

1 KEVIN ERIC SAUNDERS - DIRECT  
2 K E V I N        E R I C        S A U N D E R S ,  
3 having first been duly sworn and asked to state and spell his  
4 name, testified as follows:

5                    THE WITNESS: My name is Kevin Eric Saunders,  
6                    K-e-v-i-n E-r-i-c S-a-u-n-d-e-r-s.

7 DIRECT EXAMINATION

8 BY MR. WENIG:

9 Q        Mr. Saunders, where do you live?

10 A        1668 Trumansburg Road in Ithaca. It's actually in the  
11 Town of Ulysses.

12 Q        How long have you lived there?

13 A        I have lived there since 1994. So that makes about  
14 nine years.

15 Q        Do you own the house?

16 A        Yes, I do.

17 Q        And are you employed?

18 A        Yes. I'm self-employed, although technically I'm also  
19 the Chairman of the Board of my own company since it's  
20                    *databaseast, Incorporated*  
incorporated, Data Beast, Incorporated.

21 Q        How long have you been operating that company?

22 A        Ever since it was incorporated the end of 1994.

23 Basically it's been a going concern since the beginning of 1995.

24 Q        Do you have any employees?

25 A        No, I do not.

Mr. Richard Wenig, my attorney, who works for New York's Mental Health Legal Services, is directing questions to me... after I have sworn to tell the truth, the whole truth, and nothing but the truth.

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2 Q Do you run the business by yourself?

3 A Yes, I do.

4 Q About how much time during the week do you take to run  
5 your business?

6 A Anywhere from between twenty and eighty hours  
7 depending on how much programming I'm doing. It's generally at  
8 least a thirty or forty hour a week job.

9 Q And Mr. Garrison testified earlier that this business  
10 is international in scope in terms of your clients?

11 A Yes, it is. I have many international clients.

12 Q Could you briefly tell the Court the success of the  
13 business at this point in time?

14 A It's going very well. Now the focus of the business  
15 ~~dataComet~~  
16 is the product Data Comet, D-a-t-a, capital C-o-m-e-t. And  
17 there are now three different versions of the product, one which  
~~Macintosh~~  
runs on Macintosh classic only.

18 There is another version, Data Comet Secure, which has  
19 ~~encryption and~~  
security features including inscription authentication features  
20 in order to make sure people can communicate without other  
21 people eavesdropping on their communication.

VX

22 There is now a version, Data Comet Secure DX, which  
23 was developed over the past year, at least last October actually  
24 after I had managed to fulfill the requirements to comply with  
25 ~~encryption~~  
the federal export law governing the export of many inscription

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2 items.

3 Q I was curious. About how much money do you take in on  
4 your business?

5 A Last year I grossed about twenty-five thousand  
6 dollars. And hopefully since the port to MacIntosh OS10 has  
7 been completed business has looked much better.

8 For example, NASA Headquarters in Washington is  
9 looking at purchasing an upgrade to their existing system.  
10 Other schools, recently the University of the Michigan, bought a  
11 site license for a thousand dollars.

12 The University of San Francisco is going to be buying  
13 a site license for twenty-five hundred dollars. So business  
14 looks good with the port to OS10. I now have far narrower  
15 fields of competitors. They have dropped out of the business  
16 because they can't compete.

17 The requirements for maintaining the software and  
18 upgrading the software for new releases is substantial, and so  
19 it involves a huge investment of time and effort of a highly  
20 skilled program staffer. In this case that's me.

21 Q And the software is your creation?

22 A Yes, it is.

23 Q And you are the one, the only one who can correct  
24 errors in the program?

25 A That's true.

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2 Q And without your presence what do you think would  
3 happen to the company?

4 A The company will probably collapse. The business will  
5 collapse.

6 Q Do your clients need ongoing maintenance?

7 A Client support, ongoing support. They expect someone  
8 will be there who can resolve their problems if they come across  
9 a bug or conflicts.

10 There are regular releases of new system software  
11 coming out from Apple OS10. I'm told by William Garrison there  
12 is now a 10.2.6 release that just came out, and often there are  
13 bugs introduced in these new releases.

14 Often times people find bugs which existed in the  
15 software for some time which need to be corrected. They have  
16 feature requests. It's necessary to work on the code on an  
17 ongoing basis and provide intelligent and well informed support  
18 for the customers in order for the product to be a success.

19 Q Would you please tell the Court about your educational  
20 background?

21 A Well, I graduated from Hall High School in Little  
22 Rock, Arkansas in 1974, matriculated at the University of Texas  
23 at Austin, and then received a degree which is in technically  
24 the social and behavioral sciences with high honors in 1977, and  
25 was also inducted into Phi Beta Kappa.

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2 Q How did you become involved in computer programming?

3 A I took a couple of computer courses when I was at the  
4 University of Texas. Immediately after I graduated from UT I  
5 got a job at the University of Arkansas at Little Rock as a  
6 business applications programmer. So I worked there for a  
7 year.

8 Later on after a year of working in Los Angeles as a  
9 chief bookkeeper for Community Hospital of North Hollywood I  
10 came to Cornell in order to enter graduate school in  
Economics  
11 communications. That didn't last very long.

12 After that experience I decided that probably the best  
13 use of my talents would be to go into computer programming. And  
14 so at that point I started studying programming language,  
15 various systems, theoretical concepts, assembly, language  
16 programming.

17 At that time anyone in Tompkins County could get a  
18 pass for the libraries at Cornell, so I made good use of that  
19 and the engineering library.

20 Q Did there come a time when you started working at  
21 Cornell in computer programming?

22 A Yes, in 1986 after years of involvement in computer  
23 groups and other activities I got a job with Cornell Computer  
24 Services working for Dick Cogger  
25 infrastructure.

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2 Q Is that where you developed the software that you are  
3 marketing right now?

4 A Yes. Initially it was not called Comet. The first  
5 product was Terminal Emulation for serial applications. Then in  
6 1986 we were the first ever to release a telnet application for  
7 the MacIntosh.

8 And then we also had a separate 3207 application to  
9 support access to the IBM main frame. And in 1990 I tied all  
10 this together in one package called Comet, C-o-m-e-t.

3270

11 Q What is the nature of the relationship between you and  
12 Cornell concerning the use of the software you now market?

13 A Well, I left Cornell in early 1994. I had a better  
14 offer from another software company. Cornell made a  
15 counteroffer, but it wasn't adequate to get me to stay.

16 And so at that time I started working on a contract  
17 basis to support Comet through the company I was working for  
18 which was Millennium Computer Corporation of Rochester. So I  
19 worked at Millennium Computer Corporation for nine months and  
20 then left.

21 At that time I pursued the option of obtaining a  
22 license for Comet from Cornell. And so in 199 -- late 1994  
23 actually. The license was only concluded May first 1995, the  
24 signed license with Cornell Research Foundation in which I have  
25 rights to develop and distribute software based on Comet in

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2 return for providing enhancements to the software which Cornell  
3 used and in return for paying a seven and a half percent rights  
4 on gross sales.

5 This also required that I have a contractor  
6 relationship with Cornell which included among other things  
7 carrying a one million dollar insurance policy on my car. So my  
8 liability insurance for personal injury was quite high.

9 Q Mr. Saunders, there was discussion today in a previous  
10 part of this hearing concerning your arson conviction back in  
11 1997. Do you have any memory of that event?

12 A Yes, my memories of that are all too clear.

13 Q Do you admit behaving irrationally at that time?

14 A I definitely was irrational, yes.

15 Q And what happened directly after the arson occurred?

16 A I was put in jail.

17 Q How long were you in jail for?

18 A I was in jail for about five weeks, six weeks I think.

19 Q Did you get any mental health care while you were  
20 there?

21 A I received no mental health care in jail.

22 Q How long did it take before you felt you were your  
23 usual rational self?

24 A Well, it's actually a little hard to say. The first  
25 ten days I was in jail I was held in a holding cell all by

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2 myself for the most part. The first few days or the first two  
3 or three nights that I was in there I was experiencing auditory  
4 hallucinations.

5 It was after a certain point I realized these were  
6 auditory hallucinations, they were probably ridiculous, as a  
7 matter of fact. And at that point I knew there was -- I had  
8 believed at the time of the arson I was hearing voices coming  
9 over the radio. I believed that they were real voices.

10 I thought it was really a part of the very  
11 complicated FBI plot to apprehend or somehow capture the person  
12 who would have been the foundation of the character Hannibal  
13 Lecter. I was not working for Hannibal Lecter. I was working  
14 against Hannibal Lecter. That was my belief at the time.

15 Q And you realize that was delusional at this time?

16 A Yes, I realized pretty rapidly I was definitely not in  
17 my right state of mind, although I have always had impressions  
18 since then the voices somehow were real. They had a reality to  
19 me. They seem to be external voices. I have never experienced  
20 anything like that since that time, external voices that seem to  
21 be real, no.

22 Q So after five weeks in the jail what happened?

23 A I was released on bail and then proceeded with the  
24 process of going through the court, through numerous 730  
25 examinations. Ezra Sherman -- I determined that I shouldn't  
should

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2 make the not responsible plea, and Ezra Sherman was serving as  
3 my lawyer in this case. Very able and effective counsel.

4 Q When did you come to be admitted in Rochester?

5 A A year after the incident occurred. In July of 1997  
6 the plea of not responsible by reason of mental disease or  
7 defect was received by the Prosecuting Attorney and by the  
8 Court. Thus we avoided having a jury trial.

9 And then I was referred to the OMH for evaluation.

10 That evaluation took a long time to be arranged. It wasn't  
11 until I believe October that I had my first interview with Dr.  
12 Singh at the Rochester Regional Forensic Unit. And then they  
13 determined -- see, at the time I was gravely concerned about the  
14 state of my health.

15 The month of January 19, 1997 prior to the arson I was  
16 seriously ill. I was, in fact, seriously physically ill. And I  
17 was concerned there was a neurological disorder that I  
18 experienced. So I continued smoking marijuana. At points I  
19 quit. And I'd go back on, quit, and go back on at different  
20 points.

21 They determined they needed to have me as an  
22 in-patient for evaluation, so they applied to the Court for an  
23 evaluation order. The evaluation order was received, so I went  
24 into Rochester the beginning of February, 1998.

25 Q And how long were you in Rochester?

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2 A Two months.

3 Q Okay. And when Mr. Garrison testified he said he was  
4 handling your business while you were absent?

5 A Yes. He processed orders while I was unavailable.

6 Q And during the course of your stay in Rochester at the  
7 Psychiatric Center did you receive any medication?

8 A No, I did not. I also -- I also received no diagnosis  
9 from the doctors at the time. Neither one of them, neither Dr.  
10 Singh or Dr. Kennedy discussed their diagnosis with me at any  
11 time during my stay.

12 Q And subsequent to your discharge from Rochester  
13 Psychiatric Center were you placed on orders and conditions?

14 A Yes, I was.

15 Q That would be May of 1998?

16 A Yes, that's true.

17 Q So for the past five years you have been under that  
18 order of conditions?

19 A Yes, I have. At the time the order was issued I asked  
20 the people responsible for it what the order meant, because  
21 clearly it had conditions in there, clauses, which said may,  
22 treatment may include. And there was a long laundry list of  
23 conditions. And I asked what the meaning of those conditions  
24 were.

25 I was informed well, maybe they will be necessary,

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2 maybe they won't according to the decisions of the treatment  
3 team.

4 Q And when did you start receiving treatment under the  
5 orders and conditions?

6 A That was in -- actually it was probably in June of  
7 1998 when I first went to Tompkins County and started meeting  
8 with Linda Riley.

9 Q Did you meet with a psychiatrist when you were under  
10 the orders and conditions?

11 A A few, uh, a few times I did. I met with Dr. Brink  
12 several times. And I only met with Dr. Bezirganian one time.  
13 That was in the year 2000.

14 Q And these two psychiatrists work with the Mental  
15 Health Clinic here in Ithaca?

16 A Yes.

17 Q How often did you get to see Ms. Riley?

18 A Well, in the beginning I saw her fairly frequently. I  
19 guess initially I saw her twice a week for the initial  
20 evaluation. Then I was seeing her weekly. It dropped back to  
21 bi-weekly and monthly meetings.

22 Q Who was paying for them?

23 A I was paying for them.

24 Q Was there any recommendation that you undergo urine  
25 testing for drugs or alcohol in your system?

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2 A Yes, I delivered them for the use of marijuana.

3 Q How long did these urine tests go on for?

4 A They were administered fairly regularly. I continued  
5 to take them until late 2001. I believe that's the date.

6 Q And who was paying for the urine tests?

7 A I was. I paid a total of over \$700 for the testing.

8 Q Did there come a time when you stopped agreeing to  
9 undergo the urine tests?

10 A Yes. I had submitted a letter in June of 2000 to  
11 Donna Faber who is the forensic coordinator here at the EPC --  
12 she was working out of Seneca Falls -- and to Ms. Riley. And I  
13 also gave a copy to you. Along with this letter I included a  
14 collection of research material that I accumulated.

15 Just prior to June, 2002, in May, I made some  
16 discoveries regarding the drugs that I had been given in 1997,  
17 Prozac, Trazodone, and later on I found just last year  
18 Vistaril. And it is that these drugs have -- there are warnings  
19 in the monograph on Prozac specifically noting caution when used  
20 "P4502D6, that's spelled P-4-5-0-i-i-d-6" (P450IID6)  
with drugs which are metabolized on the P54 the 26th enzyme.

21 And I read that over a number of times, but hadn't  
22 known what it meant. When I found first that Trazodone can  
23 cause paresthesia, abnormal sensation in your extremities.

24 I immediately realized why I had been losing sensation  
25 in my extremities during January of 1997, which had been

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2 shocking and very frightening to me. Genuine physical sensation  
3 which was extreme. I woke up several times with no sensation in  
4 my arms or legs at all.

5 Q So when you presented this information to Ms. Riley  
6 did you expect her to pass it on to the psychiatric staff?

7 A Yes, I expected Donna Faber to pass it on. And I also  
8 discovered that the metabolism of Trazodone is affected by the  
9 use of Prozac. And so it's not Trazodone so much but a  
10 by-product of Trazodone, MCPP, which I found to my horror in May  
11 of 2000 is a panic inducing drug and also has hallucinogenic  
12 properties.

13 So I developed this material. I also had had  
14 long-standing complaints that the reports that were prepared by  
15 Dr. Singh and Dr. Kennedy, in which numerous quotations were  
16 made, errors of fact appeared. I wanted to make an attempt to  
17 correct them.

18 For example, Dr. Kennedy asserted that I was a threat,  
19 to Anne Marie Whelan  
20 too, and Mary Whelan because I had physically battered her for  
fourteen years. That's a false allegation.

