schad, Sr. was being treated with approximately 200 mg./day of Thorazine, a medication used to treat psychosis.

34. His physicians at the time recognized the possibility that this psychotic disorder was related to the wartime trauma he had suffered as a young man: "He was a prisoner of war for 2 years in Germany and received a 10% disability compensation for a nervous condition..."<sup>26</sup> The report, diagnosing "Paranoid Psychosis," asked: "Is current diagnosis a maturation of SC Anx. Neurosis or a separate clinical entity?"<sup>27</sup>

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<sup>23</sup>Walsh and Ewing Evaluation (4/15/70).

<sup>24</sup>*Id.*

<sup>25</sup>Knoff Evaluation (6/24/71).

<sup>26</sup>Pilette Evaluation (3/24/70).

<sup>27</sup>Exchange of Beneficiary Information (4/3/70). Given the context of these records and evaluations, "SC" presumably means "service-connected."

35. As his mental state steadily deteriorated, so did his physical health. In 1970, in addition to Schizophrenia, Schad Sr. was diagnosed with "Acute Bronchitis and Respiratory Infection."<sup>28</sup> A year later, Dr. Charles C. Kallett reported the following:

On exam the patient has severe osteo-arthritis of hands, feet and elbows. He has large masses and nodules around joints and soft tissue, swelling, restriction and pain. Also Gouty Arthritis. We question other probable diagnosis due to masses and nodules....In my opinion, this patient is totally disabled.<sup>29</sup>

An examination later that year found Osteo-arthritis of the hands, feet and elbows; Organic brain syndrome; as well as "Schizophrenia, undiff. type."<sup>30</sup>

36. The records clearly indicate that Mr. Schad was severely behaviorally disordered and impaired by mental illness and alcoholism. He was a violent and unpredictable parent, creating a chaotic and frightening home environment in which his illness took center stage. His illnesses preoccupied him and absorbed the energies of both himself and his wife, which in turn facilitated the neglect that characterized Ed Jr.'s childhood. Given Mr. Schad's impairments, Mrs. Schad's role and responsibilities as mother and co-parent were even more central than they might otherwise have been. Unfortunately, what we are able to understand about Mrs. Hughes's functioning as a parent suggests that she was completely unable to balance, or even lessen, Mr. Schad's destructive impact, in part because, like her husband, she too was burdened with significant psychological problems.

### III. MABEL LEONA [JEANNE] COLE [SCHAD] [HUGHES]

37. Whereas Mr. Schad's impairments are readily recognizable and clinically well documented, Mrs. Hughes's impairments, though equally important, are somewhat more subtle, at least in terms of the record. As best as can be discerned, Mrs. Hughes suffered from a level of

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<sup>28</sup>Walsh and Ewing Evaluation (4/15/70).

<sup>29</sup>Kallett Evaluation (4/30/71).

<sup>30</sup>VA records (5/14/71).

emotional and psychological detachment that is clinically significant and sufficiently extreme as to endanger her children physically, as well as psychologically.

38. My impressions of Mrs. Hughes are based on her recall of past events, my personal observations, and her behavior as documented over time in the records I reviewed. During my interview, Mrs. Hughes seemed to be legitimately engaged in trying to answer my questions, but much of the information I requested -- including significant events in her own life -- appeared simply not to be available to her. This might be explained by a number of factors, including emotional or neurological impairment, (perhaps both); or possibly the effects of medications.

39. Mrs. Schad demonstrates a pervasive detachment and passivity in relation to her own and her family's lives. This is initially most notable in her lack of knowledge about her own life. During the interview, while she seemed to be sincerely trying to answer the questions posed, her paucity of knowledge about even the most basic facts of her or her family's experiences was highly significant. Whereas some loss of information could be attributed to the passage of time, her characteristic response of, "I never knew," as opposed to "I don't remember" suggests a more consistent and chronic pattern of disconnection and impairment. Mrs. Schad's striking lack of attention, knowledge and retention is repeated in many domains regarding her family.

#### **A. Background/Family History**

40. Mabel Cole was born in Binghamton, New York on September 2, 1917 to Nelson Cole and Fidela Saynor.<sup>31</sup> Her own reports, as well as the documentary record, are confusing throughout. On her Marriage Certificate to Edward Schad in 1941, she signs her name as Mabel Jeanne (not Leona) Cole; she gives her date of birth as September 2, 1919 (as opposed to 1917) and her age as 22. She used the middle name of Jeanne and the 1919 birthdate on the birth records of her five children. Inconsistencies also appear in her mother's records.

