

Kevin Eric Saunders

aka Smz8logk

607-277-5808

516 Discussion w/ Paul Monachino re: complaint. Covered bad experience w/ FLS, Anari Meader's concealment of diagnoses. (Met briefly w/ Bill Benedict, explained complaint, Roberts, Pournelli, Bulsone either (incredibly) mentally incompetent or lying on the stand). Paul seemed sympathetic, Dr. Geriyali back from ^{respiratory} illness, but Roberts' "clinical judgment" is evidently not ~~capable of being~~ ^{a mix which can be} overruled.

- Started off w/ apology about assault by Bill Sherman, I told him I understood the facility no longer had the ^{budget &} resources available it had once had (Bldg 5 for secure) ... he reminisced about the past, Bldg 5 is not all that has been lost! (acute v. chronic & variety issues, as Pere had earlier explained.)

517 Dr Roberts called me over to N Station ~ 2:30 PM, asked whether I understood the form I had filled out to release docs to Dr Conner for his defense evaluation. She asked how much I was paying for evaluation when I told her I was paying, I told her that was confidential... ~~to her~~ She asked by the hour? I told her it was a lump sum ... She said "it's important not to get ripped off!" & I said I was currently being ripped off here!

She asked "Why do you keep coming back here?" I had ~~that~~ to explain that 2/88 RRPu was an EXAM!

She asked what was cause of current episode, I said stress of bogus history, illness, ? Noted that I ~~had~~ of course was not under the influence of Prozac MCPP etc., but that that was my 1st experience of synthetic hallucinogen, a

BAD TRIP that I believe has had a deleterious impact. I mentioned many in B Sherman having ^{restored so soon after assault} privileges when I did not, she said "That's because he's on meds" & I responded "Obviously the meds do not work to control violence!" I noted ^{again} the false history, stated that I am not a violent person. (She had asked about assault, I told her he seemed to have confused me w/ someone else, she said (almost!) "yes he's paranoid")

- (Povinelli) appropriate for treating such disorders).

I agreed also that I might suffer from an affective disorder, while disagreeing the M) would aggravate ~~such a disorder~~ such a disorder.

I noted my objection to the defamatory statements in the application, and that I had been attempting to correct ~~such mistakes~~ these for years.

5/12 Monday requested to see Patient Advocate, as recommended when I called NYS Office on Quality Health care Friday 5/9, was referred to office of Prof Conduct, referred to office of Prof. Medical Conduct, told inpatients "not under our jurisdiction," finally referred to "Patient Advocacy Unit" — which does not exist at EPC except in the person of Earl Witte, who failed to show for whatever reason

- Spoke w/ Paul Monachino, ~~about~~ & informed him of ridiculous & gross "he has raped & assaulted others" insult.

5/18 Friday (Power outage!) Spoke with Paul Monachino ~ 11:30am re: Patient Advocate — Earl Witte transferred, they currently don't have anyone, Monday someone should be sent over. Went over various parts of AA again, Paul noted I was "haunted" by Susan & probably would be forever, ~~and~~ and I said "Yep!" Paul noted errors by Roberts & Povinelli could be mistakes, I acknowledged that could be — esp since Pov seems a little flaky: → but the damned misquotes seemed so egregious I tended to suspect they were lies.

4:30 Dr. Roberts calls me over to the desk... asks how I'm doing, whether I'll meet w/ her w/ a lawyer present. I say OK, I feel I am owed an apology for the "sexual rape" allegation. She asks for & I give the "basic story" on why Sue might have claimed sexual assault... incl. backstory re: Amy incident, 1-minute "reasonable rationale" for her calling the cops. Dr. R asked about my sleep etc., "at least 6 hours", said ~~she~~ "we need to keep you from coming back in here," & allowed that maybe what I needed was to

"have some medicine at home I could take if I started having problems" (paraphrased) - ~~I~~ I agreed, we shook on it, & she went home for the weekend!

5/19 Monday 11 AM Met w/ Heidi Reed Quality & F. or Bill Benedict
Earlier ~ 9:30 AM met with Dr Roberts, Dr Pavinelli & Mykon after requesting time w/ Dr. Roberts. Went over ^{'97} adverse reaction again, including refs to my own records (med history compiled after 2/97 & "current Events & Stressors" ~~entry~~ ^{describing} mental status & ref. to doc. on "onorectic states" due to Guillemin-Barre when Dr P tried to describe '97, '02, '03 events as "cyclical". I noted all were related to stress occasioned by BAD "therapeutic" interactions.