21 I also wanted to correct errors that were made in my  
22 employment, the records of my employment history at Cornell.  
23 It's not true that I had a bad relationship with Cornell. I had  
24 one referral to the Employee Assistance Program and that was  
25 worked out. That was in 1992.

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2 Q Well, concerning the information that you have  
3 provided regarding what you feel is an adverse drug reaction did  
4 you ever get any kind of feedback from the clinicians?

5 A Never. When I met with Dr. Belsare last year in May I  
6 initially talked with her about it, at my upset about  
7 <sup>this</sup> discovering long after the fact. It took me three and a half  
8 years to nail this down, that drugs were definitely responsible  
9 "stay"? - definitely wrong! - I was home that entire month...  
for my stay in early January, 1997.

10 That was the cause of my physical illness. Dr.  
11 <sup>MCPP</sup> Belsare -- I asked her well, is NCP an hallucinogen, yes or no.  
12 Am I wrong? And she would not respond. She's my out-patient  
13 psychiatrist at the EPC.

14 Q So nobody at the Mental Health Clinic talked to you  
15 about this as well?

16 A There was a refusal to engage me on the issue or to  
17 engage me in dialogue.

18 Q In terms of the course of treatment with you and Ms.  
19 Riley, that lasted four years?

20 A Yes.

21 Q You were going on a monthly basis?

22 A Yes.

23 Q How would you characterize the clinical relationship  
24 over those years?

25 A I think it was a good relationship. I trust Linda

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2 Riley. I think she's a competent therapist and showed concern  
3 both for me and for the safety of the public at the same time,  
4 which I think is appropriate in her position.

5 Q Are you aware of the clinic's psychiatrist's ongoing  
6 diagnosis of gender identity disorder and cannabis dependence in  
7 partial remission?

8 A Which clinic?

9 Q Tompkins County Mental Health Clinic.

10 A Which clinician are you talking about?

11 Q Those are Dr. Bezirganian's determinations back in  
12 2000.

13 A I was never allowed to see Dr. Bezirganian's reports.  
14 Once again Dr. Bezirganian had a meeting with me for fifteen  
15 minutes. He did not discuss any of his beliefs with me  
16 regarding my diagnosis. He never said what he thought I had.

17 When he did write up the report Linda Riley and Donna  
18 Faber discussed it in front of me. But I was never allowed to  
19 see the report, so I don't know what his conclusions are.

20 Q Did Ms. Faber or Ms. Riley ever say to you, Kevin, we  
21 think you are decompensating, or, Kevin, we think you are  
22 psychotic?

23 A Never.

24 Q And did any psychiatrist at the clinic in those four  
25 years ever prescribe medication for you?

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2 A No. Dr. Brink discussed Depakote with me. However,  
3 she did not write a prescription for me.

4 Q And why did Dr. Brink think you needed Depakote?

5 A I don't know. I presume because she thought I had a  
6 mood disorder, a diagnosis which seemed to have been dismissed  
7 by both Dr. Singh and Dr. Kennedy at the Rochester Forensic  
8 Unit.

9 Q And would you briefly tell the Court the events that  
10 led to your admission to Cayuga Medical Center last year?

11 A Yes. I became physically ill and also somewhat  
12 delusional. I'm not really sure about the exact relationship  
13 between the two. I was very mildly delusional. This is a  
14 delusion involving the belief that I may be the reincarnation of  
15 Adolph Hitler.

16 And that belief might sound alarming, however, also  
17 I'd like to note that my belief in it is not something that  
18 would be comforting to any Nazi since I'm an anti-Nazi and  
19 anti-Soviet in terms of my political beliefs.

20 Q So you feel this belief wasn't based on reality?

21 A Well, it's impossible to say. Who understands whether  
22 we are reincarnated? Or I don't know. I mean definitely I  
23 would say it's a little bit more strongly -- I was more strongly  
24 entertaining it than a normal person would. That's true for  
25 sure.

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2 Q So you were not feeling well physically?

3 A Physically I was definitely ill. My doctor, Dr.  
4 Breiman, B-r-e-i-m-a-n, came into the hospital and diagnosed me  
5 as suffering from an acute upper respiratory infection. It was  
6 viral in nature. In five days in the hospital they did not give  
7 me a throat swab.

8 A throat swab was ordered by Dr. Breiman when he came  
9 in. I believe that was like the fourth day. And they hadn't  
10 had it done. By the end of the fifth day it did get done. It  
11 was not a bacterial infection. It was viral.

12 And it was affecting me physically. I was definitely  
13 suffering from a physical illness. I had a hacking cough. I  
14 was coughing up phlegm with blood in it, or running out of my  
15 nose rather.

16 Q How long after you were admitted back in 2002 to the  
17 hospital did you start to feel better?

18 A Physically or mentally?

19 Q Both.

20 A Well, mentally at the time that I went to the hospital  
21 I wasn't feeling all that bad. I knew it was a peculiar belief,  
22 and when I went in on the first day I discussed that with Dr.  
23 Baker.

24 Dr. Baker took some tests, all of which turned out to  
25 be drug tests, and they were under the impression I might be

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2 suffering an alcoholic spree or something, which was not the  
3 case.

4 He then told me that if I continued -- I had some  
5 problems sleeping the previous night. He told me if I continued  
6 to have problems sleeping I should come back into the hospital  
7 the next day. That's what I did.

8 And that's when the doctor decided to admit me under  
9 the -- as an involuntary patient. So both times I came in  
10 voluntarily. The second time was at the recommendation of the  
11 doctor I had seen the prior day, on Friday.

12 Q Okay.

13 A So mentally I was in a kind of weird state. I don't  
14 believe it was a dangerous state. I -- physically it took me I  
15 think a couple of weeks to actually fully recover from the  
16 illness.

17 Q And were you prescribed any medication on discharge?

18 A No, he did not. My discharge conditions were that I  
19 see Dr. Breiman, and I believe I was supposed to see Linda  
20 Riley, too. I saw her, too. That was it.

21 Q Did you receive any medication at the hospital?

22 A Yes. I received one injection. I believe it was one  
23 and not two injections of Haldol. And I took one pill, Zyprexa,  
24 before I knew what it was.

25 And frankly I think that the drugs have a very --

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2 anti-psychotic drugs cause very unpleasant sensations. I did  
3 experience jerkiness, jerky motion after the injection of  
4 Haldol. And my brain felt as if it had been dulled. It's  
5 difficult to describe. It's unpleasant.

6 Q And how long after that did you receive notification  
7 you would be going to the clinic in Elmira?

8 A That was prior to that case. That was in the weeks  
9 prior. I had suddenly received without any warning a letter  
10 from Fred Manzella (phonetic) who is the forensic coordinator.  
11 He had taken over from Donna Faber. We had had a couple of  
12 meetings with him.

13 Out of the blue a letter arrived from Fred Manzella  
14 stating that I was being transferred to Elmira Psychiatric  
15 Center. I had really had no prior notice of this. I had no  
16 prior notice of this.

17 I had been refusing urine screens for I guess since --  
18 it was October or November in 2001. So this came out of the  
19 blue.

20 Q Was your refusal to take urine screens, was that the  
21 catalyst for this change-over?

22 A I believe it was. I was never given any clear reason  
23 for it. Fred Manzella said that the Director ...

24 MS. COCCHIOLA: I will object as far as the  
25 hearsay.

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2 THE COURT: Sustained.

3 A Okay. Frankly I don't know.

4 Q And after you got out of the hospital in 2002 did you  
5 return to home to live?

6 A Yes, immediately.

7 Q Were you working on your business systems then?

8 A Yes, and taking care of my daughter. As soon as I got  
9 back out my physical health wasn't great, but the illness wasn't  
10 a horrible and serious illness. It was distressing.

11 I was concerned with respect to -- Ms. Cocchiola  
12 raised the issue of would it be paranoid to think that your  
13 water was poisoned. I was concerned about everything because my  
14 sense of taste had gone. My sense of flavor was shot by this  
15 infection. And everything seemed to taste bad to me.

16 That was one of my concerns. And since I have well  
17 water that was one of my concerns.

18 Q Do you recall Dr. Belsare seeing you in one of your  
19 sessions and prescribing medication for you?

20 A Yes, I do. That was the second time I came down to  
21 Elmira Psychiatric Center for out-patient treatment. And I was  
22 still recovering from the physical illness. This is on her  
23 second meeting.

24 At her first meeting she had said she thought that I  
25 might suffer from generalized anxiety disorder. I said that's a

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2 possibility. And she offered me various drugs. She offered me  
3 tranquilizers, what have you basically.

4 I said I'm not interested in taking medication for  
5 this. I'm concerned about the side effects for tranquilizers  
6 and the potential for addiction. So then the next meeting I had  
7 also discussed my belief that what happened in January, February  
8 of 1997 had been, to say the least, strongly influenced by the  
9 psychiatric drugs that I was on, and that I believed that I  
10 might have a deficiency in my ability to metabolize drugs which  
11 were metabolized by the P4502D6 at the 26th enzyme.

12 So then the second session I came in and after  
13 chatting with her for a while about my business, and what my  
14 software is, what it does, she then brought up the issue of  
15 whether I thought I had a mental illness.

16 I said I thought that according to legal standards I  
17 did not. She did not mention any kind of mental illness, other  
18 diagnoses diagnosis which I had been open to discussion about. And then  
19 she said well, I think you do. She said you can't talk in a  
20 straight line.

21 And that's after I had attempted to discuss my  
22 software which is very complicated, and you can't describe this  
23 software in a straight line. It's simply impossible.

24 She then handed me an application she had already  
25 made out without discussing it with me at all, a prescription

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2 for Trileptal which is an antiepileptic drug. And she said  
3 here's a prescription, I want you to take this.

4 Q Did she discuss any side effects?

5 A At the time I asked her what the side effects were.  
6 She said there would be probably gastrointestinal distress and  
7 some other side effects. I'm not sure what.

8 When I asked her what the drug was for she told me  
9 that it would help me be quote more successful end quote. She  
10 also said ...

11 MS. COCCHIOLA: I'm going to object. This is  
12 nonresponsive and it's hearsay.

13 THE COURT: Why don't you redirect.

14 Q Kevin, how would you characterize the nature of your  
15 clinical relationship with Dr. Belsare?

16 A I would say with Dr. Belsare it is uncomfortable. She  
17 is making statements at this time which I heard personally.  
... (pause)

18 MS. COCCHIOLA: I'm going to object again.

19 MR. WENIG: Okay.

20 THE COURT: What's the objection?

21 MS. COCCHIOLA: Well, it's hearsay. He's  
22 talking about statements made by Dr. Belsare.

23 THE COURT: I guess it's clear that it's not a  
24 good relationship. Let's move on.

25 A I witnessed the statements. I heard them firsthand.

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2 Q Do you feel you are getting a clinical benefit from  
3 meeting with Dr. Belsare?

4 A No, quite the contrary.

5 Q How about with Ms. Stevens?

6 A Well, I thought my relationship with Ms. Stevens was  
7 amicable and went along fairly well until I heard her testimony  
8 on the 24th of April in Judge Hayden's court at which time she  
9 made the claim, for example, that she had tried to lecture me  
10 about the dangers of marijuana, which she had never done in  
11 fact, and essentially made other statements which don't comport  
12 with my recall of what went on. She characterized my talking  
13 about my work and my family as being -- what was it?

14 MS. COCCHIOLA: I'm going to object again.

15 THE COURT: I think I'll allow it. It's not  
16 offered for the truth. It's offered for why he has a  
17 particular attitude. You can answer the question.

18 A She characterized my talking about work and family as  
19 being -- I forgot what it was. I'm trying to remember the exact  
20 words. I'll pass on that.

21 But she also said, for example, that I had a  
22 delusional -- no, it wasn't delusional. I had a misbelief.  
23 That's what she said in court about the adverse drug reaction in  
24 January, 1997. She never discussed this with me.

25 Q At the meeting that occurred toward the end of March

My statements were both truthful... and I have the transcript of the testimony before the court of Judge Hayden to back up the second one.

1 KEVIN ERIC SAUNDERS - DIRECT

2 in Elmira where the treatment team, forensic team, informed you  
3 that they were recommending that your orders and conditions be  
4 renewed for an additional five years --

5 A Yes.

6 Q -- did anybody at that meeting say that we think you  
7 need in-patient?

8 A No.

9 Q Didn't the committee in fact state that they would be  
10 recommending your return to Tompkins County for clinical  
11 follow-up?

12 A Yes, they were. They were recommending that I should  
13 go back to Linda Riley.

14 Q And do you recall the reason they made that decision?

15 MS. COCCHIOLA: I'm going to object again.

16 THE COURT: Sustained.

17 Q Do you recall the state of mind you were in at the  
18 beginning of April, 2003 prior to your admission to Cayuga  
19 Medical Center?

20 A Yes, I was severely stressed by the meeting on March  
21 14th and I was trying to relax after that. Essentially it's  
22 important in my work in terms of doing actual coding work, real  
23 programming, that you be essentially at 98 percent  
24 functionality.

25 You have to know exactly what you're doing and not

1 KEVIN ERIC SAUNDERS - DIRECT

2 make mistakes, be able to correct your mistakes soon after you  
3 make them. And after that meeting I knew that due to the stress  
4 that I wasn't in that kind of <sup>shape</sup> shaped, so I just continued doing  
5 work on other things relating to my business and tried to  
6 relax.

7 For example, I planned on submitting my corporate  
8 income taxes on March the 15th, the day after the meeting.  
9 Basically a one day job. Instead I wound up filing for an  
10 extension because I simply didn't feel that I would be able to  
11 do the work without the possibility of making significant errors  
12 after a meeting in which, for example, it had been claimed that  
13 I had -- I was incapable of functioning in a structured work  
14 environment.

15 I was presented with a document that had a list of  
16 assertions that night which I had had no participation in  
17 preparing. I was shocked.

18 THE COURT: Let's take a break at this point.  
19 We'll resume at one o'clock.

20 MS. COCCHIOLA: Resume what time? I'm sorry.  
21 THE COURT: One o'clock.

22 RECESS at 12:00 noon to 1:08 PM.

23 THE COURT: Resume your place, Mr. Saunders. I  
24 remind you, you are still under oath.

25 THE DEFENDANT: Yes, your Honor.

Yes, they really said, and wrote, "he is incapable of functioning in a structured work environment"... again, see the evidence to the contrary in my letter at <http://badtriprecords.biz/barb-towhom.html>

1 KEVIN ERIC SAUNDERS - DIRECT

2 THE COURT: Continue.

3 MR. WENIG: Thank you, Judge.

4 Q Kevin, we were talking about the circumstances around  
5 your admission last month to the Elmira Psychiatric Center.

