

STATE OF NEW YORK

SUPREME COURT : COUNTY OF TOMPKINS

CAYUGA MEDICAL CENTER OF ITHACA,

In The Matter Of the Application of,

Plaintiff,

For an Order to approve Treatment Over Objection

vs.

RJI NO. 2016-0627

Index No. 2016-0832

BONZE ANNE ROSE BLAYK,

Defendant.

False statements are highlighted with green underscore.

- Rosie-Anne Quvus aka bonze blayk!

Tompkins County Courthouse
320 North Tioga Street
Ithaca, New York 14850
January 3, 2017

Bonze Blayk
9/11/2020

BEFORE: HONORABLE JOSEPH R. CASSIDY
Acting Supreme Court Justice

APPEARANCES:

For the Plaintiff: THOMAS P. SMITH, ESQ.
119 East Seneca Street
Ithaca, New York 14850

For the Defendant: LAURA BEVACQUA, ESQ.
Mental Hygiene Legal Services
44 Hawley Street
Binghamton, New York 13901

REPORTED BY: ERIN M. CAMPFIELD
Official Court Reporter

1 THE COURT: Just to clear the record, we
2 have all, I think, said he or she a couple of times.
3 Miss Blayk is a male-to-female transgendered woman is
4 the information I received in the petition.

5 MR. SMITH: Yes, your Honor.

6 THE COURT: So I guess we should use she in
7 this case.

8 MR. SMITH: Yes, I believe that's the
9 pronoun of the patient's choice as well.

10 THE COURT: All right. And you don't think
11 there's any, there's no down side to commencing the
12 hearing at this point, Miss Blayk is not going to
13 appear?

14 MS. BEVACQUA: I don't think so, your Honor.
15 I mean, she could always request a rehearing -- well,
16 certainly if something were to transpire in the next
17 couple of days, she can request a release. That would
18 be a new hearing. So there's other legal options if
19 she wants to cooperate. ME: "What do you know about my case?"
BEVACQUA: "I don't know anything about your case."
ME: "You're not my lawyer." - DISCHARGED FOR CAUSE.

20 THE COURT: If there's any grounds for her
21 to say that she did intend to get in the car and there
22 was some mix-up and therefore she missed her hearing,
23 I will construe any application she makes with that
24 excuse or reason liberally and I'll hear what the
25 circumstances were. But I expect that it's simply

24 Q How long have you been an attending physician at
25 Cayuga Medical Center?

1 A Since October 2016.

2 Q And you're currently licensed by New York State
3 as a medical doctor?

4 A Yes, sir.

5 Q And you hold Board certifications in both
6 neurology and psychiatry?

7 A Correct.

8 Q Doctor, could you describe what led up to Miss
9 Blayk's arrival at Cayuga Medical Center?

10 A Yes. Miss Blayk arrived via the police on the FALSE
11 24th of December. There had been an altercation in a local
12 gas station which she had -- instigated. In lieu of bringing
13 her to the police precinct because of her -- well, they
14 I ARRIVED VIA BANGS AMBULANCE. -NO SUCH ALTERCATION OCCURRED.- NOT EVER.
15 brought her to our hospital for an evaluation.

16 At that time in our emergency room she was quite
17 paranoid, agitated, uncooperative, combative. So the
18 decision was made to admit her to the adult psychiatry unit.

19 Q And based on your review of the medical records
20 and your interaction with Miss Blayk, just give the Court
21 some background, who is Miss Blayk, her circumstances in the
22 community?

23 A Sure. Well, she, as has been stated, she's
24 transgender, born a male. And I think officially
25 transitioned to her gender of choice about seven years ago
"WHAT I AM" - FEMININE! THERE IS NO "CHOICE" IN THE MATTER. IT'S A BIRTH CONDITION!
as far as I'm aware. And she lives in the community in

1 Ithaca. She lost her housing. She had an apartment on
2 Route 96 that was lost and then lost a succession of more
3 intermediate and short term housing placements. 'placements' - PAID VISITS

4 Now, her reason for this if you ask her, she
5 believes that she's a victim of an organized computer
6 international hacker ring. She calls them the Black Hat
7 Crackers. According to her they have persecuted her in a way
8 that has gotten her, kind of removed from her apartment MY HOME HAD BEEN
9 followed by hotels and most recently a shelter. So she's
10 homeless effectively at this point. BULLSHIT!