Afterward noted to Dr Roberts at nursing station that I was/am greatly concerned over the psychosis which occasioned my coming here, (was in agreement but I might require occasional meds. ~~to addictions~~) ~~to regulate psych~~ She said "whatever happens, we'll try to make sure you don't wind up here ... you don't belong in a place like this; you have too many strengths"

HEIDI REED - met for soon 45 min; discussed TOO, complicated history, dissatisfaction w/ quality of reports. Another person (besides Paul Monachian) whose response to my stated @ (use of m) said "I have no problem with that," responsive to MMJ argy. I mentioned Bug Reports as essential criterion for quality software. I noted progress w/ Dr. Roberts, she agreed that Dr Pio would be difficult to persuade, I asked for re-oval of Core History & she agreed that would be appropriate. When I complained of history ^(honesty, anti-therapeutic attitude - GUILTY) w/ Doreen Taber, she responded that DF is no longer in their employ! (I noted before leaving PM's office that he's got a copy of "Hotel California"!!) She said they had a fine new forensic coordinator, Fred Monzella, and she was surprised when I told her that I had liked Fred & gotten along well with him - but that he had left!

Judge Hydon - 3:4 PM - ^{Too} hearing postponed since Dr. Connor not available, moved to combined extension/Too hearing 5/29 9am (Cops noted overtime while waiting, I got one 7 1/2 hrs Rowley! major

talked about "wasting time in hearing when there aren't enough hours in the day to do my job" reduction to 3 from 4 treatment times increased workload - EPC/OMH caps down ~~to~~ 3 due to recent losses, mucho overtime now mandatory!

5/22

10:15 AM Gave Dr Roberts B/w copy of updated 3 of Train Wreck doc... she said she wants me to take Zyprexa (Olanzapine) as a trial to determine effectiveness ("if you were my little brother I'd recommend this"), ~~she said~~ claiming I'm bipolar. Roberts says she accepts (mostly) my analysis of the adverse drug reaction Jan 97, "never doubted" mCPP influence. Says she thinks I was displaying symptoms of hypomania in meeting on Monday (!) but not now (!). She said "You've got to make sure you never come to the hospital again", diagnosis of bipolar "better" than brief psychotic disorder because of the ~~work~~ effectiveness of the drugs available - could start treatment when symptoms appear. She mentioned "arsenic" or nurse, I went over circumstances & that I suspected that I was grabbed first.

5/23 (SAT) WHUPS! Called by Rich Wang to inform re Rowley found re dangerous & mentally ill, called Alice, AM & Rachel, & how to share bad news. Presumably Rowley talked on overwhelming barrage of "expert" "evidence" presented by Pennell, Roberts, Balsara & Stevens.

Prüfering re RRFU by TA John (Prudhonne victim - necrosis of hips, 1/100,000 event) & ?

5 PM we arrive at RPC, go to (good old) RRFU building, & find that the paper John has for the transfer - a doctor's order - is inadequate! After 2 1/2 hours of to & fro on telephones between the EPC w/ Dr Bill Benedict & the RPC admitting nurse (witnessed by Commissioner Stone!) Fixed recommitment papers were accepted by Dr. Lynn Storie, who then performed my initial exam.

Very interesting - Dr Storie is both a neurologist & a psychiatrist, & herself believes in a connection between

"The Head-Counters"

THK & bipolar, found my mention of Gershwind Syndrome interesting. When I commented on my health care proxy, w/ the "no 'psychiatric' or other treatments not funded in evidence-based medicine" clause, she remarked that "psychiatrists keep talking about doing evidence-based medicine, but..." [don't actually do much about it].

5/28

Met TT & Dr. Kashan, Betty Golphin CSW, Peggy, Intern, et al. Received group schedule, Kashan suggested ~~that~~ they would prefer I do MICA - I noted I would contradict propaganda not based in science, priced 5 yrs ago was ridiculous propaganda - later mentioned to Betty that my participation in such a group might be bad for other participants. Noted complaints re: treatment team in Elmira

~2:00pm met w/ Dr. Kashan & intern in ceramics room.