6 A I'm not sure we were right there but ...

7 Q We were talking about how you were feeling before  
8 that.

9 A I believe we were talking about last year when we left  
10 off.

11 Q We were discussing about after you found out in March  
12 about the renewal of the orders and conditions you said you were  
13 trying to relax.

14 A Oh, yes, yes. That's right, that's right, yes. So  
15 March 15th I didn't do any taxes and -- March 14th and 15th.  
16 Instead I just filed for an extension of the tax filing  
17 requirements for six months and just went about my work as  
18 usual, except I wasn't doing any heavy lifting.

19 Q Figuratively?

20 A Yes, figuratively speaking. Intellectually heavy  
21 lifting is involved in computer programming. You have to be  
22 correct and mistakes can be fatal.

23 Q And the week or so prior to your admission to the  
24 Elmira Psychiatric Center did you notice any changes in your own  
25 behavior?

NB: When I said "fatal", I meant literally fatal, as in causing people to die: dataComet has been used in safety-critical applications.

1 KEVIN ERIC SAUNDERS - DIRECT

2 A Not in a whole week preceding that. I had been  
3 functioning basically as normal. I was taking my daughter to  
4 school, picking her up. Well, taking her into school early in  
5 the morning, picking her up in the afternoon.

6 She also had a heavy schedule of rehearsals for her  
7 plays that she was appearing in. She appeared recently in Dogpatch  
8 Patch at Ithaca High School. She also just appeared in Fame,  
9 which was put on by the Alternative Community School.

10 So I was functioning just fine, except for not going  
11 to do any really mentally heavy work because I was preoccupied.

12 Q And then what happened?

13 A I think April first was a little strange. I got some  
14 strange emails from some old friends. And then I think that was  
15 some time April first or April 2nd that I first went outdoors.

16 And I was naked. I was in the back of my house, which  
17 isn't visible really from any other house on any property  
18 nearby. It's fairly secluded.

19 Q Do you recall how long you were outside?

20 A The first time I was only out I think for thirty  
21 minutes or something. It wasn't all that long.

22 Q Do you recall what the weather was like?

23 A The weather was quite cold. I mean it wasn't freezing  
24 cold. There was snow on the ground. It was probably in the  
25 thirties. It's bracing, but it wasn't awful. And at that time

1 KEVIN ERIC SAUNDERS - DIRECT

2 I don't believe that I was generally delusional or in bad  
3 shape.

4 I have lived in the past with people where we had gone  
5 outside and do that kind of thing in nature.

6 Q And how did you come to be taken to Cayuga Medical  
7 Center? How did that work?

8 A Well, over the next couple of days I think I became  
9 increasingly ill, and I think I did become delusional. And at  
10 one point Alice asked me whether I thought I was delusional, and  
11 I said yup, I think I am. And she suggested we should go down  
12 to the hospital, and I agreed with that, that that would be a  
13 good idea.

14 Q So was an ambulance called at that point?

15 A Yes, some time soon after that. Alice called the  
16 ambulance eventually.

17 Q Are you able to recall what happened in the emergency  
18 room?

19 A Yes, I do recall. I mean at that time I was  
20 delusional. I was kind of aware of being delusional. And it's  
21 difficult to say, but I was willing to go to the hospital. It  
22 wasn't just about physical illness. My feet hurt like hell.  
23 That was a big issue.

24 Both of my feet were acutely painful, terribly  
25 painful, and I think that's something that happened after the

NB: This was supposed to be a Voluntary Admission to Cayuga Medical Center as a mental patient; just how this got turned into an Involuntary Admission to a State Hospital is not clear at this time.

1 KEVIN ERIC SAUNDERS - DIRECT

2 first time that I went outside. I think that's the sole cause.  
3 But I was in terrible pain with my feet. And so I do remember  
4 being in the hospital.

5 Q Do you remember being transported to Elmira?

6 A Yes, I remember going out and getting into the  
7 ambulance to go down to Elmira. One point I would like to make  
8 is it appears in the record that I was trying to harm myself. I  
9 was in fact not trying to harm myself.

10 I did bang on some things like on the wall while I was  
11 at Cayuga Medical Center. I was trying to distract myself from  
12 the pain in my feet. I was there for what seemed like hours  
13 waiting and never received any topical anesthetic or anything.  
14 They didn't look at my feet. They did x-ray.

15 Q Once you got to Elmira do you have any recollection  
16 what happened the next today?

17 A I have no recollection of anything past getting into  
18 the ambulance and going down to Elmira.

19 Q Do you recall the assault on a staff member that  
20 occurred?

21 A No, I do not.

22 Q Do you know how long it took so to speak before you  
23 felt better, cleared mentally?

24 A I believe that I had cleared mentally -- it was on  
25 Tuesday after being admitted. I think that by that time -- I

1 KEVIN ERIC SAUNDERS - DIRECT

2 think Monday and Tuesday I cleared substantially. Dr. Roberts  
3 had testified that I had -- and the other Court -- that I had --  
4 perhaps here, too, that I had improved by the 7th.

5 Q So roughly four or five days?

6 A Yeah. Not all for the entire thing.

7 Q There was a wealth of testimony about your supposed  
8 lack of cooperation with the clinical staff at Elmira  
9 Psychiatric Center, is that correct?

10 A No, it's not correct.

11 Q All right. When did you start to work with the  
12 staff? At what point?

13 A Well, which staff are you talking about?

14 Q At the Elmira Psychiatric Center, the clinicians.

15 A Okay, well, I mean initially I was interviewed on  
16 Saturday. When I was still there I think I was still  
17 psychotic. That time I was interviewed by Dr. Roberts and Dr.  
18 Povinelli, and I have a little bit of recall of that time.

19 I recall a little bit being assessed physically by  
20 Jim, who is the physician's assistant. But then what had  
21 happened was that on Monday or Tuesday, by that time, I was  
22 saying I'm feeling better and then hadn't had any other  
23 significant discussions with any of the psychiatric staff.

24 And then on the 11th I believe Zyprexa started  
25 appearing in my medication. So I started refusing the Zyprexa.

1 KEVIN ERIC SAUNDERS - DIRECT

2 Q Do you recall the doctors talking to you about taking  
3 the Zyprexa?

4 A Not in detail, no. The benefits of it were not  
5 discussed. Side effects were not discussed. Actually the point  
6 has been made that I was refusing initially the antibiotic that  
7 I was prescribed, and that's true.

8 I believe that initially it wasn't explained to me  
9 what the pill was, and I don't like to take medication unless I  
10 understand what they are, and what they do, and what the side  
11 effects might be.

12 And I was told by the nurse it was antibiotic  
13 medication. I said okay, this will be good for my foot.

14 Q So what do you do all day on the unit?

15 A Kill time.

16 Q Why do you kill time? You don't do programs?

17 A I'm not allowed to attend any programs. I'm under  
18 ward restriction. Every fifteen minutes a staff members logs my  
19 location.

20 Q And have you had any other episode of assaultive  
21 behavior?

22 A Absolutely not.

23 Q The last couple weeks you have been cooperating with  
24 the program so to speak?

25 A For five weeks, yes.

1 KEVIN ERIC SAUNDERS - DIRECT

2 Q Are you allowed any kind of leisure activities, going  
3 outside?

4 A No.

5 Q And do you have anything to occupy your time while you  
6 are on the unit?

7 A I can watch TV. Thanks to my housemate I have some  
8 books. And my mother. I have some books to read which they  
9 sent down by the mail. They have not been allowed to bring them  
10 down or to visit me because I'm not being allowed visitors.

11 Q Have you had any visitors since you were first  
12 admitted?

13 A My mother once.

14 Q Where does your mother live?

15 A She lives in Little Rock, Arkansas.

16 Q How long will she be up here in Ithaca?

17 A She is going to be up here for another three days  
18 before she goes back to Little Rock. She's been up here about a  
19 month now.

20 Q And what's the -- can you describe to the Judge the  
21 condition of the Unit, what it's like on the ward during the  
22 day?

23 A Well, I would say that at times it's really peaceful.  
24 At times it's very stressful. And at times it's violent. The  
25 violence is prone to break out at unpredictable moments.

1 KEVIN ERIC SAUNDERS - DIRECT

2 Q Did you experience any of this violence personally?

3 A Yes, I have.

4 Q And can you tell the Court what happened?

5 A Well, first I witnessed an assault by a staff member  
6 on a patient. Can I mention the name?

7 Q I don't think so.

8 A I'll pass on the name. A staff member punched a  
9 patient in the nose after the patient -- the patient was abusing  
10 him verbally and called him an f-u-c dash, dash, dash n-i-g  
11 dash, dash, dash, at which point he lost his temper and hauled  
12 back and punched him square in the face and knocked him down.

13 Q Did you report this incident to the staff?

14 A Yes, I did.

15 Q Did you have any violence inflicted on you?

16 A Yes.

17 Q When did that occur?

18 A That occurred Sunday, before last Sunday when another  
19 patient who apparently decided that I was some figure from his  
20 past that he had problems with. Without prior warning to me,  
21 directed to me, he grabbed me by my hair as we were all going up  
22 the stairwell to go upstairs at nine o'clock, and yanked me  
23 backwards.

24 I fell back onto my back and then went back three  
25 steps sliding down on my back which left me in excruciating pain

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2 for several days. Fortunately I haven't suffered permanent  
3 injury. I filed a harassment charge against him and an officer  
4 came. And the complaint has been filed fortunately.

5 I would like to note that some days later, within four  
6 days, this man's privileges were restored. He was outside on a  
7 smoke break unsupervised, and he assaulted another patient by  
8 kicking him in the stomach.

9 Q Was the patient who assaulted you, was he ever placed  
10 on -- what are restrictions?

11 MS. COCCHIOLA: I'm going to object as to  
12 relevance at this point.

13 THE COURT: Sustained.

14 Q Mr. Saunders, have you been refusing to meet with the  
15 clinical psychiatrist and psychologist?

16 A A couple of times I have. And currently now I'm  
17 refusing to meet with them.

18 Q Why is that?

19 A Well, initially it was because -- the previous time it  
20 was just prior to a court date and I felt that they had done  
21 this before. They called a treatment plan meeting just prior to  
22 going into court on the 24th with Judge Hayden.

23 And at that meeting -- after the meeting my statements  
24 were misreported in court. I was very unhappy with having my  
25 statements invented and attributed to me.

"IX: Thou shalt not bear false witness against thy neighbor."  
... it's also illegal to swear falsely under oath? This was "admissible  
hearsay evidence", offered by "expert psychiatric witnesses".

1 KEVIN ERIC SAUNDERS - DIRECT

2 Recently I have become aware that Dr. Roberts in a  
3 filing for treatment over objection claims about me quote he has  
4 raped and assaulted others end quote.

5 And I have been feeling for a long time that a false  
6 historical record underlies a lot of the attitude I have  
7 received from treatment and EPC. And this highlights that.  
8 This is an atrocious allegation. It's completely false.

9 In fact, I didn't assault Susan Hamann. And I have  
10 never assaulted any man or woman in my life. And I don't think  
11 I have ever assaulted anyone in terms of assault.

12 Q Has the staff been approaching you on a regular basis  
13 asking you to take the prescribed medication?

14 A Well, the nurses do regularly request that I take the  
15 medication. It's their responsibility to do so. And I have  
16 been refusing.

17 Q And were you present in the courtroom today when Dr.  
18 William Connor testified?

19 A Yes, I was.

20 Q Dr. Connor -- his testimony indicates that he felt you  
21 had a gender identity disorder?

22 A Yes.

23 Q How do you feel about that diagnosis?

24 A I agree with it.

25 Q How do you feel about his diagnosis of psychotic

1 KEVIN ERIC SAUNDERS - DIRECT

2 disorder?

3 A I think it's quite plausible. I did indeed just  
4 suffer from the recent episode, psychotic break, and I don't  
5 believe drugs have had any factor in it.

6 Q Do you think any drugs had any factor in the 2002  
7 admission in the Cayuga Medical Center?

8 A I don't believe so.

9 Q Do you feel like you are getting any clinical benefit  
10 at Elmira Psychiatric Center right now?

11 A No. Quite the contrary.

12 Q Why do you say the contrary?

13 A It's distressing to be the object of false allegations  
14 which are personally psychologically extremely harmful. I'm  
15 appalled.

16 Q How did you feel about the forensic team's  
17 determination that you should go back to Ithaca to continue to  
18 see Ms. Riley on a regular basis?

19 A I thought that sounded like a good idea.

20 Q And how do you feel about continuing that course of  
21 treatment at this point?

22 A I'd be happy to do so.

23 Q When you were at the Rochester Psychiatric Center, how  
24 do you feel it's different from the Elmira Psychiatric Center?

25 A The Rochester Regional Forensic Unit at the time I was

1 KEVIN ERIC SAUNDERS - DIRECT

2 in there was very tightly run. It had a set of clear rules and  
3 clear -- not punishments, but the set of levels was clearly  
4 defined, what would happen if a patient broke a rule, what level  
5 they would have to be put back to, the activities you had to  
6 cooperate in in order to rise up in levels.

7 And in terms of violence it's like night and day,  
8 because during the entire two months that I was at the Rochester  
9 Forensic Unit I did not witness a single incident of violence.  
10 I was aware of one incident in which a patient punched another  
11 patient and that was it.

12 Q How many patients were on the unit in Rochester?

13 A On unit two I think about thirty.

14 Q And how many patients are on the unit you are in now  
15 in Elmira Psychiatric Center?

16 A It's about the same I believe. It's hard to tell. It  
17 differs. It varies from day-to-day.

18 Q Any of those patients on the unit that you are on now,  
19 are they acutely mentally ill?

20 MS. COCCHIOLA: I object as to his ability to  
21 give a diagnosis or to give a conclusion, expert  
22 opinion.

23 THE COURT: Well, the way it was asked I'll  
24 sustain it.

25 Q Do you know of any bizarre behavior on the part of the

1 KEVIN ERIC SAUNDERS - DIRECT  
2 patients at the Elmira Psychiatric Center?

3 A Yes, suicidal threats, homicidal threats on the unit  
4 on which the -- on building six which has the chronic cases  
5 apparently. But yes.

6 Also the man who assaulted me has been over in that  
7 unit on a regular basis. All they do is transfer to the other  
8 building. He lost his privileges to go to ...

9 MS. COCCHIOLA: I object again as to relevance  
10 here.

11 THE COURT: I think that's enough. Sustained.

12 Q Kevin, do you think you require medication at this  
13 point to control any symptoms that you have?

14 A No, I do not.

15 Q Do you feel that any psychological symptoms, delusions  
16 that you had have abated?

17 A Yes, definitely.

18 Q Do you feel pretty much your normal self?

19 A Yes, I am.

20 Q Do you think you'd be able to go back to work and  
21 continue with your life in the community?

22 A Absolutely.

23 Q Kevin, if you are moved to Rochester Psychiatric  
24 Center how would that affect your ability to assist Mr. Garrison  
25 in continuing with your business?

