

1 STATE OF NEW YORK

2 SUPREME COURT : COUNTY OF TOMPKINS

3 -----

4 CAYUGA MEDICAL CENTER OF ITHACA,

5 In The Matter Of the Application of,

6 Plaintiff,

7 **For an Order to approve Treatment Over Objection**

vs.

RJI NO. 2018-0466

Index No. 2018-0315

8 BONZE ANNE ROSE BLAYK,

9 Defendant.

10 **False statements are highlighted with green underscore.**

- Rosie-Anne Quvus aka bonze blayk!

11 Tompkins County Courthouse

12 320 North Tioga Street

Ithaca, New York 14850

13 October 5, 2018

14 BEFORE: HONORABLE SCOTT A. MILLER
15 Acting Supreme Court Justice

16 APPEARANCES:

17 For the Plaintiff: THOMAS P. SMITH, ESQ.
18 119 East Seneca Street
Ithaca, New York 14850

19
20 For the Defendant: KRISTIN SNYDER, ESQ.
21 Mental Hygiene Legal Services
44 Hawley Street
22 Binghamton, New York 13901

23

24 REPORTED BY: ERIN M. CAMPFIELD
25 Official Court Reporter

1 THE COURT: All right. So this will be a
2 short hearing. Dr. Ehmke, come on up.

3 * * * * *
4 FIRST, MY PSYCHIATRIC DIAGNOSES AS STATED BY DR. CABALLES IN THE PACU:
5 "Dementia without behavioral disturbance / Personality Disorder NOS /
6 Gender Identity Disorder"

7 C L I F F O R D E H M K E, having been first duly sworn,
8 testified as follows:

9 THE COURT: We can stipulate to the doctor,
10 Dr. Ehmke's expertise. I'm familiar with his entire
11 educational history. In fact, I feel like I even know
12 his entire course curriculum at Emory. So can we
13 stipulate to that?

14 MR. SMITH: Yes.

15 MS. SNYDER: Yes.

16 THE COURT: Thank you.

17 MR. SMITH: Your Honor, just to put on the
18 record, the patient was given the opportunity to come
19 to court today but she refused transport.

20 I was incapable of donning a top due to my severely swollen left arm.

21 THE COURT: And that is Miss Blayk?

22 MR. SMITH: Yes, Miss Blayk.

23 THE COURT: All right.

24 BY MR. SMITH:

25 Q Dr. Ehmke, have you been the treating physician
for Miss Blayk during her stay on the unit?

A Yes.

Q And did you prepare, when she was first admitted,

1 a history and physical form?

2 A I did, yes.

3 Q Is this a form that you routinely prepare for any
4 new patients on the Behavioral Health Unit?

5 A Yes, sir. >>> "Sir" for "Your Honor" without objection being made!

6 Q Do you have a copy of that with you?

7 A I do.

8 Q This was prepared at or about the time she was
9 admitted to the unit?

10 A Yes, sir. >>> "Sir"

11 MR. SMITH: And I would move the admission
12 of this as Petitioner's Exhibit 1.

13 THE COURT: All right. We'll have that
14 marked and that will be received as Petitioner's 1.

15 (Whereupon Petitioner's Exhibit 1 was
16 received in evidence)

17 BY MR. SMITH:

18 Q Dr. Ehmke, can you describe briefly what led up
19 to Miss Blayk's admission on the unit?

20 A Yes. On the 19th of September police responded
21 to a disturbance at a local restaurant, Denny's, on Route 13.
22 The disturbance involved the patient. She was agitated,
23 resistant. Police intervened. There was a fracas. She
24 stated she was the victim of police violence, however the
25 police indicated that she was the person who started the

1 violent behavior.

2 At any rate, during this fracas, she had several

3 injuries: She separated her left shoulder. She had a

4 fractured nose. "She had several injuries" - NOTE passive voice. - EVASION. And when I first evaluated her, she was up

5 "She separated her left shoulder" - Lt. John Joly broke my arm: - EVASION. in ICU. I want to point out that when she arrived to us in

6 "She had a fractured nose" - Ofc. Herz broke my nose: EVASION OF RESPONSIBILITY. the ED, she was very agitated, very combative. The typical

7 medications that we use in those scenarios, such as

8 antipsychotic and antianxiety, did not appear to resolve

9 that.