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<sup>31</sup>See New York State Certified Record of Birth (Mabel Leona Cole) and the Broome County Register of Births (Mabel Leona Cole).

41. The records from both of Mabel's marriages identify Mabel's mother as Della Saynor. None of the other records I reviewed identify her mother [Edward Jr.'s grandmother] in any consistent way. Mabel's eldest sibling, Mary Helen Cole (born 7/7/12), is identified as the daughter of Edward N. Cole and Adella Saynor, followed by Edward Nelson Cole (born 7/4/14), born to Nelson Cole and Delia Saynor; Francis Allen Cole (born 8/15/16), born to Nelson Cole and Della Fidelia Saynor, then Mabel Cole herself.

### **B. Early Experiences**

42. Mabel Cole [Schad] seems to have faced obstacles and loss very early in her life. Unfortunately, the details of her life remain sketchy, largely because she is unwilling or unable to disclose much information -- a pattern instilled in her children as well. Susan Schad (Mabel's only daughter to live past infancy), describes both her mother's family and her own as "a family of secrets":

[T]he children learned at a very young age never to ask questions. Their silence extended even to very basic information, including the names and whereabouts of close family members. [Deptula Declaration, para. 3.]

43. The family's silence and secrecy created an atmosphere of mystery and, to some extent, suspicion and isolation.<sup>32</sup> Mabel discussed her family reluctantly, as noted by her daughter:

Susan reports that her mother (Mabel Schad) never talked about her own mother and father...Even today, her mother will not talk about it. [Deptula Declaration, para. 3.]

The few details she did provide sketch a portrait of a childhood marred by loss and deprivation. Mabel Schad Hughes was abandoned as a very young girl by a mother who either "died" or "ran off." Her declaration states that her mother drowned when she was three months old, but there are other indications that she may have left in response to her husband's open fidelity.

44. Mrs. Hughes confided that she had a sister who was considerably older than herself and that: "My sister...was so much older than me that for much of my childhood, I

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<sup>32</sup>See Declaration of Lili Deptula; VA records of Thomas F. Schad.

believed she was my mother.” [Hughes Declaration, para. 2.] If the birth certificates of Mabel’s siblings are accurate, the age difference between Mabel and her eldest sister was just over five years. Even accepting the birthdate she used in later years (1919), stretching the age difference to seven years, the gap does not seem sufficient to elevate this sister to the status of mother, especially with two other siblings closer in age to both of them. What is striking and consistent with the telling of other family “facts” is that the family lore has apparently gone unquestioned: Mrs. Hughes related this account with confidence and evident respect for its place in her history. Further, if Mrs. Hughes was primarily mothered by a child only 5-to-7 years her senior, one would assume that the quality of the mothering she received was inadequate.

### C. Adulthood

45. Family members, and Mrs. Hughes herself, report that she had very minimal contact with her biological family, the sole exception being her brother Francis, a year older than she, who died in 1974. During our interview, Mrs. Hughes spoke as though she had had no family in the area (greater Syracuse), and she identified this lack of biological ties as a source of sadness for her, especially during the early years of her marriage, as she struggled to raise several young children while Ed Sr. was stationed overseas.<sup>33</sup>

46. Marion Schad Whelan (Ed Jr.’s paternal aunt) is certain that their wedding day was the last time Marion (or any other member of the Schad family) saw or heard mention of Mabel’s family. Her contact with Francis’ widow and children reportedly ceased when Dorothy, Francis’ widow, remarried.<sup>34</sup>

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<sup>33</sup>After our interview, I received a substantial number of vital records and newspaper clippings indicating that many, if not most, of her immediate family members remained in Syracuse for most of their lives. Nelson Cole’s 1953 obituary recalled him as “a resident of Syracuse for more than 40 years.” Although he apparently remarried after the loss of Mabel’s mother, all of the children from his first marriage, including Mabel, still lived in the same section of Syracuse. [Nelson Cole Obituary, *Syracuse Herald-Journal*, 3/24/53.] Almost 30 years later, when Mabel’s elder sister (or surrogate mother) died, she was living where she had spent her entire adult life, only a few blocks from her sister Mabel, her brother Michael, and her brother Francis’ widow and daughter. [Ashley Obituary, 10/2/81.]

<sup>34</sup>See Deptula Declaration.

