PRO:

Release Hearing, Judge Hayden:

p. 15:
Cocciola: "Would he pose a risk of danger to himself or others?"
Povinelli: "I believe if he got back to the marijuana again, he might certainly pose a risk."

And if not?

p. 57
Q ...what would you identify ... as risk factors that would make him dangerous to be in the community?
Povinelli: What would make Mr. Saunders dangerous would be a repeat performance of not taking medication, becoming manic, and adding marijuana into it. And drugs.

P. 75
Belsare: I was called by Cayuga County Medical Center by a nurse April 4th of this year, and she said that he had come into the hospital and that his presentation was one of him saying he had delusions.

Having myself taken in to the hospital when I realize I am delusional is a sign of cooperation rather than dangerousness.

Judge Rowley

Dr. Roberts

Insight

p. 29: "He says he does not have a mental illness":

By the legal definition, not the medical one. When the issue is raised, I ask which sense is meant (a medical illness presumably requires care and treatment, the legal definition posited in the MH law adds "rehabilitation" without any definition, either by example or elaboration). I don't think my current confinement promotes "rehabilitation." It appears the term is used loosely.

Dr. Roberts goes on to generalize this position as a rejection of all psychiatric diagnoses, which is not my position at all.

Etiology/Precipitants

p. 23: "And then he became paranoid by completely evading any conversation about himself when asked questions about his past history to try to enlighten him."

Huh? This was not the case.

p.23 "And we could never get him to discuss any precipitants until finally the social worker asked him why did you burn down the trailer, and he said I was angry."

Totally false, I've *never* made any statement to the effect that I was "angry" precisely because it's simply not the case: I was delusional and *scared spitless* over the prospect that "Hannibal Lecter" had somehow threatened to release biological warfare agents, e.g., anthrax. (This claim probably comes from Dr. Kennedy's baseless assertion that I was angry at the time of the arson. Dr. Povinelli describes my response a little more accurately in Hayden p. 14, except that I *don't* equate myself with Lecter!.)

P. 31: Convulsions in ambulance on trip to Elmira.

Dangerousness

p. 30:
Q: "Do you feel if he were discharged right now he would pose a risk of harm to himself or others?"
A: "Yes."
Q: "What do you base that on?"
A: "Past history of violence, arson, and assaultive behavior during prior episodes of decompensation."

> NOTE I believe a higher standard of probability than mere "risk" applies (?)

p. 44: "His housemates took him to the hospital ... after he was trying to hurt himself."

> False, I was not trying to hurt myself. I never did anything over the duration of the psychosis with the intention of harming myself (claims from the CMC about "scalding himself" and "trying to hurt himself by banging his hands" are misperceptions).

Medication:

p. 18:
A I prescribed Zyprexa or Zydis.
...
Q And what prescription dosage or strength have you recommended?
A I believe I started him at 15.
Q That's a low dosage? What kind of dosage is that?
A Well, studies have indicated that a patient receives maximum benefit and more rapid improvement if one starts at 15 or 20 milligrams. So I started where the studies are indicating.
Q Is that per day?
A Yes

> From the monograph on olanzapine: "Olanzapine should be administered... beginning with 5 to 10 mg initially, with a target dose of 10 mg/day within several days." ... "Antipsychotic efficacy was demonstrated in a dose range of 10 to 15 mg/day in the clinical trials. However doses above 10 mg/day were not demonstrated to be more efficacious that the 10 mg/day dose. ... The safety of doses above 20 mg/day has not been evaluated in clinical trials."

p. 22: "... on a second occasion when I tried to – no, maybe a third. On another occasion when I tried to reinforce this idea by repeating a somewhat familiar statement in front of the team he became very angry and irritable and agitated during that interview."

> It seems she can't really recall; presumably on 4/24 during the second real meeting with her (i.e., a meeting longer than 3 minutes), she made some effort to urge me to take Zyprexa, however once started along the "why did you commit the arson" trail I upon which I was launched early in the interview, I do indeed tend to become upset!

P. 24: "when I admitted Mr. Saunders... [medication/marijuana discussion] ... he refused to listen to that."

p. 47:
Q "Dr., how many times have you approached Mr. Saunders about taking medication?"
A: "At least four if not more." ... "Then we had a treatment plan meeting. That was another setting in which he was given an opportunity to hear the medication recommendation."

> Dr. Roberts may have engaged in a discussion of medications with me when I was still psychotic on 4/4 (as she

states herself, p. 16 passim!), but I certainly could not recall this conversation later. She did not discuss medications in other contexts. The Treatment Plan meeting was a repetition of the nightmare on 3/13, where a document listing various extreme allegations was presented, and I was supposed to sign the document: "He has a history of extreme violence against women," can't work successfully in a supervised setting, a recital of claims purportedly made by Susan Hamann in Dr. Kennedy's report, etc. This was hardly a context for "education," or an effort at persuasive engagement!)