Dr. K - "I am not a pill pusher" went over typical questions, covered history of depression, rel. w/ Sue, 2 yrs, her depression, allergies, German character/upbringing - eventually showed Dr. K on 3-Way Think met diagram, he said "Some of the science regarding PMS metabolism is not settled"; I allowed that it was to the contrary, firmly settled. He said he would go over records, etc, we could discuss med. issues

5/29

in a group, incl. "General Issues" a MICA group (!) w/ John Bradshaw "Shame & Addiction" video - touched, but laughed fit to cry!

"As Mr. Scott Peck has said, the next famous discovery of the 20th C. will be not nuclear fission but 12 Steps!" !!

I remarked when asked for comment that I ~~did~~ ^{believed} Bradshaw to be right about toxicity of shame & dysfunctional family relationships, but that he seemed to me to be still dwelling in shame.

REMARKABLE how toxic & MH positive shaming techniques model dysfunctional family - why the hell should I accept this kind of "treatment" as therapy?

"The Head-Counters"

FAN (THE FLAMES)

I am the world's first fan FAN THE FLAMES
I was here before your world began FAN THE FLAMES
The sun that draws you toward your destiny
A Freedom ~~is~~ song that calls you into slavery
Now you BELONG to ME! FAN THE FLAMES

5/30/31 Hilarious "Coping Skills" w/ Shelby - 6 of us profoundly challenged types go outside rather than the "usual" level 415 lounge - Shelby on Treckstar, Ira is very stressed, Shelby goes over "Thought distortion" & expecting future will always resemble the past - "stretching". Talks about role play, "you want role play to approach real life as closely as possible" - I am barely containing my laughter behind my hand, it's a gorgeous day & it's wonderful to be outside & here we have a most pertinent presentation: Sue's Role Play 12/29/96 has induced major Thought Distortion & Stretching in my so-called "Treatment Team"! WOW! "you should always have plenty of advance notice when you're role playing"!!!

5/31 "Social Skills" Ira sez, challenged by going outside yesterday: "Trust is the Foundation of a therapeutic relationship" TOTALLY APPROPAS!

6/5 I request to see Dr Kashtan, he & the intern pull me out of Court events - rather than asking why I requested meeting, he asks me whether I understand the seriousness of my situation, why did EPC file for Recommitment, etc. He said the Court might have lifted the order after 5 years - I told him Doreen Faber & Linda Riley had told me I would be under ~~an~~ an Order of Lock down FORBSER. It claims the 330-20 plea is a deal where ~~you~~ "sovereign" forgives you if you abide by the order of conditions - ~~Not~~ asking why I

IMMURED

Immured, ^{side} a phony past

You can't kick down a wall of lies

Therapists come hauling trash

refused meds (Zyprexa) when at EPL, as if I was obligated to take any med prescribed & no longer had the right to object.

As to why EPL filed, I responded that they clearly had false impressions based on factual errors, false allegations contained in prior records, eg Dr Kennedy's report. "Why are there so many errors?" - A skeptical question to which I believe I replied: "Gee, I don't know!"

- I also criticized Dr. Belsane as a person playing engaging in bizarre word ^(mind) games

6/13 Friday

2 sessions w/ Dr. Kashner (1st w/ interim) - 1st in morning going over circumstances of the arson - 2nd Kashner once again goes over legal/bureaucratic obstacles to my release "Bureau of Prisons Services will be [rough]", states that he believes I am "baseline psychotic" & prone to ~~to~~ lapse into psychosis, need chronic antipsychotic, ^{meds} gives me Risperidone (inf) - states that they can (will?) apply for TDO injections if I refuse! I ask "How am I psychotic at this time?", he says ~~you~~ "you suffer from a formal thought disorder" - "What's that?" - "Circumstantiality" !!! I ask how I could be chronically psychotic all these years w/ no one noticing, he states "many people are" - Influenced clearly by Fouwelli, I asked what ^{in the} ~~factor~~ ^{was} ~~his~~ ^{Friday} ~~was~~

based on, noted a couple of problems.