10 We had to use a medication called Ketamine, which

11 is typically used when you put someone under for a surgical

12 Ketamine is well-known as an hallucinogen AND "date rape" drug -> AMNESIA. procedure. They needed to go to that extent to sedate her

13 and get her safe. When I met her, she was very delusional.

14 She stated that the police that apprehended her were not real

15 police. They were fake. They were sent by her enemies, who

16 Only Ofc. Mary Orsaio with a greasepaint moustache the night before: "phony cops." have been harassing her in the community.

17 Throughout her hospitalization, she's been very

18 Not to his face. To others, probably: Dr. Ehmke is a psychopath. hostile toward me, claiming that I'm psychiatrically abusing

19 her. I'm sadistic. This is all about the hospital's

20 intention to abuse her. She was transferred from the ICU to "the hospital" >>> Dr. Ehmke.

21 the regular medical unit and from the medical unit to the

22 PACU - "Post-Anesthesia Care Unit" Behavioral Science Unit. That occurred on the 25th and she's

23 Behavioral SERVICES Unit been under my direct care since then. "care" - [SPITS]

24 In terms of the behavior that we've had on our

25 unit, she is more or less holed up in her room. She has

1 refused to put on clothing throughout the hospitalization.

2 She's literally never been clothed. She is not only refusing

3 psychiatric medications, but she refused the pain medication

4 we've offered. >>> PAIN MEDICATION OFFERED BUT DECLINED:

STRAIN ON THE INJURY IS BAD FOR IT.

5 She has refused consultation from the physical

6 and occupational therapy teams which would normally be

7 involved in rehabilitating her injured shoulder. Initially

8 she refused to go to the operating room to insert the

9 extremity back into the joint. We needed a procedure called

10 I offered verbal consent, but apparently balked at being formally "consented." ?

a two-physician consent to more or less involuntarily take

11 her to the operating room to get that done.

12 She claims that we're not meeting her needs on

13 the psychiatric unit. And she claims that she cannot walk.

"BARELY WALK": REGARDED AS UNSAFE TO GO TO THE BATHROOM WITHOUT SUPERVISION IN THE PACU.

14 But there are no injuries to her lower extremities, and on a

15 daily basis we see her get up from the bed and ambulate into

16 the bathroom.

17 So very paranoid, very delusional, very hostile,

18 very against taking any medications. She does have a history

19 of treatment over objection. She was under my care --

20 MS. SNYDER: Judge, I will object at this

21 point. It's not responsive.

22 THE COURT: Sustained.

23 Q Doctor, have you treated this patient before?

24 A Yes.

25 Q Can you describe briefly that course of

1 treatment, prior treatment, when it occurred?

2 A Right. She was hospitalized between December 2016
3 and February of 2017. And similarly at that point we needed
4 to take her to court for treatment over her objection. At
5 that time she was started on Invega Sustenna and did well
6 enough to where we were able to discharge her back to the
7 community.

8 Q So Doctor, it's your opinion that Miss Blayk is
9 currently mentally ill, is that correct?

10 A Yes.

11 Q What is your diagnosis of her illness?

12 A She has unspecified psychotic disorder. It's
13 never been totally clear to us whether this is a
14 schizophrenia picture versus bipolar or psychosis or maybe
15 schizoaffective order. The reasons are that we don't have
16 enough history to document actually discreet mood episodes.
17 sp: 'discrete'
18 Mostly what we see when she comes in is just hostility and
19 psychosis.

19 Q Doctor, you've prepared a proposed course of
20 treatment that you would give Miss Blayk if permitted to by
21 the Court, is that correct?