11 Since admission, she has refused medications
12 despite the fact that she's clearly paranoid and easily
13 agitated. She's often uncooperative with us. When I
14 "You're not *MY!* Doctor!" [EMPHASIS] - A PSYCHOPATH - AND PROVEN A PERJURER!
15 approach her she says no, you're not my doctor. She will
16 look at my identification badge and tell me that it's a
17 different person on the badge. NEVER HAPPENED WITH EHMKE -
18 Both Dr. Rahman and Dr. Field had security badges that were long out of date!
19 Q Do you know, has she done that with multiple
20 providers?

21 A Yes, she did that with Dr. Rahman who was the
22 admitting clinician. She got agitated with him and actually
23 poked him in the face with her finger. She, she needed
24 security and acute medication.

25 Most recently she required medication on the
weekend for an attitude, event in which she was screaming and
hollering and getting into the personal space of some peers.

1 She had to be separated. Often when I observe her she's
2 talking to herself on the unit. She does not participate in
3 milieu activities. She doesn't really interact much with
4 peers. She's not reality focused. She's sort of internally
5 distracted.

6 Q And Doctor, based on your interaction with Miss
7 Blayk and review of her records, and your experience and
8 medical training, do you have an opinion to a reasonable
9 degree of medical certainty as to whether she's currently
10 mentally ill?

11 A Yes. We have her diagnosed with unspecified
12 psychotic disorder. I'm not totally clear whether this is
13 affective where it would be like a bipolar condition versus a
14 psychotic disorder like schizophrenia. We've tried to get
15 collateral information from the community but she's refused
16 to allow us to contact family -- for delusional reasons.

17 One of the most difficult things about her course
18 is that it's the hospital's responsibility to find her a safe
19 discharge placement in the event that she's safe enough to be
20 discharged. She absolutely will not cooperate with that
21 process. She won't let us call anyone. She won't let us
22 find any housing for her.

!!! YOU CAN STILL FIND ME AT 1668 TRUMANSBURG RD - I "got used" to trespass on my premises!

23 She tells us that it's none of our business when
24 we ask her about where she can stay when she leaves the
25 hospital. So there's no safe discharge plan at this point

FALSE: I requested that staff contact the Tompkins County Sheriff's Department
so we could discuss the vandalism that had been perpetrated upon my property
- and they did not do so.

1 because of that.

2 Q So at this point the hospital's only option if
3 she's not retained would be to allow her to walk out of the
4 hospital with no effective discharge planning?

5 A Correct.

6 Q Doctor, based on this, do you have an opinion as
7 to whether retention in a psychiatric facility and specified
8 course of medication is essential to Miss Blayk's well-being
9 at the current time?

10 A Yes.

11 Q Have you had any discussions with Miss Blayk
12 about your proposed course of treatment?

13 A Yes. And she reacts to me with a lot of
14 derision. She questions my credentials, questions whether
15 I'm a real doctor. And she's just very dismissive most of
16 the time. She shoos me away.

17 Q Has she expressed any concern about taking any
18 particular type of medication?

19 A I have discussed the recommended treatments and
20 we have a list of some of those there. She will not even
21 consent to learning about the medications. She's so
22 dismissive that she just walks away. It's impossible to have
23 that conversation with her.

24 Q So she's made no, in effect, objection to any
25 particular medication to you, it's more the whole concept of

1 being medicated she's dismissive of?

2 A Correct.

3 Q Dr. Ehmke, I'm showing you Petitioner's Exhibit
4 1. Is that a document that you prepared?

5 A Yes.

6 Q Is this a proposed course of medication for Miss
7 Blayk?

8 A Yes, it is.

9 Q Can you describe, if allowed to treat Miss Blayk
10 over her objections, how would you proceed based on this
11 schedule?