- He once again brought up the "assault" on a staff member at EPL, I noted numerous occurrences of assault at EPL including Tim Blandford → Jim Smeater, "was the staff member ~~was~~ supposedly assaulted "unprovoked" the same one who was challenging Jim S. a few days later?" [She had raised her fists & assumed a fighting posture, saying "Do you want to fight? Do you want to fight?" while downstairs near bathroom].
- Kashtra stated "I'm not threatening you" - just stating the facts, but the legalising are basically "This is in your best interests; FOLLOW MY ORDERS" when subjected to reductio ad absurdum...
- I started out 1st session by noting I'd made \$18,000 (3,000/m) over the past six months - which seemed to make little impression.

2nd meeting, 4pm, Dr Kashtra started by asking me if I was using Soap ~~because I'd been using~~; I replied I've not been using the soap, which I've left unopened, because I've been using the baby shampoo - "Baby shampoo?" - "Yes, that's what we've given baby shampoo" - "Baby shampoo?" - "Yup!" - "Do you have enough - you have quite a lot of hair..." "Yes, there's plenty on 8 oz bottle... or 12oz"

AND THEN Dr. Kashtra ask me ^{Have you} ~~if~~ he been using a toothbrush?
- "Yes, of course" ... "According to staff you have not been using a toothbrush" - "What? Of course I'm using a toothbrush!"
"Are you using your finger to brush your teeth? Some people do that..." - "Of course not! I'm using my toothbrush - that's ridiculous!" - "You're sure?" "Yes - I brush about 4 times a day!"
MORAL: THE CUSTOMER IS ALWAYS WRONG!

(Circumstantiality? Obsession w/ toothbrushes? Knives have only one meaning/interpretation...)

Sunday 6/15 I ask Deanna (staff) how this misunderstanding could have come about... she said, "yes, that's silly! ~~She~~ ~~tooted~~ It's obvious you're brushing your teeth! She looked into it... & told me that "someone must have thought you're not brushing because your toothbrush is clean."

6/17

3:00pm Dr. Sundararajan — interview for 40 minutes, covered a fair amount of ground — asked whether I might need meds to control psychosis, yes, but let need LESS STRESS — discussed bizarre beliefs of outpatient treatment team — acknowledged good antipsychotics might sometimes be necessary, or maybe mood stabilizers/bipolar meds. Discussed Selegiline ^{MAOB} briefly (Kramer/Hysteroid Dysphonia/"Listening to Prozac") as M) replacement.

6/19

Dr. Kashdan 11:20 AM — called from Current Events group, Dr. K first asks about Alice's visit yesterday ~~and difficulties~~ whether I had "refused" to sign the documents she had, — No, to the contrary, I said there were problems getting the documents past the guards, I was supposed to sign anything only after the approval of my therapist, eventually Leslie (TA) asked the Director of Nursing, who happened to be upstairs at 8:30 to take possession of the docs so Betty could get them (all after Alice had gotten permission AFTER her visit to bring me the docs — CRF payment, etc. — from some other authority).

Dr. K once again emphasized seriousness of situation — after asking about circumstances of last year's CMC admission, I noted abruptness of transfer from TCMH to Emura w/ any warning or negotiation as an element of weirdness — he insists "may" means "must" in order of conditions, "I don't want to argue about it", that 330.20 ~~is~~ means society does not forgive the crime, I note that 330.20 is indeed an acquittal, Dr. K says no, I state that I'm certain of this — eventually Dr. K says he'll check ~~out~~ on it. Dr. K clearly states that I'm not getting out without buy on drugs — I point out that Dr. Robert's had mediated her position, that others also held different positions.

? The/dete — I note discrepancies in Susan's statements to me v. those in Dr. Kennedy's report, Dr. K sez he would like to talk to Susan. (possibilities see Hagneg error, Kennedy, Sue, lying?)

4:00 PM

6/20 Dr. K, Betty, & Dakov (nurse) Dr. K says "this is almost a treatment team meeting" starts off approving my receipts of materials from Alice, has to ask Betty about rules for writing checks.

- Goes on to say (once again) that ^{I am aware} people in "the community" supported my Recommitment - I reply that to the contrary, people in my community (Arl, Alice daughter, Bill) prefer to see me released, after I state that to the contrary, I don't even know who signed me 2PC.

I restate ~~my~~ sub behaviors to reverse beliefs of my EPC OTT (Outpatient Treatment Team) - Janet Sherman's "Did you better her" outburst, "inability to function in a structured work environment" on "Treatment Plan." ("Also why didn't I get SS disability?")