22 A Yes.

23 Q If I can show you a document. My question is is
24 this the proposed course of treatment?

25 A Yes, sir. >>> "Sir"

1 Q And I would ask that that be marked as Exhibit 2.

2 THE COURT: All right. That will be
3 received?

4 MS. SNYDER: No objection, Judge.

5 THE COURT: All right. That is received as
6 well.

7 (Whereupon Petitioner's Exhibit 2 was
8 received in evidence)

9 BY MR. SMITH:

10 Q Doctor, this course of medication, is it narrowly
11 tailored considering Miss Blayk's best interests, the
12 benefits that might be gained from the treatment, any
13 possible adverse side effects of the treatment and any less
14 intrusive alternatives?

15 A Yes.

16 Q If permitted by the Court, how would you go about
17 treating Miss Blayk?

18 A I would start with the Invega Sustenna because we
19 know that she tolerates it. And she was discharged to the
20 community when we employed that in her previous
21 hospitalization.

22 Q Previous treatment with this in the hospital
23 produced no adverse effects, is that correct?

24 A Correct.

25 Q Is it your opinion based on your experience and

1 training that Miss Blayk lacks the capacity to make her own
2 reasoned decisions about whether she should be treated with
3 this course of medication?

4 A I believe she lacks capacity, yes.

5 Q It's your opinion, is it not, that her judgment
6 and insight is so impaired by her mental condition that she
7 doesn't understand her need for this medical treatment?

8 A Correct.

9 Q Doctor, it's also your opinion that without
10 retention in the behavioral unit and treatment with this
11 proposed course of medication, the patient currently
12 represents a danger to herself or to others?

13 A Correct, yes.

14 Q And that's based on the facts that you've
15 described just now?

FALSEHOODS ≠ 'facts'

16 A Yes, sir. >>> "Sir" - WE'RE ALL EQUALS HERE ARE WE NOT?

17 MR. SMITH: Thank you. Nothing further.

18

19 CROSS-EXAMINATION

20 BY MS. SNYDER:

21 Q Dr. Ehmke, did you make an attempt to go over the
22 medication list with Miss Blayk?

23 A I did. It was unsuccessful.

24 Q Has Miss Blayk given you any reason for not
25 wanting to take the medication?

4 Q What are the potential side effects of the
5 medications that you've listed here?

13 Q You have monitoring in place to make sure the
14 side effects are not happening?

16 MS. SNYDER: Nothing further.

18 The hospital rests.

21 The petition is sustained.

* * * * *

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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



State of New York
Supreme Court, Appellate Division
Third Judicial Department
Mental Hygiene Legal Service
State Office Building 15th Floor
44 Hawley Street - Room 1509
Binghamton, New York 13901-4435

Sheila E. Shea
Director

(607) 240-5360
Fax (607) 240-5825

Shannon Stockwell
Deputy Director

Richard J. Wenig
Principal Attorney

NB: Underscored words indicate errors and misstatements of fact. - AnneRose Blayk

November 5, 2018

Bonze Anne Rose Blayke
1668 Trumansburg Rd.
Ithaca, NY 14850

Dear Ms. Blayke:

Enclosed, as requested, you will find the Rivers proceeding and Order.

Very Truly Yours,

Sheila S. Shea, Esq., MHLS Director

By

Kristin Snyder
Senior MHLS Attorney

- PETITIONER'S EXHIBIT 1 -
with Comments from February 2 2019

STATE OF NEW YORK
SUPREME COURT - TOMPKINS COUNTY



Index #: 2018-0315 CI2018-18269

09/28/2018 03:43:12 PM

AFFIDAVIT IN SUPPORT
Maureen Reynolds, Tompkins County Clerk

In the Matter of the Application of

Chief Executive Officer of Cayuga Medical
Center, Behavioral Services Unit

For an Order

Authorizing the Involuntary Treatment of
Bonze Anne Rose Blayk

a Patient at Cayuga Medical Center

AFFIDAVIT IN SUPPORT
OF APPLICATION TO
TREAT OVER OBJECTION
PATIENT BELIEVED TO
LACK CAPACITY TO MAKE
REASONED DECISIONS
CONCERNING TREATMENT