I wound up spending six years on antipsychotics, coerced into "voluntary" compliance. I've been drug-free for three years now, clinically supervised... with no noteworthy symptoms. - BARB - 1/2/12

1 KEVIN ERIC SAUNDERS - DIRECT

2 A Mr. Garrison would not be able to continue my business  
3 for six months. My business would collapse within six months if  
4 it became known that I was unavailable, that it was unlikely  
5 that further work would be done on the software for six months.  
6 In particular if the circumstances were made public I think it  
7 could be a profoundly detrimental effect on the business.

8 Q Would you have any other career paths that you might  
9 seek out if the business collapsed?

10 A None. I really don't believe I have any other options  
11 in employment besides working in a shop or something of that  
12 nature if I could find anyone who would hire me with the  
13 diagnoses that have been made, which I think is unlikely.

14 MR. WENIG: All right, thank you, Kevin. I have  
15 no further questions.

16  
17 IN ALL SERIOUSNESS I had never contemplated becoming a  
18 "guitariste", "MUSEienne", or general-utility infielder - ah,  
19 "entertainer" - as a "career", a notion which I had always  
20 regarded as sheer insanity from the perspective of "earning a  
21 living"... until a couple of years ago, when a stunning realization  
22 came to me in the course of composing an email to my gender  
therapist...

23 *"HELP! I am a comedienne... trapped within the body of a comedian!"*

24 Yes, I enjoy a severe case of DRAMA EMPRESS SYNDROME, more  
25 generally known as "Histrionic Personality Disorder";  
fortunately, I excel at staying out of people's faces if they dislike  
my jokes or disdain my musicianship... and I generally don't  
bump into them while I'm dancing, either.

Sincerely,  
Bonze Anne Rose Blayk - 1/2/12

1 KEVIN SAUNDERS - CROSS

2 CROSS-EXAMINATION

3 BY MS. COCCHIOLA:

4 Q Mr. Saunders, you indicated you are chairman of the  
5 board of your company?

6 A Yes.

7 Q Do you mean chairman of the board of directors?

8 A Technically, yes.

9 Q Who are the directors that are in your company?

10 A I'm -- it's a corporation, and so it's just a  
11 technicality. That's the way the legalities work out.

12 Q And you indicated that you have grossed \$25,000 last  
13 year?

14 A Yes.

15 Q And you obviously don't have rent or any of the  
16 overhead associated with renting a place, right?

17 A Well, it's in my home. There is a rent which I pay to  
18 myself from Data Beast, Inc.

19 Q You mean like a corporation pays rent?

20 A Yes, on my office space.

21 Q You testified a little bit about your background, and  
22 you indicated that your degree was in social and behavioral  
23 sciences?

24 A Yes.

25 Q You testified before that it's -- you also told the

Here begins my cross-examination by Carol Cocchiola, the  
Assistant Attorney General for the State of New York.

1 KEVIN SAUNDERS - CROSS

2 clinician in Rochester that it was in economics and philosophy?

3 A Yes. Well, technically that's the case, the title on  
4 the degree that I received. My major was in economics.

5 I had a minor concentration in philosophy due to the  
6 way that the University of Texas Austin had arranged the  
7 schools. Schools in the humanities, they broke them into three  
8 different parts.

9 Then I was in a section called social and behavioral  
10 sciences. That's the title on the degree rather than  
11 economics. That's what it actually says on the degree.

12 Q Now you indicated that you were hospitalized in  
13 Rochester Psychiatric Center after entering your plea of not  
14 responsible?

15 A Yes.

16 Q And you were in the Tompkins County jail for a period  
17 of time prior to that right after arrest?

18 A Yes.

19 Q And then you were out on bail?

20 A Mm-mm (yes).

21 Q And you were asked on direct about how long did it  
22 take until you became your usual rational self after the arson?

23 A Yes.

24 Q And how long did that take? How long would you say?

25 A Well, as I said it's difficult to tell. First off I

I was "hospitalized" for a two-month inpatient examination a year after my offense, a standard procedure under CPL 330.20, was found to be neither dangerous nor mentally ill, and discharged.

1 KEVIN SAUNDERS - CROSS

2 was in a room all by myself, the holding tank, for ten days.  
3 And that in itself was very unusual and bizarre.

4 Q To you?

5 A Well, yes.

6 Q All right.

7 A Basically I was being held in isolation, except there  
8 were a lot of people around me, with very little interaction  
9 with people.

10 Q You found this to be unusual and bizarre given what  
11 you were just accused of?

12 A No, I'm not, but still it's a strange circumstance,  
13 okay? And in terms of returning to rational functioning, by the  
14 time I was out of the dorm I think really the psychosis as I  
15 said broke after a couple of days when I was in that holding  
16 cell.

17 And I realized I was having auditory hallucinations,  
18 which in this case were externalized. And I came to the  
19 conclusion at a certain point or early in the morning that this  
20 is ridiculous, there is no way that Hannibal Lecter was  
21 communicating with me, it was too fetched.  
<sup>far-</sup>

22 Q So you rejected that?

23 A Yes.

24 Q And that theory would have been shortly -- would you  
25 say within the month?

1 KEVIN SAUNDERS - CROSS

2 A That would have been two days after the arson.

3 Q And you indicated that you have not heard voices,  
4 nothing since that time?

5 A I'm not sure exactly how you would characterize what  
6 was happening in this <sup>past</sup> pass episode, because ...

7 Q Well, I'm asking you.

8 A Internalized voices kind of, yes.

9 Q In fact, you told Dr. Povinelli you hear voices in  
10 gibberish, at times they tell you to hurt yourself, but they're  
11 still there?

12 A I don't believe they're telling me to hurt myself.

13 Q Isn't that what you told him?

14 A I'm not sure.

15 Q Because at the time you talked to Dr. Povinelli you  
16 were still feeling symptomatic?

17 A At the time I was definitely still psychotic. I was  
18 out of it at the time I talked to him.

19 Q Isn't it possible that's what you told him?

20 A That is possible, yes.

21 Q And you also told him that you have visual perception  
22 problems periodically?

23 A One of the strange things about what was going on  
24 before I went in, for example, when I was in the hospital I was  
25 experiencing distortions in vision.

1 KEVIN SAUNDERS - CROSS

2 Q Olfactory problems as well? You indicated you had  
3 sulfur  
strange smells of sulpha?

4 A Yes. My memory is not very good about this recent  
5 incident.

6 Q In fact, you indicated that you don't recall actually  
7 anything on the ride from Cayuga Medical Center to Elmira?

8 A Well, yes, I was according to the records ...

9 Q I'm asking your memory.

10 A I remember nothing. According to the record I was  
11 injected with Olanzapine before that trip.

12 Q My question is whether you recalled anything.

13 A I do not.

14 Q And the doctors have testified based on their records  
15 that you had rages, you were screaming during periods, and then  
16 were silent at other periods?

17 A It sounded like not so much rages as if I was having  
18 fits, as if I was having shaking fits.

19 Q But you have no recollection of this?

20 A I don't have any recollection of it.

21 Q Now as far as in the months before the arson you  
22 indicated you were seriously physically ill?

23 A That's not correct. It was beginning on January 4th  
24 after I started taking Trazodone that I had felt ill within  
25 three or four days.

NB: These symptoms are often linked to epileptic seizures; incidentally, when I was talking about my illness with the nurse that I had "assaulted" (shoved?), she said she has epilepsy, and experiences auras featuring the odor of sulfur.

1 KEVIN SAUNDERS - CROSS

2 Q Didn't you testify you were seriously physically ill?

3 A Yes, I was.

4 Q And it's your belief that that serious physical  
5 illness resulted in your delusional beliefs and your behavior?

6 A It was a major part of it. That's for certain.

7 Q You thought it was a drug interaction between the  
8 Prozac, the Trazodone, and the Vistaril?

9 A Yes.

10 Q And you testified about that before?

11 A Yes, I believe that's the case.

12 Q And that your belief is that that drug interaction  
13 resulted in your delusional beliefs regarding Hannibal Lecter?

14 A I wouldn't say -- it's not necessarily the sole cause.

15 Q Did I ask if it was the sole cause?

16 A You are asking me whether it's the cause.

17 Q Was it a factor?

18 A It was a factor, yes.

19 Q And you had a belief in fact that caused you to go to  
20 your ex-girlfriend's or girlfriend's trailer, right? Susan  
21 Hamann's trailer?

22 A Yes.

23 Q You were dressed in an evening gown and high heels?

24 A I wasn't wearing an evening gown, but yes.

25 Q Well, didn't you testify in front of Judge Hayden it

1 KEVIN SAUNDERS - CROSS

2 had a slit up the front?

3 A Yes.

4 Q You corrected me when I said up the side?

5 A That's correct. My memory of that incident is very  
6 clear. That's one of the ways it differs dramatically from what  
7 just happened.

8 Q And you remember very clearly then going into the  
9 trailer, finding an accelerant, flammable amount of lighter  
10 fluid?

11 A Yes.

12 Q You spread it around the trailer?

13 A Not really around the trailer. It's described in Dr.  
14 Lesswing's report. I believe that Hannibal Lecter had a  
15 quantity of anthrax and had a plot to rule the world to put it  
16 in a brief statement, and that this was part of an FBI plot  
17 which was being run by or coordinated by Susan Hamann since I  
18 identified her completely from the book.

19 Q You went in and you saw, you communicated before, a  
20 three fingered hand?

21 A That was a real hand. That was verified by Susan  
22 Hamann herself when I later talked to her. It was something she  
23 found on the side of the road.

24 Q This became significant to you when you saw it?

25 A Yes.

1 KEVIN SAUNDERS - CROSS

2 Q And then you started the fire?

3 A Yes.

4 Q You stayed in the trailer for a little bit of time?

5 A Very briefly. I was terrified because I didn't really  
6 know if I could get out.

7 Q You were walking around anyway at some point?

8 A Not really. I was frantic.

9 Q You gave a statement, didn't you, to the police  
10 afterwards?

11 A Yes. The statement was -- first off I was misquoted  
12 "sending"? Definitely an incorrect transliteration...  
13 by the policeman sending off the statement that I intended to  
14 kidnap Susan Hamann. If you will note my corrections there  
that's in quotation marks.

15 I wasn't intending to genuinely kidnap her. It was a  
16 kind of FBI plot. I'm supposed to look like I'm in opposition  
17 to Susan Hamann as part of a scheme to suck in Hannibal Lecter.

18 Q You said kidnap in quotation marks?

19 A Quotation marks. Acting like.

20 Q I see.

21 A There were no clear instructions to do anything.  
22 <sup>were</sup> There was no instructions to burn down the trailer, for  
23 example. That's not true.

24 Q The trailer was destroyed?

25 A Indeed it was.

1 KEVIN SAUNDERS - CROSS

2 Q And a car? Her car as well?

3 A I believe it was.

4 Q Totally destroyed by the arson?

5 A Mm-mm.

6 Q Now you have concentrated some energy on the fact you  
7 feel there are some discrepancies in the record regarding the  
8 arson itself.

9 For instance, you feel that the number of knives you  
10 had with you at that time has been wrong. And isn't it true  
11 that you have testified that in fact you had four of these  
12 items?

13 A Yes, that's correct. The police suppressed evidence  
14 or rather should I say ...

15 Q The Court did?

16 A State Troopers. Not, not the Court. The State  
17 Troopers. At the time one of the women who was present told the  
18 Trooper who had arrested me and who was taking the evidence  
19 quote haven't you ever heard of having too much evidence end  
20 quote. And so then two of the knives were -- disappeared.

21 Q Didn't you testify at your hearing last month that  
22 they were suppressed by the Court? You went to a suppression  
23 hearing?

24 A No, I did not. No, no. I said the State Troopers did  
25 that.

Yes: the State Troopers who testified in my case were guilty of suppression of evidence and perjury. Am I surprised? No: this is New York's famous Troop C at work (cf. David L. Harding in Shirley Kinge's case).

1 KEVIN SAUNDERS - CROSS

2 Q They threw away extra knives?

3 A Yes, they did.

4 Q So instead of having four knives they only reported  
5 that you were in possession of knife and a meat cleaver?

6 A Basically two knives. I didn't even know what they  
7 <sup>were</sup> were. The knives weren't for the purpose of throwing.

8 Q You just had the four knives with you?

9 A Yes.

10 Q They didn't have any specific part of the plot?

11 A Well, as I was going out my door I was afraid somebody  
12 was coming to my house to kill me.

13 Q So you armed yourself with these?

14 A Yeah. I thought I could like fling them at someone  
15 who was coming after me. I really didn't know.

16 Q So it's your testimony that the police then decided to  
17 throw out two of the knives?

18 A Yes, they did. That's the truth.

19 Q And then you indicated that you then went to the  
20 Rochester Forensic Center?

21 A A year later.

22 Q And had an in-patient examination there?

23 A Yes.

24 Q And then you were released and placed on <sup>an</sup> Orders of  
25 Conditions?

1 KEVIN SAUNDERS - CROSS

2 A That's correct.

3 Q And the Order of Conditions, in fact, you read and  
4 signed at some point?

5 A I did not sign them.

6 Q Well, let me show you what's been marked as People's  
7 Exhibit 1.

8 A And, in fact, my signature is not on this Orders of  
9 Conditions. My attorney, Margaret McCarthy, is on.

10 Q Excuse me, Mr. Saunders?

11 A Okay, this is it. This wasn't on my copy. This is my  
12 signature. Okay, yes, you are correct.

13 Q Thank you. And this, in fact, was read and indicated  
14 received by you on March 23, 1999?

15 A This is different from the copy of the Order of  
16 Conditions that I have, as a matter of fact. Hold on.

17 Q Well, let's see the copy that you have.

18 A Oh, this is the same. Okay. This is different from  
19 the form that they had that Donna Faber quoted in her letters.  
20 She quoted from a separate -- from a different form that has  
21 different wording for ...