Treatment Plan

p. 30:
Q: "And what would this medication do for him?"
A: "It would normalize his moods so he is neither manic, depressed, or irritable, lowering the threshold for circumstances which cause him to become agitated and angry, and also likely to treat his psychotic symptoms, paranoia, his preoccupation with being persecuted, and his violence."

NOTE that Dr. Roberts stated to me sometime after the hearing ended, around 5/20, that she thought I might be able to use Zyprexa only on an as-needed basis, and later that "whatever happens, we'll try to make sure that you don't wind up here. You don't belong in a place like this – you have too many strengths." This was after she asked to speak with me, and I started by complaining to her about the unfounded allegations of serial rape which appeared in her TOO application. I was upset, but we had a fairly reasonable (public) conversation on the issues, including discussing Susan's assault complaint, with me briefly noting that she had a prior history of abuse and suffered from PTSD after Dr. Roberts' asked whether she had suffered abuse in the past.

P. 45: "Well, this is his choice. These are the consequences which he is well aware of as being possible when he refuses to take medication and continues using marijuana. So I see this as his choice."

As Mr. Wenig noted later, this appears to advocate a punitive stance.

Judge Hayden

p. 15 Povinelli: "He has not been compliant with his conditions as a CPL patient for five years now."

This is false... I was compliant except for a couple of brief episodes of marijuana use for 3 whole years. Dr. Brink recommended Depakote once, I declined, she didn't encourage me to try medication in any of the 2 meetings I subsequently had with her.

PRO:

p. 15:
Cocciola: "Would he pose a risk of danger to himself or others?"
Povinelli: "I believe if he got back to the marijuana again, he might certainly pose a risk."

Recommitment Hearing Judge Rowley

Dr. Povinelli

p. 51-52:
Q: When you saw him in 1997 can you describe his behavior?
A: He was aware that he was acting psychotic himself. At that time he was showing signs of mania....
A: ... I felt that he showed the signs and symptoms of a bipolar disorder.
Q: What symptoms did you observe at that time?
A Pressured speech. He wasn't thinking clearly. He believed there was a conspiracy with regard to the police and

False, I no longer believed in this at that time. I was describing my beliefs at the time of the arson. Note the police conspiracy was a conspiracy of "good guys" (!).

P. 53: A: The diagnosis was bipolar disorder with psychotic features mood congruent.

False, it was "affective disorder with psychotic features": Depression.

P. 53
A: ... In 1997 he felt he was suffering from a drug disorder.

P. 55:
Q: Does he accept the diagnosis of bipolar? ... Did he back in 1997?
A No. In 1997 he felt that his illness was due to a drug reaction.

False, in 1997 at the time of my interview by Povinelli I believed I was suffering from a bizarre combination of neurological disorders (CIDP + TLE). Only 3 years later did I discover that Trazodone can cause peripheral numbness & that its byproduct mCPP is anxiogenic (and probably hallucinogenic).

Dangerousness

p. 57
Q ...what would you identify ... as risk factors that would make him dangerous to be in the community?

A What would make Mr. Saunders dangerous would be a repeat performance of not taking medication, becoming manic, and adding marijuana into it. And drugs.

Treatment Plan

p. 59 I recommend he be placed on medications as prescribed by Dr. Roberts, mood stabilizer, possibly an antipsychotic.

Belsare

Here she refers to the humbug about "may" means "must":

p. 64 A: I did mention to him that medications were ordered. On the Order of Conditions it was a legal requirement.
Q And what did he say?
A Well, he didn't believe that they were.

P. 68

re: Urine screen refusals, I had stated that I did not want to pay $50 for urine screens.

p. 69
Q Had you advised Mr. Saunders at any time that you thought he was in violation of his conditions?
A Yes

Only the first time I refused the Trileptal. Otherwise both Dr. Belsare and Janet Stevens claimed they were "trying to help me through my last year."

P.76
Q Do you feel if he were released he would pose a physical danger to himself or others?

A Yes, probably, yeah. ("probably"?)

Saunders

p. 230 MUST COPY!

Q You were upset about the fact ...
A These were never corrected. I discussed this at length with my therapist, and none of the problems were fixed.
Q And so that was distressing to you?
A Yes
Q And so you were unable to work as a result, really concentrate on your work?
A Not unable to work. I was unable to do –
Q Heavy lifting, right?
A – significant computer programming.

Belsare

MUST COPY: p. 63, amazing Belsare "borderline narcissistic features" comment: "injured ego ... compensates for by valuing their own performance as being extraordinary or greater, or themselves as being more important than they are in society."

P. 72
Q So last month it was schizophrenia. Now you are saying it's bipolar and possible schizo-affective disorder?
A There has been confusion about what his diagnosis is.

P. 73-74

Schizophrenia is manifested by: asserting I had 4 rather than 2 knives! (She misses the point I was trying to make completely. Repetition of this falsehood in the "Review" and elsewhere is very upsetting to me because it involves evidence suppression and perjury on the part of the State Troopers investigating the arson. I don't believe this error bearing on whether I should be under an order of conditions -- it bears on the question of whether these officers belong in uniform.)

Sanity is: "But, okay, ex-wife/girlfriend." !!!!!!!!