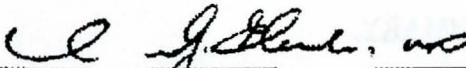
STATE OF NEW YORK)
COUNTY OF TOMPKINS) ss.:

Clifford J. Fhmke, M.D., being duly sworn deposes and says:

- 1 I am a physician duly licensed to practice in the State of New York.
- 2 I submit this affidavit in support of the application to treat Bonze Anne Rose Blayk over her objection.
- 3 I am familiar with the patient Bonze Anne Rose Blayk in that (check which applies)
☒ I am her treating physician.
I have reviewed the decision of her physician to treat over her objection by reviewing her medical records and by interviewing the patient.
4. It is my opinion and belief that patient Bonze Anne Rose Blayk is not competent to make reasoned decisions concerning her treatment. The basis for this opinion is described in the attached "Evaluation for Treatment Over Objection" appended hereto and incorporated herein by reference.

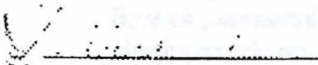
5 It is my opinion that it would be in the best interests of the patient to be treated according to the proposed treatment outlined in the attached "Evaluation for Treatment Over Objection".

6. For the above reasons, I respectfully request this Court grant the application for authorization of treatment of Bonze Anne Rose Blayk.


Signature of Physician

Sworn to before me this

11 day of September, 2018


Notary Public

Lorrie A. Mahoney
Notary Public, State of New York
No. 018845119952
Qualified in Tompkins County
Commission Expires 12/31/2021

EVALUATION FOR TREATMENT OVER OBJECTION

Patient Identifying Information:

Name: Bonze Anne Rose Blayk

Status: Involuntary

Unit: 2N

DOB: 12/26/1954

5/1/56

SECTION I - CLINICAL ASSESSMENT

CLINICAL SUMMARY

Ms. Blayk is a 62 y.o. single, white, male-to-female, transgendered patient with a history of chronic psychotic and personality disorders, who is transferred from the Hospitalist service following acute medical stabilization of the medical sequelae which resulted from an altercation with law enforcement at a local Denny's restaurant in which she was struck in the face, resulting in nasal fracture, elevated WBCs and elevated CPK. Police apparently reacted to the patient trying to assault them. When she arrived in our ER, Ms. Blayk was agitated and combative, requiring stat administration of IM lorazepam, ziprasidone and ketamine, as well as mechanical restraint for her own and others' safety. Shortly after admission she required involuntary surgery to reduce a separated left shoulder, after refusing to cooperate voluntarily with this. On exam she is delusional, angry and hostile. In addition to refusing indicated psychiatric medication, she is also refusing antihypertensive medicine, despite systolic blood pressures that are consistently elevated, placing her at risk for stroke and heart disease.

Most recent blood pressure - 131/80

PATIENT DIAGNOSIS:

Unspecified Psychotic DO

Regarding ketamine, which induced a prolonged psychotic state characterized by horrific hallucinations, see <https://www.psychologytoday.com/us/blog/consciousness-self-organization-and-neuroscience/201709/schizophrenia-in-vial-the-story> - "...ketamine simulates nearly all the symptoms of schizophrenia in adults.... Ostracized by the careful anesthesiologist" [Author Joel Frohlich is a neuroscience Ph.D. student at UCLA; its use was reasonable in this case.] Ziprasidone is better known by its trade name, Geodon. "GEODON intramuscular is indicated for the treatment of acute agitation in schizophrenic patients for whom treatment with ziprasidone is appropriate and who need intramuscular antipsychotic medication for rapid control of agitation." <https://www.rxlist.com/geodon-drug.htm>.

SECTION II - PROPOSED TREATMENT

1. Course of treatment recommended by treating physician:

Psychiatric hospitalization and medication with antipsychotic and antihypertensive medicines

2. Reasonable alternatives, if any

None

3. Has patient been tried on proposed treatment?

a. If yes, state when: Yes.

b. State result: She was hospitalized on the CMC BSU from December, 2016 until February 2017, under similar circumstances, and tolerated long-acting paliperidone, as ordered by the court, well, enabling us to discharge her back to the community.