47 Mrs. Hughes' relationship with her husband's family was equally as vague, uninformed and disengaged as her relationship to her own. For example, she reported that John and Katherine Schad were born in Germany, but Mr. Schad's (Ed Sr.'s) birth certificate, as well as other documents consistently identify Syracuse as John Schad's place of birth. Even more striking is Mrs. Hughes's comment that she did not know her mother-in-law's first name, nor whether or not she spoke German:

I sometimes paid Ed's mother to stay with [the children]. I did not know her well. I'm not certain that I knew her first name, but she was family. I believe she spoke German, but I'm not sure. [Hughes Declaration, para. 13.]

After Ed Sr. returned home disabled, Mrs. Hughes (Mabel) worked full-time and Katherine Schad frequently babysat for her children. It is remarkable and clinically significant that she would not know these basic facts about a self-identified family member who regularly cared for her children.

48 Mrs. Hughes's profound detachment was evident with respect to many other significant facts concerning both herself, her husband and her own family. Mrs. Hughes reports knowing nearly nothing about her children's day-to-day lives or their major developmental experiences. She attributes this lack of knowledge to having to work during the day throughout their childhood, yet her knowledge deficit is clearly far in excess of what typically attends working motherhood. (Although Mr. Schad was at home much of the time when the children were young, he was frequently ill or drunk and spent little time with his children. According to Mrs. Hughes, she and her husband rarely discussed their children and in fact, rarely spoke at all except when one of them made a direct request of the other.)

49 Mrs. Hughes's lack of knowledge about her family is evident in domains where it would have been fairly easy to have basic information. There is evidence that at times her disengagement had dire consequences for her children. Examples of both follow:

- Mrs. Hughes told me quite frankly that her children did not receive regular medical attention. She felt that there was no need for them to see a doctor, as they were never really sick. As noted above, her children were indeed very ill. Sherry Schad, one of the twins born during Ed Sr.'s internment as a POW, was hospitalized after a visiting nurse recognized that the child's death was imminent. Mabel had not noticed her condition. Sherry Schad died within

a few days. She was less than one month old. The surviving twin, Jerry Schad was, from the time of his birth, almost totally blind in his left eye. That condition went unnoticed and untreated until it was discovered by a school nurse when he was 7 or 8 years old. The eye was eventually surgically removed.

- Mabel Schad Hughes' attention to her children's well-being continued equally vague throughout their development. Her youngest child, Thomas, died in 1998, yet she did not know the cause of death – she thought he might have had “Asian Orange” from Vietnam. She reported that her son Jerry had some kind of “blockage” in his head, caused when he was “electrocuted” at work. She thinks he may require surgery at some point, but that was the extent of her knowledge. At the time of my visit, her son-in-law, who lives nearby, was in the hospital “for something”; she had not inquired further. She also mentioned that her youngest grand-daughter has a brain tumor, then wondered aloud how she was doing.
- Mrs. Hughes could not recall the number of grandchildren she had. When I asked, she thought she had four. This seemed an odd response, because the question came up in the context of her daughter Susan, who lives in the same town. Susan and her husband have six children.
- She appears to know virtually nothing about her husband's 18-month ordeal in a Nazi prison camp. She states that she never asked him about this part of his life, even when he first returned. While she described Ed Schad, Sr. generally as “a changed man,” she was unable to provide an example of how his 18-month experience in a Nazi POW camp affected him.
- When Ed Sr. returned, his face was visibly wounded. Other relatives have stated, and Mabel confirmed, that the wound had not healed; it became infected and smelled for several years. When I asked what had caused this, she thought that perhaps his parachute cord had hit him on the way down. She had never thought to ask him about the injury, nor did she ask about treatment. It was her belief that he never sought treatment.
- She also knew almost nothing about his POW experiences in Germany, with one exception: he had become petrified of dogs. He had never talked about it, so she never asked. She knew only that the young man she had married was not the same man who returned. Mr. Schad's sister reported that his facial wound (as she was told by Ed Schad, Sr.) was caused by SS attack dogs.
- Similarly, she had very little information about Schad Sr.'s health generally. She knew that he had ulcers or stomach problems, for which medications were prescribed. She said that he never took the drugs, though she never asked him why. She stated several times that “he just never went to a doctor.” (His records document that Edward Schad, Sr. saw a range of doctors almost weekly for most of his adult life.)
- She remembered that Ed Sr. was involuntarily committed after a bizarre episode in which he flashed the lights off and on, then chased Mabel through the house and threatened her with a knife. She also recalled that, while on the psychiatric ward, her husband told the other patients that she [Mabel] worked for the President, so she had to get very dressed up whenever she visited. His behavior and requests apparently did not strike her as unusual.

