

PSYCHIATRIC EVALUATION CONCERNING:  
Father Vincent Fitzgerald

FILE COPY

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November 11, 1992

Identifying Data:

This is the first St. Michael's office visit for this 72-year-old Oblate priest from Belleville, Illinois.

Informants include Father Vincent who is considered generally reliable. There is also a letter dated October 26, 1992 from his Provincial.

Chief Complaint:

"I'm from northern Illinois."

Present Illness:

When I asked Father "Fitz" why he was here, he said that he had been asked to come here for evaluation. He said that there were allegations involving molestation on his part of two boys ages 15 and 16 some 18 years ago while he was in Minnesota. He said that another priest at that time had been contacted by the family of these two boys who were brothers and that they were upset. He felt the matter was taken care of and felt like it was "dismissed." Then he heard nothing more about it until recently when he said his Provincial was asking about such matters and the same priest who had spoken with him about this years ago also brought it to the Provincial's attention. In the ensuing interview, it was often difficult to get specific information from Father Fitz. His responses were often vague and less than specific. He finally did say that he had on at least one occasion with each young man shared sleeping accommodations while they were traveling with him but that he denies ever touching them or otherwise behaving in any other possibly inappropriate manner. He did learn many years ago that one of the boys became somewhat depressed about matters involving the allegations and had thought of suicide at that time. He is not aware of any other contacts with the family either directly to himself or within his community and denies that he is aware of any possible pending legal action stemming from these allegations.

Subsequently I asked him if there were any other such incidents and at first he was again somewhat vague and then later in a rather dismissive fashion said that there was a problem at a public swimming pool in 1963 when he "tore" the swimming suit of an 8 or 10-year-old girl. Apparently he saw a psychiatrist whose name he does not remember on one occasion and said that the psychiatrist felt that Father Fitz was not intending harm and was simply "curious." He said nothing ever came out of that other than the one-time evaluation session.

This information has been disclosed to from records which have been disclosed to by Federal, State, and Local regulations, 162 C.F.R. Part 201.10, which requires that the disclosure of this information be made without the consent of the individual or his legal representative. It is noted that the disclosure of this information is not sufficient for this purpose.

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Although there is a suggestion of other possible encounters in the Provincial's letter, in asking Father Fitz in general about such matters he denied that there were other such incidents or that he otherwise behaved inappropriately in a sexual manner.

He otherwise denies any other difficulties. He did not mention any problems of concern on his part about his reputation or possible rumors. I asked if alcohol were ever related in any of these incidents and he denied that there was any influence of alcohol or drugs. He specifically also denies that he's ever had any difficulty with any potentially abusive substances.

There is no history of psychiatric contact that I'm aware of. He has not been in a psychiatric facility nor hospitalized nor been seen in long-term psychotherapy or counseling nor has he ever been prescribed any psychiatric medications. There is no history of suicidal thoughts, plans, intention or history of attempts. There is no history of depressive disorder. I'm not aware of any evidence of major depressive disorder or dysthymia.

There is no evidence of phobic, obsessive-compulsive anxiety or hysterical neurosis. There is no evidence of psychosis, dementia or schizophrenia. There is no history of head trauma, periods of unconsciousness, history of skull fracture, evidence of epilepsy or seizure disorder. There is no history of strong passive-aggressive, passive-dependent, schizoid, borderline, antisocial or schizotypal features.

Past Medical History:

Operations:

He had a six-vessel coronary artery by-pass in 1987 at St. Francis Medical Center in Peoria, Illinois. He said he was also circumcised as a young adult and he had a tonsillectomy apparently as a child. There is also a history of a hemorrhoid operation.

Other Hospitalizations:

None.

Drug Allergies:

Penicillin.

Current Prescription Medications:

He takes 1/2 of either a 250 mg. or 500 mg. chlorpropamide tablet (he cannot remember which) for "borderline diabetes."

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Over-the-Counter Drug Abuse:

He denies.

Physical Exam:

Please refer to Dr. Won's evaluation.

Family History:

I'm not aware of any evidence of psychiatric disorder. There is no known evidence of alcohol, drug dependence or psychiatric disease.

Social History:

He was born and raised in northern Illinois and is presently residing in Belleville, Illinois, semi-retired. Prior to this he was in southern California near the Mexican border for 1 1/2 years. He was ordained in 1950. He has CPE training.

Mental Status:

This is a well-developed, well-nourished, 72-year-old Oblate Father. His general appearance is normal. His speech and motor activity are normal. There is no evidence of psychomotor abnormality. There is no formal thought disorder. Affect is casual. Mood is normal. There is no evidence of delusions, hallucinations, suicidal or homicidal ideation. He is oriented to time, place and person. Immediate recall, recent and remote memory, general fund of knowledge, cognitive functions and simple calculations are conducted without error. Abstractions were not tested. Insight and judgment in general may be adequate.

Impression:

Axis I:

- 1) Adjustment Disorder with Mixed Features.

Axis II:

Deferred.

Axis III:

- 1) History of Six-Vessel Coronary Artery By-Pass--1987.
- 2) History of Borderline Diabetes Mellitus.

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Plan and Recommendations:

- 1) Outside informants should be obtained as needed to confirm the completeness of his history.
- 2) Special emphasis should be placed on whether or not there is any evidence of substance abuse particularly in conjunction with the allegations.
- 3) Psychological test reports should be reviewed to see if there is more specific evidence of psychiatric or psychological disorder.
- 4) It is my impression that it could be helpful if he were somewhat more forthcoming about his history.

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

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