12 A I would like to start with the Risperdal. That's
13 what we've been offering. It's a second generation
14 antipsychotic with fewer sides effects than some of the older
15 ones. It does have an intramuscular preparation that is
16 given more or less on a long acting basis.

17 So if she was to refuse this, which she has been
18 refusing consistently, I would probably start with Haldol in
19 IM form until that point where her insight and judgment
20 improves to where she would accept an oral medication. And
21 then I would probably switch her to something I thought was
22 more appropriate.

23 Q And were any -- what would you do were any side
24 effects to arise to any of the medications you had
25 prescribed?

1 A So the antipsychotic medications are known for
2 motor disorders, things like tremulousness, rigidity. In the
3 event that she presented with one of those, I would recommend
4 at that point that she take an anticholinergic medication
5 specifically for the side effects. And we have two listed
6 here, cogentin and Benadryl.

7 Q And Doctor, is this course of medication
8 represented by Exhibit 1, in your opinion, narrowly tailored
9 considering Miss Blayk's best interest, the benefits that
10 might be gained by this treatment, any possible adverse side
11 effects of this treatment and any less intrusive
12 alternatives?

13 A Yes.

14 Q And considering all of those you believe this is
15 the best course of treatment for Miss Blayk at the time, at
16 the current time?

17 A Yes.

18 Q Based on your testimony, is it your opinion that
19 Miss Blayk currently lacks the capacity to make a reasoned
20 decision with respect to whether she should be retained in a
21 facility and treated?

22 A Yes. I think she lacks capacity.

23 Q At the current time, her judgment and insight are
24 so impaired by her mental condition that she doesn't
25 understand her need for this hospitalization and treatment?

1 A Correct.

2 Q And then finally, Doctor, is it your opinion that
3 without retention and treatment, Miss Blayk would present a
4 danger to herself or to other people?

5 A Yes, I do.

6 Q What is that based upon?

FALSE: *I*
CALLED FOR
MY TRANSPORT!

7 A It's based upon the history and the police
8 officer when he brought her in of agitation in the community.

9 And the behavior that we've observed that she can be "of" - "for"
10 intrusive with poor boundaries, agitated, combative, that
11 kind of thing.

12 MR. SMITH: Thank you, Doctor.

13 THE COURT: All right. Thank you. Miss
14 Bevacqua.

15
16 CROSS-EXAMINATION

17 BY MS. BEVACQUA:

18 Q Doctor, you initially stated that your preferred
19 course of treatment would be to offer the Risperdal, and then
20 you said Haldol?

21 A Right.

22 Q So would you give them together?

23 A No, I wouldn't. I would give her the opportunity
24 accept the Risperidone. And typically that's the way that we
25 write the order for the nurses administering the medication

1 is that the patient be given the choice. They can take the
2 oral risperidone, of which I have no option of an immediate
3 acting intramuscular shot, or in the event that they refuse
4 the Risperdal, they would be given IM Haldol.

5 Q Now from what is marked Exhibit 1, one of the
6 medications listed is Risperdal Consta preparation by
7 injection each two weeks. So that's offered intramuscularly,
8 but you're saying that if she refused the oral form, you
9 would not give her the injectable form?

10 A Right. Basically that's for safety reasons. I
11 don't want to give somebody two weeks of medication on board
12 if I think there's a chance they might be allergic to it for
13 example. I want to see how she would do on the oral version
14 of the medication before I would put a two week dose on
15 board.

16 Q So the, in the event that she refused the oral
17 form of the risperidone, you would offer the IM form of
18 Haldol?

19 A Correct.

20 Q Then offer the risperidone by mouth, the oral
21 form at some later date?

22 A I mean basically the way that we prepare the
23 orders are that every day we're going to offer her oral
24 risperidone. If she refuses, we will give her intramuscular
25 Haldol. Typically what we would expect is as her condition

1 improves and as her thought process clears and her judgment
2 improves, that she would accept the oral Risperdal. If she
3 tolerated it well and does well on it, I think you would have
4 a rationale for putting her on the longer acting version of
5 the risperidone.