22 Q Now you are referring to Donna Faber?

23 A Yes.

24 Q Don't you mean Doreen Faber?

25 A Doreen, yes.

1 KEVIN SAUNDERS - CROSS

2 MS. COCCHIOLA: I'm going to offer People's  
3 Exhibit 1.

4 MR. WENIG: No objection, your Honor.

5 THE COURT: I will receive that.

6 Q Now you indicated also that you received some letters  
7 you said?

8 A A number of letters from Doreen Faber, yes.

9 Q Let me show you what's been marked as People's Exhibit  
10 3 and ask if you recall receiving these letters.

11 A Yes, I certainly do. And ...

12 Q I'm just asking whether you recognize them, whether  
13 you received them.

14 A Yes.

15 Q Those are letters from Doreen Faber to you?

16 A Yes, they are.

17 Q The last one being from Fred Manzella?

18 A Yes.

19 MS. COCCHIOLA: I'm going to offer People's  
20 Exhibit 3.

21 MR. WENIG: No objection, your Honor.

22 THE COURT: I will receive those.

23 MS. COCCHIOLA: Thank you.

24 Q Now let me ask you, Mr. Saunders, in the letters isn't  
25 it true that on many occasions Doreen Faber is advising you that

1 KEVIN SAUNDERS - CROSS

2 your use of marijuana is in violation of the Order of  
3 Conditions?

4 A That's what she was advising me, correct.

5 Q Isn't it true that she advised you several times  
6 regarding the your urine screens that came up positive that  
7 those, too, made you in violation of the Order of Conditions?

8 A Yes, that's correct.

9 Q And, in fact, she advised you on several occasions in  
10 his those letters that if you had questions regarding the Order  
11 of Conditions to consult with your attorney, is that right?

12 A Yes. And I did.

13 Q And you are indicating now that you believe that the  
14 Order of Conditions did not require you to comply with  
15 medication, is that right?

16 A Doreen Faber in her arguments -- because they were  
17 arguments, they were presented as arguments -- claimed that the  
18 word may means must, and that every item in there must be  
19 complied with.

20 She claimed that I was forbidden from consuming  
21 alcohol. When she first stated that I then ceased consuming  
22 alcohol.

23 Q I'm asking you whether she in fact told you that you  
24 could ingest marijuana.

25 A No, she definitely did not.

1 KEVIN SAUNDERS - CROSS

2 Q But it was your interpretation that the word may in  
3 that Order of Conditions in People's Exhibit 1 meant that you  
4 could, you could do these things, or you may not do these  
5 things, it was up to you?

6 A Not entirely, no. I felt that informed judgment by  
7 the treatment team would be something that was very important to  
8 comply with.

9 I felt by the time after I wrote the letter in June,  
10 2000, and had waited for a year and a half, and had received  
11 absolutely no response, that I was not receiving any form of  
12 genuine health care from the OMH and my treatment team was  
13 unresponsive.

14 Q You found you could then not comply with their  
15 directions then?

16 A In fact, I had no direct communications with the  
17 treatment team. I never met with the treatment team until  
18 actually this year. My very first meeting was in March of this  
19 year with the treatment team.

20 Q Could I have People's 3 back? Mr. Saunders, isn't it  
21 true that these letters indicate -- for instance, November 8th  
22 of 1999, it's a follow-up to the meeting with your primary  
23 therapist, --

24 A Mm-mm.

25 Q -- in October from Doreen Faber?

Again, this letter, which also notes that mCPP, a byproduct of Trazodone, is an hallucinogen, is available for inspection at <http://badtriprecords.biz/barb-towhom.html>

1 KEVIN SAUNDERS - CROSS

2 A Mm-mm.

3 Q Again information documenting meetings with Linda  
4 Riley and also with Doreen Faber over the years?

5 A That's correct.

6 Q So they did meet with you?

7 A Linda Riley met with me. However, I never met with  
8 the treatment team. My discussions with Linda Riley ...

9 Q Linda Riley was part of your treatment team?

10 A She was part of my treatment team and she, too, was  
11 baffled at the treatment I received.

12 Q She was baffled at the treatment you received?

13 A Yes.

14 Q So let me ask you this, Mr. Saunders. When you were  
15 advised that you were in violation of the Order of Conditions in  
16 a letter you didn't feel that you had to comply with the Order  
17 of Conditions even though you were told you were in violation?

18 A I have arguments surrounding the allegations which  
19 were never answered. She claimed may means must. Excuse me.

20 Q Let me ask you this. It says right here please be  
21 aware the order does stipulate that you refrain from indulging  
22 in the use of any unauthorized drugs and from indulging in the  
23 consumption of alcoholic beverages.

24 A It says may. But she also claimed I was not allowed  
25 to consume alcoholic beverages. That was contrary to what Linda

1 KEVIN SAUNDERS - CROSS

2 Riley had understood.

3 Q Where in this, in this Order of Conditions does it say  
4 may, that you may disregard the treatment team's directions?

5 A It actually does not say that I absolutely must comply  
6 with the treatment team's directions.

7 Q Let me ask you this. Ordered that the above named  
8 Defendant comply with each term and condition of the treatment  
9 plan prescribed for the said defendant by the State Office of  
10 Mental Health.

11 A I have never seen a treatment plan except for one that  
12 I arranged with Linda Riley. I had never seen any formal  
13 written treatment plan. I still had not seen a written  
14 treatment plan.

15 Q How about this, Mr. Saunders? Ordered that the above  
16 named Defendant will attend an out-patient mental health  
17 treatment program as designated by the Commissioner of Mental  
18 Health for the State of New York or by his designee.

19 Said treatment may include but is not limited to the  
20 following: Taking medications as directed, periodic psychiatric  
21 assessment, participating in therapy programs, and also refrain  
22 from use of substances such as marijuana.

23 A It says may include.

24 Q It may include. So you feel that the may include is  
25 you get to decide what is included?

1 KEVIN SAUNDERS - CROSS

2 A If you will note in Doreen Faber's letters she says  
3 repeatedly -- which I find very objectionable -- her message was  
4 comply, comply, comply. Not it's reasonable to do this. Not  
5 it's good for you. Instead she says in her letters it's in your  
6 best interest to comply. My best interests are purely  
7 compliance now.

8 The primary reason that I continue to smoke marijuana  
9 since I resumed sometime in the past, and which I admitted to  
10 over the past year, is because of my work productivity, because  
11 it's an important component of my productivity and programming.

12 As you mentioned, you brought up earlier, I mentioned  
13 to Dr. Connor I may have a mild case of ADHD.

14 Q And you feel that using marijuana assists that?

15 A From 1993 when I first saw Dr. Matusiewicz I said my  
16 use of marijuana is medicinally useful. I have read a lot of  
17 scientific papers and other evidence trying to support my --  
18 well, trying to develop my understanding and trying to develop  
19 some kind of dialogue about this issue.

20 Q Well, the issue -- let me ask you this. The issue is  
21 a judge ordered -- issued an Order of Conditions and you were  
22 not in compliance with them, is that right?

23 A Well, in fact, I was consuming alcohol. Doreen Faber  
24 came in and said you can't consume alcohol anymore.

25 Q Right. Yes?

1 KEVIN SAUNDERS - CROSS

2 A But does that prohibit consuming alcohol?

3 Q Yes.

4 A Linda Riley did not understand that. She didn't  
5 believe that.

6 Q Let me ask you this. After you were told that, you  
7 say okay. You stop, refrain from consuming alcohol, is that  
8 right?

9 A Doreen Faber is not my treatment team.

10 Q Mr. Saunders, I'm asking you whether you continue to  
11 use marijuana after being told that it was a violation of the  
12 Order of Conditions. Yes or no.

13 A Actually I didn't. The first time I desisted  
14 completely. That was an isolated incident, the first time. The  
15 second time that I tested positive I told Dr. Bezirganian it was  
16 an attempt to judge the effect on my productivity, because in  
17 the year of 1999 my productivity had been dismal.

18 Q In the past year you admit you daily ingest marijuana?

19 A Yes.

20 Q And the year before that in 2002 the same?

21 A Um, yeah.

22 Q You have been ingesting -- in 2002 and 2003 you were  
23 taking marijuana daily?

24 A And the quantity involved is a quarter of a gram, less  
25 than a quarter of a joint over the entire day.

All truthful, on my part, confessing to a Violation of New York State law. My use of marijuana was always under my control; I no longer smoke pot... and I no longer write computer code.

1 KEVIN SAUNDERS - CROSS

2 Q You divide it up into dosages? You indicate seven or  
3 eight times over the course of a day?

4 A That's correct.

5 Q And you indicate you smoke the marijuana, Mexican  
6 variety?

7 A Yes. It's generally not powerful. That's what I  
8 prefer.

9 Q And you purchase it? You don't grow it yourself?

10 A That's correct.

11 Q And you know, you were told that's a violation of the  
12 Order of Conditions?

13 A It's in fact a violation of the law.

14 Q Let me ask you, you don't accept the diagnosis, the  
15 diagnosis bipolar, is that right?

16 A I don't know. I'm not sure. No one had prior to this  
17 really said there is ...

18 Q Prior to what?

19 A Prior to this incident. No one had a final diagnosis  
20 bipolar disorder and came to me and said you are suffering from  
21 bipolar disorder.

22 Q Since April 3rd they have done that, isn't that true?

23 A Yes. The same people who characterize me as being a  
24 serial rapist believe I'm bipolar.

25 Q Didn't Dr. Connor say in this courtroom it's very

1 KEVIN SAUNDERS - CROSS

2 possible that you suffer from bipolar?

3 A I'm saying it's possible, too.

4 Q Isn't it possible as he said that medication could  
5 address that?

6 A If I have bipolar. However, I doubt that. Because in  
7 fact I have never in my life <sup>a</sup> period of time of manic behavior, I  
8 have never gone for more than one night without sleep.

9 Q You testified in court before that sometimes you are  
10 sleepless for days.

11 A No, that was just in this current incident. That's  
12 the only time.

13 Q Oh.

14 A I don't even know about the current incident because  
15 I'm not sure I was actually awake or how long I was dreaming.

16 Q And as far as depression, you have admitted that you  
17 were depressed in the past?

18 A At times I have suffered from moderate depression.

19 Q And you were prescribed medication for that in the  
20 past?

21 A Unfortunately yes. I took the Prozac.

22 Q Let me ask you, you indicated in your testimony that  
23 you felt within a couple of weeks or within a week of February,  
24 1997 that you were free of symptoms, that you did not ...

25 A Yes. I was not completely free of symptoms. I was on

1 KEVIN SAUNDERS - CROSS

2 Prozac for six months.

3 Q So you feel you were still symptomatic?

4 A I was hypomanic. I was on Prozac.

5 Q You ought to know from reading the literature if you  
6 are manic and you take an antidepressant you can become  
7 hypomanic, right?

8 A Anyone can become hypomanic when taking an  
9 antidepressant.

10 Q And even worse if you suffer from bipolar disorder?

11 A Yes.

12 Q I show you what's been marked as People's Exhibit 2.  
13 Do you recognize that?

14 A Mm-mm (yes).

15 Q What is that?

16 A It's a letter that I wrote to the folks at the  
17 Rochester Psychiatric Center.

18 Q In October of 1997, right?

19 A Yes, absolutely. And this is at the time when I was  
20 trying to figure out, ah, ah -- yes, indeed four months in which  
21 I completely abstained from cannabis when I was on Prozac. I  
22 had my first incident of hypomania.

23 Q Let me finish my question. This is something you sent  
24 to them?

25 A It definitely is mine, sure. Yup, definitely.

Ms. Cocchiola is pointing out the section in a letter I sent to the RRFU where I discuss suffering from hypomania while on Prozac. The letter is available at - [http://badtriprecords.biz/barb-rrfu.html .-\)](http://badtriprecords.biz/barb-rrfu.html .-)

THIS LETTER IS A MUST-READ... and all the statements  
I made in it were true, to the best of my knowledge.

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1 KEVIN SAUNDERS - CROSS

2 MS. COCCHIOLA: I'm going to offer People's  
3 Exhibit 2.

4 MR. WENIG: No objection to it.

5 THE COURT: I will receive that.

6 Q Mr. Saunders, in there you actually describe the arson  
7 as being an incredible string of coincidences?

8 A Yes.

9 Q You talk about first reading the Silence of the Lambs  
10 building to the point where you experienced congruent <sup>auditory</sup> auditorial  
11 hallucinations and culminating in the presence of a three foot  
12 tall three fingered left hand in her trailer?

13 A Yes.

14 Q And you described how this took place?

15 A Yes.

16 Q And you indicate here in this note that I reject all  
17 diagnoses that claim I suffer from bipolar disorder, borderline  
18 personality disorder, current alcohol abuse, and cannabis  
19 dependence?

20 A Yes.

21 Q And you believe that your use of cannabis is  
22 appropriate and medically justifiable?

23 A Yes.

24 Q And that you use it to cope with unpleasant  
25 psychological and physical symptoms you suffer?

"... the result of an incredible string of coincidences ... a three-foot tall three-fingered left hand in Susan's trailer across from a can of inflammable material set neatly on the floor, resting on mirrors ..."

1 KEVIN SAUNDERS - CROSS

2 A Yes. At that time I was still believing that I had a  
3 serious neurological illness because of the extent and severity  
4 of the symptoms which I had experienced from the beginning of  
5 January, 1997, loss of sensation in my arms and legs.

6 Q Let me ask you, Mr. Saunders, about that. You had an  
7 extremely thorough workup in the Rochester Forensic Center,  
8 didn't you?

9 A Yes.

10 Q They ruled out any physiological problems? They gave  
11 you every test known to man, a blood test, an MRI, an EEG,  
12 right?

13 A I had the MRI at Cayuga Medical Center. And it's a  
14 fact I do not believe I have a neurological disorder of any  
15 significance.

16 Q They ruled that out?

17 A Yes, they did.

18 Q In fact, when you were discharged from Rochester  
19 Forensic Center they in fact felt that you might have bipolar at  
20 that point?

21 A I'm not sure. I think they had it ruled out. They  
22 stated that I was -- they didn't diagnose any mood disorders. I  
23 was surprised that they did not diagnose generalized anxiety  
24 disorder. I suggested that myself, because I suggested that  
25 -- I said well, you're experienced.

1 KEVIN SAUNDERS - CROSS

2 Q You felt they being experienced clinicians knew what  
3 they were talking about?

4 A Initially, yes.

5 Q What do you mean by initially? You don't now?

6 A Well, the problem is they make so many misquotations  
7 and so many errors in their reports that it's led me to feel a  
8 lack of confidence in their diagnosis.

9 Q You mean like about the number of knives?

10 A No. That's not their fault. That's the police.  
11 There is -- for example, like the contradiction between Dr.  
12 Singh and Dr. Kennedy which I note in my letter there.

13 Dr. Singh said I tested positive for cannabis, and Dr.  
14 Kennedy said I tested negative. That should have been negative  
15 because I hadn't smoked except once in the previous month.

16 Q Dr. Singh actually made some recommendations to you?

17 A Not in person.

18 Q Well, you reviewed this report, right? You saw the  
19 report?

20 A I saw the report after I was released.

21 Q And Dr. Singh recommended that if any changes are  
22 noticed in the patient's mental state or behavior he should  
23 immediately be hospitalized to insure safety to others and for  
24 close monitoring and evaluation. Isn't that true?