Dr. K asked what I made ^{net \$15,000} at Cornell, "\$36,000" he noted that wasn't that bad for 10 years ago but he wondered why "a person as intelligent as you hasn't ~~not~~ been making more money" - I explained that since the 330.20 I've had very limited options, since I doubted any employer would hire me - Dr. K said I would not have to tell them about my circumstances, I was shocked! & said "But I'm an honest person!" he repeated himself, I said "You're telling me to be dishonest?" I said, my standard of living is very high, he said "how many hours do you work? Maybe if you only work 8 hours a week that's good" - "20 to 60 hours a week".

I contrast to Silicon Valley, \$80-100k/yr, Feds take half, 4 then housing is outrageously expensive.

- Dr. K says he thinks I need antipsychotic trial, I say OK, maybe to determine side effects for periodic use, he says "4 to 6 month trial" (obviously for CHRONIC use). !!!

Also Dr. K said "After 3 weeks of psychiatric, prescribing antipsychotics is a no-brainer" - (I responded "Dr. K, you had 10 years of experience, you did not recommend antipsychotics for 3 but no brain?")

6/27 1:30 PM Dr Guttmacher (RRC psychopharmacological expert according to Dr Kashtan) + Dr K, Betty Golfin, Laura, & an intern met w/ me -- Dr. G asked about circumstances, etc. Intern asked about whether there were any indicators of impending psychosis. I mentioned sense of being watched. ~~Apparently~~ (Apparently many have thought there is a fast onset even though I've mentioned repeatedly godawful stress from treatment team, Dr G mentioned "Folks who talk like that generally wind up staying here a long time" haha, though he does seem to be an affable guy... I had mentioned that I expected competent care, & that the OTT in Emme failed both tests.)
eg: "DID YOU BATTER HER!?" from Just Stevens.

- NOBODY took notes. → ALL MIT personnel are evidently gifted with perfect memory - Dr. K took notes only in 2nd interview covering my history.

6/30 Alicia visits for 2nd time, 6:40-8:00. Chocolate.

7/1 "Treatment Planning" meeting at 9:15 AM... (just after Alicia's delivery of cigarettes ^{last night} has, it turns out, disappeared ~~from~~ somehow).
Dr. Kashtan states "we are on opposite sides of the barricades" & that he will apply for TDO at court hearing. I am "not cooperating!" ~~then~~ - because I'm not begging for drugs? I ask again about ~~score~~ history, am told I must make a "formal request" to review it!
(Suits was cited as if it was foot dragging in my failure to volunteer for needs, I responded that I hadn't yet been offered opportunity to review Core History - WITHST a formal request is necessary!)

(So watch I wrote one up immediately) ^{Dr. Dr. Steven Schwartz, Clinical Director,}
immediately

ALSO Dr. K said "After 3 episodes of psychosis, prescribing maintenance antipsychotics is a no-brainer" - (I responded "Dr. Corner had 16 years of experience, yet he did not recommend antipsychotics") - "he has no brain?"

7/23 2 wks previous, Betty Golpin: "cut your losses" (don't you think maybe you should 'cut your losses' & take an antipsychotic?)
& "If you were Not Responsible, why should you pay for the trailer"?

8/5 (3) Dr K & the resident go over the "Core History" — after about 20 minutes into the exercise, Dr. K goes on the "but who cares about this, the court is only going to care about XYZ legalisms" tangent. Dr. K wanted proof that I was not suffering from "cannabis withdrawal" re 1998 (!) when I noted that was among the bogus claims (post diagnosis) of course, I'm winding up asking who's got a problem w/ reality testing? who's delusional? when the Core History is a CROCK.

- Also, I presented the Dr. Robert's TDD assertion "he has raped and assaulted others also" — first he rejected the fact that this ~~statement~~ is an accusation of serial rape, then laughed & said "she made an error!"
- Moreover there's still skepticism re: Arazodone / mCPP

8/29 started Risperidone at .25 mg / evening

10/24 Friday — moved downstairs

11/13 ^{Wed. 2pm} Forensic Committee meeting re: Furlough application. Application supported by Drs. Singh & Schwarzkopf.
- Powerbook has arrived in Inaaca!