- In 1941, Mabel moved into the home of Joseph Schad, Ed's brother. She lived in his household until he Joseph remarried, at which point she and her children (including Ed Jr.) moved a few blocks away. The two families remained in that neighborhood for many years; their children grew up together. Nonetheless, Mrs. Hughes insists that she has no memory of Mrs. Joseph Schad; she claims that they never met, nor did she [Mabel] know her name, now or at the time.
- Asked about her own health while her children were young, Mrs. Hughes specifically denied any illnesses or medical conditions, except for one injury at work. That, too, is belied by documentary evidence. Her employment records show that between 1959 and 1982, Mabel Schad sought medical attention almost monthly, during which time she was repeatedly prescribed Darvon, Percodan and Emagrin for pain caused by numerous serious (and in some instances, somewhat suspicious) physical injuries, including the following:

- \*Muscle strain from "using the spray gun on the conveyor" (1959);
- \*1st and 2nd degree burns: "gas stove blew up in my face" (1960);
- \*"Left inguinal herniorrhaphy" (1961);
- \*"Large subdeltoid calcification in bursa" and epicondylitis (1964);
- \*Lacerations after "rivet machine struck my thumb" (1965);
- \*Burns to forehead, chin and neck: "using air gun to blow water out of corners" (1971)
- \*Foreign body in right eye after paint flew under safety glasses (1972);
- \*Contusions when she "fell backwards over skid [industrial container]" (1974);
- \*Steel chips embedded in left cheek (1975);
- \*2nd degree burns on breast: "hot stone...fell down my blouse" (1977);
- \*Emergency Room treatment for lacerations: fell down stairs (1981);
- \*Multiple contusions to rib cage and left hip (1981).

50. There is evidence that Mrs. Schad was on narcotics consistently for almost a year. When she felt "nervous" or experienced "family problems," her doctor prescribed Phenobarbital. Chronic narcotics use likely fostered and exacerbated Mrs. Hughes's inability to focus on her family in a normal way. The combination of narcotics use and psychological problems seems to have left her unable to attend to their emotional or, at times, even basic physical needs.

#### IV. FINDINGS

51. Edward Schad, Jr.'s parents were so burdened by psychological and substance abuse problems that neither could parent effectively. Mr. Schad suffered from florid posttraumatic symptoms, as well as severe alcoholism and a psychotic disorder that left him

completely disabled, both as an individual and as a patient. Further, he tended to act out his illnesses, thereby inflicting his disordered and violent world upon his children in frightening and traumatizing ways. Mrs. Schad [Hughes] was so disengaged from her children that her behavior meets clinical criteria for neglect, its own category of severe child maltreatment.

52. Thus, the Schad children grew up in a profoundly dysfunctional family characterized by violence and disorder, on the one hand, and utter neglect on the other. This tragic combination ensured that the children struggled with both a far greater than average developmental burden and a greatly diminished set of resources with which to cope with their burdens.

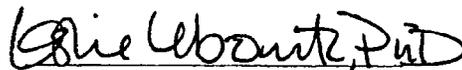
53. It is generally accepted that neglect, exposure to violence, a chaotic family environment, and untreated mental illness in a parent can, and often do, impede normal development and foster the development of mental and behavioral pathology. Because these factors can be so devastating to healthy development, they are widely discussed in both the medical and psychological literature. Children growing up in the shadow of even one of these problems are considered to be at greater than average risk of developing serious behavioral and psychological conditions. Sadly, the Schad children struggled to cope in a family characterized by all of these impairments.

54. For adequate development, children require not only protection from violence and chaos, but also positive developmental experiences in which they are able to form attachments to a caretaker who attends to their basic needs and provides at least minimal guidance (both directly and via patterns of socialization) in how to organize and manage their emotional and interpersonal lives. Without these basic opportunities, children are bombarded by experiences that overwhelm their developing neuropsychological systems and undermine their efforts to develop healthy ways of functioning. As best as can be discerned, the Schad children were deprived of consistent positive experiences, yet suffered an abundance of traumatizing ones.

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They were, therefore, left at a tremendous disadvantage when faced with the challenges of adult life.

I declare under penalty of perjury under the laws of the United States of America and the State of Arizona that the foregoing is true and correct to the best of my knowledge, and that this declaration was executed this 21 day of May 2001 in Newton, Massachusetts.

  
LESLIE LEBOWITZ, PH.D.

5/29/2001