6 Q The other medications you have listed, is it
7 chlorpromazine -- it's the second one --

8 A Chlorpromazine. That's Thorazine.

9 Q And that's the one you said she's already
10 received over the course of the last several days, at least
11 some?

12 A She had a dose of that, I know on Saturday.

13 Q But that's not what -- I mean, is that part of
14 what you would consider a regimen of medication, a regimen
15 that you would offer or was that just offered because it was
16 done on an emergency basis?

17 A We tend to use chlorpromazine as an emergency.
18 Its useful because it's quick acting. It wouldn't be my
19 first choice because of the side effect profile to put
20 somebody on a scheduled basis.

21 Q Excuse me. So Miss Blayk though has not received
22 any of these, has not received any Thorazine, right?

23 A She has. As recently as Saturday she required an
24 acute PRN medication.

25 Q So you would not consider that to be part of what

1 you would offer her as -- or what you would even recommend in
2 terms of her treatment plan?

3 A I would keep it on the list to use either in an
4 acute situation or in the event that she didn't tolerate some
5 of the other ones. I think it would be a secondary
6 medication to choose.

7 Q And the other medications, Geodon, Invega,
8 Abilify, Zyprexa, are those also more of a second choice, not
9 necessarily a primary?

10 A Yeah. They're all reasonably safe medications.
11 I'm comfortable with all of them. I would like to start with
12 the risperidone for a mix of its potential benefits and
13 limitations in terms of the side effects.

14 Q Now, Doctor, is Miss Blayk someone that has, that
15 you've worked with in the past?

16 A Me personally, no.

17 Q Do you know how long it's been since she was last
18 hospitalized?

19 A All I can say is that the last time she was
20 hospitalized at Cayuga Medical Center was in 2002.

21 Q 2002?

22 A 2002.

23 Q So about maybe 14 years ago at least?

24 A Correct.

25 Q Do you know whether or not she had any

1 psychiatric care during that period of time?

2 A She was seeing an outpatient provider. And I
3 know this because he works on our unit. He's a psychologist
4 named Kevin Field. He has a private practice in Watkins
5 Glen, New York. She would see him monthly although she
6 missed the last couple of sessions, so I believe it was
7 October 2016 the last time he had seen her.

8 Q Is, do you know whether or not when she was
9 discharged from her, from the hospital in 2002, was she
10 discharged with any medication as part of her treatment plan?

11 A My recollection is that she did well on
12 antipsychotic medication and fairly, after a fairly brief
13 treatment course they were able to safely discharge her. She
14 did well enough on the medication that they felt safe that
15 she could continue treatment in the outpatient setting.

16 Q And as far as you're aware, for 14 years she has
17 not needed any rehospitalization?

18 A Well, she's been at the State. But she's not
19 giving us a lot of details about that. She revealed to us
20 that she had been in one of the state facilities, whether
21 that was Elmira or Binghamton I don't know. But she did
22 admit to that.

23 Q Do you remember how long ago that was?

24 A No, and she didn't divulge that to us.

25 MS. BEVACQUA: Thank you. Nothing further.

1 MR. SMITH: Nothing further.

2 THE COURT: All right. Thank you. You can
3 step down.

4 (Whereupon the witness was excused)

5 THE COURT: Does the hospital rest?

6 MR. SMITH: The hospital rests, your Honor.

7 THE COURT: And Miss Bevacqua?

8 MS. BEVACQUA: No witnesses, your Honor.

9 THE COURT: All right. The Court does find
10 on the clear and convincing evidence provided by Dr.
11 Ehmke reasonable cause to believe that the patient,
12 Miss Blayk, would be a danger to herself, perhaps
13 others, due to a mental illness. The mental illness
14 that the doctor testified to is an unspecified
15 psychosis.

16 The specific cause or nature of that illness
17 is at this time unknown, in part due to the failure of
18 the patient to cooperate or because she's been
19 dismissive and has not provided any information
20 regarding her mental health history.