25 A Yes.

1 KEVIN SAUNDERS - CROSS

2 Q And he also indicates that follow-up should be in the  
3 form of out-patient services, right?

4 A Yes.

5 Q That you should receive treatment. And if Mr.  
6 Saunders fails to comply with these important follow-up  
7 recommendations he should then immediately be hospitalized for  
8 immediate reevaluation.

9 They said basically of concern is if you are not in  
10 compliance with out-patient, right? They expressed concern if  
11 you weren't in compliance, right?

12 A Yes.

13 Q Now you don't accept the diagnosis of borderline  
14 personality disorder with narcissistic features?

15 A That's not what the diagnosis is. It's personality  
16 disorder not otherwise specified. In fact, I believe first off  
17 as I noted I do not qualify for the borderline personality  
18 disorder diagnosis.

19 I think that the not otherwise specified diagnosis  
20 with borderline features is reasonable.

21 Q Borderline personality disorder with narcissistic  
22 features, right?

23 A Yes.

24 Q You don't like to think of yourself as narcissistic?

25 A I think the only feature there which applies which is

1 KEVIN SAUNDERS - CROSS

2 in the DSM is grandiosity. I'm mildly grandiose, and I am aware  
3 of that. But ...

4 Q I didn't have a question. And you indicated that you  
5 have no recollection of the assault on the nurse that you had?

6 A I was in a very bad state at the time. I was  
7 delusional.

8 Q Well, did you get charges filed against you for that?

9 A No, not that I know of.

10 Q And they could be? They could file charges against  
11 you?

12 MR. WENIG: Objection.

13 THE COURT: Sustained.

14 Q So you don't have any charges filed against you?

15 A No, I do not. I apologized to one of the nurses for  
16 the incident.

17 Q And as far as the assault, what you understand,  
18 happened without warning?

19 A Yes.

20 Q Do you remember what you were thinking about her  
21 when --

22 A About who?

23 Q -- when you assaulted her? The nurse.

24 A Well, the psychiatrist said that I was down at the  
25 wrong end of the ward. As it turns out I was in room 516.

1 KEVIN SAUNDERS - CROSS

2 Q Is this based on your recollection at all?

3 A This is based on my knowledge of the place. There are  
4 two room 516's in the hospital.

5 Q My question is this based on your recollection of the  
6 events?

7 A I don't even know that I assaulted anyone.

8 Q Okay.

9 A So far as I know she grabbed me and I reflexively  
10 grabbed back.

11 Q I see. And you indicate you refuse to go meet with  
12 your treatment team?

13 A At this time based on the fact that their treatment is  
14 based on really vicious allegations of a criminal career. I  
15 cannot see how I can possibly engage in a therapeutic  
16 relationship with someone who believes that I am a vicious  
17 rapist. That's false.

18 Q Well, you admitted to Dr. Connor that you had been  
19 accused of that?

20 A Once. One time only.

21 Q And that it was a misunderstanding? In your view you  
22 were having consensual rough sex?

23 A Yes.

24 Q She was asking you to rape her?

25 A Well, you see first off there was sex for some fifteen

1 KEVIN SAUNDERS - CROSS

2 minutes which was consensual. And then later on, another twenty  
3 or thirty minutes later, I went in the shower, and then she  
4 objected.

5 She got into the shower with me initially voluntarily.  
6 I have three bathrooms in my house. She didn't have to get in  
7 the shower with me. She wanted to.

8 Q So you felt this was part of consensual sex?

9 A I thought she was role playing, yes.

10 Q Now you also -- do you recall being in the Elmira  
11 Psychiatric Center and disrobing in the beginning of April?

12 A Yes, I recall early on.

13 Q Do you recall walking around naked in the Elmira  
14 Psychiatric Center?

15 A I really didn't know where I was.

16 Q You testified that you really thought you might be in  
17 some cave or thought you were in a bunker perhaps of Saddam  
18 Hussein --

19 A Something like that.

20 Q -- when you first came into the Elmira Psychiatric  
21 Center?

22 A Yes.

23 Q And you indicated that you are very stressed out by  
24 the fact that you were advised that first your Order of  
25 Conditions might be renewed? This was most recently?

1 KEVIN SAUNDERS - CROSS

2 A That was not the stress. The stress was being  
3 presented with a list of false allegations about my behavior  
4 with the treatment team where I had attempted for a year to  
5 correct these false impressions.

6 I had the belief that I could correct the record if I  
7 simply presented evidence. I had my former wife and Mary, my  
8 housemate, write a letter. When I met with Janet Stevens I  
9 presented evidence to try to contradict the allegations that I  
10 had a bad employment record at Cornell.

11 I showed her my employment records and my copies of  
12 the blue sheets that you get when you receive raises and so  
13 forth and a letter from my former boss, Dick Cogger.  
Cogger

14 Q You were upset about the fact ...

15 A These were never corrected. I discussed this at  
16 length with my therapist, and none of the problems were fixed.

17 Q And so that was distressing to you?

18 A Yes.

19 Q And so you were unable to work as a result, really  
20 concentrate on your work?

21 A Not unable to work. I was unable to do --

22 Q Heavy lifting, right?

23 A -- significant computer programming.

24 Q As far as the 2002 incident you again indicated that  
25 you felt some stress at that time because of the transfer of

1 KEVIN SAUNDERS - CROSS  
2 your supervision so to speak?

3 A Yes.

4 Q And you said that out of the blue you were told you  
5 are being transferred to Elmira Psychiatric Center?

6 A Yes.

7 Q Isn't it true you were actually given a choice as to  
8 which facility you could be followed up by, the Elmira  
9 Psychiatric Center or Seneca Falls?

10 A No, that's false. The letter announcing I was being  
11 transferred for supervision by the EPC from Fred Manzella -- I  
12 was being given a choice, but I was being kicked out of Tompkins  
13 County Mental Health.

14 Q My question was to you was it the fact that you were  
15 actually given a choice? EPC has an adult out-patient clinic  
16 located in Elmira, New York and Seneca Falls, New York. Please  
17 consider which choice you prefer to receive your services from.

18 A I prefer to receive services from Linda Riley.

19 Q Linda Riley who actually was transferred to Elmira.  
20 They closed your case because of their knowledge of your known  
21 complaints, is that right?

22 A Linda Riley had no knowledge. She was unaware that I  
23 was going to be terminated by Tompkins County Mental Health. It  
24 was a complete surprise to her. She was supposed to be a member  
25 of the treatment team. She didn't know.

1 KEVIN SAUNDERS - CROSS

2 Q Wasn't it true in fact that her boss was the one that  
3 made the decision to have it transferred because of lack of  
4 compliance? In a May 8, 2002 letter Mr. DeLuca indicated they  
5 wished to have the services transferred because of lack of  
6 compliance on your part?

7 A I did not receive that letter.

8 Q Well, did you ask your attorney to provide it to you?

9 A No.

10 MR. WENIG: Objection, your Honor, assuming that  
11 Mr. Saunders even knew about the letter.

12 THE COURT: Well, I think he can answer that  
13 question.

14 A I was unaware of the letter's existence. All I knew  
15 was I got a letter from Fred Manzella.

16 Q In each of the letters that are contained in People's  
17 3, many of the letters, you are encouraged to consult with your  
18 attorney about the Order of Conditions. Did you do that?

19 A Yes, I did.

20 Q And Mr. Wenig advised you that the Order of Conditions  
21 indicated that it was may on your part, that you could or could  
22 not participate? It was your discretion?

23 MR. WENIG: Objection, your Honor. I ...

24 MS. COCCHIOLA: I think this goes to his state  
25 of mind as to whether he was willfully violating the

1 KEVIN SAUNDERS - CROSS

2 Order of Conditions.

3 THE COURT: Why don't you state your question  
4 again.

5 Q Did you consult with your attorney about it in those  
6 letters?

7 A I did. And he advised me that it would be better for  
8 me to do as I was instructed to do.

9 Q Which was?

10 A In terms of the interpretation of the Order of  
11 Conditions I have never received -- I have looked at the --  
12 looked at the law. I have gone up to Balch Hall and looked.

13 Q Wait a minute. You went and did legal research for  
14 yourself after consulting with your attorney?

15 A I certainly always do legal research on issues like  
16 this.

17 Q Did Mr. Wenig advise you that it was a violation of  
18 your Order of Conditions to smoke marijuana?

19 MR. WENIG: Objection, your Honor.

20 THE COURT: Sustained.

21 Q Let me ask you this. He was at meetings with you  
22 though?

23 A Yes.

24 Q And at those meetings you were advised about the  
25 violations, is that right?

"Balch Hall" is the building at Cornell housing the Cornell School of Law and the Law School Library. (I'd been in there a number of times in years past... providing assistance with COMET in the library.-)

1 KEVIN SAUNDERS - CROSS

2 A By Doreen Faber?

3 Q Yes, by Doreen Faber. That's what I'm asking you.

4 A Yes.

5 Q And you have indicated that nobody at the Elmira  
6 Psychiatric Center, except for the nurses, are asking to you  
7 take medication, is that right?

8 A Well, no. I mean Dr. Roberts continues to prescribe  
9 medications.

10 Q And you continue to refuse them?

11 A Yes. And frankly no one around me believes that I'm  
12 required to take medication.

13 Q Thank you for the gratuitous comment. My question is  
14 whether or not she is prescribing it for a mental illness.

15 A Yes.

16 Q She believes you have bipolar disorder?

17 A Yes.

18 Q And you feel you might have? You testified you might?

19 A It is possible.

20 Q But your position is you will not take the medication  
21 to see if your symptoms might be relieved?

22 A I'm not currently experiencing symptoms.

23 Q And as far as your psychotic episode in April of 2003,  
24 in May of 2002, and in February of 1997 you don't consider those  
25 symptoms?

... not one of the nurses to whom I stated my principled objection to taking Zyprexa responded "this is required of you"... and note: "my" psychiatrist had NEVER DISCUSSED MEDICATIONS WITH ME. AT ALL.

1 KEVIN SAUNDERS - CROSS

2 A I don't believe that I was severely psychotic or ...

3 Q You don't believe you were severely psychotic when?

4 A Excuse me. Last year. Okay. I was  
5 institutionalized. I was delusional. I was mildly delusional.  
6 I do believe that my reality testing was still intact. As a  
7 matter of fact, I was not in good shape. I was not well.

8 Q You were hearing voices at the time?

9 A Last year I was not hearing voices. No, not at all.

10 Q Were you believing that you were getting information  
11 that you were on a mission for Hitler?

12 A Oh, no, not at all. Pardon me. I was not on a  
13 mission for Hitler.

14 Q Would you like to review the report that Cayuga  
15 Medical Center prepared?

16 A Mm-mm, sure.

17 Q Would that refresh perhaps your memory?

18 A I don't really need to look at it. I can recall.

19 Q Oh, then you dispute that?

20 A I was talking about a belief that I might be the  
21 reincarnation of Adolf Hitler. Yes, I was.

22 Q Did you also indicate that you felt you were on a  
23 mission at some point?

24 A Not much of a mission really. I mean ...

25 Q Well, for instance here it is. You were grossly

My "mission" was... to go to the hospital.

"You saw it first, right here!" ;-)

- Bonze Anne Rose Blayk - 1/2/12 -

1 KEVIN SAUNDERS - CROSS

2 delusional, not only claiming to be the reincarnation of Adolf  
3 Hitler but stating that he had a mission. His judgment was  
4 deemed to be grossly impaired by his presentation of psychosis  
5 and he was admitted. Then you go on to talk about whether in  
6 fact you were on a mission from Hitler.

7 Well, you dispute the fact that you got two Haldol  
8 shots. You say you only got one?

9 A Does it say two in here? Oh, I thought it was one.  
10 Mm. Does say two doses.

11 Q Haldol is an antipsychotic drug, is that right?

12 A I'm aware of that.

13 Q Isn't that safe to say, Mr. Saunders?

14 A In fact, I hadn't seen the second part of this  
15 report. Yes, I was, like I was saying, somewhat delusional when  
16 I went in. And I was also physically ill with a diagnosis given  
17 to me by Dr. Breiman.

18 Q Respiratory illness?

19 A And I was running a fever.

20 Q You feel that was what was going on in your system?

21 A That was part of it.

22 Q So you feel having that upper respiratory illness made  
23 you psychotic and grossly delusional?

24 A No, I don't feel that is the whole story. Definitely  
25 not.

Ms. Cocchiola fails to note that the attending psychiatrist, Dr. Roemmelt, stated in this report that "it seems to me the medication does not usually work that fast". HOLD THAT THOUGHT...

1 KEVIN SAUNDERS - CROSS

2 Q Mr. Saunders, isn't it true that you don't believe you  
3 need in-patient care and treatment?

4 A At this point in time I do not.

5 Q And you don't believe that you are at risk if you are  
6 out in the community?

7 A At risk of what? I do not believe that I pose a risk  
8 so severe that it can't be coped with as an out-patient. I'm  
9 perfectly capable of abstaining from smoking marijuana.

10 Q But you refuse to do that?

11 A I have not refused to do that. The fact is none of  
12 these clinicians have said that. Doreen Faber said that. But  
neither  
13 Dr. Belsare nor Janet Stevens said you must not smoke. They say  
14 that in court. They're not testifying to the truth.

15 Q You testified that they didn't talk to you about the  
16 legalization of marijuana?

17 A Yes. For medical purposes.

18 Q It's a good thing for you?

19 A I have believed that. If I have seen some evidence  
20 that it's not I will respond to the evidence.

21 Q How about the evidence of a court order telling you  
22 that you can't take it?

23 A The court order is not a medical finding. But you  
24 typically get medical help. How long has it taken to receive  
25 any response to the letter that I wrote?

1 KEVIN SAUNDERS - CROSS

2 Q Mr. Saunders, as far as your in-patient care and  
3 treatment you are aware that as long as you refuse to take  
4 medication you are going to be ward restricted, is that right?

5 A That's correct.

6 Q Unless a judge would order otherwise?

7 A I don't see why that should be the case because my  
8 behavior is fine. The ward restriction is up to the doctor.  
9 It's not up to the judge.

10 Q Isn't it true they have applied for treatment over  
11 objection to have you forcibly medicated?

12 A It's true. And it's also true that Dr. Roberts  
13 stated ...

14 Q I didn't ask you about that. I'm asking if that is in  
15 fact the case.

16 A That is in fact the case.

17 MS. COCCHIOLA: Thank you. I have nothing  
18 further.

19 THE COURT: Any redirect examination?

20 MR. WENIG: Yes.

21

22

23

24

25

1 KEVIN ERIC SAUNDERS - REDIRCT

2 REDIRECT EXAMINATION

3 BY MR. WENIG:

4 Q Mr. Saunders, is it your testimony that Dr. Belsare  
5 and Janet Stevens in their treatment of you have stated that you  
6 should not smoke marijuana?