Paliperidone / Invega Sustenna induces akathisia, profound sleep cycle disruption, bruxism, physical disequilibrium, and other disruptive side effects in my case, so it was not at all "well-tolerated."

4. Has patient been tried on other treatments? Yes

a. If yes, state when: She has been receiving conservative milieu inpatient care with groups and therapeutic unit programming since admission on September 24th, 2018.

b. State results: No improvement.

5. Anticipated benefits of proposed treatment:

Improved ability to negotiate her needs without aggression

Presumption of guilt

Resolution of psychosis

Patient could be treated in a less restrictive setting

6. Reasonably foreseeable adverse effects: weight gain, movement disorder, cardiac conduction changes

a. Patient at additional risk? No

7. Prognosis without treatment: poor

We wish to begin with please see attached schedule

SECTION III PATIENT'S CAPACITY

1. Explained to Patient	<u>Yes</u>	<u>No</u>
a. Condition	X	
b. Proposed treatment	X	
c. Anticipated benefits of treatment	X	
d. Risk of adverse effects of treatment	X	
e. Availability (if any) of other treatments and comparison of benefits and risks with proposed treatment.	X	

Entirely false in every respect: a knowing lie.

DID NOT EXPLAIN CONDITION AND/OR TREATMENT TO PATIENT FOR THE FOLLOWING REASONS: N/A

2. State nature of patient's objections to treatment. Use patient's own words wherever possible.

"You are not my doctor. You have processed me illegally into this hospital and those were not the cops who beat me up."

Gerald Ehmke, degreed and certified or not, is certainly not *my* doctor - I did not and would not retain him as such because I deem him both incompetent *and* underhanded due to my experience with him in 2016 - and the police interactions I related which occurred prior to my takedown on 9/19/18 did *not* involve - to the best of my recall - the officer responsible for assaulting me.

3. **Opinion on patient's capacity** - ("Capacity is defined to mean the patient's ability to factually and rationally understand and appreciate the nature and consequences of proposed treatment including the benefits, risks and alternatives to the proposed treatment, and to thereby make a reasoned decision about undergoing the proposed treatment.)

a. ~~The patient does not appear capable of making a reasoned decision about the proposed treatment in that:~~

i. The patient does not appear to understand her condition or proposed benefits, risks, or alternatives of proposed treatment. Based on her ~~delusional thought content and easy agitation with others~~

"Delusional thought content" - such as? Regarding "agitation," it's true I have a strongly negative reaction to being insulted to my face, probably more than average, but this rationalization by a professional insult artist objecting that his target is "overly sensitive" or "over-reactive" is, I suppose, something to be expected.

SECTION IV - POTENTIAL FOR DANGEROUS BEHAVIOR (To be completed only if the patient is considered likely to be dangerous to self or others without the proposed treatment.)

The patient is believed to be potentially dangerous to others:

Yes X

No _____

If yes, provide basis for opinion: ~~Assaulted the police prior to admission.~~
Clearly Dr. Ehmke has no use for the doctrine of "innocent until proven guilty."

2. The patient is believed to be potentially dangerous to herself.

Yes

X

No

If yes, provide basis for opinion: ~~Likely to be assaulted by others.~~
An outrageous assertion entirely unsupported by my actual history: bigotry.

SECTION V - ANY OTHER PERTINENT INFORMATION OR COMMENTS

Dated: September 25, 2018

Physician's *Clifford J. Ehmke, MD* signature

Clifford J. Ehmke MD
Printed Physician's Name

Psychiatrist
Title

- PETITIONER'S EXHIBIT 2 -

Patient: Bonze Anne Rose Blayk
Date: 09/25/2018

Prepared by: Clifford J. Ehmke, MD

Attachment 1

Schedule of proposed medications (given orally unless indicated)

Antipsychotic Medications

==> Neuroleptic medications

Haldol 2-15mg/day orally or by injection, or as decanoate injection 50-200mg/month
or
Fluphenazine 2-30 mg/day orally or by injection, or as decanoate injection 12.5-100mg/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