21 Regarding the danger to self or others, she
22 has not consistently engaged in voluntary treatment
23 over the past 90 days. She has lost housing in the
24 winter here in Ithaca, New York. She has, with regard
25 to danger to others, she has been observed screaming

1 at peers. She has poked a doctor in the face. She is
2 talking to herself. And while this itself doesn't
3 pose a danger, talking to yourself wouldn't
4 necessarily automatically pose a danger, and even the
5 screaming at peers and poking in the face isn't
6 necessarily strong evidence or overwhelming evidence
7 that she poses a danger to others, but it does
8 indicate this is the type of behavior that would place
9 others in fear of their safety.

10 In any event, I do find that she is a danger
11 to herself because of her mental illness. The patient
12 does lack the capacity to make a reasoned decision
13 regarding her treatment at this time. She has
14 delusional thinking. She's paranoid. These affect
15 directly her ability to use reason with regard to the
16 proposed plan.

17 She's also not focused on reality, not
18 cooperating, as I just said, which makes a diagnosis,
19 prognosis and treatment plan more difficult.

20 Nonetheless I do find that the hospital has
21 demonstrated with clear and convincing evidence that
22 the benefits of the proposed treatment outweigh the
23 side effects and the benefits of any alternatives at
24 this time given what the hospital knows.

25 I have considered the liberty interests of

1 the patient of course as well. Again balancing that
2 against the danger of being homeless due to her mental
3 illness, having balanced that, it outweighs her
4 liberty interest as far as the Court is concerned.

5 The relief requested from the hospital will
6 be granted. I do make the findings that the hospital
7 is seeking the court to make, there's a mental illness
8 that causes the patient to be a danger to herself or
9 others. And that she does lack capacity to make a
10 reasoned decision regarding this proposed treatment.

11 Is there anything else?

12 MR. SMITH: No, thank you, your Honor.

13 We'll submit the proposed order.

14 THE COURT: Miss Bevacqua?

15 MS. BEVAQUA: No, thank you, Judge.

16 THE COURT: All right. We're adjourned.

17 Thank you.

18 * * * * *

19 Judged incorrectly by Acting Justice Cassidy:
20 CORRECT GROUNDS - "Risk of homelessness" - FALSE WITNESS

21 --- "Behavior that would place others in fear of their safety"[p 16] ---
22 Screaming; poking; AND "talking to oneself" when interpreted by a clinician as
23 a "symptom of mental illness" magically promotes behavior LEGAL under the case
24 law for the offense of Harassment and Menacing [where drawing back one's fist
25 is required] to a status mandating psychiatric IMPRISONMENT and TORTURE!

Thus the standard becomes "other people's fear" rather than provably
dangerous conduct, when unreasonable fear of eccentric behavior is
being heavily promoted by "bad actors" like E. Fuller Torrey and TAC
using anecdote and bad statistical studies, as well in programs like
"Mental Health First Aid" [www.mentalhealthfirstaid.org]

FOR THE SAKE OF PROFIT TO THE PSYCHO-PHARMACEUTICAL COMPLEX
AND TO VIOLENTLY SUPPRESS CRITICS OF THAT SYSTEM.

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C E R T I F I C A T E

I, ERIN M. CAMPFIELD, do hereby certify that the foregoing pages constitute a full, true and accurate transcript, utilizing computer-aided transcription, of the foregoing proceedings.

Erin M. Campfield

Official Court Reporter

- PETITIONER'S EXHIBIT 1 -

10/19

Patient: Bonze Anne Rose Blayk
Date: 12/29/2016

Prepared by: Clifford J. Ehmke, MD

Attachment 1

Schedule of proposed medications (given orally unless indicated)

Antipsychotic Medications:

Haldol 2-15mg/day orally or by injection, or as decanoate injection 50-200mg/month
or
Chlorpromazine 25 - 800 mg daily orally or by injection
or
Risperdal 2-6mg/day orally or as Consta preparation 25-50mg by injection each 2 weeks;
or
Geodon 40-240mg/day, orally or as injection;
or
Invega 3-9mg daily orally, or by Sustenna injection each month 117-234mg
or
Abilify 10-20mg daily orally, or by equivalent Maintena injection 400mg each month
or
Zyprexa 2.5 to 20 mg daily orally or by injection

And to treat possible medication side effects:

Cogentin 0.5-6mg/day orally or by injection
or
Benadryl 25-100mg/day orally or by injection