7 A That's correct.

8 Q Did they express their consternation or concern about  
9 your smoking marijuana?

10 A No, they did not.

11 Q So when you made a statement that you are smoking it  
12 on a regular basis what was their response?

13 A Well, I didn't really state outright I was smoking on  
14 a regular basis. I think it was pretty clear to them not from  
15 my behavior but just from the fact I was refusing urine tests  
16 which I was unwilling to pay for.

17 Q And when Ms. Stevens or Dr. Belsare suggested you go  
18 for urine tests did they say why?

19 A They said because.

20 Q Just because?

21 A Yes.

22 MR. WENIG: All right. Thank you. I have  
23 nothing else.

24 MS. COCCHIOLA: I have nothing further.

25 THE COURT: Thank you very much. You can step

... Mr. Wenig's words as corrected here are clear from the context, as  
is the case with almost all of the other errors in this transcript.

1           IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2           down.

3           THE WITNESS: Thank you, your Honor.

4           THE COURT: Any further proof, Mr. Wenig?

5           MR. WENIG: I have no other evidence at this  
6           point.

7           THE COURT: Counselor?

8           MS. COCCHIOLA: If I could just talk to the  
9           doctors for a moment.

10          THE COURT: Sure.

11          MS. COCCHIOLA: Thank you. I have nothing  
12          further, Judge. Thank you.

13          THE COURT: How do you want to handle the  
14          conclusion here? Do you want to make an oral  
15          presentation or do you want to submit something in  
16          writing?

17          MR. WENIG: I would like to make a brief  
18          presentation.

19          THE COURT: That's fine.

20          MR. WENIG: May it please the Court and  
21          Counsel. Your Honor, pursuant to Criminal Procedure  
22          Law Section 330.20 the criteria for recommitment of an  
23          individual under conditions involves the State proving  
24          by a preponderance of the evidence that Mr. Saunders  
25          suffers from a dangerous mental disorder which is

## 1       IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2                     defined in the statute, that the Defendant is  
3                     currently suffering from a mental illness as that term  
4                     is defined in subdivision 20 of section 1.03 of the  
5                     mental health hygiene law, and because of such  
6                     condition he currently constitutes a physical danger  
7                     to himself or others.

8                     Your Honor, I submit the proof the Court has  
9                     heard during the two days of testimony indicates that  
10                    concerning Mr. Saunders' diagnosis of mental illness,  
11                    that's questionable.

12                    And considering his dangerousness, as various  
13                    witnesses have testified and as Mr. Saunders himself  
14                    has testified, he has cleared to the point where he is  
15                    no longer dangerous and no longer a threat to himself  
16                    or others.

17                    I would ask the Court to reflect on Mr. Saunders'  
18                    testimony in that he was found rational, had insight  
19                    or knowledge to various episodes of psychosis. He is  
20                    able to recall exactly what happened and why. He told  
21                    his psychologist his behavior was abnormal, bizarre,  
22                    and repugnant to him.

23                    I would also ask the Courts to reflect on the  
24                    mental illness diagnosis, that in the five years  
25                    that Mr. Saunders has been on orders and conditions

## 1       IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2                   and even prior to that when he was reviewed by  
3                   assorted clinicians and also at the Rochester  
4                   Psychiatric Center there seems to be a difference in  
5                   the various psychiatrists and psychologists in terms  
6                   of what mental illness Mr. Saunders allegedly suffers  
7                   from.

8                   As Ms. Cocchiola pointed out during the course of  
9                   cross-examination of Mr. Saunders the Office of Mental  
10                  Hygiene, Elmira Psychiatric Center doctors had several  
11                  diagnoses and proposed diagnoses. One of them was  
12                  bipolar disorder as one of the things to rule out,  
13                  which psychiatrists do in terms of figuring out what  
14                  the problems are.

15                  And in the four years that Mr. Saunders was  
16                  seen by the Mental Health Clinic here in Ithaca the  
17                  doctors there did not give him any kind of mood  
18                  disorder diagnosis or a psychotic diagnosis. There  
19                  was no bipolar diagnosis. There was no psychosis  
20                  otherwise specified. There was no schizophrenia.  
21                  This has all come about essentially in the last month  
22                  or so since he has been admitted to the Elmira  
23                  Psychiatric Center.

24                  Dr. Belsare testified that she wasn't really sure  
25                  what the diagnosis is. She said she considered

## 1       IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2                   bipolar but she never talked to Mr. Saunders about  
3                   it. And then in the context of the meeting that Mr.  
4                   Saunders had for renewal of his orders and conditions  
5                   she blurts out this is her opinion, Mr. Saunders is  
6                   schizophrenic.

7                   And so here we have clinicians trying to make a  
8                   diagnosis but not even, at least in Dr. Belsare's,  
9                   case trying to discuss it with him and saying well,  
10                  I'm diagnosing you with this disorder, and this is  
11                  what I think your symptoms are, and this is the  
12                  treatment you should get. One might expect a certain  
13                  degree of discussion in his course of treatment over  
14                  many years.

15                  I think it's telling that Mr. Saunders, after he  
16                  was placed on the orders and conditions, he complied  
17                  and came every month to his meetings. He complied  
18                  with the urine tests until he felt it was financially  
19                  a burden to continue with the urine tests.

20                  And through these treatments with Linda Riley  
21                  for four years Linda Riley was apparently aware as was  
22                  his treating psychiatrists, Dr. Brink and Dr.  
23                  Bezirganian, that Mr. Saunders was smoking marijuana  
24                  which he had intermittently done on a regular basis.  
25                  And there was no effort to obtain in-patient care at

IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS  
that point.

The in-patient care that Mr. Saunders last received I submit, Your Honor, is in essence showing that the system, so to speak, works. He went for approximately four years on the orders and conditions without any problems with the law. No criminal activity. No violence. No threats. He ran a business. He dealt with his child and ex-wife on a rational basis.

He is trying to be an outstanding member of society. He is trying to pay his taxes. He is trying to do what's right. And as he testified he gets stressed out, and accordingly tried to admit himself to the hospital.

At that point his clinicians felt that he required in-patient care, and he was admitted to the psychiatric unit where he stayed for only five days. And thereafter he recovered from his physical ailments, and he returned to work and functioned for about a year until his current admission.

Mr. Saunders, as apparently has occurred in the past during the 1997 incident with the arson, in the 2002 admission to the Cayuga Medical Center and to the Elmira Psychiatric Center, cleared very quickly

Every time, in three separate instances of psychosis, I "cleared very quickly"...

1       IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2                     apparently without medication and has maintained his  
3                     clarity of thought and his lack of aggressive  
4                     behavior, his lack of delusions, lack of  
5                     hallucinations.

6                     And as he has testified he is just biding his  
7                     time there. He is on ward restrictions. He has no  
8                     programs. He sits around the ward all day. He  
9                     watches television and reads books. And he has really  
10                  expressed that he does not feel that he can develop a  
11                  rapport with his clinicians there, that his statements  
12                  have been misinterpreted, that information in his  
13                  record is incorrect.

14                  And I ask the Court to refer to Dr. Connor's  
15                  testimony where Dr. Connor feels that Mr. Saunders  
16                  suffers from a gender identity disorder and a brief  
17                  psychotic disorder, and that any symptoms are now in  
18                  remission. Dr. Connor reviewed a significant part of  
19                  Mr. Saunders clinical record.

20                  He spoke at length with Mr. Saunders and  
21                  testified that currently he is not a danger to himself  
22                  or others, and that he probably would not continue to  
23                  benefit from in-patient care.

24                  Your Honor, the Office of Mental Health is now  
25                  attempting to have Mr. Saunders placed at the forensic

## 1       IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2                     facility up in Rochester, and I would ask the Court to  
3                     review the testimony of the four witnesses to date as  
4                     provided here and note that there was no substantive  
5                     discussion born out concerning why it would be better  
6                     for Mr. Saunders to be in Rochester, why he could get  
7                     different treatment or better treatment there, why it  
8                     would be therapeutic or clinically necessary that he  
9                     go to Rochester.

10                  It was just something of a blanket statement in  
11                  terms of he's dangerous, he's mentally ill, therefore,  
12                  he should be recommitted to a facility.

13                  I think it's also worth recalling Dr. Roberts'  
14                  statements when I asked her if she discussed going to  
15                  Rochester with Mr. Saunders. Her response was well,  
16                  he essentially had it coming. And from that respect  
17                  one would think that going to Rochester was punitive  
18                  as well as therapeutic.

19                  Mr. Saunders is now at Elmira Psychiatric  
20                  Center under an order which is good for 60 days from  
21                  the day he came in. And if the Elmira Psychiatric  
22                  Center feels he requires additional care they can  
23                  apply to the Court for retention for up to six  
24                  months.

25                  Any movement as Mr. Saunders has testified and

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2                   Mr. Garrison testified would effectively doom Mr.  
3                   Saunders' business. It would also separate him some  
4                   geographic distance from his family and his support,  
5                   his daughter, and from his ex-wife, and from his  
6                   business associates like Mr. Garrison and other  
7                   business here in Ithaca.

8                   I submit, Your Honor, that that kind of pressure,  
9                   that kind of stressor is unnecessary in this case, and  
10                  that if Mr. Saunders is allowed to continue at the  
11                  Elmira Psychiatric Center hopefully he and his  
12                  clinicians can come to an accommodation. But to send  
13                  him to a secure facility would be detrimental to his  
14                  mental and physical health and contraindicated.

15                  Accordingly I submit that the State's request to  
16                  recommit him should be denied. Thank you.

17                  THE COURT: Thank you.

18                  MS. COCCHIOLA: May it please the Court, Mr.  
19                  Wenig. With all due respect Mr. Wenig takes issue  
20                  with Dr. Robert's opinion that Mr. Saunders suffers  
21                  from a dangerous mental disorder that which would, of  
22                  course, require recommitment. That's what the statute  
23                  says.

24                  Dr. Roberts is not the one who decides placement  
25                  in a facility. As Mr. Wenig is well aware the

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2                   Commissioner of OMH decides what facility an  
3                   individual would go to under the Criminal Procedure  
4                   Law.

5                   So we have opinions from the clinicians that in  
6                   fact he does have a mental illness that requires  
7                   in-patient care and treatment. They have given the  
8                   opinion that it's bipolar disorder.

9                   Even Dr. Connor said he feels that is a  
10                  possibility. In his report he says there is support  
11                  for Dr. Povinelli's opinion that he is bipolar. Even  
12                  Mr. Saunders said that's possible.

13                  Why are we left with the argument that there has  
14                  been no one to say that he has a mental illness that  
15                  requires in-patient care and treatment? It's very  
16                  clear when you look at the big picture what was  
17                  happening.

18                  We have periods of depression which fit with the  
19                  diagnosis. We have periods of mania. We had  
20                  testimony that it can be between years, it can be  
21                  months where someone cycles through this disorder. We  
22                  know that he had acute psychotic episodes.

23                  Now Mr. Saunders would like to minimize each and  
24                  every event. He would like to take them apart and go  
25                  through and say this is what I was thinking, this is

1           IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2           what I think was going on, this is what I think  
3           happened. And he minimizes his own illness.

4           Back in 1997 when he became so psychotic that he  
5           burned the trailer, well, when he said he was going to  
6           kidnap her, that wasn't really kidnapping. He tries  
7           to minimize everything that is dangerous about his  
8           behavior. He tries to minimize everything that is  
9           dangerous, that makes himself dangerous, as a result  
10           of his illness.

11           And again Mr. Saunders can't see the forest for  
12           the trees. He looks at the incident of May of 2002,  
13           which again has only documented part of his illness.  
14           We don't know when he has experienced mania that  
15           perhaps didn't require hospitalization, where he  
16           didn't become so acutely psychotic that he had to go  
17           to the hospital.

18           He again minimizes that. He says I was having a  
19           respiratory illness and that could be part of it. He  
20           won't admit he has a mental illness that as a result  
21           he becomes psychotic.

22           Again in 2003 again we have this situation where  
23           he becomes so psychotic he goes to the hospital. He  
24           is assaultive when he is psychotic. Again these are  
25           brief psychotic episodes, but they are, your Honor,

“Again these are brief psychotic episodes...”

Again I'm requesting a "Thought Holding Pattern" here, now citing DSM 292.11, which has rarely been seriously considered in any of these cases by the "experts"... even after I submitted my documentation implicating Trazodone/mCPP in my 1997 offense...

1       IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2                   unpredictable. And as a result of his illness he  
3                   becomes a danger to himself or others.

4       1.           He freely admits that he's going to continue and  
5                   he has continued for years smoking marijuana. The  
6       2.           clinicians tell him and testify that it exacerbates an  
7                   illness, it's not a good thing, aside from the fact  
8                   that a judge ordered him not to do that.

9                   He continues to engage in smoking marijuana  
10                  in violation of the Order of Conditions. He is told  
11                  that, and he basically says well, they never told me  
12                  that it wasn't a good thing after how many years of  
13       3.           him openly admitting I'm going to smoke marijuana  
14                  even though I'm getting letters on a frequent basis  
15                  telling me I'm in violation of his orders and  
16                  conditions.

17       4.           He blames it on the clinic and an out-patient  
18                  staff. They didn't stop me. As if it would make any  
19                  difference. If Dr. Belsare or Janet Stevens had told  
20       5.           him that, and they testified that they did counsel him  
21                  about the use of marijuana, and he stopped taking the  
22                  urine screens it's pretty obvious. Why bother when  
23       6.           I'm telling them I'm smoking marijuana?

24                  Mr. Wenig feels he should have been hospitalized  
25                  immediately. It misses the big point that it's got to  
                        Emotionalism, hype, and falsehood.  
AND WHAT ABOUT ALL THOSE RAPES I PURPORTEDLY COMMITTED?

1. "He freely admits that he's going to continue..." - False.  
cf. p. 237 of my testimony here.
- 2, 5. They did not: the EPC bunch were lying, eh? 3, 4, 6. Untrue.

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2                   be proven he is a danger to himself and to others.

3                   Mere violation of the orders and conditions does not  
4                   result in-patient care. We had to wait until Mr.  
5                   Saunders was so psychotic he was virtually  
6                   hallucinating and violent.

7                   By his own admission he was grossly psychotic and  
8                   out of control. We had to wait until then, April,  
9                   2003, to come to the point where we are saying he  
10                  needs in-patient care and treatment.

11                  It comes to the point where for the sake of  
12                  society and the person the Court has to say this is  
13                  what has to be done. We have permitted you over the  
14                  years to go along on the orders of conditions without  
15                  serious problems.

