

Dr. Belsare  
5/23/02

... [ellipses indicate brief gaps in the narrative]

Overall, I would characterize Dr. Belsare as being unresponsive: refusing to respond when I asked her what reports she'd been reading (specifically Dr. Kennedy's), refusing to respond to many of my questions, refusing to accept or even glance at the materials I'd brought in for her (my updated "3-Way Train Wreck" chart/table outlining the drug interactions and side effects of the drugs I was given in Jan 1997, several articles on the basically benign character of marijuana as a drug from reputable psychiatric/scientific sources, and a couple of other items). I gave these to Janet Stevens later.

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Dr. Belsare mentioned that Janet had said that I'd brought in my program --

I responded, yes, I thought it was worth providing some tangible demonstration of the size of it... "you can write a program a 100 lines long, it might not do that much... this program is now about 160,000 lines long, and if you look at the mass of text involved you can get a better idea of the amount of work involved."

She asked what it does; I responded "Well, basically... it's a terminal emulator... it does Telnet network connections, also allows direct serial connections. Recently I've added a lot of security features... allowing authentication and encryption of the sessions with the host... a protocol called Secure Shell, also the Telnet security protocol Kerberos 5, which was developed at MIT. With Kerberos you can set up ..."

[I go on with a brief description of Kerberos which is aimed at the level of a non-technical user, and continue with more elaboration on the function of encryption in the system]

"Basically with encryption you're trying to make a stream of data ... like a line of english text, a regular sentence ... look like it's perfectly random. I don't have that great a grasp on cryptography, it's incredibly complicated... fundamentally I'm using code that other people have written."

...

"Have you ever written a virus?"

"No... I'm not particularly interested in viruses. Some people are interested in them for technical reasons... worms, for example, which are kind of related, which can be segments of code that reproduce themselves. Actually the real problem is not so much viruses, which tend to be something hostile kiddie hackers do, as security crackers... there are people who get into this, as "white hat" crackers... security experts who are paid to try to break in to systems to help guarantee that they're secure, to discover security holes, and make tons of money."

...

"have you ever had a period of time when you slept all the time?" ???

"uhhhhhh... gee..... I was pretty depressed back in.... 1989, when I

bailed out of grad school in economics... I don't know... I don't think I've ever been in a condition where I did nothing but sleep, I always eventually got up and got to work or whatever"

...

"So what do you you get out of smoking marijuana?"

"Well, I've gone over the statements I've made, and essentially it boils down to this: smoking helps keep me calm and focussed; otherwise I'm a little hyper"

[NOTE this is a brief description of self-medication for ... ADHD! MJ does work for ADHD for a lot of people... I've never been diagnosed with ADHD, I think mostly because in their "community" they think of marijuana in a simplistic way as a sedative/hypnotic/anxiolytic/mind-fogger used for "escape", when it also has significant stimulant effects--and in my case, with the very small quantities of relatively weak marijuana I prefer to use, it does not result in any compromise of cognition or memory. I had noted my research on this to my EPC therapist, Janet Stevens, the week before, along with my conclusion that I probably have a relatively mild case of ADHD.]

"So, you think you don't have a mental illness?"

"According to what standard? According to the legal standard? ... an illness requiring care, treatment, and rehabilitation?"

"Yes..."

"No, I don't think so."

"I think you do have a mental illness."

"What?!"

"I think you may have Bipolar II, some anxiety, and there's an overlay of obsessive thinking there..."

"Generalized Anxiety Disorder?"

"No... anxiety but ????"

"Bipolar II? Why do you believe that?"

"You're extremely intelligent... if you didn't have problems in dealing with people, you would be more successful." ["You should be more successful?"]

[At this point, I'm exasperated already. I've seen enough snap diagnoses, coming in all over the map, and these diagnoses have absolutely no scientific validity. Two months in the RRFU were in fact valuable in providing a 24X7 baseline of observation of my "normal" mood and behavior. I think Dr. Belsare's desire to push medications on me is also obviously deeply influenced by the bogus claims of a "history of violent behavior" lodged against me in Dr. Kennedy's report.]

...

"I don't think that's the case."

"I don't think you're able to judge for yourself. Your anger blinds you to your best interests."

...

"You believe I'm involved in a conspiracy against you."

"What!? I don't think you're involved in a conspiracy -- I think you're incompetent!"

"... Of course, you have lots of excuse for being incompetent ... incompetence just comes with the field... the human brain is the most complex object in the known universe, who really understands how the mind works?"

...

"You can't [? don't ?] talk in a straight line."

"Huh?"

"You don't seem to be able to talk in a straight line."

"You aren't able to realize you have a problem." !!!

[NOTE: She's claiming I am technically "mentally ill" and as you might expect I am boggling at the idea]

"I'm going to write you a prescription"

"I'm not going to take it!"

"I'm going to give you a prescription anyway."

"What drug do you want to prescribe, anyway?"

"It's a new drug"

"So what's this wonderful experimental drug?"

"It's not an experimental drug, it's FDA-approved."

"So what is it?"

"It's a mood stabilizer."

"What are the side effects?"

"Nausea, headache."

"It's highly unlikely I'll take it."

"I'm going to give you the prescription and I want you take it."

"Why would I take it? Why would you expect me to do so, given my DISASTROUS experiences with psychiatric medications in the past?"

"I have no expectations."

...

"For my usual patients I wouldn't insist on taking the prescription, but given the conditions of your case [? paraphrase] I feel it's required."

...

"You expect me to comply?"

"I expect you to comply."

"You have no expectations... but you expect me to comply. You DO have expectations. -- YOU -- can't talk in a straight line... you're contradicting yourself in the very next sentence!"

...

"You're very angry..."

"HUH? Certainly I'm angry... I'm extremely angry... I was subjected to psychiatric malpractice, and as a result I lost my mind and wind up here! In my place you would be angry too!"

"Yes, I think I probably would feel angry in your place."

...

"Your anger is a problem.... I'm being conservative; I could also write a prescription for an anti-psychotic to control the anger."

"If you were in my place and felt angry, \*you\* would need anti-psychotics?"

...

"One thing I'd really like to know is whether I've got a deficiency in my ability to handle drugs metabolized by P450IID6, to what extent that's the case ... this could be really important for my health."

"I wouldn't ordinarily do that [and won't in your case]... I don't think you ls have a liver problem"

[NOTE that the P450IID6 enzyme also appears in the brain; like many other enzymes it appears not just in the liver but in other parts of the body. P450IID6 deficiency is associated with the dopaminergic neuron poisoning which leads to Parkinson's Disease. Why do I feel like I'm dealing with an idiot here, who moreover doesn't care about my health?]

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