16                  But here he is by his admissions being very  
17                  aggressive, very violent. And now we're told well,  
18                  he's okay now, you can just let him back out on the  
19                  street. There comes a point in time when someone has  
20                  to take control of the treatment.

21                  And I find the fact that -- it's interesting to  
22                  hear that they cannot develop a rapport. It's always  
23                  someone else's fault with Mr. Saunders. He blames the  
24                  Elmira Psychiatric Center. And Mr. Wenig says well,  
25                  hopefully they can develop a rapport.

At the prior hearing in Judge Hayden's court, Dr. April Roberts testified - falsely - that "he also stated that one of the reasons... involved was anger ... toward his girlfriend which caused him to ignite the trailer."

She was quoting, not me, but the idiotic conclusion of Dr. Kennedy in his report of 3/98, which I had protested vociferously for its many errors of fact - in the letter I have noted many times already. THIS is "medical treatment"? This is BULLSHIT.

1 shows some improvement.

2 Q. Now, Doctor, do you feel if he were released  
3 right now he would pose a risk of danger to himself or  
4 others?

5 A. Yes.

6 Q. And why do you say that?

7 A. Well, [he admitted he smokes marijuana] on a daily  
8 basis. So, when he smokes marijuana, it's likely that  
9 he will become psychotic and depressed or manic --

10 MR. WENIG: Objection, this is pure  
11 speculation.

12 MS. COCCHIOLA: This is --

13 THE COURT: Overruled.

14 MS. COCCHIOLA: Okay. Thank you.

15 A. And in addition to that, when we asked him about  
16 his reasons for igniting the trailer, he still shows  
17 preoccupation with things from Silence of the Lambs,  
18 which is what he was doing -- which he had at the time  
19 that he ignited the trailer.

20 Q. And as far as any risk to others or himself, can  
21 you tell us how he would be a risk.

22 A. Yes. He did admit that he -- one -- he also  
23 stated that one of the reasons, one of the factors  
24 involved was anger which he had toward his girlfriend  
25 which caused him to ignite the trailer. And he

IX: THOU SHALT NOT BEAR FALSE WITNESS  
**TRUTH      FALSEHOOD**  
AGAINST THY NEIGHBOR

OMH clinicians have not understood that I almost invariably tell the truth, and that my plea of insanity under the M'Naghten rule was legitimate - and my actions free of all malicious intent.

- Bonze Anne Rose Blayk, 10/2/12

## 1       IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2                   He's not willing to be open minded and listen to  
3                   them. He will always want to give some other  
4                   explanation for his actions, something that would  
5                   require him to take control of his mental health and  
6                   to have to come to grips with the fact that he needs  
7                   treatment.

8                   And it's also interesting to hear it  
9                   characterized that Dr. Roberts said he had it coming.  
10                  More so that he knew the risks if you are going to be  
11                  continuing to engage in behavior like that and come to  
12                  the point where he is hospitalized and he won't  
13                  cooperate with his treatment.

14                  If he would take the medication it could be a  
15                  leveling out of his mood disorder. Then he could in  
16                  fact be discharged probably more quickly.

17                  But he is unwilling to engage in treatment. He's  
18                  unwilling to take responsibility. And he hides behind  
19                  that Order of Conditions, which can't be any more  
20                  explicit coupled with the letters that he received.

21                  And his statement that he became stressed out  
22                  because he was told you have to be on an order of  
23                  conditions, if that's how tenuous his mental health  
24                  is, that says something else about the risks that are  
25                  here. I don't want to think about what would happen

Another falsehood; compare my statement about the stresses brought on by false accusations of criminal conduct I had previously tried to correct on p. 230 of this record.

1       IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2              if he is told we didn't give you that contract, Mr.  
3              Saunders, for your Comet program.

4              I don't want to think about what would happen if  
5              that's all it takes, if all it takes is somebody  
6              telling you you are going to have to continue on your  
7              orders and conditions it starts him into a spiral  
8              where he becomes psychotic.

9              The Court should also -- obviously the Court is  
10             aware of the burden of proof here. The State has the  
11             burden of proof. It's by a preponderance of the  
12             evidence. It's not the clear and convincing standard  
13             that is in the Article 9 of the Mental Health Law  
14             which he is under retention. Judge Hayden found by  
15             clear and convincing evidence. It's by preponderance  
16             of the evidence.

17              The Court is aware what the Court of Appeals says  
18             about the word currently. It doesn't require the  
19             Court's consideration of the dangerousness in the 320  
20             CPL hearing. And I cite the Court to Crumpley versus  
21             Wack in 86 NY2d 808 and cite the Matter of George L  
22             which is a Court of Appeals case.

23              The Court in that case indicated that the trial  
24             courts are required to assess the defendant's  
25             potential danger to others in the future, that the

"I don't want to think about what would happen if he is told we didn't give you that contract, Mr. Saunders, for your Comet program."

ROFLMAO: If you looked over the "debugger" Release Notes in the link provided earlier for my work history, you'll have a little bit of an idea of what's involved in network systems programming: PATIENCE.

IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

dangerousness does not merely mean how is he right now in the psychiatric center. It is future dangerousness that the Courts are required to consider.

And the Matter of George L talks about drug use, failure to take medication, all of those being factors that point to the risk of dangerousness right now. And that's what we're talking about, whether in fact he suffers from a dangerous mental disorder such that he is mentally ill and would pose a physical danger to himself or others.

And Mr. Saunders by his own testimony has admitted that when he becomes sick, when he becomes psychotic or whatever reason it is, whatever explanation he wants to give, he becomes a danger to himself or others. I think the State has sustained it's burden.

And as far as what would be gained by him going to Rochester, he would get the intensive treatment that obviously a secure facility offers him. But that is up to the clinicians there to develop a strategy to try to work with Mr. Saunders since he has indicated that he has absolutely no interest on an out-patient basis of complying with the Order of Conditions and complying with his treatment objectives.

1           IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2           I appreciate the Court's time.

3           THE COURT: All right, now the report of Dr.

4           Connors, did you not offer that?

5           MR. WENIG: No, I did not.

6           THE COURT: So I have got just the three  
7           exhibits that I have received?

8           MS. COCCHIOLA: Yes, Judge.

9           THE COURT: Okay. I will reserve decision at  
10          this point. Anything further we need to discuss?

11          MS. COCCHIOLA: No.

12          MR. WENIG: No, thank you.

13          THE COURT: We're adjourned.

14           ADJOURNMENT at 2:35 PM.

15  
16  
17  
18  
19  
20  
21  
22  
23          Certified to be a true and accurate transcript.

24  
25          Dated: 1/28/03

Veronica M. Conley

## 1       IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2                   INDEX OF WITNESSES3           FOR THE STATE:

4       1. Dr. April Roberts	12	38	48
5       2. Dr. Paul T. Povinelli	50	59	
6       3. Dr. Sara Belsare	60	70	73
7       4. Janet Stevens	77	83	

11          FOR THE DEFENDANT:

12       1. William Garrison	90	96	106	107
13       2. Anne Marie Whelan	98	102		
14       3. Dr. William Connor	113	125	148	151
15       4. Kevin Saunders	163	202		

## 1       IN THE MATTER OF RECOMMITMENT ORDER - KEVIN SAUNDERS

2                   INDEX OF EXHIBITS

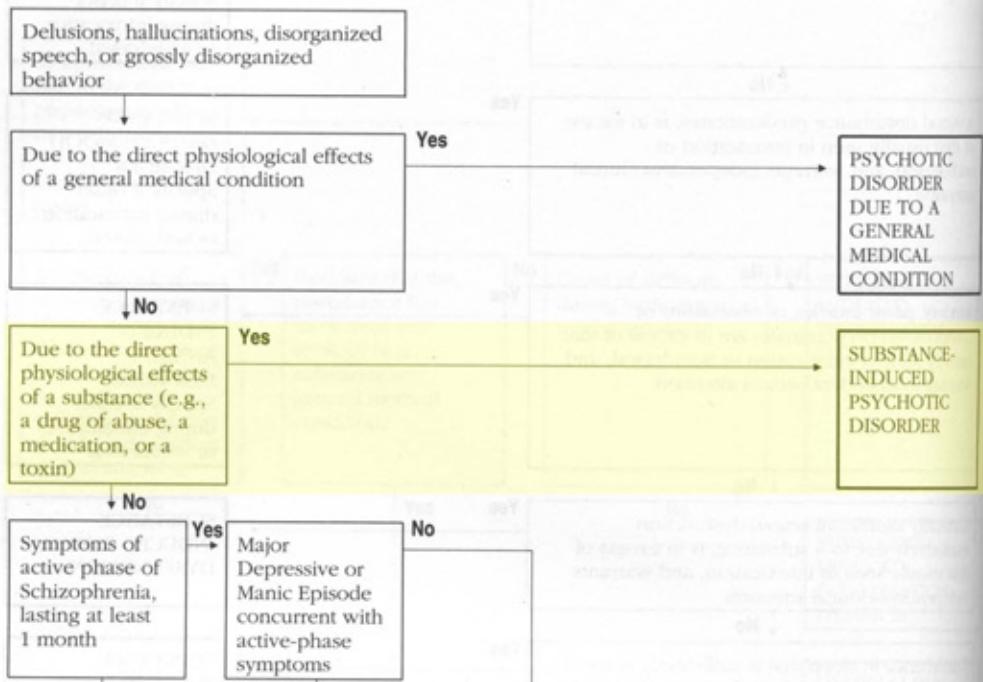
3	<u>FOR THE PEOPLE:</u>	<u>Identification</u>	<u>Evidence</u>
4	1. Order of Conditions	65	213
5	2. Letter 10/27/97 to Susan Heagney		
6	from Kevin Saunders	222	223
7	3. Correspondence to Kevin Saunders		
8	from OMH	213	213

## Still holding that thought? Allow me to unleash it:

694 Appendix A

"Again, these are brief psychotic episodes..." - Carol Cocchiola (p. 249)

### Differential Diagnosis of Psychotic Disorders



From the DSM-IV: "Substance-Induced Psychotic Disorder":

"... the appearance of delusions 'de novo' in a person over 35 years without a known history of Psychotic Disorder should alert the clinician to the possibility of a Substance-Induced Psychotic Disorder"

Prozac + Trazodone → mCPP (now KNOWN to be an hallucinogen) → a defective CYP2D6 metabolism ... strong evidence in support of a diagnosis of DSM 292.11 "Substance-Induced Psychotic Disorder" with the modifier - "Hallucinogen, With Delusions" for my illness in Jan-Feb 1997. <http://badtriprecords.biz/trainwreck.html>

Over 12 years ago, I laid this out in a fairly clear, straightforward fashion, with substantial documentation from scientific research findings. The evidence supporting my hypothesis has grown much stronger over time.

Now. Is that so hard? And... guess who threw out the pot I wanted tested after my hospitalization in 2002, the very same person who procured the pot I was smoking just before my hospitalization in 2003... it was my former housemate, Alice Richardson... who proceeded to abuse over 5,000 sq ft in my home as a rent-free storage facility for over SEVEN YEARS: SEE <http://badtriprecords.biz/alice.html>. Do you smell something "fishy" here?

Sincerely, Bonze Anne Rose Blayk - January 4, 2013

SCHIZOPHRENIA

SCHIZOPHENIFORM DISORDER

SCHIZOAFFECTIVE DISORDER

MOOD DISORDER WITH PSYCHOTIC FEATURES (see Mood Disorders tree)

### ■ Diagnostic criteria for Substance-Induced Psychotic Disorder

- A. Prominent hallucinations or delusions. **Note:** Do not include hallucinations if the person has insight that they are substance induced.
- B. There is evidence from the history, physical examination, or laboratory findings of either (1) or (2):
  - (1) the symptoms in Criterion A developed during, or within a month of, Substance Intoxication or Withdrawal
  - (2) medication use is etiologically related to the disturbance
- C. The disturbance is not better accounted for by a Psychotic Disorder that is not substance induced. Evidence that the symptoms are better accounted for by a Psychotic Disorder that is not substance induced might include the following: the symptoms precede the onset of the substance use (or medication use); the symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication, or are substantially in excess of what would be expected given the type or amount of the substance used or the duration of use; or there is other evidence that suggests the existence of an independent non-substance-induced Psychotic Disorder (e.g., a history of recurrent non-substance-related episodes).
- D. The disturbance does not occur exclusively during the course of a delirium.

**Note:** This diagnosis should be made instead of a diagnosis of Substance Intoxication or Substance Withdrawal only when the symptoms are in excess of those usually associated with the intoxication or withdrawal syndrome and when the symptoms are sufficiently severe to warrant independent clinical attention.

*Code [Specific Substance]-Induced Psychotic Disorder:*

(291.5 Alcohol, With Delusions; 291.3 Alcohol, With Hallucinations; 292.11 Amphetamine [or Amphetamine-Like Substance], With Delusions; 292.12 Amphetamine [or Amphetamine-Like Substance], With Hallucinations; 292.11 Cannabis, With Delusions; 292.12 Cannabis, With Hallucinations; 292.11 Cocaine, With Delusions; 292.12 Cocaine, With Hallucinations; **292.11 Hallucinogen, With Delusions;** 292.12 Hallucinogen, With Hallucinations; 292.11 Inhalant, With Delusions; 292.12 Inhalant, With Hallucinations; 292.11 Opioid, With Delusions; 292.12 Opioid, With Hallucinations; 292.11 Phencyclidine [or Phencyclidine-Like Substance], With Delusions; 292.12 Phencyclidine [or Phencyclidine-Like Substance], With Hallucinations; 292.11 Sedative, Hypnotic, or Anxiolytic, With Delusions; 292.12 Sedative, Hypnotic, or Anxiolytic, With Hallucinations; 292.11 Other [or Unknown] Substance, With Delusions; **292.12 Other [or Unknown] Substance, With Hallucinations**)

*(continued)*

Diagnostic Criteria for Substance-Induced Psychotic Disorder (continued)

Specify if (see table)

**With Onset During Substance Use**

the substance use syndrome

**With Onset During Substance Withdrawal**

the substance withdrawal

### 298.9 Psychotic Disorders

This category includes disorders characterized by grossly disorganized speech, grossly illogical behavior, grossly inappropriate affect, lack of social initiative, or failure to maintain personal hygiene. These disorders may be associated with an acute onset of symptoms, or they may be chronic and recurrent. They are not better accounted for by another specific Psychotic Disorder.

Examples include:

1. Postpartum psychosis
2. Psychotic features of medical conditions
3. Psychotic symptoms that have remitted, so they are not currently present
4. Persistent auditory hallucinations that have been present for at least 1 month
5. Situations in which the individual is not psychotic, but is experiencing a transient psychotic episode